

# NCBA THRIVE



A FAMILY HEALTH INSURANCE PRODUCT



## GENERAL COVER SCOPE

NCBA Thrive is a comprehensive medical insurance cover for families.

It covers day and inpatient hospitalization, maternity, outpatient, optical and dental treatment with enhanced limits for chronic conditions.

### **Below are the key benefits offered by NCBA Thrive**

- a. Cover is accessible to members up to the age of 75 years, existing members remain in the scheme up to the age of eighty (80).
- b. Wide geographical coverage and Hospital Network
  - Access to all of Old Mutual Insurance Company Ltd's comprehensive network of hospitals across East Africa.
  - Overseas referral is available for conditions not covered locally on accredited overseas partners.
- c. Convenient
  - Air evacuation for cover limits above Kshs 1M
  - Road evacuation for all cover limits
  - Overseas emergency treatment cover of 60 days for limit on reimbursement for all cover limits.
- d. Affordable
  - No excess for inpatient cover
  - Instalment premium payments for your inpatient cover
  - No claim discount (NCD)
- e. Comprehensive benefits
  - Inpatient limits from Kes 1,000,000, Kes 3,000,000 and Kes 5,000,000.
  - Optional outpatient cover from Kes 100,000, Kes 150,000 and Kes 200,000.
  - This caters for;
    - Routine outpatient services, consultations, diagnostics, drugs and dressings.
    - Routine dental and optical services, including cost of frames, lenses.
    - Well baby Clinics.
  - Covers pre-existing, chronic conditions & HIV/AIDs
  - Covers congenital, prematurity, and neonatal conditions
  - Maternity cover within inpatient.
  - Dental and Optical benefits included within the outpatient cover for select limits.
  - Hospitalization expenses including surgeon, physician, theatre, ICU & HDU fees.
  - Home Nursing subject to pre-authorization up to 90 days from discharge based on the applicable benefit sublimit.
  - Diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical appliances.
  - Accommodation costs for parent/guardian accompanying child of 12 years and below.
  - Covid-19 treatment is covered.

### **Requirements to Sign Up**

- a. Select the cover options and select the attached quote
- b. Submit the completed membership application form and include your ID copy and KRA PIN.
- c. Settle the premiums payable as per the payment details.
- d. Members will be added to the scheme and provided with medical cards within 5 days.
- e. Waiting periods shall apply for all policies unless transferring health cover from another insurer, subject to underwriting and a written waiver issued.
- f. Members over 65 years are subjected to a medical examination at own cost prior to enrolment.
- g. Inpatient is the primary option and can be purchased on its own. Outpatient option can be purchased alongside the inpatient benefit.
- h. Outpatient options are limited to the Inpatient option purchased i.e Option 1, 2 or 3.

## SCOPE OF COVER

Inpatient	Waiting Period	Option 1	Option 2	Option 3
<b>Overall Limit</b>		<b>Kes 1,000,000</b>	<b>Kes 3,000,000</b>	<b>Kes 5,000,000</b>
<b>Bed</b>		Private Room Max Kes 10,000	Private Room Max Kes 18,000	En Suite Max Kes 25,000
<b>Lodger Fee for Accompanying Parent</b>		Children 12 Years and below	Children 12 Years and below	Children 12 Years and below
<b>Accidents</b>	No waiting period	To overall limit	To overall limit	To overall limit
<b>Acute conditions</b>	28 days illness claims/ 60 days surgical claims	To overall limit	To overall limit	To overall limit
<b>Emergency Evacuation Within East Africa</b>	No waiting period	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance	Air Ambulance & Road Ambulance
<b>Chronic, Pre-existing illnesses, Congenital Conditions &amp; HIV/AIDS</b>	6 months	Kes 400,000	Kes 700,000	Kes 800,000
<b>Organ Transplant (cost of donor or securing the organ is excluded). This is in addition to the relevant condition's benefit allocation</b>	6 months	Kes 200,000	Kes 200,000	Kes 300,000
<b>Newly Diagnosed Chronic illnesses</b>	6 months	Kes 700,000	Kes 2,000,000	Kes 2,500,000
<b>Psychiatric and Psychological illnesses</b>	6 months	Kes 300,000	Kes 500,000	Kes 500,000
<b>Post Hospitalization 21 days after discharge (On Reimbursement)</b>	Depending on the condition sublimit	Kes 20,000	Kes 30,000	Kes 30,000
<b>Neo-natal and prematurity conditions</b>	6 months	Kes 250,000	Kes 400,000	Kes 400,000
<b>Non - accidental dental in-patient illnesses</b>	6 months	Kes 150,000	Kes 200,000	Kes 200,000
<b>Non - accidental Optical in-patient illnesses</b>	6 months	Kes 150,000	Kes 200,000	Kes 200,000
<b>Accident Related Dental and Optical treatment</b>	No waiting period	Full Inpatient Limit	Full Inpatient Limit	Full Inpatient Limit
<b>Illness related reconstructive/ plastic surgery (excludes cosmetic, obstetrics and gynaecology related)</b>	6 months	200,000	250,000	300,000
<b>Non accident related maxillofacial surgery (Excluding routine dental surgery and dental fixtures)</b>	6 months	300,000	400,000	400,000
<b>Cost of purchase of internal and external surgical implants, appliances, and prostheses (excluding dental fixtures)</b>	Depending on the Condition Sub-limit	Kes 300,000	Kes 300,000	Kes 400,000



<b>Gynecological surgery</b>	6 months	300,000	300,000	400,000
<b>Last Expense - Per Member (as a stand-alone benefit)</b>	As per illness/Accidents Clause	Kes 100,000	Kes 100,000	Kes 250,000
<b>Passive War /Terrorism and Political Violence treatments</b>	No waiting period	Kes 500,000	Kes 700,000	Kes 1,000,000
<b>Maternity: Normal Delivery, Elective &amp; subsequent Caesarean sections, First Ever Emergency Caesarean Section, Ectopic Pregnancy, Maternity Complications before &amp; after delivery</b>	9 months	Kes 250,000	Kes 250,000	Kes 250,000
<b>Covid-19 Treatment (moderate cases)</b>	28 days illness claims/ 60 days surgical claims	Kes 250,000	Kes 250,000	Kes 250,000
<b>Covid-19 Treatment (Critical cases requiring ICU/HDU) This is a cumulative amount that will be inclusive of any amounts already paid for in the treatment of moderate inpatient cases</b>	28 days illness claims/ 60 days surgical claims	1,000,000	1,000,000	1,000,000

### Services Covered Under Inpatient & Day Patient

- Hospital Accommodation Charges.
- Doctor's fees; Physician, Surgeon & Anaesthetist.
- ICU/HDU and Theatre charges.
- Drugs/Medicines, Dressings and Internal Surgical appliances.
- Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans.
- Radiotherapy and Chemotherapy.
- In-patient Physiotherapy.
- Emergency Road and Air Evacuation subject to overall cover limit.
- Day care surgery
- Home nursing care

OUTPATIENT				
Outpatient Options		Option 1	Option 2	Option 3
<b>Overall Limit</b>		Kes 100,000	Kes 150,000	Kes 200,000
<b>Annual wellness Check-Ups</b>		Kes 5,000	Kes 10,000	Kes 10,000
<b>Pre-existing Chronic Conditions &amp; Illnesses, including HIV, Cancer &amp; Diabetes</b>	After 6 month waiting period	To Full Outpatient Limit ARVs covered		
<b>Vaccines</b>		<b>KEPI &amp; KEPI Baby Friendly</b> vaccines Special Coverage for HPV Vaccine Human Papilloma Virus (HPV) vaccine shall be offered exclusively at Gertrude's Children's Hospital and its branches. HPV vaccine is approved by MOH for girls aged 10 - 14 years old and is offered in 2 doses, 6 months apart.  To book an appointment for HPV vaccination or for enquiries about the HPV vaccine, please call 020-7206888.		

<b>Ambulance Services Emergency only</b>		Covered	Covered	Covered
<b>Antenatal and postnatal visits up to 6 weeks from delivery (maximum of 2 ultrasounds)</b>	9 month waiting period	Covered	Covered	Covered
<b>Supplements</b>	Covered subject to pre-authorization and medical necessity			
<b>Co – Payment. Amounts paid the healthcare provider</b>	<b>Selected Providers and their Branches</b> 1. Nairobi Hospital 2. Aga Khan University Hospital- Nairobi 3. Aga Khan Kisumu 4. The Karen Hospital 5. Mater Misericordiae Hospital 6. MP Shah Hospital 7. AAR Healthcare	1,000	1,000	1,000

<b>SUB-LIMITS WITHIN OUTPATIENT</b>				
<b>Dental</b>				
<b>Overall Limit</b>	28-day waiting period	Not covered	<b>15,000 Within Outpatient</b>	<b>15,000 Within Outpatient</b>
<b>Optical</b>				
<b>Overall Limit</b>	28-day waiting period	Not covered	<b>15,000 Within Outpatient</b>	<b>15,000 Within Outpatient</b>

Frames can only be replaceable once in every 2 years up to a sublimit of KES 8,000.

**Optical exclusions:** Plano, photochromatic, antiglare lenses

### Rules of Selection of Cover

- Inpatient is the primary option and is purchased before purchasing outpatient.
- Outpatient is limited to the amount of inpatient and is restricted as below;

<b>Inpatient Limit</b>	<b>Can Purchase Outpatient of</b>
1,000,000	100,000
3,000,000	150,000
5,000,000	200,000

### No Claims Discount (NCD) Structure

<b>Period of no claims incurred in consecutive preceding years</b>	<b>Discount on the policy to be applied at renewal</b>
Year 1	0%
Year 2	0%
Year 3	5%
Year 4	7.5%
Year 5	10%
Year 6 and above	15%
In the event of a claim at any point, the structure reverts to the beginning.	

## GENERAL TERMS

<b>Eligibility</b>	<p>Person(s) from birth to seventy-five (75) years can join the scheme. Existing members remain in the scheme up to the age of eighty (80). Dependents include spouse, own children, legally adopted and foster children aged from birth to 18 years. Children over the age of 18 but below 25 years will be covered under their families if proof of schooling is provided.</p> <p>We shall allow children to join the cover from birth under the following conditions:</p> <ul style="list-style-type: none"> <li>• Premature babies and birth trauma shall be covered under congenital conditions or under the prematurity and neonatal benefit.</li> <li>• Birth Notification shall be sent to us within 14 days, baby is introduced by way of filing an application form and the respective additional premiums thereon are paid within 14 days. A baby will be covered from birth and all medical expenses from birth covered provided a notification to cover the baby is sent to us within 14 days.</li> </ul>
<b>NHIF</b>	NHIF shall apply where the member already has an NHIF Cover; bills shall be settled net of NHIF
<b>Waiting Periods</b>	Waiting periods will apply as per the benefit schedule above
<b>Premium Payment(s)</b>	Upfront payment is required
<b>Hospitalization costs and professional fees</b>	<ul style="list-style-type: none"> <li>• Kenya, Uganda, Tanzania, Rwanda and South Sudan.</li> <li>• In case of services sought outside the specified region, the insured member's claims shall be settled on re-imbursement.</li> <li>• Reimbursement will be on Old Mutual Insurance Company Ltd's Reasonable and customary rates.</li> <li>• The cover on reimbursement basis is valid for the first 42 days outside the geographical scope.</li> </ul>
<b>Territorial Limit</b>	<p>Kenya, Uganda, Tanzania, Rwanda and South Sudan. In case of services sought outside these region, the insured member's claims shall be settled on re-imbursement.</p> <p>Reimbursement will be on Old Mutual Insurance Company Ltd's Reasonable and customary rates.</p> <p>Outside the territorial limit, members are covered only for the first 60 days and are allowed to submit valid claims incurred during this period for reimbursement within 90 days from the treatment date.</p>
<b>Overseas Referral</b>	<p>Will be as per pre-negotiated tariffs between the Company and its service providers, and subject to the Company's reasonable and customary rates.</p> <p>Covered members are therefore required to use the approved service providers.</p>
<b>Exceeded Benefits</b>	The member shall be liable for benefits utilized beyond the limit of cover.
<b>Administration</b>	<p><b>Cards;</b></p> <ul style="list-style-type: none"> <li>• <b>Bio-metric cards</b> shall be issued to all members of the scheme. <b>Healthcare Providers:</b></li> <li>• Restricted to only Old Mutual Panel. In case of genuine reasons for using a non-panel provider, reimbursement shall be allowed subject to Old Mutual's customary and reasonable rates.</li> </ul>
<b>Reimbursements</b>	<p>In genuine situations where there is no approved service provider, and including services accessed outside the territorial limit for the first 60 days, the member shall be reimbursed as below;</p> <ol style="list-style-type: none"> <li>Inpatient – 80% of total bill.</li> <li>Outpatient; 2,000 Kes for GP Consultation and 3,000 for Specialist consultation. The laboratory, radiology and drugs shall be fully reimbursed.</li> <li>Costs incurred while outside the territorial area shall be fully reimbursed up to the equivalent local treatment costs read as reasonable and customary.</li> </ol>

### Scheme General Exclusions

- Cosmetic surgery unless caused by accident
- Weight management treatments and drugs.
- Participations in professional & hazardous sports e.g. bungee jumping, paragliding
- Family planning
- Infertility related treatment
- Treatment other than by registered medical practitioner
- Self-referred or self-prescribed treatment.
- Nutritional supplements unless prescribed as part of medical treatment.
- Specialists Fees unless referred by a general practitioner, except for Gynaecologists, Dentists, Opticians and paediatricians.
- Alternative treatment - Chiropractors, Acupuncturist, Herbalist
- Participation in Riot, Strike and Civil commotion
- Naval, Military or Air force operations
- Expenses recoverable under any other insurance e.g. NHIF, GPA, WIBA
- Beauty treatment in nature cure clinics or health hydro's
- Diagnostic equipment (e.g. Glucometers, BP machines)
- Experimental treatment.
- Pandemics and epidemics, unless where the Company has offered a buy-back option, usually by way of a sub-limit within the main cover limit, for a specified Pandemic or Epidemic
- Contamination by radio activity from nuclear fuel, waste or fission

***\*this list is not exhaustive please refer to the policy document***

### PREMIUMS SCHEDULE

INPATIENT			
*Oldest insured is Main Member	1M	3M	5M
CHILD (0-18)	21,962	32,943	36,237
9-29			
MAIN MEMBER	28,798	43,197	47,516
SPOUSE	25,918	38,877	42,765
30-40			
MAIN MEMBER	31,152	46,727	59,020
SPOUSE	28,036	42,055	53,118
41-50			
MAIN MEMBER	45,523	68,285	75,113
SPOUSE	40,091	60,137	66,151
51-65			
MAIN MEMBER	51,147	76,721	92,971
SPOUSE	41,649	62,473	76,791
66+			
MAIN MEMBER	145,529	196,389	226,855
SPOUSE	145,529	196,389	226,855

OUTPATIENT (0-65)			
	100,000	150,000	200,000
M (Also per Person)	41,154	71,926	82,272
M+1	64,885	106,291	121,158
M+2	77,631	120,775	137,628
M+3	90,378	135,258	154,097
M+4	95,476	141,052	160,685
M+5	98,025	143,948	163,979
M+6	99,300	145,397	165,626
OUTPATIENT (66+)			
	100,000	150,000	200,000
M (Per Adult)	94,968	133,623	139,887
CHILD	25,493	28,967	32,939

### Bank Payment Details

**Bank name:** NCBA

**Account name:** NCBA BIL UAP Premium Account no: 1388850297

Please attach a copy of the invoice for the selected benefits with the bank payment slip or transfer, or a summary working of the premiums and benefits chosen.

### MPESA Payment details

**Paybill number:** 880100

**Account Number:** 1388850297

### CONTACT US

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