

MEDICAL SCHEME COVER

Outpatient

- ✓ Consultation
- ✓ Acute medication
- ✓ Chronic medication
- ✓ Radiology and pathology (net of NHIF at NHIF approved providers)
- ✓ CT & MRI Scans (net of NHIF at NHIF approved providers)

	Outpatient	Dental	Optical	Total
Benefit Limit	100,000.00	20,000.00	20,000.00	
Fund per Person	20,000.00	2,000.00	2,000.00	24,000.00

Scope of Cover (Dental)

- ✓ Dental consultation
- ✓ Dental x-rays
- ✓ Tooth extractions including surgical extraction & anaesthetics fee

Scope of Cover (Optical)

- ✓ Routine optical consultation
- ✓ Optometrist consultation and eye examinations
- ✓ Prescription of frames
- ✓ Prescribed lenses and replacement of lenses
- ✓ Optical prescriptions.

Premiums:

Option	Inpatient Limit	Premium Per Shared Limit Per Family					
		M	M+1	M+2	M+3	M+4	M+5
A	300,000	24,236	33,930	41,201	48,471	55,742	63,013
B	500,000	28,717	40,204	48,819	57,434	66,050	74,665
C	1,000,000	36,186	50,661	61,517	72,372	83,228	94,084

Maternity	Premium
Limit	Per Family
50,000	8,500
75,000	12,750
100,000	17,000
200,000	34,000

Exclusion of NBI Hospital, Aga Khan Group, Karen Hospital, Getrudes, Mater, M P Shah, MSA Hospital, Eldoret Hospital, Premier and Pandya from the panel

	Inpatient	Premium Per Shared Limit Per Family					
Option	Limit	M	M+1	M+2	M+3	M+4	M+5
A	300,000	19,389	27,144	32,961	38,777	44,594	50,410
B	500,000	22,974	32,163	39,055	45,947	52,840	59,732
C	1,000,000	28,949	40,529	49,214	57,898	66,582	75,267

Maternity	Premium
Limit	Per Family
50,000	6,800
75,000	10,200
100,000	13,600
200,000	27,200