



Wednesday, 15 September
2021

Corporate Health Insurance Cover Renewal Invite

Name	KENYA POWER PENSION FUND RETIREES
-------------	--

Agency / Broker	PELICAN INSURANCE BROKERS
------------------------	----------------------------------

Contract Period	15/11/2021 To 14/11/2022
------------------------	---------------------------------

KENYA POWER PENSION FUND RETIREES

RE: RENEWAL INVITATION - CORPORATE HEALTH INSURANCE

POLICY NUMBER: KEA1B1/19/PB190/000001/02

INSURED: KENYA POWER PENSION FUND RETIREES

We are delighted to invite you to renew your **Corporate Health Insurance cover** for a further period of one (1) year as per the proposed terms and conditions outlined herewith.

Your policy falls due for renewal on **14th November 2021**, and the renewal premiums is **Kes 27,911,012/-** as per the population listing indicated in the premiums table.

Below information is provided as a review of expiring period of cover, as well as inform renewal terms.

- a) Claims Utilization;** data showing the detailed claims received up to the data of this letter, indicating the claims ratio. Your claims ratio is **105%**
Due to the increased cost of healthcare, inflation and adverse performance of the scheme which is at a loss ratio of 105% against our desired 65%, we have loaded the existing rates by 70%.
- b) Population Data;** detailed listing of active members as at the time of intimating this renewal.

For us to effect renewal of cover, we shall require the below;

- a) Instructions to renew cover,** together with confirmation of the terms, and population data.
- b) Premiums payment.**

Kindly review this invitation and get in touch with us in case of any clarifications.

We await your timely confirmation of these terms to enable us renew cover.

Sincerely,



Lawrence Muinde
Health Business

CC: PELICAN INSURANCE BROKERS

SUMMARY BENEFITS & LIMITS

CATEGORY	INPATIENT-PER FAMILY	OUTPATIENT-PER FAMILY	DENTAL-PER FAMILY	OPTICAL- PER FAMILY
KPPF 1	350,000	50,000	7,500	7,500
KPPF 2	500,000	50,000	7,500	7,500
KPPF 3	750,000	75,000	7,500	7,500
KPPF 4	1,000,000	100,000	10,000	10,000
KPPF 5	2,000,000	150,000	15,000	15,000
KPPF 6	3,000,000	200,000	20,000	20,000

1. Inpatient

#	Cover	Limit	Standalone / Sub-Limit																					
1)	Overall Limit	KES PER FAMILY KPPF 1 350,000/- KPPF 2 500,000/- KPPF 3 750,000/- KPPF 4 1,000,000/- KPPF 5 2,000,000/- KPPF 6 3,000,000/-	Per family Stand-Alone																					
2)	Bed	SPR up to KES 12,000/- for limits Above KES 2M. & General Ward Bed for Limits below KES 2M.	Sub-limit of Inpatient																					
3)	Lodger Fee for Accompanying Parent/Guardian	Children 12 Years and below	Sub-limit of Inpatient																					
4)	Emergency Evacuation Within East Africa	Air Ambulance & Road Ambulance	Sub-limit of Inpatient																					
5)	Acute Illnesses, and Accidents	Full Inpatient Limit	Sub-limit of Inpatient																					
6)	Pre-existing conditions and Chronic illnesses	<table border="1"> <thead> <tr> <th>Category</th> <th>Limit Per Family</th> <th>Sub-limit Per Family</th> </tr> </thead> <tbody> <tr> <td>KPPF 1</td> <td>350,000</td> <td>150,000</td> </tr> <tr> <td>KPPF 2</td> <td>500,000</td> <td>250,000</td> </tr> <tr> <td>KPPF 3</td> <td>750,000</td> <td>300,000</td> </tr> <tr> <td>KPPF 4</td> <td>1,000,000</td> <td>350,000</td> </tr> <tr> <td>KPPF 5</td> <td>2,000,000</td> <td>400,000</td> </tr> <tr> <td>KPPF 6</td> <td>3,000,000</td> <td>500,000</td> </tr> </tbody> </table>	Category	Limit Per Family	Sub-limit Per Family	KPPF 1	350,000	150,000	KPPF 2	500,000	250,000	KPPF 3	750,000	300,000	KPPF 4	1,000,000	350,000	KPPF 5	2,000,000	400,000	KPPF 6	3,000,000	500,000	Sub-limit of Inpatient
Category	Limit Per Family	Sub-limit Per Family																						
KPPF 1	350,000	150,000																						
KPPF 2	500,000	250,000																						
KPPF 3	750,000	300,000																						
KPPF 4	1,000,000	350,000																						
KPPF 5	2,000,000	400,000																						
KPPF 6	3,000,000	500,000																						
7)	Newly Diagnosed Chronic Illnesses Covered fully to the Overall IP limit and revert to the pre-existing sub-limit above after renewal.	Full Inpatient Limit.	Sub-limit of Inpatient																					
8)	Psychiatric and Psychological Illnesses	Kshs. 200,000/- Per Family Per Annum for all Categories	Sub-limit of Inpatient																					
9)	Post Hospitalization 28 days after discharge (On Reimbursement)	Kes 30,000/- Per family For all Categories.	Sub-limit of Inpatient																					
10)	Congenital conditions & neo-natal expenses	Kshs. 150,000/- Per Family Per Annum for all Categories	Sub-limit of Inpatient																					
11)	Non - accidental dental in-patient illnesses.	Kshs. 100,000/- Per Family Per Annum for all Categories	Sub-limit of Inpatient																					
12)	Non - accidental Ophthalmic in-patient illnesses, includes cover for laser treatment.	Kshs. 100,000/- Per Family Per Annum for all Categories.	Sub-limit of Inpatient																					

13)	Accident Related Dental and Ophthalmic treatment	Full Inpatient Limit	Sub-limit of Inpatient
14)	Last Expense – Stand Alone	Kes 100,000/- Per Family Per Annum for all Categories	Stand Alone
15)	Passive War /Terrorism and Political Violence treatments	Passive War Clause/Terrorism- covered to the Full Inpatient & Outpatient limit	Sub-limit of Inpatient
16)	Home Nursing (Subject to Pre-authorization)	Subject to condition sub-limit	Sub-limit of Inpatient
17)	First Ever Emergency Caesarean Section	Kshs. 150,000/- Per Family Per Annum for all Categories	Sub-limit of Inpatient
18)	Ambulance Services; Emergency only	Covered subject to pre-authorization	Sub-limit of Inpatient

1.1 Services Covered Under Inpatient & Day Patient

Below services are catered for under inpatient hospitalization, and day patient;

- a) **Hospital Accommodation** Charges.
- b) **Doctor's fees;** Physician, Surgeon & Anesthetist.
- c) **ICU/HDU and Theatre** charges.
- d) **Drugs/Medicines, Dressings and Internal Surgical** appliances.
- e) **Pathology, X-ray, Ultrasound, ECG** and Computerized Tomography (CT), PET Scan, MRI Scans.
- f) **Radiotherapy and Chemotherapy.**
- g) In-patient **Physiotherapy.**
- h) **Emergency Road and Air Evacuation** subject to overall cover limit.
- i) **Day care** surgery
- j) **Home nursing** care

Outpatient			
Scope	Limit – Above Table.	Standalone / Sub-Limit	
Overall Limit	As per the Above Table Per Family.	Stand-alone	
Medical Check – Ups (Staff & Spouse)	Kes 10,000/- shared.	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, P</i> AP Smear, PSA mammogram		Within OP	
Pre-existing & Chronic Conditions & Illnesses, including HIV, Cancer & Diabetes	To Full Outpatient Limit ARVs covered	Within OP	

Dental		Limit.	Standalone / Sub-Limit
Overall Limit		As per the Above Table Per Family.	Stand alone
Anesthetist's fees, Hospital and Operating theatre cost, Fillings, Extraction, Root canal, Scaling/ Cleaning necessitated by a medical condition and prescribed by our appointed dentist.			Within Dental
Dental Exclusions 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		Limit.	
Overall Limit		As per the Above Table Per Family.	Stand alone
Frame limit		Capped at KES 10,000/-	Frame covered once in 2 years
Optical Service, Frames, Lenses Optical Exclusions: Laser correction of eyesight, plano lenses			Within Optical

Covid-19		Limit (based on the primary cover)
Overall Limit		KES PER FAMILY KPPF 1 350,000/- KPPF 2 500,000/- KPPF 3 750,000/- KPPF 4 1,000,000/- KPPF 5 1,000,000/- KPPF 6 1,000,000/- Group Limit: 5M
COVID-19 Testing & Treatment COVID-19 testing shall be covered at the following preferred testing centers: <ul style="list-style-type: none"> ▪ AMREF Medical Centre ▪ Coptic Hospital ▪ Mediheal Hospital Parklands ▪ Nairobi West Hospital ▪ Pathcare Kenya ▪ Pathologists Lancet The COVID-19 test must meet the following criteria: <ul style="list-style-type: none"> ▪ Must be medically necessary i.e. patient with relevant symptoms or pre-admission screening ▪ Must be prescribed by a doctor ▪ Must be preauthorized by UAP ▪ Shall be payable to a maximum of KES 8,000* <p>*Amount to be used at non-preferred testing centers as direct approval or on reimbursement.</p> The following COVID tests shall not be covered:		Full outpatient limit For Members with Outpatient Benefit Only

- Self-prescribed/self-requested tests
- Mass/Group testing due to employer requirements or occupational exposure
- Testing for asymptomatic patients e.g. following domestic exposure/contact tracing
- Retesting following an initial positive test, since MOH guidelines do not provide for it
- Testing as part of travel requirements (COVID certificate)

Testing Protocol

- Patient with relevant symptoms books appointment at their preferred doctor/facility
- Doctor evaluates patient, and if COVID-19 test is deemed necessary, a lab request form is filled
- Patient calls UAP Call Centre 0711 056777 for guidance on the preferred testing centres to book appointment for testing
- Once results are ready, they are communicated to both patient and referring doctor

Outpatient Treatment

- We shall cater for outpatient treatment for members confirmed to have COVID-19. Home based care shall be covered as per MOH guidelines for asymptomatic/mild cases.
- We shall cater for the cost of consultation, lab tests, imaging tests and prescribed drugs up to the full outpatient limit.

Inpatient Treatment

- Cases requiring care within the inpatient benefit for treatment at both public and private hospitals shall be covered as follows;
- KPPF 1 350,000/-
- KPPF 2 500,000/-
- KPPF 3 750,000/-
- KPPF 4 1,000,000/-
- KPPF 5 2,000,000/-
- KPPF 6 3,000,000/-.

KES PER FAMILY

- KPPF 1 350,000/-
- KPPF 2 500,000/-
- KPPF 3 750,000/-
- KPPF 4 1,000,000/-
- KPPF 5 2,000,000/-
- KPPF 6 3,000,000/-

Group Limit of 5M

Admission Protocol

- Member is confirmed to have COVID-19 by the testing facilities
- Member is referred to their preferred facility (either private or public) for management
- UAP Case Management Team shall be actively involved for care coordination
- Where COVID-19 diagnosis is made while someone is already admitted in hospital, the treatment shall be covered within the applicable sub limits

Panel of Providers

The UAP Insurance panel of providers shall provide the outpatient and inpatient treatment, in conjunction with COVID-19 testing exclusively at the preferred testing centres.

Scheme General Exclusions

- Cosmetic surgery unless caused by accident
- Weight management treatments and drugs.
- Participations in professional & hazardous sports e.g. bungee jumping, paragliding
- Family planning & Private Vaccines.
- 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.
- Specialists Fees unless referred by a general practitioner
- Alternative treatment - Chiropractors, Acupuncturist, Herbalist
- Drunkenness, drug addiction, Intentional self-injury
- 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
Pandemics, epidemics, natural disasters and unknown illnesses covering a wide geographical area.
- Soaps, creams, moisturizers, shampoos, toothpaste, hospital toiletries, diapers, sanitary towels, outside those provided during admission.
- All types of Vaccines
- Benefits not purchased or indicated in the underwriting summary
- Maternity and Maternity Related Ailments.

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

GENERAL TERMS

Eligibility	<p>Person(s) from birth to eighty (80) years can join the scheme. Existing members remain in the scheme up to the age of eighty-five (85). 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 upon discharge from hospital • Premature babies and birth trauma shall be covered under congenital conditions or neonatal benefit, based on the medical condition and cover availability • 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.
Waiting Periods	<p>All waiting Periods have been waived.</p>
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.

Hospitalization costs and professional fees	Will be as per pre-negotiated tariffs between the Company and its service providers, and subject to the Company's reasonable and customary rates.
Territorial Limit	<ul style="list-style-type: none"> Kenya, Uganda, Rwanda, and South Sudan. 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 reimbursement 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 90 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 accompany person on economy class is payable from the overall cover limit (inpatient), while accommodation and related costs such as taxi are excluded. Air fare shall be paid by member and reimbursed by the company, unless where the UAP 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>Cards;</p> <ul style="list-style-type: none"> Medical Cards shall be issued to all members of the scheme. <p>Healthcare Providers:</p> <ul style="list-style-type: none"> Restricted to only UAP Panel of providers within the territorial scope.
Access to Specialists	<ul style="list-style-type: none"> Access to Specialists is not restricted, provided they are within UAP Panel of service providers.
Credit facilities	<ul style="list-style-type: none"> UAP Insurance has a country wide panel of service providers which is customizable to meet the client's requirements. Members will be restricted to the appointed service providers. In case of genuine reasons for using a non-panel provider, reimbursement shall be allowed subject to UAP's reimbursement policy. Specialists (except for the appointed Pediatricians, Gynecologists, Ophthalmologists and Dentists) will only be seen on referral from General Practitioners.
Reimbursements	<ul style="list-style-type: none"> Reimbursement is not allowed except in cases of genuine medical emergency in a setting where no appointed service provider is available. In any case of allowable inpatient reimbursement, we will only refund 80% of the total costs. The Outpatient reimbursements will be as below; <ul style="list-style-type: none"> Consultations; GP - Kshs.2,000, Specialist- Kshs.3,000, Pediatrician & gynecologists will be 100% of UAP customary & reasonable rates for doctors' fees for both in and outpatient services Diagnostics, lab, x-ray, and medicines will be at 100%. All claims sent for reimbursement must have the following attached: <ul style="list-style-type: none"> Claim form duly signed by both the member and the provider and stamped by the provider Copy of prescription, Laboratory tests and X-ray services done with breakdown of each item billed if not indicated in the claim form. Receipts of payment made which must be stamped by the provider. KRA PIN and mode of payment

**JOINING AND
ADMINISTRATION
OF THE SCHEME**

- Members have three (3) months to join the scheme after renewal date 15th November 2021.
- Any members joining the scheme after said three months shall have their premium pro-rated quarterly regardless of the month of joining i.e. Next joining period FEB 2022- APR 2022, Members are free to join monthly (Feb, March, April) but shall have their premium pro-rated from February 2022.
- **These members shall be required to provide proof that they retired within this quarter.**

APPENDIX I: Premiums Schedule

Benefit	Category	Benefit Limit	Family Size	No. of Families	Rate pf	Total Premium	
Inpatient	KPPF 1	350,000	M			45,302	-
			M+1	1		63,022	63,022
			M+2			78,443	-
			M+3			93,252	-
			M+4			106,681	-
			M+5			120,877	-
						0	-
	KPPF 2	500,000	M	5		48,781	243,905
			M+1	8		68,908	551,264
			M+2	1		88,575	88,575
			M+3	1		106,863	106,863
			M+4			123,772	-
			M+5			140,681	-
						0	-
	KPPF 3	750,000	M	4		51,816	207,264
			M+1	5		74,160	370,800
			M+2	1		94,665	94,665
			M+3	2		114,455	228,910
			M+4			132,404	-
			M+5			150,356	-
						0	-
KPPF 4	1,000,000	M	3		54,486	163,458	
		M+1	15		77,713	1,165,695	
		M+2	2		99,101	198,202	
		M+3	3		119,263	357,789	
		M+4			137,586	-	
		M+5			155,909	-	
					0	-	
KPPF 5	2,000,000	M	4		63,680	254,720	
		M+1	7		97,633	683,431	
		M+2	1		128,215	128,215	
		M+3	1		156,958	156,958	
		M+4			183,556	-	
		M+5			210,154	-	
					0	-	
KPPF 6	3,000,000	M	12		64,701	776,412	
		M+1	24		99,371	2,384,904	
		M+2	3		130,566	391,698	
		M+3	1		159,922	159,922	
		M+4			186,621	-	
		M+5			213,320	-	
					0	-	

						-
Outpatient	KPPF 1 & 2	50,000	M	4	34,020	136,080
			M+1	8	50,000	400,000
			M+2	1	50,000	50,000
			M+3	1	50,000	50,000
			M+4		50,000	-
			M+5		50,000	-
						-
	KPPF 3	75,000	M	4	39,690	158,760
			M+1	5	74,325	371,625
			M+2	1	75,000	75,000
			M+3	2	75,000	150,000
			M+4		75,000	-
			M+5		75,000	-
						-
	KPPF 4	100,000	M	2	44,566	89,132
			M+1	13	80,284	1,043,692
			M+2	2	91,554	183,108
			M+3	2	99,999	199,998
			M+4		100,000	-
			M+5		100,000	-
						-
	KPPF 5	150,000	M	4	45,247	180,988
			M+1	7	82,757	579,299
			M+2	1	98,070	98,070
			M+3	1	117,915	117,915
			M+4		134,555	-
			M+5		149,999	-
						-
	KPPF 6	200,000	M	12	45,848	550,176
			M+1	23	86,133	1,981,059
			M+2	3	102,151	306,453
			M+3	1	122,842	122,842
			M+4		140,229	-
			M+5		157,617	-
						-
Dental	KPPF 1,2&3	7,500	M	6	1,102	6,612
			M+1	9	1,377	12,393
			M+2	2	1,721	3,442
			M+3	3	2,152	6,456
			M+4		2,689	-
			M+5		3,362	-
						-
	KPPF 4	10,000	M	2	1,651	3,302
			M+1	12	2,064	24,768
			M+2	2	2,580	5,160

			M+3	2	3,225	6,450
			M+4		4,031	-
			M+5		5,039	-
						-
	KPPF 5	15,000	M	3	2,201	6,603
			M+1	5	2,751	13,755
			M+2	1	3,439	3,439
			M+3		4,298	-
			M+4		5,373	-
			M+5		6,716	-
						-
	KPPF 6	20,000	M	11	2,749	30,239
			M+1	21	3,437	72,177
			M+2	3	4,296	12,888
			M+3	1	5,370	5,370
			M+4		6,712	-
			M+5		8,390	-
						-
Optical	KPPF 1,2&3	7,500	M	6	1,945	11,670
			M+1	9	2,431	21,879
			M+2	2	3,039	6,078
			M+3	3	3,799	11,397
			M+4		4,748	-
			M+5		5,935	-
						-
	KPPF 4	10,000	M	2	2,593	5,186
			M+1	12	3,241	38,892
			M+2	2	4,052	8,104
			M+3	2	5,065	10,130
			M+4		6,331	-
			M+5		7,914	-
						-
	KPPF 5	15,000	M	3	3,919	11,757
			M+1	5	4,898	24,490
			M+2	1	6,123	6,123
			M+3		7,654	-
			M+4		9,567	-
			M+5		11,959	-
						-
	KPPF 6	20,000	M	11	5,246	57,706
			M+1	21	6,558	137,718
			M+2	3	8,197	24,591
			M+3	1	10,247	10,247
			M+4		12,808	-
			M+5		16,010	-
						-

Last Expense	100,000	M	104	1,200	124,800
				Basic Premium	16,344,691
				Loading-70%	27,785,975
				TL & PHCF - 0.45%	125,037
				Total Premium Payable	<u>27,911,012</u>

Issued by:

Lawrence Muinde

Signature: _____ 

Date: **15 September 2021**

Health Business

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

Kindly peruse through this contract document. If no revision is received within thirty (30) days from issuance of this document, the contract shall be deemed effective and in force for this period of insurance.