



Jubilee
HEALTH INSURANCE

Jcare
JOHARI

AFFORDABLE
MEDICAL
INSURANCE

WELCOME TO JUBILEE HEALTH

Jubilee Health Insurance Limited provides first-class, tailor-made health insurance products to suit individual and corporate needs, from in-patient, out-patient, maternity, dental, and optical to scheme administration. We are delighted that you are considering us as your health insurance provider and we look forward to working with and for you.

PLAN SUMMARY

JCARE JOHARI		
INDIVIDUAL/FAMILY MEDICAL INSURANCE		
All inpatient treatment is subject to pre authorization. All benefits are sub-limits of the overall annual benefit unless specified otherwise. Amounts shown in Kenya Shillings		
	PLAN A	PLAN B
INPATIENT BENEFITS	200,000	400,000
Bed limits per day. NHIF rebate applicable on the cost of the bed per night.	General Ward Bed	General Ward Bed
COVID-19 hospitalization benefit	Covered up to Kes. 200,000 per family	Covered up to Kes. 200,000 per family
Confirmed newly diagnosed chronic conditions after 3 months of cover inception	50,000	100,000
External Aids Cover- This benefit caters for external aids on prescription including hearing Aids & hearing tests	20,000	20,000
Pre-existing and/or Chronic, Cancer, Congenital, Psychiatric, Haemorrhoidectomy, Thyroidectomy, Adenoidectomy, Organ transplant, HIV/ Aids and related conditions, Hernias, Gynaecological conditions, Tonsillectomy (1 year waiting period)	100,000	200,000
Day case admission	Covered	Covered
Inpatient dental surgery from an accident	Covered	Covered
Inpatient non accidental related dental surgery/treatment (1 year waiting period)	25,000	40,000
Inpatient non accident related eye treatment (excluding correction of refractive errors and laser treatment) (1 year waiting period)	25,000	40,000
Maternity (Normal delivery, all C-Sections and related complications (1 year waiting period) (pre and post-natal outpatient visits not covered)	40,000	50,000
Take home prescribed medication after discharge from hospital	Up to 14 days after discharge	Up to 14 days after discharge
Medically necessary local road ambulance leading to admission in hospital	Covered	Covered
Occupational and/ Speech Therapy caused by an acute episode of an eligible condition or caused by an accident Eligible therapies will be limited to 6 months maximum, from the onset of episode within the cover period subject to pre-authorization	Covered	Covered
Pain management Within inpatient pre-existing & chronic sub benefit (Subject to pre-authorization)	Covered	Covered
Last expense	20,000	25,000
Personal Accident cover for principal member only	100,000	100,000

OUTPATIENT BENEFITS	40,000	50,000
COVID-19 testing	Kes. 15,000 per family	Kes. 15,000 per family
Pre-existing, chronic cover, Psychiatric, Congenital conditions and HIV/AIDS and related treatment (1 year waiting period)	Covered up to outpatient sub-limit	Covered up to outpatient sub-limit
Confirmed newly diagnosed chronic conditions after 3 months of cover inception	Covered as above	Covered as above
Consultation with GP (doctors on specified panel)	Covered as above	Covered as above
Consultation fees for Specialists on referral only (doctors on specified panel)	Covered as above	Covered as above
Pathology, X-rays, Ultrasounds and other necessary (non-advanced) diagnostic tests (preauthorization) required	Covered as above	Covered as above
Prescription drugs and dressings up to a maximum of 14 days dosage	Covered as above	Covered as above
Annual medical checkup applicable for main member and/ spouse within outpatient	10,000	10,000
Family Planning cover limited to long-acting methods such as Intrauterine Contraceptive Device (IUCD) and Norplant implants Only, within outpatient	2,500	2,500
Routine Pre-natal & post-natal outpatient treatment (1 Year waiting period).	Covered as above	Covered as above
Routine immunizations (KEPI/Baby Friendly Vaccinations). Limit for child up to 1.5 year	Covered as above	Covered as above
Pain management Covered within Outpatient subject to pre-authorization	Covered as above	Covered as above
Occupational and/ Speech Therapy caused by an acute episode of an eligible condition or caused by an accident Eligible therapies will be limited to 6 months maximum, from the onset of episode within the cover period subject to pre-authorization	Covered	Covered
This is only a summary of the benefits for more details refer to the policy document		

	PLAN A	PLAN B
	IP 200,000	IP 400,000
FAMILY RATES	OP 40,000	OP 50,000
M	25,564	30,687
M+1	35,749	42,922
M+2	45,936	55,157
M+3	56,121	67,391
M+4	66,307	79,626
M+5	76,492	91,861

The above rates do not include 0.45% (Training levy & policyholders funds) and Stamp Duty (Kes. 40). Inpatient and outpatient are sold as one package and cannot be purchased separately.

GENERAL CONDITIONS

1. Standard waiting period of 30 days for new entrants on general illness claims. No waiting period for accident related treatment.
2. Eligibility of main member and spouse is from 18 years to 60 years. Members of the scheme will continue to be covered up to the age of 65 years.
3. Eligibility of dependent children is from 0 days (term baby of 38 weeks) up to 18 years. Dependent children over 18 years are covered up to 25 years old with proof of schooling.
4. Fibroids, Adenoidectomy, Hernias, Thyroidectomy, Hemorrhoidectomy and Tonsillectomy procedures and all Gynaecological illness and treatment shall have a waiting period of 1 year.
5. Pre-existing and/or Chronic, Cancer, Psychiatric, Congenital, Organ Transplant, HIV/Aids and related treatment, Maternity and related complications, inpatient non accident related ophthalmology and dental surgery is subject to 1 year waiting period.
6. All inpatient hospital bills shall be paid net of all the applicable National Hospital Insurance Fund (NHIF).
7. Treatment must be within the prescribed provider panel. Claims outside the panel will not be paid.
8. This scheme does not cover for reimbursement of claims.
9. Changes to benefit levels can only be done at renewal.

EXCLUSIONS (These are some of the exclusions. For more details please refer to the policy document)

1. Peri-Menopause Menopause, andropause, hormone replacement therapy, age and puberty related treatment.
2. Genetic disorders, genetic testing and related conditions.
3. Cosmetic or plastic surgery unless necessitated by an accidental injury that occurs while the insured is covered under this contract.
4. Beauty treatment or massage, stays in sanatoria, old age homes, places of rest etc.
5. General health examinations, prophylactic treatment, vaccinations except for KEPI vaccinations.
6. Transportation other than a licensed ambulance, as provided for under the inpatient coverage of this contract.
7. Nutritional food supplements or replacements and vitamins whether prescribed by a physician or not.
8. Navel, Military or air force operations, injury or illness resulting from insurrection, war, civil commotion or an act of terrorism, whether declared or undeclared or as a result of participation in riot and/or strikes.
9. Alternative treatment such as herbal, acupuncture treatment, chiropractors etc.
10. Expenses resulting from the insured participating in extreme/hazardous sports and activities and/or riding or driving in any kind of race.
11. Dental treatment including teeth extractions, fillings, teeth scaling, etc.
12. Optical treatment relating to correction of eyesight e.g. eye glasses and contact lenses.
13. Intentional self-injury while sane or insane, suicide or attempted suicide, treatment of acute or chronic alcoholism and drug addiction.
14. Expenses recoverable under any other insurance such as NHIF, Workmen's Compensation, Personal Accident among others.
15. Treatment required as a result of non-compliance, failure or refusal to comply with medical advice.
16. Fertility treatment e.g. costs of treatment related to infertility and impotence, any injury, illness or disease specified as an exclusion and complications caused by a condition that is excluded.
17. Services primarily for weight reduction or treatment of obesity and slimming operations or any care which involves weight reduction as a main method of treatment.
18. Epidemics, pandemics or unknown diseases except for COVID-19 up to the indicated limits
19. Treatment for consumption of alcohol, drugs, intoxication, dependency on or abuse of alcohol, drugs or any other substance abuse, complications, injury or illness arising directly or indirectly thereof.

APPLYING FOR COVER

Apply for cover by dialing *643*5# and following the instructions or filling in an application form via <https://www.digital.jubileinsurance.com/johari>

POLICY PACK

Once the policy commences you will receive a policy pack via email which will include:
E-cards, Welcome letter confirming the plan and benefits purchased, Policy document, List of providers and a receipt.



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Regulated by the Insurance Regulatory Authority (IRA)