

APA JAMII PLUS

WHY SHOULD YOUR HEALTH INSURANCE DIVIDE YOUR FAMILY?

Get a health cover for everyone from the age of 1 month to 75 years.



At APA Insurance we understand that your family's Health Insurance should cater for all members of your family. With Jamii Plus, we have rewritten the rules of insurance and we are proud to present a unique family health insurance plan that covers all members of your family, aged between 1 month to 75 years.

SALIENT FEATURES

Pre-existing and chronic diseases

Life is full of uncertainities. With Jamii plus cover, you are covered for pre-existing and chronic diseases that include HIV/AIDS and congenital conditions that arise after 12 months of policy purchase.

Wide network of hospitals

When it comes to your family, you always want the best. And at times, the best often means more money. That's why Jamii Plus offers a superior health cover with options of up to Kshs.10 Million that will take care of the in-patient expenses that you may incur for treatment at any of the hospitals in Kenya or India subject to your policy limits.

Maternity expenses

Why should health insurance provide cover only for unfortunate events? Good news in the family is more than welcome with Jamii Plus' maternity protection that covers in-patient and out-patient expenses incurred during pregnancy and child birth.

Jamii Plus cover caters for:

1. Bed charges:

All accommodation expenses during your stay in the hospital whether in the ward, HDU or ICU. Bed charges are maximums per annual limit net of NHIF.

2. Doctors fees:

All doctor-related charges, including those for physicians, surgeons anesthetists and specialists for visits and consultations.

3. Drugs:

All medicines prescribed for your speedy recovery.

4. Diagnostics:

Including laboratory tests, X-rays, ultrasounds, MRI and CT Scans.

HOW CAN I GET A JAMII PLUS COVER?

- 1. Complete and sign an application form and attach passport photos for each member.
- 2. Forward the duly filled form together with your full premium and attach a copy of your ID & KRA PIN to your agent/broker or APA office.
- 3. APA Insurance will then issue your medical cards and policy documents.

If interested in this cover, feel free to get in touch with our representatives through 0709 912 777 or email us at customer.service@apollo.co.ke

INPATIENT					
CORE PLANS CATEGORY	DAZZLE		TOSHA	POA	CLASSIC
OVERALL MAXIMUM BENEFIT PER YEAR	10,000,000 Private	5,000,000 Private	2,000,000	1,000,000	500,000
	room	room	SPR		General
Bed limits	upto Kshs. 22,500/=	upto Kshs. 15,000/=	upto Kshs. 12,500/=	General Ward Bed	Ward Bed
Prescription drugs and dressings - discharge		,	,		
drugs allowed up to a maximum of 14 days supply	Covered	Covered	Covered	Covered	Covered
Physicians, Specialist & Surgical fees, including anaesthetist fees subject to APA panel rates	Covered	Covered	Covered	Covered	Covered
Theatre charges, HDU & ICU	Covered	Covered	Covered	Covered	Covered
Diagnostic tests	Covered	Covered	Covered	Covered	Covered
Physiotherapy as part of treatment	Covered	Covered	Covered	Covered	Covered
Pre-existing / chronic conditions/HIV/AIDS/	covered	covered	covered	covered	covered
Congenital conditions after 12 months of cover and on full disclosure at the time of joining	1,000,000	500,000	400,000	300,000	200,000
Organ transplantation (3rd year) excluding cost of obtaining the donor organ. Covers operation costs for Kidney,Heart ,Liver, Lung and Bone Marrow transplants	500,000	500,000	300,000	200,000	100,000
Psychiatry and psychotherapy (2nd year)	500,000	250,000	200,000	150,000	100,000
Post Hospitalization Treatment- reimbursement only limited to the first 3 weeks after discharge	50,000	30,000	30,000	15,000	10,000
Accommodation costs for 1 parent staying in hospital with insured child under 8 years	Covered	Covered	Covered	Covered	Covered
Day Care Surgery under General anaesthesia	Covered	Covered	Covered	Covered	Covered
Nursing at home (on doctor's recommendation)	30 Days	30 Days	30 Days	30 Days	30 Days
Local ambulance to hospital for emergency cases	Covered	Covered	Covered	Covered	Covered
Treatment outside East Africa RESTRICTED TO INDIA where treatment is not locally available (Pre-authorisation required) On reimbursement basis. Air fare Costs - scheduled flight (Economy Class)	Covered	Covered	Covered	Covered	Covered
Expenses for one person accompanying an evacuated person	Not covered	Not covered	Not covered	Not covered	Not covered
CT and MRI scans subject to pre authorisation	Covered	Covered	Covered	Covered	Covered
1st ever emergency C-section & /or maternity complications after 10 months on cover	100,000	100,000	75,000	50,000	50,000
In Patient non - accidental Ophthalmology : includes cost of cataract removal (1 year waiting period)	100,000	75,000	75,000	50,000	50,000

INPATIENT

CORE PLANS CATEGORY OVERALL MAXIMUM BENEFIT PER YEAR	DAZZLE 10,000,000				CLASSIC 500,000
In Patient non - accidental Dental	100,000	75,000	75,000	50,000	50,000
Reconstructive surgery following an accident	Covered	Covered	Covered	Covered	Covered
Emergency dental / optical treatment following accident	Covered	Covered	Covered	Covered	Covered
Funeral expenses	100,000	50,000	40,000	30,000	25,000
All expenses are subject to maximum insured values in Kenva Shillings					

All expenses are subject to maximum insured values in Kenya Shillings

OPTIONAL OUT PATIENT COVER PER PERSON 75,000 100.000 **Annual Limits Per Person** 50.000 2.000 2,500 Maximum Consultation Limit per visit 1.500 Physicians consultation fees Covered Covered Covered Prescription drugs up to a maximum of 30 days Covered Covered Covered Specialists fees (strictly on referral by a GP) Covered up to 3,000 Covered up to 3,000 Covered up to 3,000 X-Ray, MRI's, CT and other diagnostic tests Covered Covered Covered Physiotherapy prescribed by a GP Covered Covered Covered Treatment by chiropractors and osteopaths if on referral by a GP Covered Covered Covered Pre-existing/ Chronic conditions/ HIV AIDS/ Congenital Conditions after 12 months of cover & full disclosure at the time of joining. Covered Covered Covered OPTIONAL MATERNITY COVER PER PERSON (FEMALE PRINCIPAL OR SPOLISE)

OPTIONAL MATERNITT COVER PER PERSON (FEMALE PRINCIPAL OR SPOUSE)						
Annual Limits Per Person	50,000	100,000	150,000			
	Covered after	Covered after	Covered after			
All Consultation fees prior to delivery	10 months of cover	10 months of cover	10 months ofcover			
	Covered after	Covered after	Covered after 10			
Standard Pre natal testing	10 months of cover	10 months of cover	months of cover			
	Covered after	Covered after	Covered after			
Maximum 2 Obstetric scans	10 months of cover	10 months of cover	10 months of cover			
	Covered after	Covered after	Covered after			
Post natal consultation	10 months of cover	10 months of cover	10 months of cover			
Normal Daliyon	Covered after 10 months of cover	Covered after 10 months of cover	Covered after 10 months of cover			
Normal Delivery						
Elective C-Section	Covered after 10 months of cover	Covered after 10 months of cover	Covered after 10 months of cover			
		months of cover	TO MONUNS OF COVER			
OPTIONAL DENTAL COVER PER PERSON						
Annual Limits Per Person	10,000	20,000	30,000			
Dental consultations	Covered	Covered	Covered			
Extractions	Covered	Covered	Covered			
Fillings	Covered	Covered	Covered			
Dental X-rays & Prescription	Covered	Covered	Covered			
OPTIONAL OPTICAL COVER PER PERSON						
Annual Limits Per Person	10,000	20,000	30,000			
Maximum for Frames	5,000	10,000	12,500			
Eye Check-up	1 per annum	1 per annum	1 per annum			
Change of lenses due to change of						
prescription	Covered	Covered	Covered			
Replacement of frames	After 2 Years	After 2 Years	After 2 Years			

SPECIAL CONDITIONS AND EXCLUSIONS

- * All Premiums must be paid in full before commencement of cover
- * All In Patient Bills will be paid nett of National Hospital Insurance Fund (NHIF) benefits
- * Doctor's Fee is paid at 100% if APA panel is used, if you use your own doctor we settle 85% of the total bill subject to APA panel rates
- * All scheduled admissions must be reported to APA Insurance with at least 48 hours notice. Member must await APA preauthorisation before proceeding
- * For emergency admissions the hospitals will contact APA within 48 hours of admission
- * All waiting periods are subject to continuous renewal with no break in cover. Where there is a break in cover the waiting periods will apply afresh
- * Fibroids, Hernias, Adenoidectomy, Tonsillectomy and Haemorrhoids shall have a waiting period of 12 months
- * Out Patient cover will be based on use of Smart cards at all service providers
- * Members must produce their medical cards to enable them access treatment at the accredited panel of providers
- * Premiums are calculated based on the members age at next birthday
- * Waiting Period 30 days for illness & 90 days for surgical procedures, waived for accident cases
- * Age Limits: 1 month 75 years (Maximum joining age 75 years). All renewals are subject to claims experience and underwriting guidelines
- * Medical Report for all members joining who are 55 years and above will be required
- * Benefits may not be payable if there is no full disclosure of any material facts that could influence our assessment and acceptance of this application
- * Cover outside Kenya up to 6 weeks for business or leisure travel on reimbursement basis
- * Geographical limit East Africa
- * Time bar at ninety (90) days from the date of ailment for reimbursement claims
- * No return premium for deleted individuals after six (6) months of cover or where claims have been incurred
- * Cancellation notice of 14 days by either party
- * APA reserves the right to decline any application or renewal

Exclusions

- * General Health check-ups and prophylactic treatment
- * Pre-existing, HIV, congenital & chronic related conditions occurring within the first 12 months of cover whether newly diagnosed or not
- * War and Kindred risks
- * Cosmetic surgery unless caused by accident
- * Maternity- unless the cover has been bought and subject to ten months waiting period, within the first 12 months of cover
- * Senility
- * Family planning, Infertility/impotence related conditions
- * Treatment other than by registered medical practitioner
- * Acupuncturist, Herbalists and Ayurvedic treatment
- * Intentional self-injury, drunkenness, drug abuse addiction, suicide
- * Naval, Military or Airforce operations
- * Hearing aid and hearing tests unless as a result of an accident
- * Expenses recoverable under any other insurance e.g N.H.I.F
- * Beauty treatment in nature cure clinics or health hydros
- * Contamination by radio activity from nuclear fuel, waste or fission
- * Sexually transmitted diseases
- * Pain management
- * Weight management

FAMILY COVER		INPATIENT RATES				
Annual Cover Limits Shared per Family	10,000,000	5,000,000	2,000,000	1,000,000	500,000	
21 years - 40 Years						
Principal	51,744	36,960	30,492	25,872	18,480	
Spouse	41,395	29,568	24,394	20,698	14,784	
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41 years - 54 Years						
Principal	68,544	48,960	40,392	34,272	24,480	
Spouse	54,835	39,168	32,314	27,418	19,584	
55 years -65 Years						
Principal	0	86,170	56,981	48,348	34,534	
Spouse	0	73,244	48,434	41,096	29,354	
66 years -70Years						
Principal	0	0	68,378	58,018	41,441	
Spouse	0	0	58,121	49,315	35,225	
71 years -75Years						
Principal	0	0	0	63,820	45,585	
Spouse	0	0	0	54,247	38,748	
Child						
1 Month - 20 Years	30,276	16,704	13,781	11,693	8,352	

OPTIONAL OUT PATIENT COVER PER PERSON					
Anuall Limits per Person	50,000	75,000	100,000		
1 Month to 20 Years	16,991	19,867	23,975		
21 Years to 40 Years	20,389	23,840	28,770		
41 Years to 54 Years	24,467	28,608	34,524		
55 Years to 64 Years	28,137	32,900	39,703		
65 Years to 75 Years	30,951	36,190	43,673		
OPTIONAL MATERNITY COVER PER PERSON (FEMALE PRINCIPALOR SPOUSE)					
Annual Limits per Person	50,000	100,000	150,000		
Annual Premiums excluding taxes	10,000	20,000	30,000		
OPTIONAL DENTAL COVER PER PERSON					
Annual Limits per Person	10,000	20,000	30,000		
Annual Premiums excluding taxes	3,440	6,000	8,645		
OPTIONAL OPTICAL COVER PER PERSON					
Annual Limits per Person	10,000	20,000	30,000		
Annual Premiums excluding taxes	3,440	6,000	8,645		

Taxes of 0.45% and Ksh 40 (Stamp Duty) will apply

Outpatient Service Access:

Co-Pay @ Kshs.500/- at the following hospitals and their satellite clinics; Getrudes Garden Children's Hospital/ Aga Khan University Hospital / MP Shah/ AAR/ Nairobi Hospital/ Mater Hospital. All others (refer to panel)-no copay.

Terms and conditions apply

Disclaimer:

Rates are as at June 2017 and subject to change without notice. The information contained in this brochure is for marketing purposes only. For detailed information on the product please contact your agent/broker or any of our branches near you.

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