



Bima ya Mwananchi

SMS **BIMA** to 21778

Britam
Connect

A Better Life

About The Product

Britam has been Kenya's friend for life, walking with Kenyans through their highs and lows. Understanding the healthcare challenges faced by the common mwananchi, Britam Connect is driving inclusive insurance by expanding access to affordable and flexible solutions for underserved communities across Africa.

Bima ya Mwananchi is an affordable medical cover that can be taken up by an individual or by a family. It gives you the peace of mind that you and your family have access to the best medical care in case of any eventuality.

Who can get this cover

- 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.

Inpatient Benefits

Benefit Summary	Option 1	Option 2	Option 3	Option 4	Option 5
Total Shared Benefit	75,000	100,000	200,000	300,000	500,000
Chronic/ Pre-existing Limit waiting period applies	37,500	50,000	100,000	150,000	250,000
Psychiatric case within Chronic limit waiting period applies	18,750	25,000	50,000	75,000	125,000
Radiology (Endoscopy, colonoscopy, CT scan, and Ultrasound) Once per year per person in a family) within overall radiology limit	20,000	20,000	20,000	20,000	20,000
Maternity (Normal delivery or any complications)	20,000	20,000	20,000	30,000	30,000
Maternity Caesarian Section	45,000	45,000	45,000	45,000	45,000
Road evacuation due to accident by Ambulance leading to Admission (Within IP Limit)	15,000	15,000	15,000	15,000	15,000
Covid Hospitalization in approved Government hospitals only.	37,500	50,000	100,000	150,000	250,000
Drugs, Medicine dressings, and internal surgical appliances	Covered	Covered	Covered	Covered	Covered
ICU/HDU and theater Charges within applicable benefit limits	Covered	Covered	Covered	Covered	Covered
Surgery expenses including doctors' (Physician, surgeon,anesthetist) fees	Covered	Covered	Covered	Covered	Covered
Bed Limit Net of NHIF rebate benefit incase clients have NHIF/ SHA	General ward bed				

Inpatient Benefits(continued)

Benefit Summary	Option 1	Option 2	Option 3	Option 4	Option 5
Lodger Fees	12 years				
External Appliances	20,000	20,000	20,000	20,000	20,000
Inpatient Physiotherapy	Covered	Covered	Covered	Covered	Covered
Accidental Dental and Eye treatments	Covered	Covered	Covered	Covered	Covered
Post Hospitalization	Covered	Covered	Covered	Covered	Covered
Fire cash back	5,000	5,000	5,000	5,000	5,000
Malkia Cancer Cash Benefit	5,000	5,000	5,000	5,000	5,000
Last expense	40,000	40,000	40,000	40,000	40,000
Maximum OP to be offered	30,000	30,000	50,000	50,000	75,000



Outpatient Benefits

Benefits Summary	Option 1	Option 2	Option 3
Overall outpatient Cover (Optional Benefit)	Ksh 30,000	Ksh 50,000	Ksh 75,000
Dental within OP Limit (Consultation, gum disease, Extractions, fillings, root canal, Dental X rays)	3,000	5,000	7,000
Optical within OP Limit (Eyeglasses, routine consultations, lenses, frames once every 2 years)	3,000	5,000	7,000
New Chronic/ Pre existing/ within OP Benefit waiting period applies	15,000	25,000	37,500
Psychiatric Cases within OP chronic limit Benefit waiting period applies	7,500	12,500	18,750
Radiology services (Endoscopy, colonoscopy, CT scan, and Ultrasound) Once per year per person in a family.	20,000	20,000	20,000
Prescribed Physiotherapy	Covered for 3 sessions per person	Covered for 3 sessions per person	Covered for 3 sessions per person
Pre & Post Natal Care	Covered under Outpatient Limit	Covered under Outpatient Limit	Covered under Outpatient Limit
Immunization and Vaccination covered under KEPI Vaccines only up to 1.5 years old	Covered KEPI	Covered KEPI	Covered KEPI
Family planning	3,000	3,000	3,000
Day-case Surgery	Covered within outpatient	Covered within outpatient	Covered within outpatient
Annual checkup (Principal and/or Spouse)	2,500	2,500	2,500
Post Hospitalization	Covered	Covered	Covered
Copay (Mandatory 300)	Kshs 300	Kshs 300	Kshs 300

Inpatient Premiums

Cover	Particulars	Option 1	Option 2	Option 3	Option 4	Option 5
Inpatient	Total Shared Benefit	75,000	100,000	200,000	300,000	500,000
	M	4,600	5,000	7,300	8,900	15,500
	M+1	7,000	7,500	10,600	12,900	20,500
	M+2	9,400	10,000	13,900	16,900	25,500
	M+3	11,800	12,500	17,200	20,900	30,500
	M+4	14,200	15,000	20,500	24,900	35,500
Additional Members		2,400	2,500	3,300	4,000	5,000

Outpatient Premiums

Under 40yrs							
	M	M+1	M+2	M+3	M+4	M+5	M+6
Limit							
30,000	13,180	16,200	19,220	22,240	25,260	28,280	29,500
50,000	18,580	22,680	26,780	30,880	34,980	39,080	43,180
75,000	21,880	26,640	31,400	36,160	40,920	45,680	50,440

Over 40yrs							
	M	M+1	M+2	M+3	M+4	M+5	M+6
Limit							
30,000	14,680	17,700	20,720	23,740	26,760	29,780	29,980
50,000	20,680	24,780	28,880	32,980	37,080	41,180	45,280
75,000	24,480	29,240	34,000	38,760	43,520	48,280	53,040

Waiting Period

1. **One month** for all illnesses but treatment as a result of accidental causes are covered from commencement date.
2. **One month** waiting period on death as a result of natural causes. Death as a result of any accident is covered from commencement date.
3. **10 months** waiting period for maternity and pregnancy related treatments.
4. **No waiting** period for surgery as a result of an accident. For non accidental surgery the waiting periods are:
 - **One month** waiting period for abdominal surgery due to acute abdomen.
 - **One year** waiting period for all other non accidental surgeries.
 - **10 months** waiting period for chronic and pre existing conditions.

Exclusions

- Expenditure incurred arising from any illegal or criminal act.
- Operations, treatments and/or procedures of own choice for purely cosmetic purposes or obesity.
- Expenses recoverable under any owned insurance or source e.g. SHIF, WIBA.
- Infertility and Hormonal replacement therapy.
- DENTAL: Braces, polishing, scaling.
- Optical and Hearing: Hearing aids, contact lenses.
- Nutritional supplements.

How to Pay

Pay Bill No: 4157051

Account Number: member card number





A Better Life

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Regulated by Insurance Regulatory Authority

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