

HEALTH PLAN PRODUCT DESIGN AND LIMITS PROPOSAL FOR MICRO-INSURANCE PRODUCTS

Plan Name	KIBO FAMILY PLAN
Geographical Location	TANZANIA MAINLAND
Membership	FAMILY SHARED

Overall Inpatient limit	1,500,000
Hospital	MHI In network
Geographical location	Tanzania
Bed Type	Normal Ward 7 days
Hypertension and Diabetic (12 month waiting period)	Covered
Inpatient Hospitalization Services	Covered
Maternity (Normal and Caesarean Section,Pre and Post Natal) for Principal Member or Spouse - 12 Month waiting period	300,000
Ambulance services	Not Covered
Last expense	100,000
Outpatient limit per family	300,000
Doctors' fees (Consultation)	Covered
Prescribed Laboratory tests & X rays	Covered
CT scan at the approved facility	Covered
Dental	Extraction Only
Optical	Treatment only
Cost of prescribed medicines and dressings	Covered
Outpatient one day procedure	Covered
Maximum age when joining	60 years
Medical Examinations (medex) for joining	Required
New Applicant subject to underwriting	25 working days
EXCLUSIONS	Refer to Scheme rules
Product Pricing (Annual) - Family size of 4 people(M+3)	Tzs 200,000

Referall Allowed

This is a Micro Insurance Product

Pre exsiting conditions will not be covered for the first year applicants

Family comprises of 2 adults and kids below 18 years with biological relation