



# FIRST ASSURANCE COMPANY LIMITED



MEDICAL WRITE-UP  
OCTOBER 2022

# CONTENTS

- Scope of cover
- Benefit Schedule
- Claims Procedures
- Admission Procedures
- Eligibility
- Exclusions
- Other Useful Information

# HONOURED TO SERVE





# SCOPE OF COVER



# ELIGIBILITY

- The scheme enroll members from **18-70** years of age.
- Children dependents will be from birth up to **18** years.
- Children dependents over 18 years will be covered up to **26** years residing with their parents in full –time recognized post recognized institution. To provide proof of schooling.
- No waiting period.



# BENEFIT LIMITS

CORPORATE-BENEFITS OPTIONS			
Benefits	Cover Type	Business Type	Benefit Limits (Kshs.)
Inpatient	Per Family/Per Person	Insured	200,000-10,000,000
Outpatient	Per Family/Per Person	Insured	30,000-300,000
Dental(Standalone or Within OP)	Per Family/Per Person	Insured	5,000-50,000
Optical(standalone or within OP)	Per Family/Per Person	Insured	5,000-50,000
Maternity(stand alone or within IP)	Per Female employee/Spouse	Insured	50,000-300,000
GXOL	Per Family	Insured	500,000-10,000,000
Last Expense	Per Person/Per Family	Insured	50,000-200,000



# SCOPE OF COVER

BENEFITS	SCOPE
Bed Entitlement	Ensuite ,Standard Private Bed ,Standard Ward Bed
Pre-existing, Chronic conditions & HIV/ AIDS	Covered up to <b>a specified limit</b> within Inpatient and full Outpatient Limits
Covid treatment	Covered up to <b>a specified limit</b> within Inpatient and full Outpatient Limits
First Emergency Caesarean Section	Covered up to <b>a specified limit</b> within Inpatient Limit
Psychiatry	Covered up to <b>20%</b> of Inpatient limit
Home Nursing	Covered within the inpatient limit
Illness Related Inpatient Dental	Covered up to <b>a specified limit</b> within Inpatient Limit
Illness Related Inpatient Ophthalmology	Covered up to <b>a specified limit</b> within Inpatient Limit
Last Expense	Covered up to <b>a specified limit</b>
Wellness Benefit	<b>Annual Health Check-up(Employee &amp; Spouse)</b> covered up to <b>a specified limit</b> within the Outpatient limit.
Pre-terms and Congenital Conditions	Covered up to <b>a specified limit</b> within Inpatient Limit
Post Hospitalization Cover	Covered up to <b>a specified limit</b> within Inpatient Limit up to a maximum of <b>4 weeks</b> after Discharge
Vaccinations	KEPI & Baby friendly vaccinations covered within Outpatient.
Level 1 Fee	10



# SCOPE OF COVER









BENEFITS	SCOPE
Age Limit - Children	Birth ( <b>38</b> weeks term baby) up to <b>18</b> yrs or <b>26</b> yrs with proof of schooling
Upper Age Limit	<b>70</b> years. Max Joining <b>65</b> Years
Emergency Road & Air Evacuation	Covered within the inpatient limit
Geographical Scope	East Africa others on reimbursement up to <b>100%</b> subject to reasonable and customary charges
Cover outside geographical scope	Where applicable, First Assurance shall provide a preauth directly to the hospital committing to pay once a member is admitted or going in for admission.
Overseas Referral	Credit available in our approved panel in India otherwise Rest-Reimbursement
Waiting Period	Waived
Reimbursements	Applicable up to <b>90%</b>
Outpatient Co-pay	Nil
Outpatient Cons Limit	Not applicable
Medical Exam on Enrolment	Not Required
Mode of Identification	Smart cards










# SCOPE OF COVER

## INPATIENT

-  Doctors & Anesthetist bills.
-  Operating theatre fees
-  Oncology, Organ Transplant, Dialysis Treatment
-  Blood Transfusion
-  Diagnostic test
-  Internal prosthesis
-  External appliances
-  Road and Air Ambulance services



# Outpatient

-  Consultation
-  Acute medication
-  Chronic medication
-  Radiology and pathology
-  CT & MRI Scans

Scheme will allow choice of medical attendant however this will be restricted to medical practitioners registered with Kenya Medical Practitioners & Dentist Board.



## CLAIMS PROCEDURES-CREDIT CLAIMS

- Members shall use the smart cards issued for identification at the selected service providers.
- They will be required to complete the First Assurance claim form provided at the appointed hospital / clinic.
- Upon seeking treatment, both the member and doctor must sign the claim form



## CLAIMS PROCEDURES-REIMBURSEMENTS

- First Assurance Claim forms must be completed by both the patient and attending doctor for each course of treatment and the following forwarded to First Assurance:
  - Original receipts
  - Prescription Copy for drugs dispensed
  - Lab/ X-ray requests
  - Referral letters where applicable
  - Invoices where applicable e.g. for Inpatient reimbursement claims
- All reimbursement claims shall be settled within 10 working days from the date of receipt
- First Assurance will reimburse **90%** of the claim incurred but subject to reasonable and customary charges



# ADMISSION PROCEDURES

All in patient expenses shall be pre-authorized by First Assurance Company.

## **SCHEDULED ADMISSIONS**









- The Member must notify First Assurance 4 days prior to the admission. A letter of undertaking shall then be forwarded to the hospital pre-authorizing the Admission.

## **EMERGENCY ADMISSIONS**

- The hospital shall notify First Assurance within 24 hrs of admission & a letter of undertaking forwarded directly to the hospital.



# EXCLUSIONS

-  Family planning and fertility treatment i.e costs of treatment related to infertility and impotence.
-  Intentional self-injury, suicide or attempted suicide, intoxication, drunkenness
-  Expenses recoverable under any other insurance e.g. NHIF
-  Cosmetic surgery, massage or beauty treatment
-  Naval, military and Air force Operations
-  Riding or driving in any kind of race
-  Participation in extreme sports
-  Stays old age homes, places of rest etc
- War, invasion, civil war, participation in riots
- Chiropractors, acupuncturists or herbalists treatment



# VALUE PROPOSITION

## **Provider Relationship**

- We have an extensive elaborate relationships with providers ensuring that the treatment you receive is appropriate for their symptoms, and is not experimental, unrelated or unnecessary to the diagnosis.
- Clients are treated fairly and are charged rates that are reasonable & customary

## **Flexibility & Customized solutions**

- We tailor your benefits to suit your specific needs. For example insured Benefits , in-house clinic, fund managed benefits, Hybrid etc.

## **Credit Rating(A)**

- Solid track record of profitability & liquidity which demonstrates our ability to achieve and sustain the business.

## **Cost Management & Long Term Agreement**

- Capacity to offer competitive pricing thus enjoying from economies of scale

## **Management Reports**

- Regular management reports to monitor disease trends, incidence of chronic ailments, cost of care at various providers and risk management options for controlling current and future benefit utilization

THANK YOU

Q & A

