



KENYA POWER PENSION FUND MEDICAL PROPOSAL

Corporates | SMES | Religious bodies | Individuals

Tuesday, November 09, 2021

Kenya Power Pension Fund,

RE: MEDICAL INSURANCE PROPOSAL FOR KENYA POWER PENSION FUND

Thank you for your quotation request, we are pleased to provide you with our proposal based on the terms you have requested.

Why Pacis Medical Cover?

- ✓ Generous medical benefits that offer complete protection
- ✓ Pays for hospitalization expenses including doctor's charges, investigative procedures and prescribed drugs.
- ✓ Strong partnerships with service providers countrywide, doctors, rescue partners.
- ✓ Members get to enjoy credit facilities from the best and wide range of providers on Pacis panel.
- ✓ Affordable Premiums.
- ✓ Experienced, dedicated and professional team with ability to provide day-to-day support for your medical insurance needs.
- ✓ 24-hour help line.
- ✓ Education, sensitization programs and Hospital/patient visits

A: INPATIENT COVER

The cover indemnifies the insured subject to the overall limit in respect of medical expenses necessarily incurred as the direct result of an insured falling ill or sustaining accidental bodily injury whilst the Insured is admitted as an in-patient in a hospital.

Scope of cover & Policy Benefits

- Hospital accommodation
- Doctor's fees.
- Theatre including surgeon's fees and Anesthetists' fees
- Operating theatre charges including same day surgery
- Prescribed medicines, laboratory and other investigative charges
- Inpatient Physiotherapy
- Gynecological treatment
- Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans.
- Intensive care unit (ICU), High Dependency Unit (HDU) and Theatre charges
- Radiotherapy and chemotherapy
- Treatment for emergency medical conditions including stroke, cancers, heart diseases, etc. if and when they arise

B: COVER SUMMARY

Benefits per family	KPPF1	KPPF2	KPPF3	KPPF4	KPPF5	KPPF6
Overall Annual Limit (OAL)	350,000	500,000	750,000	1,000,000	2,000,000	3,000,000
Bed Limit	Ward bed	Ward bed	Ward bed	Ward bed	Standard private room up Kshs.12,000	Standard private room up Kshs.13,000
Newly diagnosed Chronic, Pre-existing conditions, HIV/AIDS, Gynecological conditions and Organ Transplant	150,000	200,000	250,000	300,000	350,000	500,000
Covid 19, within Pre-existing conditions	150,000	200,000	250,000	300,000	350,000	500,000
First emergency cs	75,000	100,000	100,000	120,000	150,000	150,000
Non-accidental dental within inpatient	50,000	50,000	50,000	75,000	100,000	100,000
Non-accidental optical within inpatient	50,000	50,000	50,000	75,000	100,000	100,000
Congenital, neonatal and prematurity Conditions within preexisting	75,000	100,000	120,000	150,000	150,000	150,000
Psychiatric Treatment	75,000	100,000	120,000	150,000	200,000	250,000
Funeral expenses per family	100,000	100,000	100,000	100,000	100,000	100,000

Benefit	Cover Limits
Bed Limit/Capacity net of NHIF	✦ Up to the limit shown in above table
Waiting Periods	<ul style="list-style-type: none"> ✦ For new members joining cover after 90 days, a waiting period of 30 days for non-surgical, 120 days for surgical cases and 6 months for preexisting and chronic conditions will apply. ✦ We shall waive for members retiring from Kenya Power with proof of retiring letters and proof of immediate previous cover within 30 days from the time of exiting the scheme
Pre-existing & chronic conditions cover including HIV/AIDS	✦ Covered up to limits shown in above table within the Inpatient benefits and full Outpatient limit.
Psychiatry and Psychological Disorders	✦ Covers for treatment as a result of mental disorders or disturbances up to a limit shown in above table as a cumulative sublimit of the Inpatient Pre-existing and chronic Benefit per family
Inpatient Non accidental dental Cover	<ul style="list-style-type: none"> ✦ Covered within the inpatient limit per family per annum. ✦ Covers for inpatient treatment as a result of a dental illness. Excludes cost of cleaning, filings, extractions, crowns, caps, etc.
Inpatient Accidental Dental Cover	✦ Covered up to the overall Inpatient cover limit per family
Inpatient Non accidental Optical Cover.	✦ Covered within the inpatient limit per family per annum. Covers for inpatient treatment as a result of an eye related illness including removal of cataracts per family. -Excludes laser eye surgeries to correct refractory errors.
Inpatient Accidental Optical Cover	✦ Covered up to the overall Inpatient cover limit per family
Territorial Limit	✦ East Africa Smart Card usage is dependent on cross country portability.

	✦ Where portability does not exist, then member will pay & claim.
Visits abroad; Cover Outside Territorial Limit	✦ Covered on reimbursement for all categories up to 42 days per trip for emergency illnesses and accidents occurring when a member is on business or leisure travel upon prior notification to the company.
Treatment abroad / Overseas referrals	✦ Overseas referral for treatments not locally available on reimbursement basis. Travel and hotel accommodation are not covered. Pacis must be notified for authorization. Referral to Western Europe, Australia, USA & Canada is excluded
Road and air Evacuation	✦ covered to the full inpatient limit
Passive Terrorism and political violence	✦ Covered within inpatient
Lodger fees	✦ Covered for children below 12 years
Post hospitalization (max 30 days after discharge)	✦ Covered up to Kshs.30,000 within the inpatient limit. ✦ The payments are done on reimbursement basis
Funeral Cover/ Last expense	✦ Should the insured member die during the currency of this cover the company will upon receipt of satisfactory proof of death, in writing, pay the benefit amount to the designated beneficiary entitled thereto, subject to the overall cover limit The Beneficiary will be required to submit death notification after which a cheque will be issued within 48 hours.

C: OUTPATIENT:

Overall Outpatient limit:

Option	Outpatient	Dental	Optical
KPPF1	50,000	5,000	5,000
KPPF2	50,000	5,000	5,000
KPPF3	75,000	7,500	7,500
KPPF4	100,000	10,000	10,000
KPPF5	150,000	15,000	15,000
KPPF6	200,000	20,000	20,000

Medical expenses shall include:

1. Consultation with a General Practitioner.
2. Consultation with a Specialist on referral by a General Practitioner.
3. Outpatient procedures e.g. dressing.
4. HIV Counselling, testing and provision of ARV's.
5. Treatment of chronic & pre-existing conditions up to full outpatient benefits.
6. Physiotherapists fees.
7. Counselling services covered upon referral.
8. KEPI immunizations
9. Prenatal and postnatal care
10. Outpatient dental services
11. Annual medical checkup of up to **Kshs.10,000** per person
12. Outpatient optical services. Optical frames capped **50%** of the optical limit.

D. RECOMMENDED TREATMENT PROTOCOL FOR COVID-19

	Outpatient	In Patient
Asymptomatic	Home isolation recommended as per the public health guidelines.	Not applicable.
Mildly Asymptomatic	<ul style="list-style-type: none"> Covid-19 test will be covered in Government facilities on reimbursement basis and at Pacis Panel on credit basis. <p>The tests must be prescribed by a medical doctor and should meet the case definition and display flu-like symptoms in line with the government Protocol.</p>	<ul style="list-style-type: none"> Mild symptoms will be referred for home isolation as per the public health guidelines. Home based care, Isolation and quarantine costs will not be covered.
Symptomatic Moderate to Severe cases	<ul style="list-style-type: none"> Covid-19 tests including cost of consultation and prescribed drugs will be covered up to the full outpatient limits. <p>The tests must be prescribed by a medical doctor and should meet the case definition and display flu-like symptoms in line with the government Protocol.</p>	<ul style="list-style-type: none"> We will cover for treatment in a designated Government facility and Pacis Panel of providers within the specified limits.
Severely ill (ICU)	<p>Covid-19 tests including cost of consultation and prescribed drugs will be covered up to the full outpatient limits.</p> <p>The tests must be prescribed by a medical doctor and should meet the case definition and display flu-like symptoms in line with the government Protocol.</p>	<ul style="list-style-type: none"> We will cover for treatment in a designated Government facility and Pacis Panel of providers within the specified limits.
Benefit Limits	Covered fully within the outpatient limit	*Group Hospitalization limit of Kes 5,000,000
Death	<ul style="list-style-type: none"> We shall pay funeral cash benefit subject to member benefits. 	
Covid tests	<ul style="list-style-type: none"> Tests will be covered up to a maximum of Kshs.10,000 per family per annum within the outpatient 	
<i>* Cover will be applicable up to specified limit</i>		

E: ELIGIBILITY, IDENTIFICATION & ADMINISTRATION

Item	
Eligibility	<p>Principal Members: Joining age: 18 to 69 years. Existing members remain in the scheme up to the age of seventy (70) years</p> <p>Dependents:</p> <ul style="list-style-type: none"> 1 legal spouse between ages 18 to 69 years at entry. Own children, legally adopted and foster children aged from birth to 21 years. Children over the age of 21 but below 25 years will be covered under their families with proof of schooling <p>New born:</p> <p>Must be a term baby, at least 38 weeks at birth subject to discharge</p>

Identification	Smart cards shall be provided at no additional cost for new members.
Claims Administration	<ul style="list-style-type: none"> ✓ A member will be required to fill a claim form to be used by the provider when forwarding bills. In case of referral the provider will also give a claim form. All claims will be settled directly to the service providers. In any case of allowable reimbursement, we will refund 100% of the costs subject to reasonable & customary charges. ✓ All invoices sent for reimbursement must have the below attached; <ul style="list-style-type: none"> • Claim form duly signed by both the member and the provider and stamped by the provider. • Copy of prescription, Laboratory tests and X-ray services done with breakdown of each if not indicated in the claim form. • Receipts of payment made stamped by the provider. ✓ Maximum allowable time for submitting claims shall be 60 days.
Service Providers	Members will access services at the Appointed provider Panel
Treatment abroad/Overseas referrals	<ul style="list-style-type: none"> • Overseas referral for treatments not locally available on credit basis in India. Travel and hotel accommodation are not covered. Pacis must be notified for authorization
Geographical Coverage & overseas referral	<ul style="list-style-type: none"> • We will provide medical cover for members outside Kenya but within East African countries. Medical expenses incurred for treatment outside Kenya will be settled on reimbursement basis. • Visits abroad covered up to a period of up to 6 weeks on reimbursement basis
Premium Payment	<ul style="list-style-type: none"> • Premiums are payable upfront as per the regulatory requirements. • Additional members to the policy will attract additional premium payable monthly. • Premium shall be refunded on pro-rata basis for mid-term resignation subject to no claims recorded.

F: EXCLUSIONS

1. War whether declared or not.
2. Alcoholism, drunkenness and drug abuse.
3. Infertility and impotence.
4. Expenses that can be recovered from any other insurance. E.g. GPA and NHIF.
5. Claim from members whose application contains wilful misstatement or withholding of material information.
6. Treatment by any other than a qualified and registered medical practitioner (E.g. treatment by– Acupuncturist, Herbalists, Chiropractors
7. Cosmetic surgery unless to correct traumatic body injuries after an accident
8. Use of harmonic shears, thunder beat and ligature for surgical procedures.
9. Weight management treatments and drugs
10. Hazardous sports e.g., bungee jumping, paragliding
11. Intentional self-injury, self-referred or self-prescribed treatment and experimental treatment
12. Contamination by radio activity from nuclear fuel, waste or fission.
13. Nerve blocks prescribed as treatment in pain management unless preauthorized
14. Supplements prescribed unless necessitated by a written diagnosis which must be preauthorized.
15. Emollients e.g. soaps, lotions and shampoos.
16. Laser correction of eyesight.
17. Diagnostic equipment (e.g. Glucometers, BP machines)
18. Private vaccines e.g flu vaccine, meningitis vaccine.

G: Premium Summary**KPPF1**

	Inpatient	Outpatient	Dental	Optical	Total Premium	Premium inclusive of levies
Family Size	350,000	50,000	5,000	5,000		
M	29,256	33,798	2,479	2,820	68,353	68,661
M+1	46,759	38,635	2,851	3,243	91,488	91,900
M+2	54,486	47,545	3,278	3,729	109,038	109,529
M+3	62,216	48,621	3,770	4,289	118,896	119,431
M+4	69,945	49,606	4,335	4,932	128,818	129,398
M+5	77,674	49,815	4,986	5,672	138,147	138,769

KPPF2

	Inpatient	Outpatient	Dental	Optical	Total Premium	Premium inclusive of levies
Family Size	500,000	50,000	5,000	5,000		
M	32,602	33,798	2,479	2,820	71,699	72,022
M+1	52,104	38,635	2,851	3,243	96,833	97,269
M+2	60,716	47,545	3,278	3,729	115,268	115,787
M+3	71,554	48,621	3,770	4,289	128,234	128,811
M+4	82,392	49,606	4,335	4,932	141,265	141,901
M+5	93,230	49,815	4,986	5,672	153,703	154,395

KPPF3

	Inpatient	Outpatient	Dental	Optical	Total Premium	Premium inclusive of levies
Family Size	750,000	75,000	7,500	7,500		
M	38,606	45,488	3,718	4,230	92,042	92,456
M+1	61,700	52,000	4,276	4,865	122,841	123,394
M+2	71,898	63,991	4,917	5,594	146,400	147,059
M+3	82,736	72,506	5,655	6,433	167,330	168,083
M+4	93,574	74,130	6,503	7,398	181,605	182,422
M+5	104,412	75,547	7,478	8,508	195,945	196,827

KPPF4

	Inpatient	Outpatient	Dental	Optical	Total Premium	Premium inclusive of levies
Family Size	1,000,000	100,000	10,000	10,000		
M	42,334	57,490	4,958	5,076	109,858	110,352
M+1	67,660	65,718	5,701	5,837	144,917	145,569
M+2	78,842	81,307	6,556	6,713	173,418	174,199
M+3	90,026	96,897	7,540	7,720	202,183	203,093
M+4	101,210	98,792	8,671	8,878	217,551	218,530
M+5	112,394	99,354	9,971	10,210	231,929	232,973

KPPF5

	Inpatient	Outpatient	Dental	Optical	Total Premium	Premium inclusive of levies
Family Size	2,000,000	150,000	15,000	15,000		
M	60,135	63,240	6,200	7,173	136,748	137,363
M+1	96,110	72,290	7,130	8,248	183,778	184,605
M+2	111,995	91,345	8,199	9,486	221,025	222,020

M+3	127,880	110,399	9,429	10,909	258,617	259,781
M+4	143,765	129,453	10,843	12,545	296,606	297,941
M+5	159,650	148,508	12,470	14,427	335,055	336,563

KPPF6

	Inpatient	Outpatient	Dental	Optical	Total	Premium inclusive
Family Size	3,000,000	200,000	20,000	20,000	Premium	of levies
M	74,328	71,862	8,103	8,926	163,219	163,953
M+1	118,791	82,148	9,318	10,265	220,522	221,514
M+2	138,426	103,800	10,716	11,804	264,746	265,937
M+3	158,061	125,452	12,323	13,575	309,411	310,803
M+4	177,696	147,105	14,172	15,611	354,584	356,180
M+5	197,331	168,757	16,298	17,953	400,339	402,141

Last Expense

Limit	Premiums per person
150,000	3,000
200,000	5,000

Important notes:

- A minimum of **30** principal members will be required for the scheme to commence
- Premiums will be prorated monthly. Three months rates will be applicable for the last quarter.
- The premiums are on annual basis and are payable annually in advance once the cover is accepted. Additional premiums will be paid up on new members and/or dependents joining the scheme while the policy is running.
- The total premium quoted is inclusive of levies

The quotation is valid for thirty (30) days. Any changes in the proposed cover limit, benefits, period or size will result in a change of benefits and premium.

We will be glad to answer any queries you may have on the proposal of the scheme. We look forward to hearing from you favorably.

Yours faithfully

FOR PACIS INSURANCE CO. LTD



Stephen K. Kinyanjui
Business Development