



KENYA VISION 2030 DELIVERY SECRETARIAT

ADDENDUM TO

TENDER DOCUMENT

PROVISION OF STAFF MEDICAL

INSURANCE COVER

TENDER No. VDS/ONT/01/2023-2024

DATE OF ISSUE: 22ND AUGUST 2023

CLOSING DATE: 01ST SEPTEMBER 2023

TIME: 1000HRS

PART II – SCHEDULE OF INSURANCE REQUIREMENTS FOR STAFF MEDICAL COVER ONLY

ADDENDUM / CLARIFICATION ON PAGES 59 AND 60 OF THE TENDER DOCUMENT

SECTION V – SCHEDULE OF REQUIREMENTS

Notes for Preparing the Schedule of Requirements

1. Objectives

The objectives of the Schedule of Requirements are:

- a) To provide sufficient information on the Insurance Services to be performed to enable Tenders to be prepared efficiently and accurately; and
- b) When a Contract has been entered into, to provide a priced Schedule of Requirements for use in preparing **Insurance Policies**.

The Schedule of Requirements shall be included in the Tendering Document by the Procuring Entity, and shall cover, at a minimum, a description of the Insurance Policies required. In particular, Schedule of Requirements, together with the Price Schedule, should serve as a basis in the event of quantity variation at the time of award of contract.

2. List of items to be insured

The Procuring Entity shall list and number each required Insurance Service and provide full descriptions of the main features of the items to be insured, including the timing of cover. These features shall include physical location (of where the item to be insured, as the case may be) and full descriptions of the insurance contingencies to be covered, etc. Care should be taken not to be too restrictive as to limit competition and availability. The list of the Items to be insured is then summarized on the Table below (Schedule of Requirements).

1. Group Medical Insurance Cover for 18 staff and their legal dependents

a) INPATIENT & OUTPATIENT

Kenya Vision 2030 Delivery Secretariat wishes to contract a reputable Insurance Company, to provide **Inpatient and Outpatient medical services** in line with the VDS TORs. **Bidders must quote for both in-and out-patient medical insurance cover.**

The insurance Company will be expected to provide a scheme that entails benefits which ensure members of staff receive quality health care. While it is appreciated that medical schemes come with inherent controls and procedures, VDS is hoping that the selected provider will look at the possibility of ensuring that any controls and procedures are not unnecessarily bureaucratic and cumbersome.

The Inpatient scheme

This caters for illnesses requiring hospitalization. The Inpatient scheme was established to ensure the beneficiaries receive quality health care in case of hospitalization. The medical scheme will be expected to provide:

- (a) Admission to hospital.
- (b) Treatment while in hospital; and
- (c) Discharge from hospital and the cost of treatment thereof.

The In-patient cover benefit will be fully enhanced and include but not limited to the following benefits:

- 1) Accidental and illness hospitalization (accommodation, doctor(s)' fees, operating theatre, HDU & ICU expenses, physiotherapy, prescribed drugs, dressings surgical appliances, surgical dressings, X-rays, laboratory and cost of investigations reasonably incurred by an insured member)
- 2) Hospitalization due to non- accidental dental, E.N.T and optical cases
- 3) Treatment for HIV/AIDS related conditions as well as prescribed ARVs, CD-4 count and viral load test and attendance to other opportunistic diseases e.g., TB and cancer.
- 4) Treatment for pandemic related conditions, vaccinations, viral or any other load test and attendance to any other Pandemic opportunistic diseases.
- 5) Doctors, surgeons, anesthetists, operating theatre fees and hospital board and accommodation charges in a general ward bed, private or semi-private rooms.
- 6) Costs of rehabilitation for alcohol and drug abuse (ADA) for principal member and spouse.
- 7) Local rescue and evacuation within the inpatient limit (both road and air)
- 8) Treatment costs by medical practitioners registered with the Kenya Medical Practitioners & Dentists Board.
- 9) Maternity and pregnancy related complications including caesarian and neonatal conditions
- 10) Lodger fees for accompanying parent/guardian for hospitalized children up to 12 years of age;
- 11) Gynecological illnesses and operations.
- 12) Post hospitalization benefits/Home care services
- 13) Medical services for congenital, pre-maturity, and chronic conditions including cardiac diseases, asthma, diabetes, pre-existing surgical conditions and cancer and related illnesses. Chronic, pre-existing, and congenital conditions shall be covered up to the full limit of the inpatient cover Members will be given options to consume generic vs branded prescribed drugs at preauthorized chemists.
- 14) Additional benefits/provisions specified by the bidder.

The Outpatient scheme

This deals with cases of illness not requiring admission into a hospital. Under this scheme, beneficiaries require examinations, diagnosis and speedy treatment at health clinics, hospitals etc. with the aim of preventing any ailment or illness from growing into cases requiring hospitalization. **The outpatient scheme should encompass the following benefits:**

- 1) Routine outpatient consultation, including gynecological cases.
- 2) Diagnostic Laboratory and Radiology services.
- 3) Prescribed therapies e.g., Physiotherapy, occupational therapy etc.;
- 4) Prescribed drugs, immunizations, supplements, glucometer strips and dressings.
- 5) Treatment for HIV/AIDS related conditions as well as prescribed ARVs, CD-4 count and viral load test and attendance to other opportunistic diseases e.g., TB and cancer shall be within the full outpatient cover limit.
- 6) Treatment for pandemic related conditions, vaccinations, viral load test and attendance to any other opportunistic diseases or pandemics.

- 7) Routine Immunization (KEPI, Baby friendly and private vaccines)
- 8) Routine Antenatal checkups, neonatal, peri- natal and postnatal care post-delivery.
- 9) Obstetric ultrasounds
- 10) Pregnancy related sublimates.
- 11) Maternity related illness and complications
- 12) Chronic and recurring conditions.
- 13) Outpatient Emergency Ambulance Services.
- 14) Psychiatric and Counseling services.
- 15) Specialist opinion on referral basis
- 16) Congenital conditions.
- 17) E.N.T.
- 18) Optical
- 19) NO Co-payment
- 20) Annual general check-ups for principal member and dependents.
- 21) Members will be given options to consume generic vs branded prescribed drugs at preauthorized chemists to manage costs.
- 22) Any additional benefits specified by the bidder

b) **Maternity Cover:** The cover should provide for normal deliveries, caesarian section cases (both emergency and elective), home deliveries and Lamaze) for the principal members or spouses.

The medical benefit should cater for any expenses arising from childbirth and pregnancy related conditions. The cover should cater for the following up to Kes.250,000 per spouse/female staff:

- Cost of all normal and caesarian deliveries
- Labour and recovery wards
- Professional fees
- Obstetric ultrasounds
- Routine Antenatal checkups, peri- natal and postnatal care post-delivery.
- Maternity related illness and complications

c) **Dental Cover:** The cover should cater for non-accidental dental including extractions, fillings, gum surgery, scaling, root canal treatment and basic prescribed dentures, braces, crowns and bridges or any other treatment as advised by dentist.

d) **Optical Cover:** Optical and ophthalmologic services: Routine optometrist consultations, Eye examinations, prescribed spectacles, frames, lens, contact lenses and replacement of lenses.

CATEGORY AND COVER LIMITS

CATEGORY	SCHEME	COVER LIMITS (Kshs)	No. of Principal members/Families	No. of Dependents
ONE	Outpatient	250,000 per family with up to 2 children		
		300,000 per family with 3-4 children	1	5
	In patient	6,000,000 per family		
	Other benefits	Dental- 50,000 per family sharing Optical- 50,000 per family sharing		

CATEGORY	SCHEME	COVER LIMITS (Kshs)	No. of Principal members/Families	No. of Dependents
		Maternity- 250,000 (Normal & Caesarian) Pre-existing & Congenital conditions, critical illness, HIV/AIDS related – within the full outpatient and inpatient limit. Inpatient optical and dental		
TWO	Outpatient	250,000 shared per family with up to 2 children	2	4
		300,000 shared per family with 3-4 children	5	22
	In patient	5,500,000 shared per family		
	Other benefits	Dental - 50,000/family sharing Optical - 50,000 /family sharing Maternity- 250,000 (Normal & Caesarian) Pre-existing & Congenital conditions, critical illness, HIV/AIDS related - within the full inpatient and outpatient limit Inpatient optical and dental		
THREE	Outpatient	250,000 shared per family with up to 2 children	6	10
		300,000 shared per family with 3-4 children	4	18
	In patient	3,000,000 shared per family		
	Other benefits	Dental – 50,000 per family sharing Optical- 50,000 per family sharing Maternity- 250,000 (Normal & Caesarian) Pre-existing & congenital conditions, critical illness, HIV/AIDS related – within the full inpatient and outpatient limit Inpatient optical and dental		
		TOTAL	18	60

5. Exclusions / Provisions;

The Provider should clearly state in writing all **exclusions/provisions** (alluded or not) in all the proposed covers including:

- ✓ Full details of what the cover provides
- ✓ Eligible expenses included in the in-patient cover
- ✓ Eligible expenses included in the out-patient cover
- ✓ Full details of what the cover excludes
- ✓ Dependent's eligibility

2. Network coverage

The tenderer is required to provide the following:-

- (i) Full details of towns and regions/counties where the Insurance Company is represented in Kenya.
- (ii) The appointed Hospitals, Clinics and Doctors all over the country that can be accessed by Vision 2030 Delivery Secretariat employees and their dependents, classified as high, medium and low cost. Enumerate their respective costs for all the services pertaining the covers.
- (iii) Full details of the medical cover outside Kenya and all exclusions that are applicable.

3. Utilization / Case Management

- (i) Give a detailed report on how the cover is going to be administered.
- (ii) Give an analysis on how the service provider intends to address the following issues/procedures: -
 - a) Hospital visits for the admitted member and or dependents.
 - b) Mother and child upon delivery
 - c) Mother and spouse upon miscarriage
 - d) Admission of members with pre-existing conditions into the cover
 - e) Admission of HIV/AIDS related cases to the cover
 - f) Admission of Covid-19 related cases to the cover
 - g) Procedure to be followed for overseas cover
 - h) Procedure to be followed to procure last expense
 - i) Give details of the claim's settlement turnaround time. Note the time indicated will be used to review the performance of the Insurance Company for any future renewal of contract.