

MEDICAL INSURANCE PRODUCT GUIDE

FOR CORPORATE CLIENTS WITH 5 TO 19 PRINCIPAL MEMBERS

Our Medical Insurance products offer an unparalleled level of cover with the following key highlights:

- **Variety** of plans for both In-patient and Out-patient cover.
- **Membership for Life.**
- To cater for **Small & Medium Sized Companies** we have a **low joining number of 5** principal members
- **No waiting period** for Companies **transferring** from another scheme
- 24 hour medical emergency call centre.
- Chronic conditions covered.
- **Maternity cover** includes **home deliveries** and **Lamaze classes**. **Ante natal visits** are covered from Out-patient benefit and not maternity limit, leaving the limit available for delivery bills.
- **New Babies born after 38 weeks of gestation to full term** (and discharged from Hospital) can join immediately after birth.
- **New Born Baby Illness** covers babies born prematurely, for illness after birth and before discharge.
- **Dental Illness** is covered.
- **Lodger fee** for parent accompanying children upto 10 years of age.
- Our Value Plans have a **Worldwide Travel Cover Benefit**.



**RESOLUTION
INSURANCE**
General | Medical

VALUE PLANS - ENHANCED IN-PATIENT BENEFITS (PER PERSON)

PRODUCT NAME	PREMIER PLUS PLAN	PREMIER PLAN	EXECUTIVE PLAN
ANNUAL LIMIT IN KENYA SHILLINGS THAT COVERS THE FOLLOWING:	10,000,000	5,000,000	2,500,000
Bed allowance per day	Standard Ensuite	Private room without bath and basin	Ward Bed
Inpatient Services	Covered	Covered	Covered
Dental Illness cover	85,000	85,000	85,000
Ophthalmology Cover	Covered	Covered	Covered
Maternity Cover (Normal and Caesarean Section) for Principal Member or Spouse - includes Home Deliveries & Lamaze Classes	250,000	150,000	100,000
New Born Baby Illness Cover (Sublimit is from mother's annual limit if eligible for Resolution maternity benefit)	100,000	100,000	100,000
Declared pre-existing & Congenital conditions and Psychiatric illness Cover (All Under One Sublimit)	1,000,000	750,000	500,000
Chronic conditions	5,000,000	2,500,000	1,250,000
Annual Well Person Check Up (For Adults)	Covered	Covered	Covered
Organ Transplant	Covered	Covered	Covered
Daily Cash on illness & accident admissions applicable after 3 days of admission upto 180 days	2,500 per day	2,500 per day	1,250 per day
Emergency evacuation and ambulance services	Covered	Covered	Covered
International Emergency Cover	Covered	Covered	Covered
Overseas Evacuation & Treatment	Covered	Covered	Covered
Rehabilitation Cover	Within 30 days of discharge upto a maximum of Kshs 30,000	Within 30days of discharge upto a maximum of Kshs 30,000	Within 15 days of discharge upto a maximum of Kshs 15,000
Home Care Services	Covered	Covered	Covered
ADDITIONAL BENEFITS			
Funeral expense	100,000	100,000	100,000
Personal Accident Cover (for adults)	2,000,000	1,000,000	500,000
Critical Illness (a sublimit of Personal Accident cover)	500,000	500,000	250,000
Child guard cover (For children)	100,000	100,000	100,000
Travel Cover	World-wide	World-wide	World-wide

All Limits are in Kenya Shillings.

*Members on Value Plans have access to the **Enhanced Medical Service Provider List**.*

VALUE PLANS - ENHANCED IN-PATIENT BENEFITS (PER PERSON)

PRODUCT NAME	SUPERIOR PLAN	ADVANTAGE PLAN
ANNUAL LIMIT IN KENYA SHILLINGS THAT COVERS THE FOLLOWING:	2,000,000 (Kshs 1,000,000 Illness, Kshs 1,000,000 Accident)	Kshs 1,500,000 (Kshs 500,000 Illness, Kshs 1,000,000 Accident)
Bed allowance per day	Ward Bed	Ward Bed
Inpatient Services	Covered	Covered
Dental Illness cover	85,000	85,000
Ophthalmology Cover	Covered	Covered
Maternity Cover (Normal and Caesarean Section) for Principal Member or Spouse - includes Home Deliveries & Lamaze Classes	75,000	50,000
New Born Baby Illness Cover (Sublimit is from mother's annual limit if eligible for Resolution maternity benefit)	75,000	50,000
Declared pre-existing & Congenital conditions and Psychiatric illness Cover (All Under One Sublimit)	350,000	250,000
Chronic conditions	500,000	250,000
Annual Well Person Check Up (For Adults)	Covered	Covered
Organ Transplant	Covered	Nil
Daily Cash on illness & accident admissions applicable after 3 days of admission upto 180 days	1,250 per day	1,250 per day
Emergency evacuation and ambulance services	Covered	Covered
International Emergency Cover	Covered	Covered
Overseas Evacuation & Treatment	Covered	Covered
Rehabilitation Cover	Within 15 days of discharge upto a maximum of Kshs 15,000	Within 15 days of discharge upto a maximum of Kshs 15,000
Home Care Services	Covered	Covered
ADDITIONAL BENEFITS		
Funeral expense	100,000	100,000
Personal Accident Cover (for adults)	500,000	500,000
Critical Illness (a sublimit of Personal Accident cover)	250,000	Nil
Child guard cover (For children)	100,000	100,000
Travel Cover	World-wide	World-wide

All Limits are in Kenya Shillings.

*Members on Value Plans have access to the **Enhanced Medical Service Provider List**.*

ANNUAL LIMIT IN KENYA SHILLINGS THAT COVERS THE FOLLOWING	Kshs 5 Million and Above	Kshs 2 Million to < 5 Million	Kshs 1 Million to < Kshs 2 Million	Kshs 500,000 to < 1 Million	Kshs 100,000 to < Kshs 500,000
Hospital	Enhanced Medical Service Provider List	Enhanced Medical Service Provider List	Enhanced Medical Service Provider List	Enhanced Medical Service Provider List	Enhanced Medical Service Provider List
Bed allowance per day	Standard private room (up to Kshs 15,000)	Standard private room (up to Kshs 10,000)	Ward Bed	Ward Bed	Ward Bed
Inpatient Services	Covered	Covered	Covered	Covered	Covered
Dental Illness cover	85,000	55,000	35,000	25,000	15,000
Ophthalmology	Covered	Covered	Covered	Covered	Covered
Maternity (Normal and Caesarean Section) for Principal Member or Spouse - Including Home deliveries & Lamaze classes	150,000	100,000	75,000	50,000	50,000
New Born Baby Illness Cover (Sublimit is from mother's annual limit if eligible for Resolution maternity benefit)	150,000	100,000	75,000	50,000	50,000
Declared pre-existing & Congenital conditions and Psychiatric illness Cover (All Under One Sublimit)	750,000	500,000	350,000	250,000	50% of IP limit
Chronic conditions	50% of IP Limit	50% of IP Limit	50% of IP Limit	50% of IP Limit	50% of IP Limit
Annual Well Person Check Up (For Adults)	Covered	Covered	Covered	Covered	Covered
Organ Transplant	Covered	Covered	Covered	Covered	Covered
Emergency evacuation and ambulance services	Covered	Covered	Covered	Road Ambulance only	Road Ambulance only
International Emergency Cover	Covered	Covered	Covered	Nil	Nil
Rehabilitation Cover	Within 30 days of discharge upto a maximum of Kshs 30,000	Within 30 days of discharge upto a maximum of Kshs 30,000	Within 15 days of discharge upto a maximum of Kshs 15,000	Within 15 days of discharge upto a maximum of Kshs 15,000	Within 15 days of discharge upto a maximum of Kshs 15,000
Home Care Services	Covered	Covered	Covered	Covered	Covered
ADDITIONAL BENEFITS					
Funeral Expense (Shared Per Family)	100,000	100,000	50,000	50,000	50,000

All Limits are in Kenya Shillings and exclusive of 0.45% (training levy & policy holders fund) contribution.

Out-patient Plan	Plan 150	Plan 100	Plan 75	Plan 50	Plan 35
Annual Limit	Kshs 150,000	Kshs 100,000	Kshs 75,000	Kshs 50,000	Kshs 35,000

Members have access to the Resolution Insurance **Enhanced Medical Provider List**.

This cover includes the following Outpatient services:

- ◆ Outpatient consultations
- ◆ Diagnostic examinations
- ◆ Injections and procedures performed at a primary care level in a doctor’s consultation room
- ◆ Prescribed medicines
- ◆ X-rays, laboratory, scans and MRI
- ◆ Antenatal & Postnatal care
- ◆ Minor trauma treatment
- ◆ Well baby check-ups inclusive of KEPI Immunization Programme at our selected well baby clinics only.
- ◆ HIV services
 - ◆ Adherence and nutritional counseling
 - ◆ Follow-up every 3months
 - ◆ Prevention of mother to child Transmission (PMTCT)
 - ◆ ARV’s and Monitoring
 - ◆ Opportunistic infections
- ◆ **Baby friendly vaccines** as a benefit to the member child up to a sublimit of Kshs 20,000 from their outpatient benefit (Pre-authorization is required).

NOTES

- ◆ Authorization must be obtained in advance from Resolution Insurance in respect of chemotherapy, radiotherapy, MRI and CT scans and haemodialysis.
- ◆ Out-patient HIV services will be obtained at our selected HIV Comprehensive Care Clinics (List Available).
- ◆ Service Access will be via Resolution Insurance Membership Card.
- ◆ Sub-Limit for Declared Pre-existing conditions is 100% of member’s Out-patient cover limit.
- ◆ Co-payment is levied on visits to particular Medical Service Providers, their branches and satellite clinics.
- ◆ Maximum allowable Out-patient limit to be purchased should not exceed 50% of In-patient limit.

CO-PAY STRUCTURE IS AS FOLLOWS:

Out-patient Co-Pay of **Kshs. 1,000** for all Out-patient visits at: **The Nairobi Hospital, Aga Khan University Hospital - Nairobi, MP Shah Hospital (Social Service League), The Karen Hospital** and all their Branches and satellite clinics.

Out-patient Co-pay of **Kshs. 500** for all Out-patient visits at: **Gertrude’s Garden Children’s Hospital, Mater Hospital, Nairobi Women’s Hospital, Aga Khan Hospital - Mombasa, Aga Khan Hospital - Kisumu, AAR Health Services Limited** and all their branches and satellite clinics.

OPTIONAL BENEFITS

Dental & Optical Plans Limits								
Limits in Kshs.	10,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000

OPTICAL PLAN

The services covered are:

- ◆ Routine optical consultations
- ◆ Prescription of frames
- ◆ Prescribed lenses and replacement of lenses
- ◆ Optical Prescriptions

DENTAL PLAN

The services covered are:

- ◆ Consultation
- ◆ Extractions
- ◆ Fillings (except precious metals)
- ◆ Scaling
- ◆ Dental X-Rays
- ◆ Dental Prescriptions
- ◆ Crowning
- ◆ Bridging
- ◆ Braces

HOSPITAL CASH

Hospital cash is an amount paid each day of hospitalization. Applicable after 3 days of admission up to a maximum of 180 days.

Limit per night in Kshs.	500	1,000	2,000
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For principal members only.

FUNERAL EXPENSE

Funeral Expenses is an amount paid to the family incase of death of the insured.

Annual Limit in Kshs.	50,000	100,000	150,000	200,000
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NOTE:

- ♦ The riders above if purchased must be purchased for every member/family in the scheme. Riders cannot be purchased for selected members of the scheme.
- ♦ **Dental and Optical cover** options are available to members who have purchased any Resolution Insurance Out-patient plans. Authorization is required.
- ♦ If Out-patient is funded, the dental and optical riders will be claimed from the fund amount.
- ♦ Funeral expense must be purchased in accompaniment with In-patient.
- ♦ Purchase of the standalone benefits overrides the inbuilt benefit in value plan.

PERSONAL ACCIDENT

The personal accident cover provides compensation for death following an accident, permanent total disability(PTD) or critical illness. Child guard is a Personal Accident cover for children..

BENEFIT	Child Guard	Student / Intern Cover	Option1	Option2	Option3	Option4	Option5	Option6	Option7	Option8
Death	100,000	200,000	500,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,000,000	10,000,000
Permanent Total Disablement	100,000	200,000	500,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,000,000	10,000,000
Temporary Total Disablement (Per Week Max 104 Weeks)	N/A	N/A	2,000	2,000	2,500	3,500	4,000	5,000	6,000	7,000
Critical illness	N/A	N/A	N/A	250,000	500,000	500,000	500,000	500,000	500,000	500,000
Accidental Medical Expenses	20,000	25,000	35,000	35,000	50,000	100,000	100,000	100,000	150,000	200,000
Funeral Expenses	20,000	25,000	30,000	30,000	30,000	50,000	50,000	50,000	50,000	100,000
Hospital Cash	N/A	N/A	1,500	1,500	2,000	2,500	3,000	5,000	6,500	8,000
Artificial Appliances	15,000	15,000	15,000	15,000	15,000	20,000	25,000	30,000	40,000	50,000
Tuition during incapacitation (Per Week Max 5 weeks)	10,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

All Rates and Limits are in Kenya Shillings and exclusive of 0.45% (training levy & policy holders fund) contribution.

Purchase of the standalone benefits overrides the inbuilt benefit in value plan.

DEFINITIONS APPLICABLE:

- ♦ **Death** - Meaning loss of life as a result of an accident.
- ♦ **Permanent Total Disability** - Means inability to engage in any occupation for which the employee is reasonably qualified by education, training or experience as a result of an accident.
- ♦ **Temporary Total/Partial Disablement** - Means temporary inability to engage in ones occupation. (Excluding the first seven days)
- ♦ **Accidental Medical Expense** - Any medical expense incurred as a result of an accident.
- ♦ **Funeral expenses** - Amount paid to the family incase of death of the insured.
- ♦ **Hospital Cash** - Amount paid after 3 days of admission following an accident. Usually paid in lump sum after discharge.
- ♦ **Artificial Appliances** - Includes but not limited to walking crutches, wheel chairs, arm strings, neck support, back bands and similar items required by injured employee to support life functions.
- ♦ **Tuition** - Tuition costs while incapacitated (For 3 years to 18 years).

Membership Eligibility

- ◆ **Age Definition:** Child: New Babies born after 38 weeks of gestation to full term to 18 years.
Adult: 19 years and above.
- ◆ **Joining Age** is from birth (38 weeks of gestation to full term) up to 64 years of age.
- ◆ **In case of a child born prematurely**, membership shall commence one month from the date the child ought to have been born full term.
- ◆ **Child applicants** must join under a parent or adult guardian
- ◆ **Adult Dependant** (except the spouse) are required to fill in their own application forms
- ◆ **All new applicants over 50 years** will be required to undergo a Medical Examination at specific providers prior to being accepted as members. This will be at the applicant's cost.
- ◆ **Members aged 65 years and above** are only covered on renewal and are required to undergo a medical examination annually before each renewal. This will be at the applicant's cost, however, members with Annual Well person Check Up Benefit can utilize this benefit before the cover end date.
- ◆ **At the time of application for membership**, the applicant must have been discharged from hospital should there have been an admission.
- ◆ Full disclosure of all medical information is mandatory. Failure to disclose means the member will be terminated with no option for a refund.

Medical Service Access

- ◆ All In and Out-patient services can only be obtained from our **appointed Medical Service Providers** as per the plan purchased. These lists are subject to change from time to time. We currently have over 850 hospitals, clinics, doctors and other healthcare providers across East Africa.
- ◆ Members have access to the Resolution Insurance **Enhanced Medical Provider List** and **Standard Medical Provider List** as per plan selected.
- ◆ **Frontline List:** Services can be accessed directly from these providers.
- ◆ **Referral List:** Services are on referral basis only by a Frontline provider or through Resolution Pre-authorization.
- ◆ Members must present their Resolution Insurance **Membership Card** at the Medical Service Providers for identification.
- ◆ Member validity will be verified by the Medical Service Provider representative prior to service delivery.
- ◆ Members shall be required to sign the Resolution Insurance **Claim Form** at the Medical Service Provider.

Hospitalization Services

Includes the following while the member is hospitalized:

- ◆ Surgical operations and procedures
- ◆ Professional fees
- ◆ Theatre fees
- ◆ Anaesthetics for surgery
- ◆ Assistants at operations
- ◆ Ward accommodation
- ◆ Intensive care and high care units
- ◆ Visits and consultation by a GP and / or Specialist (while hospitalized)
- ◆ X-ray and lab (while hospitalized)
- ◆ Physiotherapy
- ◆ Ultrasound scans (while hospitalized)
- ◆ MRI and CT scan (while hospitalized)
- ◆ Blood transfusion
- ◆ Internal prostheses
- ◆ Medicine dispensed and used in hospital
- ◆ Medicine dispensed on discharge from hospital 100% of cost (maximum of 14 days' supply)

Exceptional Customer Care Services

1. **Care management** - We have a professional care management team that will provide guidance and facilitate access to best possible medical care wherever you may be.
2. **Chronic Disease Management Program** - Through the program, Resolution Insurance facilitates management of chronic illness in conjunction with skilled medical professionals in various specialties.
3. **Medical Advisory services** - Have difficulty in making healthy choices, options or adjustment to healthy lifestyle? Look no further. We would be glad to guide you.
4. **Wellness Programs** - They empower you with knowledge and updates on medical advancements, so that you enjoy quality fulfilling life.

Hospital Admissions

- ◆ All **scheduled hospital admissions** must be reported to Resolution Insurance at least 48 hours prior to admission, while **emergency admissions must** be reported within 24 hours of admission. Please seek written pre-authorization through the contacts at the back of your Resolution Insurance Membership Card.
- ◆ Members are not required to pay any deposits; Resolution Insurance will **co-ordinate admissions** through our existing arrangements with hospitals and doctors on the medical service provider list.
- ◆ Admission will strictly be by **doctors** on our select panel as per our Medical Service Providers list.

DEFINITIONS

- ♦ Resolution Insurance shall pay all approved bills less National Hospital Insurance Fund (**NHIF**) rebates.
- ♦ **Daily cash/Hospital cash** is applicable after 3 days of admission up to a maximum of 180 days except in cases of maternity and pregnancy related admission where it is not applicable. Daily cash payable for admissions under the pre-existing sublimit will be paid from the same sublimit. This benefit is only eligible to working adults.

Home care services

This includes home based health and nursing services provided by visiting professionals such as a nurse, physiotherapist or home health agency. This benefit is provided post discharge where medically necessary. Access is subject to approval and is coordinated by Resolution Insurance Pre-authorization Team. The service is limited to a maximum of 90 days per membership year.

Lodger fee

Lodger fee is an accommodation charge for a parent or guardian accompanying a child up to 10 years of age during an admission.

Maternity Benefit

This includes:

- ♦ In-patient cost incurred for normal and caesarean deliveries
- ♦ Labour and recovery wards
- ♦ Professional fees
- ♦ Pregnancy & Maternity related hospitalization
- ♦ Other related ailments and complications including ectopic pregnancies and miscarriages.
- ♦ Home deliveries (pre-authorization required)
- ♦ Lamaze classes (pre-authorization required)

Waiting periods

- ♦ All membership benefits commence after the waiting period has been served except for hospitalization following an accident, which is covered from the date of commencement of cover.
- ♦ **21 days** waiting period for all Out-patient services.
- ♦ **21 days** waiting period for all illness admissions.
The *21 days* waiting period to be waived if scheme is transferring from another insurer (Provide proof of cover using a renewal notice/renewal invite within 30 days of expiry of previous cover).
- ♦ Chronic conditions diagnosed **within 6 months** of joining shall be covered under the pre-existing limit and are subject to applicable waiting period.
- ♦ **10 months** waiting period for all maternity services and pregnancy related conditions.
- ♦ **10 months** waiting period from the start date for cataract, lipoma and hernia surgeries; myomectomy; adenoidectomy; tonsillectomy; hysterectomy and any treatment for related conditions.
The *10 months* waiting periods to be waived if scheme is transferring from another insurer (Provide proof of cover using a renewal notice/renewal invite within 30 days of expiry of previous cover).

Annual Well Person Check-up Benefits (For Principal & Spouse Only)

- ♦ Annual Well person check up that includes the following:
 - i) Comprehensive History & physical exam
 - ii) Random blood sugar
 - iii) Urea, Electrolytes creatinine (kidney functions)
 - iv) Liver function test
 - v) Stool for occult
 - vi) ECG (Electrocardiogram)
- ♦ Nutritional consultation: One consultation per year
- ♦ Lipid profile: One test per year
- ♦ Pap smear: One test per year for women
- ♦ Mammogram: One test every two years for Women
- ♦ Prostate Cancer (Prostate Specific Antigen, PSA) Screening: One test per year for men.

To access the services above, members are required to contact us for an authorization letter, via the contact details appearing at the back of your Resolution Insurance Membership Card.

These services are only available at selected providers on the Resolution Medical Service Provider List.

International Emergency Cover

- ♦ International emergency cover where applicable is limited to 60 days per membership year and caters for emergency admissions only.
- ♦ All emergencies that arise out of any condition that is subject to a sublimit (stated as per cover plan) will be covered upto the applicable sublimit.

Overseas Evacuation Cover

Overseas evacuation cover only applies in cases where treatment is not available locally and the same must be authorized and arranged by Resolution Insurance.

Emergency Evacuation

Covers transportation of a member from a hospital in one geographical region where adequate medical facilities are not available to an appropriate medical facility as determined by Resolution Insurance. Evacuation shall be provided based on the member's specified benefit limit.

Emergency Ambulance Service

Covers transportation of a seriously ill or injured person from the scene of an accident, or the scene of a medical event, to the nearest hospital or health facility, in order to, receive urgently needed treatment. It does not include transportation to hospital for the routine management of an ongoing medical condition.

Travel Cover

MEMBERS INTERNATIONAL AND INCOUNTRY TRAVEL INSURANCE	Worldwide	Excess
BENEFITS INCLUDED IN MEDICAL PROGRAMMES		
Assistance Services		
24 hour Assistance Helpline	Services	N/A
Emergency Cash Advance	\$2,000	N/A
Consular Referral	Service	N/A
Emergency Travel and Accommodation Arrangements	Service	N/A
Replacement of lost travel documents	Service	N/A
Message Relay	Service	N/A
Section B –Emergency Medical and other expenses		
Emergency Medical Expenses (In-patient & Out-patient)	\$100,000	\$100
Accident Only when travelling by Road - In country (Personal Accident)	\$10,000	Nil
Evacuation and repatriation of mortal remains or funeral expenses	\$5,000	Nil
Coffin Expenses whilst travelling In country	\$500	Nil
Emergency Dental treatment	\$2,000	Nil
Overseas hospital confinement	Yes	Nil
Additional travel and accommodation expenses due to illness	\$2,000	Nil
Compassionate visit overseas	Economy class flight for one family member	Nil
Annual Accumulation Limit	\$100,000	\$100

Note: In country travel - A single trip that is more than 300 kilometres.

- ♦ One must notify Resolution Insurance and get a written approval of cover before the travel benefit can kick in
- ♦ The travel benefit is applicable for travel periods not more than 60 days (cumulative)
- ♦ Terms & Exclusions of Travel Cover available on our website or on request
- ♦ For members with Value Plans, International Emergency Cover and any other medical expenses arising from a trip will be covered under Travel Cover.

Changes To & Cancellation of Membership

- ♦ Any changes to membership can only be made within the first 30 days from the date of commencement of cover as communicated by Resolution Insurance. This is provided that no claims have been incurred.
- ♦ Premium is non-refundable after 30 days of commencement of cover.
- ♦ 80% of premium is refundable in case of cancellation within 30 days of cover commencement date if no claims have been incurred.

Misrepresentation and Fraud

It is a term and condition of membership that at the time of application, the member discloses all medical information whether material or not that is within the member's knowledge.

- ♦ Non-disclosure of any material information will render the membership null and void.
- ♦ Membership terminated as a result of misrepresentation or none disclosure, may result in legal proceedings being instituted to recover monies paid on any claim, under the said membership.
- ♦ The decision to institute such proceedings shall be made by Resolution at its sole discretion.
- ♦ All premiums paid for membership terminated as provided shall be forfeited.
- ♦ The agreement adopts the terms and conditions as provided in the member application form duly completed and signed by the member.
- ♦ It is understood that a breach of any of those terms, conditions and undertaking by the member is automatic breach thereof.

Notes

- ♦ The above plans are for registered corporate companies with a minimum of 5 employees and a maximum of 19 employees.
- ♦ Resolution Insurance shall pay all approved claims less applicable NHIF rebates.
- ♦ **All members of a family will be required to take up the same product line.** Dependants are not allowed to have higher benefits than the principal member. Our products lines are Value plans, Harmony plans, Faidi and Faraja plans.
- ♦ For In-patient, if **Bed allowance**, is note available a client is entitled to a bed not exceeding the bed limit as covered under purchased plan.
- ♦ **New Born Baby Illness Cover** is a benefit under the mother's annual limit if the mother is eligible for maternity benefit. It covers care for babies born prematurely, illness after birth and before discharge.
- ♦ **Personal Accident cover** provides accidental death, permanent total disability (PTD) or critical illness benefit. Child guard is a Personal Accident cover for children. These vary as per plan selected.
- ♦ **The Personal Accident claim** on Death, PTD and Critical Illness, is payable only on one of the benefits and is limited to once in a lifetime.
- ♦ **Recovery of over utilization amounts:** Member /applicants undertake to repay the scheme any amounts paid under circumstances where no benefits were payable under the terms and conditions of the scheme. Acknowledgment should be on the form.
- ♦ **Rehabilitation benefit** includes aiding a member, following an admission due to illness or accident using medically necessary practices to manage their current medical status. A consultant has to confirm in writing that rehabilitation is required:
 - i) Services offered are Physiotherapy services,
 - ii) Hydrotherapy and Post Admission Consultation Reviews.
 - ii) Rehabilitation is subject to a specific number of days, or a sublimit whichever occurs earlier.
- ♦ **External Prosthesis** as an in-patient benefit covered up to Kshs 100,000
- ♦ **Third party recovery:** Where costs incurred are recoverable from a third party, the Member shall facilitate Resolution Insurance involvement to ensure it recovers such costs from and through all relevant parties.
- ♦ **Continuous Resolution membership** means having been on cover with Resolution insurance for consecutive cover cycles (two or more) with no lapses in between cover periods. Once a member lapses, they reapply as new members.
- ♦ A **Pre-existing condition** refers to a medical condition (whether declared or not) of which a member was aware, or in the company's opinion, ought to have known existed prior to becoming member.
- ♦ A **congenital condition** is a genetic, physical or (bio) chemical defect, disease or malformation which may be either hereditary/familial or due to an influence during intra uterine development of the foetus and which may or may not be obvious at birth.
- ♦ A **chronic condition** is defined as an illness that has no known cure; likely to recur; needs prolonged monitoring and treatment by a specialists; is permanent; or is caused by changes in the body that cannot be reversed. Such conditions include *but not limited to:* Arthritis, Hypertension, Diabetes, Asthma, HIV/AIDS and Cancer etc.
- ♦ A **dependant** is defined as:
 - i) A legally married spouse as evidenced by a marriage certificate or affidavit.
 - ii) A child under the age of 18 as evidenced with birth certificates.

MEMBER ACCEPTANCE IS SUBJECT TO MEDICAL UNDERWRITING

- ♦ **Membership only becomes effective after approval of the application and written confirmation of terms by Resolution Insurance; not withstanding the fact that payment may have been received.**
- ♦ Application processing will only commence once ALL application requirements have been received. These are:
 - Premium Payment - Full premium payment must be paid before start date(as per approved invoice)
 - Employer Application Form – Duly completed signed and stamped employer application form. Any alterations must be counter signed
 - Proof of previous cover: Where applicable , Attach Renewal notice or invitation from previous medical scheme as proof of previous cover
 - Official instructions & list of staff & dependants to go on cover
 - Certificate of Incorporation.
 - Corporate and Group schemes Member Application Form - Kindly ensure each of your staff members taking up cover completes and personally signs this form. All questions must be answered and any alterations must be counter signed
 - One Passport size photo for each applicant
 - Medical Examination Report for applicants above 50 years
 - For our Value Plans: All applicants above 19 years are required to complete their own form
 - For our Corporate Plans: We require proof of fulltime student status for dependants between 19-24 years
- ♦ Resolution Insurance is not liable for any medical expenses incurred before an application is formally approved by Resolution Insurance
- ♦ Cover benefits, limits and terms may be altered during the application process depending on the applicants medical history/information.

RATES

Kindly request for a quotation and provide the following:

- i) Company Name
- ii) Claims Experience
- iii) Number of staff to be covered including:
 - a) Staff age and age of dependants
 - b) Number of dependants per staff member

For corporate groups with more than 20 principal members, kindly request a proposal.

Exclusions

1. All expenses associated with Dental services and Optical services unless covered under the plan or purchased separately.
2. All expenses associated with Chronic, Pre-existing, Congenital Illnesses and related conditions unless where covered under the plan.
3. Compensation for pain and suffering; loss of income; funeral expenses or claims for damages; expenditure incurred by a member or dependants arising from any illegal or criminal act.
4. Expenses arising from injuries sustained as a result of participation in and not limited to professional sport or hazardous pursuits such as motor racing, skydiving, parachute jumping and bungee jumping.
5. Operations, treatments and/or procedures of own choice for purely cosmetic purposes, eating disorders, obesity and related illnesses, and any complications that may arise thereof.
6. Expenses incurred from recuperative or convalescent holidays.
7. Purchase of:
 - 7.1 Applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations;
 - 7.2 Patented foods and nutritional supplements including baby foods;
 - 7.3 Contraceptive preparations, remedies and devices;
 - 7.4 Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity;
 - 7.5 Sunscreen and sun tanning lotions, emollients, soaps and shampoos (medicinal or otherwise);
 - 7.6 Household and biochemical remedies which are not promoted by the medical profession;
 - 7.7 Cosmetic products (medicinal or otherwise); anti-habit forming products; vitamins and multi-vitamins (unless prescribed for documented deficiency);
 - 7.8 Remedies for body building purposes;
 - 7.9 Aphrodisiacs;
 - 7.10 Patent medicines and proprietary preparations; household bandages, cotton wool, dressings and similar aids.
 - 7.11 Monitoring and assistive devices including Blood Pressure machines, glucometers and thermometers.
8. Investigation and treatment for infertility and impotence.
9. Vaccinations and/or immunizations and other preventive treatments with the exemption of KEPI and baby friendly vaccines.
10. Services arising from an accident or event of which the member or dependants has received, or is likely to receive, compensation from any source whatsoever including NHIF and employer liability insurance.
11. Any treatment relating to an accident/illness which occurred while the member was intoxicated or was under the influence of alcohol or drugs (unless prescribed and taken according to the instructions of a medical practitioner).
12. Dialysis of any kind (except for acute renal failure).
13. All expenses associated with sickle cell disease, connective tissue diseases, auto immune diseases, muscular dystrophies, Systemic lupus erythematosus, Alzheimer's disease and autism.
14. Treatment or services rendered in respect of dependence producing substances and their complications.
15. Exercising and/or guidance programmes inclusive of antenatal exercises (unless where covered under plan), special diets and weight control.
16. Kilometers charges and traveling expenses with the exception of ambulance services as per plan benefits.
17. Gold or other precious metal inlays in dentures.
18. Hormonal Replacement Therapy.
19. Examinations or check-ups such as general health examinations not related to diagnosis of sickness or accidental bodily injury unless explicitly agreed in writing by Resolution Insurance.
20. Accommodation in convalescent or old age homes or similar institutions catering for the aged.
21. Costs associated with Vocational Guidance, Child Guidance, and Marriage Guidance.
22. Cost of alternative therapy including chiropractic, acupuncture, herbal treatment and any complication arising as a result thereof.
23. Laser treatment
24. Illness, injury or disablement directly or indirectly caused by or contributed to by:
 - 24.1 Active participation in Civil war, riots, rebellion, revolution, insurrection or political activity.
 - 24.2 Any declared or undeclared war, invasion, act of foreign enemy, hostilities or war like operations.
 - 24.3 Nuclear fusion, ionizing or non-ionizing radiation.
 - 24.4 Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky-diving, racing, testing or exploration.
 - 24.5 Participation in Naval, Military, Air Force, Paramilitary, Police or Police Reserve service or operations.
 - 24.6 Attempted suicide or self-injury deemed deliberate by Resolution Insurance
 - 24.7 The willful non-compliance on the part of the member with Resolution Insurance's appointed doctors prescribed treatment.
25. Allergy tests.
26. Costs incurred by a member at a Medical Service Provider not approved by Resolution Insurance.
27. Any other medical services not related to illness or accident and their related complications.



Our Business Consultants, Brokers and Agents are available to take you through our products at your convenience.

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