

BENEFITS SUMMARY AS AT SEPTEMBER 2022

NOTE: ALL BENEFITS ARE ON PER PERSON BASIS.

Madison BetterLife is a one of a kind medical Insurance cover that caters for all your healthcare needs.

This amazing medical cover offers variety by giving you four plans to choose from and the below groups qualify:-

- Single Persons including youths
- Families (For both married & single parents)

1. MADISON BETTERLIFE PREMIER PLAN:

This is the most superior plan with members enjoying the highest limits for inpatient, outpatient, dental and optical benefits. You will also be free to visit any of our healthcare providers without ever having to worry about co-payment. Additionally, the principal member and the spouse are entitled to an annual health check-up and many more benefits as tabulated below:

Benefits	OPTION I	OPTION II	OPTION III
Inpatient Overall Limit	Kshs 3,000,000 per person	Kshs 4,000,000 per person	Kshs 5,000,000 per person
Outpatient Overall Limit	Kshs 100,000 per person	Kshs 150,000 per person	Kshs 200,000 per person
Dental Overall Limit (Within the outpatient limit)	Kshs 30,000 per person	Kshs 40,000 per person	Kshs 50,000 per person
Optical Overall Limit (Within the outpatient limit)	Kshs 30,000 per person	Kshs 40,000 per person	Kshs 50,000 per person
General annual checkup (Applicable for principal and spouse within the outpatient limit)	Kshs 30,000 per person	Kshs 30,000 per person	Kshs 30,000 per person

INPATIENT SUB-BENEFITS:

Benefits	OPTION I	OPTION II	OPTION III
Bed Capacity (Gross of NHIF rebate)	Standard Private Room up to Kshs 14,000	Ensuite Room up to Kshs 16,500	Ensuite Room up to Kshs 20,000
Newly diagnosed chronic, pre-existing/ Declared and Cancer treatment	Kshs 700,000 per person within the inpatient limit	Kshs 850,000 per person within the inpatient limit	Kshs 1,000,000 per person within the inpatient limit
HIV/AIDs Conditions	Within the full chronic limit	Within the full chronic limit	Within the full chronic limit
Organ Transplant	Within the full chronic limit	Within the full chronic limit	Within the full chronic limit
COVID-19 Treatment	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit
Congenital, Neo-natal and Prematurity Conditions Cover	Kshs 350,000 per person within the inpatient limit	Kshs 400,000 per person within the inpatient limit	Kshs 500,000 per person within the inpatient limit
Psychiatry/Psychotherapy Treatment	Kshs 250,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit	Kshs 350,000 per person within the inpatient limit
Inpatient Accidental Dental Cover	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
Inpatient Non-Accidental Dental Cover	Kshs 100,000 per person within the inpatient limit	Kshs 100,000 per person within the inpatient limit	Kshs 100,000 per person within the inpatient limit
Inpatient non-accidental optical cover including cataract operation	Kshs 100,000 per person within the inpatient limit	Kshs 100,000 per person within the inpatient limit	Kshs 100,000 per person 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
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
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

Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 30,000 or a maximum of 30 days after date of discharge	Up to Kshs 35,000 or a maximum of 30 days after date of discharge	Up to Kshs 40,000 or a maximum of 30 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
Last Expense Cover	Kshs 100,000 per person within the inpatient limit	Kshs 150,000 per person within the inpatient limit	Kshs 150,000 per person within the inpatient limit

Maternity Benefit Description		
Cover Limits	Kshs 150,000	Kshs 200,000
Normal Delivery Expenses	Covered to the full maternity limit	
All cesarean deliveries	Covered to the full maternity limit	
Maternity related complications	Covered to the full maternity limit	

2. MADISON EXECUTIVE PLAN

The Madison BetterLife Executive plan comes in handy because it allows its members full access to all facilities at a pocket friendly premium while offering a wide selection of benefits and full reliability. It attracts a basic co-payment of only Kshs. 1,000 at Nairobi Hospital, Aga Khan Hospitals, MP Shah, Mater Hospital, Karen Hospital, Gertrudes Children Hospitals and AAR Healthcare.

Below are the tabulated benefits set for your family available in three options:

Benefits	OPTION I	OPTION II	OPTION III
Inpatient Overall Limit	Kshs 1,000,000 per person	Kshs 1,500,000 per person	Kshs 2,000,000 per person
Outpatient Overall Limit	Kshs 100,000 per person	Kshs 100,000 per person	Kshs 150,000 per person
Dental Overall Limit (Within the outpatient limit)	Kshs 15,000 per person	Kshs 15,000 per person	Kshs 20,000 per person
Optical Overall Limit (Within the outpatient limit)	Kshs 15,000 per person	Kshs 15,000 per person	Kshs 20,000 per person

INPATIENT SUB-BENEFITS:

Benefits	OPTION I	OPTION II	OPTION III
Bed Capacity (Gross of NHIF rebate)	General ward bed	General ward bed	Standard Private Room up to Kshs 12,000
Newly diagnosed chronic, pre-existing/ Declared and Cancer treatment	Kshs 300,000 per person within the inpatient limit	Kshs 350,000 per person within the inpatient limit	Kshs 400,000 per person within the inpatient limit
HIV/AIDs Conditions	Within the full chronic limit	Within the full chronic limit	Within the full chronic limit
Organ Transplant	Within the full chronic limit	Within the full chronic limit	Within the full chronic limit
COVID-19 Treatment	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit
Congenital and Prematurity Conditions Cover	Kshs 150,000 per person within the inpatient limit	Kshs 150,000 per person within the inpatient limit	Kshs 175,000 per person within the inpatient limit
Psychiatry/Psychotherapy Treatment	Kshs 150,000 per person within the inpatient limit	Kshs 175,000 per person within the inpatient limit	Kshs 200,000 per person within the inpatient limit
Inpatient Accidental Dental Cover	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
Inpatient Non-Accidental Dental Cover	Kshs 75,000 per person within the inpatient limit	Kshs 75,000 per person within the inpatient limit	Kshs 75,000 per person within the inpatient limit
Inpatient non-accidental optical cover including cataract operation	Kshs 75,000 per person within the inpatient limit	Kshs 75,000 per person within the inpatient limit	Kshs 75,000 per person 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
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
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
Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 20,000 or a maximum of 30 days after date of discharge	Up to Kshs 20,000 or a maximum of 30 days after date of discharge	Up to Kshs 25,000 or a maximum of 30 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
Last Expense Cover	Kshs 50,000 per person within the inpatient limit	Kshs 50,000 per person within the inpatient limit	Kshs 50,000 per person within the inpatient limit

Maternity Benefit Description

Cover Limits	Kshs 100,000	Kshs 150,000
Normal Delivery Expenses	Covered to the full maternity limit	
All cesarean deliveries	Covered to the full maternity limit	
Maternity related complications	Covered to the full maternity limit	

3. REVISED MADISON BETTERLIFE BUDGET PLAN SUMMARY AS AT SEPTEMBER 2022

NOTE: THIS IS FOR SINGLES AND FAMILIES ONLY.

This is an economy plan with greatly discounted premiums. Members have access to the Madison panel B providers.

Below are the tabulated benefits set for you and your family and are available in three options:

Benefits	OPTION I	OPTION II	OPTION III
Inpatient Overall Limit	Kshs 500,000 per person	Kshs 1,000,000 per person	Kshs 1,500,000 per person
Outpatient Overall Limit	Kshs 50,000 per person	Kshs 75,000 per person	Kshs 100,000 per person
Dental Overall Limit (Within the outpatient limit)	Kshs 5,000 per person	Kshs 10,000 per person	Kshs 15,000 per person
Optical Overall Limit (Within the outpatient limit)	Kshs 5,000 per person	Kshs 10,000 per person	Kshs 15,000 per person

INPATIENT SUB-BENEFITS:

Benefits	OPTION I	OPTION II	OPTION III
Bed Capacity (Gross of NHIF rebate)	General ward bed	General ward bed	General ward bed
Newly diagnosed chronic, pre-existing/ Declared and Cancer treatment	Kshs 150,000 per person within the inpatient limit	Kshs 250,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit
HIV/AIDs Conditions	Within the full chronic limit	Within the full chronic limit	Within the full chronic limit
Organ Transplant	Within the full chronic limit	Within the full chronic limit	Within the full chronic limit
COVID-19 Treatment	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit
Congenital, Neo-natal and Prematurity Conditions Cover	Kshs 75,000 per person within the inpatient limit	Kshs 100,000 per person within the inpatient limit	Kshs 150,000 per person within the inpatient limit
Psychiatry/Psychotherapy Treatment	Kshs 100,000 per person within the inpatient limit	Kshs 150,000 per person within the inpatient limit	Kshs 200,000 per person within the inpatient limit
Inpatient Accidental Dental Cover	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
Inpatient Non-Accidental Dental Cover	Kshs 30,000 per person within the inpatient limit	Kshs 40,000 per person within the inpatient limit	Kshs 50,000 per person within the inpatient limit
Inpatient non-accidental optical cover including cataract operation	Kshs 30,000 per person within the inpatient limit	Kshs 40,000 per person within the inpatient limit	Kshs 50,000 per person 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
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
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
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 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
Last Expense Cover	Kshs 20,000 per person within the inpatient limit	Kshs 35,000 per person within the inpatient limit	Kshs 35,000 per person within the inpatient limit

Maternity Benefit Description			
Cover Limits	Kshs 30,000	Kshs 50,000	Kshs 75,000
Normal Delivery Expenses	Covered to the full maternity limit		
All cesarean deliveries	Covered to the full maternity limit		
Maternity related complications	Covered to the full maternity limit		

4. MADISON BETTERLIFE IGNITE PLAN

This particular plan is perfect for a young single person between the age of 18 to 30 years. It allows you access to our main panel without co-payment except Aga Khan hospitals and The Nairobi Hospitals which can only be accessed for inpatient treatment on referral basis.

This plans carries everything else apart from maternity benefits, and antenatal checkups.

Below are the tabulated benefits you can select for yourself available in two options:

Benefits	OPTION I	OPTION II
Inpatient Overall Limit	Kshs 500,000 per person	Kshs 1,000,000 per person
Outpatient Overall Limit	Kshs 50,000 per person	Kshs 75,000 per person
Dental Overall Limit (Within the outpatient limit)	Kshs 10,000 per person	Kshs 12,500 per person
Optical Overall Limit (Within the outpatient limit)	Kshs 10,000 per person	Kshs 12,500 per person

INPATIENT SUB-BENEFITS:

Benefits	OPTION I	OPTION II
Bed Capacity (Gross of NHIF rebate)	General ward bed	General ward bed
Newly diagnosed chronic, pre-existing/ Declared and Cancer treatment	Kshs 200,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit
HIV/AIDs Conditions	Within the full chronic limit	Within the full chronic limit
Organ Transplant	Within the full chronic limit	Within the full chronic limit
COVID-19 Treatment	Kshs 300,000 per person within the inpatient limit	Kshs 300,000 per person within the inpatient limit
Congenital and Prematurity Conditions Cover	Kshs 75,000 per person within the inpatient limit	Kshs 100,000 per person within the inpatient limit
Psychiatry/Psychotherapy Treatment	Kshs 75,000 per person within the inpatient limit	Kshs 100,000 per person within the inpatient limit
Inpatient Accidental Dental Cover	Up to full limit	Up to full limit
Inpatient Accidental Optical Cover	Up to full limit	Up to full limit
Inpatient Non-Accidental Dental Cover	Kshs 35,000 per person within the inpatient limit	Kshs 50,000 per person within the inpatient limit
Inpatient non-accidental optical cover including cataract operation	Kshs 35,000 per person within the inpatient limit	Kshs 50,000 per person 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
Emergency local road ambulance services leading to admission	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
Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 10,000 or a maximum of 30 days after date of discharge	Up to Kshs 10,000 or a maximum of 30 days after date of discharge
Last Expense Cover	Kshs 50,000 per person within the inpatient limit	Kshs 50,000 per person within the inpatient limit

OPTICAL BENEFITS

- Eye Testing
- Post surgical follow ups and reviews
- Prescribed lenses including antiglare
- Excludes cover for contact, plano lenses and photo-chromatic lenses
- Optical frames issued once every two (2) years

OPTICAL LIMIT	FRAME LIMIT
Below 20,000	10,000
30,000	12,500
40,000	15,000
50,000	16,500

DENTAL BENEFITS

- Extraction
- Filling
- Scaling and Polishing
- Excludes cover for crowns, dentures, bridges and plates.

SALIENT FEATURES

1. Travel vaccines (i.e: Yellow fever and Polio only) shall be covered within the Outpatient limit.
2. KEPI & KEPI baby friendly regime of vaccines shall be covered within the Outpatient limit.
3. Pre and post-natal care and ultrasounds complimentary with every maternity benefit purchased.
4. Members issued with biometric smart cards both virtual and physical.
5. Countrywide network of service providers.
6. Regular utilization reports.
7. 24 - hour emergency help-lines
8. At an additional cost, Premier and Executive members can be allowed to improve on the below Covid – 19 Benefit:

Limit Of Cover (Kshs.)	Additional Premium Per person (Kshs.)
500,000	12,500
1,000,000	25,000

ELIGIBILITY

- Adults –18 years and above.
- 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 next birthday.
- Persons aged 55 years and above shall be required to undertake a medical examination test prior to joining

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.
- Intentional self-injury, suicide or attempted suicide, intoxication, drunkenness.
- Cosmetic surgery, massage or beauty treatment.
- Cover for contact, plano lenses and photo-chromatic.
- Cover for crowns, dentures, bridges and plates.
- 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, pandemics/epidemics of any kind.
- Chiropractors, acupuncturists or act herbalist treatment.

Waiting periods

- **No waiting period** for accident cases
- **30 days** for Outpatient illnesses and inpatient (non-chronic) admissions
- **30 days** for Inpatient Covid-19 cases
- **Ten months** for maternity deliveries and related complications
- **One year** for pre-existing, chronic and congenital conditions
- **One year** for removal of fibroids, uterus, adenoids, tonsils, lipomas and repair of hernia
- **One year** for optical laser treatment
- **Two years** for Cancer treatment
- **Two years** for organ transplant

Cover On-boarding Requirements

- Duly completed medical application form.
- Copies of national IDs/Passports for Principal and spouse
- Birth certificates for children aged between 0-18 years.
- Proof of schooling for dependant children aged 19-25 years.
- A copy of KRA PIN Certificate for the principal member.
- Payment of full applicable premium.

Acceptance of cover is subject to underwriting terms and conditions.

We offer a whole lot when it comes to protecting your own health and that of your loved ones, do not let medical emergencies weigh you down. Prepare and Protect with our affordable and wide scope of coverage.

Disclaimer:

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

Yours faithfully, for and on behalf of

Madison General Insurance Kenya Limited



John Muhindi,

Asst. General Manager - Healthcare