

You're in control



Insurance



Business Enterprise Medical Plan

Giving You Control of Your Business

V05/2022

You're in control



Insurance

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Regulated by the Insurance Regulatory Authority



BENEFITS FOR YOU & YOUR FAMILY

Our tailor made Medical Insurance cover provides unique options for your business and staff.

Inpatient Services

- ◇ Maternity services including both normal, elective or emergency CS delivery.
- ◇ Parent/guardian accommodation when insured child is under age of 12 years.
- ◇ Organ Transplant.
- ◇ Post hospitalization discharge medication of upto 14 days.
- ◇ Re-constructive surgery.
- ◇ Accidental damage to natural teeth.
- ◇ Accidental damage to eyes.
- ◇ Ectopic pregnancy.
- ◇ Rehabilitation.
- ◇ Overseas treatment - on referral.
- ◇ Emergency Rescue & Evacuation.
- ◇ International emergency medical cover - upto the first 45 consecutive days.



BENEFITS FOR YOU & YOUR FAMILY

Outpatient Services

- Laboratory tests.
- Diagnostic tests and procedures.
- Radiology - MRI & CT scans (pre-authorization required).
- Radiotherapy and chemotherapy.
- Cancer tests and consultation.
- Dental treatment including simple extractions, difficult extractions, fillings, scaling and polishing.
- Gum surgery, Root Canal treatment, Pulpotomy & Minor Oral surgery.
- Optical services - prescribed lenses, contact lenses, dioptric power +/- 0.25 D and more, and frames.
- Pre-Natal and Post Natal care.
- Physiotherapy by a registered physiotherapist.
- Child vaccination as per KEPI guidelines.
- Nutritional services & advise.

Value Add Services

- Cover for medical injuries resulting from political violence - where a member is not a actively participating.
- Local rescue & evacuation services.
- Nutritional advice.
- 24 hour call center.
- Health camps and health alerts.
- Personal Accident Cover for principal members for covers above 2 Million.

**Because we
value you, enjoy
the additional
benefits at no
cost**

BENEFITS FOR YOU & YOUR FAMILY

	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
IN-PATIENT LIMIT	10M	9M	8M	7M	6M	5M	4M	3M	2M	1M	500,000
Bed Limit Per Day	20,000	17,500	17,500	15,000	15,000	15,000	12,000	12,000	12,000	6,000	3,000
Rehabilitation (Including prescribed wheelchair and crutches)	200,000	175,000	175,000	150,000	150,000	150,000	125,000	125,000	100,000	50,000	50,000
Normal and CS delivery including pregnancy related complications (12 Months waiting period)	200,000	190,000	180,000	170,000	160,000	150,000	100,000	100,000	100,000	75,000	50,000
Chronic and Pre-existing conditions (and related conditions) 6 months waiting period. Organ transplant (3 years waiting period)	1,000,000	900,000	800,000	700,000	600,000	500,000	400,000	300,000	300,000	300,000	300,000
Inpatient Optical illness	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000
Inpatient Dental illness	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Congenital Conditions	250,000	250,000	250,000	250,000	250,000	250,000	200,000	200,000	200,000	200,000	200,000
Psychiatric Treatment	250,000	250,000	250,000	250,000	250,000	250,000	200,000	200,000	200,000	200,000	200,000
Funeral Expenses	175,000	150,000	150,000	150,000	150,000	150,000	125,000	125,000	125,000	100,000	50,000

OUT-PATIENT LIMIT	200,000	200,000	200,000	200,000	200,000	150,000	150,000	100,000	100,000	75,000	50,000
Optical	20,000	20,000	20,000	20,000	20,000	15,000	15,000	10,000	10,000	7,500	5,000
Dental	20,000	20,000	20,000	20,000	20,000	15,000	15,000	10,000	10,000	7,500	5,000
Annual Checkup	10,000	10,000	10,000	10,000	10,000	5,000	5,000	5,000	5,000	5,000	2,500

ADDITIONAL BENEFIT											
Personal Accident with Permanent Total Disability (18 - 59 years)	1M	1M	1M	1M	1M	1M	1M	1M	1M	-	-

INPATIENT PREMIUM

PER PERSON COVER											
	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
Age Band / Limit	10M	9M	8M	7M	6M	5M	4M	3M	2M	1M	500,000
0-17	29,267	27,536	25,805	24,074	22,343	20,612	18,881	17,150	15,419	12,889	12,462
18-30	30,008	28,511	27,014	25,517	24,020	22,523	21,026	19,529	18,032	16,801	16,177
31-40	43,411	41,217	39,024	36,830	34,637	32,443	30,250	28,056	25,863	24,059	23,145
41-50	63,047	59,833	56,620	53,406	50,192	46,978	43,764	40,550	37,336	34,693	33,354
51-60	91,819	87,110	82,401	77,692	72,983	68,274	63,565	58,856	54,147	50,275	48,312
61-64	133,977	127,077	120,177	113,277	106,378	99,478	92,578	85,678	78,778	73,105	70,229

FAMILY SHARED RATES											
	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
Relation/ Limit	10M	9M	8M	7M	6M	5M	4M	3M	2M	1M	500,000
M	47,226	45,633	44,039	42,445	40,851	39,258	35,824	32,390	28,957	21,440	20,679
M+1	85,488	82,619	79,750	76,881	74,013	71,144	64,963	58,783	52,602	39,073	37,702
M+2	105,187	101,786	98,384	94,982	91,581	88,179	80,683	73,186	65,690	49,403	47,667
M+3	124,887	120,952	117,018	113,083	109,149	105,215	96,403	87,590	78,778	59,734	57,633
M+4	144,586	140,119	135,652	131,184	126,717	122,250	112,122	101,994	91,867	70,065	67,599
M+5	164,286	159,286	154,286	149,286	144,285	139,285	127,842	116,398	104,955	80,396	77,564
Additional Member	19,700	19,167	18,634	18,101	17,568	17,035	15,720	14,404	13,088	10,331	9,966

OUTPATIENT PREMIUM

PER PERSON COVER					
	Kshs	Kshs	Kshs	Kshs	Kshs
Age Band / Limit	50,000	75,000	100,000	150,000	200,000
0-17	24,560	30,145	35,731	38,741	41,752
18-30	25,030	31,267	37,504	41,777	46,051
31-40	25,847	33,353	40,859	48,002	55,145
41-50	27,370	37,208	47,046	58,488	69,929
51-60	30,651	47,069	63,488	85,608	107,727
61-64	35,182	61,006	86,831	124,081	161,331

FAMILY SHARED COVER					
	Kshs	Kshs	Kshs	Kshs	Kshs
Relation / Limit	50,000	75,000	100,000	150,000	200,000
M	25,735	31,244	36,753	42,025	47,297
M+1	40,430	53,229	66,028	75,527	85,026
M+2	49,795	67,014	83,234	95,348	107,461
M+3			99,440	115,169	129,897
M+4				134,989	152,332
M+5				149,590	174,767
M+5					197,203

We care about
your Health,
**Wealth and
Wellbeing.**



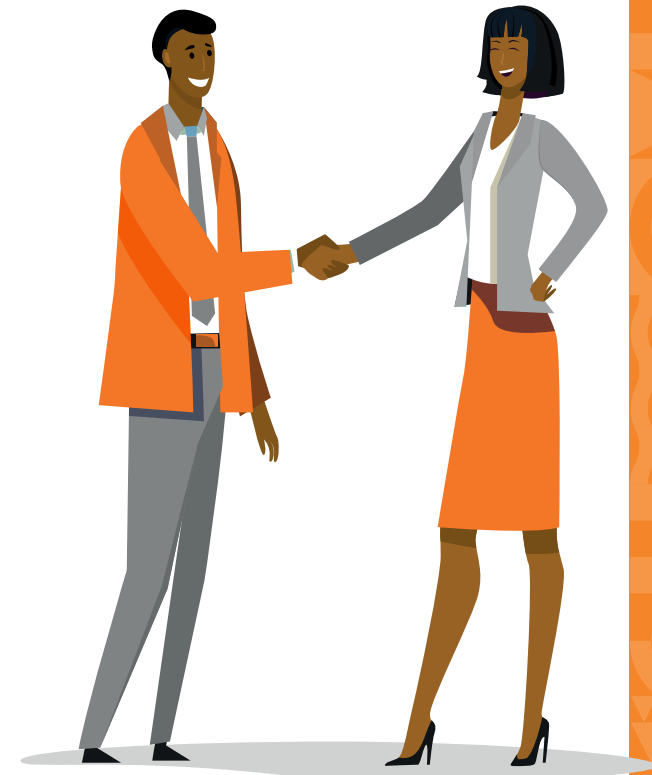
GENERAL CONDITIONS

To ensure that you access quality inpatient and outpatient services. We have contracted a wide range of healthcare providers including hospitals, clinics, doctors and specialists.

Important to Note

- ◇ All services must be within our contracted providers panel.
- ◇ All emergency admissions should be reported to AAR Insurance within 24 hours.
- ◇ Scheduled Admissions should be reported to AAR Insurance at least 48 hours prior to the admissions.
- ◇ To utilize your outpatient services, present your smart card for easy identification at any of our appointed healthcare providers.
- ◇ Fill in the prescribed claim form & sign.
- ◇ All pre-existing conditions should be declared.

*All benefits payable after NHIF deductions.



GENERAL CONDITIONS

Waiting Periods

- ◇ 30 days waiting period for inpatient illness.
- ◇ No waiting period for accident services and admissions.
- ◇ One year waiting period for maternity.
- ◇ 6 months waiting period for chronic & pre-existing illnesses.

Eligible Dependants Include

- ◇ Spouse.
- ◇ Children below the age of 18 years.
- ◇ Disabled children above the age of 18 years.
- ◇ Dependants between the age 18 years and 24 years are covered if proof of education is provided.

Eligibility Criteria

- ◇ Age: Newborn upon discharge to a maximum of 64 years.
- ◇ Kenyan Resident.
- ◇ KRA PIN.
- ◇ Certificate of incorporation.



GENERAL CONDITIONS

Exclusions

- Hearing aids.
- Vaccinations & immunizations other than KEPI recommended regime.
- Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- Intentional self-injury, suicide or attempted suicide, drug addiction, intoxication, drunkenness.
- Cosmetic surgery unless caused by accident.
- War, invasion, civil war or act of terrorism.
- Naval, Military and Air force operations.
- Contamination by radio activity from nuclear fuel, waste or fission.
- Riding or driving in any kind of race and participation in extreme sports.
- Stays at sanatorium, old age homes, places of rest etc.
- Beauty treatment in nature cure clinics or health hydro.
- Chiropractors, acupuncturists herbalists treatment or other forms of alternative treatment.
- Treatment other than by registered medical practitioner.
- Any claim by or on behalf of any Member whose application for Insurance shall contain any misstatement or on whose behalf any material information shall have been withheld.
- Any expenses for which the Member has been or can be reimbursed from any other Insurance or source including benefits received under any Work Injury Benefits Act or Government Schemes (including NHIF) or Compensation except in respect of any excess of expenditure beyond the amount recovered from such other Insurance or source.

You're in control



Insurance

Freedom to...

Embrace flexibility in your insurance journey.

Experience Freedom



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Regulated by the Insurance Regulatory Authority



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Mombasa Branch

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Cell: +254 731 191066

Eldoret Branch

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Wing D, Eldoret
Cell: +254 731 945772

Kisumu Branch

Al Imran Plaza, 2nd Floor
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Kakamega Branch

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REGIONAL OFFICE

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