

# PATTNI BROTHERHOOD HEALTH PLAN Insured by GA INSURANCE

PRESENTATION BY

YAH HAWI (MOSES NYADWE)



# Appreciation

WE, THANK YOU FOR TAKING YOUR TIME TO COME AND LISTEN TO THIS PRESENTATION. ,



# INSURANCE PLAN OPTIONS

- ▶ This is an Inpatient (Admission Only) Hospitalization plan with three Options of Kshs 2 Million, 5 Million and 10 Million with Covid or Exclusive of Covid cover Age Limit 65 Years
- ▶ For Ages 66 and Above plans available under Hadhi are 2.5 Million and 5 Million.



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# PREMIUM COSTING

M=Principal Member,  
+1=additional Family Member

Overall Inpatient Cover	2M	5 M	10 M		2 M	5 M	10 M
Bed limit	15,000	20,000	25,000		15,000	20,000	25,000
Eligible age							
38 Weeks - 65Years	Yes	Yes	Yes		Yes	Yes	Yes
Premium (38 weeks-65 Years)							
Member	26,127	41,494	58,415		31,352	49,793	70,097
Member + 1	35,793	56,846	78,860		42,953	68,216	94,632
Member + 2	43,310	68,784	102,518		51,972	82,541	123,021
Member + 3	50,240	79,102	128,147		60,288	94,923	153,776
Member + 4	58,278	90,967	153,777		69,934	109,161	184,531
Member + 5	67,603	105,612	184,532		81,123	125,535	221,438
Premium (66 - 100 Yrs.)	2.5 M	5 M	N/A		2.5 M	5 M	N/A
Hadhi Plan							
66 - 70	92,957	125,063			111,548	150,076	
71 - 75	125,975				151,170		
76 - 80	157,563		-		189,076	-	-
81 - 100	-	-	-		-	-	-



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# TERMS AND CONDITION

- ▶ Undeclared pre-existing conditions excluded under the Policy.
- ▶ Accidental admission is covered immediately
- ▶ Illness admissions are covered after waiting period of 30 DAYS from policy start date.(new joining Members)
- ▶ Non accidental surgeries, Gynecological and ENT admissions are covered after 60 Days (New Joining Members)
- ▶ Admissions due to disclosed pre-existing conditions, chronic ailments newly diagnosed cancer, HIV/AIDS related conditions Lymphomas, Cataract, Tonsils adenoids, Hernias, Hemorrhoids are covered after waiting period of 6 Months from Policy start date for new Members
- ▶ Newly and pre-existing cancer covered after 6 months for new members
- ▶ Declared pre-existing Conditions and HIV related conditions with a waiting period of 3 months.
- ▶ Congenital conditions (By Birth) with a waiting period of 6 months
- ▶ Non Panel doctors are accessible on Pre-Authorization (as Prescribed by Kenya Medical Practitioners Board) Authorization by GA is Mandatory
- ▶ No waiting periods for renewals or member transferring from another insurer.



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# DEFINITION AND TERMS OF PRE- EXISTING & CONGENITAL CONDITIONS

- ▶ Pre –Existing Condition is any sickness that is known by the individual and may or may not be managed by medication or currently on Treatment for example Hypertension, Diabetes, Arthritis, Fibroids, Cancer, Asthma..... etc
- ▶ Congenital Conditions are ailments that an individual is born with. Example Autism, Hole in the heart .....etc
- ▶ **Note: should you not declare a ailment/illness you are aware of, your hospital bill shall not be paid and shall be treated as a Non Disclosure as per the terms and condition.**



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# REQUIREMENTS

- ▶ Signed and filled application form. (declare all/any medical condition you have or had on question 2 and 4) Pls declare any condition at renewal if you had not.
- ▶ Copy of IDs/Passports for Adults
- ▶ Copy of KRA pin for principal
- ▶ For adult students between ages 18-24 Please provide proof of schooling)



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# Admission & Discharge Process





# What happens if I go to Hospital in an emergency

- ▶ At this point if member must be seen at casualty and necessary investigations done to determine if member is to be admitted
- ▶ then the Hospital per their medical protocols will advise if admission is necessary or not
- ▶ If an admission: The Hospital will call the insurance to verify membership, medical necessity, and appropriateness of facility, cost effectiveness of proposed treatment and availability of benefits.
- ▶ Out-patient treatment which leads directly to admission within 24 hours can be claimed for reimbursement.
- ▶ If during the admission – the hospital asks you if you have a doctor, **please, please do not give any name. Tell them to use the hospital doctors/ specialist.** You can call your doctor after the emergency.
- ▶ REMEMBER THE EMERGENCY NO. IS ON THE MEMBERSHIP CARD
  - ▶ 0709 626 400 (NBI) 0733 154 415 (KSM) 0736 372 881 (MSA)



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# What happens if I go to Hospital for a Planned/scheduled case

- ▶ Hospital or Doctor will send preauthorization form to the Insurance Company
- ▶ If an admission: The Hospital will inform the insurance to verify if Daycare or Overnight admission, membership of patient, medical treatment necessary, and whether treatment can be provided at facility,
- ▶ If overnight admission the Insurer will after receipt of documents know if Physician is empaneled, if not will request for Physicians professional fees.
- ▶ If the Insurer is agreeable to T&C then the letter of undertaking will be sent.

REMEMBER THE EMERGENCY NO. IS ON THE MEMBERSHIP CARD.

- ▶ You can always call us should you feel that the emergency team is delaying the admission or if there is an issue.



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# EMPANELED & NON PANELED DOCTORS & HOSPITALS

- ▶ GA has a list of Hospitals, Doctors and Specialist that members can use to seek treatment in case of admission. This are the Empaneled Doctors and Specialist.
- ▶ NON Paneled Doctors are Private doctors not on the GA Panel list.
- ▶ We recommend using this list to avoid going out of pocket to pay for additional cost that may be incurred should you opt to use a Non Paneled Doctor.



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# USE OF NON PANELED DOCTORS & HOSPITALS

Should a member opt to use a doctor not on the panel for Scheduled admissions, we advise the members to

- ▶ Get the doctor to fill a pre-authorization form and send the same to the GA insurance.
- ▶ GA will then advise the doctor on how much they will pay as per the set Government charge sheet guidelines given by the Kenya Medical Practitioners and Dentist Board (KMPDB) Rates.
- ▶ If the Doctor agrees to this then the member can proceed and GA will pay the Doctor Directly.
- ▶ Should the Doctor not agree with the Insurer on payment terms and the member proceeds to use the doctor, The Member shall pay the doctors fee out of Pocket. The member can then present the original receipts to the Insurer, who will then reimburse the member up to the KMPDB rates



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# DISCHARGE

- ▶ Hospital will typically send the discharge documents to Insurance i.e. final bill, medical report/discharge summary as is required
- ▶ Must note: Discharge process from when the Dr discharges client takes 1-2 hours depending on facility so kindly be patient.
- ▶ In case of delayed discharge please call me on **0722740142**
- ▶ **Pls note** - The cost of follow-up treatment after discharge is cover up to 30 days.



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# CLAIM FOR OVERSEAS TREATMENT

A member can choose to go to overseas for treatment. Requirements for this are:

- ▶ Inform Yah Hawi (Moses Nyadwe) of intention to seek treatment or admission in India or GA insurance Co.
- ▶ Forward the GA form for the doctor to fill and send a copy of the same to us or GA Insurance as you seek treatment.
- ▶ On Discharge forward all below medical documents on soft (whatapp) to us **Immediately:**
  - a. Discharge Summary
  - b. Receipts
  - c. Itemized Hospital Bills
- ▶ When the member is back in Kenya GA will require the original Receipts for reimbursement by the Insurance within 4 weeks (30 days)
- ▶ Claims will not be accepted if submitted after 60 days from date of discharge.



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# NHIF

- ▶ All members are required to register with NHIF and ensure payments are up to date. (This is a requirement of Law and all Insurance Company's)
- ▶ NHIF is deductible if employed or even if self employed (charges are Kshs 500 per Month)
- ▶ NHIF pays a certain amount of a Members bill upon admission.
- ▶ Should a member be admitted the Insurance will pay the hospitals bill net of NHIF.
- ▶ If a member does not have NHIF, the member will be forced to pay the NHIF portion out of Pocket as per the bill.
- ▶ Kindly up-grade your NHIF to include your finger print.



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# MEDICAL INSURANCE & TAX

- ▶ In accordance with the amendment of the Finance Act, 2021 Section 31 (1) of the Income Tax Act (ITA), Cap 470 , members of the public are now eligible for Insurance Relief that includes contributions to NHIF.
- ▶ The amount of Insurance Relief shall be fifteen percent of the amount of premiums paid but shall not exceed sixty thousand shillings per annum. Contributions to NHIF will therefore be eligible in the computation of Insurance Relief as follows: -
- ▶ Insurance Relief = 15% (Insurance Premiums + NHIF Contributions) but shall not exceed Kshs. 5,000.00 per month or Kshs. 60,000.00 per year. The effective date of this amendment was 1st January 2022.



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# CURRENT PATTNI MEMBERSHIP

<b>FAMILY SIZE</b>	<b>2,000,000/- LIMIT</b>	<b>2,500,000/- LIMIT</b>	<b>5,000,000/- LIMIT</b>	<b>10,000,000/- LIMIT</b>
<b>M</b>	42	4	12	1
<b>M+1</b>	22		22	4
<b>M+2</b>	17		6	1
<b>M+3</b>	11			1
<b>M+4</b>				
<b>TOTAL</b>	<b>93</b>	<b>4</b>	<b>50</b>	<b>7</b>



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