

First Afya Biashara

Your SME Health bila Worries!!



About First Assurance

First Assurance began its journey as Prudential Assurance Company PLC in 1930. It evolved over the decades, becoming a wholly owned Kenyan company in 1991, and later a part of Absa Group Limited after acquisitions by Barclays and rebranding. Today, First Assurance is a trusted provider of insurance and integrated financial services, committed to offering security, quality service, and professionalism.

Why Choose First Afya Biashara?

Enjoy ultimate peace of mind with our comprehensive healthcare plan designed specifically for small and medium-sized enterprises (SMEs). Our plan ensures extensive medical coverage both locally and overseas, covering a wide range of medical needs from routine check-ups to critical illnesses and emergencies. First Afya Biashara is your assurance of a secure and healthy future for you and your employees.

Key Features:

- **Size of group** - Cover between 3 - 19 employees.
- **Mental health management and treatment.**
- **Management for substance abuse and dependency.**
- **Management of Attempted suicide and intentional self injury**
- **No Waiting Periods:** Immediate coverage with no initial waiting period.
- **Eligibility:** Adults aged 18 to 65 years, extendable to 75 years while in active service. Children up to 18 years or 25 years if in full-time education, with no age restriction for children with mental/physical impairments.
- **Newborn Coverage:** Immediate coverage from birth if notified within 14 days.
- **Choice of Copay or Waiver on Outpatient Services:** Flexible options for outpatient service payments.
- **Superior Sublimit:** Enhanced coverage limits for specific medical services.





RISKS FACING THE SME SECTOR

Healthcare Costs:

Our cover helps SMEs manage financial burdens by covering medical costs. No need for employers to set up a contingency fund for unforeseen hospitalizations

Keyman cover:

SME's can be rest assured that their critical staff are covered incase of illness/ accident thus business continuity

Employee Retention and Productivity:

Access to medical insurance boosts satisfaction and productivity by supporting employee health, reducing absenteeism, and enhancing loyalty.

Attracting Talent:

Employers that offer medical cover are more able to attract and retain the best talent.

Employee Well-being:

First Afya is keen on promoting preventive care, early diagnosis and treatment, and reduces extended absenteeism due to health issues.

Erratic cashflow:

First Afya, offers flexible payment terms with up to 4 instalments

INPATIENT BENEFITS (CORE PRODUCT-COMPULSORY KSHS)

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12	OPTION 13
Overall Annual Limit	10 Million	7.5 Million	5 Million	4 Million	3 Million	2 Million	1.5 Million	1 Million	750,000	500,000	400,000	300,000	250,000
Accommodation (Bed Type)	Ensuite room up to 26,500 net of SHIF	Ensuite room up to 23,500 net of SHIF	Private Standard Room up to 22,500 net of SHIF	Private Standard Room up to 19,000 net of SHIF	Private Standard Room up to 18,000 net of SHIF	Private Standard Room up to 17,000 net of SHIF	Private Standard Room up to 13,500 net of SHIF	Private Standard Room up to 13,000 net of SHIF	Standard ward bed net of SHIF				
Pre-existing, Chronic conditions and HIV (including ARV's)	1.3 Million	1 Million	850,000	750,000		500,000			375,000	350,000		200,000	125,000
Newly diagnosed chronic conditions	5 Million	4.5 Million	4.5 Million	3 Million	Full limit								
Psychiatry conditions	2 Million	1.5 Million	1 Million	800,000	600,000	400,000	300,000	200,000	150,000				
Pandemics such as covid-19 hospitalization and management	1.3 Million	1 Million	850,000	750,000		500,000			375,000	300,000		200,000	125,000
Pre-Term & Congenital conditions	300,000	250,000	200,000			150,000				100,000			
Post Hospitalization visits/review-up to 4 weeks after discharge from Hospital	50,000		40,000		30,000				25,000				
Infertility treatment - IVF (in Vitro fertilization)	200,000			150,000					100,000				
Surgical operations and Procedures including Doctor's fees{physician fees,surgeons fees,anesthetic fees,ICU,HDU charges,theatre charges,Diagnostic Tests,Physiotherapy} as part of Inpatient treatment.	Paid in Full												

INPATIENT BENEFIT(KSHS)

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12	OPTION 13	
Overall Annual Limit	10 Million	7.5 Million	5 Million	4 Million	3 Million	2 Million	1.5 Million	1 Million	750,000	500,000	400,000	300,000	250,000	
Day care surgery under general anaesthesia	Paid in Full													
Reconstruction surgery following an accident	Paid in Full													
Lodger fees for parent accompanying sick child member	Available for children up to 12 years and no age capping for children with mental or physical impairment													
Radiology services-X ray, Electrocardiography (ECG) computerized tomography, MRI and CT-scans(net of SHIF)-Subject to Pre-authorization	Paid in Full													
Organ transplants (excluding donor costs)	1.3 Million	1 Million	850,000	750,000		500,000			375,000	300,000		200,000	125,000	
Inpatient Dental due to an ailment	400,000	350,000	200,000		150,000				100,000					
Inpatient Optical/related to eye treatment (excluding correction of refractive errors and Laser eye treatment)	400,000	350,000	200,000		150,000				100,000					
Inpatient Dental surgery due to an accident	Paid in Full													
Inpatient Ophthalmology surgery as a result of an accident	Paid in Full													
Surgical appliances/Internal prosthesis required after hospitalization on physician recommendation	Paid in Full													
External appliances (Non-Motorized wheel-chairs, crutches, corsets, insoles. Etc) subject to pre-authorization	200,000		150,000			100,000				80,000				

INPATIENT BENEFIT (KSHS)

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12	OPTION 13
Overall Annual Limit	10 Million	7.5 Million	5 Million	4 Million	3 Million	2 Million	1.5 Million	1 Million	750,000	500,000	400,000	300,000	250,000
Emergency and accident only cover while travelling abroad	6 weeks per trip on reimbursement												
Medically necessary home nursing on doctor's recommendation after discharge from hospital	Up to 60 days												
Local rescue and evacuation (including airlifting and ambulance) for emergency cases	Paid in Full												
Treatment Abroad-where treatment costs arising from a condition that warrants treatment overseas because the treatment is not available or not safe to undertake locally-(Must be Preauthorized and Medical Report provided Prior)	Cover is on reimbursement basis except in our panel in India. We provide an economy return fare only within Africa and India for patient and one accompanying member								Cover is on reimbursement basis except in our panel in India.				
Terrorism and political violence - Covers medical expenses arising from terrorism/political violence where the insured is the victim	2,000,000						FULL LIMIT						
Management for substance dependency (employee only and acquired during employment term)	150,000	100,000				75,000				50,000			
Attempted Suicide & Intentional Self Injury	150,000	100,000				75,000				50,000			

OTHER BENEFITS INCLUDED WITHIN INPATIENT COVER(KSHS)

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12	OPTION 13
Overall Annual Limit	10 Million	7.5 Million	5 Million	4 Million	3 Million	2 Million	1.5 Million	1 Million	750,000	500,000	400,000	300,000	250,000
Waiting periods	No waiting period												

OUTPATIENT BENEFIT - OPTIONAL (Standalone) KSHS

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12
Overall Annual Limit	500,000	450,000	400,000	350,000	300,000	250,000	200,000	150,000	100,000	75,000	50,000	30,000
Copayment	A co-pay of . 2,000 shall be applicable at Aga Khan Hospitals, Mp shah Hospital, AAR hospital, Karen hospital, Nairobi hospital & Gertrude's Children hospital. No co-pay at all other providers. Co-pay may be waived with a 10% loading on rates on inception or renewal											
Pre-Existing, Chronic and cancer	Full limit											
HIV/AIDS related treatment including Anti-Retroviral therapy	Full limit											
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	Kshs.2,500/ per consultation for general practitioners and Kshs. 4,000/ per consultation for specialists											
Prescribed drugs/Medicine and dressing and procedures	Full limit											
Outpatient surgeries	Full limit											
Diagnostic Laboratory services (Pathology, blood Transfusion, Haemodialysis) etc	Full limit											
Physiotherapy (by a registered physiotherapist) on referral by a physician subject to pre-authorization	Full limit											

OUTPATIENT BENEFIT - OPTIONAL (Standalone) (KSHS)

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12
Overall Annual Limit	500,000	450,000	400,000	350,000	300,000	250,000	200,000	150,000	100,000	75,000	50,000	30,000
Radiology services-X ray, Electrocardiography (ECG) computerized tomography, MRI and CT-scans (net of SHIF)-Subject to Pre-authorization	Full limit											
Prescribed referrals to specialist by GP (Doctors on Panel)	Full limit											
Counselling upon referral by a General Practitioner	Full limit											
Gynaecological Ailments & Treatments	Full limit											
Annual Health Check-Ups (Employee & Spouse- must be preauthorized)	50,000	45,000	40,000	35,000	30,000	25,000	20,000	15,000	10,000	7,500	5,000	5,000
Vaccinations for children up to 2 years(KEPI and Baby Friendly Vaccination)	30,000											
Travel & Private vaccines	10,000	10,000	10,000	10,000	10,000	8,750	7,000	5,250	3,500	2,625	1,750	1,050
Family planning	10,000	10,000	10,000	10,000	10,000	8,750	7,000	5,250	3,500	2,625	1,750	1,050
Hearing Aids	50,000	45,000	40,000	35,000	30,000	25,000	20,000	15,000	10,000	7,500	5,000	3,000

MATERNITY BENEFIT - OPTIONAL (Standalone) (KSHS)

PLANS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7
Annual Benefit limit per member and spouse in each family	300,000	250,000	200,000	150,000	100,000	75,000	50,000
Normal Deliveries, subsequent CS, elective CS	Full limit						
First Emergency C-Section in the lifetime of a female employee/spouse (delivery only) is covered within the inpatient limit	300,000	250,000	200,000	150,000	100,000	75,000	50,000
Maternity complications including PRE-ECLAMPSIA, ECTOPIC PREGNANCY shall be covered within the inpatient limit	300,000	250,000	200,000	150,000	100,000	75,000	50,000
Pre & post-natal care	Covered under the outpatient limit						
Maternity Waiting period Normal Deliveries, subsequent CS, elective CS, First CS and maternity complications	NO WAITING PERIODS						

ROUTINE DENTAL (OPTIONAL) (Standalone) (KSHS)

ROUTINE DENTAL (OPTIONAL)	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8
Annual Benefit Limit	50,000	40,000	30,000	20,000	15,000	10,000	7,500	5,000
Extraction, fillings, X-rays, root canal procedures, prescribed scaling, and polishing	Full limit							
Dental exclusions	Orthodontics, Dentures, Caps, Crowns, Braces, Self-prescribed scaling and polishing							
Dental WAITING PERIOD	No waiting period							

OPTICAL BENEFIT – OPTIONAL (Standalone) (KSHS)

ROUTINE OPTIONAL (OPTIONAL)	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8
Annual Benefit Limit	50,000	40,000	30,000	20,000	15,000	10,000	7,500	5,000
Spectacle lenses and contact lenses.	Full limit							
Optometrist consultations & eye examination	Full limit							
Frames Limit (One pair every 2 years)	25,000	20,000	15,000	10,000	7,500	5,000	3750	2,500
Optical exclusions	Laser correction of eyesight, Plano (flat) lenses							
OPTICAL WAITING PERIOD	No waiting period							

LAST EXPENSE BENEFIT – FREE (Standalone) (KSHS)

The sum assured will be payable within 48 hours of confirmation of death of a member of the scheme by the employer.

LAST EXPENSE PER PERSON	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8	OPTION 9	OPTION 10	OPTION 11	OPTION 12	OPTION 13
Overall Annual Limit	10 Million	7.5 Million	5 Million	4 Million	3 Million	2 Million	1.5 Million	1 Million	750,000	500,000	400,000	300,000	250,000
Last expense limit	200,000	150,000	100,000	100,000	100,000	100,000	100,000	100,000	50,000	50,000	50,000	50,000	50,000

Claim requirement:

1. Letter /mail from HR reporting death
2. Beneficiary where principal member has passed on
3. Copy of a death certificate /Stamped copy of burial permit
4. Copy of front face of ATM /Cancelled cheque (for the beneficiary)
5. Fully completed First Assurance EFT form

SPECIAL CLAUSES

- **Geographical scope:** East Africa.
- **Panel of providers:** Open panel.
- **Reimbursement:** 90 % subject to reasonable and customary charges for off-panel visits.
- **Mode of Identification:** virtual cards.
- **Contribution to SHIF is mandatory.**
- **Cover outside geographical scope** shall be covered for medical emergencies on reimbursement subject to prior notification up to any 90 days per visit.
- **Treatment costs** arising from a condition that warrants treatment overseas because the treatment is not available in Kenya will be covered on **reimbursement (except at our approved panel in India where cover will be on credit).**
- **Local Ambulance services** for transportation of a sick Member for treatment from an area where facilities for adequate care do not exist to the next available hospital or licensed medical facility will be covered within the annual inpatient limit.

POLICY EXCLUSIONS

- Costs related to infertility treatment apart from IVF treatment and family planning
- Expenses recoverable under any other insurance
- Cosmetic surgery, massage, or beauty treatment
- Naval, Military and Air force operations
- Riding or driving in any kind of race.
- Participation in extreme sports
- Experimental treatment.
- Stays at sanatoria, old age homes, places of rest etc.
- Active participation in war, invasion, civil war, participation in riots
- Chiropractors, acupuncturists, or herbalist's treatment
- Treatment related to hormonal imbalance.
- Treatment other than by a registered medical practitioner, self-referred/prescribed treatment.
- Nutritional supplements unless prescribed as part of medical treatment.
- Diagnostic equipment (e.g. Glucometers, BP machines etc.)

Note: These are general exclusions. Any other terms and conditions may be included in the policy document.



PROVIDER PANEL

- Members shall have access to the First Assurance open panel.
- To access the panel, please scan the below QR code.



ADDITIONAL BENEFITS

- Staff welfare programmes
- Chronic disease management
- Specialist peer review
- Health talks
- Drug delivery program
- Xpress pass program
- Access to a wide range of service providers

QUARTERLY ACTUARIAL REVIEW:

- Disease incidence rate analysis
- Health provider utilization analysis
- Future expected claims and sustainability of premium
- Reimbursement, Credit facilities Utilization
- Utilizations above the cover limit analysis
- Medical inflation analysis by provider and region
- Pre-existing & Chronic disease incidence and severity analysis
- Benefit utilization analysis
- Actuarial projections- we give a projected overall performance of the scheme based on the utilization trends



COVER COMBINATIONS

The customer shall be able to pick from the below options.

1. Inpatient only.
2. Inpatient and Outpatient.
3. Inpatient, Outpatient, Dental and Optical.
4. Inpatient, Outpatient, Dental, Optical and Maternity.
5. Inpatient and Maternity.
6. Inpatient, Outpatient and Maternity.

Further to this, the following limit selections shall be acceptable.

PLANS	INPATIENT	OUTPATIENT	DENTAL	OPTICAL
OPTION 1	10,000,000	500,000 to 250,000 and below	50,000 or 40,000 and below	50,000 or 40,000 and below
OPTION 2	7,500,000			
OPTION 3	5,000,000			
OPTION 4	4,000,000			
OPTION 5	3,000,000			
OPTION 6	2,000,000	200,000 or 150,000 and below	30000 and below	30000 and below
OPTION 7	1,500,000	150,000 or 100,000 and below		
OPTION 8	1,000,000			
OPTION 9	750,000	100,000 or 75,000 and below	20,000 or 15,000 and below	20,000 or 15,000 and below
OPTION 10	500,000			
OPTION 11	400,000			
OPTION 12	300,000	50,000 or 30,000 and below	10000 and below	10000 and below
OPTION 13	250,000			

The maternity cover limits can be combined with any inpatient limit.

PLANS	MATERNITY
OPTION 1	300,000
OPTION 2	250,000
OPTION 3	150,000
OPTION 4	100,000
OPTION 5	75,000
OPTION 6	50,000

Please take note of the following benefit selection instructions.

1. Inpatient cover is compulsory
2. Outpatient, Maternity, Dental and Optical are optional.
3. Dental and optical covers have to be purchased as a package
4. Dental and optical cannot be purchased without purchasing an outpatient cover

DENTAL	M	M + 1	M + 2	M + 3	M + 4	M + 5	ADDITIONAL DEPENDENT
50,000	11,164	15,627	17,858	20,093	22,324	24,556	2,232
40,000	8,931	12,501	14,287	16,074	17,860	19,645	1,786
30,000	6,698	9,376	10,715	12,056	13,395	14,734	1,339
25,000	5,582	7,813	8,929	10,047	11,162	12,278	1,116
20,000	5,720	8,007	9,150	10,295	11,439	12,582	1,144
15,000	4,266	5,971	6,824	7,678	8,530	9,383	853
10,000	2,778	3,888	4,444	5,000	5,555	6,110	555
7,500	1,675	2,344	2,679	3,014	3,349	3,683	335
5,000	1,116	1,563	1,786	2,009	2,232	2,456	223

OPTICAL	M	M + 1	M + 2	M + 3	M + 4	M + 5	ADDITIONAL DEPENDENT
50,000	11,801	16,518	18,876	21,239	23,597	25,956	2,360
40,000	9,440	13,214	15,101	16,991	18,878	20,765	1,888
30,000	7,080	9,911	11,326	12,743	14,158	15,573	1,416
25,000	5,900	8,259	9,438	10,619	11,799	12,978	1,180
20,000	6,046	8,463	9,672	10,882	12,091	13,299	1,209
15,000	4,509	6,311	7,212	8,114	9,016	9,917	901
10,000	2,936	4,109	4,696	5,284	5,871	6,457	587
7,500	1,770	2,478	2,831	3,186	3,540	3,893	354
5,000	1,180	1,652	1,888	2,124	2,360	2,596	236

MATERNITY	RATE
300,000	49,267
250,000	41,056
200,000	32,845
150,000	24,634
100,000	16,423
75,000	12,316
50,000	8,211

ONBOARDING REQUIREMENTS

1. Certificate of registration/Incorporation.
2. KRA PIN certificate.
3. CR12.
4. ID of director(s) and shareholder(s) Any shareholder with more than 10% shareholding as per CR12.
5. Member list.
6. Proof of payment.
7. Employee application form/Company authorization form
8. Member application forms

PREMIUM PAYMENT OPTIONS

Please note the insurance act section 156 requires payment of premium at inception or renewal date of the policy (cash & carry)

BANK DETAILS

- Bank Name: Absa Bank Kenya Plc
- Account Name: First Assurance Company Limited
- Account Number: 2034405878
- Branch code: 106
- Branch Name: Sarit Centre
- Swift code: BARCKENX

IPF PAYMENT:

- Maximum of 4 installments.

PAYMENT PLAN:

For premiums above 1,000,000. We allow up to a maximum of 3 installments:

- 40% on inception.
- 30% after 30 days.
- 30% after 60 days.

EMERGENCY CONTACTS

- For Medical emergencies: medical@firstassurance.co.ke
- 24 hour call center: We have a team of nurses and clinical staffs 24 hrs to attend to any query or give guidance-Pilot numbers 0709-122000 / 0709-544000

For quotations email us: medicalunderwriting@firstassurance.co.ke

or scan the below QR code



Our branches



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