



My-Afya Shield

Health Insurance You can Trust

Our Mission

To sustainably provide financial security and growth to our clients.

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.

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.
-

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.
-

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).
-

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 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 | | 500,000 | 50,000 | 50,000 | 10,000 | 10,000 |
| 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 | | 1,000,000 | 75,000 | 75,000 | 15,000 | 15,000 |
| 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 | | 2,000,000 | 100,000 | 100,000 | 20,000 | 20,000 |
| 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 | | 3,000,000 | 150,000 | 120,000 | 30,000 | 30,000 |
| 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 | | 5,000,000 | 200,000 | 150,000 | 40,000 | 40,000 |
| 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 & AAR Healthcare. Gertrudes Children's Hospital. Karen Hospital. M P Shah Hospital. Pandya Hospital. Premier Hospital. Mombasa Hospital. St. Luke's Orthopedics & Trauma Hospital. Eldoret Hospital. The Copay also applies to any Satellite clinic of the above facilities.</p> |
| Kes. 500 | <p>Avenue Healthcare Coptic Hospital Nyali Healthcare.</p> |



How to Get Covered with My-Afya Shield

Getting started is quick and simple:

1. Request a Quote

Visit www.fidelityshield.com or email us at 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

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

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



Head Office Contacts:

Fidelity Insurance Centre, Waridi Lane, Off Waiyaki Way, Westlands
P. O. Box 47435, 00100 Nairobi, GPO Kenya.

E-mail: medicalmarketing@fidelityshield.com

Website: www.fidelityshield.com

Tel: +254 722 204 967

Fidelity Insurance is regulated by the Insurance Regulatory Authority (IRA)