

Thursday, 04 July 2024



CORPORATE HEALTH INSURANCE COVER

SCOPE OF COVER

CLIENT NAME	GRIA BASKETBALL GROUPS
POLICY PERIOD	
INTERMEDIARY	GRANATE REALITY INSURANCE AGENCY

OUR STRENGTH:

- ✓ Superior Client service
- ✓ Comprehensive/Flexible & Innovative products
- ✓ Wide geographical coverage

04 July 2024

GRIA BASKETBALL GROUPS
NAIROBI, KENYA

Dear Sir,

RE: GRIA BASKETBALL GROUPS MEDICAL INSURANCE PROPOSAL

We refer to your request for our corporate health insurance Proposal. Thank you for your interest in our products.

We are glad to propose our Corporate Health Insurance cover customized to the specific needs of your organization.

The GRIA Corporate Health Insurance product provides a tailor-made comprehensive & flexible solution with several options as highlighted below:

- a) Inpatient as the primary benefit to cater for hospitalization costs.
- b) Maternity Caters for normal delivery, elective and subsequent caesarean sections.
- c) Covid 19 Cover caters for Covid19 (critical cases requiring hospitalization)
- d) Outpatient for routine outpatient services, consultations, diagnostics and drugs.
- e) Dental cover for routine dental consultations, extractions, fillings.
- f) Optical cover for optical consultations, prescribed lenses and frames.

We also have below key value-added services that enhance your cover:

- **Fund Management:** an option where PACIS manages an estimated fund amount to cater for costs for conditions other than inpatient.
- **Wellness & Chronic Disease Management Program;** that assists the insured member with chronic conditions to access specialists, diagnostics, free drug deliveries, follow ups to improve health outcomes.
- **Passive War /Terrorism and Political Violence treatments:**

We offer excellent services through:

- a) **Robust Technology Applications:** Our robust technology platforms ensure seamless service and reduce cases of fraud, misuse, over-utilization and overcharging through our thorough claims vetting and medical audit processes ensuring effective management of client benefits.
- b) **Provider Network:** We have a countrywide network of service providers that is continuously updated to meet your needs. Overseas referral is also available in accredited facilities.

Kindly review this quotation. We are available to discuss and shall be glad to present to you further. Sincerely,

Nathaniel Mukoma

Medical
Department

A. SUMMARY OF BENEFITS

Benefit	Inpatient	Maternity	Last Expense	Outpatient	Dental	Optical
Scope	Per Family	Per Family	Per family	Per Family	Per Family	Per Family
Specifics	Standalone	Within Ip	Within Ip	Standalone	Within Op	Within Op
Option 1	200,000	40,000	50,000	40,000	5,000	5,000
Option 2	500,000	75,000	50,000	50,000	10,000	10,000
Option 3	750,000	100,000	80,000	100,000	20,000	20,000
Option 4	1,000,000	120,000	100,000	150,000	30,000	30,000

B. INPATIENT COVER SCOPE

Cover	Limit per annum	Standalone / Sub-Limit
Overall Inpatient Limit	Option 1: Kshs. 200,000 per family Option 2: Kshs. 500,000 per family Option 3: Kshs. 750,000 per family Option 4: Kshs. 1,000,000 per family	Standalone
Overall Services Offered	The services below are covered. For conditions with sub-limits, the services shall be covered up to the specified sub-limits; <ul style="list-style-type: none"> Hospital Accommodation Charges Doctor's (Physician, Surgeon & Anesthetist) fees. 	Sublimit of Inpatient
Bed Limits net of NHIF <ul style="list-style-type: none"> Admission is subject to availability of the benefit at the time of admission. Cost of upgrade to a higher room limit will be borne by the member. Total bills will be paid net of NHIF & members not registered will bear the NHIF cost 	General ward bed	Sub-limit of Inpatient or sublimit if applicable Limit per night
Lodger Fee for Accompanying Parent/Guardian	Children 12 Years and below	Sub-limit of Inpatient
Emergency Evacuation Within East Africa	Road Ambulance	Sub-limit of Inpatient or sublimit if applicable
Acute Illnesses, and Accidents (Injuries resulting from playing basketball or related to Playing basketball will be excluded under the medical cover. This will be catered for in a separate personal accident cover)	Full Inpatient Limit	Sub-limit of Inpatient
Pre-existing conditions and Chronic illnesses, gynecological conditions HIV/AIDS Conditions, Organ Transplant (cost of donor or securing the organ is excluded) Disclosed pre-existing/chronic conditions include hypertension,	Option 1: Kshs. 100,000 per family Option 2: Kshs. 150,000 per family Option 3: Kshs. 200,000 per family Option 4: Kshs. 250,000 per family	Sub-limit of Inpatient

asthma, diabetes mellitus, arthritis, pre-existing surgical conditions etc. This benefit does not take care of the other specific exclusions in the policy including but not restricted to nondisclosed pre-existing conditions.		
Newly diagnosed Chronic conditions This is a chronic condition whose onset of symptoms or diagnosis is medically proven to be new and have started after the expiry of 90 days from the policy commencement date or cover upgrade date.	Initial/first hospitalization: Covered to the full inpatient limit. Subsequent Hospitalization/ treatment covered within chronic & pre-existing.	Sub-limit of Inpatient
Psychiatric and Psychological Illnesses	Option 1: Kshs. 40,000 per family Option 2: Kshs. 50,000 per family Option 3: Kshs. 100,000 per family Option 4: Kshs. 150,000 per family	Sub-limit of Inpatient
Post Hospitalization 21 days after discharge (On Reimbursement)	Option 1: Kshs. 15,000 per family Option 2: Kshs. 30,000 per family Option 3: Kshs. 30,000 per family Option 4: Kshs. 30,000 per family This benefit shall cover a period of 3 weeks after discharge and will be on reimbursement basis.	Sub-limit of Inpatient
Prematurity, congenital and Neonatal conditions.	Option 1: Kshs. 50,000 per family Option 2: Kshs. 100,000 per family Option 3: Kshs. 150,000 per family Option 4: Kshs. 200,000 per family	Sublimit of pre-existing/chronic benefit
Non - accidental dental in-patient illnesses.	Option 1: Kshs. 50,000 per family Option 2: Kshs. 100,000 per family Option 3: Kshs. 150,000 per family Option 4: Kshs. 200,000 per family	Sub-limit of Inpatient
Non - accidental Ophthalmic in-patient illnesses, includes cover for cataract operations. Includes laser eye surgery	Option 1: Kshs. 50,000 per family Option 2: Kshs. 100,000 per family Option 3: Kshs. 150,000 per family Option 4: Kshs. 200,000 per family	Sub-limit of Inpatient
Accident Related Dental and Optical treatment	Full Inpatient Limit	Sub-limit of Inpatient
Last Expense. A cash benefit payable to the nominated beneficiary.	Option 1: Kshs. 50,000 per family Option 2: Kshs. 50,000 per family Option 3: Kshs. 80,000 per family Option 4: Kshs. 100,000 per family	Sub-limit of Inpatient
Passive War /Terrorism and Political Violence treatments	Full inpatient limit	Sub-limit of Inpatient
Home Nursing (Subject to Pre-authorization)	Subject to condition sub-limit	Sub-limit of Inpatient
First Ever Emergency Caesarean Section	Option 1: Kshs. 75,000 per family Option 2: Kshs. 120,000 per family Option 3: Kshs. 150,000 per family	Sub-limit of Inpatient

	Option 4: Kshs. 150,000 per family	
Maternity related complications	Option 1: Kshs. 40,000 per family Option 2: Kshs. 75,000 per family Option 3: Kshs. 100,000 per family Option 4: Kshs. 120,000 per family	Sub-limit of Inpatient
Territorial Limit	East Africa Smart Card usage is dependent on cross country portability. Where portability does not exist, then member will pay & claim.	
Visits abroad; Cover Outside Territorial Limit	Covered on reimbursement for all categories up to 42 days per trip for emergency illnesses and accidents occurring when a member is on business or leisure travel upon prior notification to the company.	
Treatment abroad / Overseas referrals	Overseas referral for treatments not locally available on reimbursement basis. Travel and hotel accommodation are not covered. Pacis must be notified for authorization. Referral to Western Europe, Australia, USA & Canada is excluded. Pacis will make credit arrangements for referrals to India	
Day care procedures that don't require Admissions	Fully Covered. Procedures under local anesthesia is considered an outpatient case	Sub-limit of Inpatient or sublimit if applicable
Hospital Panel	Pacis Budget Panel with access to Coptic hospital	

1.1 Services Covered Under Inpatient & Day Patient

Below services are catered for under inpatient hospitalization, and day patient.

- a) Hospital Accommodation Charges.
- b) Doctor's fees; Physician, Surgeon & Anesthetist.
- c) ICU/HDU and Theatre charges.
- d) Drugs/Medicines, Dressings and Internal Surgical appliances.
- e) Pathology, X-ray, Ultrasound, ECG and Computerized Tomography (CT), PET Scan, MRI Scans.
- f) Radiotherapy and Chemotherapy.
- g) In-patient Physiotherapy.
- h) Emergency evacuation subject to overall cover limit.
- i) Day care surgery
- j) Home nursing care

Maternity;

Caters for normal delivery, elective and subsequent caesarean sections. It also covers maternity related complications unless a separate maternity related complications benefit is purchased.

Maternity and first ever emergency caesarian section benefits are mutually exclusive.

Scope	Limit per family per annum	Standalone/ sub- limit
Overall Limits	Option 1: Kshs. 40,000 per family Option 2: Kshs. 75,000 per family Option 3: Kshs. 100,000 per family Option 4: Kshs. 120,000 per family	Within Ip
Normal Delivery, Elective & subsequent Caesarean sections		

C. COVID 19 COVER SCOPE

1. COVID-19 Testing

Testing of covid 19 shall be covered as per our list of service providers that have covid 19 testing centers up to a maximum of Kshs. 15,000 per person per annum within outpatient.

Mandatory criteria for Covid 19 Testing:

1. It must be medically necessary i.e., patient with relevant symptoms or pre-admission screening.
2. It must be prescribed by a doctor.
3. It must be preauthorized by Pacis Insurance company.

Covid 19 Testing Exclusions:

1. Self-prescribed/self-requested tests
2. Mass/Group testing due to employer requirements or occupational exposure.
3. Testing for asymptomatic patients e.g., following domestic exposure/contact tracing
4. Retesting following an initial positive test; MOH guidelines do not provide for it.
5. Testing as part of travel requirements (COVID certificate)

2. Outpatient Treatment

We shall cater for outpatient treatment for members confirmed to have COVID-19. Home based care shall be covered as per MOH guidelines for asymptomatic/mild cases.

We shall cater for the cost of consultation, lab tests, imaging tests and prescribed drugs up to the full outpatient limit.

3. Inpatient Treatment

We shall provide inpatient coverage for all medically necessary COVID-19 admissions at both public and private hospitals up to the below limit as a sublimit within the overall inpatient benefit.

Inpatient coverage only applies to those who need treatment within a hospital setting. The COVID-19 sublimit provides coverage for the primary admission for COVID-19 and any subsequent admissions for COVID-19 complications.

Benefit Schedule

Benefit	Limit (based on the primary cover)
Inpatient	Covered up to Kshs.250,000 within the inpatient limit or up to the inpatient limit, whichever is lower Overall group limit of Kshs. 2,000,000
Outpatient	Up to the full outpatient limit Tests covered up to Kshs. 15,000 per person per annum

D. OUTPATIENT COVER SCOPE

Overall Outpatient limit:

Outpatient		

Overall Limit	Option 1: Kshs. 40,000 per family Option 2: Kshs. 50,000 per family Option 3: Kshs. 100,000 per family Option 4: Kshs. 150,000 per family	Stand alone
Pre-existing & Chronic Conditions & Illnesses, including HIV, Cancer & Diabetes	To Full Outpatient Limit ARVs covered	Within Outpatient
Vaccines	KEPI vaccines up to maximum 1.5 years	Within Outpatient
Supplements are covered where they have direct action in managing a diagnosed condition.	On Pre-authorization relevant to condition	Within Outpatient
Covid-19 Treatment covered within outpatient.	On Pre-authorization relevant to condition	Within Outpatient
External appliances e.g., ankle braces, Knee braces as medically indicated	On Pre-authorization relevant to condition	Within Outpatient

E. DENTAL COVER SCOPE

Dental limit per family	Standalone / Sub-Limit
Option 1: Kshs. 5,000 per family Option 2: Kshs. 10,000 per family Option 3: Kshs. 20,000 per family Option 4: Kshs. 30,000 per family	Within Op
Anesthetist's fees, Hospital and Operating theatre cost, Fillings, Extraction, Root canal, Scaling/ Cleaning necessitated by a medical condition and prescribed by our appointed dentist.	Within Dental
Dental Exclusions Crowns, Caps, Bridges, Orthodontics, Dentures, Self-prescribed scaling. Replacement or repair of old dentures bridges and plates unless damage to dentures, bridges and plates becomes necessary as a result of accident.	

F. OPTICAL COVER SCOPE

Optical	Limit per family	Standalone / Sub-Limit
Overall Limit	Option 1: Kshs. 5,000 per family Option 2: Kshs. 10,000 per family Option 3: Kshs. 20,000 per family Option 4: Kshs. 30,000 per family	Within Op
Frame limit	Kshs.5,000 within the optical limit	Frame covered once every 2 years
Optical Service, Frames, Lenses Optical Exclusions: Laser correction of eyesight, Plano lenses		Within Optical

G. EXCLUSIONS

1. **Suicide, Intentional self-injury, drunkenness and drug abuse (Unless related to Mental Disorder),**
2. **War whether declared or not.**
3. **Radioactive / nuclear fallout.**
4. **Experimental treatment.**
5. **Infertility and impotence.**
6. **Expenses that can be recovered from any other insurance. E.g., NHIF.**
7. **Claim from members whose application contains willful misstatement or withholding of material information.**
8. **Treatment by any other than a qualified and registered medical practitioner.**
9. **Cosmetic surgery unless to correct traumatic body injuries after an accident.**
10. **Use of harmonic shears, thunder beat and ligature for surgical procedures.**
12. **Weight management treatments and drugs**
13. **Hazardous sports e.g., bungee jumping, paragliding**
14. **Self-referred or self-prescribed treatment.**
15. **Alternative treatment – Acupuncturist, Herbalists, Chiropractors.**
16. **Contamination by radio activity from nuclear fuel, waste or fission.**
17. **Nerve blocks prescribed as treatment in pain management unless preauthorized.**
18. **Supplements prescribed unless necessitated by a written diagnosis which must be preauthorized.**
19. **Baby food, bite guards, sunscreens, shampoos, skin cleansing remedies, Moisturizers, soaps and lotions.**
20. **Laser eye correction (LASIK).**
21. **Diagnostic equipment e.g., Glucometers, BP machines.**
22. **Private vaccines e.g., flu vaccine, meningitis vaccine.**
23. **Injuries resulting from playing basketball will be excluded under medical cover.**

This will be catered for in a separate personal accident cover

*This list is not exhaustive please refer to the policy document

H. GENERAL TERMS AND CONDITIONS

GENERAL TERMS AND CONDITIONS	
Eligibility	<p>Person(s) from birth to sixty-four (64) years can join the scheme. Existing members remain in the scheme up to the age of seventy (70). Dependents include spouse, own children, legally adopted and foster children aged from birth to 21 years. Children over the age of 21 but below 25 years will be covered under their families if proof of schooling is provided.</p> <p style="background-color: yellow;">A minimum of 30 principal members will be required per facility.</p> <p>We shall allow children to join the cover from birth, upon notification.</p> <ul style="list-style-type: none"> ● Premature babies, babies with congenital conditions and birth trauma shall be covered under the congenital conditions or neonatal benefit, based on the medical condition and cover availability. ● Birth Notification shall be sent to us within 7 days, baby is introduced by way of filing an application form and the respective additional premiums thereon are paid within 14 days.
Waiting Periods	<ul style="list-style-type: none"> ● There is a waiting period of twenty-eight (28) days) for all non-surgical claims and 120 days for all surgical claims in respect of the Insured
NHIF	<ul style="list-style-type: none"> ● All eligible members must have valid NHIF membership. Eligible members in this case imply Kenyan citizens in formal employment. ● Hospital bills shall be undertaken net of NHIF where applicable and will be advised from time to time by the scheme administrator according to NHIF guidelines. ● All admissions/hospitalizations are done net of NHIF rebates.

	<ul style="list-style-type: none"> • Mid-term addition of members to the policy will attract additional premium. Invoices for these additions are payable in full. Invoices will be issued monthly. The premium charged for additional members shall be prorated. • Premiums will be prorated up to the sixth month, six-month premiums will be applicable for the last half of the year. • Premium shall be refunded on a prorated basis for mid-term resignation subject to no claims recorded. The credit notes shall be issued 90 days from the deletion date.
Hospitalization costs and professional fees	Will be as per pre-negotiated tariffs between the Company and its service providers, and subject to the Company's reasonable and customary rates.
Territorial Limit	<p>East Africa Smart Card usage is dependent on cross country portability.</p> <ul style="list-style-type: none"> • Where portability does not exist, then member will pay & claim
Policy Validity	<ul style="list-style-type: none"> • This policy is valid for one (1) year as specified above, unless cancelled by either party by giving a one (1) month notice.
Overseas referral	<ul style="list-style-type: none"> • Treatment(s) not available locally as determined by an independent doctor appointed by PACIS will be to a medical facility approved by Pacis Insurance company and excludes Western Europe, Australia, USA, South Africa and Canada. • All referral costs are subject to the overall limit/ sublimit if applicable. • Overseas referral for treatments not locally available shall be on reimbursement basis apart from India where Pacis will make credit arrangement. Travel and hotel accommodation are not covered. • Pacis must be notified for authorization.
Exceeded benefits	<ul style="list-style-type: none"> • The member shall be liable for benefits utilized beyond the limit of cover.
Administration	<p>Cards:</p> <ul style="list-style-type: none"> • Medical Cards shall be issued to all members of the scheme. <p>Healthcare Providers:</p> <ul style="list-style-type: none"> • Restricted to only Pacis Insurance Panel of providers within the territorial scope.
Access to Specialists	<ul style="list-style-type: none"> • Access to Specialists is not restricted, provided they are within Pacis Insurance Panel of service providers.

Reimbursements	<ul style="list-style-type: none"> ● We encourage members to adhere to Pacis panel of providers. Reimbursement is not allowed except in cases of genuine medical emergency in a setting where no appointed service provider is available. ● In any case of allowable inpatient reimbursement, we will only refund 100% Subject to PACIS customary & reasonable rates. (<i>Negotiated tariffs with our appointed providers will be used</i>) ● The Outpatient reimbursements will be as below: <ul style="list-style-type: none"> ○ Consultations; GP – Kshs.2,000, Specialist- Kshs.3,000, Pediatrician & gynecologists will be 100% of PACIS customary & reasonable rates for doctors’ fees for both in and outpatient services. ○ Diagnostics, lab, x-ray, and medicines will be at 100%. ● All claims sent for reimbursement must have the following attached: <ul style="list-style-type: none"> ○ Claim form duly signed by both the member and the provider and stamped by the provider ○ Copy of prescription, Laboratory tests and X-ray services done with breakdown of each item billed if not indicated in the claim form. ○ Receipts of payment made stamped by the provider.
	<ul style="list-style-type: none"> ○ Mode of payment



I. PREMIUM SCHEDULE

Option 1

Type of Benefit	Benefit Limit
Inpatient	Kshs.200,000
Maternity - Within IP	Kshs.40,000
Outpatient	Kshs.40,000
Dental - Within OP	Kshs.5,000
Optical - Within OP	Kshs.5,000

Benefit Type	Cover Limit	Family Size	Ip Rate	OP Rate	Premium inclusive of levies
Inpatient	200,000	M	9,636	13,311	23,050
Outpatient	40,000	M+1	15,399	20,134	35,693
Maternity - Within IP	40,000	M+2	17,945	25,262	43,401
Dental - Within OP	5,000	M+3	20,869	30,389	51,489
Optical - Within OP	5,000	M+4	23,794	35,517	59,578
		M+5	26,718	39,483	66,499

Option 2

Type of Benefit	Benefit Limit
Inpatient	Kshs.500,000
Maternity - Within IP	Kshs.75,000
Outpatient	Kshs.50,000
Dental - Within OP	Kshs.10,000
Optical - Within OP	Kshs.10,000

Benefit Type	Cover Limit	Family Size	Ip Rate	OP Rate	Premium inclusive of levies
Inpatient	500,000	M	12,226	13,604	25,946
Outpatient	50,000	M+1	19,539	23,517	43,250
Maternity - Within IP	75,000	M+2	22,769	29,716	52,721
Dental - Within OP	10,000	M+3	26,833	32,414	59,514
Optical - Within OP	10,000	M+4	30,897	38,613	69,823
		M+5	34,961	41,311	76,615

Option 3

Type of Benefit	Benefit Limit
Inpatient	Kshs.750,000
Maternity - Within IP	Kshs.100,000
Outpatient	Kshs.100,000
Dental - Within OP	Kshs.20,000
Optical - Within OP	Kshs.20,000

Benefit Type	Cover Limit	Family Size	Ip Rate	OP Rate	Premium inclusive of levies
Inpatient	750,000	M	15,442	26,445	42,075
Outpatient	100,000	M+1	24,680	45,717	70,714
Maternity - Within IP	100,000	M+2	28,759	54,962	84,098

Dental - Within OP	20,000	M+3	33,094	65,806	99,345
Optical - Within OP	20,000	M+4	37,430	76,651	114,594
		M+5	41,765	87,496	129,843

Option 4

Type of Benefit	Benefit Limit
Inpatient	Kshs.1,000,000
Maternity - Within IP	Kshs.120,000
Outpatient	Kshs.150,000
Dental - Within OP	Kshs.30,000
Optical - Within OP	Kshs.30,000

Benefit Type	Cover Limit	Family Size	Ip Rate	OP Rate	Premium inclusive of levies
Inpatient	1,000,000	M	18,802	30,909	49,935
Outpatient	150,000	M+1	30,051	53,432	83,859
Maternity - Within IP	120,000	M+2	35,018	67,516	102,995
Dental - Within OP	30,000	M+3	39,985	81,599	122,131
Optical - Within OP	30,000	M+4	44,953	95,683	141,269
		M+5	49,919	109,766	160,404

Important notes:

- A minimum of 30 principal members will be required for the cover to commence.
- The premiums are on an annual basis and are payable annually in advance once the cover is accepted. Additional premiums will be paid for new members and/or dependents joining the scheme while the policy is running.
- The total premium quoted is inclusive of levies.
- Pacis reserves the right to review the premium rates and any other condition given above upon adequate notice.

The quotation is valid for 30 days. Any changes in the proposed cover limit, benefits, period, or size will result in a change of benefits and premium.

We will be glad to answer any queries you may have on the proposal of the scheme. We look forward to hearing from you favorably.

Prepared by:

Name: Nathaniel Mukoma

Signature: 

Date: July 4, 2024

Medical Business

NB: The details herein are only a summary of the cover for quick and easy reference. All other terms and conditions are contained in the policy document and or any endorsements thereto.

