



HEALTH

# MEDIPACK

Healthcare for SMEs

A Health Insurance solution for  
companies with **4 - 10** employees



**CIC GROUP**

*We keep our word*

# Why Medipack?

**Look after your employees and they will look after your company**

## Improve your company's performance

Experience less sickness absence and increased morale, all of which will help improve productivity and the success of your business.

## Increase employee loyalty

Providing access to private healthcare shows your commitment to looking after your employees' welfare.

## Keep and attract the best

A great way to add value to your employee benefits package, helping you with recruitment and retention of key employees.

## Less disruption

Fast access to diagnostics and treatment will help put your employees on the road to recovery without delay.





## What is Medipack?

Medipack is a Health Insurance solution from CIC, designed for SMEs. Medipack caters for medical expenses incurred by the insured members and their dependants for either Inpatient or Outpatient cases, Medipack also caters for Maternity, Dental & Optical expenses.

Various cover limits are provided for each benefit and you get to choose your preferred benefit and cover limit to match your requirements and budget. For example; your Inpatient cover can be as low as Ksh 300,000 or as high as Ksh 5,000,000. Inside you will find cover limits applicable to various benefit options.

Medipack offers various enhancements such as; cover for Pre-existing conditions, Psychiatry, Emergency Air Evacuation, Road Ambulance, Congenital condition, In-patient Ophthalmologic & Dental Surgery, Post-Hospitalization Expenses Cover, Prescribed External Aids Cover and Terrorism Cover. You will find additional detail and applicable cover terms inside this brochure.

# Eligibility

Corporate firms with between **four** and **ten employees** are eligible for this product. The firm should be a duly registered body corporate and all the employees must join the scheme. Welfare societies are not eligible for this product.

The following documents are required at inception of cover to confirm eligibility:

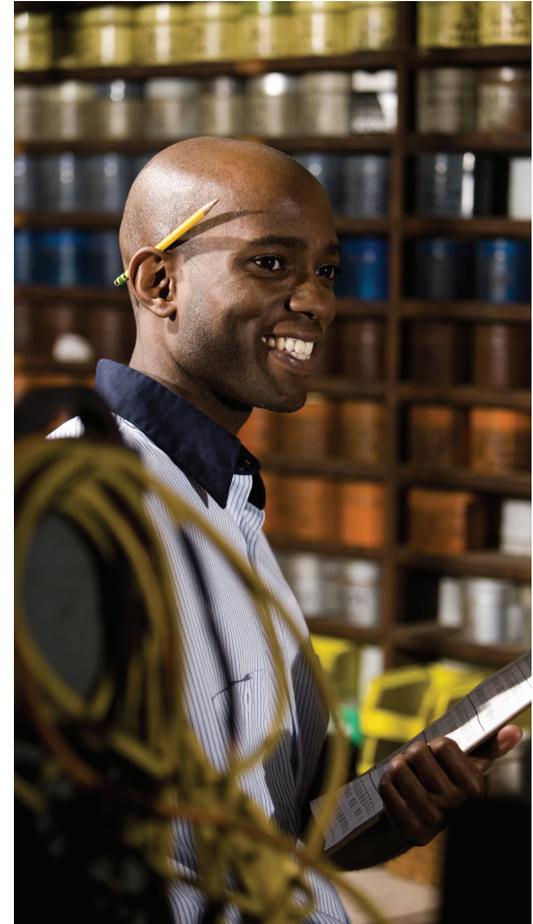
- a) Certificate of registration or incorporation.
- b) Current certificates from NHIF and NSSF.

## Membership Eligibility

Staff members and their spouses with maximum age of 65 years at inception of or entry onto cover. Cover allows only one legal spouse for each staff member as a dependent of the principal. Additional spouses can be included on cover as principal members. Children dependents should be own or legally adopted, between 30 days and 25 years of age.

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

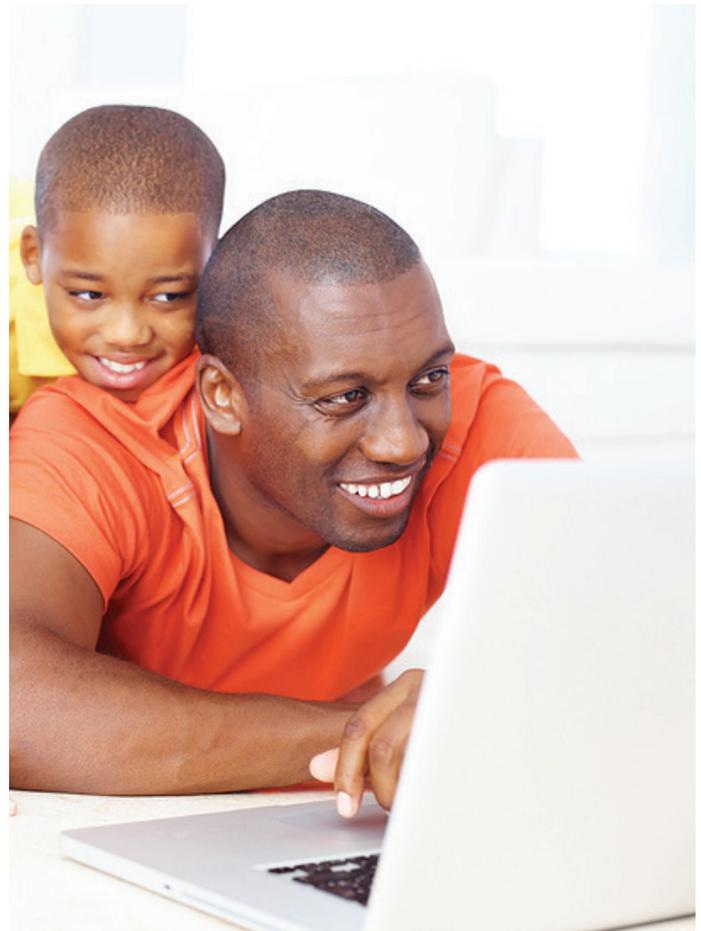
- a) Copy of birth certificate or legal adoption documents for each child dependent.
- b) Copy of id/passport for principal member and spouse.
- c) Copy of pin certificate for principal member and spouse.



# Outpatient Scope Of Cover

Provider based outpatient cover. The product offers outpatient services through a provider based outpatient model. Services offered are:

- Medical consultation
- Primary health care services – MCH/FP, PMTCT, HIV/AIDS, EPI, IMCI, STI, TB.
- Prescribed nursing procedures.
- Prescribed minor surgical procedures and surgical dressings.
- Prescribed medication
- Prescribed laboratory tests
- Prescribed radiological examination.
- Antenatal care –antenatal visits, full antenatal profile, one (1) ultrasound only.
- Immediate post-natal care – Post-natal visit at 6 weeks.
- Basic dental services – composite fillings and extraction only.
- Basic optical services – optometric evaluation and corrective lenses only. No frames.
- Referral to nearby secondary and tertiary care facilities. All referrals must be through the primary health care provider (Home Clinic), subject to pre-authorization.



# Waiting Period

- The waiting period for illness claims is 30 days. Waiting periods applicable to specific benefits are shown on the Benefits Schedule
- No waiting period for accident claims.
- No waiting period for renewal clients transferring cover from another insurer, subject to proof.

# Requirements at Inception of Cover

The following is the procedure for inception of cover:

- a) The scheme contact person or scheme sponsor to fill the Scheme Proposal Form and return it to CIC.
- b) Each employee (principal member) is required to fill a Membership Application Form and submit it to CIC before commencement of cover.
- c) Certificate of registration or incorporation for the corporate client.
- d) Submission of current NHIF and NSSF Certificates.
- e) Payment of the full annual premium due as per quotation, on or before commencement of cover. Cover becomes effective upon payment of the full annual premium due.



No	Benefit Description	Benefit Type	Sub-Limit or Stand Alone?	Option 1	Option 2	Option 3	Option 4	Option 5
1	<b>In-Patient Cover Limit per Family:</b> For in-patient medical expenses arising from illness and accidents (injuries). Illness claims are subject to a waiting period of 30 days	In-Patient Cover	Overall In-Patient Cover Limit	300,000 500,000 1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
2	<b>Hospital Accommodation:</b> Bed limit entitlement per day net of NHIF rebate. Members who choose executive hospital suits such as North Wing, Jeans Ward and Pavilion will be required to top up on daily bed excess charges	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	General ward	12,500	12,500	13,500	15,000
3	<b>Pre-Existing Conditions and Chronic Ailments:</b> Including HIV/AIDS related illnesses, subject to a waiting period of 90 days. Pre-existing conditions are conditions that the member has been treated for before joining the cover with CIC General Insurance. Chronic conditions are those that require one to be on medication for a long time and include	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	50% of the cover limit subject to a maximum of KShs.. 500,000	50% of the cover limit subject to a maximum of KShs.. 500,000	50% of the cover limit subject to a maximum of KShs.. 500,000	50% of the cover limit subject to a maximum of KShs.. 500,000	50% of the cover limit subject to a maximum of KShs.. 500,000

No	Benefit Description	Benefit Type	Sub-Limit or Stand Alone?	Option 1	Option 2	Option 3	Option 4	Option 5
4	<b>Last expense cover per member:</b> To meet the cost of funeral expenses in the unfortunate event that a member passes on while this cover is in force. The sum insured is payable within 48 hours after receiving the Burial permit.	Last Expense	Stand-Alone Cover	50,000	100,000	150,000	175,000	200,000
5	<b>Psychiatric Illness/ Psychotherapy Treatment:</b> Subject to a waiting period of 30 days.	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	Upto a Maximum of 150,000	Upto a Maximum of 200,000	Upto a Maximum of 300,000	Upto a Maximum of 300,000	Upto a Maximum of 300,000
6	<b>Emergency Air Evacuation Benefit:</b> For evacuation cost within East Africa subject to pre-authorization. Benefit limit is 40% of the applicable benefit limit	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	Up to applicable benefit limit				
7	<b>Emergency Local Road Ambulance Services.</b>	In-Patient Outpatient Cover	Sub-limit of Overall In-Patient Cover Limit	Up to applicable benefit limit				

No	Benefit Description	Benefit Type	Sub-Limit or Stand Alone?	Option 1	Option 2	Option 3	Option 4	Option 5
8	<b>In-Patient Non-Accident Ophthalmologic Surgery:</b> Subject to written pre-authorization. (Benefit is subject to a waiting period of 90 days)	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	100,000	150,000	200,000	250,000	250,000
9	<b>In-Patient Non-Accident Dental Surgery:</b> Subject to written pre-authorization. Benefit is subject to a waiting period of 90 days)	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	100,000	150,000	200,000	250,000	250,000
10	<b>Post Hospitalization Benefit:</b> Covers post-discharge follow-up expenses incurred within 30 days after discharge from hospital, where the hospitalization was as a result of an accident or involved surgery. Claims are paid on reimbursement basis	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	20,000	25,000	30,000	35,000	40,000
11	<b>External Aids Cover:</b> On prescription (Wheel chair, corsets/walking frames, crutches.)	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	20,000	25,000	30,000	35,000	40,000

No	Benefit Description	Benefit Type	Sub-Limit or Stand Alone?	Option 1	Option 2	Option 3	Option 4	Option 5
12	<b>Terrorism Cover:</b> Covers medical expenses arising from terrorism activities where the insured is a victim.	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	300,000	600,000	900,000	1,200,000	1,500,000
13	<b>Maternity Cover:</b> Maternity benefit covers in-patient expenses for child delivery and pregnancy related complications (including Caesarean section). Cover is subject to a waiting period of 10 months and is applicable to principal members or their spouses only.	In-Patient Cover	Stand-Alone Benefit	Upto a Maximum of 100,000	Upto a Maximum of 120,000	Upto a Maximum of 150,000	Upto a Maximum of 175,000	Upto a Maximum of 200,000
14	<b>Outpatient Cover Limit per Family:</b> For outpatient medical expenses arising from both illness and accident (injuries). Illness claims are subject to a waiting period of 30 days.	Outpatient Cover	Overall Outpatient Cover Limit	50,000 Upto a Maximum of 75,000	Upto a Maximum of 100,000	Upto a Maximum of 150,000	Upto a Maximum of 200,000	Upto a Maximum of 200,000
15	<b>Dental Cover per Family</b>	Outpatient Dental Cover	Stand-Alone Benefit	Upto a Maximum of 10,000	Upto a Maximum of 10,000	Upto a Maximum of 15,000	Upto a Maximum of 15,000	Upto a Maximum of 20,000

No	Benefit Description	Benefit Type	Sub-Limit or Stand Alone?	Option 1	Option 2	Option 3	Option 4	Option 5
16	<b>Optical Cover per Family:</b> (Please note that the Cost of Frames will be subject to the specified allocated maximum limit of KShs.. 10,000)	Outpatient Optical Cover	Stand-Alone Benefit	Upto a Maximum of 10,000	Upto a Maximum of 10,000	Upto a Maximum of 15,000	Upto a Maximum of 15,000	Upto a Maximum of 20,000
17	<b>Congenital Defects/ Genetic Disorders and Neonatal Complications:</b> Cover includes medical expenses arising from congenital defects/hereditary conditions for children up to a maximum age of 10 years. E.g. heart conditions, physical abnormality, cleft pallet, cleft lip, hydrocephalus, phimosis, haemophilia and sickle cell. This benet also covers Neonatal (Prematurity births or pre-term babies)	In-Patient Cover	Sub-limit of Overall In-Patient Cover Limit	100,000	150,000	200,000	250,000	300,000
18	<b>Hospital access</b>			Category B & below	Open panel access	Open panel access	Open panel access	Open panel access

## MEDICAL RATES: 18 – 29 yrs

### Quotation Guide

1. Select the age of the principal member as at the next birthday
2. Select the benefit type i.e. Inpatient, Outpatient
3. Check the family size i.e. M, M+1, M+2
4. Pick the corresponding rate from the tables

NB: Cost of cards and taxes are not included in the tables.

Smart Card fee per person is KShs. 1,050/-.

Taxes are charged at a rate 0.45% i.e. 0.2% Training Levy and 0.25% PHCF.



### IN PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
5,000,000	28,723	41,617	47,758	53,415	59,280	62,789	7,469
4,000,000	27,700	40,135	46,057	51,513	57,169	60,553	7,203
3,000,000	27,275	39,519	45,350	50,723	56,292	59,624	7,092
2,000,000	24,472	35,457	40,689	45,510	50,506	53,496	6,363
1,000,000	20,948	30,352	34,830	38,956	43,234	45,793	5,447
500,000	16,586	24,031	27,577	30,844	34,231	36,257	4,313
300,000	14,226	20,611	23,653	26,455	29,359	31,097	3,699

## OUT PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
50,000	17,810	24,577	29,742	34,907	38,826	43,371	4,546
60,000	18,823	25,976	31,435	36,894	41,036	45,840	4,805
70,000	21,328	29,432	35,617	41,802	46,495	51,938	5,444
75,000	22,121	30,527	36,942	43,358	48,225	53,871	5,646
80,000	22,915	31,622	38,268	44,913	49,955	55,803	5,849
100,000	23,763	32,794	39,685	46,576	51,805	57,870	6,065
120,000	26,805	36,991	44,765	52,538	58,436	65,278	6,842
140,000	28,654	39,542	47,852	56,161	62,466	69,779	7,314
150,000	29,578	40,818	49,395	57,973	64,481	72,030	7,550
160,000	32,351	44,644	54,026	63,408	70,526	78,783	8,257
180,000	38,612	53,285	64,483	75,680	84,176	94,031	9,855
200,000	42,498	58,647	70,972	83,296	92,647	103,494	10,847
250,000	46,526	64,206	77,699	91,191	101,428	113,304	11,875
300,000	47,634	65,735	79,549	93,363	103,843	116,001	12,158
350,000	51,615	71,229	86,197	101,165	112,522	125,696	13,174
400,000	61,586	84,989	102,849	120,709	134,259	149,978	15,719
450,000	71,948	99,288	120,153	141,018	156,849	175,213	18,364
500,000	78,107	107,787	130,438	153,089	170,274	190,210	19,936

## MEDICAL RATES: 30 – 39 yrs



### Quotation Guide

1. Select the age of the principal member as at the next birthday
2. Select the benefit type i.e. Inpatient, Outpatient
3. Check the family size i.e. M, M+1, M+2
4. Pick the corresponding rate from the tables

NB: Cost of cards and taxes are not included in the tables.

Smart Card fee per person is KShs. 1,050/-.

Taxes are charged at a rate 0.45% i.e. 0.2% Training Levy and 0.25% PHCF.

### IN PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
5,000,000	38,192	55,335	63,500	71,023	78,821	83,487	9,931
4,000,000	36,832	53,365	61,239	68,494	76,014	80,514	9,577
3,000,000	36,266	52,546	60,300	67,443	74,848	79,278	9,430
2,000,000	32,539	47,146	54,102	60,511	67,155	71,130	8,461
1,000,000	27,854	40,357	46,312	51,798	57,485	60,888	7,243
500,000	22,053	31,953	36,668	41,012	45,515	48,209	5,734
300,000	18,915	27,406	31,450	35,175	39,037	41,348	4,918

## OUT PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
50,000	19,121	26,387	31,932	37,477	41,684	46,564	4,880
60,000	20,209	27,889	33,749	39,610	44,056	49,215	5,158
70,000	22,898	31,599	38,239	44,880	49,918	55,762	5,844
75,000	23,750	32,775	39,662	46,549	51,775	57,837	6,062
80,000	24,602	33,950	41,085	48,219	53,632	59,912	6,279
100,000	25,513	35,208	42,606	50,005	55,619	62,130	6,512
120,000	28,778	39,714	48,060	56,406	62,738	70,083	7,345
140,000	30,763	42,453	51,374	60,296	67,064	74,916	7,852
150,000	31,756	43,823	53,032	62,241	69,228	77,333	8,105
160,000	34,733	47,931	58,003	68,076	75,718	84,583	8,865
180,000	41,455	57,208	69,230	81,252	90,373	100,954	10,581
200,000	45,627	62,965	76,197	89,428	99,467	111,113	11,646
250,000	49,951	68,933	83,419	97,905	108,895	121,645	12,750
300,000	51,141	70,574	85,405	100,236	111,488	124,541	13,053
350,000	55,415	76,472	92,543	108,613	120,805	134,950	14,144
400,000	66,120	91,245	110,420	129,595	144,143	161,019	16,876
450,000	77,245	106,598	128,999	151,400	168,396	188,112	19,716
500,000	83,857	115,722	140,041	164,359	182,810	204,213	21,404

## MEDICAL RATES: 40 – 49 yrs



### Quotation Guide

1. Select the age of the principal member as at the next birthday
2. Select the benefit type i.e. Inpatient, Outpatient
3. Check the family size i.e. M, M+1, M+2
4. Pick the corresponding rate from the tables

NB: Cost of cards and taxes are not included in the tables.

Smart Card fee per person is KShs. 1,050/-.

Taxes are charged at a rate 0.45% i.e. 0.2% Training Levy and 0.25% PHCF.

### IN PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
5,000,000	45,189	65,475	75,136	84,036	93,263	98,784	11,750
4,000,000	43,580	63,143	72,460	81,044	89,942	95,266	11,332
3,000,000	42,911	62,174	71,348	79,800	88,562	93,804	11,158
2,000,000	38,501	55,784	64,015	71,599	79,460	84,163	10,011
1,000,000	32,957	47,751	54,797	61,289	68,018	72,044	8,570
500,000	26,094	37,808	43,386	48,526	53,854	57,042	6,785
300,000	22,381	32,427	37,212	41,620	46,190	48,924	5,819

## OUT PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
50,000	23,207	32,026	38,756	45,487	50,000	50,000	5,923
60,000	24,528	33,849	40,962	48,076	53,473	59,733	6,261
70,000	27,792	38,352	46,412	54,472	60,586	67,680	7,094
75,000	28,826	39,779	48,139	56,498	62,841	70,198	7,357
80,000	29,860	41,206	49,866	58,525	65,095	72,716	7,621
100,000	30,966	42,733	51,713	60,693	67,506	75,410	7,904
120,000	34,929	48,202	58,332	68,461	76,147	85,062	8,915
140,000	37,338	51,527	62,355	73,183	81,398	90,928	9,530
150,000	38,543	53,189	64,366	75,543	84,024	93,861	9,838
160,000	42,156	58,175	70,400	82,626	91,901	102,661	10,760
180,000	50,315	69,435	84,026	98,617	109,688	122,530	12,842
200,000	55,378	76,422	92,482	108,542	120,726	134,861	14,135
250,000	60,627	83,666	101,248	118,830	132,169	147,644	15,475
300,000	62,071	85,658	103,658	121,659	135,316	151,159	15,843
350,000	67,258	92,817	112,322	131,827	146,625	163,792	17,167
400,000	80,252	110,747	134,020	157,293	174,950	195,434	20,483
450,000	93,754	129,381	156,569	183,758	204,386	228,316	23,930
500,000	101,779	140,455	169,971	199,488	221,881	247,860	25,978

## MEDICAL RATES: 50 – 55 yrs



### Quotation Guide

1. Select the age of the principal member as at the next birthday
2. Select the benefit type i.e. Inpatient, Outpatient
3. Check the family size i.e. M, M+1, M+2
4. Pick the corresponding rate from the tables

NB: Cost of cards and taxes are not included in the tables.

Smart Card fee per person is KShs. 1,050/-.

Taxes are charged at a rate 0.45% i.e. 0.2% Training Levy and 0.25% PHCF.

### IN PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
5,000,000	55,922	81,026	92,981	103,996	115,415	122,246	14,541
4,000,000	53,931	78,140	89,670	100,293	111,305	117,893	14,023
3,000,000	53,103	76,941	88,294	98,754	109,597	116,084	13,808
2,000,000	47,646	69,033	79,220	88,604	98,333	104,153	12,389
1,000,000	40,785	59,093	67,812	75,846	84,173	89,155	10,605
500,000	32,292	46,788	53,691	60,052	66,645	70,590	8,397
300,000	27,696	40,129	46,050	51,506	57,161	60,544	7,202

## OUT PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
50,000	26,468	36,526	44,202	50,000	50,000	50,000	6,756
60,000	27,975	38,606	46,718	54,831	60,000	60,000	7,140
70,000	31,697	43,742	52,934	62,126	69,100	70,000	8,090
75,000	32,876	45,369	54,903	64,437	71,671	75,000	8,391
80,000	34,055	46,997	56,873	66,749	74,242	80,000	8,692
100,000	35,317	48,737	58,979	69,221	76,991	86,006	9,014
120,000	39,837	54,976	66,528	78,081	86,846	97,014	10,168
140,000	42,585	58,767	71,117	83,466	92,836	103,705	10,869
150,000	43,958	60,663	73,411	86,159	95,830	107,050	11,220
160,000	48,080	66,350	80,293	94,236	104,815	117,086	12,272
180,000	57,385	79,191	95,833	112,475	125,101	139,748	14,647
200,000	63,160	87,161	105,477	123,793	137,690	153,811	16,121
250,000	69,146	95,422	115,475	135,527	150,741	168,390	17,649
300,000	70,793	97,694	118,224	138,754	154,330	172,399	18,069
350,000	76,709	105,859	128,105	150,350	167,228	186,808	19,579
400,000	91,528	126,309	152,852	179,395	199,534	222,895	23,362
450,000	106,928	147,561	178,570	209,579	233,106	260,398	27,292
500,000	116,081	160,192	193,855	227,519	253,059	282,688	29,629

## MEDICAL RATES: 56 - 65 yrs

### Quotation Guide

1. Select the age of the principal member as at the next birthday
2. Select the benefit type i.e. Inpatient, Outpatient
3. Check the family size i.e. M, M+1, M+2
4. Pick the corresponding rate from the tables

NB: Cost of cards and taxes are not included in the tables.

Smart Card fee per person is KShs. 1,050/-.

Taxes are charged at a rate 0.45% i.e. 0.2% Training Levy and 0.25% PHCF.



### IN PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
5,000,000	70,800	102,582	117,719	131,664	146,120	154,769	18,410
4,000,000	68,279	98,929	113,527	126,976	140,917	149,258	17,754
3,000,000	67,231	97,411	111,785	125,027	138,755	146,968	17,482
2,000,000	60,322	87,400	100,296	112,177	124,494	131,863	15,685
1,000,000	51,636	74,814	85,854	96,024	106,567	112,875	13,426
500,000	40,883	59,235	67,976	76,028	84,376	89,370	10,630
300,000	35,065	50,805	58,302	65,208	72,368	76,652	9,118

## OUT PATIENT RATES

Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
50,000	27,321	37,703	45,626	50,000	50,000	50,000	6,973
60,000	28,876	39,849	48,223	56,597	60,000	60,000	7,370
70,000	32,718	45,150	54,638	64,127	70,000	70,000	8,351
75,000	33,935	46,830	56,671	66,513	73,979	75,000	8,662
80,000	35,152	48,510	58,704	68,898	76,633	80,000	8,972
100,000	36,454	50,307	60,879	71,450	79,471	88,776	9,305
120,000	41,120	56,746	68,671	80,596	89,643	100,139	10,496
140,000	43,956	60,660	73,407	86,154	95,826	107,045	11,219
150,000	45,374	62,616	75,775	88,933	98,917	110,498	11,581
160,000	49,628	68,487	82,879	97,271	108,190	120,857	12,667
180,000	59,233	81,742	98,919	116,097	129,130	144,249	15,119
200,000	65,194	89,968	108,874	127,780	142,125	158,765	16,640
250,000	71,373	98,495	119,194	139,892	155,596	173,813	18,217
300,000	73,073	100,840	122,032	143,223	159,300	177,952	18,651
350,000	79,180	109,268	132,230	155,192	172,614	192,824	20,210
400,000	94,476	130,377	157,775	185,173	205,960	230,074	24,114
450,000	110,372	152,313	184,321	216,329	240,613	268,785	28,171
500,000	119,819	165,351	200,099	234,846	261,209	291,792	30,583

## OPTICAL & DENTAL RATES

### Quotation Guide

1. Select the age of the principal member as at the next birthday
2. Select the benefit type i.e. Inpatient, Outpatient
3. Check the family size i.e. M, M+1, M+2
4. Pick the corresponding rate from the tables

NB: Cost of cards and taxes are not included in the tables.

Smart Card fee per person is KShs. 1,050/-.

Taxes are charged at a rate 0.45% i.e. 0.2% Training Levy and 0.25% PHCF.



### OPTICAL RATES

Benefit Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
10,000	3,097	4,335	4,954	5,574	6,193	6,812	619
15,000	4,866	6,812	7,785	8,758	9,731	10,704	973
20,000	6,562	9,187	10,500	11,812	13,125	14,437	1,312

### DENTAL RATES

Benefit Limit	M	M+1	M+2	M+3	M+4	M+5	ExtraPax
10,000	2,669	3,737	4,271	4,805	5,339	5,873	534
15,000	4,194	5,872	6,711	7,550	8,389	9,228	839
20,000	5,657	7,920	9,052	10,183	11,325	12,446	1,131

## MATERNITY & LAST EXPENSE RATES

MATERNITY					
MATERNITY BENEFIT					
<b>Benefit Limit</b>	<b>100,000</b>	<b>120,000</b>	<b>150,000</b>	<b>175,000</b>	<b>250,000</b>
Premium Per Family	21,150	25,380	31,725	37,012	42,300

LAST EXPENSE					
Benefit Limit	50,000	75,000	100,000	150,000	200,000
Premium Per Family / Per person	500	750	1,000	1,500	2,000

HEALTH

**CIC GENERAL INSURANCE LTD.**

V.10/2022

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