



# Fidelity Afya Shield

*Health Insurance You can trust*





### Our Mission

To sustainably provide financial security and growth to our clients.

### Why Choose Fidelity Afya Shield

Our service proposition is aimed at being personalized and timely. We listen and care about our customers and aim to provide solutions to their needs through our inpatient, outpatient, dental, optical, maternity, last expense and personal accident solutions.

### Highlights of our products include:

- Supporting your wellbeing by helping you achieve your health goals. We don't just wait to pay your medical bills instead we commit to walk with you on your health journey and when you need the medical bills catered for, we will provide the necessary services to cater for your medical expenses.
- Providing care locally and abroad where a member may require emergency medical services while abroad or even when treatment is not safe to undertake locally or care is not available locally subject to the ministry of health guidelines.
- Access to care is through a wide network of service providers and specialists locally.

### Other product highlights include cover for:

- Pre-existing, chronic, HIV/AIDS, congenital conditions.
- Newly diagnosed chronic conditions.
- Prematurity and neonatal expenses.
- Psychiatric conditions.
- Cancer treatment.
- Surgical expenses.
- Post hospitalization discharge medication.
- Last expense.
- Personal Accident.
- Road and Air Evacuation.
- Consultants and specialists fees.
- Bed charge and payment of lodger fees.
- Annual Check ups.
- KEPI and baby friendly KEPI vaccines.

- Pre-natal and post natal care where maternity is purchased.
- Laboratory services.
- Radiotherapy and Chemotherapy services including X-Rays, MRI and CT scans.
- Prescription drugs and dressings.
- Maternity benefits where purchased.
- Dental and optical benefits where purchased.

### What to provide at Enrolment

- i. Please attach a copy of your Company KRA Pin Certificate, Certificate of Incorporation & CR-12 Form.
- ii. Consent form for processing personal data.
- iii. Scheme/Group Proposal Form completed by the scheme contact person or scheme sponsor.
- iv. Membership application forms of every employee including an ID and PIN copies of all adult applicants, dependents and beneficiaries. Birth Certificate/birth notification copies for all child dependents (under 18 years).
- v. List of employees and dependents (where applicable).
- vi. Letter of appointment of the insurance intermediary if any.
- vii. Payment of the full annual premium as per quotation, on or before commencement of cover. Cover becomes effective upon payment of the full annual premium due. Insurance premium financing is also accepted.

### Plans Summary

We provide a wide range of limits for all the plans provided.

## Benefits Summary

| Inpatient Cover (Amount in Kes)  |   |         |         |         |           |           |           |           |           |
|--|---|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| Inpatient Benefits.  | 200,000                                       | 300,000 | 500,000 | 700,000 | 1,000,000 | 2,000,000 | 3,000,000 | 4,000,000 | 5,000,000 |
| Bed Limits per day. NHIF rebate will be applied on the limits shown.   | General Ward Bed                              |         |         |         |           | 12,500    | 12,500    | 15,000    | 17,000    |
| Pre -existing and/or chronic conditions, hernias, HIV/AIDS, haemorrhoids, thyroidectomy, adenoidectomy and congenital, conditions.           | 100,000                                       | 150,000 | 300,000 | 300,000 | 400,000   | 450,000   | 500,000   | 500,000   | 500,000   |
| Newly diagnosed chronic conditions after 90 days since policy inception.   | 100,000                                       | 150,000 | 300,000 | 350,000 | 400,000   | 450,000   | 500,000   | 500,000   | 500,000   |
| Cancer Treatment.  | Within the pre-existing and chronic sublimit. |         |         |         |           |           |           |           |           |
| Organ transplant (excluding cost of donor).  | Within the pre-existing and chronic sublimit. |         |         |         |           |           |           |           |           |
| Psychiatric conditions.  | 40,000  | 60,000  | 100,000 | 100,000 | 200,000   | 250,000   | 300,000   | 350,000   | 400,000   |
| Pre-maturity and neonatal conditions.  | 100,000                                       | 100,000 | 100,000 | 100,000 | 150,000   | 150,000   | 200,000   | 200,000   | 300,000   |
| Inpatient non-accidental related dental surgery/ treatment (excluding dental fixtures)   | 100,000                                       | 100,000 | 100,000 | 100,000 | 150,000   | 150,000   | 200,000   | 200,000   | 250,000   |
| Inpatient non-accident-related eye treatment including removal of cataracts (excluding correction of refractive errors and laser treatment). | 100,000                                       | 100,000 | 100,000 | 100,000 | 150,000   | 150,000   | 200,000   | 200,000   | 250,000   |
| Post hospitalization treatment/review - up to 3 weeks after discharge from hospital (On reimbursement basis).                                | 15,000  | 15,000  | 15,000  | 15,000  | 20,000    | 20,000    | 30,000    | 30,000    | 40,000    |
| Last Expense for one claimant per family Within Inpatient.   | 50,000  | 50,000  | 75,000  | 75,000  | 100,000   | 100,000   | 125,000   | 125,000   | 150,000   |
| Personal Accident (Free for principal member).   | Not applicable.                               |         |         |         | 500,000   | 500,000   | 500,000   | 500,000   | 500,000   |
| COVID-19 coverage (Covered up to a group limit of Kes. 2M).  | 100,000                                       | 150,000 | 200,000 | 200,000 | 300,000   | 350,000   | 400,000   | 450,000   | 500,000   |



| Inpatient Cover (Amount in Kes)   |  |        |        |  |   |         |         |         |         |
|---|--|--------|--------|--|---|---------|---------|---------|---------|
| Rehabilitation for Mental Treatment inclusive of Alcohol and drug Addition  | 50,000   | 50,000 | 75,000 | 100,000  | 200,000                                       | 300,000 | 300,000 | 300,000 | 300,000 |
| 1st Emergency Caesarean section   | 50,000   | 50,000 | 75,000 | 100,000  | 120,000                                       | 120,000 | 150,000 | 150,000 | 150,000 |
| Medically necessary home nursing (subject to preauthorisation)  | Not applicable.  |        |        | 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. | 20,000   | 30,000 | 50,000 | 75,000   | 100,000                                       | 100,000 | 120,000 | 120,000 | 120,000 |
| 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 Only.  |        |        |  | Road & Air Evacuation                         |         |         |         |         |
| Commercial air fare for patient seeking treatment not available locally or not safe to undertake locally.   | Not applicable.  |        |        |  | Economy Airfare (Pre-authorisation required). |         |         |         |         |
| General Practitioner, specialists, physicians, surgeon's fees as per panel rates.   | Within the Inpatient Limit or Applicable Sublimit.                       |        |        |  |   |         |         |         |         |
| Diagnostic services like laboratory and radiology.  | Within the Inpatient Limit or Applicable Sublimit.                       |        |        |  |   |         |         |         |         |
| Prescribed drugs and dressings.   | Within the Inpatient Limit or Applicable Sublimit.                       |        |        |  |   |         |         |         |         |
| Nursing care, ICU/HDU & Theatre charges.  | Within the Inpatient Limit or Applicable Sublimit.                       |        |        |  |   |         |         |         |         |
| Day Case surgery under General Anaesthesia including Pathology, radiology, etc.   | Within the Inpatient Limit or Applicable Sublimit.                       |        |        |  |   |         |         |         |         |

## Outpatient Benefits Summary

| Outpatient Cover (Amount in Kes)   |  |  |        |         |         |         |
|--|--|--|--------|---------|---------|---------|
| Outpatient Benefits.   | 30,000<br>(Per Person)                             | 50,000                                     | 70,000 | 100,000 | 150,000 | 200,000 |
| Pre-existing and/or chronic conditions, hernias, HIV/ AIDS, haemorrhoids, thyroidectomy, adenoidectomy and congenital, conditions.                 | Covered within the outpatient limit.               |  |        |         |         |         |
| Newly diagnosed chronic conditions after 90 days since policy inception.   |  |  |        |         |         |         |
| Cancer Treatment.  |  |  |        |         |         |         |
| Psychiatric conditions.  |  |  |        |         |         |         |
| Pre-maturity and neonatal conditions treatment.  |  |  |        |         |         |         |
| Annual Medical Check-up applicable for main member and spouse.   | 5,000  | 10,000 per family. Member and spouse only. |        |         |         |         |
| KEPI & KEPI Baby Friendly Vaccines.  | Covered within the outpatient limit.               |  |        |         |         |         |
| Counseling Services  | Covered within the outpatient limit.               |  |        |         |         |         |
| Routine Pre-natal and post-natal treatment. Prescribed ultrasounds, laboratory requests. Only applicable if maternity benefits have been purchased | Covered within the outpatient limit.               |  |        |         |         |         |
| General Practitioner, specialists, physicians, surgeon's fees as per panel rates   | Covered within the outpatient limit.               |  |        |         |         |         |
| Diagnostic services like laboratory and radiology  | Covered within the outpatient limit.               |  |        |         |         |         |
| Prescribed physiotherapy by a registered physiotherapist upon referral (pre-authorisation required).   | Covered within the outpatient limit.               |  |        |         |         |         |
| Prescribed drugs and dressings.  | Covered within the outpatient limit.               |  |        |         |         |         |
| Prescribed counselling conducted by a psychiatrist.  | Covered within the outpatient limit.               |  |        |         |         |         |
| Speech Therapy   | Up to Kes. 25,000 per family within the outpatient |  |        |         |         |         |
| Private Vaccines   | Up to Kes. 10,000 per family within the outpatient |  |        |         |         |         |
| Family Planning Subject to Pre-authorization   | Up to Kes. 10,000 per family within the outpatient |  |        |         |         |         |



| Maternity Cover (Amount in Kes)   |                             |        |         |         |         |
|---|-----------------------------|--------|---------|---------|---------|
| Maternity Cover Benefits.   | 50,000                      | 75,000 | 100,000 | 150,000 | 200,000 |
| Normal and C-section deliveries, ectopic pregnancy, miscarriage and complications of pregnancy. | Within the Maternity Limit. |        |         |         |         |

| Dental Cover (Amount in Kes)  |                          |        |        |        |        |
|---|--------------------------|--------|--------|--------|--------|
| Dental Cover Benefits   | 10,000                   | 15,000 | 20,000 | 25,000 | 30,000 |
| Dental Consultations, extractions, fillings, dental x-rays and prescriptions, root canal treatment, impacted tooth removal. | Within the Dental Limit. |        |        |        |        |

| Optical Cover (Amount in Kes)  |                                      |        |        |        |        |
|--|--------------------------------------|--------|--------|--------|--------|
| Optical Cover Benefits.  | 10,000                               | 15,000 | 20,000 | 25,000 | 30,000 |
| Consultation by an ophthalmologist or optometrist, eye check-up, prescription lenses and frames (excluding plano). | Within the Optical Limit.            |        |        |        |        |
| Frames - replaceable once every 2 years  | Kes. 10,000 Within the Optical Limit |        |        |        |        |



#### Exclusions - Expenses that are:

1. Sustained as a result of the member engaging in any of the excluded activities or seeking treatment for excluded services
2. That occurs after the expiry of the Period of Insurance.
3. Consequent upon a member willfully exposing themselves to needless peril except in an attempt to save human life.
4. Arising out of non-adherence to medical advice by a registered medical practitioner.
5. Resulting from war, terrorism, civil commotion, mutiny, coup d'état revolution, participation in riots and strikes, etc.
6. Participation hazardous, high risk, adventurous, dangerous and/or extreme sports activities.
7. Family planning and related complications/ ailments including management of infertility and sexual disorders.
8. Cosmetic or plastic surgery unless necessary to correct traumatic bodily injury.
9. Incurred during the waiting period of cover for any of the benefits including general waiting periods.
10. Pandemics and epidemics, unless Fidelity Shield 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.***

#### Eligibility

- i. Workforce Ranging from 5 to 20 Employees and their dependents.
- ii. All persons and their legal dependents from birth subject to a term baby of 38 weeks to 65 years are eligible for cover with discretion to extend up to 70 or subject to underwriting guidelines.
- iii. Eligible dependents include spouse, own children from birth provided the child is born at full term at 38 weeks and discharged from hospital up to 18 years of age and extended up to 25 years if the child is still attending fulltime school or college and is not married and living with the parents.
- iv. Newborns will be added immediately from birth upon the newborn's duly filled application form and birth notification being submitted and the premium due being paid immediately.
- v. All principal members and their eligible dependents will be subject to all waiting periods as per the medical insurance cover section.

| Premiums for Inpatient Cover |               |        |        |        |        |         |         |        |
|------------------------------|---------------|--------|--------|--------|--------|---------|---------|--------|
| Plan Type                    | Overall Limit | M      | M + 1  | M + 2  | M + 3  | M + 4   | M + 5   | Extra  |
| Plan A                       | 200,000       | 20,960 | 31,820 | 41,510 | 50,580 | 58,760  | 66,940  | 8,180  |
| Plan B                       | 300,000       | 22,920 | 34,800 | 45,400 | 55,320 | 64,260  | 73,210  | 8,940  |
| Plan C                       | 500,000       | 25,400 | 38,550 | 50,290 | 61,290 | 71,190  | 81,100  | 9,910  |
| Plan D                       | 700,000       | 27,020 | 41,030 | 53,520 | 65,210 | 75,760  | 86,300  | 10,540 |
| Plan E                       | 1,000,000     | 28,750 | 43,650 | 56,940 | 69,380 | 80,600  | 91,810  | 11,220 |
| Plan F                       | 2,000,000     | 32,110 | 48,740 | 63,580 | 77,470 | 90,000  | 102,530 | 12,530 |
| Plan G                       | 3,000,000     | 34,070 | 51,720 | 67,470 | 82,210 | 95,500  | 108,790 | 13,290 |
| Plan H                       | 4,000,000     | 35,460 | 53,830 | 70,220 | 85,570 | 99,400  | 113,240 | 13,840 |
| Plan I                       | 5,000,000     | 36,540 | 55,470 | 72,360 | 88,180 | 102,430 | 116,690 | 14,260 |

| Outpatient Cover - SME Option 1<br>Co-pay Kes. 1,000 at the listed high-cost hospitals and Kes. 300 at other Select hospitals |               |        |        |        |        |        |         |        |
|---|---------------|--------|--------|--------|--------|--------|---------|--------|
| Plan Type   | Overall Limit | M      | M + 1  | M + 2  | M + 3  | M + 4  | M + 5   | Extra  |
| Plan A  | 30,000        | 16,730 |        |        |        |        |         |        |
| Plan B  | 50,000        | 20,350 | 26,455 | 31,746 | 38,095 | 45,714 | 50,000  | 7,619  |
| Plan C  | 70,000        | 24,070 | 31,291 | 37,549 | 45,059 | 54,071 | 64,885  | 10,814 |
| Plan D  | 100,000       | 28,470 | 37,011 | 44,413 | 53,296 | 63,955 | 76,746  | 12,791 |
| Plan E  | 150,000       | 33,674 | 43,777 | 52,532 | 63,038 | 75,646 | 90,775  | 15,129 |
| Plan F  | 200,000       | 39,830 | 51,779 | 62,135 | 74,562 | 89,474 | 107,369 | 17,895 |

| Outpatient Cover - SME Option 2<br>Co-pay Kes. 500 at the listed high-cost hospitals |               |        |        |        |        |         |         |        |
|--|---------------|--------|--------|--------|--------|---------|---------|--------|
| Plan Type  | Overall Limit | M      | M + 1  | M + 2  | M + 3  | M + 4   | M + 5   | Extra  |
| Plan A   | 30,000        | 20,076 |        |        |        |         |         |        |
| Plan B   | 50,000        | 24,420 | 31,746 | 38,095 | 45,714 | 50,000  | 50,000  | 7,619  |
| Plan C   | 70,000        | 28,884 | 37,549 | 45,059 | 54,071 | 64,885  | 70,000  | 10,814 |
| Plan D   | 100,000       | 34,164 | 44,413 | 53,296 | 63,955 | 76,746  | 92,095  | 15,349 |
| Plan E   | 150,000       | 40,409 | 52,532 | 63,038 | 75,646 | 90,775  | 108,930 | 18,155 |
| Plan F   | 200,000       | 47,796 | 62,135 | 74,562 | 89,474 | 107,369 | 128,843 | 21,474 |



| Maternity Cover |        |        |         |         |         |
|-----------------|--------|--------|---------|---------|---------|
| Plan Type       | Plan A | Plan B | Plan C  | Plan D  | Plan E  |
| Overall Limit   | 50,000 | 75,000 | 100,000 | 150,000 | 200,000 |
| Per Family      | 11,538 | 17,308 | 23,077  | 34,615  | 46,154  |

| Dental Cover         |        |        |        |        |        |
|----------------------|--------|--------|--------|--------|--------|
| Plan Type            | Plan A | Plan B | Plan C | Plan D | Plan E |
| <b>Overall Limit</b> | 10,000 | 15,000 | 20,000 | 25,000 | 30,000 |
| <b>M</b>             | 2,610  | 4,040  | 5,060  | 5,840  | 6,490  |
| <b>M + 1</b>         | 4,110  | 6,370  | 7,970  | 9,210  | 10,230 |
| <b>M + 2</b>         | 5,120  | 7,930  | 9,920  | 11,470 | 12,730 |
| <b>M + 3</b>         | 6,160  | 9,550  | 11,950 | 13,810 | 15,330 |
| <b>M + 4</b>         | 7,050  | 10,920 | 13,670 | 15,800 | 17,540 |
| <b>M + 5</b>         | 7,820  | 12,120 | 15,160 | 17,530 | 19,460 |
| <b>Extra</b>         | 770    | 1,200  | 1,500  | 1,730  | 1,920  |

| Optical Cover        |        |        |        |        |        |
|----------------------|--------|--------|--------|--------|--------|
| Plan Type            | Plan A | Plan B | Plan C | Plan D | Plan E |
| <b>Overall Limit</b> | 10,000 | 15,000 | 20,000 | 25,000 | 30,000 |
| <b>M</b>             | 2,820  | 5,289  | 7,359  | 8,589  | 9,820  |
| <b>M + 1</b>         | 4,450  | 8,337  | 11,600 | 13,540 | 15,480 |
| <b>M + 2</b>         | 5,540  | 10,379 | 14,441 | 16,856 | 19,272 |
| <b>M + 3</b>         | 6,670  | 12,499 | 17,391 | 20,299 | 23,208 |
| <b>M + 4</b>         | 7,630  | 14,295 | 19,890 | 23,217 | 26,544 |
| <b>M + 5</b>         | 8,470  | 15,000 | 20,000 | 25,000 | 29,455 |

| Copay amount (Kes) | Healthcare Facilities   |
|--------------------|---|
| Kes. 1,000         | <p>The Nairobi Hospital. All Aga Khans.<br/> Mater Hospital.<br/> AAR Hospital &amp; AAR Healthcare. Gertrudes Children's Hospital.<br/> Karen Hospital.<br/> M P Shah Hospital.</p> <p>Premier Hospital. Pandya Hospital. Mombasa Hospital.<br/> St. Luke's Orthopaedic Hospital. Eldoret Hospital.</p> <p>Copay also applies to any Satellite clinic of the above facilities.</p> |





### How to apply

- Get a quote today by visiting our website [www.fidelityshield.com](http://www.fidelityshield.com) or email us on [medicalmarketing@fidelityshield.com](mailto:medicalmarketing@fidelityshield.com).
- You can also ask your preferred insurance intermediary about our products.
- Review and choose the benefits and plans for the employees and dependents.
- The administrator of the policy will be required to complete several documents as guided above in this document.
- Employees will be required to complete a member application form and provide supporting documents as guided.
- Pay the full annual premium before cover can commence. Insurance premium financing is accepted.
- Receive your medical insurance cover documentation pack i.e. guide on how employees and dependents can access cover, the panel of healthcare service providers and the policy document.

### Other Policy Conditions

- All medical claims are payable net of the National Health Insurance Fund (NHIF).
- All members are subject to a waiting period of 14 days for illnesses and 30 days for surgical claims. There is no waiting period for accidental claims.
- Policies on transfer basis with no break in cover can be considered for waiver of waiting periods subject to application of underwriting guidelines and similar benefits being considered for waiver existing in the previous policy.
- All admissions must be pre-authorised including other procedures that require pre-authorisation.
- The policy does not allow for reimbursement claims except for emergency hospitalisation cases, post hospitalization benefit and emergency medical treatment sought while abroad.

**Find out more about other products available for you.  
Contact us today.**



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