



## REQUEST FOR PROPOSAL

**Issue Date:** **March 23, 2026**

**Subject:** Request for Proposal for **Private Medical Insurance** for the USDA Food for Progress (FFPr) - Cooperative Agreement No. FCC-615-2025\_014-00 – Kenya

**RFP Number:** RFP\_KEN/HR/1133/005

**Questions Deadline:** March 30, 2026; 5:00 pm (EAT)

**Proposal Deadline:** April 7, 2026; 5:00 pm (EAT)

**Submit proposals to:** [procurement.ke1133@counterpart.org](mailto:procurement.ke1133@counterpart.org)

Counterpart International (Counterpart) is soliciting proposals for the supply of **Private Medical Insurance** for the five-year United States Department of Agriculture’s (USDA) Food for Progress (FFPr) Livestock Innovation and Feed Transformation (LIFT) project in Kenya. The LIFT project aims to expand international trade in agricultural products and increase agricultural productivity through improved feed quality and affordability.

Firms invited by Counterpart (hereinafter “bidders or Offerors”) to submit offers (hereinafter “bids” or “offers”) for the services described in the attached supply schedules are under no obligation to do so. The Bidder shall bear all costs associated with the preparation and submission of the Proposal, Counterpart will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the solicitation.

This Request for Proposal includes the following sections:

- I. Instructions to Bidders
- II. Technical Specifications
- III. Annexes

All correspondence and/or inquiries regarding this RFP should be requested in accordance with the enclosed Instructions to Bidders (Section I, Clause 10, Clarifications).

The Instructions to Offerors (Section I) shall not form part of the proposal or the resulting award if any. They are merely intended to aid offerors in the preparation of their proposals. For the purposes of interpretation of section I, unless otherwise stated, the number of days stated herein shall be consecutive calendar days. Submission of proposals must comply with Section I, Clause 9, Submission of Proposals.

# REQUEST FOR PROPOSAL

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## SECTION I: INSTRUCTIONS TO BIDDERS

### 1. Introduction

**Request for Proposal (RFP) No. RFP\_KEN/HR/1133/005**, dated **March 23, 2026**:  
Counterpart hereby solicits proposals to provide Private Medical Insurance of the Food for Progress Project in Kenya as described in Section II, Technical Specifications.

### 2. Eligible Source Countries for Goods and Services

An Offeror will be considered ineligible if it or any of its principal officers has been suspended, debarred, or otherwise determined to be ineligible, as indicated on either (1) the “List of Parties Excluded from Federal Non-procurement Programs” or (2) the “Consolidated Lists of Designated Nationals”. The medical insurance provider must be registered and licensed to operate in Kenya

### 3. Preparation of Proposals

Offerors are expected to examine the specifications and all instructions contained in this RFP. Failure to do so shall be at the Offerors’ risk.

An Offeror’s proposal and all correspondence related to the proposal and exchanged by the Offeror and Counterpart shall be in English .

### 4. Proposal Contents

Proposals submitted in response to this RFP must consist of the following three components:

- a) Technical proposal
- b) Cost proposal
- c) References

#### A. Technical Proposal (10 pages maximum)

The technical proposal will be submitted as a single PDF file comprising the following documents:

1. Organizational background showing evidence of prior performance in supplying **Private Medical Insurance**.
2. Outline of proposed services, solutions, and team.
3. Plan of action and implementation timetable to address the Specific Tasks under Section II.
4. Types of provided services/specialists.
5. Statement of Qualifications, referenced in Clause 7.

#### B. Cost proposal

Counterpart anticipates issuing a **Service contract** as a result of this RFP or the provision of private medical insurance coverage for project staff. Proposals must be a service contract, expressed in Kenya Shillings.

The Offeror shall submit a cost proposal in Microsoft Excel format, unlocked and with intact formulas, that provides a detailed breakdown of the proposed insurance premiums and related services.

**Flexibility in Proposal Options:**

The Offeror may submit multiple premium options or plan alternatives, provided that each option clearly outlines the corresponding benefits. Each option should present a distinct combination of benefits, coverage limits, and associated premiums to enable comparative evaluation.

The Cost Proposal must include:

- Unit premium per staff member and eligible dependents (annual premium);
- Number of staff and eligible dependents to be covered (or pricing bands where applicable);
- Description of the coverage plan including inpatient, outpatient, maternity, dental, optical, and any other applicable benefits;
- Applicable taxes, including VAT where relevant;
- Total annual premium cost for the coverage period and the premium payment schedule.

The Cost Proposal must clearly indicate the unit premium, description of coverage, quantity (number of insured staff and eligible dependents), and the total cost in KES for the proposed insurance coverage.

The Cost Proposal will be used to establish the best value among proposals and will serve as the basis for negotiation and award of the contract. The Offeror must include a detailed cost breakdown and a brief cost narrative explaining the basis for the proposed premiums, including any assumptions related to coverage limits, benefit structures, and administrative fees.

Prices must be quoted on a lump-sum, all-inclusive basis for the coverage period. Any taxes (including VAT) or statutory fees must be included in the Grand Total Cost of the Proposal and may not be added later. All administrative charges, enrollment costs, and other related fees must be included in the total price.

The Offeror shall ensure that all services required for the provision and administration of the medical insurance policy, including policy management, claims processing, and customer support, are included in the proposed price. Counterpart will not absorb any costs that are not included in the Offeror's Cost Proposal.

No advances will be provided. Payments will be made according to the agreed payment schedule in the contract, typically aligned with the insurance coverage period (e.g., annual or quarterly premium payments).

The Offeror must maintain a bank account capable of receiving electronic or wire transfer payments.

### **Flexible Pricing and Invoicing Structure**

Offerors are required to submit pricing based on unit cost per principal member and eligible dependents, including applicable pricing bands (e.g., 1–2 dependents, 3–4 dependents, etc.).

The proposal should include:

- Monthly premium cost per staff and dependent category;
- Administrative fees (if any);
- A clear methodology for pro-rata adjustments in case of additions or removals of insured members during the coverage period.

While annual premiums are generally preferred due to their cost efficiency and ability to optimize benefit limits, offerors are encouraged to propose flexible pricing structures (including monthly equivalents where applicable) and clearly indicate any cost implications associated with different payment frequencies.

For contract administration purposes:

- The final contract will include a not-to-exceed ceiling amount based on the estimated maximum number of staff and dependents;
- Actual payments will be based on the active number of insured members during the invoicing period;
- Invoicing may be done on a quarterly basis, reflecting actual enrollment during the period.

This structure is intended to provide flexibility and avoid frequent contract amendments due to changes in staff or dependent numbers.

**Note:** The contract will be payable entirely in the currency indicated in the contract. No additional sums will be payable for any escalation in the cost of services during the coverage period. Counterpart will not adjust the contract price due to fluctuations in currency exchange rates. Any modification to the contract price or coverage period may only occur through a formal contract amendment approved by Counterpart.

**C. Professional References (1 page maximum)**

The Offeror shall submit a list of **three (3) references** in Microsoft Word or PDF format that can speak to its performance in delivering similar services to those described in Section II, Technical Specifications, **within the last five (5) years**. This list must include the name, title, organization, e-mail address, and telephone number of a contact from each reference that is available for Counterpart to reach. Also include a brief description of the services and contract value should be provided. Counterpart will not accept certified copies of letters of recommendation.

**5. Format and Signing of Bid**

The Offeror shall prepare one proposal in its three parts – technical proposal, cost proposal, and references – with all the required sections and information as listed above under Clause 4, Proposal Content. The proposal shall be signed by a person duly authorized to bind the Offeror. See Section III- Annexes for the template for the Cover Letter.

**6. Proposal Validity Period**

Proposals must remain valid for no less than 90 days after the proposal deadline listed on the cover page. A bid valid for a shorter period shall be rejected as non-responsive.

**7. Deadline and Late Proposals**

Offers must be received by e-mail no later than date and time indicated on page 1 of this RFP. It is the Offeror's sole responsibility to ensure its proposal is received by Counterpart on or before the proposal deadline. Any late proposals will be considered only at the sole discretion of Counterpart.

Offerors will be held responsible for ensuring that their proposals are received in accordance with the instructions stated herein.

**8. Clarification of Bidding Documents**

Clarifications of the administrative and technical requirements of this RFP must be submitted in writing no later than the questions deadline indicated on the cover page to [procurement.ke1133@counterpart.org](mailto:procurement.ke1133@counterpart.org) with the subject line "Clarifications for RFP No. RFP\_KEN/HR/1133/005". The questions and answers will also be published publicly wherever the RFP is initially published or will be circulated to all who have indicated an interest in bidding.

Only the written answers will be considered official and carry weight in the RFP process and subsequent evaluation. Any verbal information received from a Counterpart or LIFT

employee or other entity should not be considered as an official response to any questions regarding this RFP.

**9. Submission of Proposals**

Proposals must be submitted electronically in the formats indicated in Clause 4, Proposal Content, to [procurement.ke1133@counterpart.org](mailto:procurement.ke1133@counterpart.org) with the subject line "Private Medical Insurance Proposal – RFP\_KEN/HR/1133/005 – [Offeror’s name]”. Counterpart will not accept hard-copy or faxed proposals under any circumstances.

If Offerors have multiple service tiers, Offerors may submit multiple options in response to this solicitation. Each service tier must contain all requested information to be eligible for review.

Offerors may submit their proposals in multiple emails where necessary. Ensuring successful transmission and receipt of its proposal is the responsibility of the Offeror. It is recommended that no e-mail exceed the size of 10 MB, inclusive of attachments.

**10. Amendment of Bidding Documents**

Counterpart may at its discretion, for any reason, whether at its own initiative or in response to a clarification by an Offeror, modify bidding documents (proposal contents detailed in Section I) by amendment. All prospective Offerors that have received bidding documents will be notified of the amendment by e-mail and such amendments will be binding. Counterpart will also publicly publish any amendment wherever the RFP is initially published.

**11. Modification of Proposals**

Any Offeror has the right to withdraw, modify, or correct its proposal after it has been delivered to Counterpart, provided the request for such a withdrawal, modification, or correction is received by Counterpart at the email address given above before the proposal deadline. Counterpart may ask any Offeror for clarification of its proposal; nevertheless, no Offeror will be permitted to alter its proposal price at its own request or make any other material modification after the proposal deadline unless the RFP has been amended or the deadline extended.

**12. Criteria for Award and Evaluation**

Subject to the eligibility requirements in this RFP, Counterpart will award a Service Contract to the Offeror, if any, whose proposal is deemed acceptable and that offers the best value based after evaluation of the following criteria, with the weights applied accordingly

**Stage 1:** Offerors will be evaluated based on their ability to respond to the methodology, core services, and specific tasks.

Within the technical response, Offerors should include information which will allow Counterpart to adequately assess the following:

At this stage the proposals will be subjected to a preliminary examination to verify the overall completeness and responsiveness of the proposals as received. Any proposal that will be found to be incomplete, invalid or substantially unresponsive will be eliminated at this stage. To qualify for **stage 2** evaluation, a vendor **must** meet the following **Mandatory Eligibility Requirements**:

- ✓ Must have completed the vendor information form/ offer letter as provided (Annex 1), and attached supporting documents as required.
- ✓ Be registered with the (IRA)Insurance Regulatory Authority (Commissioner of Insurance. Attach a copy of the current & valid IRA license/certificate.
- ✓ Submit a summary of Audited financial statements for the last two years. (Not more than 5 pages)
- ✓ Must submit copies of the following documents:
  - Valid Certificate of Incorporation.
  - PIN Certificate.
  - Valid Tax Compliance Certificate.
  - Company Profile (Not more than 5 pages).
  - List of re-insurers
  - A list of 5 (five) reputable clients and total premiums per client for the last two years.
- ✓ Must provide proof of membership of the Association of Kenya Insurers (AKI).
- ✓ Complete the RFP and price schedule in the format specified (Annex 2).
- ✓ Must quote for all inpatient and outpatient covers for the bids to be considered complete.
- ✓ Must be acceptable to the pro-rata adjustment of premiums with change of insured staff or dependents. Please include pro-rata methodology to be utilized in your technical proposal.

**Note: Only bidders who qualify in the above stage (1) will qualify for stage 2 evaluation.**

### **Stage 2 Technical Evaluation (70 points)**

The total technical points assigned to each proposal will be determined by adding and weighting the scores assigned by the evaluation committee to the technical features of the proposal in accordance with the criteria below:

<b>Criterion</b>	<b>Total Possible Points</b>
<b>Number of years of experience providing medical insurance services.</b>	5 points
<b>Existing Health Insurance Portfolio / List of Corporate Clients, including population insured and accounts/premium value.</b>	10 points
<b>Comprehensiveness of the proposed medical scheme, including enhanced benefits over and above those specified in the RFP. Provision of a medical helpline and a dedicated account manager.</b>	25 points

<b>Geographic Coverage / Service Network Coverage</b> – Schedule of panel hospitals by region. The vendor should demonstrate an extensive and reputable network of hospitals, clinics, pharmacies, and laboratories within easy reach of members and their dependents. The vendor should provide details of towns where the insurance company is represented and the approved hospitals/clinics and panel doctors accessible to Counterpart employees and their dependents (countrywide and overseas, where applicable).	10 points
<b>Inclusion of an adequate list of doctors and medical specialists</b> within the proposed panel of hospitals and facilities.	10 points
<b>Case Management Approach</b> – Demonstration of strategy for managing complex cases, including availability of a full-time doctor, medical advisory services, and 24/7 support.	5 points
<b>Claims Settlement and Turnaround Time</b> – Provide details of the claims process, settlement timelines, and performance standards. This information may also be used to assess performance during potential contract renewal.	5 points
<b>Total Possible Points</b>	<b>70 points</b>

**Only bidders who score at least 80% (56 points) in Stage 2 will qualify for**

**Stage 3 - Financial Evaluation.**

**Financial Evaluation (30 points)**

The lowest priced bid that meets all of the minimum technical specifications on the RFP will score maximum points at this stage. The formula for allocating points to the other bidders shall be as follows.

- $\text{Lowest Evaluated Price} \div \text{Offeror's Price}) \times \text{Maximum Cost Points.}$

**13. Counterpart's Right to Accept Any Bid and to Reject Any or All Bids**

Counterpart will reject any proposal that is nonresponsive. Further, Counterpart reserves the right to reject the proposal of any Offeror if, in Counterpart's judgment, the Offeror is not fully qualified to provide the services, or to reject all proposals altogether.

For a proposal to be deemed acceptable, it must comply with all the terms and conditions of this RFP without material modification. In addition, the successful Offeror must be determined to be responsible and is determined via a trade-off analysis to be the best value based on application of the following evaluation criteria. A responsible offeror is one who has technical expertise, management capability, workload capacity, and financial resources to perform the work.

**14. Negotiations**

Best offer proposals are requested. It is anticipated that awards will be made solely on the basis of these original proposals. However, Counterpart reserves the right to conduct negotiations and/or request clarifications prior to awarding a contract.

**15. Notification of Award**

Before the expiration of the period of proposal validity, Counterpart will notify the successful offeror in writing that its proposal has been accepted.

Upon the successful Offeror acknowledging receipt of the Notification of Award, Counterpart will promptly notify the unsuccessful offerors that their proposals were rejected.

**16. Acceptance of Privacy Policy and Terms and Conditions.**

By submitting a quotation/proposal to Counterpart, the company or the individual consents to Counterpart's privacy policy terms and conditions (<https://www.counterpart.org/terms-and-conditions/>) and provides Counterpart permission to process the company's or individual's personal data specifically for the performance of, and purposes identified in, this solicitation document and in compliance with Counterpart's legal obligations under applicable United States and European Union laws, data protection regulations, and any other applicable legal requirements.

The company/individual may withdraw their consent at any time by contacting [privacy@counterpart.org](mailto:privacy@counterpart.org). If consent is withdrawn, Counterpart reserves the right to accept or reject the offer.

**17. Ethical Business Practices**

Counterpart International commits to transparency and integrity in its business processes. Counterpart International hereby requests any Offeror to (i) inform Counterpart International upon becoming aware that the integrity of Counterpart International's business has been compromised during the duration of this RFP, and (ii) report such events by notifying Counterpart International using its confidential email address: [whistleblower@counterpart.org](mailto:whistleblower@counterpart.org), Ethics point, which can be accessed at <http://counterpart.ethicspoint.com>. Reports can be made in multiple languages. Counterpart International will not tolerate any form of retaliation against any person who makes a report in good faith.

## SECTION II – TECHNICAL SPECIFICATIONS

### 1. General Background

Counterpart International (Counterpart) is implementing the United States Department of Agriculture (USDA) Food for Progress Livestock Innovation and Feed Transformation (LIFT) Project in Kenya, a five-year initiative aimed at expanding international trade in agricultural products and increasing agricultural productivity through improved feed quality and affordability.

As part of its commitment to staff welfare and compliance with organizational policies, Counterpart seeks to procure Private Medical Insurance (PMI) services for project staff and eligible dependents. The selected insurance provider will be responsible for delivering a comprehensive medical insurance scheme that ensures access to quality healthcare services through an extensive and reputable network of healthcare facilities.

The purpose of this procurement is to engage a qualified and licensed medical insurance provider capable of administering a comprehensive health insurance scheme that includes, but is not limited to, inpatient, outpatient, maternity, dental, optical, and emergency medical services, as well as effective claims management and customer support services.

The selected provider will be expected to demonstrate strong institutional capacity, extensive provider networks across Kenya, efficient claims processing systems, and robust case management services to ensure that Counterpart staff and their dependents receive timely and quality healthcare services. This document outlines the technical requirements, scope of services, coverage expectations, and service delivery standards for the provision of private medical insurance services to Counterpart project staff in Kenya. It also provides guidance on the qualifications and experience required from prospective insurance providers responding to this Request for Proposals (RFP).

These services will be implemented over a **[1 year]** period. The initial term of this Agreement shall be for a period of one (1) year and may be extended subject to:

- (i) Satisfactory performance by the Service Provider, as determined by Counterpart in its sole discretion,
- (ii) Continued need for the services, and
- (iii) Availability of funds,

Counterpart may, at its option, renew this Agreement for an additional one (1) year period under the same or mutually agreed revised terms and conditions. Any such renewal shall be confirmed in writing by the Parties no later than 30 days prior to the expiration of the initial term.

### 2. Objective of the Assignment

The objective of this procurement is to engage a qualified and licensed medical insurance provider to deliver a comprehensive Private Medical Insurance (PMI) scheme for Counterpart project staff and eligible dependents under the USDA Food for Progress Livestock Innovation and Feed Transformation (LIFT) Project in Kenya.

The specific objectives of this procurement are to:

- **Provide Comprehensive Medical Coverage:**  
Ensure access to high-quality healthcare services for project staff and eligible dependents through a comprehensive medical insurance scheme that includes inpatient, outpatient, maternity, dental, optical, and other essential medical benefits as specified in this solicitation.
- **Ensure Access to a Wide Healthcare Provider Network:**  
Provide access to a reputable and extensive network of hospitals, clinics, laboratories, pharmacies, and medical specialists across Kenya, and where applicable, internationally, to ensure convenient access to healthcare services.
- **Deliver Efficient Claims Management:**  
Establish a reliable and transparent claims management system with clear procedures and reasonable turnaround times for claim approvals and reimbursements.
- **Provide Effective Case Management and Medical Support:**  
Ensure availability of medical advisory services, including case management for complex medical cases and access to a 24/7 medical helpline or support desk for insured members.
- **Ensure High Standards of Customer Service:**  
Provide dedicated account management and responsive customer support to assist Counterpart staff with policy inquiries, hospital admissions, claims processing, and benefit utilization.
- **Promote Preventive Healthcare and Wellness:**  
Support preventive healthcare initiatives, where applicable, including wellness programs, health education, and early detection services to promote the well-being of insured members.
- **Ensure Regulatory Compliance and Financial Reliability:**  
Demonstrate compliance with applicable insurance regulations and maintain sufficient institutional capacity and financial stability to administer the medical insurance scheme effectively throughout the coverage period.
- **Provide Transparent Reporting and Policy Administration:**  
Provide periodic reports on policy utilization, claims trends, and service performance to support effective monitoring and administration of the medical insurance scheme.

### **3. Scope of Work**

The bidder is anticipated to provide the following core services/tasks:

1. Private Medical Insurance for Counterpart International for 1 year for up to 15 staff and their dependents

Current breakdown of staff is as follows shown on the table below, the staff population is expected to grow to 15 staff  
Employee+ Dependant List (Total of 13 members)

No.	Principal Member	Gender	Age
1	<b>Employee 1</b>	Male	41- 50
	Spouse	Female	41- 50
	Dependant 1	Male	6 -10
	Dependant 2	Female	6 -10
2	<b>Employee 2</b>	Male	41-50
	Spouse	Female	41-50
	Dependant 1	Male	11-17
	Dependant 2	Female	11-17
	Dependant 3	Male	0 - 5
3	<b>Employee 3</b>	Female	31- 40
	Spouse	Male	31- 40
	Dependant 1	Female	6 -10
	Dependant 2	Male	6 -10

✓ **Product or Service Expectations (both if applicable):**

✓ Your proposal should not be limited to the SOW below. Please include the benefits that you can offer above the basic requirements as stated in this SOW without additional cost.

✓ <b>Item</b>	✓ <b>Detail</b>	✓
✓ Period of cover	✓ ..... <b>with the provision for one year Renewal subject to satisfactory performance.</b>	✓
✓ Geographical scope	✓ Whole of Kenya	
<b>ELIGIBILITY</b>		

<ul style="list-style-type: none"> <li>✓ Person(s) from birth to seventy-five (75) years can join the scheme</li> <li>✓ Members above 75 years have to be declared at renewal or at the point of joining the scheme.</li> <li>✓ Dependents include spouse (s), own children, legally adopted and foster children aged from birth to 18 years.</li> <li>✓ Children over the age of 18 years but below the age of 24 years will be covered under their families if proof of schooling is provided.</li> </ul>		
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**GROUP SPECIAL BENEFITS TERMS AND CONDITIONS BENEFIT / TERM/ CONDITION EXPLANATION LIMIT**

Benefit	Summary of Benefits	Limit (KES)	
<p><b>A. INPATIENT COVER: Stand-Alone</b></p>	<ul style="list-style-type: none"> <li>✓ Provision of a comprehensive and flexible hospitalization (inpatient) cover, which includes the following services:               <ul style="list-style-type: none"> <li>▪ Hospital Accommodation Charges</li> <li>▪ Doctor’s (Physician, Surgeon &amp; Anesthetist) fees.</li> <li>▪ ICU/HDU and Theatre charges.</li> <li>▪ Drugs/Medicines, Dressings and Internal Surgical appliances.</li> <li>▪ Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, PET Scan, MRI Scans.</li> <li>▪ Radiotherapy and Chemotherapy.</li> <li>▪ In-patient Physiotherapy.</li> <li>▪ Emergency Road and Air Evacuation</li> <li>▪ Day care surgery</li> <li>▪ Home nursing care</li> <li>▪ Internal prosthesis</li> </ul> </li> </ul>	<p>Kes. .... per person</p>	<p>Stand alone</p>
<p>✓ <b>Inpatient Benefit</b></p>			

- ✓ Children will join the cover from birth.
- ✓ **No Waiting periods**
- ✓ **Bed limit:** Ensuite Room up to **Kes.....** per day
- ✓ **SHIF (Social Health Insurance Fund):** All eligible members must have valid NHIF membership.
- ✓ **Lodger fees:** Lodging facilities for parent/guardian accompanying a child below 12 years being admitted.
- ✓ **Emergency Rescue/ Evacuation:**
- ✓ Scheme members shall be covered for emergency air and road evacuation within Kenya. Where evacuation services extend beyond Kenya to other parts of Africa, the Offeror shall clearly indicate:
  - Whether such coverage is included in the base premium; and
  - Any additional costs applicable, including the corresponding pricing structure.

**Inpatient Conditions & Sub-limits**

<b>Condition</b>	<b>✓ Sub-limit</b>
<b>Pre-existing, chronic conditions and related conditions &amp; HIV/AIDS cover</b>	✓ covered up to a sub-limit of <b>Kes. ....</b> per person per annum.
<b>Newly diagnosed Chronic conditions</b>	✓ covered up to a sub limit of <b>Kes. ....</b> per person per annum and <b>Kes .....</b> for newly diagnosed Chronic conditions.
<b>Organ transplants</b>	<ul style="list-style-type: none"> <li>✓ Cost of organ transplant to be covered to the full IP limit subject to inpatient available balance.</li> <li>✓ The cost of donor which shall include cost of harvesting the organ which includes Various tests and evaluation, cost of ICU for the donor and the costs related to the stay in hospital as a result of organ donation shall be covered but up to a maximum of <b>Kes .....</b> within the inpatient limit. Cost of donor is covered to a sublimit of <b>Kes .....</b> within the IP limit</li> </ul>
<b>Psychiatric &amp; psychological illness</b>	✓ Psychiatric ailments to be covered within the inpatient cover limit up to a sublimit of <b>Kes.....</b> per person per annum. This includes the cost related to drug abuse rehabilitation.
<b>Post hospitalization</b>	✓ Rehabilitation and post hospitalization shall be covered for up to a <b>sub limit of Kes.....</b>
<b>Congenital conditions &amp; Neonatal Benefit</b>	✓ covered up to a <b>sub-limit of Kes.....</b> within the standard inpatient cover (Cumulative benefit) per person per annum.
<b>Non - accidental dental in-patient</b>	✓ A sub-limit of <b>Kes.....</b> per person per annum

<b>Non - accidental ophthalmologic in- patient</b>	✓ A sub-limit of <b>Kes.....</b> per person per annum should be covered at no additional premiums to cater for non-accidental ophthalmologic in-patient hospitalization.
<b>Circumcision</b>	✓ Elective circumcision shall be covered for children up to the age of 15 years up to a sublimit of <b>Kes.....</b> per person per annum within inpatient
<b>Covid-19 IP treatment</b>	✓ Moderate /critical Inpatient cases covered within the inpatient benefit up to a <b>sub limit of Kes.....</b> Per person per annum.
<b>Maternity benefit</b>	<p>✓ <b>Kes.....</b> for principal members and spouse (s) per family per annum to cater for all pregnancy and confinement related hospitalization. All claims from pre-existing pregnancies will be payable under the maternity benefit:  <b>Kes..... (Stand-alone)</b></p> <p>✓ <i>(Maternity Caters for normal delivery, elective and subsequent caesarean sections. It also covers maternity related complications unless a separate maternity related complications benefit is purchased.</i></p>
<b>The first ever emergency caesarian section</b>	✓ Shall be catered for under the inpatient benefits subject to a sub limit of <b>Kes.....</b> per family per annum.
<b>Maternity Complications</b>	✓ Maternity complications shall be covered up to a sublimit of inpatient of <b>Kes.....</b>
<b>Last expense</b>	✓ <b>Kes.....</b> to the policy holder or designated beneficiary. The payment shall be done within 24 hours upon receipt of proper documentation.
<b>External prosthesis and external medical appliances</b>	✓ External prosthesis and external medical appliances covered up to a sublimit of <b>Kes.....</b> within the inpatient cover including but not restricted to wheelchairs, frames, crutches and corsets.
<b>Terrorism, Passive War &amp; Political Violence Benefit</b>	✓ The cover should include injuries to an insured person caused by violent accidental external and visible means arising from War, political violence ,Invasion, Act of Foreign Enemy, Hostilities or Warlike Operations,(whether War be declared or not), Civil War, Rebellion, Revolution, Insurrection, Terrorism, Military or Usurped Power but excluding cover consequent upon an Insured Person directly and actively participating or engaging in such activities whether whilst serving in the armed forces or otherwise save, where applicable, to the extent only of adopting or taking such action or steps as were reasonably necessary for the protection of himself, his family or their property.

	<ul style="list-style-type: none"> <li>✓ The benefit shall be provided within the outpatient limit and an inpatient sub limit of <b>Kes.....</b></li> </ul>
<b>Territorial Limit</b>	<ul style="list-style-type: none"> <li>✓ Medical claims incurred outside the geographical scope and /or the geographical area where no credit facilities are available shall be 100% settled.</li> </ul>
<b>Overseas referral:</b>	<ul style="list-style-type: none"> <li>✓ Service Provider shall cater for any costs incurred for a medical condition that warrants referral for treatment overseas provided the treatment is not available in Kenya and it is certified by the Company's independent Medical Practitioner as being necessary in advance of such travel and treatment. There shall be written authorization from the Company approving the overseas referral. The independent Medical Practitioner's opinion shall be binding upon all parties to the Policy. The policy shall provide air ticket for the patient and one accompanying person on economy class return. In case it is a child eligible for lodger fees, the policy shall also cater for the air ticket of the accompanying adult and accommodation under lodger's fee at the health facility.</li> </ul>
	<ul style="list-style-type: none"> <li>✓ Further, any referral seconded by a specialist, shall cater for the following.</li> <li>✓ i. The air ticket for the patient, irrespective of the patient's age</li> <li>✓ ii. Visa cost for the patient and the accompanying person</li> <li>✓ iii. Air ticket for an accompanying person applicable for non-elective referrals only. This shall be an economy class ticket. All travel costs shall be at 100% settled.</li> </ul>
<b>Exceeding Benefits</b>	<ul style="list-style-type: none"> <li>✓ In the event that the outpatient limit or sub limit is exhausted, the insured member will be liable for any costs above the stated limits.</li> </ul>

<b>Benefit</b>	<b>Summary of Benefits</b>	<b>✓ Limit (KES)</b>
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<p><b>B. OUTPATIENT COVER- Stand-alone</b></p>	<ul style="list-style-type: none"> <li>✓ The outpatient scheme caters for all routine outpatient services.</li> <li>✓ These include: <ul style="list-style-type: none"> <li>▪ Routine outpatient consultation,</li> <li>▪ Diagnostic Laboratory and Radiology services,</li> <li>▪ Prescribed physiotherapy,</li> <li>▪ Family planning at a max sub limit of <b>Kes.....</b> within Outpatient (OP) (main member and Spouse)</li> <li>▪ Prescribed drugs and dressings,</li> <li>▪ Chronic conditions up to outpatient limit,</li> <li>▪ Antenatal and post-natal care,</li> <li>▪ HIV/AIDS and related ailments,</li> <li>▪ Supplements for pregnant mothers.</li> <li>▪ Prescribed oils and creams for treatment</li> <li>▪ Supplements prescribed by treating doctors and they must match the diagnosis.</li> <li>▪ External medical appliances e.g. ankle braces, knee braces as medically indicated covered up to <b>Kes.....</b> under OP on preauthorization</li> <li>▪ Prescribed medicated mouthwash.</li> <li>▪ Vaccines: KEPI, Baby friendly &amp; the following named private vaccines.</li> </ul> </li> <li>✓ Rotavirus vaccine (Rotarix)</li> <li>✓ Influenza vaccine (Vaccigrip)</li> <li>✓ BCG</li> <li>✓ DPT</li> <li>✓ HIB</li> <li>✓ HPV</li> <li>✓ OPV</li> <li>✓ Pneumonia</li> <li>✓ Cholera Vaccine</li> <li>✓ Chickenpox vaccine</li> <li>✓ Yellow fever vaccine</li> </ul>	<p>Kes. .... Per person.</p>
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	<ul style="list-style-type: none"> <li>✓ Measles, mumps, rubella vaccine (MMR)</li> <li>✓ HPV vaccine for female children 9 years and below</li> <li>✓ Meningococcal vaccine - Meningitis</li> <li>✓ Typhoid Vaccine</li> <li>✓ Hepatitis Vaccine (Includes HAV&amp;HBV)</li> <li>✓</li> </ul>	
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**Outpatient Conditions & Sub-limits**

<b>Condition</b>	<b>Sub-limit</b>
<b>Chronic, Pre-existing conditions &amp; HIV/AIDS including cost of ARVs</b>	✓ Shall be covered up to the full out-patient cover limit per person per annum.
<b>Medical Check up</b>	✓ Shall be payable up to <b>Kes.....</b> per person per annum within the outpatient limit and shall cover the following; <ul style="list-style-type: none"> <li>➤ .....</li> </ul>
<b>External Prosthesis</b>	✓ Within Outpatient of <b>Kes.....</b>
<b>Counseling Services</b>	✓ Without referral up to a limit of <b>Kes.....</b>

<b>Benefit</b>	<b>Summary of Benefits</b>	<b>Limit (KES)</b>
<b>C. DENTAL COVER - Stand alone</b>	✓ The Cost of Dental Consultation resulting in treatment expenses, inclusive of <ul style="list-style-type: none"> <li>▪ Anesthetist's fees</li> <li>▪ Hospital and Operating Theatre cost,</li> <li>▪ Fillings</li> <li>▪ Extraction</li> <li>▪ Root canal</li> <li>▪ Scaling/ Cleaning/ Polishing</li> <li>▪ Fillings</li> </ul>	Kes..... per person

	<ul style="list-style-type: none"> <li>▪ Extraction</li> <li>▪ Root canal</li> <li>▪ Crowns</li> <li>▪ Caps</li> <li>▪ Bridges</li> <li>▪ Orthodontics</li> <li>▪ Dentures</li> <li>▪ Braces</li> </ul>	
<p><b>D. OPTICAL COVER- Stand alone</b></p>	<ul style="list-style-type: none"> <li>▪ Outpatient ophthalmologists' expenses</li> <li>▪ Change of lenses where there has been a noted change in prescription</li> <li>▪ Contact lenses</li> <li>▪ Laser correction of eyesight</li> <li>▪ Photo chromatic, antiglare lenses, blue block</li> <li>▪ Plano lenses</li> <li>▪ Optical frames are payable to the full optical limit with no limitation on time.</li> </ul>	<p>Kes..... per person</p>
<p><b>E. COVID 19 COVER</b></p>	<ul style="list-style-type: none"> <li>✓ COVID-19 Testing &amp; Treatment shall be covered.</li> <li>✓ Benefit Limit (based on the primary cover)</li> <li>✓ Inpatient Sublimit of <b>Kes.....</b> Per Person Within IP Benefit.</li> <li>✓ Outpatient -Up to the full outpatient limit</li> <li>✓ COVID-19 Antigen testing Kes.....</li> <li>✓ COVID-19 Antibody testing covered.</li> </ul> <p><b>Outpatient Treatment</b></p> <ul style="list-style-type: none"> <li>✓ The cover shall cater for outpatient treatment for members confirmed to have COVID-19. Home based care shall be covered as per MOH guidelines for asymptomatic/mild cases.</li> <li>✓ The provider shall cater for the cost of consultation, lab tests, imaging tests and prescribed drugs up to the full outpatient limit.</li> </ul>	<p>Inpatient-Sublimit of Kes..... per person.</p> <p>Outpatient- Kes.....per person.</p>

	<p><b>Inpatient Treatment</b></p> <ul style="list-style-type: none"> <li>✓ The cover shall provide inpatient coverage for all medically necessary COVID-19 admissions at both public and private hospitals.</li> <li>✓ <b>Kes.....</b> per person for both moderate/ severe or critical cases within the inpatient benefit.</li> </ul>	
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**4. Expected Results, Deliverables.**

- ✓ All bids must be submitted as follows.
  - 1) A duly completed and signed **Vendor Information Form/ offer letter - (Refer to the attachment named ‘Vendor Information Form/ offer letter’)**-Submit one copy in PDF and another copy in Excel format.
  - 2) Proposal supporting documents/attachments (**Refer to the document named ‘Vendor Information Form/ offer letter’ for requirements**)
  - 3) Financial proposal- Option 1 “AS – IS” - The quote should provide price for the medical insurance cover “as is” or as specified in the minimum benefits packaged above. (**Refer to the price schedule format provided in this RFP**)
  - 4) Financial proposal- Option 2: Enhanced Benefits - The above specified benefit package but with improved range of benefits (enhancements) BUT at the same price as what was quoted in Option 1 above. It is important to include in the proposal, details of the enhancements for purposes of comparisons. (**Refer to the price schedule format provided in this RFP**).
  - 5) Taxes-Provide premium amounts and all eligible taxes. Must be in Kenya Shillings and shall remain valid for (90) days from the closing date of the tender/proposals.

**Nb: Submission that do not comply with the above instructions will be considered nonresponsive and ineligible for evaluation.**

**5. Method of payment.**

**Documentation:** The following documents will be required for payment for each item:

- (a) A detailed invoice listing Agreement Number, period service covered, Bank information with wiring instructions (when applicable)

**Payment Terms:** Payments will be made based on the agreed insurance premium schedule and subject to the receipt of a valid invoice from the service provider and confirmation that insurance coverage has been activated

Annexes

Annex 1 vendor information form/ Offer Letter

*The following cover letter must be placed on letterhead and completed/signed/stamped by a representative authorized to sign on behalf of the Offeror:*

To: [enter project name]  
[enter address of Counterpart's office]

Reference: RFP no. [enter RFP#]

To Whom It May Concern:

We, the undersigned, hereby provide the attached offer to perform all work required to complete the activities and requirements as described in the above-referenced RFP. Please find our offer attached.

We hereby acknowledge and agree to all terms, conditions, special provisions, and instructions included in the above-referenced RFP. We further certify that the below-named firm—as well as the firm’s principal officers and all commodities and services offered in response to this RFP—are eligible to participate in this procurement under the terms of this solicitation and under USDA regulations.

We certify that our prices, terms and conditions shall remain valid for 90 days from the date of submission.

Furthermore, we hereby certify that, to the best of our knowledge and belief:

- We have no close, familial, or financial relationships with any Counterpart or [enter project name] project staff members;
- We have no close, familial, or financial relationships with any other offerors submitting proposals in response to the above-referenced RFP; and
- The prices in our offer have been arrived at independently, without any consultation, communication, or agreement with any other offeror or competitor for the purpose of restricting competition.

We hereby certify that the enclosed representations, certifications, and other statements are accurate, current, and complete.

Authorized Signature:

Name and Title of Signatory:

Date:

Company Name:

Company Address:

Company Telephone and Website:

Company Registration or Taxpayer ID Number:

Does the company have an active bank account (Yes/No)?

Official name associated with bank account (for payment):

Annex 2; Price Schedule

<b>S/no.</b>	<b>BENEFIT</b>	<b>BENEFIT LIMIT</b>	<b>Specify Unit (Per Family or Person)</b>	<b>No. of Units (Per Family or Person)</b>	<b>Premium Per Unit (KES)</b>	<b>TOTAL PREMIUM (KES)</b>
<b>A</b>	<b>Inpatient Cover</b>					
<b>B</b>	<b>Outpatient Cover</b>					
<b>C</b>	<b>Dental Cover</b>					
<b>D</b>	<b>Optical Cover</b>					
<b>E</b>	<b>Covid 19</b>					
<b>F</b>	<b>Maternity</b>					
<b>G</b>	<b>Last Expense</b>					
<b>H</b>	<b>Ensuite room</b>					
	<b>TOTAL PREMIUM</b>					
	<b>Levies</b>					
	<b>Gross Premium</b>					