Britam Connect

Bima Ya Wafanyikazi

FAQs

1. What is Bima Ya Wafanyikazi?

It is a comprehensive medical insurance rider designed to provide affordable healthcare for domestic workers, including house helps, nannies, cooks, gardeners, and drivers.

2. Can I include my family members in the cover?

Yes, the cover can be extended to include a spouse and children where eligible. Children from 38 weeks to 18 years are automatically eligible, and those up to 24 years can be included if they are full-time students.

3. What are the age limits for this policy?

The applicant and spouse must be between 18 and 65 years old at the time of entry. The policy is renewable annually with an exit age of 70 years.

4. What are the waiting periods for the benefits?

- There is a **1-month waiting period** for all illnesses and natural death.
- There is **no waiting period** for accidental cases.
- There is a **10-month waiting period** for maternity, surgery, and chronic/pre-existing conditions.

5. What is the maximum amount the policy will pay out?

The total benefit payout for both Inpatient and Outpatient services combined shall not exceed KES 500,000 per policy, per policy period.

6. How can this policy be purchased?

It can be purchased as an optional rider under an existing medical scheme, as a retail/individual purchase option or as a standalone group cover for registered domestic worker associations.

7. Is there a minimum number of people required to get this cover?

No, there is no minimum group size required.

8. Where can I view my benefits, dependants and utilization?

You will be onboarded on Smart Access, a platform with a mobile app where you are able to view all your policy details including benefits, utilization and dependants on cover.

9. Where can I utilize this cover?

You will be provided with a nation-wide Hospital List of the Britam Provider Panel where you are able to seek medical care and services.

10. Are maternity services covered?

Yes, maternity services are covered, both for normal delivery and caesarean section.

11. Do I have to pay copay to get services at the hospital?

No there is no copay for this scheme.

12. How are services offered at the hospital?

You visit a hospital on the Britam Panel provided, you are identified through the Smart Access platform and authorize a visit through fingerprint or OTP, Service is offered.

Inpatient/admission will require the provider to share a preauthorization request to Britam.

13. What do I need to join?

- The premium payment
- Application form
- A copy of your ID

14. What is the inpatient annual cost?

Family Size	IP Only 100K	IP Only 200K	IP Only 300K	IP Only 500K
Member Only	4,026	6,576	7,656	13,866
Family Rate up to M+5	8,838	10,188	11,268	17,478
Additional Dependent	2,406	2,406	2,406	2,406

Premium has to be paid in full, and no minimum number required for this group.

15. What is the outpatient annual cost?

Family Size	OP 20K	OP 50K	OP 65K
Member Only	10,328	14,295	14,600
Family Rate up to M+5	15,188	21,870	25,029
Additional Dependent	2,430	3,038	3,038

Eligibility:

- The applicant and the spouse should be between 18 and 65 years at entry.
- The policy is renewable annually but has an Exit age of 70 years. Britam however reserves the rights to renew cover, or not before expiry.
- Children between 38 weeks and 18 years automatically qualify for inclusion. Those above 18 years up to 24 years can be included only if they are students in school/college. Evidence of one as a student must be provided.

16. What are the inpatient benefit options?

Total Benefit Pay out shall not exceed KES 500,000 per policy, per policy period.

Benefit	Option I	Option II	Option III	Option IV
Inpatient Cover Limit (Main Benefit)	100,000	200,000	300,000	500,000
Chronic/ Pre-existing/ Psychiatric cases within IP Limit	50,000	100,000	150,000	250,000
Maternity Limit (Within Inpatient)	20,000	20,000	30,000	50,000
Maternity CS	40,000	40,000	50,000	70,000
Congenital	25,000	50,000	75,000	125,000
Ambulance	15,000	15,000	15,000	15,000
Radiology	20,000	20,000	25,000	30,000
Covid (50% of IP Limit)	50,000	100,000	150,000	250,000
Dental within IP Limit	25,000	50,000	75,000	125,000
Lodger fees	12 years	12 years	12 years	12 years
Last Expense	50,000	50,000	50,000	50,000
Optical within IP Limit	25,000	50,000	75,000	125,000

17. What are the outpatient benefit options?

Total Benefit Pay out shall not exceed KES 500,000O per policy, per policy period

	Option I	Option II	Option III
Outpatient Cover Limit (Optional Benefit)	20,000	50,000	65,000
Chronic/ Pre-existing/ Psychiatric cases within OP Limit	20,000	25,000	32,500
Dental within OP Limit	5,000	7,500	10
Optical within OP Limit	5,000	7,500	10,000
Annual check up	2,000	2,000	2,000
Prescribed Physiotherapy	Covered for 3 sessions per person	Covered for 3 sessions per person	Covered for 3 sessions per person

	Option I	Option II	Option III
Outpatient Cover Limit (Optional Benefit)	20,000	50,000	65,000
Post Hospitalization	Covered within outpatient limit to full Limit	Covered within outpatient limit to full Limit	Covered within outpatient limit to full Limit
Pre &Post Natal Care	Covered	Covered	Covered
Reimbursement	Accidents and clear emergencies will be reimbursed	Accidents and clear emergencies will be reimbursed	Accidents and clear emergencies will be reimbursed
Day-case Surgery	Covered within outpatient	Covered within outpatient	Covered within outpatient
Vaccines and routine immunization for Babies	Covered under KEPI	Covered under KEPI	Covered under KEPI
Identification	Smart Cards	Smart Cards	Smart Cards
Copay	Nil	Nil	Nil

18. Who do I call if I have questions?

- You can reach out to Minet: **0730 604 000**
- You can reach out to Britam: **0705100100**
- Britam Number for medical emergencies: **0709165000**