

**Jubilee**  
HEALTH INSURANCE

**F**Biz

HEALTH COVER FOR SME - FAMILY SHARED BENEFITS

**GET STARTED** ▶



## Our Mission

Everything we do is driven by our mission to provide solutions to protect the future of our customers.



# Why Choose F Biz Health cover?

## Our Experience

We are a wholly owned subsidiary of Jubilee Holdings Ltd. We're the No.1 Medical Insurer in East Africa and we have provided Medical Insurance for over 85 years to individuals, SME's and the region's blue-chip companies. Today we have over 30,000 customer relationships countrywide. Looking after them is a workforce of 70 people, a network of over 500+ hospitals and pharmacies.

## Why we're different

- Access to our unparalleled network of trusted hospitals and pharmacies.
- The convenience and confidence of Jubilee Health's customer care.
- The reassurance of our experience in delivering healthcare.
- The access to our unique wellness propositions.

### Protect your company's most valuable asset.

Choosing to offer health insurance cover for your employees can be a big decision for any company. A health cover protects and supports health and wellbeing of employees and their families so that they can remain productive members of your company. F Biz Health solution for employees gives you the comfort that your employees have access to the best healthcare



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# F Biz Benefits

F Biz is family shared medical insurance product designed for Small and Medium Enterprises (SME's) with a minimum membership of 3 employees and a maximum of 15 employees.

F Biz offers the following benefits:



## Comprehensive Coverage

- Extensive coverage for pre-existing and chronic conditions including HIV/ Aids and cancer treatment.
- Covers newly diagnosed chronic conditions under inpatient and outpatient.
- Inbuilt annual general check up for member and spouse for general wellness within outpatient.
- Covers maternity, 1st emergency CS, diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical & external appliances, Hearing aids & Hearing test and pain management.
- Air and Road evacuation services through Flying Doctors, Society of Africa membership at an additional fee 50 Dollars per annum for an adult and 30 Dollars per annum for a child.



## Flexibility

- Wide range of plans to choose from based on your health cover needs.
  - » from two level of Geographical coverage i.e Tanzania only or EA & India
  - » 7 levels of covers depending on your Family size
- Groups/SME eligibility from 3 employees.



## Minimal Waiting Periods

- Minimal waiting periods for groups with employees as below:
  - » 6 months waiting period for Congenital Conditions and Pre-existing, Chronic conditions & HIV Opportunistic Infections for any new joiner.
  - » 10 months waiting periods for maternity and related complications.



## Geographical Coverage

- Wide Geographical Coverage with extensive network of services providers.
- It has Two options
  - option one Tanzania Only
  - option two EA & India on referral
- Overseas inpatient referrals covered on credit basis under listed hospitals.
- Direct access to treatment while travelling within East Africa.



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# Plan Summary



**All inpatient treatment is subject to pre authorization**  
**All benefits are subject to overall annual benefit unless specified otherwise. Amount shown in Tanzanian Shillings.**  
**Group Size - Minimum 3 employees - Maximum 15 employees**  
**All inpatient treatment is subject to pre-authorization.**  
**All benefits are subject to overall annual benefit unless specified otherwise. Amounts shown in Tanzanian Shillings.**

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## BENEFIT COVER & PREMIUMS PROPOSED BY JHICT

Family size	M	M+1	M+2	M+3	M+4	M+5	M+6
Inpatient Limit per family	10,000,000	15,000,000	20,000,000	40,000,000	60,000,000	100,000,000	200,000,000
Outpatient Limit per family	1,000,000	1,500,000	2,000,000	3,000,000	4,000,000	4,500,000	5,000,000
Dental limit per family	200,000	300,000	400,000	600,000	800,000	1,000,000	1,000,000
Optical Limit per family	200,000	300,000	400,000	600,000	800,000	1,000,000	1,000,000
Last Exp Limit per person	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000

## SUB-BENEFITS UNDER INPATIENT

Plan	M	M+1	M+2	M+3	M+4	M+5	M+6
Maternity	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Congenital & Prematurity Extension Cover	3,000,000	4,000,000	5,000,000	6,000,000	7,000,000	8,000,000	10,000,000
Bed limit	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Pre existing & Chronic Cover	4,000,000	5,000,000	6,000,000	7,000,000	8,000,000	9,000,000	10,000,000
External Appliances Cover	300,000	400,000	550,000	750,000	1,000,000	1,300,000	1,300,000

## SUB-BENEFITS UNDER OUTPATIENT

Plan	M	M+1	M+2	M+3	M+4	M+5	M+6
Circumcision Cover	200,000	200,000	250,000	300,000	350,000	350,000	350,000
Congenital & Prematurity Extension Cover	500,000	750,000	1,000,000	1,500,000	1,800,000	2,000,000	2,000,000
External Appliances Cover	200,000	250,000	300,000	350,000	400,000	500,000	500,000
Medical Check-Ups	150,000	150,000	250,000	300,000	350,000	350,000	350,000



# Plan Summary

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

\*Dental and Optical options are available only with Outpatient plans

\*A number of benefits above require pre authorisation

## VALUE ADDITIONS

- Automatic enrolment to Jubilee Health Insurance Mum's Club.
- Drug Delivery Services for chronic patients in Dar es Salaam.
- Access to discounted gym services across the country.
- 24 Hrs call center.
- Access to wellness webinars.

## SUMMARY

1. Lapse period during renewal is 40 days from the expiry date.
2. All referral overseas cases must be pre-authorized in writing by Jubilee team.
3. For emergency treatment abroad, clients should notify Jubilee within 48 hours.
4. Any direct or indirect consequences, loss or bodily injury or sickness relating to a disease declared by the World Health Organization (WHO) as a pandemic outbreak will not be covered.
5. All the MRI, CT Scan, Ultra Sound, and other radiology/imaging tests will be conducted after 6 months from commencement date as seen in the benefit summary table except for accidental cases within the policy.
6. Overseas treatment is covered only when it is referred to by any attending specialist for treatment that is not available in Tanzania. Self referral will not be covered. We cover for treatment and in-hospital accommodation only up to the specific sublimit that is Pre-existing & Chronic Conditions, Congenital Conditions and all sublimits as seen in the benefit summary table.
7. Maternity includes C-section and normal delivery, any cost exceeding this amount will be born by the insured person. Maternity and related complications; Inpatient cost incurred for normal and caesarean deliveries, Labor and recovery wards, Other related ailments and complications including ectopic pregnancies and miscarriages, and Professional fees. Maternity package is available after 10 months.



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# General Conditions

## Inception of Insurance

No insurance shall be in force or effective until the Proposal form has been accepted by Jubilee in writing and the Insured has paid the full premium.

## Policy and Schedule

This Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning wherever it may appear.

## Recovery of Uninsured Expenses

If Jubilee pays expenses incurred by a Member, which are not covered under the terms and conditions of this Policy, then the Member/Insured shall repay such amounts to Jubilee upon demand. Such expenses shall include amounts in excess of Schedule limits and other expenses not covered under this Policy.

## Notification of claims

In the event of any illness or accident giving rise to a claim under this Policy the Member shall notify Jubilee within 48 hours prior to scheduled admission and within 48 hours after emergency admission. The liability of Jubilee in respect of any contingency in any period of insurance giving rise to a claim hereunder shall be limited in respect of such claim to the period of two calendar months immediately following the next annual renewal date and to the maximum benefits as stated in the Schedule. Failure to observe this notification of claim condition will invalidate a claim.

## Eligibility

An eligible person shall be any person who is:

- An individual of 18 to 60 years of age;
- A spouse of 18 to 60 years of age;
- The child or dependant stepchild or legally adopted child from 0 years to 23 years.

## Termination

The insurance shall cease in respect of:

- a. Members (adults) who attain the age of 65 years coincident with the annual renewal date of this policy or otherwise at the next renewal date immediately following attainment of age 65;
- b. Members (children) on the annual renewal date coincident with or immediately following the attainment of age 23 years.



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# General Conditions

- c. Death of the main member unless requested otherwise by the Insured in writing and Jubilee has accepted. In such circumstance, the next adult shall assume the contracting role until policy end. The continuance of the insurance in respect of such persons shall be subject to the terms, conditions limitations contained herein.

## Premium

All premiums for medical insurance are payable annually in advance at the beginning of the coverage period. Prorated premium is payable immediately for anyone who becomes a Member at any time during the coverage period.

## Company's right to decline renewal

Jubilee shall not be bound to renew this Policy. Jubilee shall have the right to decline or qualify the terms of the insurance in respect of all or any Member on giving the Insured Fourteen (14) days notice in writing prior to any annual renewal date.

## Co-ordination of Benefits

The Policy will not provide compensation other than on a proportionate basis if the Member has any other insurance in force or is entitled to indemnity from any other source in respect of the same accident, illness or expense. Jubilee has full rights of subrogation and may take proceedings in the Member's name, but at Jubilee's expense, to recover for its benefit the amount of any payment made under this Policy.

## Cancellation

Jubilee may cancel this Policy by sending Fourteen (14) days notice by registered mail to the Insured's last known address and in such event Jubilee shall refund to the Insured a pro-rata portion of the premium for the unexpired term of the current period of insurance. The Insured may cancel this Policy by giving Fourteen (14) days notice by registered mail to the insurer last known address.

Cancellation within 30 days from commencement date shall attract a prorated premium refund for the remaining days to policy expiry subject to no claims incurred and/ or reported less administration expenses at 15%. This shall be after claims submission time bar period of 90 days from date of deletion. There will be no refund on cancellation by the member after 30 days from commencement date of the policy.

## Case Management

The medical treatment of the Member as inpatient shall be managed according to the following regulations:

- The service must be medically necessary and delivered in a hospital;



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# General Conditions

- The service must be authorized in terms of our pre-authorization procedure;
- The service, medication or supplies that the Member is charged for must relate to the reason for the admission. Should the Member undergo any further treatment not covered under that is deemed by us to be medically unnecessary we shall avoid all liability for such costs.

## Arbitration

Should any dispute arise between Jubilee and the Insured touching on the meaning of this Policy or as to the rights, obligations or liability of either party under this Policy, the same shall in the first instance be referred to arbitration in accordance with the statutory provisions for the time being in force applicable thereto.

## Time Bar

In the event of Jubilee disclaiming liability in respect of any claim hereunder Jubilee shall not be liable to such claim or possible claim after expiry of Sixty (60) days from the date of such disclaimer unless the disclaimer shall be the subject of legal proceedings or arbitration actually commenced against Jubilee.

## Fraudulent/Unfounded Claims

If any claim under this policy is in any respect fraudulent, false, intentionally exaggerated or unfounded or if any false declaration or statement shall be made in support thereof then, all benefits paid and/or payable in relation to that claim shall be forfeited and recoverable. In addition all cover in respect of the Insured person shall be terminated from Date of Entry without refund of premiums, and the member shall no longer be eligible for cover for any future periods.

## Jurisdiction

Any legal proceedings instituted in connection with this Policy shall be brought before a court of competent jurisdiction in the Republic of Tanzania. This insurance is made and accepted subject to all the provisions, conditions and warranties set forth herein and in any forms or endorsements attached hereto all of which are to be considered as incorporated herein, and any provisions or conditions appearing in any forms or endorsements attached hereto which alter the insurance provisions in so far as they are inconsistent therewith.

In any action, suit or other proceedings where the insurer alleges that any medical expense is not covered by this Policy, the burden of proving that such expense is covered shall be upon the Insured.



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# General Conditions

## Renewal of the Policy

This plan is a one-year contract, renewable each year on the anniversary of the start date. The Policy will remain in force for a period of 12 months from the effective date, provided that all premiums due have been paid and that the Policy has not been terminated.

As the anniversary of the Policy approaches, Jubilee shall notify the insured with the terms of the next period of coverage and the premiums due. If it is necessary to make changes to the Policy, they will only apply from the renewal date. All renewal confirmation should be received prior to the expiry of the preceding policy period. All renewal instructions received after expiry of the policy period shall be deemed as new members and all terms applicable to new members shall apply. Renewal shall be upon receipt of the full premium. Lapse period, The Member should renew the Insurance policy within 30 days from the expiry date of the existing policy to avoid termination.

## Duty of Disclosure

The duty of disclosure continues throughout the life of the policy:

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to Jubilee both at inception of the policy and throughout the policy term.

## Waiting Period

This is the time that the client will wait before accessing some services or benefits from his/her policy as below:

1. 6 months waiting period for a new member unless he/she has a copy of medical card from a previous insurer( recent card that is within 3 month).
2. 6 months waiting period for pre-existing diseases and chronic diseases. Any disease with a frequency recurrence within 3 months and the treatment is for a long duration. e.g Hypertension, Diabetes, Cancer & HIV/AIDS etc.
3. 10 months waiting period for maternity including clinics and delivery.
4. 6 months waiting period for cancer treatment.



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# Exclusions

(These are some of the exclusions. For more details please refer to the policy document)

1. Expenses incurred as a result of a member's participation in:
  - a. Naval, military or air force or operations;
  - b. Hazardous sports including but not limited to Winter sports, water sports, mountaineering, hunting, polo, racing on horseback, rugby, league football, motorcycling or motor racing on machines of greater than 125cc;
  - c. Riding or driving in any kind of race;
  - d. Air travel except as a fare-paying passenger in any aircraft licensed for passenger carrying. Cover shall not in any event apply to a Member whilst operating, learning to operate or serving as a member of a crew of any aircraft or to travel in any aircraft being used for sky-diving, racing, testing or exploration.
  
2. Expenses directly or indirectly incurred as a result of:
  - a. War ("declared or undeclared"), riot, strike and civil commotion;
  - b. Intentional self-injury, suicide or attempted suicide (whether sane or insane), venereal disease, Member's own criminal act, intoxication, the use of drugs not prescribed by a physician or injury sustained whilst in a state of insanity, alcoholism or costs resulting from dependency on or abuse of drugs or other addictive substance;
  - c. Nervous breakdown, general debility, psychoneurosis, general "overhaul";
  - d. Vaccination, or any treatment undertaken or carried out as a preventative measure;
  - e. Treatment by chiropractors, acupuncturists and herbalists, stays and/or maintenance or treatment received in nature cure clinics or similar establishments or private beds registered within a nursing home, sanatoria, convalescent and/or rest homes or 'cures' attached to such establishments;
  - f. Miscarriage, ante-or-postnatal care, caesarean operation except where purchased subject to ten months waiting period;
  - g. Family planning and fertility treatment e.g. costs of treatment related to infertility and impotence, hormone imbalance, Hormone Replacement Therapy (HRT);
  - h. Cosmetic or beauty treatment and/or surgery;
  - i. Massage;
  - j. Any injury, illness or disease specified as an exclusion and complications caused by a condition that is excluded;
  - k. Birth defects, Congenital illness, conditions and illness, conditions and illnesses related to genetic disorders subjected to 30 days waiting period;
  - l. Psychiatric illness, mental disorders and/or insanity expenses will be covered up to the applicable sub limit subject to 30 days waiting period with the benefit of 3,000,000 in all levels.
  - m. Any claim for expenses relating to any contingency arising whilst the Member is outside the territorial limits of Tanzania, but this limitation shall



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# Exclusions

not apply to any Member temporarily abroad and requiring emergency treatment for an illness or injury that occurs during the period of travel provided that such period does not exceed six weeks in any one visit. Travel and accommodation costs are not covered.

- n. Any claim for expenses relating to an accident or illness which may have occurred prior to the effective date or illness occurring within Thirty (6 months of the effective date or to any illness where it was within the knowledge of a Member that he was suffering from it at the effective date.
  - o. Any claim for expenses occasioned by or through or in consequence, directly or indirectly caused by acts of God (natural causes)
  - p. Treatment of obesity and slimming preparations.
  - q. Epidemics or unknown diseases.
  - r. Expenses incurred in connection with Examinations for check-up purposes not incidental to diagnosis of a sickness or accidental bodily injury such as general health examinations, scans of any nature or any other form of disease/illness prevention (except annual general check-up where covered).
  - s. Experimental treatment and drugs not scientifically recognized or not proven to be effective based on established medical practice.
  - t. Costs of treatment for, or related to, Menopause, andropause, ageing, puberty and pre-menstrual tension syndrome.
  - u. All expenses associated with HIV/AIDS and related conditions (subject to 6 months waiting period and full declaration on the application at policy inception)
  - v. Pre-existing and Chronic conditions (subject to 6 months waiting period and full declaration on the application at policy inception).
  - w. Cancer treatment (subject to 6 months waiting period).
  - x. Organ transplant (subject to 6 months waiting period).
  - y. Treatment of Hemorrhoids, Fibroids, Hernia (except congenital, Adenoidectomy within 6 months).
  - z. Bone marrow transplants.
  - aa. Any treatment arising from an accident or event because the member or dependant was under influence of alcohol and drugs, unless prescribed and taken according to instructions of a medical practitioner.
  - ab. Medical expense directly or indirectly resulting from and in connection with any act of terrorism ("declared or undeclared"), regardless of any other cause contributing concurrently or in any other sequence to the medical expense. All expenses in respect of illnesses/conditions that were subject to waiting periods when the member and dependant joined the scheme.
  - ac. Widal test
  - ad. Any direct or indirect consequences, loss or bodily injury or sickness relating to a disease declared by the World Health Organization (WHO) as a pandemic outbreak e.g. COVID-19.
- 31. Charges recoverable under any Workmen's Injury of compensation including WCF, NHIF or any other medical plan.
  - 32. Treatment outside Tanzania, Kenya and Uganda is an exclusion unless approved in writing by Jubilee upon referral.
  - 33. No access to highhand providers.



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# What you get once you purchase your F Biz cover

## A comprehensive Welcome Pack

Once the policy commences, you will receive a membership pack within 7 working days which will include:



### Membership Card

Proof of identity and cover when you need treatment.



### Policy Document

Terms and conditions of your policy.



### Provider Panel

List of Hospitals, Physicians, Clinics and other Healthcare Providers.

When you receive your pack, ensure that you check the details of your policy on your welcome letter and keep your membership card in a safe place. You will need it when you require treatment, so the provider knows who you are (it's not used for payment). It also has all the emergency contact numbers you will need.

# How to apply for F Biz cover

The following documents are required for a group application: -

- Application form duly completed and signed by each employee.
- Quotation and proof of premium payment.
- Certificate of Incorporation and annual returns for the Group.
- 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.



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Supporting documents required in addition to a fully completed and signed application form are:-

- NIDA ID of all adult applicants, dependents and beneficiary.
- Birth Certificate/birth notification copies for all child dependents (under 18 years).

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# Jubilee

HEALTH INSURANCE

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*Jubilee Health Insurance Company of Tanzania Limited is regulated by Tanzania Insurance Regulatory Authority (TIRA).*