

MADISON

BetterLife | SME



MADISON
BETTERLIFE SME
MEDICAL COVER

 **MADISON**
General Insurance



1. SCOPE OF COVER: BENEFIT SUMMARY INPATIENT

Benefits	OPTION I	OPTION II	OPTION III	OPTION IV	OPTION V
Inpatient Overall Limit	Kshs 5,000,000 per Family	Kshs 2,000,000 to 3,000,000 per Family	Kshs 1,000,000 to 1,900,000 per Family	Kshs 500,000 to 900,000 per Family	Kshs 200,000 to 400,000 per Family
Bed Capacity (Net of NHIF)	Standard Private Room up to Kshs 16,000	Standard Private Room up to Kshs 12,500	General Ward Bed	General Ward Bed	General Ward Bed
Newly diagnosed Chronic / Pre-existing/ Declared and HIV/AIDs Conditions and Organ Transplant	Kshs 700,000 per family within the inpatient limit	Kshs 500,000 per family within the inpatient limit	Kshs 400,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit	50% of the overall inpatient limit
Covid-19 Treatment	Kshs 300,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit	50% of overall limit per family within the inpatient limit
Congenital, Neo-natal and Prematurity Conditions Cover	Kshs 300,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit	Kshs 125,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit
Psychiatry/ Psychotherapy Treatment	Kshs 400,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit

First Emergency Caesarean Section *Applicable upon purchase of Maternity benefit	Kshs 150,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit	Kshs 120,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 80,000 per family within the inpatient limit
Inpatient Accidental Dental Cover	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit
Inpatient Accidental Optical Cover	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit
Inpatient Non-Accidental Dental Cover	Kshs 150,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit	Kshs 30,000 per family within the inpatient limit
Inpatient non-accidental optical cover including cataract operation.	Kshs 150,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit	Kshs 30,000 per family within the inpatient limit
Emergency Air evacuation within Kenya subject to pre-authorization.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Emergency local road ambulance services leading to admission.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Overseas cover - for a maximum of 8 consecutive weeks outside Kenya while on holiday or business.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Rehabilitation/Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 10,000 or a maximum of 10 days after date of discharge	Up to Kshs 15,000 or a maximum of 20 days after date of discharge	Up to Kshs 15,000 or a maximum of 20 days after date of discharge	Up to Kshs 15,000 or a maximum of 20 days after date of discharge	Up to Kshs 20,000 or a maximum of 25 days after date of discharge
Lodger Fee for an accompanying parent/ guardian	For children 8 years and below	For children 8 years and below	For children 8 years and below	For children 8 years and below	For children 8 years and below
External Appliances on prescription	Kshs 150,000 per family within the inpatient limit/ sublimit	Kshs 150,000 per family within the inpatient limit/ sublimit	Kshs 100,000 per family within the inpatient limit/ sublimit	Kshs 100,000 per family within the inpatient limit/ sublimit	Kshs 50,000 per family within the inpatient limit/ sublimit

Last Expense Cover	Kshs 100,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit	Kshs 35,000 per family within the inpatient limit
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Maternity Benefit Description	Stand-alone benefit
Normal Delivery Expenses	Covered to the full maternity limit
Second/subsequent caesarean delivery	Covered to the full maternity limit
Maternity related complications	Covered to the full maternity limit

2. SCOPE OF COVER: BENEFIT SUMMARY OUTPATIENT

Benefits	A	B	C	D	E	F	G
Outpatient	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
Overall Limit	250,000 per Family	200,000 per Family	150,000 per Family	100,000 per Family	75,000 per Family	50,000 per Family	40,000 per Family

Outpatient Benefit Description	
Outpatient Co-payment	KES 750 Aga khan, Nairobi Hospital, AAR, Mater Hospital MP Shah, Karen Hospital
Laboratory Investigations and X-rays, Electrocardiograms.	Full cover
Prescribed routine laboratory tests	Full cover
Radiology (X-ray and Ultrasound, CT Scan and MRI).	Full cover
Radiotherapy or Chemotherapy	Full cover
Prescription Medicines	Full cover
Pre-existing, Declared/Newly diagnosed Chronic and recurring conditions.	Full cover
Outpatient Emergency Ambulance Services.	Full cover
Counseling Services.	Full cover
Specialist opinion on referral basis.	Full cover
Outpatient procedures e.g. dressing.	Full cover
Well baby clinic, Immunizations and vaccinations of children up to the age of 3 years (KEPI recommended)	Full cover

General health checkup (Employee & Spouse) inclusive of one PSA/Pap smear test	Kshs 10,000 within the Outpatient limit
Pre and post-natal services and ultrasounds *Applicable upon purchase of Maternity benefit	Full cover
Circumcision for male dependants for a prevailing medical condition.	Full cover

Dental Benefit Description

Extraction	Covered to the full dental limit
Filling	Covered to the full dental limit
Scaling and Polishing	Covered to the full dental limit
Excludes cover for crowns, dentures, bridges and plates.	

Optical Benefit Description

Optical Benefit Limit	Kshs 10,000 to 20,000 per family	Kshs 25,000 to 35,000 per family	Kshs 40,000 to 50,000 per family
Eye Testing	Covered to the full optical limit		
Post-surgical follow ups and reviews	Covered to the full optical limit		
Prescribed lenses including antiglare	Covered to the full optical limit		
Frame Limit	Covered up to Kshs 10,000	Covered up to Kshs 12,500	Covered up to Kshs 15,000
Excludes Plano & Contact Lenses			

COVID 19 Benefit Description

COVID 19 Benefit Description	Within IP
Group Cover Limit	Kshs 1,500,000
Cover Type	Within the inpatient limit
Limit per family	Kshs 300,000 per family

MADISON BETTERLIFE SME MEDICAL RATES

INPATIENT RATES

18 - 49									
Inpatient	Premium Per Shared Limit Per Family								
Option	Limit	M	M+1	M+2	M+3	M+4	M+5	M+6	Extra
A	5,000,000	44,500	62,300	80,100	97,900	115,700	133,500	151,300	
B	3,000,000	38,500	53,900	69,300	84,700	100,100	117,900	135,700	
C	2,500,000	37,000	51,800	66,600	81,400	96,200	111,000	125,800	
D	2,000,000	32,000	44,800	57,600	70,400	83,200	96,000	108,800	
E	1,500,000	27,000	37,800	48,600	59,400	70,200	81,000	91,800	
F	1,000,000	22,000	30,800	39,600	48,400	57,200	66,000	74,800	
G	750,000	19,500	27,300	35,100	42,900	50,700	58,500	66,300	
H	500,000	17,000	23,800	30,600	37,400	44,200	51,000	57,800	
I	300,000	15,000	21,000	27,000	33,000	39,000	45,000	51,000	
J	200,000	14,000	19,600	25,200	30,800	36,400	42,000	47,600	

50 - 60									
Inpatient									
Option	Limit	M	M+1	M+2	M+3	M+4	M+5	M+6	
A	5,000,000	53,400	74,760	96,120	117,480	138,840	160,200	181,560	
B	3,000,000	46,200	64,680	83,160	101,640	120,120	141,480	162,840	
C	2,500,000	44,400	62,160	79,920	97,680	115,440	133,200	150,960	
D	2,000,000	38,400	53,760	69,120	84,480	99,840	115,200	130,560	
E	1,500,000	32,400	45,360	58,320	71,280	84,240	97,200	110,160	
F	1,000,000	26,400	36,960	47,520	58,080	68,640	79,200	89,760	
G	750,000	23,400	32,760	42,120	51,480	60,840	70,200	79,560	
H	500,000	20,400	28,560	36,720	44,880	53,040	61,200	69,360	
I	300,000	18,000	25,200	32,400	39,600	46,800	54,000	61,200	
J	200,000	16,800	23,520	30,240	36,960	43,680	50,400	57,120	

OUTPATIENT RATES

18 - 49

Outpatient

Option	Limit	M	M+1	M+2	M+3	M+4	M+5	M+6
A	250,000	54,600	65,520	76,440	87,360	98,280	109,200	120,120
B	200,000	45,600	56,520	67,440	78,360	89,280	100,200	111,120
C	150,000	36,600	47,520	58,440	69,360	80,280	91,200	102,120
D	100,000	27,600	38,520	49,440	60,360	71,280	82,200	93,120
E	75,000	23,100	34,020	44,940	55,860	66,780	66,780	66,780
F	50,000	18,600	29,520	40,440	40,440	40,440	40,440	40,440
G	40,000	16,800	27,720	38,640	38,640	38,640	38,640	38,640

50 - 60

Outpatient

Option	Limit	M	M+1	M+2	M+3	M+4	M+5	M+6
A	250,000	62,790	75,348	87,906	100,464	113,022	125,580	138,138
B	200,000	52,440	64,998	77,556	90,114	102,672	115,230	127,788
C	150,000	42,090	54,648	67,206	79,764	92,322	104,880	117,438
D	100,000	31,740	44,298	56,856	69,414	81,972	94,530	107,088
E	75,000	26,565	39,123	51,681	64,239	76,797	76,797	76,797
F	50,000	21,390	33,948	46,506	46,506	46,506	46,506	46,506
G	40,000	19,320	31,878	44,436	44,436	44,436	44,436	44,436

DENTAL RATES

Dental	Premium Per Shared Limit Per Family							
Limit	10,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
M	3,250	6,500	8,125	9,750	11,375	13,000	14,625	16,250
M+1	4,250	8,500	10,625	12,750	14,875	17,000	19,125	21,250
M+2	4,750	9,500	11,875	14,250	16,625	19,000	21,375	23,750
M+3	5,250	10,500	13,125	15,750	18,375	21,000	23,625	26,250
M+4	5,750	11,500	14,375	17,250	20,125	23,000	25,875	28,750
M+5	6,750	13,500	16,875	20,250	23,625	27,000	30,375	33,750
Extra	1,013	2,025	2,531	3,038	3,544	4,050	4,556	5,063

OPTICAL RATES

Outpatient	Premium Per Shared Limit Per Family							
Limit	10,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
M	3,250	6,500	8,125	9,750	11,375	13,000	14,625	16,250
M+1	4,250	8,500	10,625	12,750	14,875	17,000	19,125	21,250
M+2	4,750	9,500	11,875	14,250	16,625	19,000	21,375	23,750
M+3	5,250	10,500	13,125	15,750	18,375	21,000	23,625	26,250
M+4	5,750	11,500	14,375	17,250	20,125	23,000	25,875	28,750
M+5	6,750	13,500	16,875	20,250	23,625	27,000	30,375	33,750
Extra	1,013	2,025	2,531	3,038	3,544	4,050	4,556	5,063

MATERNITY RATES

Limit	Premiums
50,000	10,631
75,000	15,947
100,000	21,263
150,000	31,894
200,000	42,525

3. WAITING PERIODS

- No waiting periods for all accident cases
- 30 days waiting period for all Outpatient illnesses and Inpatient non-chronic admissions.
- 10 Months for Maternity deliveries and related complications
- The 30 days waiting period may be waived if scheme is transferring from another insurer (Provide proof of cover)

For schemes with below 6 Principals, the following waiting periods apply.

1. 1 year for pre-existing, chronic and congenital conditions
2. 1 year for removal of fibroids, uterus, adenoid, tonsils, lipomas and repair of hernia.
3. 1 year for optical laser treatment
4. 2 years for cancer treatment.
5. 2 years for organ transplant.

4.ONBOARDING REQUIREMENTS

- Duly filled employer application form.
- Duly filled employee application form.
- Applicable membership list (preferably in excel format) and the principals' phone numbers.
- Copy of KRA pin.
- Copy of certificate of incorporation.
- Full premium payment.

In-patient Benefits

- Admission in a NHIF accredited hospital.
- Accommodation for parent/guardian accompanying a child below 12 years
- Doctor's, Surgeons, and specialist fees.
- Laboratory investigations, x-rays, ultrasound, ECG, MRI scans
- Prescribed drugs, dressings, surgical appliances, and nursing procedures.
- Theatre including surgeon's fees and anesthetists' fees.
- Intensive care (ICU)/High Dependency Unit (HDU)
- Radiotherapy, chemotherapy, physiotherapy
- Gynecological treatment
- Treatment of HIV/AIDS related conditions
- Prescribed ARVS.
- Day care surgery.
- Local road and air evacuation.
- Circumcision for male dependants for a prevailing medical condition.

Out-patient Benefits.

- Diagnostic consultation with a General Practitioner. Registered with the Kenya Medical practitioners and dentist board
- Diagnostic Consultation with a Specialist

upon referral by a General Practitioner.

- Laboratory investigations and X-rays, Electrocardiograms, Encephalograms, Audiograms, Radiotherapy or Chemotherapy.
- Prescription medicines
- Outpatient procedures e.g. dressing.
- Immunizations and vaccinations of children up to the age of 3 years (KEPI vaccines & baby friendly)
- Well Baby Clinics
- Pre and post natal visits and ultrasounds complementary with every maternity purchase
- Outpatient day case surgeries.

Dental Benefits

The Dental cover provides for

- Cost of fillings
- Root canal
- X-rays,
- Polishing and Scaling necessitated by a prevailing medical conditions and authorized by a doctor
- Tooth extractions including surgical extraction together with anesthetics fees

Optical Benefits

- Eye testing
- Prescribed Lenses
- Prescribed Frames

Maternity Cover Benefit

- Delivery expenses inclusive of normal delivery, second and subsequent caesarean section procedures.
- Maternity related complications

Last / Funeral Expense Cover

The sum assured indicated will be payable within 48 hours of confirmation of death of a member of the scheme by the employer.

COVID 19 Benefit Cover

Inpatient Benefits

- Admission in a Government & Private hospital accredited by the Kenyan Government to offer Coronavirus treatment.
- Doctors, Surgeons, and specialist fees
- Prescribed drugs, dressings, surgical appliances, and nursing procedures.
- Intensive care (ICU)/High Dependency Unit (HDU)
- Home based care and isolation is recommended for asymptomatic and mildly symptomatic cases
- Cover terminates when cover period lapses or Group limit is depleted or the member sublimit is attained, whichever comes first
- The cover is a sub-limit within the Inpatient benefit up to the member's purchased COVID-19 sub-limit.

Out-patient Benefits

- Diagnostic consultation with a General Practitioner registered with the Kenya Medical practitioners and dentist board
- Any prescribed medication on the same

This shall be covered to the applicable inpatient benefit limit and full outpatient limit. The maximum cumulative claims for this risk per year is Kshs 1,500,000

Salient Features

- ALL treatment and testing is subject to Approval/Pre-authorization by Madison General Insurance Kenya Ltd

- All other pandemics and epidemics remain excluded

Exclusions

Conditions for which the scheme does not pay.

These are referred to as excluded ailments or conditions and are as follows:

- Any expenses which are payable by any other Insurance e.g. NHIF.
- Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- General Health checkups and COVID 19 tests
- Routine outpatient dental and optical services
- Intentional self-injury, suicide or attempted suicide, intoxication, drunkenness
- Cosmetic surgery, massage or beauty treatment
- Naval, Military and Air force operations
- Riding or driving in any kind of race
- Participation in extreme sports
- Stays at sanatoria, old age homes, places of rest etc
- War, invasion, civil war, riots or act of terrorism
- Chiropractors, acupuncturists or act herbalist treatment.

UNIQUE SALIENT FEATURES (ADDED VALUES)

- A countrywide network of providers, a selection of which can be availed depending upon the location of members.
- 24 hour emergency/ help-lines 0709 922555 and 020 2864 555.

- Regular utilization report
- Scheme run on biometric cards effectively integrated with in-house systems.
- Product shall not be eligible for reimbursement of medical claims incurred.

5. ELIGIBILITY

- Adults – 18 years to 60 years
- Children- covered from birth (upon notification) up till the age of 18 years or to the age of 25 years if residing with their parents and enrolled full-time in a recognized post-secondary institution.
- Maximum joining age – 60 years

SCHEME ADMINISTRATION

Issuance of Cards for New Entrants and Replacement Cards: Biometric Cards for new entrants will be processed within 5 working hours at no extra charge. All instructions for replacement must be reported to Madison Insurance through the official scheme administrator and not directly by the members. Replacement cards will be at a charge of Kshs 350 per card.

Note:

New members are valid effective the date we receive instructions to add the members and can access treatment using any legal means of identification and or a letter from our office awaiting card processing.

Additions of New Members:

A new family or an additional member will be covered at an extra premium computed on pro rata basis. A new dependant will be covered at a premium amounting to the difference between the applicable premium for the newly constituted family and the

applicable premium for the previous family. Where the premium applicable is lesser than the rate for the rate for 3 months for the newly constituted family, the rate for 3 months will apply.

Deletion/ Termination of Members from the Policy:

In the event of termination of insurance cover herein in respect of a particular insured family, a refund premium computed on pro rata basis of the annual premium applicable for that particular insured family or such premium computed on pro rata basis, Nonetheless, there shall be no refund of premium whatsoever by the Company in all cases where a particular insured person(s) in a family has made a claim or where an insured person in that family has enjoyed cover for more than nine months, whichever is applicable.

Cancellation of Cover:

The policy may be cancelled by either party by giving 14 days' notice by registered letter or an appropriate mode of communication.

Disclaimer:

The policy document, application forms and policy schedule shall be read as one document.

Acceptance of cover is subject to underwriting terms and conditions.

For Enquiries:

Call : 0709 922 666

Email : betterlife@madison.co.ke

Yours Faithfully

For and on Behalf of Madison Insurance Company Kenya Limited.



John Muhindi,

Asst. General Manager - Healthcare

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