



Jbiz

**Health Care
for your
Employees**

Jubilee
INSURANCE

ABOUT JUBILEE

Jubilee Insurance was incorporated on 3rd August 1937, in a small office in Mombasa and is one of the pioneers in the establishment of a local composite insurance company.

In keeping with our mission of contributing to the economic growth of the region, Jubilee Holdings the parent company of Jubilee Insurance took the bold step of converting itself into a public company in 1984, to broaden its ownership base locally which now consists of over 5,000 shareholders. Today more than seventy five years since inception Jubilee is a leading Insurance company in East Africa with the largest shareholders' funds and solid emphasis on security for policyholders, information technology, committed, knowledgeable & professional staff, and a reputation for superior customer service.

Currently, the Jubilee Insurance is the largest medical insurance underwriter in East Africa.

KEY BENEFITS

1. Wide range of plans to choose from:
 - a. 10 levels of inpatient plan
 - b. 6 levels of outpatient plan
 - c. 3 levels of dental & optical plans
 - d. 5 levels of maternity plans
2. Cover for pre-existing, chronic, psychiatric, congenital and HIV/AIDS including related conditions
3. Country wide provider network
4. Overseas inpatient referrals on credit with listed hospitals
5. Cover for inpatient dental and optical treatment
6. Post hospitalization benefit
7. Funeral expense benefit for the family shared
8. Free Personal Accident benefit for the Principle member and optional for Dependents

PLAN SUMMARY

J-BIZ (HEALTH CARE FOR YOUR EMPLOYEES)										
INPATIENT BENEFITS (CORE PRODUCT - COMPULSORY)										
All inpatient treatment is subject to pre authorisation										
All benefits are subject to overall annual benefit unless specified otherwise										
OVERALL BENEFIT LIMITS IN KSHS PER INSURED FAMILY PER ANNUM	5,000,000	4,000,000	3,000,000	2,000,000	1,000,000	750,000	500,000	400,000	300,000	250,000
Pre-existing, Chronic Conditions & HIV	500,000	500,000	500,000	400,000	350,000	300,000	300,000	300,000	150,000	125,000
Psychiatric Conditions	Covered up to 20% inpatient limit									
Congenital conditions	150,000	150,000	150,000	150,000	150,000	100,000	100,000	100,000	100,000	100,000
Bed limits per day net of NHIF	Private Standard Room up to KShs.12,500/= net of NHIF			General Ward Bed						
Lodger fees for parent accompanying sick child member	Covered for a child below 8 yrs									
Physicians, specialists, surgical fees including anaesthetist fees, theatre charges, HDU, CCU & ICU, Diagnostic Tests, Physiotherapy as part of inpatient treatment.	Paid in Full									

OVERALL INPATIENT LIMITS	5,000,000	4,000,000	3,000,000	2,000,000	1,000,000	750,000	500,000	400,000	300,000	250,000
Inpatient MRI/CT Scans and PET Scans (authorisation required)	Paid in Full									
Surgical appliances/internal prosthesis	Paid in Full									
Reconstructive surgery following an accident	Paid in Full									
First emergency caesarean section in the lifetime of a female employee/spouse (delivery only) is covered within the inpatient limit	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000
Inpatient dental surgery from accident	Paid in full									
Inpatient ophthalmology surgery as a result of an accident	Paid in full									
Inpatient non accident related dental surgery/treatment	100,000	100,000	100,000	100,000	100,000	100,000	50,000	50,000	50,000	50,000
Inpatient non accident related eye treatment (excluding correction of refractive errors and laser treatment)	100,000	100,000	100,000	100,000	100,000	100,000	50,000	50,000	50,000	50,000
Day Case Surgery under general anaesthesia	Paid in full									
Post hospitalization treatment – up to 3 weeks after discharge from hospital	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
Medically necessary home nursing on doctor's recommendation after discharge from hospital	90 days									

OTHER BENEFITS INCLUDED WITHIN INPATIENT COVER

Local road and air ambulance to hospital for emergency cases within Kenya only	Covered within the annual inpatient limit									
Commercial Air Evacuation out of Kenya (must be pre authorised) for treatment not available or not safe to undertake locally	Economy return fare only within Africa, India and Pakistan					Not applicable				
Funeral Expenses (Free for employee)	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000
Personal Accident (Free for employee)	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000

OUTPATIENT BENEFITS (OPTIONAL)

Annual limits	200,000	150,000	100,000	100,000	75,000	75,000	50,000	50,000	30,000	30,000
Consultation fees (doctors on panel)	Paid in full up to maximum of 1,850/- per consultation									
Pathology, Xrays, MRI, CT Scan and other necessary diagnostic tests * 1	Paid in full									

OVERALL OUTPATIENT BENEFITS	
Prescription drugs and dressings up to a maximum of 30 days dosage	Paid in full
Pre-existing, chronic cover, psychiatric, congenital conditions and HIV AIDS and related treatment	Paid in full
Physiotherapy (pre authorisation required)	Paid in full
KEPI Vaccinations (pre authorisation required)	up to a max of KShs. 5,000 within outpatient limit for child member up to 1.5 years.
Routine medical check-up for Employee & Spouse	up to a max of KShs. 10,000 shared within outpatient limit for employee & spouse only.

ROUTINE DENTAL (OPTIONAL)	OPTION 1	OPTION 2	OPTION 3
Annul limit per person	KShs. 20,000	KShs. 15,000	KShs. 10,000
Benefits covered (pre-authorisation required)	Cover provides for dental consultations, cost of fillings, x-rays, extractions, prescriptions including surgical extraction together with anesthetics fees.		

ROUTINE OPTICAL (OPTIONAL)	OPTION 1	OPTION 2	OPTION 3
Annul limit per person	KShs. 20,000 Maximum of KShs. 10,000 for frames	KShs. 15,000 Maximum of KShs. 10,000 for frames	KShs. 10,000 Maximum of KShs. 10,000 for frames
Benefits covered (pre-authorisation required)	Cover provides for the cost of eye glasses and eye testing.		

ROUTINE MATERNITY (OPTIONAL)	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Annual Limit per member/spouse	KShs. 200,000	KShs. 150,000	KShs. 100,000	KShs. 75,000
Pre-natal & Ante-natal outpatient treatment (10 months waiting period)	Covered under the maternity limit.			
Benefits covered under maternity limit (10 months waiting period)	Normal and C- Section deliery, labour/recovery ward, professional fees, pregnancy/maternity related hospitalisation, other related ailments & complications including etopic pregnancy and miscarriage.			

This is only a summary of the benefits for more details refer to the policy document

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ONLINE SERVICES
Scheme Management
on the GO



GENERAL CONDITIONS

1. Medical fees will be subject to customary and reasonable charges and the applicable rates of the Jubilee Insurance panel of service providers.
2. Outpatient maximum consultation limit of Kshs. 1, 850 for every outpatient visit.
3. A co-pay of Kshs 1,500 is applicable at Nairobi Hospital per outpatient consultation.
4. A countrywide network of providers is accessible to members.
5. General waiting period of 14 days for new groups on illness claims. No waiting period for accident related treatment. However provided there is no break in cover, and subject to the underwriting procedures some of the waiting periods may be waived allowing for a seamless transition. The evidence of transfer will be a copy of renewal invitation letter and claims experience for the current period/policy.
6. Eligibility of main member and spouse is from 19 years to 60 years. Members of the scheme will continue to be covered upto the age of 65 years.
7. Eligibility of dependant children is from 1 month (term baby) upto 18 years or to the age of 23 years if residing with the parents and enrolled in fulltime post-secondary institution.
8. Cover must be confirmed in writing and premiums paid in full to Jubilee Insurance for the policy to commence.
9. All scheduled admissions must be pre authorised at least 48 hours prior to admission.
10. For emergency admission the hospital will contact Jubilee Insurance within 48 hours of admission.
11. All hospital bills shall be paid net of National Hospital Insurance Fund (NHIF)
12. Medical cards must be presented at the accredited panel of service providers for access to service. Each member will also be required to complete and sign a claim form.
13. A member travelling outside the country will be eligible for emergency medical benefits up to a period of six (6) weeks in any one visit. All medical expenses will be on reimbursement basis and will be within the acceptable guidelines of the customary and reasonable charges and as per the policy terms and conditions. Travel and accommodation costs are not covered.

EXCLUSIONS

1. Cosmetic or plastic surgery unless necessitated by an accidental injury that occurs while the insured is covered under this contract;
2. Riding or driving in any kind of race
3. Beauty treatment or massage
4. Sexually transmitted diseases except HIV/AIDS
5. Naval, military and air force operations
6. Stays at sanatoria, old age homes, places of rest etc.
7. Vaccinations except for KEPI vaccinations.
8. Transportation other than a licensed ambulance, as provided for under the in-patient coverage of this contract
9. Hearing tests or cost of hearing aids unless resulting from an accidental injury
10. Nutritional food supplements or replacements.
11. Injury or illness resulting from insurrection or war, civil commotion or an act of terrorism, whether declared or undeclared
12. Injury as a result of participating in riot, strike
13. Alternative treatment such as herbal treatment, acupuncture treatment, chiropractors etc.
14. Expenses resulting from the insured participating in extreme/hazardous sports and activities
15. Pain management
16. Dental treatment including teeth extractions, fillings, teeth scaling, etc. unless the dental cover has been purchased.
17. Optical treatment relating to correction of eyesight e.g. eye glasses, contact lenses, laser eye treatment unless the optical cover has been purchased.
18. Intentional self-injury while sane or insane, suicide or attempted suicide, treatment of acute or chronic alcoholism and drug addiction
19. Expenses recoverable under any other insurance e.g. NHIF, GPA, etc.
20. Treatment required as a result of noncompliance, failure or refusal to comply with medical advice
21. Pregnancy, childbirth, maternity benefits, medically necessary abortion, miscarriage, antenatal or postnatal care, caesarean operation except where purchased and subject to ten months waiting period
22. Contraceptive services and supplies, family planning and fertility treatment e.g. costs of treatment related to infertility and impotence.
23. Any injury, illness or disease specified as exclusion and complications caused by a condition that is excluded
24. Services primarily for weight reduction or treatment of obesity and slimming preparations or any care which involves weight reduction as a main method of treatment.
25. Peri-Menopause, Menopause, Andro-pause, hormone replacement therapy, age and puberty related treatment.
26. Epidemics, pandemics or unknown diseases.

PROVIDER PANEL

Jubilee Insurance's provider panel allows members access to the medical care they require. The panel is on credit basis, which means that, provided the treatment is covered and has been pre-authorized where necessary, the bill will be settled directly with the service provider. This allows members to get quality care when required.

The provider panel will be in the membership pack upon purchase of the policy and the same can also be accessed via the Jubilee Insurance online portal www.jubileeinsurance.com.

APPLYING FOR COVER

The following documents are required for a group application:-

- Application form duly completed in full and signed by each employee.
- Quotation and proof of premium payment.
- Certificate of Incorporation and PIN Certificate for the Group.
- Letter of appointment of the intermediary.
- List of members and dependents (where applicable) and relevant details.
- Group Proposal Form duly completed and signed by the group administrator and letter of commitment.

POLICY DOCUMENTS

Once the policy commences, you will receive a membership pack within 30 days which will include:-

- Membership Card(s)
- Welcome Letter confirming the plan and benefits purchased
- Policy document
- Policy Endorsement
- List of providers

CONTACT US

Office lines: 3281000/0719 222 111
Email: medical@jubileekenya.com
Twitter: www.twitter.com/jubileekenya.com
Facebook: www.facebook.com/jubileekenya

Nairobi - Head Office:

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Tel: +254 020 328 1000 Fax: +254 020 328 1150
Email: jic@jubileekenya.com
www.jubileeinsurance.com

Mombasa

Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
Tel: +254 020 222 4286 / 231 4019 / 231 6760
Fax: +254 020 231 6796
Email: mombasa@jubileekenya.com

Kisumu

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Tel: +254 020 202 0836 / 202 0845
Fax: +254 020 202 0532
Email: kisumu@jubileekenya.com