

**HeriAfya**  
Better Health



**LIBERTY**

**Heritage**  
Insurance Company  
A member of  LIBERTY



**No matter where you are  
in life, HeriAfya has got  
you covered.**



**Liberty & Heritage Insurance**

Regulated by the Insurance Regulatory Authority

## General Overview

- We recognise that good health is everyone's most valuable asset. With **HeriAfya**, no matter your age or stage of life, there is a solution designed for you.
- From children and young families to seniors and institutions, **HeriAfya** Medical Cover offers a range of affordable, flexible, and convenient options ensuring continuous protection, access to quality care, and peace of mind at every step of life.



## HeriAfya Solutions Overview

01

### HeriAfya Junior

*Affordable medical cover designed for school-going children through institutions.*

02

### HeriAfya Seniors

*HeriAfya Seniors is tailored to provide essential healthcare protection in later years.*

03

### HeriAfya Standard

*This is designed for individuals & family members from ages 18 to 65 yrs.*

04

### HeriAfya SME

*Is designed for SMEs and member-based organisations including SACCOs, associations, and affiliations*



**HeriAfya**  
Every Super  
Hero Needs  
Back Up **Juniors**

# 1 HeriAfya Junior

*Affordable Medical cover designed for school-going children through institutions.  
The cover provides comprehensive protection for everyday health risks.*

# Give your child the protection they deserve with a health insurance plan tailored to school-age needs.

Here's what makes it a must-have for every parent:

## 01. Comprehensive Medical Coverage



- Covers common illnesses, injuries, hospitalisations
- Includes treatment for seasonal infections, playground accidents, etc.

## 04. Vaccinations & Wellness (Inpatient)



- Covers immunizations and child wellness
- Helps maintain optimal health and school performance

## 07. Long-Term Protection & Continuity

- Easy renewals
- Continuity of coverage into adolescence/adulthood

## 02. Cashless Hospitalization



- Access to network hospitals
- No upfront payment required during emergencies

## 05. Mental Health & Counseling



- Access to child psychologists and counsellors
- Supports emotional and mental well-being

## 08. Career & Wellness Day



- Dedicated events focused on emotional well-being and career guidance for children

## 03. Accident & Emergency Protection



- Covers injuries during school hours, sports, field trips, commuting
- Useful for active and outdoor-prone children

## 06. Affordable Premiums



- Low-cost plans tailored for children
- Ideal for families with multiple school-going kids

## 09. Emergency Evacuation Services



- Includes medical evacuation in emergencies
- No extra cost

**Cover Includes emergency evacuation at no extra cost.  
Your Child's Health. Your Peace of Mind.  
Secure their future—because every growing child  
deserves uninterrupted,  
School Time, care and protection.**



### Flexibility

- Choose the cover level that matches your child's needs & budget
- Use options provided to tailor-make your package
- Children can have different limits in the same group
- Premium chargeable per child in line with selected limit
- No co-pay on access



### Accessibility

- Extensive Provider Panel
- Access to Specialist
- Affordable
- 24/7 customer support
- Telemedicine
- Counselling services



### Extras

- Generous Benefits
- Affordable premium
- Pain Management
- Reconstructive Surgery



### Eligibility

- Children between 4-18 years
- Institution based
- Minimum of 10 members , no maximum



**SUB LIMITS WITHIN THE OVERALL BENEFIT**

**Inpatient Cover Per Member**

<b>INPATIENT OVERALL ANNUAL MAXIMUM LIMIT</b>	<b>500,000</b>	<b>750,000</b>	<b>1,000,000</b>	<b>1,500,000</b>	<b>2,000,000</b>	<b>2,500,000</b>	<b>3,000,000</b>	<b>5,000,000</b>	<b>WAITING PERIOD</b>
<b>Bed limits</b>	General Ward	General Ward Bed	General Ward	General Ward	Room	Room	Room	Room	
<b>Acute conditions or accidents</b>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	
<b>Pre-existing and chronic condition</b>	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000	1 year
<b>Newly diagnosed chronic conditions 90 days after cover inception</b>	150,000	200,000	250,000	350,000	400,000	450,000	500,000	1,000,000	
<b>Cancer treatment</b>	250,000	300,000	350,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2 years
<b>HIV/AIDS and related conditions</b>	200,000	200,000	200,000	200,000	300,000	300,000	500,000	750,000	1 year
<b>Post-hospitalization treatment related to cause of pre-authorization (limited to the 3 weeks from date of discharge)</b>	15,000	15,000	20,000	25,000	30,000	30,000	30,000	40,000	
<b>Non-accident-related eye treatments excluding surgery for refractive errors and laser treatment</b>	75,000	75,000	75,000	75,000	75,000	100,000	100,000	100,000	6 months
<b>Non-accident-related dental surgery/treatment</b>	20,000	20,000	20,000	20,000	30,000	30,000	30,000	50,000	6 months
<b>Diagnostic tests</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
<b>Inpatient MRI/CT scans and PET Scans (subject to pre-authorization)</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
<b>Theatre charges, HDU &amp; ICU</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
<b>Organ transplantation after 2 years of cover (cost of donor or securing the organ is excluded)</b>	250,000	250,000	300,000	350,000	400,000	450,000	450,000	500,000	
<b>Psychiatry and psychotherapy</b>	100,000	150,000	150,000	200,000	250,000	250,000	250,000	300,000	1 year
<b>Illness related reconstructive/plastic surgery</b>	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	3 years
<b>Funeral expenses per member (death as a result of covered conditions)</b>	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	
<b>Group Counselling/ Therapy for emotional and psychological support (limited to 3 sessions per year)*</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>Career &amp; Wellness Day: Dedicated events focused on career guidance for children</b>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered

## OUTPATIENT BENEFIT

Outpatient Overall Annual Limit	50,000	Waiting Period
Consultation Fee	Covered	
COVID -19 Testing	7,500	
KEPI & Private Vaccinations (6 years and Below)	Covered	
Prescribed drugs and dressings	Covered	
Specialist's Fee( Strictly on referral)	Covered	
"Pathology, X-rays, MRI, CT scan and other necessary diagnostic tests (pre-authorisation required)"	Covered	
Pre-existing and/or chronic conditions	Covered	1 Year
Cancer treatment	Covered	2 Years
Career & Wellness Day	Dedicated events focused on career guidance for children	
No co-pay for this cover		



## RATING SCHEDULE

### INPATIENT RATES

500,000	8,929
750,000	12,054
1,000,000	14,286
1,500,000	17,411
2,000,000	19,643
2,500,000	21,205
3,000,000	23,214
5,000,000	26,786

### OUTPATIENT RATES

COVER BENEFIT	OUTPATIENT RATE PER CHILD
50,000	15,403

The above rates are subject to taxes (Stamp duty KES. 40, Training Levy and PCHF of 0.45%)





## Waiting Period

- Accidents have no waiting periods
- 30-day general waiting period from inception for new joiners
- A six (6) months waiting period for non-accidental dental surgery and optical surgery.
- Twelve (12) months waiting period for gynecological surgery.
- Twelve (12) months waiting period for pre-existing and chronic conditions
- Twenty-four (24) months waiting periods on treatment of major diseases (cancer, kidney dialysis and organ transplants)
- A thirty-six (36) months waiting period for Illness-related reconstructive/plastic surgery



## Co-pay Information

- Not Applicable



## Please Note

- Flexible payment options are available
- Please note the benefits and the premium rates may change at any time. The plan you have already purchased may however not change mid-term
- The Heritage Insurance Company reserves the right to decline any application
- All admissions must be reported to Heritage immediately and within 48 hours for emergency admissions
- Members must stick to the HeriAfya provider panel. Where members pay cash, Heritage will refund as per the standard reasonable and customary rates up to 80% of the claim
- Coverage is in Kenya and East Africa and referral to India only. Emergency treatment is allowed outside the region when on travel up to 6 weeks per policy year
- Premium quoted is subject to taxes (Stamp duty Kes. 40, Training Levy and PCHF of 0.45%)



## Exclusions

- Cosmetic treatments and plastic surgery
- Prescribed alternative medicines including but not limited to homeopathy, acupuncture, Chinese medicine, reflexology, aromatherapy, patent medicines and household remedies
- Services or treatment in any home, spa, hydro-clinic, sanatorium, step-down facilities, hospice, private nursing/home care (unless pre-authorised by us), frail care or long-term care facility that is not a hospital as defined
- Tests or treatment related to infertility, contraception, impotence or sexual dysfunction
- Termination of pregnancy unless authorised by a registered medical practitioner when the life of a mother is at risk
- Treatment by the insured person himself or family member or spouse
- All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the organ transplant benefit)
- Treatment of self-inflicted injury, suicide or attempted suicide, abuse of alcohol and drug addiction or abuse unless where related to mental illness
- Experimental or pioneering medical and surgical techniques not commonly available
- Injury or illness while serving as a full-time member of a police or military unit
- Travel costs or non-medical costs (except where stated in the benefit table)
- Vaccinations such as travel vaccinations, flu vaccinations, epidemics and pandemics
- Dentures, inlays, crowns, bridges, periodontal treatment and orthodontic treatment
- Replacement of eye glasses due to damage, breakage or loss
- Repair of eye glasses; anabolic steroids and testosterone; autopsies; humidifiers; medicated shampoos and conditioners, unregistered medicines; massages; multivitamins and tonics; treatment for obesity; sleep studies
- Slimming preparations; soaps, scrubs and other cleansers; sunglasses, readers, contact lenses and contact lens preparations; sun screening and sun tanning preparations; toiletries; treatment for hair removal; search and rescue
- Dental implants; refractive eye surgery or laser eye treatment; photophobia and photochromatic lenses
- Food and nutritional supplements, including baby food and special milk preparations
- Anti-smoking preparations; Hearing aids, glucometers and blood pressure machines
- Expenses incurred directly or indirectly as a result of an insured person being involved in professional and dangerous sports including but not limited to motorcycling, rugby, football, skydiving, mountaineering, water sports, etc
- Treatment for learning difficulties, development, and behavioral problems in children
- Maternity and maternity related treatment
- Outpatient Optical and Dental treatment

*\*For the full list and detailed information on exclusions, please refer to the policy document*

A photograph of a family of four, including a man, a woman, and two children, gathered around a tablet computer. They are all smiling and looking at the screen, suggesting a shared activity or a happy moment. The background is a bright, indoor setting, possibly a home or a community center.

**HeriAfya**  
Seniors 65+  
More life, less worries

## 2 HeriAfya Seniors

*HeriAfya Seniors is tailored to provide essential healthcare protection in later years. Accessible healthcare protection designed for senior citizens.*



## General Overview

We understand that good health is every senior's most important asset. It is why HeriAfya Seniors Medical Cover has a range of affordable, convenient and flexible options tailored to protect the health of individuals.



### Flexibility

- Choose the cover level that matches your needs & Budget
- Use options provided to tailor make your package
- Different family members can have different limits as long as the main member has the highest limit
- Our premium are age-banded, select premiums in line with insured age(s) and relationship



### Accessibility

- Extensive provider panel
- Access to specialists
- Access to continuous care program
- 24/7 customer support
- Telemedicine and prescription refill
- Health checks



### Extras

- Generous benefits
- Highest limits
- KEPI/baby friendly and Private Vaccines(5yrs & Below)
- Pain management
- Reconstructive surgery



### Eligibility

- Principle/Spouse - From 65Yrs
- Maximum joining age -70Yrs
- Child Dependant - 38weeks(1 day Old)-18yrs Extended to 23
- Pre-Joining medical tests required for main member and spouse

## Inpatient

Inpatient Overall Annual Maximum Limit	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	5,000,000	Waiting Period
Bed limits per day SHIF applicable on the limits shown	General Ward	General Ward Bed	General Ward	Standard Private room up to KES 13,000	Standard Private Room up to KES 14,000	Standard Private room up to KES 15,000	Standard Private room up to KES 16,000	Standard Private room up to KES 20,000	Covered
Acute conditions or accidents	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pre-existing and chronic conditions, Congenital conditions	250,000	350,000	400,000	450,000	600,000	650,000	700,000	1,000,000	1 year
Newly diagnosed chronic conditions after inception of cover	250,000	300,000	500,000	550,000	600,000	650,000	1,200,000	2,500,000	1 year
Cancer treatment	250,000	300,000	450,000	550,000	600,000	650,000	800,000	1,000,000	2 years
HIV/AIDS and related conditions	200,000	200,000	300,000	350,000	450,000	550,000	600,000	800,000	1 year
Post-hospitalization treatment related to cause of pre-authorization (limited to the 30 days from date of discharge)	20,000	20,000	25,000	25,000	30,000	30,000	35,000	50,000	Covered
Non-accident-related eye treatments excluding surgery for refractive errors and laser treatment	100,000	100,000	100,000	100,000	150,000	150,000	150,000	200,000	1 year
Non-accident-related dental surgery/treatment	100,000	100,000	100,000	100,000	150,000	150,000	150,000	200,000	1 year
Accident - Related Inpatient Dental and Ophthalmological treatment	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Diagnostic test	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Emergency local road ambulance service leading to an admission	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Commercial Air Evacuation out of Kenya	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	
Inpatient MRI/CT scans and PET Scans (subject to pre-authorization)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Theatre charges, HDU & ICU	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Gynaecological surgery	200,000	200,000	300,000	300,000	350,000	350,000	400,000	400,000	1 year
Organ transplantation (cost of donor or securing the organ is excluded)	200,000	200,000	250,000	300,000	350,000	350,000	450,000	500,000	2 years
Psychiatry and psychotherapy	175,000	175,000	200,000	200,000	250,000	250,000	250,000	250,000	1 year
Illness related reconstructive/plastic surgery (excludes cosmetic, obstetrics and gynaecological surgery)	150,000	150,000	200,000	200,000	250,000	250,000	250,000	250,000	3 years
COVID - 19 Cover	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	Covered
Home Care for 30 days after discharge (subject to pre-authorization)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Funeral expenses per member (death as a result of covered conditions)	60,000	60,000	70,000	70,000	100,000	100,000	100,000	100,000	Covered

## Outpatient

Outpatient Overall Annual Maximum Limit	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	Waiting Period
Consultation fees	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
COVID - 19 testing	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	
Cancer treatment	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	2 years
Prescribed drugs and dressings	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Specialist's fees (strictly on referral by a GP)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pathology, X-rays, MRI, CT Scan and other necessary diagnostic tests (preauthorisation required)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pre-existing and/or chronic conditions	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	1 year
Annual medical check - up (for main member and/ spouse)	10,000	10,000	15,000	15,000	20,000	20,000	20,000	20,000	Covered
Prescribed supplements	5,000	7,500	10,000	15,000	15,000	15,000	15,000	15,000	Covered
Physiotherapy/occupational therapy (pre- authorisation required)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pain management subject to pre - existing & chronic sub benefit	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	1 year
<b>Dental (Standalone) Annual Maximum Limit</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>	<b>25,000</b>	<b>30,000</b>	<b>40,000</b>	<b>50,000</b>	<b>60,000</b>	
Dental consultation, Extraction, Root canal, Fillings, Scaling necessitated by a medical condition and prescribed by a dentist appointed by Heritage and Dental X-rays. <i>Excludes the cost of crowns, braces, bridges and plates</i>	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	
<b>Optical (Standalone) Annual Maximum Limit</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>	<b>25,000</b>	<b>30,000</b>	<b>40,000</b>	<b>50,000</b>	<b>60,000</b>	
Ophthalmological consultation, Contact lenses, Frames and Glasses (Frames and lenses can only be replaceable once every 2 years up to a sublimit of KES 50% of Optical Benefit) <i>Exclusions: Cost of planos, photochromatic and antiglare lenses.</i>	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	



## **Rate Guide**

COVER BENEFIT	AGE BAND	INPATIENT RATE PER FAMILY			
		Principle	Spouse	Child	Extra Child
<b>500,000</b>	61-70	40,500	34,425	8,438	6,750
	71-80	75,000	63,750		
	81-85	82,143	69,821		
<b>750,000</b>	61-70	54,675	46,474	11,391	9,113
	71-80	91,125	77,456		
	81-85	110,893	94,259		
<b>1,000,000</b>	61-70	64,800	55,080	13,500	10,800
	71-80	108,000	91,800		
	81-85	131,429	111,714		
<b>1,500,000</b>	61-70	68,040	57,834	16,453	13,163
	71-80	124,313	111,881		
	81-85	160,179	136,152		
<b>2,000,000</b>	61-70	71,280	60,588	18,563	14,850
	71-80	140,250	126,225		
	81-85	180,714	153,607		
<b>2,500,000</b>	61-70	79,380	67,473	20,039	16,031
	71-80	160,313	136,266		
	81-85	195,089	165,826		
<b>3,000,000</b>	61-70	87,480	74,358	20,250	16,200
	71-80	175,500	149,175		
	81-85	213,571	181,536		
<b>5,000,000</b>	61-70	121,500	103,275	25,313	20,250
	71-80	202,500	172,125		
	81-85	246,429	209,464		

	OUTPATIENT PREMIUM PER PERSON (KES)							
ANNUAL LIMIT	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000
0-18	21,600	27,000	32,400	37,800	47,520	56,038	59,535	65,927
61-70	49,275	73,913	98,550	131,625	175,500	219,375	263,250	307,125
71-85	49,275	73,913	98,550	134,357	192,000	230,714	276,857	323,000
61-70	OUTPATIENT PREMIUM PER FAMILY (KES)							
FAMILY SIZE	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000
M	35,269	36,872	38,475	44,888	48,094	71,820	80,798	85,286
M+1	45,849	55,308	59,636	71,820	75,026	95,040	109,350	119,273
M+2	46,996	59,456	68,582	82,593	86,569	113,400	131,220	142,358
M+3	48,170	63,915	78,869	94,982	100,035	135,000	155,520	168,008
M+4	49,375	68,709	90,699	109,229	114,464	158,760	183,465	198,788
M+5	49,700	73,862	99,000	125,614	131,777	186,840	216,270	233,415
71-85	OUTPATIENT PREMIUM PER FAMILY (KES)							
FAMILY SIZE	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000
M	39,286	49,286	51,429	80,000	85,714	91,429	102,857	108,571
M+1	47,143	69,000	82,286	128,000	154,286	201,143	236,571	271,429
M+2	47,614	70,725	86,400	134,400	162,000	211,200	248,400	285,000
M+3	48,500	72,493	90,720	141,120	170,100	221,760	260,820	299,250
M+4	49,500	74,305	95,256	148,176	178,605	232,848	273,861	314,213
M+5	49,750	74,500	99,500	149,500	187,535	244,490	287,554	329,923
	DENTAL PREMIUM RATES (KES)							
ANNUAL LIMIT	10,000	15,000	20,000	25,000	30,000	40,000	50,000	60,000
61-70	3,780	5,670	7,560	9,450	11,340	15,120	18,900	22,680
71-85	4,286	6,429	8,571	10,714	12,857	17,143	21,429	25,714
	OPTICAL PREMIUM RATES (KES)							
ANNUAL LIMIT	10,000	15,000	20,000	25,000	30,000	40,000	50,000	60,000
61-70	3,780	5,670	7,560	9,450	11,340	15,120	18,900	22,680
71-85	4,286	6,429	8,571	10,714	12,857	17,143	21,429	25,714

# General Information



## Waiting Period



- Accidents have no waiting periods
- 30-day general waiting period from inception for new joiners
- A six (6) months waiting period for non-accidental dental surgery and optical surgery.
- Twelve (12) months waiting period for gynecological surgery.
- Twelve (12) months waiting period for pre-existing and chronic conditions
- Twenty four (24) months waiting periods on treatment of major diseases (cancer, kidney dialysis and organ transplants)
- A thirty-six (36) months waiting period for illness related reconstructive/plastic surgery

## Co-Pay Information



- Kes. 2,000 per visit to;  
Aga Khan Nairobi, Kisumu, and Mombasa;  
Nairobi Hospital; Getrude's; MP Shah; Mater;  
Karen Hospital
- The co-payment applies to all the branches of the mentioned providers
- Kes. 500 per visit to all other providers

## Please Note:

- Flexible payment options are available from reputable banks through Insurance Premium Financing(4 equal Installments)
- Please note the benefits and the premium rates may change at any time. The plan you have already purchased may however not change mid-term
- Pre-cover medical tests will be required for all new applicants 55 years and above. An applicant of any other age may be asked to undergo the tests for further underwriting of the policy
- The Heritage Insurance Company reserves the right to decline any application
- All admissions must be reported to Heritage immediately and within 48 hours for emergency admissions
- Members must stick to the HeriAfya provider panel. Where pay cash, Heritage will refund as per the standard reasonable and customary rates up to 80% of the claim
- Coverage is in Kenya and East Africa and referral to India only. Emergency treatment is allowed outside the region when on travel up to 6 weeks per policy year
- Premium quoted is subject to taxes (Stamp duty Kes. 40, Training Levy and PCHF of 0.45%)

## Exclusions



- Cosmetic treatments and plastic surgery
- Prescribed alternative medicines including but not limited to homeopathy, acupuncture, Chinese medicine, reflexology, aromatherapy, patent medicines and household remedies
- Services or treatment in any home, spa, hydro-clinic, sanatorium, step-down facilities, hospice, private nursing/home care (unless pre-authorized by us), frail care or long-term care facility that is not a hospital as defined
- Tests or treatment related to infertility, contraception, impotence or sexual dysfunction
- Termination of pregnancy unless authorised by a registered medical practitioner when the life of a mother is at risk
- Treatment by the insured person himself or family member or spouse
- All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the organ transplant benefit)
- Treatment of self-inflicted injury, suicide or attempted suicide, abuse of alcohol and drug addiction or abuse unless where related to mental illness
- Experimental or pioneering medical and surgical techniques not commonly available
- Injury or illness while serving as a full-time member of a police or military unit
- Travel costs or non-medical costs (except where stated in the benefit table)
- Vaccinations such as travel vaccinations, flu vaccinations, epidemics and pandemics
- Dentures, inlays, crowns, bridges, periodontal treatment and orthodontic treatment
- Replacement of eye glasses due to damage, breakage or loss
- Repair of eye glasses; anabolic steroids and testosterone; autopsies; humidifiers; medicated shampoos and conditioners, unregistered medicines; massages; multivitamins and tonics; treatment for obesity; sleep studies
- Slimming preparations; soaps, scrubs and other cleansers; sunglasses, readers,
- contact lenses and contact lens preparations; sun screening and sun tanning preparations; toiletries; treatment for hair removal; search and rescue
- Dental implants; refractive eye surgery or laser eye treatment; photophobia and photo chromatic lenses
- Food and nutritional supplements, including baby food and special milk preparations
- Anti-smoking preparations; Hearing aids, glucometers and blood pressure machines
- Expenses incurred directly or indirectly as a result of an insured person being involved in professional and dangerous sports including but not limited to motorcycling, rugby, football, skydiving, mountaineering, water sports, etc
- Treatment for learning difficulties, development, and behavioral problems in children
- Maternity and maternity related treatment



**HeriAfya**  
*Better Health*

# 3 HeriAfya Standard

*This is designed for individuals & family members from ages 18 to 65 yrs.  
Children dependants ranging from 38 weeks to 18 yrs.*

## GENERAL OVERVIEW

We understand that good health is everyone's most important asset. This is why HeriAfya Medical Cover has a range of affordable, convenient and flexible options tailored to protect the health of individuals, families and small groups



### 1. Flexibility to Fit Your Needs

- **Personalised Coverage:** Select the level of cover that perfectly matches your lifestyle and budget.
- **Customisable Options:** Design your ideal plan with flexible choices.
- **Family Coverage:** Enjoy varied limits for different family members, with the primary member receiving the highest coverage.
- **Age-Banded Premiums:** Fair premiums based on age and relationship, ensuring the best value.



### 2. Accessibility That Makes Life Easier

- **Extensive Provider Network:** Access a wide range of trusted healthcare professionals
- **Specialist Access:** Directly consult with specialists for your specific needs.
- **24/7 Customer Support:** Always available to assist you, no matter the time.
- **Telemedicine:** Convenient remote consultations from the comfort of your home.
- **Routine Health Checks:** Regular check-ups to keep you in optimal health.
- **Dedicated Case Manager:** Immediate emergency assistance from a dedicated case manager.



### 3. Generous Benefits and Extras

- **High Coverage Limits:** Enjoy generous benefits with high coverage limits.
- **Vaccines:** Essential vaccines for children aged 5 yrs and under.
- **Pain Management:** Effective solutions for chronic pain relief.
- **Family Planning:** Comprehensive support for family planning needs.
- **Reconstructive Surgery:** Coverage for necessary reconstructive procedures.
- **Immediate Newborn Coverage:** Instant protection for newborns from birth.



### 4. Simple Eligibility

- **Principal/Spouse:** Coverage from ages 18 to 65 years extended to **70yrs**
- **Child Dependents:** 38weeks(1 day Old)-18yrs extended to 23 yrs and above with Proof of full-time
- **Pre Joining Medical Test:** only for members 55 years and above



### 5. Flexible Payment Options

- **Convenient Installments:** Pay in installments (4)
- **Full Reimbursement:** reimbursement of costs with our paneled providers.



## SUB-LIMITS WITHIN THE OVERALL BENEFIT

Inpatient Overall Annual Maximum Limit	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	5,000,000	7,500,000	10,000,000	Waiting Period
Ward description	General	General	General	General	SPR	SPR	Private Room	Private Room	Private Room	Private Room	
Ward Description (bed limits)	Ward Bed	Ward Bed	Ward Bed	Ward Bed	13,500	15,000	18,500	22,500	27,500	30,000	
Acute conditions or accidents	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Pre-existing and chronic conditions limit	300,000	350,000	400,000	450,000	500,000	600,000	750,000	1,200,000	1,500,000	2,000,000	1 year
Congenital, Pre-maturity and neonatal conditions treatment (For Members with Active Maternity Benefit)	100,000	125,000	150,000	175,000	200,000	225,000	250,000	300,000	500,000	650,000	
Newly diagnosed chronic conditions after inception of cover	350,000	450,000	750,000	900,000	1,200,000	1,800,000	2,000,000	2,500,000	3,000,000	3,500,000	
Cancer treatment	250,000	300,000	350,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	2 years
HIV / AIDS and related conditions	200,000	200,000	200,000	200,000	300,000	300,000	500,000	750,000	1,000,000	1,500,000	1 year
Post-hospitalisation treatment related to cause of pre authorization (limited to the 3 weeks from date of discharge)	15,000	15,000	20,000	25,000	30,000	30,000	30,000	40,000	50,000	60,000	
Non-accident related dental surgery/ treatment	75,000	75,000	75,000	75,000	75,000	100,000	100,000	100,000	150,000	200,000	6 months
Non-accident-related eye treatments excluding surgery for refractive errors and laser treatment	75,000	75,000	75,000	75,000	75,000	100,000	100,000	100,000	150,000	200,000	6 months
Diagnostic tests	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Inpatient MRI/CT scans and PET Scans (subject to pre-authorization)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Theatre charges, HDU & ICU	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	

Inpatient Overall Annual Maximum Limit	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	5,000,000	7,500,000	10,000,000	Waiting Period
Gynaecological surgery	150,000	150,000	200,000	250,000	300,000	300,000	300,000	350,000	400,000	500,000	1 year
Organ transplantation (cost of donor or securing the organ is excluded)	250,000	250,000	300,000	350,000	400,000	450,000	450,000	500,000	550,000	600,000	2 years
Psychiatry and psychotherapy	100,000	150,000	150,000	200,000	250,000	250,000	250,000	300,000	400,000	450,000	
Illness related reconstructive/ plastic surgery	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	200,000	300,000	3 years
Covid treatment on IP	250,000	250,000	300,000	350,000	400,000	450,000	450,000	500,000	550,000	600,000	
Funeral expenses per member (death as a result of covered conditions)	50,000	50,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	
Lodger fee for accompanying parent/ guardian	12 Years	12 Years	12 Years	12 Years	12 Years	12 Years	12 Years	12 Years	12 Years	12 Years	
Passive war/terrorism and political violence	200,000	200,000	200,000	200,000	300,000	300,000	500,000	750,000	1,000,000	1,500,000	
External appliances	75,000	75,000	75,000	75,000	100,000	100,000	100,000	150,000	150,000	150,000	
Emergency evacuation	covered	covered	covered	covered	covered	covered	covered	covered	covered	covered	
Internal appliance and prosthesis	Covered within the applicable sub-limits and applicable waiting periods										
Home Nursing covered for Maximum of 30 days	Covered within the applicable sub-limits										

Waiting periods for pre-existing conditions is one year except where specifically defined on the benefit tables e.g. for cancer, reconstructive surgery e.t.c. Sublimits for the specific conditions will apply as indicated on the benefit tables once the waiting periods end.

### Maternity Benefit

Normal Delivery, Emergency Caesarian Section, Elective CS and Maternity Complication are covered under the maternity benefit.

Covered Within Maternity Benefit

10 months

Pre natal and Post Natal for Members with Maternity benefit

covered Under Outpatient



## Co-Pay Information

- Kes. 1,000 per visit to Aga Khan Nairobi, Kisumu, and Mombasa; Nairobi Hospital; Getrude's; MP Shah; Mater; Karen Hospital
- The co-payment applies to all the branches of the mentioned providers
- Kes. 500 per visit to all other providers

Outpatient	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	Waiting Period
Consultation fees	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
COVID-19 testing	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	
Cancer treatment	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	2 yrs
Prescribed drugs and dressings	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Specialist's fees (strictly on referral by a GP)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Pathology, X-rays, MRI, CT scan and other necessary diagnostic tests (pre-authorisation required)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Pre-existing and/or chronic conditions	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	1 yr
Annual medical check-up (for main member and/spouse)	5,000	7,500	10,000	15,000	20,000	20,000	20,000	20,000	
KEPI/Baby Friendly & Private Vaccinations (5years and Below)	5,000	7,500	10,000	15,000	20,000	20,000	20,000	20,000	
Pain management subject to pre-existing & chronic sub-benefit	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Family Planning cover limited to long-acting methods	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	





## A: INPATIENT COVER SHARED PER FAMILY

Cover Benefit		Age Group	Inpatient Rates			
		Principal Age	Principle	Spouse	Child	Extra
Option 1 - 500,000	500,000	0-30	13,500	11,475	8,438	6,750
		31-40	20,250	17,213	8,438	6,750
		41-50	23,625	20,081	8,438	6,750
		51-60	27,000	22,950	8,438	6,750
		61-65	40,500	34,425	8,438	6,750
Option 2 - 750,000	750,000	0-30	18,225	15,491	11,391	9,113
		31-40	27,338	23,237	11,391	9,113
		41-50	31,894	27,110	11,391	9,113
		51-60	36,450	30,983	11,391	9,113
		61-65	54,675	46,474	11,391	9,113
Option 3 - 1,000,000	1,000,000	0-30	21,600	18,360	13,500	10,800
		31-40	32,400	27,540	13,500	10,800
		41-50	37,800	32,130	13,500	10,800
		51-60	43,200	36,720	13,500	10,800
		61-65	64,800	55,080	13,500	10,800
Option 4 - 1,500,000	1,500,000	0-30	26,325	22,376	16,453	13,163
		31-40	34,020	28,917	16,453	13,163
		41-50	39,690	33,737	16,453	13,163
		51-60	46,251	39,313	16,453	13,163
		61-65	68,040	57,834	16,453	13,163

Cover Benefit		Age Group		Inpatient Rates		
		Principal Age	Principle	Spouse	Child	Extra
		Principal Age	Principle	Spouse	Child	Extra
Option 5 - 2,000,000	2,000,000	0-30	29,700	25,245	18,563	14,850
		31-40	35,640	30,294	18,563	14,850
		41-50	41,580	35,343	18,563	14,850
		51-60	49,302	41,907	18,563	14,850
		61-65	71,280	60,588	18,563	14,850
		Principal Age	Principle	Spouse	Child	Extra
Option 6 - 2,500,000	2,500,000	0-30	32,063	27,253	20,039	16,031
		31-40	39,204	33,323	20,039	16,031
		41-50	45,738	38,877	20,039	16,031
		51-60	57,051	48,493	20,039	16,031
		61-65	79,380	67,473	20,039	16,031
		Principal Age	Principle	Spouse	Child	Extra
Option 7 - 3,000,000	3,000,000	0-30	32,400	27,540	20,250	16,200
		31-40	42,768	36,353	20,250	16,200
		41-50	49,896	42,412	20,250	16,200
		51-60	64,800	55,080	20,250	16,200
		61-65	87,480	74,358	20,250	16,200
		Principal Age	Principle	Spouse	Child	Extra

Cover Benefit		Age Group		Inpatient Rates		
		Principal Age	Principle	Spouse	Child	Extra
Option 8 - 5,000,000	5,000,000	0-30	40,500	34,425	25,313	20,250
		31-40	53,460	45,441	25,313	20,250
		41-50	62,370	53,015	25,313	20,250
		51-60	79,380	67,473	25,313	20,250
		61-65	121,500	103,275	25,313	20,250
		Principal Age	Principle	Spouse	Child	Extra
Option 9 - 7,500,000	7,500,000	0-30	47,250	40,163	31,641	25,313
		31-40	58,725	49,916	31,641	25,313
		41-50	66,623	56,629	31,641	25,313
		51-60	85,050	72,293	31,641	25,313
		61-65	133,650	113,603	31,641	25,313
		Principal Age	Principle	Spouse	Child	Extra
Option 10 - 10,000,000	10,000,000	0-30	54,000	45,900	33,750	27,000
		31-40	63,990	54,392	33,750	27,000
		41-50	70,875	60,244	33,750	27,000
		51-60	90,720	77,112	33,750	27,000
		61-65	145,800	123,930	33,750	27,000



## B1: OUPATIENT COVER PER-PERSON BENEFIT

Per-Person Rates/ M Rates								
Age	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000
1-30	21,600	27,000	32,400	37,800	47,520	56,038	59,535	65,927
31-40	30,375	36,450	42,525	48,600	71,685	82,080	86,400	95,040
41-50	40,500	47,250	54,000	60,750	95,850	106,542	112,860	122,905
51-60	47,250	54,000	60,750	67,500	118,800	133,515	139,320	150,930
61-65*	49,275	73,913	98,550	131,625	175,500	219,375	263,250	307,125



## B2: OUPATIENT COVER SHARED PER FAMILY

Per-Family Shared Benefit								
Family Size	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000
M	35,438	41,850	48,263	54,675	83,768	94,311	99,630	108,973
M+1	45,849	55,308	59,636	71,820	75,026	95,040	109,350	119,273
M+2	46,996	59,456	68,582	82,593	86,569	113,400	131,220	142,358
M+3	48,170	63,915	78,869	94,982	100,035	135,000	155,520	168,008
M+4	49,375	68,709	90,699	109,229	114,464	158,760	183,465	198,788
M+5	49,700	73,862	99,000	125,614	131,777	186,840	216,270	233,415
Extra	1,485	4,658	13,770	16,065	18,225	28,080	32,805	34,628





### C: MATERNITY COVER PER FAMILY

Annual Cover Limit		
Option	Cover Benefit	Premium Rates
Option 1	50,000	16,875
Option 2	75,000	25,313
Option 3	100,000	33,750
Option 4	150,000	50,625
Option 5	200,000	67,500
Option 6	250,000	84,375
Option 7	300,000	101,250
Option 8	350,000	118,125



### D: DENTAL/OPTICAL COVER

Annual Cover Limit			
Option	Cover Limit	Per Person	Per Family
Option 1	10,000	3,780	3,780
Option 2	15,000	5,670	5,670
Option 3	20,000	7,560	7,560
Option 4	25,000	9,450	9,450
Option 5	30,000	11,340	11,340
Option 6	40,000	15,120	15,120
Option 7	50,000	18,900	18,900
Option 8	60,000	22,680	22,680



### E. DENTAL & OPTICAL COMBINED SOLUTION

Annual Cover Limit			
Option	Cover Limit	Per Person	Per Family
Option 1	10,000	6,048	6,048
Option 2	15,000	9,072	9,072
Option 3	20,000	12,096	12,096
Option 4	25,000	15,120	15,120
Option 5	30,000	18,144	18,144
Option 6	40,000	24,192	24,192
Option 7	50,000	30,240	30,240
Option 8	60,000	36,288	36,288





## 1. Waiting periods

- Accidents has no waiting period.
- 30-day general waiting period from inception for new joiners.
- A six (6) months waiting period for non-accidental dental surgery and optical surgery.
- A ten (10) months waiting period for maternity.
- Twelve (12) months waiting period gynecological surgery.
- Twelve (12) months waiting period for pre-existing and chronic conditions.
- Twenty four (24) months waiting periods on treatment of major diseases (cancer, kidney dialysis and organ transplants).
- A thirty-six (36) months waiting period for illness related reconstructive/ plastic surgery.



## 2. Co-pay information

- Kes. 1,000 per visit to;
- Aga Khan Nairobi, Kisumu, and Mombasa; Nairobi Hospital; Gertrude's; MP Shah; Mater; Karen Hospital
- The co-payment applies to all the branches of the mentioned providers
- Kes. 500 per visit to all other providers



## 3. Important Notes:

- Flexible payment options are available from reputable banks through Insurance Premium Financing(4 equal Instalments)
- Please note the benefits and the premium rates may change at any time. The plan you have already purchased may however not change mid-term
- Pre-cover medical tests will be required for all new applicants above 55 years of age. An applicant of any other age may be asked to undergo the tests for further underwriting of the policy
- The Heritage Insurance Company reserves the right to decline any application
- All admissions must be reported to Heritage immediately and within 48 hours for emergency admissions
- Members must stick to the HeriAfya provider panel. Where pay cash, Heritage will refund as per the standard reasonable and customary rates up to 80% of the claim
- Coverage is in Kenya and East Africa and referral to India only. Emergency treatment is allowed outside the region when on travel up to 6 weeks per policy year, heritage must be notified before travel.
- Premium quoted is subject to taxes (Stamp duty Kes. 40, Training Levy and PCHF of 0.45%)



## 4. Exclusions

- Cosmetic treatments and plastic surgery
- Prescribed alternative medicines including but not limited to homeopathy, acupuncture, Chinese medicine, reflexology, aromatherapy, patent medicines and household remedies
- Services or treatment in any home, spa, hydro-clinic, sanatorium, step-down facilities, hospice, private nursing/home care (unless pre-authorised by us), frail care or long-term care facility that is not a hospital as defined
- Tests or treatment related to infertility, contraception, impotence or sexual dysfunction
- Termination of pregnancy unless authorised by a registered medical practitioner when the life of a mother is at risk
- Treatment by the insured person himself or family member or spouse
- All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the organ transplant benefit)
- Treatment of self-inflicted injury, suicide or attempted suicide, abuse of alcohol and drug addiction or abuse unless where related to mental illness
- Experimental or pioneering medical and surgical techniques not commonly available
- Injury or illness while serving as a full-time member of a police or military unit
- Travel costs or non-medical costs (except where stated in the benefit table)
- Vaccinations such as travel vaccinations, flu vaccinations, epidemics and pandemics
- Dentures, inlays, crowns, bridges, periodontal treatment and orthodontic treatment
- Replacement of eye glasses due to damage, breakage or loss
- Repair of eye glasses; anabolic steroids and testosterone; autopsies; humidiers; medicated shampoos and conditioners, unregistered medicines; massages; multivitamins and tonics; treatment for obesity; sleep studies
- Slimming preparations; soaps, scrubs and other cleansers; sunglasses, readers, contact lenses and contact lens preparations; sun screening and sun tanning preparations; toiletries; treatment for hair removal; search and rescue
- Dental implants; refractive eye surgery or laser eye treatment; photophobia and photo chromatic lenses
- Food and nutritional supplements, including baby food and special milk preparations
- Anti-smoking preparations; Hearing aids, glucometers and blood pressure machines
- Expenses incurred directly or indirectly as a result of an insured person being involved in professional and dangerous sports including but not limited to motorcycling, rugby, football, skydiving, mountaineering, water sports, etc
- Treatment for learning difficulties, development, and behavioral problems in children

*\*For the full list and detailed information on exclusions, please refer to the policy document*



HeriAfya  
Corporate

**4** HeriAfya Corporate

*Beyond employment, secure a health cover for you and your family.*

## GENERAL OVERVIEW

Providing affordable, seamless and comprehensive health coverage for members exiting private sector schemes, ensuring continuity of care, financial security, and a strong support network beyond their service



### 1. Flexibility to Fit Your Needs

- Inbuilt dental, optical & maternity benefits
- Customised & pre-packed limits
- Affordable premiums



### 2. Accessibility That Makes Life Easier

- No co-pay required
- Extensive coverage under open provider panel
- Specialist access
- 100% Reimbursement on panelled provider
- Telemedicine - convenient remote consultations from the comfort of your home
- 24/7 Customer support



### 3. Member Eligibility

- Proof of cover under Privately funded scheme
- Package exclusive for members joining within 60 days upon exiting private sector scheme
- Joining age 18-65yrs
- Medical exams only for members above 55yrs



### 4. Generous Benefits & Extras

- All Inclusive package with high Cover Limits
- Essential Vaccines for Children
- Annual health check-ups
- Pain Management for chronic pain relief
- Immediate Newborn coverage
- Last expense coverage up to Kes.100,000



### 5. Waiting periods

- 6 months for surgeries
- 9 months for maternity related cases
- 2 yrs for Cancer related treatment

**Payment plan:** Cash & Carry, IPF 4 equal Installment



## SUB-LIMITS WITHIN THE OVERALL BENEFIT

Inpatient Overall Annual Maximum Limit	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
Ward Description	General	General	Room	Room	Room	Room	Room
Bed limits	Provider	Provider	13,500	18,500	22,500	27,500	30,000
Acute conditions or accidents	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pre-existing and chronic conditions cover	300,000	400,000	500,000	750,000	1,200,000	1,500,000	2,000,000
Congenital, Pre-maturity and neonatal conditions treatment (For Members with Active Maternity benefit)	100,000	150,000	200,000	250,000	300,000	500,000	650,000
Newly diagnosed chronic conditions after inception of cover	350,000	750,000	1,200,000	2,000,000	2,500,000	3,000,000	3,500,000
Cancer treatment	250,000	350,000	750,000	1,500,000	2,000,000	2,500,000	3,000,000
HIV / AIDS and related conditions	200,000	200,000	300,000	500,000	750,000	1,000,000	1,500,000
Post-hospitalization treatment related to cause of pre authorization (limited to the 3 weeks from date of discharge)	15,000	20,000	30,000	30,000	40,000	50,000	60,000
Non-accident-related eye treatments excluding surgery for refractive errors and laser treatment	75,000	75,000	75,000	100,000	100,000	150,000	200,000
Non-accident-related dental surgery/treatment	75,000	75,000	75,000	100,000	100,000	150,000	200,000
Diagnostic tests	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient MRI/CT scans and PET Scans (subject to preauthorisation)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Theatre charges, HDU & ICU	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Gynaecological surgery	150,000	200,000	300,000	300,000	350,000	400,000	500,000
Organ transplantation (cost of donor or securing the organ is excluded)	250,000	300,000	400,000	450,000	500,000	550,000	600,000

Inpatient Overall Annual Maximum Limit	A	B	C	D	E	F	G
	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
Psychiatry and psychotherapy	100,000	150,000	250,000	250,000	300,000	400,000	Covered
Illness related reconstructive/plastic surgery	150,000	150,000	150,000	150,000	150,000	200,000	15,000
Covid Treatment on IP	250,000	300,000	400,000	450,000	500,000	550,000	Covered
Funeral expenses per member (death as a result of covered conditions)	50,000	100,000	100,000	100,000	100,000	100,000	Covered
Lodger Fee for Accompanying Parent/Guardian	12 Years	12 Years	12 Years	12 Years	12 Years	12 Years	Covered
Passive War/Terrorism and Political Violence	200,000	200,000	300,000	500,000	750,000	1,000,000	Covered
External Appliances	75,000	75,000	100,000	100,000	150,000	150,000	Covered
Internal appliance and Prosthesis	Covered within the applicable sub limits and applicable waiting periods						
<b>Maternity within Inpatient</b>	<b>75,000</b>	<b>100,000</b>	<b>150,000</b>	<b>200,000</b>	<b>200,000</b>	<b>200,000</b>	20,000
	To Cover Normal delivery, All C-sections, Maternity coplication. Post and pre natal to be covered within Outpatient						

Outpatient	50,000	100,000	150,000	200,000	250,000	300,000	350,000
Consultation fees	Covered	Covered	Covered	Covered	Covered	Covered	Covered
COVID ~19 testing	15,000	15,000	15,000	15,000	15,000	15,000	15,000
Cancer treatment	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prescribed drugs and dressings	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Specialist's fees (strictly on referral by a GP)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pathology, X-rays, MRI, CT scan and other necessary diagnostic tests (preauthorization required)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pre-existing and/or chronic conditions	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Annual medical check-up (for main member and/ spouse)	5,000	10,000	15,000	20,000	20,000	20,000	20,000
KEPI/Baby Friendly & Private Vaccinations(5yrs & Below)	5,000	10,000	15,000	20,000	20,000	20,000	20,000
Pain management subject to pre-existing & chronic sub benefit	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Family Planning cover limited to long-acting methods	2,500	2,500	2,500	2,500	2,500	2,500	2,500
<b>Optical and Dental Limit-combined</b>	<b>15,000</b>	<b>20,000</b>	<b>30,000</b>	<b>40,000</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>

Optical Overall Annual Maximum Limit (Frames capped at 50% of the limit)



### INPATIENT COVER SHARED PER FAMILY

Family size	A	B	C	D	E	F	G
	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
M	25,728	41,164	45,281	51,249	69,465	77,183	81,299
M+1	47,596	76,154	83,769	94,811	128,509	142,788	150,404
M+2	56,785	90,855	101,962	116,864	156,075	177,245	187,157
M+3	58,305	93,288	107,394	122,278	161,934	186,191	196,873
M+4	64,987	103,980	122,096	138,316	181,981	211,251	223,603
M+5	71,670	114,672	136,797	154,354	202,029	236,310	250,333
M+6	78,352	125,364	151,499	170,392	222,076	261,369	277,063
M+7	85,035	136,056	166,200	186,430	242,124	286,429	303,793
<b>Maternity Liimit</b>	<b>75,000</b>	<b>100,000</b>	<b>150,000</b>	<b>200,000</b>	<b>200,000</b>	<b>200,000</b>	<b>200,000</b>



### OUTPATIENT COVER SHARED PER FAMILY

Family size	50,000	100,000	150,000	200,000	250,000	300,000	350,000
M	26,838	39,900	45,450	49,950	54,850	59,030	64,127
M+1	48,308	71,820	77,810	79,790	86,730	90,055	97,468
M+2	48,550	85,768	91,522	96,378	102,435	111,825	120,394
M+3	48,791	89,364	97,661	108,121	119,235	128,319	136,513
M+4	48,945	94,757	111,120	122,865	133,944	143,034	149,210
M+5	49,099	97,650	125,579	140,908	150,743	161,492	169,503
<b>Optical /Dental Limit</b>	<b>15,000</b>	<b>20,000</b>	<b>30,000</b>	<b>40,000</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>



### 1. Waiting periods

- 6 months for surgeries
- 9 months for maternity related cases
- 2 yrs for Cancer related treatment



### 2. Important Notes:

- Flexible payment options are available from reputable banks through
- Insurance Premium Financing(4 equal Instalments)
- Please note the benefits and the premium rates may change at any time. The plan you have already purchased may however not change mid-term
- Pre-cover medical tests will be required for all new applicants above 55 years of age. An applicant of any other age may be asked to undergo the tests for further underwriting of the policy
- The Heritage Insurance Company reserves the right to decline any application
- All admissions must be reported to Heritage immediately and within 48 hours for emergency admissions
- Members must stick to the HeriAfya provider panel. Where pay cash, Heritage will refund as per the standard reasonable and customary rates up to 100% of the claim
- Coverage is in Kenya and East Africa and referral to India only. Emergency treatment is allowed outside the region when on travel up to 6 weeks per policy year, heritage must be notified before travel.
- Premium quoted is subject to taxes (Stamp duty Kes. 40, Training Levy and PCHF of 0.45%)



### 3. Exclusions

- Cosmetic treatments and plastic surgery
- Prescribed alternative medicines including but not limited to homeopathy, acupuncture, Chinese medicine, reflexology, aromatherapy, patent medicines and household remedies
- Services or treatment in any home, spa, hydro-clinic, sanatorium, step-down facilities, hospice, private nursing/home care (unless pre-authorised by us), frail care or long-term care facility that is not a hospital as defined

- Tests or treatment related to infertility, contraception, impotence or sexual dysfunction
- Termination of pregnancy unless authorised by a registered medical practitioner when the life of a mother is at risk
- Treatment by the insured person himself or family member or spouse
- All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the organ transplant benefit)
- Treatment of self-inflicted injury, suicide or attempted suicide, abuse of alcohol and drug addiction or abuse unless where related to mental illness
- Experimental or pioneering medical and surgical techniques not commonly available
- Injury or illness while serving as a full-time member of a police or military unit
- Travel costs or non-medical costs (except where stated in the benefit table)
- Vaccinations such as travel vaccinations, flu vaccinations, epidemics and pandemics
- Dentures, inlays, crowns, bridges, periodontal treatment and orthodontic treatment
- Replacement of eye glasses due to damage, breakage or loss
- Repair of eye glasses; anabolic steroids and testosterone; autopsies; humidifier; medicated shampoos and conditioners, unregistered medicines; massages; multivitamins and tonics; treatment for obesity; sleep studies
- Slimming preparations; soaps, scrubs and other cleansers; sunglasses, readers, contact lenses and contact lens preparations; sun screening and sun tanning preparations;toiletries; treatment for hair removal; search and rescue
- Dental implants; refractive eye surgery or laser eye treatment; photophobia and photo chromatic lenses
- Food and nutritional supplements, including baby food and special milk preparations
- Anti-smoking preparations; Hearing aids, glucometers and blood pressure machines
- Expenses incurred directly or indirectly as a result of an insured person being involved in professional and dangerous sports including but not limited to motorcycling, rugby, football, skydiving, mountaineering, water sports, etc
- Treatment for learning difficulties, development, and behavioral problems in children

*\*For the full list and detailed information on exclusions, please refer to the policy document*



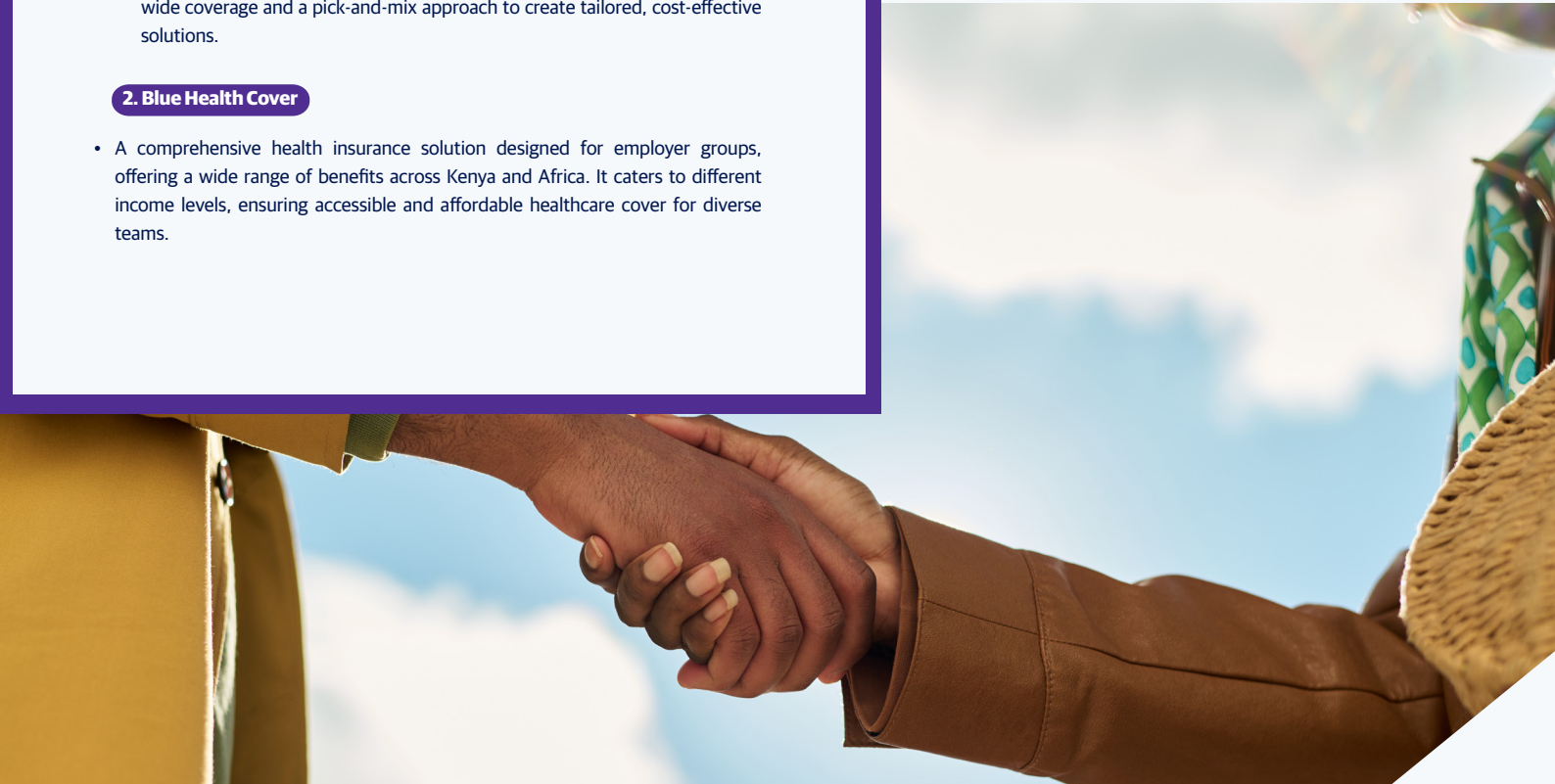
## OTHER SOLUTIONS

### 1. Heritage Flexi

- A flexible medical cover that allows organizations to customise benefits for their employees based on their specific healthcare needs. It offers East Africa wide coverage and a pick-and-mix approach to create tailored, cost-effective solutions.

### 2. Blue Health Cover

- A comprehensive health insurance solution designed for employer groups, offering a wide range of benefits across Kenya and Africa. It caters to different income levels, ensuring accessible and affordable healthcare cover for diverse teams.



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Tel: +254 741 403 221

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 P. O. Box 84886 - 80100 Mombasa  
 Tel: +254 711 039622/711 039627

**NANYUKI BRANCH**

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 Tel: +254 20 278 3000/+254 711 039 800/01

**KISII BRANCH**

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 039 722

**NAKURU BRANCH**

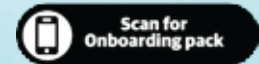
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**LIBERTY****Heritage**

Insurance Company

A member of  LIBERTY**Liberty & Heritage Insurance**

Regulated by the Insurance Regulatory Authority