



Medical Insurance Solution

a. Benefit Structure

Benefits	Core Plan	Standard Plan	Essential Plan
Inpatient (<i>Per Person</i>)	Kshs. 2,000,000	Kshs. 1,000,000	Kshs. 500,000
Outpatient (<i>Per Person</i>)	Kshs. 100,000	Kshs. 70,000	Kshs. 50,000
Dental sublimit (<i>Per Person</i>)	Kshs. 10,000	Kshs. 10,000	Kshs. 10,000
Optical sublimit (<i>Per Person</i>)	Kshs. 10,000	Kshs. 10,000	Kshs. 10,000
Rate (<i>Per person</i>)	Kshs. 70,724	Kshs. 45,755	Kshs. 35,847

b. Benefits Comparison

Benefits	Limits
Underwriter/Insurer	Madison Insurance
General Services Covered;	Accidents & Acute Illnesses, Doctor's Consultation (Physician, Surgeon & Anaesthetist) fees, ICU/HDU and Theatre charges, Prescribed Drugs/Medicines, Dressings & Internal Surgical appliances, Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans, Diagnostic Laboratory and Radiology services, Radiotherapy and Chemotherapy, Physiotherapy, Day care surgery, Gynaecological illnesses, Ambulance Services.
Waiting Periods	Waived
Eligibility	0 – 80 years
Bed Entitlement	Standard Private Room up to Kshs. 12,000 (Core Plan), General Ward (Standard & Essential Plans),
Inpatient Pre-Existing, Chronic & Related Conditions	Kshs. 500,000 (Core Plan), Kshs. 350,000 (Standard Plan), Kshs. 200,000 (Essential Plan)
Inpatient Congenital, Prematurity and Neonatal Conditions	Kshs. 250,000 (Core Plan), Kshs. 150,000 (Standard Plan), Kshs. 100,000 (Essential Plan)
Psychiatric Illness	Kshs. 100,000 within inpatient
Dental In-Patient illnesses	Kshs. 100,000 within inpatient
Optical In-Patient illnesses	Kshs. 100,000 within inpatient
External Appliances	Kshs. 50,000 within inpatient
1st Emergency CS	Kshs. 120,000 within inpatient
Last Expense	Kshs. 50,000 within inpatient
Rescue & Evacuation	Covered
Overseas Referral	Covered on pre-authorization
Lab & Radio (MRI, CTs, X-Rays)	Covered to the full outpatient limit
Vaccines	KEPI Vaccines
Out of panel Refund	80% subject to customary and reasonable rates. Consultation limit at Kshs. 3,000.
Co-payment	Kshs. 1,000 for Aga Khan, Karen, Nairobi, MP Shah, Gertrude's, AAR and Mater Hospital.
Identification	Medical Access Smart Cards

Member Application Form

Principal Member Details

Name: _____ National I.D No. (attach copy): _____

Date of Birth: _____ Mobile No. _____ Email: _____

Type of Plans

Benefits [Tick the selected plan]	Cover	Core Plan []	Standard Plan []	Essential Plan []
Inpatient Limit	Per Person	Kshs. 2,000,000	Kshs. 1,000,000	Kshs. 500,000
Outpatient Limit	Per Person	Kshs. 100,000	Kshs. 70,000	Kshs. 50,000
Dental Limit (within outpatient)	Per Person	Kshs. 10,000	Kshs. 10,000	Kshs. 10,000
Optical Limit (within outpatient)	Per Person	Kshs. 10,000	Kshs. 10,000	Kshs. 10,000
Premium (Cost)	Per Person	Kshs. 70,724	Kshs. 45,755	Kshs. 35,847

**Above premium is charged per person insured.*

Family Members (other family members to be included in the cover)

No.	Member's Full Name	Relationship	Date of Birth
2.			
3.			
4.			
5.			

Beneficiary Details (persons to be contacted/paid in the event of principal member's demise)

No.	Beneficiary's Full Name	Relationship	Mobile No.
1.			

Medical History

No.	Name	Description of pre-existing/chronic conditions
1.		
2.		
3.		

Declaration

I _____ declare that all statements to the above are complete and true and I agree they shall form part of my application. I fully understand the terms, conditions and benefits of the policy. I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Member Signature: _____ Date: _____

Please pay your premium via; NCBA Bank Limited, A/C Name: Zamara Risk and Insurance Brokers Ltd, A/C No. 6618280027, Upper Hill Branch, **or** Paybill No. 987450, A/C No. Medical Insurance Solution, **or** Cheque, and send your payment confirmation together with this form, or drop at Zamara Risk & Insurance Brokers Ltd, Landmark Plaza 11th Floor, Argwings Kodhek Rd, Upper Hill, Opposite Nairobi Hospital. Reach us for further enquiries on: Cell: 0728 476 377, 0716 569 512 email: bd@zamara.co.ke. Cover is subject to underwriting.

