



First Assurance

POLICY NAME	KENGEN STAFF RETIREMENT BENEFIT SCHEME
POLICY NUMBER	MED/2017/2303/12
ENHANCEMENT	SUPER ENHANCED
POLICY PERIOD	26/05/2026 – 25/05/2027

CATEGORY	INPATIENT	OUTPATIENT	LAST EXPENSE
A	100,000	30,000	50,000
B	300,000	60,000	50,000
C	500,000	80,000	50,000
D	1,500,000	150,000	50,000

CATEGORY	INPATIENT	OUTPATIENT	LAST EXPENSE
A	Shared	Shared	Per Pensioner
B	Shared	Shared	Per Pensioner
C	Shared	Shared	Per Pensioner
D	Shared	Shared	Per Pensioner

Signed for and on behalf of FIRST ASSURANCE COMPANY LIMITED



Duly Authorized Signatory



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Scope of Cover

Overall, the cover provides for medical and surgical expenses reasonably incurred by the insured members as a direct result of their sustaining accidental bodily injury and/or illness and/or a disease within the period of insurance.

Members actively in service from age **18 to age 70** are eligible for cover. A member already in the scheme can have cover extended up to **80 years** of age provided that he/she remains in active service and subject to underwriting.

While we anticipate that all eligible members will enrol into the scheme, the minimum enrolment for the scheme must be **90%** of all eligible members and dependants. The waiting period before cover commences for a new employee is **0 days**.

Coverage for Hospitalisation (Inpatient Cover)

Inpatient cover provides for medically necessary hospital bed charges (**Standard Ward Bed net of SHIF**) doctors' bills, anaesthetist's bills, operating theatre fees, pharmacy, laboratory and investigations reasonably incurred by an insured member. This cover will be on credit facility with our service providers.

Outpatient Services

Members of the scheme will have a choice of medical attendant but treatment will be restricted to medical practitioners registered with the Kenya Medical Practitioners & Dentists Board. Cover will be on **credit facility basis with our providers** and on **75% re-imburement subject to reasonable and customary charges**.

Scope of Cover

Inpatient

- Hospital accommodation in a standard ward bed (net of SHIF)
- Consultations
- Doctors & Anesthetist bills
- Operating theatre fees
- Oncology, Organ Transplant, Dialysis Treatment
- Blood Transfusion
- Diagnostic test
- Internal prosthesis up to **Kshs. 50,000**
- External appliances
- Road and Air Ambulance services



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Outpatient

- Consultation
- Acute medication
- Chronic medication
- Radiology and pathology (net of NHIF at NHIF approved providers)
- CT & MRI Scans (net of NHIF at NHIF approved providers)

Super Enhanced Cover – Including Pre-existing, Chronic conditions and HIV conditions

Special benefits under the Super Enhanced cover

- **Pre-existing, Chronic and HIV covered up to Kshs 100,000(A), Kshs. 150,000 (B), Kshs. 250,000 (C), Kshs. 300,000 (D) and Kshs. 400,000 (E) of inpatient limit**
- **Covid-19 condition** shall be covered up to **50% or Kshs. 300,000** within the Inpatient limit (as per prescribed terms and FA select panel)
- **Congenital Illness Covered up to Kshs 100,000 within inpatient limit**
- **Pre-existing, Chronic and HIV covered up to the full outpatient limit**

Financial Implication -Premiums

- *The following providers have been excluded from panel:- Aga Khan Group, MSA Hospital, Pandya Hospital, NBI Hospital, Gertrude’s, Karen, M.P. Shah, ST Lukes Eldoret, Eldoret Hospital and AAR healthcare including their satellite clinics*
- *Provider restriction/exclusion to all apply for all Categories*

Category	In/Outpatient	Premium	
	Limit	M	M+1
A	100K/30K	49,863	69,763
B	300K/60K	86,918	122,826
C	500K/80K	99,924	141,035
D	1.0M/100K	143,209	201,461
E	1.5M/150K	168,481	237,013

The following exclusions will apply:

- Maternity expenses (unless purchased), Dental and Optical services
- Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- Intoxication and drunkenness
- Expenses recoverable under any other insurance
- Cosmetic surgery, massage or beauty treatment
- Naval, Military and Air force operations
- Riding or driving in any kind of race
- Participation in extreme sports
- Stays at sanatoria, old age homes, places of rest etc.
- War, invasion, civil war, participation in riots
- Chiropractors, acupuncturists or herbalists treatment
- Hormonal imbalance
- General health check-ups



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- NO children

Important Notes:

- Last expenses will be covered to **Kshs 50,000** per main member
- Inpatient dental and optical hospitalization resulting from an accident will be covered within the inpatient limit.
- Psychiatric conditions will be covered up to **20%** of the inpatient limit
- Post hospitalisation will be covered up to **Kshs 30,000** within IP for a maximum of 4 weeks after discharge
- Inpatient dental and optical hospitalization resulting from an illness (apart from Laser eye Surgery) will be covered for up to **Kshs 100,000** within the inpatient limit.
- **Management for substance dependency** shall be covered up to **Kshs. 100,000** within Inpatient limit
- **Attempted Suicide & Intentional Self Injury** shall be covered up to **Kshs. 100,000** within Inpatient limit
- Air Evacuation within the inpatient limit
- Local Ambulance services for transportation of a sick Member for treatment from an area where facilities for adequate care do not exist to the next available hospital or licensed medical facility will be covered within the annual inpatient limit
- Claims related to expenses arising whilst the Member is temporarily abroad and requiring emergency treatment for an illness or injury that occurs during the period of travel provided that such period **does not exceed 90 days** in any one visit will be covered on **reimbursement (except at our approved panel in India where cover will be on credit)**.
- **Treatment costs** arising from a condition that warrants treatment overseas because the treatment is not available in Kenya will be covered on **reimbursement (except at our approved panel in India where cover will be on credit)**.
- All premiums shown are on annual basis and payable annually in advance. ITL (0.2%), IPCF Tax (0.25%) and Stamp duty have **not been** included in the totals above but are payable together with the premiums once cover has been confirmed.

Signed by: _____ **SAMUEL** _____ **KIBE** _____

On this 12th day of the Month May Year 2026

