TERMS OF REFERENCE AND SCOPE OF THE MEDICAL COVER

CLASS OF INSURANCE		MEDICAL COVER FOR BOARD OF DIRECTORS AND STAFF MEMBERS	
1.	**COVER**	Cover for in-patient and out-patient medical expenses, including pro-vision of funeral expenses (where a member dies in office) for the Board of Directors & Members of staff.	
2.	**EFFECTIVE DATE**	After Contract Signing.	
3.	**INSURED PERSONS**	**1)**	510 members of staff and their dependents
		2)	7 Board members, at present (the numbers of Board members may be subject to change, during the execution of the contract)
4.	**COVER BENEFITS SUMMARY**		**As Detailed in the Table 2 below**
5.	**POPULATION**	**1)**	**For Staff Members:** The size of a family is a maximum of **Member, Spouse and four (4) Children** aged 0-18 years or up to 25 years if in school/college**, as detailed in Table 3 below.**
		2)	**For Board of Directors:** The Cover is for **each individual Director ONLY.**
6.	**SPECIAL CLAUSES**	**1)**	Treatment of HIV opportunistic conditions including ant-retroviral therapy and CD-4 Counts.
		2)	Medical check-ups.
		3)	Home care Nursing Treatment of pre-existing medical conditions.
		4)	Treatment of chronic illness
		5)	Treatment from any injuries or sickness sustained as a result of riot, strike and kindred risks.
		6)	Treatment of congenital defects.
		7)	Provision of six weeks medical cover to Directors and employees whenever travelling outside the country.
		8)	Covid-19 coverage to include Testing, isolation, quarantine, hospitalization and home-based care for both inpatient and out-patient.

TABLE 2		
No.	**Benefits**	**General Conditions**
I	**Eligibility**	1. Lower age limit of 0 months (subject to term baby of 38 weeks) 2. Upper age limit of: • 60 years for all able-bodied staff; • 65 years for staff who are classified as persons with disabilities; and • 70 years for Directors
II	**Bed Occupancy**	1. Standard private room for **category ''A'' & ''B'' up to Kshs. 40,000 per day net of SHA** 2. Standard Ward Bed for **Category ''C'' up to Kshs. 30,000 per day net of SHA**
III	**Inpatient limits**	Category A (Board of Directors) 2,000,000 Category A Grade 1 (Director General) 3,000,000 Category B Grade 2,3 & 4) (Directors, Deputy Directors & Assistant Directors) 3,000,000 Category C Grade 5 - 12 (other officers) 2,000,000
IV	**Outpatient Limits**	Category A Board of Directors – 100,000 Category A (Director General) – 250,000 Category B Grade 2,3 & 4) (Directors, Deputy Directors & Assistant Directors) – 250,000 Category C Grade 5 - 12 (other officers) 250,000
V	**Access to Medical Services**	
VI		**Inpatient benefit**
1	Acute illness and accident	Up to the full limit
2	Pre–existing, chronic, and HIV/AIDS	Up to full limit
3	Congenital Conditions	Up to limit of Kshs. 2,000,000 within inpatient limit
4	Maternity (Delivery)	Covered up to Kshs. 150,000 within inpatient limit
5	Maternity Related Complications	Covered up to Kshs. 150,000 within inpatient limit
6	Ante–natal Clinic	Up to 150,000 within outpatient limit
7	First emergency Caesarean section	Covered up to Kshs. 250,000 within inpatient limit

8	Pre-mature / Pre-Term Babies	Covered up to Kshs. 2,000,000 within inpatient limit
9	Inpatient dental as result of accident	Up to the full limit within inpatient limit
10	Inpatient optical as result of accident	Up to the full limit within the inpatient limit
11	Inpatient dental as result of illness	Up to Kshs. 200,000 within the inpatient limit
12	Inpatient Optical as result of illness	Up to Kshs. 200,000 within the inpatient limit
13	Emergency road and air evacuation	Up to the full limit within inpatient limit
14	Lodger benefit	Up to children of 15 years
15	COVID–19 testing, isolation, Treatment, hospitalization and home-based care	Up to the full limit within inpatient limit
16	Organ Transplant	Up to the full limit of outpatient and inpatient limit
17	Prescribed Vitamins and Supplements	Up to the full limit of outpatient and inpatient limit
18	Last expense	Up to Kshs. 150,000 per person and Kshs. 150,000 per director
19	Immunization /vaccination	KEPI recommended up to the full limit + well baby vaccines + Private vaccines up to 12 years of age
20	Counselling	Up to the full limit on recommendation by a General Practitioner
21	Medical Check – up	Up to Kshs. 30,000 per person (principal & spouse only)
22	Psychiatric Conditions	Up to the full limit
23	Terrorism	Up to the full limit
24	Provision of excess of loss cover of Kshs. 10 million	To be activated by the employer

25	Allow for top up for outpatient and inpatient	Allow for top up by the corporate staff

TABLE 3

MEDICAL LIST - SUMMARY BY FAMILY SIZE AND CATEGORY

Family Size	Live No. of Families (Principals)					Total Lives				Lives by Member Type		
		CAT A	CAT C	DIRECT	Total	CAT A	CAT C	DIRECTORS	Total	Principal	Spouse	Child
MEMBER ONLY	1	2	20	2	24	2	20	2	24	24	0	0
MEMBER PLUS 1	2	4	38	0	42	8	76	0	84	42	23	19
MEMBER PLUS 2	3	11	59	0	70	33	177	0	210	70	45	94
MEMBER PLUS 3	4	10	99	0	109	40	396	0	436	109	93	235
MEMBER PLUS 4	5	35	103	1	139	175	515	5	695	139	134	422
MEMBER PLUS 5	6	8	110	0	118	48	660	0	708	118	118	469
TOTAL		**70**	**429**	**3**	**502**	**306**	**1844**	**7**	**2157**	**502**	**413**	**1239**

STAGE 1: MANDATORY EVALUATION FOR THE UNDERWRITER AND BROKERS

Sr. No.	Evaluation Requirement	Is Document Required from Supplier ?
1	SELF-DECLARATION FORM SD1&2	Yes
2	UNDERWRITER MUST PROVIDE EVIDENCE OF COMPANY EXISTENCE BY INCORPORATION FOR THE LAST TEN (10) YEARS (ATTACH CERTIFICATE OF CHANGE OF NAME WHERE APPLICABLE). ATTACH CERTIFICATE OF INCORPORATION.	Yes
3	UNDERWRITER COPY OF VALID TAX COMPLIANCE CERTIFICATE (WILL BE CONFIRMED ONLINE WITH TCC CHECKER)	Yes
4	UNDERWRITER VALID COPY OF CR12 ISSUED WITHIN THE LAST 6 MONTHS TOGETHER WITH IDENTIFICATION DOCUMENTS OF ALL INDIVIDUALS LISTED IN THE CR12	Yes
5	UNDERWRITER CONFIDENTIAL BUSINESS QUESTIONNAIRE DULY FILLED, SIGNED & STAMPED	Yes
6	UNDERWRITER CURRENT VALID CERTIFICATE FROM INSURANCE REGULATORY AUTHORITY FOR CURRENT YEAR 2026.	Yes
7	UNDERWRITER PROVIDE VALID CERTIFICATE FROM COMMISSIONER OF INSURANCE FOR CURRENT YEAR (2026) ALLOWING THE UNDERWRITER TO PROVIDE MEDICAL INSURANCE (ATTACH COPY OF LICENSE).	Yes
8	UNDERWRITER MUST PROVIDE A VALID AND CURRENT MEMBERSHIP CERTIFICATE FROM THE ASSOCIATION OF KENYA INSURERS	Yes
9	UNDERWRITER MUST PROVIDE AUDITED FINANCIAL STATEMENTS FOR THE LAST THREE YEARS (2023, 2024 AND 2025). ATTACH AUDITOR LICENSE FROM ICPAK	Yes
10	UNDERWRITER PROVIDE POWER OF ATTORNEY SIGNED BY ALL DIRECTORS ISSUED WITHIN THE LAST SIX MONTHS WITNESSED BY A COMMISSIONER OF OATHS BEFORE OPENING OF THE TENDER	Yes
11	UNDERWRITER CURRENT SWORN AFFIDAVIT ON LITIGATION HISTORY (I.E. WITHIN SIX MONTHS OF THE TENDER OPENING DATE).	Yes
12	THE UNDERWRITER MUST PROVIDE EVIDENCE OF PROVIDING MEDICAL INSURANCE FOR THE LAST 10 YEARS (PROVIDE INSURANCE REGULATORY AUTHORITY (IRA LICENSES FOR MEDICAL CLASS).	Yes
13	UNDERWRITER ATTACH ORIGINAL TENDER SECURITY OF KSHS 2,000,000 FROM A REPUTABLE BANK IN KENYA VALID UP TO 28 DAYS BEYOND THE TENDER VALIDITY PERIOD.	Yes
14	BROKER COPY OF VALID TAX COMPLIANCE CERTIFICATE (WILL BE CONFIRMED ONLINE WITH TCC CHECKER)	Yes
15	BROKER VALID COPY OF CR12 ISSUED WITHIN THE LAST 6 MONTHS TOGETHER WITH IDENTIFICATION DOCUMENTS OF ALL INDIVIDUALS LISTED IN THE CR12	Yes
16	BROKER CONFIDENTIAL BUSINESS QUESTIONNAIRE DULY FILLED, SIGNED & STAMPED IN THE FORMAT PROVIDED.	Yes
17	BROKER PROVIDE A LETTER OF APPOINTMENT FROM THE UNDER WRITER AND PROVIDE DOCUMENTS OF THE UNDERWRITER FOR PRELIMINARY AND TECHNICAL EVALUATION.	Yes
18	BROKER MUST PROVIDE CERTIFICATE FROM COMMISSIONER OF INSURANCE FOR TEN (10) YEARS INCLUDING THE CURRENT THE YEAR 2026 AS A MEDICAL INSURANCE PROVIDER (ATTACH COPY OF LICENSES).	Yes

Sr. No.	Evaluation Requirement	Is Document Required from Supplier ?
19	BROKER MUST PROVIDE A VALID AND CURRENT MEMBERSHIP CERTIFICATE FROM AIBK AND CERTIFICATE OF MIPAKS FOR THE LAST FIVE (5) YEARS.	Yes
20	BROKER MUST PROVIDE VALID AND CURRENT BUSINESS LICENSE FROM COUNTY WHERE BUSINESS IS LOCATED.	Yes
21	BROKER MUST PROVIDE DULY FILLED PRICE SCHEDULE IN ACCORDANCE WITH FORMAT PROVIDED IN THE TENDER DOCUMENT.	Yes
22	BROKER PROVIDE POWER OF ATTORNEY SIGNED BY ALL DIRECTORS ISSUED WITHIN THE LAST SIX MONTHS WITNESSED BY A COMMISSIONER OF OATHS BEFORE OPENING OF THE TENDER	Yes
23	BROKER ATTACH ORIGINAL TENDER SECURITY OF KSHS 2,000,000 FROM A REPUTABLE BANK IN KENYA VALID UP TO 28 DAYS BEYOND THE TENDER VALIDITY PERIOD.	Yes
24	BROKER MUST PROVIDE AUDITED FINANCIAL STATEMENTS FOR THE LAST THREE YEARS (2023,2024 AND 2025). ATTACH AUDITOR LICENSE FROM ICPAK	Yes
25	BROKER PROVIDE EVIDENCE OF DOING MEDICAL INSURANCE FOR THE LAST TEN (10) YEARS (PROVIDE IRA LICENSES FOR MEDICAL CLASS).	Yes
26	BROKER LIST OF (5) CURRENT CORPORATE CLIENTS, EACH WITH A MINIMUM ANNUAL MEDICAL PREMIUM OF KSHS. 80 MILLION. ATTACH PROOF OF COPY OF SIGNED CONTRACT BETWEEN THE CLIENT AND SERVICE.	Yes
27	BROKER ATTACH LETTER OF RECOMMENDATION FROM EACH OF THE FIVE (5) CLIENTS FOR EACH ATTACHED CONTRACT).	Yes
28	BROKER MUST SUBMIT A DULY FILLED AND COMMITMENT TO CODE OF ETHICS	Yes
29	BROKER MUST SUBMIT DULY FILLED CERTIFICATE OF INDEPENDENT TENDER DETERMINATION.	Yes
30	BROKERPROVIDE A COUNTRY WIDE LIST OF APPROVED PANEL OF HEALTH CARE MEDICAL PROVIDERS FOR EACH OF THE 47 COUNTIES AND OVERSEAS	Yes
31	BROKER PROVIDE A LIST OF ALL THE EXCLUSIONS UNDER INPATIENT AND OUT-PATIENT. IF THE SCHEME DOES NOT HAVE ANY EXCLUSIONS, PLEASE CONFIRM THE SAME IN WRITING.	Yes
32	BROKER CURRENT SWORN AFFIDAVIT ON LITIGATION HISTORY (I.E. WITHIN SIX MONTHS OF THE TENDER OPENING DATE)	Yes
33	BROKER COPY OF CERTIFICATE OF INCORPORATION/REGISTRATION.	Yes

TECHNICAL EVALUATION FOR THE UNDERWRITER AND BROKERS

S/NO	CRITERIA	METHOD OF EVALUATION	BIDDERS RESPONSE (YES/NO)	BIDDERS REMARKS
1	FIRM'S PAST EXPERIENCE	PROVIDE FIVE (5) ASSIGNMENTS OF PROVIDING MEDICAL INSURANCE COVER SERVICES TO PUBLIC SECTOR ORGANIZATIONS WHOSE MEDICAL INSURANCE BUSINESS PREMIUMS ARE KSHS.80 MILLION AND ABOVE FOR EACH CLIENT. THREE (3) SHOULD BE CURRENT AND TWO (2) HAVE BEEN SATISFACTORILY COMPLETED. PROVIDE PROOF FROM EACH OF THE ABOVE-NAMED CLIENTS AS HAVING A TOTAL PRINCIPAL MEMBERSHIP OF AT LEAST 400 AND TOTAL SCHEME POPULATION OF AT LEAST 1,500 MEMBERS.AS PROOF OF EACH OF THE ABOVE 5 (FIVE) ASSIGNMENTS DONE FOR THE PUBLIC SECTOR ORGANIZATIONS, PROVIDE CORRESPONDING: (I) COPIES OF AWARD LETTERS. (II) CONTRACTS/PURCHASE ORDERS AND COMPLETION LETTERS FOR THE TWO (2).		
2	AUDITED ACCOUNTS	PROVIDE COPY OF AUDITED FINANCIAL STATEMENTS/ACCOUNTS FOR THE LAST THREE FINANCIAL YEARS (2023, 2024, AND 2025). THE ACCOUNTS MUST DEMONSTRATE A PAID-UP CAPITAL OF 500 MILLION AND BE CERTIFIED BY AN AUDITOR LICENSED BY ICPAK.		
3	EXPERIENCE IN HANDLING MEDICAL INSURANCE	AVERAGE MEDICAL INSURANCE PREMIUMS UNDERWRITTEN FOR THE LAST THREE (3) YEARS OF ABOVE KES.1.7 BILLION AS PER IRA REPORTING. (MIPS / BROKERS SHOULD PROVIDE THIS FROM THEIR PROPOSED UNDERWRITER)		
4	PROFESSIONAL INDEMNITY & REINSURANCE ARRANGEMENT	PROVIDE PROFESSIONAL INDEMNITY INSURANCE COVER OF A MINIMUM OF KSHS. 500 MILLION. PROVIDE EVIDENCE OF REINSURANCE ARRANGEMENT BY THE UNDERWRITER (MIPS / BROKERS SHOULD PROVIDE THIS FROM THEIR PROPOSED UNDERWRITER)		
5	PROFESSIONAL QUALIFICATIONS AND EXPERIENCE OF STAFF TO DEAL WITH THE MEDICAL SCHEME (MUST ATTACH COPIES OF CV AND CERTIFICATES OF EACH MEMBER LISTED AS PROOF OF QUALIFICATIONS)	(A) PROVIDE THE NAME OF THE TEAM LEADER (PRINCIPAL OFFICER, TOGETHER WITH THE IRA CERTIFICATE), AN INSURANCE DEGREE OR ITS EQUIVALENT AND ATTACH THE FOLLOWING: DEGREE CERTIFICATE AND PROFESSIONAL QUALIFICATION (ACII/CII/AIK/IIK) WITH 15 YEARS' INSURANCE EXPERIENCE AND VALID CERTIFICATE OF GOOD CONDUCT AND VALID AIIK MEMBERSHIP INSURANCE INSTITUTE OF KENYA)		
6	PROFESSIONAL QUALIFICATIONS AND EXPERIENCE OF STAFF TO DEAL WITH THE MEDICAL SCHEME (MUST ATTACH COPIES OF CV AND CERTIFICATES OF EACH MEMBER LISTED AS PROOF OF	(B) TWO MANAGEMENT STAFF WITH AN INSURANCE RELATED DEGREE AND PROFESSIONAL QUALIFICATIONS (ACII/CII/AIK/IIK/ EQUIVALENT) WITH OVER TEN YEARS INSURANCE EXPERIENCE AND VALID AIIK MEMBERSHIP (INSURANCE INSTITUTE OF		

S/NO	CRITERIA	METHOD OF EVALUATION	BIDDERS RESPONSE (YES/NO)	BIDDERS REMARKS
	QUALIFICATIONS)	KENYA.		
7	PROFESSIONAL QUALIFICATIONS AND EXPERIENCE OF STAFF TO DEAL WITH THE MEDICAL SCHEME (MUST ATTACH COPIES OF CV AND CERTIFICATES OF EACH MEMBER LISTED AS PROOF OF QUALIFICATIONS)(	(C) AT LEAST TWO (2) TEAM MEMBERS (TECHNICAL MEMBERS) WITH A RELEVANT DEGREE AND PROFESSIONAL QUALIFICATIONS (ACII/CII/AIK/IIK/ EQUIVALENT) WITH OVER FIVE YEARS INSURANCE EXPERIENCE AND VALID AIIK MEMBERSHIP (INSURANCE INSTITUTE OF KENYA		
8	SETTLEMENT OF CLAIMS	PROVIDE CURRENT RECOMMENDATION LETTERS (2026) FROM AT LEAST TEN (10) REPUTABLE HOSPITALS WITH ONGOING SERVICE PROVIDER CONTRACTS		
9	BENEFITS AND EXCLUSIONS	ANY ENHANCED BENEFITS BEYOND THE MINIMUM IN THE TOR.		
10	BUSINESS PORTFOLIO(SUBMIT EVIDENCE OF HANDLING MEDICAL CLAIMS AS FOLLOWS)	AVERAGE UNDERWRITTEN MEDICAL CLAIMS OF OVER 1B AS REPORTED TO IRA FOR THE LAST THREE YEARS (2023, 2024, 2025) (10 MARKS). (MIPS / BROKERS SHOULD PROVIDE THIS FROM THEIR PROPOSED UNDERWRITER)		

***Brokers must qualify Mandatory evaluation for Brokers and the Proposed Underwriter to qualify for Technical Evaluation**