



HEALTH

# CIC SENIORS MEDIPLAN

Senior's Medical Cover





## What the product offers?

The cover protects insured persons against valid medical expenses. Eligible expenses are paid subject to annual benefit limits provided for.

The product offers in-patient, outpatient, dental, and optical benefits. Various options are provided for each benefit to enrich your choices

### **In-patient benefits offered by the product include:**

- Pre-existing and chronic conditions cover.
- Psychiatry / psychotherapy cover.
- Emergency air evacuation and road ambulance services.
- In-patient ophthalmologic surgery.
- Dental surgery.
- Post-hospitalization and rehabilitation expenses.
- Prescribed external aids cover.
- Home Nursing.
- Comprehensive Geriatric Assessment

### **Outpatient benefits include :**

- GP Consultation.
- Specialist consultation.
- Prescribed drugs and dressings.
- Diagnostic laboratory and radiology services.
- Health check-up.

### **Dental benefits include :**

- Dental consultation.
- Fillings and extractions.
- Root canal.
- Scaling.

### **Optical benefits include :**

- Ophthalmologic consultation.
- Contact lenses.
- Frames (allowed once every two years up to Ksh. 15,000 or the Optical limit whichever is lower).
- Glasses.

The product also offers a last expense cover in the event that the insured person passes on as a result of covered conditions while the cover is in force.

## Membership eligibility?

Eligibility for Principal Member and Spouse is from 60 years to 80 years.

Cover allows only one legal spouse as a dependant of the principal member. Additional spouses can be included on cover as principal members.

Child dependants are not eligible under this cover. Alternative cover is provided under CIC Family Medisure cover.

All new applicants will be required to submit a medical report before membership and eligibility of cover can be confirmed. The cost of the medical examination is borne by the applicant at a hospital appointed by CIC.

Existing members can continuously renew their membership without age restrictions.

The following documents are required at inception of cover as proof of membership eligibility.

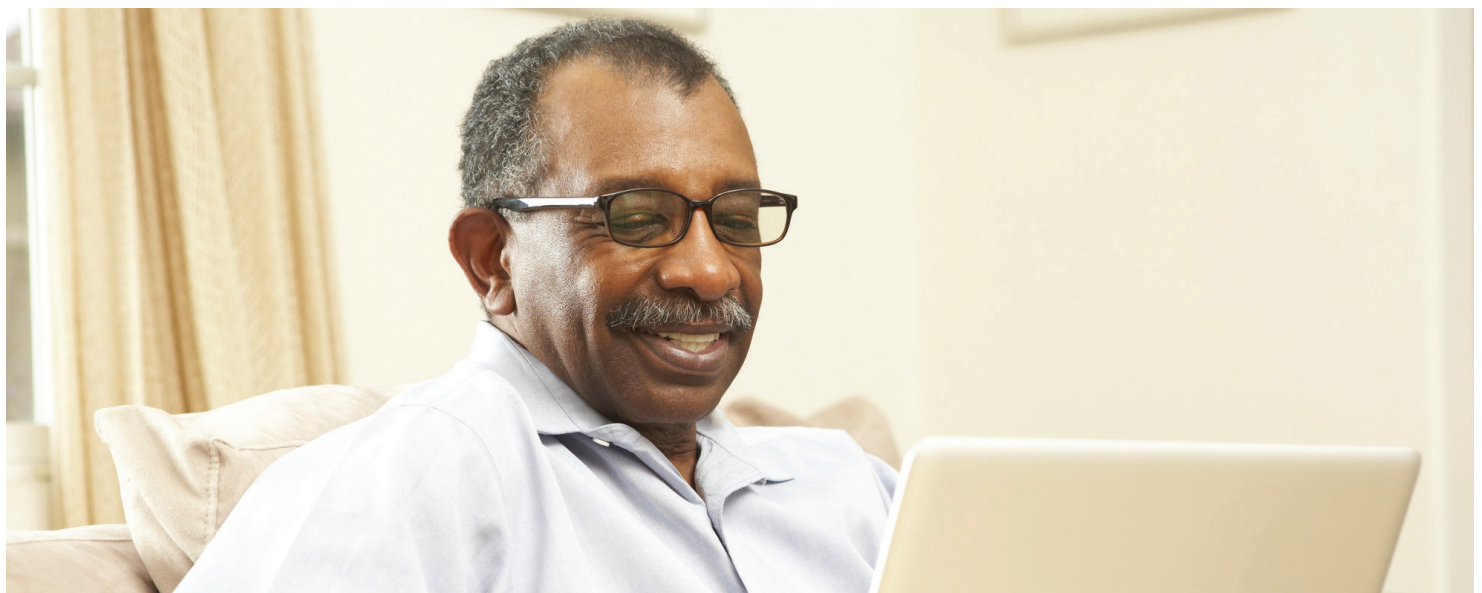
- a. Copy of ID/passport for principal member and spouse.
- b. Copy of PIN certificate for principal member.

***Members may opt to buy Outpatient on a Self-Fund basis at a Management fee determined by CIC.***

***Members may also opt to buy Inpatient and Outpatient cover on a Fully Self-funded basis at a Management fee determined by CIC.***

***Waiting periods will be waived for members transiting within 30 days from another insurance underwriter or their respective Corporate Medical Schemes subject to performance review and approval of waiver in writing.***

***Any member joining after the first 30 days of exit from a previous insurance underwriter or their Corporate scheme will be subjected to individual medical underwriting and waiting periods shall apply.***



INPATIENT								
No.	Benefit type	CIC Plan VI	CIC Plan V	CIC Plan IV	CIC Plan III	CIC Plan II	CIC Plan I	Benefit description
1.	Overall annual maximum	5,000,000	3,000,000	2,000,000	1,000,000	500,000	300,000	In-patient cover limit per family.
2.	Hospital accommodation	Standard Private Room up to Kes 20,000	Standard Private Room up to Kes 16,000	Standard Private Room up to Kes 15,000	General ward bed	General ward bed	General ward bed	Bed-limit entitlement per day net of NHIF rebate.
3.	Hospital cash benefit	4,000	3,000	2,000	1,000	500	500	<p>This benefit caters for an insured person who will be paid per night, in place of any other benefit, after getting adequate in-hospital treatment that was not charged to CIC.</p> <p>The claim form should be properly filled, signed and stamped by the treating doctor. The completed claim form should then be sent to CIC with a cover letter, and copies of the hospital invoice.</p>
4.	Pre-existing and Chronic conditions including Cancer treatment	1,300,000	800,000	600,000	500,000	250,000	150,000	<p>This benefit caters for treatment of pre-existing conditions that the member has been treated for before joining the cover with CIC, after one year of cover.</p> <p>Newly diagnosed chronic conditions within the first twelve months of joining will be subjected to a one year waiting period.</p> <p>A member is eligible for cancer treatment after they have been on cover for more than two years.</p>
5.	Psychiatric illness/psychotherapy treatment	250,000	250,000	250,000	200,000	150,000	150,000	This benefit caters for inpatient psychiatric treatment and is available after one year of cover.

No.	Benefit type	CIC Plan VI	CIC Plan V	CIC Plan IV	CIC Plan III	CIC Plan II	CIC Plan I	Benefit description
6.	Last expense	100,000	100,000	100,000	70,000	60,000	50,000	This benefit caters for the cost of funeral expenses in the unfortunate event that a member passes on as a result of covered conditions while this cover is in force. The benefit is shared between the principal and spouse and is payable on the first death..
7.	Discharge Medication	Up to 14 days after discharge	Up to 14 days after discharge	Up to 14 days after discharge	Up to 14 days after discharge	Up to 14 days after discharge	Up to 14 days after discharge	This benefit caters for the cost of discharge drugs prescribed by a medical practitioner for authorized treatment.
8.	Organ transplant	1,300,000	800,000	600,000	500,000	250,000	150,000	<p>This benefit caters for transplant services that arise from covered conditions, excluding the cost of securing an organ donor subject to pre-authorization after <b>three years</b> of cover.</p> <p>Please note that we do not pay for cornea transplant</p>
9.	Reconstructive surgery	250,000	250,000	250,000	200,000	150,000	150,000	<p>This benefit caters for illness related or accident caused reconstructive or plastic surgery after <b>three years</b> of cover.</p> <p>This does not include cosmetic, obstetrics and gynecological surgery.</p>
10.	Gynecological surgery	350,000	350,000	350,000	300,000	200,000	150,000	<p>This benefit caters for treatment needed for gynecological surgery after one year of cover.</p> <p>This includes breast reconstructive surgery due to backaches.</p>
11.	Post hospitalization and rehabilitation	40,000	40,000	40,000	30,000	25,000	20,000	This benefit caters for post-discharge follow-up expenses incurred within 30 days following discharge from inpatient admission, for each year of cover, and must be recommended by a medical practitioner.

No.	Benefit type	CIC Plan VI	CIC Plan V	CIC Plan IV	CIC Plan III	CIC Plan II	CIC Plan I	Benefit description
12.	Home nursing	up to a maximum of 90 days	up to a maximum of 90 days	up to a maximum of 90 days	up to a maximum of 90 days	up to a maximum of 90 days	up to a maximum of 90 days	This benefit caters for home nursing services following hospital discharge, on the recommendation of a medical practitioner and must be provided by an eligible nurse, subject to preauthorization.
13.	Overseas extension of cover	on reimbursement basis subject to benefit limits	on reimbursement basis subject to benefit limits	on reimbursement basis subject to benefit limits	on reimbursement basis subject to benefit limits	on reimbursement basis subject to benefit limits	on reimbursement basis subject to benefit limits	<p>This benefit caters for overseas visit for a maximum period of sixty (60) consecutive days for any one visit outside East Africa while on holiday or business, for emergency illness or injury.</p> <p>Members will be required to notify CIC every time they are traveling outside East Africa. Valid claims are paid on reimbursement basis subject to benefit limits.</p>
14.	Overseas referral	Paid subject to benefit limits applicable for the condition being treated.	Paid subject to benefit limits applicable for the condition being treated.	Paid subject to benefit limits applicable for the condition being treated.	Paid subject to benefit limits applicable for the condition being treated.	Paid subject to benefit limits applicable for the condition being treated.	Paid subject to benefit limits applicable for the condition being treated.	<p>This benefit caters for overseas referral for medical conditions whose treatment capacity is not available locally, subject to a second opinion from an independent specialist appointed by CIC.</p> <p>Referrals are restricted to India, where credit facilities are available at selected providers.</p> <p>Please note: CIC will pay for expenses incurred by the accompanying person up to Ksh. 60,000, on reimbursement. We do not pay for air ticket charges if the member has not been referred by CIC Hotel accommodation costs are not covered.</p>

No.	Benefit type	CIC Plan VI	CIC Plan V	CIC Plan IV	CIC Plan III	CIC Plan II	CIC Plan I	Benefit description
15.	Prosthesis devices	250,000	250,000	250,000	200,000	150,000	150,000	This benefit caters for the first artificial body part needed to replace a body part on the recommendation of a medical practitioner and a maximum of two replacements for each device
16.	External aids cover	40,000	40,000	40,000	30,000	25,000	20,000	This benefit caters for external aids on prescription including wheel chair, corsets/walking frames, and crutches.
17.	Ophthalmologic surgery	200,000	200,000	200,000	150,000	100,000	100,000	This benefit caters for pre-authorized non-accidental ophthalmologic surgery (e.g. cataract) after one year of cover. This benefit excludes optical/ophthalmologic transplants or grafts.
18.	Dental surgery	200,000	200,000	200,000	150,000	100,000	100,000	This benefit caters for in-patient non-accident emergency dental surgery subject to written pre-authorization after one year of cover. This includes irreversible bone disease affecting jaws, removal of buried or impacted tooth root.  Please note that this excludes cost of dentures, crowns, braces, bridges and plates.
19.	Day care surgery	Paid subject to benefit limits	Paid subject to benefit limits	Paid subject to benefit limits	Paid subject to benefit limits	Paid subject to benefit limits	Paid subject to benefit limits	This benefit caters for day care surgery for minor surgical treatment that may not necessarily require admission, subject to pre-authorization.
20.	Emergency road ambulance services	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	This benefit caters for road evacuation cost within East Africa subject to pre-authorization.
21.	Emergency air evacuation benefit	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	This benefit caters for air evacuation cost within East Africa subject to pre-authorization.

No.	Benefit type	CIC Plan VI	CIC Plan V	CIC Plan IV	CIC Plan III	CIC Plan II	CIC Plan I	Benefit description
22.	Comprehensive Geriatric Assessment	7,500	7,500	7,500	7,500	7,500	7,500	<p>This benefit encompasses a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional limitations of a frail older person in order to develop a coordinated plan to maximize overall health with aging. The health care of an older adult extends beyond the traditional medical management of illness. It requires evaluation of multiple issues, including physical, cognitive, affective, social, financial, environmental, and spiritual components that influence an older adult's health.</p> <p>CIC will cater for this benefit every two years for persons aged 65 years and above subject to pre-authorization.</p>
23.	Terrorism	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	This benefit covers <b>victims</b> of terrorism to the full inpatient limit.
24.	COVID – 19 Cover	300,000	300,000	300,000	250,000	200,000	150,000	This benefit covers admissions as a result of Covid -19 diagnosis.









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MEDIPLAN**

OUTPATIENT

No.	Benefit type	CIC Plan VI	CIC Plan V	CIC Plan IV	CIC Plan III	CIC Plan II	CIC Plan I	Benefit description
1.	Overall annual maximum	200,000	200,000	200,000	100,000	75,000	50,000	Out-patient cover limit per person.
2.	Optical (Optional)	20,000	20,000	20,000	20,000	15,000	15,000	<p>This benefit caters for optical expenses per person.</p> <p>This includes: ophthalmologic consultation, contact lenses, frames, as well as glasses; and excludes the cost of planos and photo chromatics.</p> <p>Please note that frames are paid up to Kshs.15,000 with replacement once every 2 years</p>
3.	Dental (Optional)	20,000	20,000	20,000	20,000	15,000	15,000	<p>This benefit caters for dental expenses per person.</p> <p>This includes: dental consultation, scaling, root canal, fillings and extraction. Please note that this excludes the cost of dentures, crowns, braces, bridges and plates</p>
4.	Health check up	20,000	20,000	20,000	15,000	12,000	10,000	<p>This benefit caters for wellness and full health screening after two years of continuous membership for members who have purchased both inpatient and outpatient covers.</p> <p>Wellness includes: prostate cancer screening, mammogram, Pap smear test.</p> <p>Full Health Screening includes: blood pressure, diabetes, cholesterol, lung, liver and kidney function.</p>
5.	Prescribed drugs and dressings	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	<p>This benefit caters for the expenses arising from drugs and dressings prescribed a doctor for treatment.</p>
6.	Pathology, radiology, diagnostic tests	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	<p>This benefit caters for medical procedures performed to detect, diagnose, or monitor diseases, when recommended by a doctor</p> <p>This includes laboratory tests, X-rays, CT scans, MRIs and ECGs.</p>



## Special Cover terms and conditions

A Pre-existing condition is a medical condition; which can be medically proven that a member had, or was known by the member to exist prior to the commencement date or prior to upgrading, whether or not treatment or advice or diagnosis was sought and received. It is any condition diagnosed before expiry of 90 days from the commencement date. Pre-existing conditions include but not limited to past injuries and chronic & recurring illnesses such as (but not limited to) epilepsy, asthma, diabetes, cancers, hypertension, and HIV/AIDS related opportunistic infections / illnesses.

A Chronic condition is a disease, illness or injury which has at least one of the following characteristics; has no cure, likely to recur, needs indefinite prolonged supervision and treatment by a specialist, permanent in nature and caused by changes in the body that cannot be reversed. Chronic diseases include, but not limited to Hypertension, Diabetes, Asthma, Kidney failure or renal problems, Cancers/tumors, Leukemia, Heart conditions, Chronic airway disease, Stroke (cerebral vascular accidents), Arthritis/Osteoarthritis, Nerve disease, Diseases of the thyroid gland, Thrombosis, cirrhosis (liver diseases), Renal failure, Eczema and HIV/AIDS related illnesses.

Provider panel refers to a list of doctors, health care providers, and hospitals that are appointed and contracted to provide medical services to CIC members.

Health check-up refers to medical examination taken at regular intervals to verify a normal state of health.

Co-payment is a payment for a covered service, paid when an individual receives service.

- Co-payment of **Ksh. 3,000** is applicable to Nairobi Hospital. A co-payment of **Ksh. 2,000** is applicable to MP Shah Hospital, Aga Khan University Hospital, Karen Hospital, AAR Healthcare, Mombasa Hospital, Aga Khan Kisumu and all respective satellite clinics.
- Co-payment of **Ksh. 500** is applicable to all other providers in the panel.

CIC Insurance should be notified of emergency admissions or emergency outpatient treatment within 24 hours of visit or admission.



## COVID – 19 Cover terms and conditions

1. Outpatient Testing – Subject to purchase of Outpatient cover.
  - a. Testing for patients exhibiting COVID – 19 symptoms will be covered within Outpatient strictly at Lancet Pathologists Kenya, Nairobi West Hospital, Coptic and Amref Central Laboratory for members within Nairobi. Members outside Nairobi shall access the CIC panel within the respective regions.
  - b. The test must be prescribed by a Doctor and the patient must meet the case definition, that is, flu-like symptoms, difficulty in breathing or contact with a COVID – 19 confirmed case.
  - c. All tests must be preauthorized by CIC Insurance.
2. Outpatient Treatment – Subject to purchase of Outpatient cover.
  - a. CIC shall cater for Outpatient consultation and prescribed drugs for COVID – 19 confirmed cases within the Outpatient benefit to the full limit as long as Outpatient benefit is purchased.
  - b. Home based care and isolation is recommended for asymptomatic and mildly symptomatic cases in line with Ministry of Health guidelines.
3. Inpatient Treatment
  - a. CIC shall cater for Inpatient treatment of confirmed COVID – 19 cases requiring admission subject to member benefits selected.
  - b. Home based care and isolation is recommended for asymptomatic and mildly symptomatic cases in line with Ministry of Health guidelines.
  - c. The cover is a sub-limit within existing Inpatient benefit up to the COVID -19 sub-limit applicable for the option selected.
4. Provider Panel
  - Treatment shall be within designated CIC Panel of providers as guided by the CIC Case Management Team.
5. Other epidemics and pandemics remain excluded.

### The Protocol

Where a patient has tested positive for COVID – 19, the following process shall apply:

If patient is at home:

1. Patient should immediately call CIC emergency lines for evaluation and advice by the CIC Case Management Team.
2. If the patient is asymptomatic or has mild symptoms, they shall be advised to proceed on home based isolation and care in line with Ministry of Health guidelines.
3. If the patient has severe symptoms and requires admission for further management, CIC Care Managers shall dispatch an ambulance for evacuation to a designated private facility.

4. Patient will be transferred using CIC ambulance and CIC shall cater for the bill in the designated facility subject to benefit limits.

If patient is discovered to be COVID – 19 positive within a hospital facility:

1. Hospital to contact CIC immediately.
2. CIC Care Managers shall evaluate the patient in conjunction with hospital admitting doctor and advise on the facility for evacuation and further management.
3. Patient will be transferred using hospital/CIC approved ambulance and CIC shall cater for the bill in the designated facility subject to benefit limits.

## Summary of exclusions below

CIC Insurance shall not be liable for medical expenses in respect of the following policy exclusions:

Treatment for Pre-existing Medical Conditions unless the member declared, CIC accepted to cover that condition in writing, and the member has been on cover for at least one year.

Pre-existing conditions refer to illnesses and/or injuries which arise out of or are directly or indirectly caused by a defect or condition that existed before this Medical cover came into force. A pre-existing medical condition shall also refer to any medical condition or injury, for which the insured person has received treatment, had symptoms of or sought advice prior to date of commencement of cover, whether the insured person was aware of its existence or not. Pre-existing conditions include but not limited to past injuries and chronic & recurring illnesses such as (but not limited to) epilepsy, asthma, diabetes, cancers, hypertension, and HIV/AIDS related opportunistic infections / illnesses.

Bodily injury or disease and/or illness:

- a. Sustained as a result of the Insured person engaging in (or practice for or taking part in) training peculiar to any of the excluded Activities.
- b. Consequent upon an insured person committing or attempting to commit suicide or intentionally self-inflicting wounds or ailments on himself or wilfully exposing himself to needless peril except in an attempt to save human life or arising out of non-adherence to medical advice.
- c. Directly or indirectly occasioned by or happening through or in consequence of ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustained process of nuclear fission.
- d. Sustained whilst the Insured is travelling by air other than as a passenger on a registered commercial airline.
- e. Arising from a member receiving experimental treatment or being a subject of medical research.
- f. Sustained whilst on service or duty with or undergoing training with any military organization.
- g. Sustained in consequence, directly or indirectly, of any of the following occurrences:
- h. War invasion, act of foreign enemy, act of terrorism, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, insurrection, revolution, military or popular rising, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance or martial art or stage of siege, confiscation, seizure, nationalization, requisition, or destruction of or damage to the property by order of Government or Local Authority or any process of law, subject to the provisions of the Schedule.





- i. Sustained in consequence, directly or indirectly, of participation in hazardous sporting activities at a professional level. Corporate team building events and other social sporting activities which might cause injuries and are not undertaken at a professional level are however covered subject to clause 2.2. The hazardous sporting activities referred to include Aqualung diving, Hang gliding, Polo, Water ski-jumping and tricks, Boxing, Hunting, Pot-holing, Winter sports, Climbing, Rock or Cliff climbing necessitating the use of ropes or guides, Mountaineering, Hurling, Power boating, Wrestling, Ice hockey, Racing but not including racing on foot, Flying except Air Travel as a passenger, Motor Competition, Show jumping, Professional Soccer, Skydiving, Parachuting, Use of Wood working Machinery, American Football and Rugby.

**Medical Expenses consequent upon or contributed to by:**

- a. Drug abuse whereby the insured has taken drugs orally or intravenously without proof that the drug was taken in accordance with proper medical prescription and directions from a Medical Practitioner and not for treatment of drug addiction.
- b. The insured suffering from alcoholism and substance abuse.

**Medical Expenses consequent upon:**

Cosmetic, plastic or maxillofacial surgery unless necessary to correct traumatic or accidental bodily injury, and treatment undertaken in health hydros, nature cure clinics or homeopaths, chiropractors, acupuncture, herbal medicine (alternative medicine), or similar establishments or private beds registered within a nursing home attached to such establishments. Other Cosmetic procedures include but not limited to Gastropasty, bat ears, blepharoplasty, breast augmentation, demembrations, liposuction, lumpectomies face lifts, Keloids resulting from skin punctures of cosmetic nature (e.g. earrings, tattoos etc.) and revision of scars or such other procedures that the medical advisor deems cosmetic.

Home nursing or accommodation charges for any residential stay in Hospital or registered nursing home which is arranged wholly or partly for domestic reasons or where treatment of any disease, illness or injury is not required or which could reasonably be provided whilst living in a normal place of residence.

**Claims arising from nursing expenses:**

- a. Unless provided by a qualified registered nurse.
- b. In circumstances where the attention could reasonably be given by a person other than a qualified registered nurse.

## Other General exclusions

**Claims arising from:**

1. Dental/Maxillofacial expenses unless occasioned by accidental injury causing other bodily injuries and resulting to in-patient treatment excluding the cost of dentures crowns braces, bridges and plates, unless otherwise specified in the Policy Schedule.
2. Optical or ophthalmologic expenses unless occasioned by accidental injury causing other bodily injuries and resulting to in-patient treatment excluding the cost of glasses, planos, photo chromatics optical, Ophthalmologic transplants or grafts, unless otherwise specified in the Policy Schedule.
3. Treatment for infertility and impotence, including artificial insemination and enhancement of fertility, contraception and or sterilization.
4. Treatment for Hereditary and congenital-malformations or defects and related conditions regardless of age or onset of symptoms, unless otherwise specified in the Policy Schedule. This includes Siamese twins and other such complications.
5. Treatment for genetic / chromosomes disorders including but not restricted to sickle cell and haemophilia, unless otherwise specified in the Policy Schedule.
6. Long term external surgical appliances and prostheses including but not restricted to wheelchairs and frames, unless otherwise specified in the Policy Schedule.
7. Costs of donating an organ or incurred while locating a replacement organ including transport and administrative cost.
8. Medical examinations and check-ups not incidental to diagnosis of an illness or Injury, unless otherwise specified in the Policy Schedule.
9. Any claim from a member whose application for medical insurance shall contain any wilful mis-statements, misrepresentation, or who shall have wilfully withheld any material information (including information withheld on the member's behalf).
10. Treatment due to illness during the first 28 days of the commencement of cover in respect of the insured, unless a waiver is given in writing. This exclusion is not applicable to policies in the second year of cover with CIC Insurance after renewal, and those transferring cover to CIC Insurance from another Health Insurance Underwriter, provided that proof of transfer is provided in the form of a renewal notice.
11. Treatment in respect of medical expenses incurred after the expiry date of the policy period arising from accidental bodily injury and/ or illness. In the event of a patient still in hospital as at the expiry date, the policy will pay for medical expenses incurred up to the date of expiry of the policy. Expenses after the expiry date will not be payable unless the policy has been renewed
12. Any expenses for which the Insured Person has been or can be reimbursed from any other insurance including benefits received under any Workmen's Compensation Act or Government Schemes or compensation, except

- for any excess expenditure beyond the amount recovered from such other insurance or source.
13. In this respect CIC Insurance's liability in Kenya shall exclude the National Hospital Insurance Fund (NHIF rebate) which should have been claimed by the member by availing the NHIF membership card to the Hospital of admission.
  14. Overseas referral for treatment confirmed and certified by a qualified medical practitioner as available locally (in Kenya).
  15. Overseas referral for treatment in USA (United States of America) and Canada.
  16. Weight management treatments and drugs (e.g. treatment of obesity, slimming preparations).
  17. Travel expenses other than ambulance costs, certified by a medical practitioner as necessary.
  18. Nutritional supplements (such as hormonal replacement therapy, vitamins, tonics and mineral supplements), unless prescribed as part of medical treatment of specified conditions.
  19. Stop smoking aids.
  20. Patent foods / baby food and related aids such as sunscreens, shampoos and skin clean cleansing remedies.
  21. Massage except where prescribed by Medical practitioner as a necessary part of the treatment following an accident or illness insured under this policy.
  22. Reimbursement claims except in emergency conditions relating to acute and sudden illness or accident (not planned procedures and visits), in which case the member accesses the nearest service provider not contracted by CIC.
  23. Medical examinations for insurance or physical fitness purposes or costs in respect of examinations and inoculations for international travel.
  24. Patent/ proprietary drugs (non-prescription) and homeopathic drugs, alternative medicine and hormonal replacement therapy, vitamins, tonics and mineral supplements.
  25. All costs relating to the purchase of medicines prescribed by a person not legally entitled to prescribe such medicines.
  26. All costs for services rendered by any institution/ hospital or medical service provider not registered in terms of any law and as a CIC Insurance preferred provider.
  27. All costs by which the annual limits of a member or dependant in respect of the relevant cover benefits are exceeded for any treatment.
  28. All costs related to the difference in recommended tariff and the tariff actually charged by the preferred Provider.
  29. Maternity and maternity related complications.
  30. Congenital, neonatal and prematurity conditions.
  31. Epidemics and Pandemics. An epidemic is the rapid spread of infectious disease to a large number of persons in a given population within a short period of time. An epidemic may be restricted to one location; however, if it spreads to other countries or continents and affects a substantial number of people, it may be termed a pandemic. A pandemic is an epidemic occurring on a scale which crosses international boundaries and usually affecting a large number of people.



INPATIENT (Per Family)							
Age	Family size	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI
Benefit Limit Ksh		300,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000
60 - 65	M	46,675	50,885	62,138	71,572	85,750	102,213
	M+1	87,398	95,293	116,360	134,065	160,583	191,374
66 - 70	M	53,761	60,202	72,384	85,237	102,866	119,994
	M+1	100,737	112,820	135,643	159,794	192,765	224,799
71 - 75	M	65,259	73,819	87,304	105,231	123,782	144,798
	M+1	122,381	138,457	163,742	197,468	232,164	271,471
76 - 80	M	79,619	90,978	108,061	130,661	147,595	175,556
	M+1	149,480	170,839	202,902	245,513	277,184	329,480
81 - 85	M	97,782	112,860	134,589	163,422	179,605	214,171
	M+1	183,863	212,259	253,096	307,610	337,877	402,526

OUTPATIENT (Per Person)						
Age	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI
Benefit Limit Ksh	50,000	75,000	100,000	200,000	200,000	200,000
60 - 65	41,397	43,807	46,652	61,194	61,194	61,194
66 - 70	44,333	46,914	49,960	65,535	65,535	65,535
71 - 75	47,500	50,802	54,100	72,929	72,929	72,929
76 - 80	47,500	57,945	61,707	80,943	80,943	80,943
81 - 85	47,500	63,203	67,307	88,288	88,288	88,288

DENTAL (Per Person)						
Age	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI
Benefit Limit Ksh	15,000	15,000	20,000	20,000	20,000	20,000
60 - 65	7,615	7,615	10,154	10,154	10,154	10,154
66 - 70	8,308	8,308	11,077	11,077	11,077	11,077
71 - 75	9,000	9,000	12,000	12,000	12,000	12,000
76 - 80	9,692	9,692	12,923	12,923	12,923	12,923
81 - 85	10,385	10,385	13,846	13,846	13,846	13,846

OPTICAL (Per Person)						
Age	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI
Benefit Limit Ksh	15,000	15,000	20,000	20,000	20,000	20,000
60 - 65	7,615	7,615	10,154	10,154	10,154	10,154
66 - 70	8,308	8,308	11,077	11,077	11,077	11,077
71 - 75	9,000	9,000	12,000	12,000	12,000	12,000
76 - 80	9,692	9,692	12,923	12,923	12,923	12,923
81 - 85	10,385	10,385	13,846	13,846	13,846	13,846

#### Notes:

1. Add taxes to get the gross premium as follows: Training Levy (0.2%); PHCF (0.25%); Stamp Duty (KES 40/-).
2. The applicable premium per age band is determined by the age of the older member between the Principal and Spouse.
3. Outpatient, Dental and Optical rates are Per Person.
4. Outpatient, Dental and Optical Plan options chosen must either correspond with the Inpatient Plan or a lower plan from the selected Inpatient Plan. One cannot select a higher Outpatient plan from the Inpatient selected plan.

HEALTH

**CIC GENERAL INSURANCE LTD.**

V.06/2021

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