

HEALTHCARE INSURANCE PROPOSAL

FOR

KENYA VETERINARY ASSOCIATION

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**Thursday, February 11, 2021.**

Dear Sir/Madam,

RE: MEDICAL INSURANCE PROPOSAL

We refer to your request for a Medical Insurance quotation and are pleased to provide the proposal summarized below for your perusal and further consideration.

Below please find detailed product features and premium computation for;

- KCB SIMBA AFYA
- KCB SIMBA SENIOR

KCB SIMBA AFYA PREMIUM ANALYSIS

KCB SIMBA AFYA									
AGE BAND	FAMILY SIZES	NO OF FAMILIES	INPATIENT LIMIT	INPATIENT PREMIUM	OUTPATIENT LIMIT	OUTPATIENT PREMIUM	BASIC PREMIUM	TAXES	TOTAL PREMIUM@
19-49	M	428	500,000	16,323	50,000	14,376	30,699	138	30,837
	M+1	428	500,000	22,852	50,000	20,126	42,978	193	43,171
	M+2	428	500,000	29,708	50,000	26,164	55,872	251	56,123
	M+3	428	500,000	37,135	50,000	32,705	69,840	314	70,154
	M+4	428	500,000	44,562	50,000	39,246	83,808	377	84,185
50-70	M	255	500,000	19,288	50,000	15,663	34,951	157	35,108
	M+1	255	500,000	27,003	50,000	21,928	48,931	220	49,151
	M+2	255	500,000	35,104	50,000	28,507	63,611	286	63,897
	M+3	255	500,000	43,880	50,000	35,633	79,513	358	79,871
	M+4	255	500,000	52,656	50,000	42,760	95,416	429	95,845

KCB SIMBA SENIOR									
AGE BAND	FAMILY SIZES	NO OF FAMILIES	INPATIENT LIMIT	INPATIENT PREMIUM	OUTPATIENT LIMIT	OUTPATIENT PREMIUM	BASIC PREMIUM	TAXES	TOTAL PREMIUM@
71-80	M	18	500,000	80,490	100,000	62,731	143,221	644	143,865
	M+1	18	500,000	160,980	100,000	125,462	286,442	1,289	287,731
	M+2	18	500,000	241,470	100,000	188,192	429,662	1,933	431,595
	M+3	18	500,000	321,960	100,000	250,923	572,883	2,578	575,461
	M+4	18	500,000	402,449	100,000	313,654	716,103	3,222	719,325

1. KCB SIMBA AFYA INPATIENT BENEFIT ANALYSIS

Overall Cover Limit	500,000
Bed limit (net of NHIF rebate)	General Ward
Hospitalization expenses including surgeon, physician, theatre, ICU & HDU fees	Fully covered within inpatient
Diagnostics and physiotherapists fee, prescribed drugs, dressing, surgical appliance	Fully covered within inpatient
Accommodation costs for parent/guardian accompanying child of 6 years and below	Fully covered within inpatient
Funeral expenses one claim per family per annum	40,000
Pre-existing chronic conditions, HIV AIDS/congenital/organ transplant on full disclosure at the time of joining (six months waiting period)	200,000
Cancer and Dialysis (12 months waiting period)	
Maternity and related complications	40,000
First Emergency caesarian Section & related complications (Maternity, First Emergency caesarian section and related complications one year waiting period)	50,000
Prematurity/ Neonatal complications after birth	50,000
Psychiatric & Psychological conditions	100,000
Newly diagnosed chronic condition subsequent year under chronic sub limit. (If diagnosed within the 1st 6 Months - Chronic Limit Applies. After 1st 6 Months - Newly diagnosed chronic Limit Applies)	250,000
Post-Hospitalization / Rehabilitative treatment related to cause of pre-authorized admission. Subject to maximum of three weeks	15,000
Inpatient accident related Dental and Optical	Fully covered within inpatient
Inpatient non-accident related Optical treatment	50,000
Inpatient non-accident related Dental	50,000
Gynecological surgery (after six months waiting period)	200,000
Congenital defects and genetic disorders(after six months waiting period)	Covered within pre-existing chronic limit
Internal and external surgical implants, appliances, joint replacements and prostheses (excluding dental fixtures)	200,000
Organ transplant after two years of cover (cost of donor or securing the organ is excluded)	Covered within pre-existing chronic limit

Accidental death or permanent total disability for principal and Spouse	250,000
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Outpatient Overall cover Limit	50,000
Outpatient Dental	5,000
Optical (Frame replacement after 2 years from date of issue)	3,000
Vaccines	KEPI
Outpatient Chronic conditions	Covered within the outpatient up to the full limit.
Outpatient congenital conditions	Covered within the outpatient up to the full limit.
Outpatient Cancer, HIV/AIDS and related conditions	Covered within the outpatient up to the full limit.
Congenital defect and genetic disorders	Covered within the outpatient up to the full limit.

	SIMBA AFYA
Providers Panel	Any claim from any of the below providers is excluded- <ul style="list-style-type: none"> • The Nairobi Hospital and satellite clinics; • The Aga Khan Hospital and satellite clinics; • The Mater Hospital and satellite clinics • Karen Hospital and satellite clinics • Gertrude Hospital and satellite clinics.
Outpatient Co-Payment	Co-payment of Kshs 200 in all the providers.
Eligibility	<ul style="list-style-type: none"> • Own and legally adopted children are covered from birth to the age of 21 years • Children above 21 years of age but below 25 years to provide proof of schooling so as to be covered as dependants. • Maximum joining age for adults is 70 years and while on cover can go up to 80 years • All new entrants above the age of 55 years will be required to submit a medical report from our selected service providers at their own cost.

NB: All benefits are subject to the overall cover limits per annum and terms and condition of the policy.

2. KCB SIMBA SENIOR INPATIENT BENEFIT ANALYSIS

Inpatient Overall Cover	500,000.00
Bed limits (net of NHIF rebate)	GWB
Pre-existing conditions and chronic conditions on full disclosure at the time of joining (Six months waiting period)	200,000.00
Gynecological & prostate surgery (One year waiting period)	200,000.00
Newly diagnosed chronic conditions covered up to the full limit in the first year of diagnosis. Subsequent years under Pre-existing& chronic conditions sub limit	250,000.00
HIV / AIDS and related conditions (Six months waiting period)	200,000.00
Cancer treatment (One year waiting period)	250,000.00
Congenital defects and genetic disorders (Six months waiting period)	200,000.00
In patient non-accident-related eye treatments excluding surgery for refractive errors and laser treatment (Six months waiting period)	80,000.00
In patient non-accident-related dental surgery/treatment (after six months of cover and subject to written pre-authorization)	100,000.00
Organ transplantation after two years waiting period (cost of donor or securing the organ is excluded Two years waiting period)	250,000.00
Internal and external surgical implants, appliances, joint replacement, including wheelchair and prostheses (excluding dental fixtures)	200,000.00
Psychiatry and psychotherapy treatment	150,000.00
Illness related reconstructive/plastic surgery (After three years waiting period) and excludes cosmetic, obstetrics and gynecology related	200,000.00

Non-accident-related maxillofacial surgery. Excluding routine dental surgery and dental fixtures (Six months waiting period)	150,000.00
Post-hospitalization treatment related to cause of pre-authorization. (On reimbursement only, limited to the 3 weeks after discharge)	15,000.00
Funeral expenses per member	50,000.00
COVID-19 related hospitalization	200,000.00
Passive War/ Terrorism & political violence	500.0

2. **KCB SIMBA SENIOR OUTPATIENT BENEFIT ANALYSIS**

Outpatient Overall limit	100,000
Dental	10,000
Optical	10,000
Frame replacement (Two years waiting period)	10,000
Immunization / Vaccination	Travel Vaccine Yellow fever & Oral Polio
Outpatient Chronic conditions (Six months waiting period)	Covered within outpatient. to the full limit
Outpatient, HIV/AIDS, and related conditions (Six months waiting period)	Covered within outpatient to the full limit
Congenital defect and genetic disorders (Six Months waiting period)	Covered within outpatient. to the full limit
Cancer treatment (One year waiting period)	Covered within outpatient. to the full limit
Annual Health check-ups (Stand Alone)	15,000

Simba senior Outpatient Co-payment

Provider	Co-pay Applicable
The Aga Khan Hospital and satellite clinics	Kes. 1000= per visit
The Nairobi Hospital and satellite clinics	Kes. 1000/= per visit
The Karen Hospital and satellite clinics	Kes. 1000/= per visit
MP Shah Hospital and satellite clinics	Kes. 1000/= per visit
Mater Hospital and satellite clinics	Kes.1000/= per visit
AAR Health Services and satellite clinics	Kes.1000/= per visit
Other providers	No Co-pay

SUMMARY OUPATIENT BENEFITS (subject to policy terms and conditions).

- Routine outpatient consultation.
- Diagnostic Laboratory and Radiology services.
- Prescribed physiotherapy.
- Prescribed drugs and dressings.
- Chronic conditions up to outpatient limit.
- Chronic, Pre-existing conditions, Cancer, & HIV/AIDS including cost of ARVs covered up to the full out-patient cover limit per family per annum.
- Dental consultation & Dental treatment expenses (anaesthetists' fees, operating theatre). Excluding Expenses arising from replacement or repairs of old dentures, bridges and plates unless directly caused by accidental injury and Expenses relating to orthodontic treatment of a cosmetic nature unless directly caused by a disease or accident.
- Optical services (subject to Optical limit) including Eye consultation - including refraction and eye examination, Check-up of glasses, Post-surgical follow up reviews, Prescribed glasses (frames and contact lenses) subject to the optical sublimit. Excluding Replacement of optical frames in a period of less than 2 years from the date of issue; Replacement of lenses unless prescribed by a qualified Ophthalmologist as necessary; Laser eye surgery; Disposable contact lenses

SUMMARY INPATIENT BENEFITS (subject to policy terms and conditions).

The policy provides comprehensive and flexible hospitalization (inpatient) cover, which includes the following services:

- Hospital Accommodation Charges
- Doctor's (Physician, Surgeon & Anesthetist) fees.
- ICU/HDU and Theatre charges.
- Drugs/Medicines, Dressings and Internal Surgical appliances.
- Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans
- Chronic, Pre-existing conditions, Cancer, & HIV/AIDS including cost of ARVs
- Radiotherapy and Chemotherapy.

- In-patient Physiotherapy.
- Ambulance Services (Must lead to admission).
- Emergency Road and Air Evacuation subject to overall cover limit relating to inpatient or daycare treatment only
- Day care surgery
- Home nursing care for critical illness
- Disease management program with specified providers / specialist

SUMMARY OF THE EXCLUSIONS:

- Cosmetic surgery unless caused by accident
- General Health checkups except for principal and spouse
- Weight management treatments and drugs.
- Participations in professional & hazardous sports e.g., bungee jumping, paragliding
- Family planning/infertility related treatment i.e., cost of treatment related to infertility and impotence
- Treatment other than by registered medical practitioner
- Self-referred or self-prescribed treatment.
- Nutritional supplements unless prescribed as part of medical treatment
- Costs of donating an organ or incurred while locating a replacement organ including transport and administrative costs.
- Alternative treatment - Chiropractors, Acupuncturist, Herbalist and Ayurveda treatment unless prescribed by a medical practitioner license by the Kenya Medical & Dentist Board
- Drunkenness, drug addiction, Intentional self-injury, attempted suicide.
- War and Kindred risks (whether war be declared or not)
- Participation in Riot, Strike and Civil commotion
- Naval, Military or Air force operations
- Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA
- Beauty treatment in nature cure clinics or health hydro's
- Diagnostic equipment (e.g. Glucometers, BP machines etc.) and hearing aids.
- Experimental treatment.
- Contamination by radio activity from nuclear fuel, waste or fission
- Laser correction of eye sight & Plano lenses and photochromatic lenses
- Stay at sanatoria, old age homes, place of rest
- Claims and costs for treatment in respect of medical expenses incurred after the expiry date of the policy period arising from accidental bodily injury and/or illness occurring during the policy period unless the policy has been renewed

- Any claim from a member whose application for medical insurance shall contain any willful mis-statements or mis-representation or who shall have willfully withheld any material information (including information withheld on the member's behalf)
- Any claim as a result of domestic violence

We trust our proposal is competitive and look forward to your closing instructions.

PAYMENT OPTIONS

- 1. Insurance premium financing (IPF)...Repayment period 10mths;interest rate 13% reducing balance.**
- 2. Payment upfront...cheque or transfer to KCBIA account**

PREPARED BY: NALIANYA SILVIA NAFULA

FOR

KCB INSURANCE AGENCY.