



OPEN UNIVERSITY OF KENYA

FIRST ADDENDUM TO TENDER NO. OUK/T002/2023-2024 - PROVISION OF STAFF & BOARD MEDICAL INSURANCE COVERS			
	Reference	Clarification sought	Response / correction
1	Page 64 and page 65	What is the correct Inpatient limit for staff in category F between ksh700,000 and ksh7,000,000	Typo error : The correct Inpatient limit for staff in category F is ksh.700,000
2	Page 66 and page 68	What should be the correct structure of proposed outpatient benefits between proposed Fund management on page 66 and Outpatient Insurance on page 68	Conflicting clauses: Ignore the clause on proposed fund management on page 66 and present your proposal as per the proposed Insurance outpatient on page 68, table 1B (except for dental which shall be as below)
3	Page 65 and page 68	What is the correct structure of proposed outpatient dental and optical benefits between proposed flat limit on page 65 and graduated limit on page 68.	Conflicting clauses: Ignore the proposed graduated limit on page 68 table 1B and present your proposal as per proposed flat limit of ksh40,000 on page 65. Further note that dental and optical will be a combined benefit.
4	Page 66-69 : amendment to scope of cover for staff in CATEGORY A – COUNCIL MEMBERS	We have proposed to amend the scope of cover for council members inpatient from 2m to 3m and outpatient from 100,000 to 200,000	Proposed amendment : present your proposal as per the amendment and as per revised scope of cover below.
6	Page 67 – amendment to include maternity for normal delivery	We have proposed to amend the scope of cover to include maternity for normal delivery.	Proposed amendment : present your proposal as per the amendment and as per revised scope of cover below.

7.	Page 67 – Amendment to remove maternity and related benefits and circumcision benefits for staff in category A – COUNCIL MEMBERS	We have proposed to amend the scope of cover for council members to remove maternity and related benefits and circumcision benefits for staff in category A – COUNCIL MEMBERS	Proposed amendment : present your proposal as per the amendment and as per revised scope of cover below.
----	---	---	--

REVISED AND UPDATED SCOPE OF PROPOSED MEDICAL COVER							
A	INPATIENT (IP) – OVERAL ANNUAL LIMITS AND SUB LIMITS						
	EMPLOYEE CATEGORY	A	B	C	D	E	F
	EMPLOYEE DESCRIPTION	COUNCIL MEMBERS	VICE-CHANCELLOR	DEPUTY VICE CHANCELLORS	GRADES 11-15	GRADES 5-10	GRADES 1-4
OVERALL LIMITS	Annual Limit	3,000,000	6,000,000	3,000,000	1,500,000	1,000,000	700,000
	Cover type for inpatient	Family Shared	Family Shared	Family Shared	Family Shared	Family Shared	Family Shared
	Funeral expenses	200,000	200,000	200,000	200,000	200,000	200,000
	Cover type for funeral Expenses	Per person	Per Person	Per Person	Per Person	Per Person	Per Person
SUB LIMITS	Admission type	Standard Private Room	Deluxe-Private Room	Standard Private Room	Standard Private Room	Standard Private Room	Standard Private Room
	Daily Bed Limit net of NHIF	25,000	60,000	30,000	20,000	15,000	12,000

	Acute illnesses, and accidents	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit
	Newly diagnosed Chronic conditions	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit
	Preexisting conditions, Chronic and HIV/AIDS related illnesses	1,500,000 within Inpatient limit	3,000,000 within Inpatient limit	1,500,000 within Inpatient limit	750,000 within Inpatient limit	500,000 within Inpatient limit	350,000 Inpatient limit
	Congenital conditions	1,000,000 within Inpatient limit	2,000,000 within Inpatient limit	1,000,000 within Inpatient limit	500,000 within Inpatient limit	400,000 within Inpatient limit	300,000 within Inpatient limit
	Psychiatric and Psychological illnesses and rehabilitation	1,000,000 within Inpatient limit	2,000,000 within Inpatient limit	1,000,000 within Inpatient limit	500,000 within Inpatient limit	400,000 within Inpatient limit	300,000 within Inpatient limit
	External medical supportive appliances e.g., wheelchairs.	200,000 within Inpatient limit	300,000 within Inpatient limit	200,000 within Inpatient limit	150,000 within Inpatient limit	120,000 within Inpatient limit	100,000 Inpatient limit
	Non - accidental inpatient illnesses.	200,000 within Inpatient limit	300,000 within Inpatient limit	200,000 within Inpatient limit	150,000 within Inpatient limit	120,000 within Inpatient limit	100,000 within Inpatient limit

	Non - accidental Ophthalmic in-patient illnesses, includes cover for laser treatment and cataract operations.	200,000 within Inpatient limit	300,000 within Inpatient limit	200,000 within Inpatient limit	150,000 within Inpatient limit	120,000 within Inpatient limit	100,000 within Inpatient limit
	Passive War /Terrorism and Political Violence treatments	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit	Full Limit
	Maternity Complications before & after delivery	0 within Inpatient limit	600,000 within Inpatient limit	30,000 within Inpatient limit	200,000 within Inpatient limit	150,000 within Inpatient limit	100,000 within Inpatient limit
	Maternity Normal delivery	0 within Inpatient limit	300,000 within Inpatient limit	250,000 within Inpatient limit	200,000 within Inpatient limit	150,000 within Inpatient limit	100,000 within Inpatient limit
	Maternity First Ever and subsequent Caesarean Section	0 within Inpatient limit	350,000 within Inpatient limit	300,000 within Inpatient limit	250,000 within Inpatient limit	200,000 within Inpatient limit	150,000 within Inpatient limit
	Neonatal and prematurity treatment	0 within Inpatient limit	2,000,000 within Inpatient limit	1,000,000 within Inpatient limit	500,000 within Inpatient limit	400,000 within Inpatient limit	300,000 within Inpatient limit
	Circumcision	0 within Inpatient limit	100,000 within	60,000 within	50,000 within	40,000 within	30,000 within

			Inpatient limit	Inpatient limit	Inpatient limit	Inpatient limit	Inpatient limit
	Post hospitalization medication for 30 days after discharge	60,000 within Inpatient limit	100,000 within Inpatient limit	60,000 within Inpatient limit	50,000 within Inpatient limit	40,000 within Inpatient limit	30,000 within Inpatient limit
OTHER BENEFITS TO BE COVERED ON INPATIENT COVER							
	Lodger fees for accompanying parent or guardian for children below 12 years						
	Oncology, renal and peritoneal dialysis treatment						
	Organ transplant						
	Genealogical treatments						
	Pathology, X-ray, Ultrasound, ECG and Computerized Tomography (CT), PET Scan, MRI Scans, Pap- smear, Prostatic surface antigen test,						
	Radiotherapy and Chemotherapy.						
	In-patient Physiotherapy.						
	Motor reconstructive surgery						
	Internal /External appliances						
	Internal prosthesis procedures						
	Drugs/Medicines, Dressings and Internal Surgical appliances.						
	ICU/HDU and Theatre charges.						
	Doctor's fees; Physician, Surgeon & Anesthetist.						
	Overseas referral Treatment						
	45 days worldwide travel coverage						
	Air and Road Evacuation and Ambulance						
	Home nursing						
	Day care surgery						

	KEPI Vaccines as approved by Ministry of Health & WHO						
	Covid-19 Treatment						
B	OUTPATIENT (OP) - OVERAL ANNUAL LIMITS AND SUB LIMITS						
	EMPLOYEE CATEGORY	A	B	C	D	E	F
	EMPLOYEE DESCRIPTION	COUNCIL MEMBERS	VICE-CHANCELLOR	DEPUTY VICE CHANCELLORS	GRADES 11-15	GRADES 5-10	GRADES 1-4
OVER ALL LIMITS	Annual Limits	200,000	500,000	250,000	150,000	150,000	100,000
SUB LIMITS	Cover type for outpatient	Family Shared	Family Shared	Family Shared	Family Shared	Family Shared	Family Shared
	Dental and Optical treatment	40,000 within outpatient limit	40,000 within outpatient limit	40,000 within outpatient limit	40,000 within outpatient limit	40,000 within outpatient limit	40,000 within outpatient limit
	Annual check up	40,000 within outpatient limit	150,000 within outpatient limit	100,000 within outpatient limit	60,000 within outpatient limit	60,000 within outpatient limit	40,000 within outpatient limit
	OTHER BENEFITS TO BE COVERED ON INPATIENT COVER						
	No co-payment						
	Routine Outpatient consultation						
	General Physician fees, surgeon fees, anesthetists fees, Physiotherapist fees, specialist and consultants fees, nursing care fees, laboratory and X-ray costs, prescription drugs, dressing or medications costs,						
	KEPI Vaccines as approved by Ministry of Health & WHO						

	HIV/AIDS related ailments
	Preexisting and Chronic illness
	Outpatient dental treatments - the cost of dental consultation, examinations, tooth cleaning, normal compound filling, extractions, and root canal treatment, inclusive of anesthetists' fees, hospital and operating theatre costs.
	Outpatient optical treatments - Eye care, eye examination, eye follow up care and prescription of glasses or contact lenses
	Comprehensive full body checkup.
	Outpatient Maternity costs - routine obstetrics, ultrasound, routine lab tests, hospitalization, C-Section, pre/ post-natal, vaccination)
	Pre-hospitalization diagnostic costs
	Air and ambulance Evacuation service
	Covid-19 Treatment and testing

Published on Wednesday 29th May 2024

Open University of Kenya

KONZA TECHNOPOLIS, CRADLE TOWERS, 1ST FLOOR

P.O. BOX 2440-00606 NAIROBI