

# First Medical Insurance

*Health Insurance*



First Assurance is regulated by Insurance Regulatory Authority



**First Assurance**  
Insure • Secure • Assure

# Revamped First Med

Benefits	Option 1	Option 2	Option 3	Option 4	Option 5
Inpatient Benefit Per Family	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Outpatient Benefit Per Person	50,000	75,000	100,000	150,000	200,000
Maternity Benefit	50,000	75,000	100,000	150,000	200,000
Dental Benefit-Per Person	10,000	15,000	20,000	30,000	40,000
Optical Benefit-Per Person	10,000	15,000	20,000	30,000	40,000
Frames(One pair every 2 years)	10,000				
One eye test per annum per person, Prescription lenses (One pair every 2 years)	Dental and Optical Benefit must be taken as a Package and with Outpatient plans				
Policy Waiting period	Illness claims are subject to a waiting period of 30 days and 0 days for accident related treatment				



# Scope Of Inpatient Benefit

(Covered Within Overall Inpatient Benefit Limits)

Bed limits	Standard Ward Bed	Standard Ward Bed	Standard Private up to Kshs.12,500 net of NHIF	Standard Private up to Kshs.15,500 net of NHIF	Standard Private up to Kshs.18,000 net of NHIF
Pre-existing, Chronic conditions & HIV/ AIDS-(1st time diagnosis/ declared/undeclared)-subject to 1 year waiting period	250,000	300,000	500,000	500,000	1,000,000
Organ transplant (cost of donor is excluded)--2 year waiting period					
Cancer Treatment-2 year waiting period					
Kidney Dialysis Treatment-2 year waiting period					
Congenital Condition-1 year waiting period	100,000	200,000	300,000	300,000	300,000
Psychiatry and psychotherapy- 1 year waiting period	100,000	200,000	300,000	500,000	600,000
Radiology services-X ray, Electrocardiography(ECG) computerized tomography,Ultrasound, PET,MRI and CT-scans(net of NHIF)- Subject to Pre-authorization	Paid in Full				
Accidental Reconstructive surgery	Paid in Full				
Inpatient Dental resulting from an Accident	Paid in Full				
Inpatient Optical resulting from an Accident	Paid in Full				

Bed limits	Standard Ward Bed	Standard Ward Bed	Standard Private up to Kshs.12,500 net of NHIF	Standard Private up to Kshs.15,500 net of NHIF	Standard Private up to Kshs.18,000 net of NHIF
Illness Related Inpatient Dental-1 year waiting period	100,000	100,000	200,000	200,000	300,000
Illness Related Inpatient Ophthalmology (Apart from Laser eye surgery)-1 year waiting period	100,000	100,000	200,000	200,000	300,000
Lipoma-1 year waiting period	100,000	100,000	200,000	200,000	300,000
Doctor's/Physicians,Specialist, Surgeons, Anaesthetist fees, ICU/CCU/HDU and theatre Charges ,Physiotherapy as part of inpatient treatment	Paid in Full				
Prescribed Drugs/Medicines, Dressings & Procedures	Paid in Full				
Diagnostic Laboratory services(Pathology, blood Transfusion, Hemodialysis) etc	Paid in Full				
Radiology services-X ray, Electrocardiography(ECG) computerized tomography,Ultrasound, PET,MRI and CT-scans(net of NHIF)- Subject to Pre-authorization	Paid in Full				



Bed limits	Standard Ward Bed	Standard Ward Bed	Standard Private up to Kshs.12,500 net of NHIF	Standard Private up to Kshs.15,500 net of NHIF	Standard Private up to Kshs.18,000 net of NHIF
Local Emergency Road & Air Evacuation to Hospital/ immediate centre of excellence for emergency cases	Paid in Full				
Bed limits	Standard Ward Bed	Standard Ward Bed	Standard Private up to Kshs.12,500 net of NHIF	Standard Private up to Kshs.15,500 net of NHIF	Standard Private up to Kshs.18,000 net of NHIF
Terrorism Cover-Covers medical expenses arising from terrorism activities where the insured is a victim	Paid in Full				
Post Hospitalization/Home Nursing(Medically necessary on Doctor's recommendation after discharge)	Covered up to 4 weeks after discharge, maximum 30,000/-				
Treatment Abroad-where treatment costs arising from a condition that warrants treatment overseas because the treatment is not available in locally-(Must be Preauthorized and Medical Report provided Prior)	Not applicable	Not applicable	Economy return ticket to our panel in India	Economy return ticket to our panel in India	Economy return ticket to our panel in India





# Outpatient Benefit

(Optional)

Pre-existing, Chronic conditions, Congenital & HIV/ AIDS- Subject to 1 year waiting period	Paid in Full				
Consultation Fees (Panel Doctor)-Professional fees including primary consultations, diagnostic examinations, injections and procedures performed at a primary care level in a Doctor's consultation Room	Paid in Full				
Diagnostic Laboratory services (Pathology, blood Transfusion, Hemodialysis) etc	Paid in Full				
Radiology services-X ray, Electrocardiography (ECG) computerized tomography, MRI and CT-scans (net of NHIF)- Subject to Pre-authorization	Paid in Full				
Prescribed Drugs/Medicines (up to 30 days dosage) , Dressing and Procedures	Paid in Full				
Physiotherapy (by a registered physiotherapist) on referral by a physician	Paid in Full				
Gynaecological Ailments & Treatment-1 year waiting period	Paid in Full				
KEPI and Baby Friendly Vaccines	30,000	30,000	30,000	30,000	30,000
Annual Health Check-Ups (Employee & Spouse)- (Within Outpatient limits)-Pre-approved Packages	5,000	5,000	5,000	5,000	5,000

# Maternity Benefit

(Optional)

Normal Delivery	Covered in full within the Maternity Benefits				
Caesarian Section - 1st Ever Emergency, Subsequent & Elective	Covered in full within the Maternity Benefits				
Maternity Complications & Ectopic Pregnancy	Covered in full within the Maternity Benefits				
Prematurity/Preterms-1 year waiting period	100,000	200,000	300,000	300,000	300,000
Pre-Natal and Post Natal Visits	Covered in full within the Outpatient Benefits				
Waiting Period	12 months				

# Dental Benefit

(Optional)

Consultation, Anesthetic Fees	Covered in full within the Dental Benefits
Fillings ,Root Canal, Extractions (including Surgical Extractions)	Covered in full within the Dental Benefits
Scaling as a result of a medical condition and prescribed by a dentist	Covered in full within the Dental Benefits

# Optical Benefit

(Optional)

Outpatient ophthalmologists expenses	Covered in full within the Optical Benefits
Prescribed frames and lenses(Photochromatic & Antiglare)	Covered in full within the Optical Benefits
Lenses where there is change in prescription for sight correction	Covered in full within the Optical Benefits

# Last Expense

(Stand Alone)

Annual Benefit Limit	50,000	75,000	100,000	100,000	150,000
Last EXPENSE per member(Employee)	Sum Insured payable within 48 hours after receiving the burial permit				

# Personal Accident Cover

Per Person

Death	500,000	500,000	500,000	500,000	500,000
PTD	500,000	500,000	500,000	500,000	500,000
TTD	2,500	2,500	2,500	2,500	2,500
Medical on Reimbursement	35,000	35,000	35,000	35,000	35,000
<b>Applicable Premium</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>

# Home Insurance Package

Home Contents	300,000	300,000	300,000	300,000	300,000
All Risks Section (worldwide)	100,000	100,000	100,000	100,000	100,000
Domestic Employees (WIBA)	One employee				
Personal / Golfers Legal Liability	Limit:1,000,000			4	Limit:1,000,000
Disaster Cash	Kshs.30,000	Kshs.30,000	Kshs.30,000	Kshs.30,000	Kshs.30,000
Premium	5,063	5,063	5,063	5,063	5,063



# Special Clauses

Age Limit - Children	<b>From 1 Month upto 18 yrs or 26 yrs with proof of schooling</b>
Age Limit - Adults	Minimum Joining age 18 years, Maximum joining 60 years, Exit age 65 years
Birth/New Born Notification	14 days subject to underwriting
Lodger Fees	10 Years
Geographical Scope	East Africa.
Reimbursements	Not applicable
NHIF Supra Cover	Subject to Net of NHIF at NHIF approved service providers(NHIF registration at client cost Mandatory)
Cover outside geographical scope	<b>90 Days per trip on reimbursement</b>
Overseas Referral	Covered (credit facilities available in India)
Outpatient Co-pay	2,000/- per Outpatient visit at Nairobi, Aga Khan, Karen & Gertrudes, 1,500 at AAR
Medical Exam on Enrolement	Required for members over 40 years
Panel of Providers	Wide Countrywide Panel
Mode of Identification	Biometric cards
Dental & Optical Benefit	To be taken as a package
Premium Payment	Annually in advance with no Pro-ration
Premium Incentive-Profit Share and Loss participation	<b>3 year No claim Discount,5% discount</b>

# Scheme Exclusions

- Optical Exclusions: Laser Correction of eyesight, Plano Lenses, Frames replaceable once every 2 years.
- Pregnancy and maternity related expenses where maternity cover has not been purchased.
- Dental Exclusions: Orthodontics, Dentures, Caps, Crowns, Braces, Self-prescribed scaling and polishing.
- Treatment other than by registered medical practitioner, self-referred/prescribed treatment.
- Participations in professional and hazardous sports e.g., bungee jumping, paragliding, skiing.
- Nutritional supplements unless prescribed as part of medical treatment.
- Diagnostic equipment (e.g. Glucometers, BP machines etc.)
- Beauty treatment in nature cure clinics or health hydros.
- War and kindred risks (whether war be declared or not)
- Drunkenness, drug & alcohol abuse and addiction.
- Family planning/infertility related treatment.
- Cosmetic surgery unless caused by accident.
- Intentional self-injury, suicidal attempts.
- Naval, Military or Air force operations.
- Experimental Treatment.



	Option 5	Option 4	Option 3	Option 2	Option 1
Inpatient per Family	Kshs.	Kshs.	Kshs.	Kshs.	Kshs.
<b>Age 19-30</b>	<b>5,000,000</b>	<b>3,000,000</b>	<b>2,000,000</b>	<b>1,000,000</b>	<b>500,000</b>
Principal	33,501	30,432	27,128	22,038	17,492
Spouse	28,811	26,171	23,330	18,953	15,043
Child	21,108	19,175	17,093	13,886	11,021

<b>Age 31-40</b>					
Principal	35,694	32,425	28,904	23,481	18,638
Spouse	30,697	27,885	24,857	20,193	16,028
Child	21,108	19,175	17,093	13,886	11,021

<b>Age 41-50</b>					
Principal	42,923	38,991	34,757	28,236	22,412
Spouse	36,913	33,532	29,891	24,283	19,274
Child	21,108	19,175	17,093	13,886	11,021

<b>Age 51-65</b>					
Principal	46,904	42,608	37,982	30,855	24,491
Spouse	40,337	36,642	32,664	26,535	21,062
Child	21,108	19,175	17,093	13,886	11,021

<b>Outpatient Per Person</b>	<b>200,000</b>	<b>150,000</b>	<b>100,000</b>	<b>75,000</b>	<b>50,000</b>
Premium					
below 30yrs	38,955	36,329	29,149	26,803	22,701
31-40yrs	48,694	45,411	36,437	33,504	28,376
41-50yrs	58,432	54,493	43,724	40,204	34,052
51-65yrs	68,171	63,575	51,012	46,905	39,727

<b>Maternity Per Family</b>	<b>200,000</b>	<b>150,000</b>	<b>120,000</b>	<b>100,000</b>	<b>75,000</b>
Premium	44,672	34,359	28,879	26,976	23,620

<b>Dental Per Person</b>	<b>40,000</b>	<b>30,000</b>	<b>20,000</b>	<b>10,000</b>	<b>7,500</b>
Premium	10,925	8,194	5,462	2,731	2,048

<b>Optical Per Person</b>	<b>40,000</b>	<b>30,000</b>	<b>20,000</b>	<b>10,000</b>	<b>7,500</b>
Premium	16,182	9,102	6,068	3,034	2,276







# Our branches



## Medical Insurance

Physical Address

First Assurance Co. Ltd

Office Park, Cassia Hse, 1<sup>st</sup> floor

Waiyaki way, Westlands.

P.O Box 30064-00100, Nairobi, Kenya

24 hours help line: 0709 122 000

General office lines (8am to 5pm) 0709 544 000

Email: medunderwriting@firstassurance.co.ke



## Town Office

Queensway Building 4<sup>th</sup> Floor

Tel: 2219852/3/4/5, Mobile: 0735 605 480

Fax: (020) 2219861

Email: cbdinfo@firstassurance.co.ke



## Mombasa Branch

First Assurance House, Nyali Road, Off Malindi-Mombasa Road

P.O Box 43559 Mombasa, Kenya

Tel: 041-4476494/4476700, (020) 2684011/12, :

Mobile: 0734605491

Fax: 041-4470602, (020)2684021

Email: msainfo@firstassurance.co.ke



## Head Office

First Assurance House, Clyde Gardens,  
Gitanga Road, Lavington

P.O Box 30064 - 00100 Nairobi, Kenya

Tel: 254-020-2900000, (020) 2692250/60/70/80, 3581135/88

Mobile : 0722 444 117, 0733 605 480

Fax: 254-020-(020) 2692290, 2900200

Email: hoinfo@firstassurance.co.ke

[www.firstassurance.co.ke](http://www.firstassurance.co.ke)



## Nakuru Branch

Westside Mall, 2<sup>nd</sup> Floor (Above Nakumatt)

P.O Box 18002-20100 Nakuru, Kenya

Tel: +254 20 2343989/94, Fax: +254 20 24063

Email: nkinfo@firstassurance.co.ke



## Kisumu Branch

First Assurance, United Mall, Ground Floor

Kisumu-Kakamega Road

P.O Box 186-40100, Kisumu, Kenya

Tel: (057) 2024102, (020) 2030576, 2082507, Fax:  
(057) 2024063

Email: ksinfo@firstassurance.co.ke

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