

# Health Insurance Proposal

Proposed to:

**COUNTY GOVERNMENT OF KISUMU**

**PROVISION OF COMPREHENSIVE MEDICAL INSURANCE,  
GROUP LIFE AND LAST EXPENSE COVER FOR THE STAFF OF  
COUNTY GOVERNMENT OF KISUMU – EXECUTIVE**

**TENDER NUMBER: CGK/OT/006/MEDINS/2024-2025**

AUGUST 30, 2024

THE COUNTY SECRETARY  
COUNTY GOVERNMENT OF KISUMU  
P.O. BOX 2738-40100, KISUMU

Dear Sir/Madam,

Madison General Insurance Kenya Limited (Madison) is a locally owned insurance company in Kenya. It was incorporated under Kenyan Laws in 1988 after a successful merger between Crusader Plc (1974) and Kenya Commercial Insurance Corporation. It is one of the leading names in the insurance industry offering Healthcare and General Insurance products.

Since the inception of the company, the performance of the company has grown from strength to strength, recording a total premium income of **Ksh. 8.29 Billion in year 2023**. We are a strong and stable organization with a wide experience in administration of medical insurance schemes. We have been offering Medical Insurance since 1984 giving the company over **thirty (30)** years of experience in Medical administration and management.

Our medical insurance department is run by a qualified team of **eighty (80)** medical and insurance professionals who are totally committed to excellent client service and always guarantee quality and efficient services.

Madison General Insurance has a very wide branch network used to support general Insurance (medical & Non-Medical). The branches offer both marketing and after sales service to all our customers. So far, we have a total of 22 branches in the major towns in Kenya and we are still growing.

We are flexible and innovative with the capacity to tailor-make unique products and solutions to suite the clients need without compromising on the quality of service. The main objectives for Madison General Insurance are to provide the best insurance products at the most reasonable prices and to offer unparalleled customer service to our customers.

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## 1. SCOPE OF COVER: BENEFIT SUMMARY

Benefits	A-JOB GROUP 5	B-JOB GROUP 6	C-JOB GROUP 7-8	D-JOB GROUP R-T	E-JOB GROUP L-Q	F-JOB GROUP G-K	G-JOB GROUP A-F
<b>Inpatient Limit</b>	<b>Kshs 10,000,000</b> Per family	<b>Kshs 5,000,000</b> per family	<b>Kshs 3,000,000</b> Per family	<b>Kshs2,500,000</b> per family	<b>Kshs 2,000,000</b> Per family	<b>Kshs 1,500,000</b> per family	<b>Kshs 1,000,000</b> per family
<b>Bed Capacity (Net of NHIF rebate)</b>	<b>Ensuite Room up to Kshs. 30,000</b>	<b>Ensuite Room up to Kshs. 25,000</b>	<b>Standard Private Room up to Kshs. 18,000</b>	<b>Standard Private Room up to Kshs. 16,000</b>	<b>Standard Private Room up to Kshs. 12,500</b>	<b>General ward</b>	<b>General ward</b>
<b>Newly diagnosed chronic</b>	<b>Full inpatient limit</b>	<b>Full inpatient limit</b>	<b>Full inpatient limit</b>	<b>Full inpatient limit</b>	<b>Full inpatient limit</b>	<b>Full inpatient limit</b>	<b>Full inpatient limit</b>
<b>Pre-existing/ Declared and HIV/AIDs Conditions and Organ Transplant</b>	<b>Kshs 5,000,000</b> per family within the inpatient limit	<b>Kshs 2,500,000</b> per family within the inpatient limit	<b>Kshs 1,500,000</b> per family within the inpatient limit	<b>Kshs 1,250,000</b> per family within the inpatient limit	<b>Kshs 750,000</b> per family within the inpatient limit	<b>Kshs 600,000</b> per family within the inpatient limit	<b>Kshs 400,000</b> per family within the inpatient limit
<b>Pain Management</b>	<b>Kshs 1,000,000</b> per family within the inpatient limit	<b>Kshs 500,000</b> per family within the inpatient limit	<b>Kshs 300,000</b> per family within the inpatient limit	<b>Kshs 250,000</b> per family within the inpatient limit	<b>Kshs 200,000</b> per family within the inpatient limit	<b>Kshs 150,000</b> per family within the inpatient limit	<b>Kshs 100,000</b> per family within the inpatient limit
<b>Congenital and Prematurity Conditions Cover</b>	<b>Kshs 5,000,000</b> per family within the inpatient limit	<b>Kshs 2,500,000</b> per family within the inpatient limit	<b>Kshs 1,500,000</b> per family within the inpatient limit	<b>Kshs 1,250,000</b> per family within the inpatient limit	<b>Kshs 500,000</b> per family within the inpatient limit	<b>Kshs 400,000</b> per family within the inpatient limit	<b>Kshs 300,000</b> per family within the inpatient limit
<b>Psychiatry/Psychotherapy Treatment</b>	<b>30% of the inpatient limit within inpatient</b>						
<b>First Emergency Caesarean delivery and related complications</b>	<b>Kshs 350,000</b> per family within the inpatient limit	<b>Kshs 350,000</b> per family within the inpatient limit	<b>Kshs 350,000</b> per family within the inpatient limit	<b>Kshs 300,000</b> per family within the inpatient limit	<b>Kshs 250,000</b> per family within the inpatient limit	<b>Kshs 200,000</b> per family within the inpatient limit	<b>Kshs 150,000</b> per family within the inpatient limit
<b>Inpatient Accidental Dental Cover</b>	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit
<b>Inpatient Accidental Optical Cover</b>	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit	Up to full limit
<b>Inpatient Non-Accidental Dental Cover</b>	<b>Kshs 1,000,000</b> per family within the	<b>Kshs 500,000</b> per family within the	<b>Kshs 300,000</b> per family within the	<b>Kshs 250,000</b> per family within	<b>Kshs 200,000</b> per family within	<b>Kshs 150,000</b> per family	<b>Kshs 100,000</b> per

	inpatient limit	inpatient limit	inpatient limit	the inpatient limit	the inpatient limit	within the inpatient limit	family within the inpatient limit
<b>Inpatient non-accidental optical cover including cataract operation</b>	<b>Kshs 1,000,000</b> per family within the inpatient limit	<b>Kshs 500,000</b> per family within the inpatient limit	<b>Kshs 300,000</b> per family within the inpatient limit	<b>Kshs 250,000</b> per family within the inpatient limit	<b>Kshs 200,000</b> per family within the inpatient limit	<b>Kshs 150,000</b> per family within the inpatient limit	<b>Kshs 100,000</b> per family within the inpatient limit
<b>Emergency Air evacuation within Kenya subject to pre-authorization</b>	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
<b>Emergency local road ambulance services leading to admission</b>	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
<b>Overseas cover - for a maximum of 8 consecutive weeks outside Kenya while on holiday or business</b>	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
<b>Post Hospitalization Cover</b>	Up to <b>Kshs 150,000</b> or a maximum of <b>30 days</b> after date of discharge	Up to <b>Kshs 100,000</b> or a maximum of <b>30 days</b> after date of discharge	Up to <b>Kshs 50,000</b> or a maximum of <b>30 days</b> after date of discharge	Up to <b>Kshs 50,000</b> or a maximum of <b>30 days</b> after date of discharge	Up to <b>Kshs 30,000</b> or a maximum of <b>30 days</b> after date of discharge	Up to <b>Kshs 30,000</b> or a maximum of <b>30 days</b> after date of discharge	Up to <b>Kshs 30,000</b> or a maximum of <b>30 days</b> after date of discharge
<b>External Appliances on prescription including non – motorized Wheel chairs, braces, corsets and crutches</b>	<b>Kshs 250,000</b> per family within the inpatient limit/sublimit	<b>Kshs 250,000</b> per family within the inpatient limit/sublimit	<b>Kshs 150,000</b> per family within the inpatient limit/sublimit	<b>Kshs 150,000</b> per family within the inpatient limit/sublimit	<b>Kshs 150,000</b> per family within the inpatient limit/sublimit	<b>Kshs 150,000</b> per family within the inpatient limit/sublimit	<b>Kshs 150,000</b> per family within the inpatient limit/sublimit
<b>Circumcision for male dependant for a prevailing medical condition</b>	<b>Kshs 80,000</b> per family within the inpatient limit	<b>Kshs 80,000</b> per family within the inpatient limit	<b>Kshs 80,000</b> per family within the inpatient limit	<b>Kshs 80,000</b> per family within the inpatient limit	<b>Kshs 80,000</b> per family within the inpatient limit	<b>Kshs 80,000</b> per family within the inpatient limit	<b>Kshs 80,000</b> per family within the inpatient limit
<b>Home nursing on prescription</b>	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
<b>Rehabilitation due to alcoholism, drugs &amp; substance abuse</b>	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit	<b>Kshs 100,000</b> per family within the inpatient limit/sublimit
<b>Lodger Fee for an accompanying parent/ guardian</b>	For children <b>12 years</b> and below	<b>Kshs 200,000</b> per family	For children <b>12 years</b> and below	For children <b>12 years</b> and below	For children <b>12 years</b> and below	For children <b>12 years</b> and below	For children <b>12 years</b> and below

Last Expense (Within the Inpatient limit)	Kshs 300,000 per family	Kshs 300,000 per family	Kshs 300,000 per family	Kshs 250,000 per family	Kshs 200,000 per family	Kshs 150,000 per family	Kshs 100,000 per family
Outpatient Benefit Description	A-JOB GROUP 5	B-JOB GROUP 6	C-JOB GROUP 7-8	D-JOB GROUP R-T	E-JOB GROUP L-Q	F-JOB GROUP G-K	G-JOB GROUP A-F
<b>Outpatient Limit</b>	<b>Kshs.350,000</b> per family	<b>Kshs.350,000</b> per family	<b>Kshs.350,000</b> per family	<b>Kshs.250,000</b> per family	<b>Kshs.200,000</b> per family	<b>Kshs.150,000</b> per family	<b>Kshs.100,000</b> per family
<b>Outpatient Consultation</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Laboratory Investigations and X-rays, Electrocardiograms</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Prescribed routine laboratory tests</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Radiology (X-ray and Ultrasound, CT Scan and MRI)</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Radiotherapy or Chemotherapy</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Prescription Medicines</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Pre-existing, Declared/Newly diagnosed Chronic, Cancer, HIV/AIDS and recurring conditions</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Congenital, prematurity &amp; neonatal conditions</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Outpatient Emergency Ambulance Services</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Counselling Services</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Specialist opinion on referral basis</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Outpatient procedures eg dressing</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Well baby clinic, Immunizations and vaccinations of children up to the age of 5 years (KEPI &amp; baby friendly recommended)</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>General health check-ups (Employee &amp; Spouses only)</b>	<b>Kshs 40,000</b> per family within the outpatient limit	<b>Kshs 40,000</b> per family within the outpatient limit	<b>Kshs 40,000</b> per family within the outpatient limit	<b>Kshs 30,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 15,000</b> per family within the outpatient limit	<b>Kshs 10,000</b> per family within the outpatient limit
<b>Family planning (Employee/Spouse)</b>	<b>Kshs 40,000</b> per family within the	<b>Kshs 40,000</b> per family within the	<b>Kshs 40,000</b> per family within the	<b>Kshs 30,000</b> per family within the	<b>Kshs 20,000</b> per family within the	<b>Kshs 15,000</b> per family	<b>Kshs 10,000</b> per family

	outpatient limit	outpatient limit	outpatient limit	outpatient limit	outpatient limit	within the outpatient limit	within the outpatient limit
<b>Private vaccines</b>	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit	<b>Kshs 20,000</b> per family within the outpatient limit
<b>Speech &amp; Occupational Therapy</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Pre-natal, post-natal care and ultrasounds</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>Reimbursement</b>	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel	<b>100%</b> of rates that would have otherwise been charged if the member used a provider on the Madison Panel
<b>Maternity Benefit Description</b>	<b>A-JOB GROUP 5</b>	<b>B-JOB GROUP 6</b>	<b>C-JOB GROUP 7-8</b>	<b>D-JOB GROUP R-T</b>	<b>E-JOB GROUP L-Q</b>	<b>F-JOB GROUP G-K</b>	<b>G-JOB GROUP A-F</b>
<b>Cover Limits</b>	<b>Kshs 300,000</b> per family per annum	<b>Kshs 300,000</b> per family per annum	<b>Kshs 300,000</b> per family per annum	<b>Kshs 250,000</b> per family per annum	<b>Kshs 200,000</b> per family per annum	<b>Kshs 150,000</b> per family per annum	<b>Kshs 100,000</b> per family per annum
<b>Normal Delivery Expenses</b>	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit
<b>Second/Subsequent cesarean delivery</b>	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit
<b>Maternity related complications</b>	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit	Covered to the full maternity limit
<b>Dental Benefit Description</b>	<b>A-JOB GROUP 5</b>	<b>B-JOB GROUP 6</b>	<b>C-JOB GROUP 7-8</b>	<b>D-JOB GROUP R-T</b>	<b>E-JOB GROUP L-Q</b>	<b>F-JOB GROUP G-K</b>	<b>G-JOB GROUP A-F</b>
<b>Dental Benefit Limit</b>	<b>Kshs 75,000</b> per family	<b>Kshs 75,000</b> per family	<b>Kshs 50,000</b> per family	<b>Kshs 50,000</b> per family	<b>Kshs 50,000</b> per family	<b>Kshs 50,000</b> per family	<b>Kshs 50,000</b> per family

<b>Dental consultation, Extraction, Dental prescriptions</b>	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit
<b>Fillings, Dental x-rays, Root canal</b>	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit
<b>Scaling and Polishing, Crowns, Dentures,</b>	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit	Covered to the full dental limit

<b>Optical Benefit Description</b>	<b>A-JOB GROUP 5</b>	<b>B-JOB GROUP 6</b>	<b>C-JOB GROUP 7-8</b>	<b>D-JOB GROUP R-T</b>	<b>E-JOB GROUP L-Q</b>	<b>F-JOB GROUP G-K</b>	<b>G-JOB GROUP A-F</b>
<b>Optical Benefit Limit</b>	<b>Kshs 75,000</b> per family	<b>Kshs 50,000</b> per family	<b>Kshs 40,000</b> per family	<b>Kshs 40,000</b> per family	<b>Kshs 40,000</b> per family	<b>Kshs 40,000</b> per family	<b>Kshs 40,000</b> per family
<b>Eye Testing,</b>	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit
<b>Post-surgical follow ups and reviews</b>	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit
<b>Prescribed lenses including antiglare</b>	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit	Covered to the full optical limit
<b>Frame Limit</b>	Up to <b>50% of the optical limit</b> per prescription						

<b>COVID 19 Benefit Description</b>	<b>A-JOB GROUP 5</b>	<b>B-JOB GROUP 6</b>	<b>C-JOB GROUP 7-8</b>	<b>D-JOB GROUP R-T</b>	<b>E-JOB GROUP L-Q</b>	<b>F-JOB GROUP G-K</b>	<b>G-JOB GROUP A-F</b>
<b>Group Cover Limit</b>	<b>Kshs 20,000,000</b>						
<b>Cover Type</b>	<b>Within the inpatient limit</b>	<b>Within the inpatient limit</b>	<b>Within the inpatient limit</b>	<b>Within the inpatient limit</b>	<b>Within the inpatient limit</b>	<b>Within the inpatient limit</b>	<b>Within the inpatient limit</b>
<b>Limit per family</b>	<b>Kshs 500,000</b> per family	<b>Kshs 500,000</b> per family	<b>Kshs 500,000</b> per family	<b>Kshs 500,000</b> per family	<b>Kshs 500,000</b> per family	<b>Kshs 500,000</b> per family	<b>Kshs 500,000</b> per family

**Yours Faithfully,  
For and on Behalf of Madison General Insurance Kenya Limited,**



**Amos Mokuu,  
Madison General Insurance – Healthcare.**