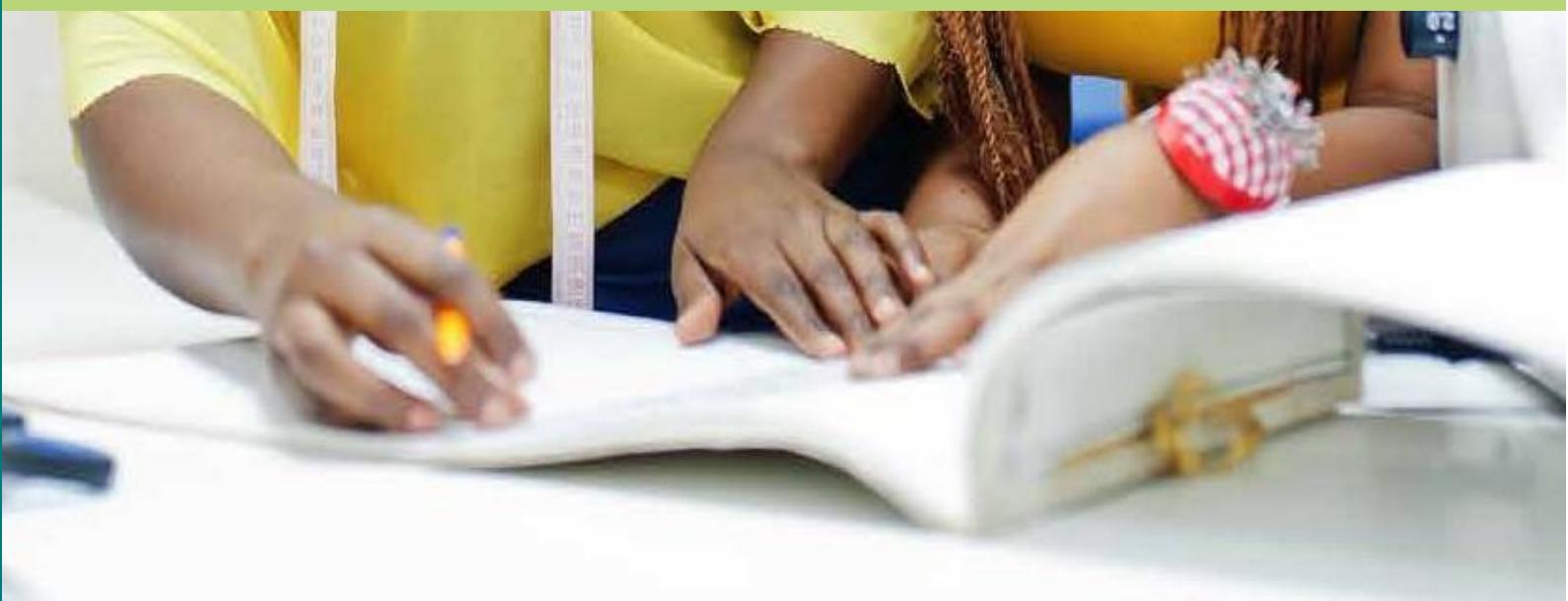




# Fidelity Afya Shield

*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



## Outpatient Benefits Summary

Outpatient Cover (Amount in Kes)						
Outpatient Benefits.	30,000 (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.						
Newly diagnosed chronic conditions after 90 days since policy inception.						
Cancer Treatment.						Covered within the outpatient limit.
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
<b>Plan A</b>	200,000	20,960	31,820	41,510	50,580	58,760	66,940	8,180
<b>Plan B</b>	300,000	22,920	34,800	45,400	55,320	64,260	73,210	8,940
<b>Plan C</b>	500,000	25,400	38,550	50,290	61,290	71,190	81,100	9,910
<b>Plan D</b>	700,000	27,020	41,030	53,520	65,210	75,760	86,300	10,540
<b>Plan E</b>	1,000,000	28,750	43,650	56,940	69,380	80,600	91,810	11,220
<b>Plan F</b>	2,000,000	32,110	48,740	63,580	77,470	90,000	102,530	12,530
<b>Plan G</b>	3,000,000	34,070	51,720	67,470	82,210	95,500	108,790	13,290
<b>Plan H</b>	4,000,000	35,460	53,830	70,220	85,570	99,400	113,240	13,840
<b>Plan I</b>	5,000,000	36,540	55,470	72,360	88,180	102,430	116,690	14,260

Outpatient Cover - SME Option 1								
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
<b>Plan A</b>	30,000	16,730						
<b>Plan B</b>	50,000	20,350	26,455	31,746	38,095	45,714	50,000	7,619
<b>Plan C</b>	70,000	24,070	31,291	37,549	45,059	54,071	64,885	10,814
<b>Plan D</b>	100,000	28,470	37,011	44,413	53,296	63,955	76,746	12,791
<b>Plan E</b>	150,000	33,674	43,777	52,532	63,038	75,646	90,775	15,129
<b>Plan F</b>	200,000	39,830	51,779	62,135	74,562	89,474	107,369	17,895

Outpatient Cover - SME Option 2								
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
<b>Plan A</b>	30,000	20,076						
<b>Plan B</b>	50,000	24,420	31,746	38,095	45,714	50,000	50,000	7,619
<b>Plan C</b>	70,000	28,884	37,549	45,059	54,071	64,885	70,000	10,814
<b>Plan D</b>	100,000	34,164	44,413	53,296	63,955	76,746	92,095	15,349
<b>Plan E</b>	150,000	40,409	52,532	63,038	75,646	90,775	108,930	18,155
<b>Plan F</b>	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
Overall Limit	10,000	15,000	20,000	25,000	30,000
M	2,610	4,040	5,060	5,840	6,490
M + 1	4,110	6,370	7,970	9,210	10,230
M + 2	5,120	7,930	9,920	11,470	12,730
M + 3	6,160	9,550	11,950	13,810	15,330
M + 4	7,050	10,920	13,670	15,800	17,540
M + 5	7,820	12,120	15,160	17,530	19,460
Extra	770	1,200	1,500	1,730	1,920

Optical Cover					
Plan Type	Plan A	Plan B	Plan C	Plan D	Plan E
Overall Limit	10,000	15,000	20,000	25,000	30,000
M	2,820	5,289	7,359	8,589	9,820
M + 1	4,450	8,337	11,600	13,540	15,480
M + 2	5,540	10,379	14,441	16,856	19,272
M + 3	6,670	12,499	17,391	20,299	23,208
M + 4	7,630	14,295	19,890	23,217	26,544
M + 5	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.  Mater Hospital.  AAR Hospital &amp; AAR Healthcare. Gertrudes Children's Hospital.  Karen Hospital.  M P Shah Hospital.  Premier Hospital. Pandya Hospital. Mombasa Hospital.  St. Luke's Orthopaedic Hospital. Eldoret Hospital.  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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