

QUOTATION



OUR STRENGTHS

- Superior & innovative products
- Excellent customer service
- Good claims payment record
- Wide medical provider panel
- Composite Insurer with General/ Life/ Health products





Wednesday, 10 November 2021

APA INSURANCE

Corporate Health Insurance Cover
Quotation

Name	KENYA POWER PENSION FUND - RETIREES
Agency / Broker	PELICAN INSURANCE BROKERS
Contract Period	2021-2022
From	

10 November 2021

Samuel Kinyanjui,
Pelican Insurance Brokers
Nairobi, Kenya.

Dear Sirs,

PROVISION OF STAFF MEDICAL INSURANCE COVER

We refer to your request for our health insurance quotation. We thank you for your interest in our products.

We are delighted to propose our [Corporate Health Insurance cover](#) customized to the specific needs of your organization.

The APA Corporate Health Insurance Product Provides a customizable and comprehensive cover with a set of options;

- [Hospitalization cover](#), (Inpatient) is the primary cover.
- **Optional benefits**; Outpatient, dental, optical, maternity and a variation of the above.

Our corporate solution has also been enhanced to include below benefits as inbuilt features;

- [Travel Insurance](#) as an embedded benefit that offers worldwide coverage of up to USD 40,000 per covered individual under the age of 80.
- [Covid19 Coverage](#) as a partial waiver of our pandemics and epidemics exclusion. **This can be enhanced further at additional premiums.**

We also provide the below value-added services that further enhance your cover;

- **Fund Management**; an option where APA manages an established fund amount to cater for costs for conditions other than inpatient.
- **Wellness & Chronic Disease Management Program**; that assists scheme members with chronic conditions to access specialists, diagnostics, free drug deliveries, follow ups to improve health outcomes. Visit our [website](#) to access a library of wellness information as well as enroll on wellness programs.
- **Political Violence and Terrorism Cover (Passive)**

And a smooth Service aided by;

- **Robust Technology Applications**; that ensure smooth service whilst reducing cases of fraud, misuse, over-utilization and overcharging, ensuring effective management of client benefits.
- **Provider Network**; We have a countrywide network of service providers that is continuously updated to meet your needs. Overseas referral is also available in accredited facilities.

Kindly review this quotation. We are available to discuss and shall be glad to present to you further.

Sincerely,



Benard Muteti
Health Business

Our Value Proposition

Flexible Product +
Value Adds

Comprehensive

In-built Travel Insurance

Focus on Wellness

Wellness

Wellness site, Advise,
check-ups

**Chronic Disease
Management Program**

Specialists, Drugs, Follow
ups

Strong Support
Ecosystem

Provider Network

Hospitals, Specialists,
Pharmacies, East Africa,
India

Digital

Sasa Doc, MyDawa, APA App,
Wellness App

Focus on Long-term
Relationships

Relationship Centred

Dedicated Relationship
Manager, Nurses, Contact
Centre



**500+
Corporates**

1. Inpatient								
	Cover / Limit	CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F	Standalone / Sub-Limit
1)	Overall Limit	3,000,000	2,000,000	1,000,000	750,000	500,000	350,000	Standalone
2)	Bed Nett of NHIF	Standard Private Room. Max 18,000	Standard Private Room. Max 15,000	General Ward Bed. Max 8,000	General Ward Bed. Max 8,000	General Ward Bed. Max 8,000	General Ward Bed. Max 8,000	Sub-limit of Inpatient
3)	Lodger Fee for Accompanying Parent	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below	Children 12 Years and below	Sub-limit of Inpatient
4)	Emergency Evacuation Within East Africa	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Sub-limit of Inpatient
5)	Acute Illnesses, and Accidents	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Sub-limit of Inpatient
6)	Pre-existing conditions and Chronic illnesses	650,000	500,000	400,000	350,000	250,000	200,000	Sub-limit of Inpatient
7)	Organ Transplant (cost of donor or securing the organ is excluded)	300,000	300,000	300,000	300,000	200,000	200,000	Sub-limit of Inpatient
8)	Newly Diagnosed Chronic illnesses	650,000	500,000	400,000	350,000	250,000	200,000	Sub-limit of Inpatient
9)	Psychiatric and Psychological Illnesses	350,000	350,000	350,000	350,000	250,000	200,000	Sub-limit of Inpatient
10)	Post Hospitalization 21 days after discharge (On pre-authorization)	30,000	30,000	30,000	30,000	30,000	30,000	Sub-limit of Inpatient
11)	Congenital Conditions	350,000	350,000	350,000	350,000	250,000	200,000	Sub-limit of Inpatient
12)	Neo-natal and prematurity conditions. this applies under below conditions; <ul style="list-style-type: none"> • Child has not been discharged. • If discharged, not more than three (3) days after discharge. 	350,000	350,000	350,000	350,000	250,000	200,000	Sub-limit of Inpatient

13)	Non - accidental dental In-patient illnesses.	350,000	350,000	350,000	350,000	250,000	200,000	Sub-limit of Inpatient
14)	Non - accidental Optical In-patient illnesses, includes cover for laser treatment in approved facility.	350,000	350,000	350,000	350,000	250,000	200,000	Sub-limit of Inpatient
15)	Accident Related Dental and Optical treatment	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit	Sub-limit of Inpatient
16)	External prosthesis and external medical appliances. Includes wheelchairs, implants.	150,000	150,000	150,000	150,000	100,000	100,000	Sub-limit of Inpatient
17)	Last Expense	100,000 Per Family	100,000 Per Family	100,000 Per Family	100,000 Per Family	75,000 Per Family	50,000 Per Family	Sub-limit of Inpatient
18)	Passive War /Terrorism and Political Violence treatments	750,000	750,000	750,000	750,000	500,000	500,000	Sub-limit of Inpatient
19)	Home Nursing (Subject to Pre-authorization)	Subject to condition sub-limit	Subject to condition sub-limit	Subject to condition sub-limit	Subject to condition sub-limit	Subject to condition sub-limit	Subject to condition sub-limit	Sub-limit of Inpatient
20)	Cover for Covid19 (critical cases only requiring hospitalization)	500,000 Per family and a Group Limit of 5,000,000	500,000 Per family and a Group Limit of 5,000,000	500,000 Per family and a Group Limit of 5,000,000	500,000 Per family and a Group Limit of 5,000,000	500,000 Per family and a Group Limit of 5,000,000	500,000 Per family and a Group Limit of 5,000,000	
21)	First Ever Emergency Caesarean Section	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	Sub-limit of Inpatient

1.1 Services Covered Under Inpatient & Day Patient

Below services are catered for under inpatient hospitalization, and day patient; The services listed below are payable within the respective sub-limit or as specified in the policy summary.

- Hospital Accommodation: Admission in an NHIF Accredited hospital, Bed Charges are covered nett of NHIF
- Doctors charges and specialists fees: Physician, Surgeon & Anaesthetist subject to approved panel of APA providers and APA guidelines
- Intensive care unit (ICU)/High Dependency unit (HDU)
- Prescribed Drugs/Medicines, Dressings and Internal Surgical appliances;
- Laboratory Investigations, Pathology, X-ray, Ultrasound, ECG and Computerized Tomography (CT), PET Scan, MRI Scans, Radiotherapy and Chemotherapy.
- Theatre charges including surgeon's and anaesthetist's fees
- 1st Emergency Caesarean section subject to APA panel of provider rates. Note that the benefit does not extend to the Maternity cover in the event that the limit is exhausted.
- Inpatient expenses of eye, ear and dental testing and treatment arising out of accidents
- Internal prostheses and Inpatient physiotherapy
- Gynaecological conditions
- Day care surgery under general anaesthesia
- Reconstructive surgery following an accident or an eligible medical condition
- Congenital and prematurity related conditions
- In Patient Psychiatry
- Post hospitalisation expenses after discharge
- In Patient non accident surgical Optical cases
- In Patient non accident surgical Dental cases
- Parents accompanying hospitalised children. Lodger does not apply for new born under Neonatal Intensive Care Unit (NICU).
- The HIV/AIDS cover will cater for all Employees and dependants
- Discharge drugs up to 1 month after discharge.
- Home Nursing Care is covered within the In Patient limit up to a maximum of 30 days per year and subject to availability of cover limits
- Acts of Terrorism and political violence
- Road and air evacuation in case of emergency on approval by APA
- Overseas evacuation for conditions whose treatment is not locally available and authorized by APA Insurance. Travel will be limited to the Insured Employee for emergency cases (subject to approval) using a scheduled air flight on economy class, lodger fees whilst the Employee is in the hospital. All bills will be paid subject to reasonable and customary charges

Outpatient			
Scope	CATEGORY A	CATEGORY A	Standalone / Sub-Limit
Overall Limit	200,000 150,000 100,000	75,000 50,000	Standalone
General Services Covered under Outpatient; Consultations, Laboratory investigations and X-rays, Prescription medicines, Outpatient procedures, dressings, Expenses of the eye, ear and dental testing and treatment arising out of sickness or accidents. Physiotherapist's fees.	Within Outpatient	Within Outpatient	Within OP
Medical Check - Ups (Staff & Spouse)	20,000	10,000	Within OP
Services Covered under Medical check-ups Where a medical check-up benefit is available, below are covered; <i>Physical exam, Urinalysis, Haemogram, Blood sugar, ECG, Lipid Profile up to a maximum of Kshs. 2,000/-</i>	Within Outpatient	Within Outpatient	Within OP
PAP Smear, PSA mammogram once per year,	Within Outpatient	Within Outpatient	Within OP
Pre-existing & Chronic Conditions & Illnesses , including HIV, Cancer & Diabetes	To Full Outpatient Limit ARVs covered	To Full Outpatient Limit ARVs covered	Within OP
Routine antenatal & Post-natal care within the outpatient limit	Within Outpatient	Within Outpatient	Within OP
Day Care Surgery under Local anesthesia	Within Outpatient	Within Outpatient	Within OP
Vaccines - for children up to 5 years.	NOT APPLICABLE.	NOT APPLICABLE.	Within OP
Private Vaccines , including Travel Vaccines, Chicken Pox, Meningitis, Cholera, Typhoid, etc. for children and adults,	NOT APPLICABLE	NOT APPLICABLE	Within OP
Supplements Covered provided they have direct action in managing a diagnosed condition. On Pre-authorization relevant to condition. Prescribed and medically necessitated nutritional supplements, pharmaceutical creams & ointments eg, maternity supplements, oilatum, epimax, physiogels, aqueous, etc.	NOT APPLICABLE	NOT APPLICABLE	Within OP
Ambulance Services; Emergency only Covered subject to pre-authorization	Within Outpatient	Within Outpatient	Within OP
Specialists and Alternative Treatments; Specialists and Chiropractors seen directly with no need for preauthorization provided they are within APA Panel.	Within Outpatient	Within Outpatient	Within OP
External Appliances (crutches, wheel chair, back support, walker, innersole on preauthorization as medically necessary)	10,000	10,000	Within OP
Chiropractor upon referral by an orthopaedic doctor/surgeon.	Within Outpatient	Within Outpatient	Within OP
Covid19 (Testing as prescribed by doctor and must be preauthorized by APA) and treatment.	Within Outpatient	Within Outpatient	Within OP
Outpatient Co-payment Schedule	Kshs. 1,500 at all Major Providers Nairobi Hospital, Aga Khan, MP Shah, Mater Hospital, Karen Hospital, AAR Clinics, Gertrude's	Kshs. 1,500 at all Major Providers Nairobi Hospital, Aga Khan, MP Shah, Mater Hospital, Karen Hospital, AAR Clinics, Gertrude's	Within OP

	Hospital and their satellite clinics	Hospital and their satellite clinics	
	Kshs. 300 at Other Providers	Kshs. 300 at Other Providers	
Dental Benefit	As Per Quote	As Per Quote	Standalone
Optical Benefit	As Per Quote	As Per Quote	Standalone
Frames Limit On Optical Benefit	50% of the limit	50% of the limit	Within Optical

OPTICAL BENEFIT

Cover caters for;

Persons already wearing spectacles will get change of lenses where there has been a noted change in prescription. Persons not currently wearing spectacles will get both frames and lenses for sight correction.

After 2 years on cover and every 2 years thereafter all members qualify for both frames and lenses where there is change in prescription for sight correction.

The following are not catered for;

- Replacement of broken or lost spectacles
- Laser correction of eyesight
- Contact lenses
- Photo chromatic and/or antiglare lenses where a significant Refractive error is not the cause for prescription

DENTAL BENEFIT

Cover caters for;

The cost of Dental Consultation resulting in treatment expenses, inclusive of Anaesthetist's fees, Hospital and Operating Theatre cost, covering extractions, fillings crowns and caps.

The cost of Dental Treatment to the teeth or damage to dentures caused solely by accidental external and visible means or as a result of disease other than normal decay.

The following are not catered for;

The cost of replacement or repairs of old dentures bridges and plates unless damage to the said dentures, bridges and plates becomes necessary as the result of bodily injury sustained by the Insured Person caused solely and directly by accidental external and visible means.

The cost of orthodontic treatment of a cosmetic nature unless such treatment becomes necessary as the result of bodily injury sustained by the Insured person caused solely and directly by accidental external and visible means or as a result of disease other than normal decay.

COVID 19 COVERAGE

Find appended the details on Covid Coverage that entails the scope of cover and set guideline/parameters to access cover

1. Testing & Treatment for Covid 19

- a. The tests shall be carried out within the usual APA Panel of providers.
- b. The tests must be prescribed by a Doctor after assessment based on existing symptoms and where medically necessary;
 - i. Flu like symptoms, fever, dry cough, tiredness, or
 - ii. Contact with confirmed case.

- c. Preauthorization must be sought by the doctor / hospital before testing.

2. Testing Protocol

- a. Patient with the case definition above books appointment at their preferred doctor/facility.
- b. Doctor assesses the patient, and if the Covid 19 test is deemed necessary, the lab request form is filled and forwarded to APA for authorisation.
- c. Patient visits / books an appointment with the provider. The provider will reach out to APA for preauthorization.
- d. APA will review the case, and if it meets the criteria for testing it shall be approved.
- e. Once the results are ready, they shall be communicated to both patient and the referring doctor.

3. Panel of Providers

- a) The APA Insurance panel of providers shall provide the testing and treatment services.

4. Inpatient Treatment

- a. APA shall provide coverage for admissions where a member has been confirmed to have Covid 19 and requires treatment within a hospital setting.
- b. The Covid 19 coverage limit will be based on the benefit purchased by the client and will be a sub limit of the In Patient benefit. APA will NOT cover the NHIF rebate per night should NHIF decline to cater for the cost.
- c. The APA Care Management team will handle the admission process as per the usual In Patient process.

5. Outpatient Treatment

- a. APA will cater for outpatient treatment where a member has been confirmed to have Covid19. We recommend home care for asymptomatic cases and those with moderate symptoms.
- b. We will cater for the cost of consultation and prescribed drugs up to the full outpatient limit. The outpatient treatment is subject to the policy having an outpatient benefit.

6. Exclusions:

- a. Self-prescribed tests or Member initiated self-requested tests
- b. Third party entity requirements or occupational exposure that led to Mass/Group testing
- c. Asymptomatic patients testing for as a result of employment, domestic exposure or contact tracing
- d. Follow up retesting after an initial positive test.
- e. **Compliance Testing. For example due to of travel requirements (COVID certificate)**

Policy General Exclusions

- Cosmetic surgery unless caused by an accident
- Pandemics & epidemics (Other than Covid19), natural disasters and unknown illnesses covering a wide geographical area.
- Vaccinations other than as specified in the cover scope.
- Weight management treatments and drugs.
- Participations in professional & hazardous sports e.g. bungee jumping, paragliding
- Family planning
- Impotence, Infertility related treatment
- Treatment other than by registered medical practitioner
- Self-referred or self-prescribed treatment.
- Drugs dispensed by the treating doctor.
- Nutritional supplements unless prescribed as part of medical treatment.
- Alternative treatment - Chiropractors, Acupuncturist, Herbalist and Ayurveda treatment
- Drunkenness, drug addiction, Intentional self-injury, attempted suicide.
- 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
- Purchase of external surgical appliances (frames, wheelchairs), available on lease
- Diagnostic equipment (e.g. Glucometers, BP machines)
- Experimental treatment.
- Contamination by radio activity from nuclear fuel, waste or fission
- Benefits not purchased or indicated in the underwriting summary
- Maternity & Related Complications
- Dental Exclusions: where dental outpatient cover is provided
 - Crowns, Caps, Bridges, Orthodontics, Dentures, Self-prescribed scaling.
 - Replacement or repair of old dentures bridges and plates unless damage to dentures, bridges and plates becomes necessary as a result of accident.
- Optical Exclusions: where Optical outpatient cover is provided
 - Replacement of broken or lost spectacles
 - Photo chromatic and/or antiglare lenses where a significant Refractive error is not the cause for prescription
 - Disposable Contact lenses and Plano lenses
 - Designer frames and lenses

**this list is not exhaustive please refer to the policy document*

General Policy Terms

Eligibility	<p>Person(s) from birth to sixty-five (65) years can join the scheme. Existing members remain in the scheme up to the age of seventy Five (75). Dependents include spouse, own children, legally adopted and foster children aged from birth to 18 years. Children over the age of 18 but below 25 years will be covered under their families if proof of schooling is provided.</p> <p>We shall allow children to join the cover from birth under the following conditions:</p> <ul style="list-style-type: none"> • The baby must be a term baby, that is, at least 37 weeks at birth and will be covered as from birth. • Premature babies and birth trauma shall be covered under congenital conditions & neonatal benefit. • Birth Notification shall be sent to us within 7 days, baby is introduced by way of filing an application form and the respective additional premiums thereon are paid within 14 days. • Members will be issued with APA Wellness cards within 10 days from the date of application. These cards will be used to identify the member or dependents at the point of treatment.
Waiting Periods:	All waiting Periods have been waived.
NHIF	<ul style="list-style-type: none"> • All eligible members must have valid NHIF membership. Eligible members in this case imply Kenyan citizens in formal employment. • Hospital bills shall be undertaken net of NHIF where applicable and will be advised from time to time by the scheme administrator according to NHIF guidelines. • All admissions/hospitalizations are done net of NHIF rebates.
Premium Payment(s)	<ul style="list-style-type: none"> • Premiums are payable upfront unless authorized otherwise by the Company, where an approved payment plan is sought by the insured. • No return premium for deleted individuals after six months of cover. • Credit notes are issued ninety (90) days after deletion where no claims have been incurred.
Hospitalization costs and professional fees	<ol style="list-style-type: none"> a) Shall be as per pre-negotiated tariffs between the Company and its service providers, and subject to the Company's reasonable and customary rates. b) Services sought at non-panel providers will be reimbursed at 80% of the reasonable and customary rates. c) Reimbursements under outpatient will be as (b) above and with a maximum of 2,000 for GP consultations and 3,000 for Specialists consultations.
Territorial Limit	<ul style="list-style-type: none"> • Kenya and Uganda. • In case of services sought outside these regions, or where a valid provider is not found as regards emergency medical need, the insured member's claims shall be settled on re-imburement subject to reasonable and customary rates as determined by the company. Members can submit claims accessed within the first 60 days outside of the territorial scope. The claims must be submitted within 60 days from the date of service.
Policy Validity	<ul style="list-style-type: none"> • This policy is valid for one (1) year as specified above, unless cancelled by either party by giving a one (1) month notice.
Overseas referral	<ul style="list-style-type: none"> • Treatment(s) not available locally will be to a medical facility approved by the company and excludes Western Europe, Australia, USA, South Africa and Canada. • The Company has credit facilities in India, and the referral must be approved by the company and respective government department. • Air fare for patient and accompanying person on economy class is payable from the overall cover limit (inpatient), while accommodation costs are excluded. • Air fare shall be paid by member and reimbursed by the company, unless where the APA has been able to procure a ticket. • Lodger fee is payable for children within the lodger fee age.
Exceeded benefits	<ul style="list-style-type: none"> • The member shall be liable for benefits utilized beyond the limit of cover.
Administration	<p>Healthcare Providers:</p> <ul style="list-style-type: none"> • Cards; Medical Cards shall be issued to all members of the scheme. • Restricted to only APA Panel of providers within the territorial scope. In case of genuine reasons for using a non-panel provider, reimbursement shall be allowed subject to APA's reimbursement policy.
Access to Specialists	<ul style="list-style-type: none"> • Access to Specialists is not restricted, provided they are within APA's Panel of service providers.

Validity: This quotation is valid for a period one 60 Days from date of Quote

Issued by:

BENARD MUTETI

E benard.muteti@apainsurance.org

M +254 0709 91 2122

Signature:



APA Health healthbd@apainsurance.org

NB: The details herein are only a summary of the cover for quick and easy reference. All other terms and conditions are contained in the policy document and or any endorsements thereto.

It is hereby stated and agreed that this summary forms part of the policy document

APPENDIX I: Premiums Schedule

PREMIUM SUMMARY

The premium computation based on the benefits and population provided is as below. The detailed premium calculation; shared as an attachment or appended below.

The below premiums are inclusive of levies of 0.45% - made up of 0.25% Policy Holders Tax and 0.2% Insurance Training Levy and Stamp Duty of Kshs 40

As Per attached worksheet.



“Looking forward to be of service”



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