



# My-Afya Shield

*Health Insurance You can Trust*

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## Our Mission

To sustainably provide financial security and growth to our clients.

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## Why Choose My-Afya Shield?

At Fidelity Shield, we are committed to **personalized and timely service**. We listen, care, and design solutions that meet your needs through our inpatient, outpatient, dental, optical, maternity, last expense, and personal accident benefits.

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## Product Highlights

- **Comprehensive medical protection** – Inpatient admissions, Outpatient visits, Dental & Optical care, and Maternity benefits.
- **Wide access to care** – Hospitals, clinics, and physicians across the Fidelity panel.
- **Family financial security** – Last expense benefit to ease funeral costs.
- **Complimentary personal accident cover** – Added protection at no extra cost.
- **Annual wellness check-up** – Stay proactive about your health.
- **Lifestyle support** – Free guidance on healthy living and stress management.
- **Affordable premiums** – Flexible and accessible pricing options.
- **Lifetime protection** – Renewable annually for continued peace of mind.
- **Premium incentive** – Enjoy a no-claims discount starting from year three.
- **Chronic disease management program** - Ongoing support and care for conditions such as diabetes, hypertension, and other long-term illnesses.

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## Eligibility

- Cover available for **all persons and their legal dependents** from birth (full-term babies, 38 weeks) up to 65 years.
- Existing members may continue renewing, subject to renewal review.
- **Dependents** include:
  - Spouse.
  - Own children from birth (full-term, discharged from hospital) up to 18 years.
  - Children above 18 years may purchase their own cover.
- **Newborns** can be added immediately upon submission of:
  - A duly filled application form,
  - Birth notification, and
  - Premium payment.
- **Individuals aged 50 years and above** require a medical exam by a Fidelity Shield-appointed doctor (at own cost).
- All members and dependents are subject to standard waiting periods.

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## Enrolment Requirements

To join, kindly provide:

- Completed application form.
- Signed consent form for data processing.
- Birth certificate/notification (for children under 18).
- Copy of **KRA PIN** and **ID/Passport** (for all applicants 18 years and above).

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**Get a Quote Today by scanning this QR Code**



## Benefits Summary

Inpatient Cover (Amount in Kes)						
Plan Types		Plan A	Plan B	Plan C	Plan D	Plan E
Inpatient Benefits.	Waiting Period.	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Bed Limits per day. SHA/SHIF rebate will be applied on the limits shown.		General Ward Bed	General Ward Bed	Standard Private Room 12,500	Standard Private Room 15,000	Standard Private Room 18,000
Pre-existing and/or chronic conditions, hernias, HIV/AIDS, hemorrhoids, thyroidectomy, adenoidectomy and congenital, conditions.	1 year	250,000	300,000	400,000	500,000	750,000
Newly diagnosed chronic conditions.	Diagnosed after 90 days of cover inception.	250,000	400,000	500,000	750,000	1,000,000
Cancer Treatment.	2 years	Within the pre-existing and chronic sublimit.				
Organ transplant (excluding cost of donor).	2 years	Within the pre-existing and chronic sublimit.				
Psychiatric conditions.	1 year	100,000	200,000	250,000	300,000	500,000
Pre-maturity and neonatal conditions treatment.	1 year	100,000	150,000	200,000	250,000	300,000
Inpatient non-accidental related dental surgery/treatment (excluding dental fixtures).	1 year	75,000	100,000	125,000	150,000	200,000
Inpatient non-accident-related eye treatment including removal of cataracts (excluding correction of refractive errors and laser treatment).	1 year	75,000	100,000	125,000	150,000	200,000
Post hospitalization treatment/review - up to 3 weeks after discharge from hospital (On reimbursement basis).		10,000	15,000	20,000	25,000	30,000
Last Expense for one claimant per family.		50,000	80,000	100,000	120,000	150,000

## Benefits Summary

Inpatient Cover (Amount in Kes)						
Plan Types		Plan A	Plan B	Plan C	Plan D	Plan E
COVID-19 coverage.	29 days illness claims/ 60 days surgical claims.	200,000	300,000	400,000	500,000	600,000
Medically necessary home nursing (subject to pre-authorization).		Covered within the applicable sub limits, waiting periods and up to 60 days after discharge.				
Internal & External Surgical implants, appliances and prosthesis excluding dental fixtures.		Covered within the applicable sub limits and applicable waiting periods.				
External medical appliances on prescription e.g., wheelchairs, walking frames, crutches including assistive devices for persons with disability upon discharge.		30,000	35,000	40,000	45,000	50,000
Discharge drugs following an admission.		Up to 30 days dosage.				
Lodger fees for a parent accompanying an insured child admitted in hospital.		Covered for children of 12 years and below.				
Local Road and Air Evacuation leading to an admission.		Road Evacuation	Road Evacuation	Road & Air Evacuation	Road & Air Evacuation	Road & Air Evacuation
Commercial air fare for patients seeking treatment that is not available locally or not safe to undertake locally (Pre-authorization required).		Economy Airfare				
General Practitioner, specialists, physicians, surgeon's fees as per panel rates.		Covered	Covered	Covered	Covered	Covered
Diagnostic services like laboratory and radiology.		Covered	Covered	Covered	Covered	Covered
Prescribed drugs and dressings.		Covered	Covered	Covered	Covered	Covered
Nursing care, ICU/HDU & Theatre charges.		Covered	Covered	Covered	Covered	Covered
Day Case surgery under General Anesthesia including Pathology, radiology, etc.		Covered	Covered	Covered	Covered	Covered

Inpatient Cover (Amount in Kes)						
Plan Types		Plan A	Plan B	Plan C	Plan D	Plan E
Personal Accident (Free for principal member) -within Inpatient						
Death		250,000	250,000	250,000	500,000	500,000
Accidental Permanent Total Disablement		250,000	250,000	250,000	500,000	500,000
Hospital Cash		Nil	Nil	Nil	1,500	1,500
Accidental Temporary Total Disablement		Nil	Nil	Nil	2,000	2,000
Accidental Medical expenses		30,000	30,000	30,000	50,000	50,000
Artificial Appliances		5,000	5,000	5,000	5,000	5,000
Funeral expenses		Nil	Nil	Nil	5,000	5,000

## Benefits Summary

Outpatient Cover (Amount in Kes)						
Plan Types		Plan A	Plan B	Plan C	Plan D	Plan E
Outpatient (Optional) - A rider of inpatient i.e., inpatient must be purchased to enjoy this benefit.	Waiting Period	50,000	75,000	100,000	150,000	200,000
COVID-19 treatment upon diagnosis.	29 days illness claims/ 60 days surgical claims.	Covered	Covered	Covered	Covered	Covered
Pre-existing and/or chronic conditions, hernias, HIV/AIDS, hemorrhoids, thyroidectomy, adenoidectomy and congenital, conditions.	1 year	Covered	Covered	Covered	Covered	Covered
Newly diagnosed chronic conditions.	Diagnosed after 90 days of cover inception.	Covered	Covered	Covered	Covered	Covered
Cancer Treatment.	1 years	Covered	Covered	Covered	Covered	Covered
Psychiatric conditions.	1 year	Covered	Covered	Covered	Covered	Covered
Pre-maturity and neonatal conditions treatment.	1 year	Covered	Covered	Covered	Covered	Covered
Annual medical check-up applicable for main member and/ spouse.	1 year	5,000	7,500	10,000	12,500	15,000
KEPI/Baby Friendly Vaccines.		7,500	7,500	7,500	7,500	7,500
Routine pre-natal and post-natal treatment. Prescribed ultrasounds, laboratory requests. Only applicable if maternity benefits have been purchased.	1 year	Covered	Covered	Covered	Covered	Covered
General Practitioner, specialists, physicians, surgeon's fees as per panel rates.		Covered	Covered	Covered	Covered	Covered
Diagnostic services like laboratory and radiology.		Covered	Covered	Covered	Covered	Covered
Prescribed physiotherapy by a registered physiotherapist upon referral (pre-authorization required).		Covered	Covered	Covered	Covered	Covered
Prescribed drugs and dressings.		Covered	Covered	Covered	Covered	Covered
Prescribed counselling conducted by a psychiatrist.		Covered	Covered	Covered	Covered	Covered

Maternity Cover						
Plan Type		Plan A	Plan B	Plan C	Plan D	Plan E
Maternity (Optional) - A rider of inpatient i.e., inpatient must be purchased to enjoy this benefit.	Waiting Period.	50,000	75,000	100,000	120,000	150,000
Normal and C-section deliveries, ectopic pregnancy, miscarriage, and complications of pregnancy.	1 year	Covered	Covered	Covered	Covered	Covered

Dental Cover					
Plan Type	Plan A	Plan B	Plan C	Plan D	Plan E
Dental (Optional) - A rider of outpatient i.e., outpatient must be purchased to enjoy this benefit.	10,000	15,000	20,000	30,000	40,000
29 days illness claims/ 60 days surgical claims.	Covered	Covered	Covered	Covered	Covered

Optical Cover						
Plan Type		Plan A	Plan B	Plan C	Plan D	Plan E
Optical (Optional) - A rider of outpatient i.e., outpatient must be purchased to enjoy this benefit.	Waiting Period.	10,000	15,000	20,000	30,000	40,000
Consultation by an ophthalmologist or optometrist, eye check-up, prescription lenses and frames (excluding Plano).	29 days illness claims/ 60 days surgical claims.	Covered	Covered	Covered	Covered	Covered
1 frame for every 2 years and limited to Kes. 10,000.	29 days illness claims/ 60 days surgical claims.	Covered	Covered	Covered	Covered	Covered

## Selection of Benefits Guide

All family members select the same limits whether on per person or shared basis. The table below illustrates the corresponding limits an applicant can select based on the inpatient limit purchased.

Benefits Selection Guide					
Plan Type	Plan A	Plan B	Plan C	Plan D	Plan E
Inpatient Limit	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Outpatient Limit Per Person	50,000	50,000	50,000	50,000	50,000
		75,000	75,000	75,000	75,000
			100,000	100,000	100,000
				150,000	150,000
					200,000
Maternity Limit Per Main Member/Spouse	50,000	75,000	100,000	100,000	100,000
				120,000	120,000
					150,000
Dental Limit Per Person	10,000	15,000	20,000	30,000	40,000
Optical Limit Per Person	10,000	15,000	20,000	30,000	40,000

### Combinations:

1. Inpatient Only
2. Inpatient & Outpatient Only
3. Inpatient & Maternity Only
4. Inpatient, Outpatient and Maternity Only
5. Inpatient Outpatient, dental & optical Only
6. All benefits.

### Exclusions - Expenses that are:

- Sustained as a result of the member engaging in any of the excluded activities or seeking treatment for excluded services.
- That occurs after the expiry of the Period of Insurance.
- Consequent upon a member willfully exposing themselves to needless peril except in an attempt to save human life.
- Arising out of non-adherence to medical advice by a registered medical practitioner.
- Resulting from war, terrorism, civil commotion, mutiny, coup d'état, revolution, participation in riots and strikes, etc.
- Participation in hazardous, high risk, adventurous, dangerous and/or extreme sports activities.
- Family planning and related complications/ ailments including management of infertility and sexual disorders.
- Cosmetic or plastic surgery unless necessary to correct traumatic bodily injury.
- Incurred during the waiting period of cover for any of the benefits including general waiting periods.
- Pandemics and epidemics, unless where FidelityShield has offered a buy-back option, usually by way of a sub-limit within the main cover limit, for a specified pandemic or epidemic.

*The policy document has the detailed schedule of exclusions. Please request a detailed list of exclusions should you wish.*

## Premium Rates

Inpatient Family Shared Annual Limits Rates (to be based on the age of the oldest member of the family)

Inpatient Shared Annual Limits Per Family					
Plan	Family Size	18 - 34	35 - 44	45 - 54	55 - 65
Plan A Kes 500,000	M	28,797	29,847	33,679	40,908
	M + 1	46,997	48,797	55,209	67,304
	M + 2	59,997	62,297	70,547	86,109
	M + 3	72,797	75,597	85,657	104,635
	M + 4	85,547	88,847	100,711	123,091
	M + 5	99,297	103,097	116,901	142,941
Plan B Kes. 1,000,000	M	34,997	37,047	41,859	50,937
	M + 1	57,447	60,797	68,843	84,019
	M + 2	73,397	77,747	88,100	107,630
	M + 3	89,147	94,447	107,074	130,892
	M + 4	104,847	111,047	125,933	154,014
	M + 5	121,747	128,947	146,270	178,948
Plan C Kes. 2,000,000	M	40,247	42,747	48,335	58,877
	M + 1	66,147	70,297	79,636	97,252
	M + 2	84,647	89,997	102,018	124,693
	M + 3	102,847	109,397	124,059	151,716
	M + 4	120,947	128,697	145,986	178,600
	M + 5	140,497	149,497	169,618	207,573
Plan D Kes. 3,000,000	M	45,452	49,051	55,252	66,949
	M + 1	74,252	79,701	90,075	109,643
	M + 2	94,752	101,551	114,899	140,078
	M + 3	114,952	123,051	139,326	170,026
	M + 4	135,102	144,501	163,696	199,905
	M + 5	156,802	167,601	189,941	232,082
Plan E Kes. 5,000,000	M	51,701	54,851	61,842	143,053
	M + 1	84,151	89,401	101,095	239,307
	M + 2	107,301	114,051	129,101	307,977
	M + 3	130,051	138,301	156,652	375,535
	M + 4	152,751	162,451	184,090	442,813
	M + 5	177,201	188,501	213,686	515,387

## Premium Rates

### Individual Per Person Rates

(Outpatient, dental and optical are on a per person basis).

Annual Limits on Per Person Basis - Option 1						
Plan	Age Group	Inpatient	Outpatient	Maternity	Dental	Optical
Annual Limit		<b>500,000</b>	<b>50,000</b>	<b>50,000</b>	<b>10,000</b>	<b>10,000</b>
Plan A	0 - 17	24,900	19,200	-	2,900	2,200
	18 - 34	27,100	23,040	12,500	2,900	2,200
	35 - 44	28,150	27,648	12,500	2,900	2,200
	45 - 54	35,700	31,080	12,500	2,900	2,200
	55 - 65	50,300	34,189	12,500	2,900	2,200
Annual Limit		<b>1,000,000</b>	75,000	<b>75,000</b>	<b>15,000</b>	<b>15,000</b>
Plan B	0 - 17	29,050	23,350	-	5,150	4,400
	18 - 34	33,300	28,020	18,750	5,150	4,400
	35 - 44	35,350	33,624	18,750	5,150	4,400
	45 - 54	44,800	37,798	18,750	5,150	4,400
	55 - 65	63,100	41,579	18,750	5,150	4,400
Annual Limit		<b>2,000,000</b>	<b>100,000</b>	<b>100,000</b>	<b>20,000</b>	<b>20,000</b>
Plan C	0 - 17	32,850	28,020	-	7,200	8,350
	18 - 34	38,550	33,623	25,000	7,200	8,350
	35 - 44	41,050	40,348	25,000	7,200	8,350
	45 - 54	52,300	43,738	25,000	7,500	8,750
	55 - 65	73,550	48,112	25,000	7,500	8,750
Annual Limit		<b>3,000,000</b>	<b>150,000</b>	<b>120,000</b>	<b>30,000</b>	<b>30,000</b>
Plan D	0 - 17	36,450	32,900	-	8,200	9,500
	18 - 34	42,750	39,480	30,000	8,200	9,500
	35 - 44	45,550	47,376	30,000	8,200	9,500
	45 - 54	58,450	52,303	30,000	9,300	10,800
	55 - 65	83,350	57,534	30,000	9,700	11,200
Annual Limit		<b>5,000,000</b>	<b>200,000</b>	<b>150,000</b>	<b>40,000</b>	<b>40,000</b>
Plan E	0 - 17	41,100	36,150	-	9,200	10,400
	18 - 34	48,200	43,380	37,500	9,200	10,400
	35 - 44	51,350	52,056	37,500	9,200	10,400
	45 - 54	66,200	57,470	37,500	10,400	11,800
	55 - 65	97,000	63,217	37,500	10,800	12,200

Copay amount (Kes)	Healthcare Facilities
Kes. 2,000	<p>The Nairobi Hospital.  Aga Khan University Hospital Nairobi.  Aga Khan Hospital Mombasa.  Aga Khan Hospital Kisumu.  Mater Hospital.  AAR Hospital &amp; AAR Healthcare.  Gertrudes Children's Hospital.  Karen Hospital.  M P Shah Hospital.  Pandya Hospital.  Premier Hospital.  Mombasa Hospital.  St. Luke's Orthopedics &amp; Trauma Hospital.  Eldoret Hospital.  <u>The Copay also applies to any Satellite clinic of the above facilities.</u></p>
Kes. 500	Avenue Healthcare Coptic Hospital Nyali Healthcare.



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## How to Get Covered with My-Afyah Shield

Getting started is quick and simple:

### 1. Request a Quote

Visit [www.fidelityshield.com](http://www.fidelityshield.com) or email us at [medicalmarketing@fidelityshield.com](mailto:medicalmarketing@fidelityshield.com) to get your personalized quotation today.

### 2. Pick Your Plan

Browse through our benefits and choose the plan that fits you and your family best.

### 3. Apply with Ease

Fill in a short application form, attach the required documents, and send them to us.

### 4. Pay Your Premium

Once your application is accepted, make your payment through any of these convenient options:

- **One-off full payment (cash or transfer)**
- **Insurance Premium Financing (IPF)** – pay in up to 4 easy installments
- **Bank Transfer/Deposit**
  - **Account Name:** Fidelity Shield Insurance Company Limited
  - **Bank:** Diamond Trust Bank Kenya Ltd
  - **Account No:** 0007129002
  - **Swift Code:** DTKEKENA
  - **Branch:** Capital Centre (Code 008)
- **M-Pesa Paybill**
  - **Paybill Number:** 522522
  - **Account:** 0007129002

Don't forget to share your proof of payment right after!

### 5. Enjoy Peace of Mind

Receive your welcome pack with:

- Your policy documents
- Step-by-step guide on using your cover
- A full list of healthcare providers in our panel

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## Important to Know

- Your **Social Health Insurance Fund (SHIF)** will be applied first (where applicable).
- If you're moving from another insurer with no break in cover, we may **waive waiting periods** (subject to underwriting and similar benefits).
- Reimbursement is only allowed for:
  - Emergency hospitalization
  - Post-hospitalization treatment
  - Emergency treatment abroad

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With Fidelity Shield, your health is always in safe hands — secure your cover today and enjoy peace of mind tomorrow.



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