



CIGNA

FREQUENTLY ASKED QUESTIONS

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1. Who are the underwriters for Medistar?

Cigna are the underwriters who are one of the largest insurers globally.

2. What are the overall limits?

We have different overall limits for each level. These are:- Primary at £1,333,333/ \$2,000,000
Advantage at £2,000,000/\$3,000,000, Elite at £2,666,667/\$4,000,000,
Elite + at £4,000,000/\$6,000,000

3. Is it a family floater cover?

No there are no shared limits for the family. Each individual is covered and has his own annual limits in place.

4. Are premiums the same for everyone?

No they are age based so it depends on your age.

5. What is the acceptance age?

65 is the acceptance age for individuals but once a member is on cover and continues pay his premiums on renewals the member can continue with his cover.

6. Are premium levels for Medistar claims rated?

No, premiums are related to each member's age and not how many claims have been made.

7. At what age will my Medistar cover stop?

There is no age limit while you are a member, as long as you renew your cover every year you will be covered.

8. What are the increases annually at renewal?

The plans are managed to contain the cost and despite the large increases in medical inflation generally Medistar has had a single digit increases over the last 10 years.

9. Do we get student discounts if one of the members is still a student in school?

Unfortunately not as premiums are based on age.

10. How competitive are Medistar rates?

We are very competitive in the international space as extremely affordable when compared to others. In the last 10 years we have had minimal increases when compared to other providers in the market and on average have had single digit increases.

11. How good is the provider's network?

With over a million individuals globally covered by Cigna they have a network of 11,500 hospitals spread over 192 countries.

12. Are flight costs covered?

Yes if the treatment you require is not available in Nairobi. The cost to fly you to the nearest centre of excellence or airlift you depending on your condition will be covered. If suitable treatment is available locally then if you wish to get treatment elsewhere the airfare will not be paid.

13. For travel cover – Do I need to take travel cover if travelling to the USA?

Yes it is advisable that you do in such cases.

14. Does Cigna cover for evacuation on mountain climbing and skiing?

Yes provided it is not being done as a professional sport. If the activity is being done on a professional basis no rescue costs will be paid but you are covered for medical costs arising for hospital treatment according to the plan limit.

15. Is evacuation & repatriation optional?

Yes it is included as standard in all plans at no extra cost.

16. Does Cigna offer worldwide covers?

Yes but on a case to case basis as either you need to have a short time work contract or be a student there. Supporting documents should be provided.

17. Can we go to any hospital in Nairobi or anywhere in the world if we have worldwide excluding US cover.

Of course there is no restriction on hospitals and doctors you can go to your choice of hospitals and doctors in your zone of cover. In the USA you will only be covered for a period of 6 weeks for any emergencies while you are there.

18. If I cannot get appropriate treatment in Kenya, where can I go?

Cigna has an extensive list of providers which can be used. You can select your own choice of hospital or doctor but their charges will be subject to Reasonable and Customary limits as explained in FAQ 3

19. Can we seek to be treated overseas at our discretion?

Yes you can, the choice is yours but you will have to pay the cost of travel if the treatment is available locally and also if eligible in your geographical area.

20. Contracted service providers.

Yes most of the major hospitals have a direct settlement in Kenya with Cigna meaning you do not have to make any payments for the treatment. Cigna have a network of over 11,500 hospitals worldwide spread over 192 countries with whom they have an arrangement. You can also refer to the website and app for confirmation of which provider is covered.

21. Do you accept pre-existing conditions?

Yes, but there is likely to be a premium loading or an exclusion to the condition. In some circumstances we may have to decline cover completely.

22. Is treatment for chronic conditions covered?

Yes, Medistar has full chronic cover on all plans as standard.

23. Is cancer treatment covered with Medistar Plans?

Yes, all cancers are covered in full and on all levels including the Primary level.

24. Is kidney dialysis payable?

Yes it is paid in full on all levels and does not have a limit as part of the overall limit. It is offered as inpatient or an outpatient benefit.

25. Is outpatient treatment available

Yes we have an outpatient plan on the Advantage level and the Elite level which is on pay and claim basis. On the Primary level we have the Pre-post-operative care benefit which is an outpatient benefit and we also offer the Primary Enhanced to corporates which has an outpatient benefit of \$1000.

26. Does Cigna allow direct billing?

Yes it does depend again on hospital and doctor

27. Is outpatient cashless?

No you have to pay outpatient bills and claim back the cost in Kenya. Some countries do have cashless outpatient and UK as well.

28. Is maternity offered?

Maternity is offered on the Advantage and Elite level which includes the outpatient level of cover. It is also offered on the Primary plus level which is offered to corporates but not available on the Primary level itself.

29. Do you cover congenital?

Yes Medistar covers congenital if the baby is put on cover within the first 2 months of being born. Cover will commence from its birth date. Congenital is also available for all if there is no exclusions placed after underwriting.

30. Are there moratorium/waiting periods applicable?

Not for most conditions however there is a 10 month waiting period for maternity benefits, 24 month waiting period for HIV/Aids and Psychiatric care and Bariatric Surgery.

31. What criteria are used by the insurer to determine R&C rates?

For some medical treatment Medistar only pay up to a limit that is considered reasonable taking into account what is normally charged in the locality This is called Reasonable and customary costs and is a way of reducing the likelihood of a medical provider overcharging which helps keep everyone's premium sat a reasonable level. Costs payable according to local regulatory body for e.g. in Kenya it is according to Kenya Medical Board and in UK it is GMC

32. Rates payable by Cigna for complementary medicine

Yes it is part of your outpatient limit for all therapies within the overall outpatient limit. There is a limit of \$1050 within the Advantage plan which increases to \$2100 on the Elite.

33. Claims submission deadline

Cigna claims have to be submitted within 6 months of the treatment taking place.

34. What is the time period for claims settlement?

Cigna pays in 5 working days for fully completed forms with all the necessary supporting documents.

35. What kind of room do I get in the hospital?

You are entitled to a Standard Private Ensuite room in any hospital that you seek treatment at. With the Elite+ you are entitled to have a superior room at all Nairobi Hospitals.

36. Are funeral expenses covered?

Yes provided the insured dies outside his home country then the cost of returning the body to the home country together with the insured members of the deceased's family or an insured person are covered.

37. What do I do if I need to switch from another international cover?

You need to be on an international cover for 5 years if you would like a switch and that also is at the discretion of the different providers. For someone who is on a local cover a switch to an international cover is not accepted so all the underwriting terms will apply at the time of applying. If you are on an International cover for 5 years and more you can share the Membership Certificates with us with the application form and we can then advise .

38. What are the exclusions on Medistar?

- Non prescribed medical treatments.
- Consequences of drug-addiction and alcoholism.
- Events related to bets or challenges.
- Rejuvenation- and spa-cures, cosmetic treatments and convalescent rest.
- Medical aids such as hearing aids, stockings, artificial limbs, standing frame, meter, aerosol, home trainer, infrared lamp, wig, orthopaedic insoles and shoes, etc.

(Please refer to more details on Page 16 of the Policy Wordings.)

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ncbagroup.com **Go for it**

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