



cover yourself from covid-19 Vaccination

Covid-19 Vaccination Cover

Policy Document

A. Definitions

In this policy, the following words, expressions and phrases shall have the following meanings as governed by

Healthier Kenya;

“Administrator” refers to Medical Administrators Kenya Limited (MAKL); a company in partnership with the Capitor to manage the medical scheme.

“Annual Limit” shall mean the maximum benefits to which the insured is entitled to in terms of this Policy document and the Health Plan (benefit schedule attached) joined in respect of a benefit year.

“Capitor” refers to Medicross Limited.

“Company” refers to Healthier Kenya Medical Technologies & Solutions Limited.

“Chronic Disease” means a medical condition which has at least one of the following characteristics:

- Has no known cure
- Is likely to recur
- Requires palliative treatment
- Needs prolonged monitoring/treatment
- Requires specialist training/rehabilitation
- Is caused by changes to the body that cannot be reversed

“Claim” shall mean the amount, which the Policy may pay to the member or Preferred Provider in respect of expenses, incurred by the Member and/ or Dependent in accordance with the policy benefits eligible in terms of this Policy and the benefit schedule attached.

“Date of Service” shall mean the date on which a consultation, visit, treatment, procedure or operation took place. In the event of hospitalization, it shall mean the date of admission at a hospital.

“Dependant” shall mean:

- “Spouse” shall mean husband or wife of the Member as defined by the Kenyan law.
- A child who has not reached the eighteenth (18th) birthday, who is single, not self-supporting, including a stepchild or adopted child.
- A disabled child above 18 years, who due to mental or physical disability is not selfsupporting,
- A child who has reached the eighteenth (18th) birthday, who is unmarried, is not self-supporting, has not reached the twenty fifth (25th) birthday

and who is a full time student.

- Subject to the discretion of the Company, the following persons, including but not limited to, shall be excluded from the definition of “dependant”: siblings, parents, parents-in-law; domestic employees and their children.

“Dental” shall mean medically indicated treatment to and for teeth.

“Effective Date” is the date that this medical cover commences as shown on the Policy document.

“Elective” shall mean a medical procedure that is performed by choice, as opposed to an emergency lifesaving procedure. Timing of the procedure may also be arranged to be mutually convenient for the patient and medical practitioner.

“Emergency” shall mean a sudden unexpected situation in which a Member requires immediate hospitalization and treatment to prevent a medical condition that arises from Accident, injury or sudden illness that could result in death or serious impairment of bodily functions.

“Evacuation” shall mean the transportation of a Member from a hospital in one geographical region. to another where medical facilities are considered by the Company to be inadequate for the medical case to a hospital in another geographical region where facilities are deemed adequate to manage the case.

“Exclusions” shall mean the conditions and/or services not covered by the policy.

“Group Life” shall mean the financial compensation to the defined beneficiary of the principal member when they loose income due to death or total disability. Group Life is offered in partnership with **Pioneer Insurance Limited**

“Hospital” means an establishment legally licensed as an institution for providing treatment under the laws of the country in which it is located.

“Illness” shall mean a state of physical and/or mental health.

“Inpatient” shall mean when a member or dependants is confined to a hospital facility for management that would not otherwise be treated as outpatient. The cost shall be recovered from the members hospitalization benefit.

“Lapse” means membership not renewed from the date of expiry.

“Last Expense” shall mean the financial compensation to a defined beneficiary to cater for funeral expenses when any beneficiary under the cover passes on. Last expense is offered in partnership with **Pioneer Insurance Limited**

“Maternity” shall mean the period during pregnancy and six weeks after delivery of the baby.

“Members” A Member shall be any person who with the prior consent of the Capitor shall have applied to the Company for membership by submitting an online application form and a declaration of health and whose application shall have been accepted in by the company, the terms, conditions, limitations and exceptions of this policy shall apply to every member unless otherwise specified.

"Policy" shall mean the written contract made or agreed to be issued by the company which includes the terms limitations, exceptions and conditions as specified on the application form, the policy document and policy schedule.

"Policy Holder" shall mean the person who for the time being is the legal holder of the policy for securing the contract with the Company in terms of this Policy, whether such person shall be an Employer, individual or any other legal or natural person, who is responsible for the payment of premiums and who is responsible for signing the proposal form.

"Policy Review" shall mean the Company reserves the right to review the Member's Policy (Financial and Medical Underwriting). This review should be communicated in writing to member.

"Pre-Authorization" shall mean the written prior approval of Administrator, required for all inpatient and outpatient occurrences as determined by the Administrator.

"Preferred Service Provider" shall mean a medical provider that has been appointed by the Administrator by means of a written agreement.

"Premium" shall mean the financial consideration payable by the Policy Holder to the Capitor for he Policy approved by the Capitor

"Prescription" shall mean the medicine, which is prescribed by a registered medical practitioner and approved by the Administrator to do so for a condition under treatment, provided that such prescription shall not exceed one month's supply unless approved by the Administrator and in the case of inpatient treatment shall not exceed fourteen days.

"Reimbursement" shall mean the Company refund to a Member for pre-authorized services provided in an area with no Preferred Provider.

"Renewal date" means the anniversary of the commencement date of the health plan as specified on the valid Policy document and/or schedule.

"Resident" shall mean domiciled in Kenya.

"Suspension" shall mean the temporary denial of medical services by the Company at its discretion.

"Termination" shall mean the cessation of the contractual relationship between the Capitor and the policy holder.

"Treatment" means any medically necessary surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve, or cure a medical condition.

"Visit" shall mean the appointment with a medical

Professional, from an approved medical provider.

"Waiting period" The period from the commencement date during which a Member is not entitled to any benefit except in the event of an accident as per the Policy Schedule.

B. Overview

- Covers you in case of adverse effect of vaccine requiring hospitalization
- Inpatient limit of Ksh 500,000.00
- Last Expense Payment of Ksh 200,000.00
- Cover is for 60 days from date of vaccine
- Cover starts from date of vaccine
- Premium is Kshs 2,950 per vaccinated person

C. Premiums - Ksh 2,500

D. Policy Benefits

Inpatient Benefits

Benefits under this cover will include:

- Hospital Accommodation Charges - Bed entitlement, Standard ward bed net of NHIF rebates per day
- Doctor's (Physician, Surgeon & Anesthetist) Fee
- ICU/HDU and theatre charges
- Drugs/Medicines, dressings and internal Surgical appliance.
- Pathology, X-ray, Ultrasound, ECG and Computerized
- Tomography, MRI Scans.

The benefits are applicable for any illness due to an adverse reaction from the Vaccine. The common reactions to the vaccine are stated below.

FREQUENCY	ADVERSE REACTIONS	COMMENTS
Very common (≥1 in 10)	Headache, Nausea, Fatigue, myalgia, malaise, pyrexia, chills Injection site related: tenderness; pain; warmth; erythema; pruritis; swelling; bruising;	Reviewed by doctor
Common (≥1 in 100)	Vomiting	Reviewed by doctor
Uncommon (≥1 in 1000)	Decreased appetite, Lymphadenopathy, Dizziness, Abdominal pain, excessive sweating, Pruritis, rash	Reviewed by doctor
Serious	anaphylaxis include hypotension, tachycardia, urticaria, angioedema, wheezing, stridor, cyanosis, and syncope. Shock can develop within minutes, and patients may have seizures, become unresponsive, and die. Cardiovascular collapse can occur without respiratory or other symptoms.	Stabilize the patient in the clinic, prepare for transfer/ Referral

Exclusions for admission

Newly diagnosed chronic conditions & Pre-existing chronic conditions (including cancer)

NB

Chronic Diseases include but not limited to: Cancers, Hypertension, Asthma, Diabetes, Peptic Ulcer Diseases, Arthritis, Cardiac Failure, Epilepsy, Chronic Renal Disease, Schizophrenia, Bronchiectasis, Chronic Obstructive Pulmonary Disorder, Thyroid Disease, Systemic Lupus Erythematosus and Hyperlipidemia.

Last Expense Benefit:

This benefit is payable to the next of kin upon the demise of a principal member mainly to cater for funeral expenses. It is payable within 48 hours subject to confirmation of the Next of Kin and upon provision of the following documents:

- The full name of the deceased.
- National ID or Unique Identifier Number
- The Burial Permit indicating date of death.
- The next of kin details (Name, Relationship to Deceased, Phone Number).
- A copy of the ATM card or bank statement (of Next of Kin) indicating the account number, the account name, the bank and the branch where the account was opened.
- Chief's letter in case the deceased had not declared their next of kin.

NB: * Submission of Last Expense Claims must be done within 12 months after which it will not be payable.

Scheme Exclusions

Expenses for the following will not be covered under the scheme:

- Massages (except where certified as medically necessary).
- Cosmetic treatment unless relating to an accident.
- Treatment other than that done by a registered medical practitioner.
- Injuries as a result of active participation in war, invasion, riots or terrorism.
- Nutritional supplements unless prescribed by a doctor as part of the treatment of a deficiency.
- Maternity cover for dependent children under 18 Years
- Medical expenses following attempted suicide.
- Self-prescribed drugs.
- Cosmetic dental care - cosmetic crowns, caps, bridges, orthodontics & dentures, self-prescribed teeth cleaning

Our Medical Cover Plans



Boma Afya

Cover yourself and your family
 - Family cover of upto 6 dependents
 - Covers One(1) legal spouse and four(4) dependent children

From Ksh 24,000



Wote Cover

Cover your family and friends
 - Cover upto 10 dependents
 - All dependents whether biological or not are eligible for the cover

From Ksh 40,000