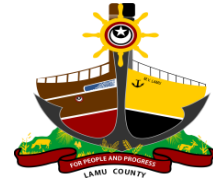




THE COUNTY GOVERNMENT OF LAMU
COUNTY TREASURY
Office of Chief Officer Finance



Telephone: 0772576122/0715555111

E-mail: treasury@lamu.go.ke

LAMU COUNTY EXECUTIVE

P.O. Box 74

LAMU

02nd October, 2019

ADDENDUM 2

TENDER NO. CGL/STAFF MEDICAL/ONT/001/2019-2021- PROVISION OF STAFF MEDICAL COVER

Your attention is drawn to **SECTION V – Schedule of Requirements**, kindly take note of the highlighted areas when preparing your quotation. Please be advised that these changes will form part of the tender quotation and will be considered when evaluating your tender documents.

SECTION V- SCHEDULE OF REQUIREMENTS

The table below shows the schedule of members of staff of the County for whom a Medical Insurance scheme is being sought. In the table below scale 1/T. is the highest paid whilst scale 18/A. is the lowest paid.

12.2. The bidder is expected to use the schedule of principal membership below to complete the Schedule of Premiums of Medical Insurance Cover for the staff of the County.

1. TABLE ONE: DETAILS OF INSURANCE COVER

INSURED	COUNTY GOVERNMENT OF LAMU P.O.BOX 74-80500, LAMU.
CLASS OF POLICY	IN PATIENT AND OUT PATIENT MEDICAL COVER. BENEFIT LIMIT-PER FAMILY PER ANNUM.
PERIOD	1 Year- Renewable

INSURED PERSONS	ALL EMPLOYEES AND DEPENDANTS ALL EMPLOYEES / PRINCIPALS PLUS 5 DEPENDANTS			
	GRADE	NO. OF EMPLOYEES	DESIGNATION	INPATIENT LIMIT
5	1	GOVERNOR	10,000,000 Per Family (Including Overseas Treatment)	Out-patient KES. 300,000 Maternity KES. 150,000 Dental KES. 75,000 Optical KES. 75,000
6	1	DEPUTY GOVERNOR	5,000,000 Per Family (Including Overseas Treatment)	Out-patient KES. 300,000 Maternity KES. 150,000 Dental KES. 75,000 Optical KES. 75,000
8	6	COUNTY EXECUTIVES COMMITTEE MEMBERS	3,000,000 Per Family (Including Overseas Treatment)	Out-patient KES. 200,000 Maternity KES. 100,000 Dental KES. 50,000 Optical KES. 50,000
7	1	CHAIR, COUNTY PUBLIC SERVICE	3,000,000 Per Family (Including Overseas Treatment)	Out-patient KES. 200,000 Maternity KES. 100,000 Dental KES. 50,000 Optical KES. 50,000

9	1	SECRETARY / CEO COUNTY PUBLIC SERVICE BOARD	3,000,000 Per Family (Including Overseas Treatment)	Out-patient KES. 200,000 Maternity KES. 100,000 Dental KES. 50,000 Optical KES. 50,000
8	5	MEMBERS, COUNTY PUBLIC SERVICE BOARD	3,000,000 Per Family (Including Overseas Treatment)	Out-patient KES. 200,000 Maternity KES. 100,000 Dental KES. 50,000 Optical KES. 50,000

NB:

- The medical scheme will cover the **Employee/Principal, a Spouse and up to 4 dependent children** of below 24 years of age.
- In Exceptional circumstances, dependent children above 24 years who are full time students with no income persons with disability may be covered in the scheme on provision of appropriate evidence. (SRC CIRCULAR, SRC/TS/CGOVT/3/61 of 19th December, 2014)

2. TABLE TWO: DETAILS OF INSURANCE COVERS

No.	Civil Servants job groups and equivalent Grades	Number of Staff per Grade	In-Patient Annual Cover Limit (including overseas Treatment)	Out-Patient Annual Cover Limit	Maternity Annual cover Limit	Dental cover Annual Limit	Optical Cover Annual Limit	Last Expense
1.	R-T	21	2,000,000	250,000	1500,000	30,000	35,000	200,000
2.	K-Q	111	1,500,000	200,000	100,000	30,000	25,000	150,000
3.	G-J	344	1,000,000	150,000	75,000	30,000	15,000	50,000
4.	A-F	380	750,000	100,000	50,000	30,000	15,000	50,000
TOTAL NO.		856						

DETAILS OF COUNTY EMPLOYEES

S/NO	JOB GROUP	TOTAL NUMBER OF EMPLOYEES
1.	5	1
2.	6	1
3.	7	1
4.	8	11
5.	9	1
6.	T	1
7.	S	13
8.	R	7
9.	Q	7
10.	P	7
11.	N	16
12.	M	34
13.	L	22
14.	K	25
15.	J	56
16.	H	236
17.	G	52
18.	F	51
19.	E	97
20.	D	222
21.	C	1
22.	B	3
23.	A	6
GRAND TOTAL NO. OF EMPLOYEES		871

PRICE SCHEDULE FORM

Table A: Price Schedule

INSURED PERSONS	ALL EMPLOYEES AND DEPENDANTS						
	ALL EMPLOYEES /PRINCIPALS PLUS FIVE (5No.) DEPENDANTS						
DESIGNATION	No.	GRADE	INPATIENT LIMIT	OTHER LIMITS		UNIT PREMIUMS (KSH)	TOTAL PREMIUMS (KSH)
GOVERNOR	1	5	10,000,000 Per Family (Including Overseas Treatment)	Out-patient	KES. 300,000		
				Maternity	KES. 150,000		
				Dental	KES. 75,000		
				Optical	KES. 75,000		
DEPUTY GOVERNOR	1	6	5,000,000 Per Family (Including Overseas Treatment)	Out-patient	KES. 300,000		
				Maternity	KES. 150,000		
				Dental	KES. 75,000		
				Optical	KES. 75,000		
COUNTY EXECUTIVES COMMITTEE MEMBERS	6	8	3,000,000 Per Family (Including Overseas Treatment)	Out-patient	KES. 200,000		
				Maternity	KES. 100,000		
				Dental	KES. 50,000		
				Optical	KES. 50,000		
CHAIR, COUNTY PUBLIC SERVICE BOARD	1	7	3,000,000 Per Family (Including Overseas Treatment)	Out-patient	KES. 200,000		
				Maternity	KES. 100,000		
				Dental	KES. 50,000		
				Optical	KES. 50,000		
SECRETARY, COUNTY PUBLIC SERVICE BOARD	1	9	3,000,000 Per Family (Including Overseas Treatment)	Out-patient	KES. 200,000		
				Maternity	KES. 100,000		
				Dental	KES. 50,000		
				Optical	KES. 50,000		
MEMBER, COUNTY PUBLIC SERVICE BOARD	5	8	3,000,000 Per Family (Including Overseas Treatment)	Out-patient	KES. 200,000		
				Maternity	KES. 100,000		
				Dental	KES. 50,000		
				Optical	KES. 50,000		
TOTAL EMPLOYEES	15						
TOTAL PREMIUMS (KSH)							

Table B: Price Schedule

No	Job groups	Number of Employees per Grade	In-Patient Annual Cover Limit	Out-Patient Annual Cover Limit	Maternity Annual cover Limit	Dental cover Annual Limit	Optical Cover Annual Limit	Premiums Rate (Ksh)	Total Premiums (Ksh)
1.	R-T	21	2,000,000	250,000	1500,000	30,000	35,000		
2.	K-Q	111	1,500,000	200,000	100,000	30,000	25,000		
3.	G-J	344	1,000,000	150,000	75,000	30,000	15,000		
4.	A-F	380	750,000	100,000	50,000	30,000	15,000		
TOTAL EMPLOYEES		856							
TOTAL PREMIUMS (KSH)									

**PRICE SCHEDULE
SUMMARY TABLE**

S/NO	JOB GROUPS AND EQUIVALENT GRADES	TOTAL EMPLOYEES	TOTAL PREMIUMS (KSH)
TABLE A			
1.	5	1	
2.	6	1	
3.	7	1	
4.	8	11	
5.	9	1	
SUB-TOTAL		15	
TABLE B			
6.	R-T	21	
7.	P-Q	14	
	K-N	97	
8.	G-J	344	
9.	A-F	380	
SUB-TOTAL		856	
GRAND TOTAL		871	
TOTAL PREMIUMS (KSH)			

NOTE: Price Quoted Must be inclusive of all Government Taxes and Delivery costs.

NOTES

Note serial no.1 to 3 is subject to The Kenya Gazette notice Vol. CXV – No.33 of 1st March, 2013.

A. POPULATION

- Breakdown of employees and each dependent per category as per the above schedule.
- Note that not all employees will have the five number of dependents or employees may have exited at the time of cover therefore, reconciliation of numbers will be done during negotiations with the successful bidder.
- Any additional to be covered on Pro Rata basis and premium charged on Pro Rata Basis.

BENEFIT SUMMARY

1. Cover for Pre-existing, psychiatric, congenital, chronic conditions including HIV/AIDS will be covered in Full within the out-patient/in-patient limit. For inpatient limits, the bidder can provide an alternative financial proposal but not less than 50% of the limit indicated per cadre for negotiations.
2. Congenital conditions covered up to **Ksh. 500,000** within the sub limit for Pre-existing/chronic and HIV/AIDS. Hearing devices to be covered within congenital
3. First emergency caesarean section in the lifetime of a female employee/spouse (delivery only) is covered within the inpatient limit up to **Ksh. 250,000**.
4. Pre-maturity cover of **Ksh. 250,000** within inpatient limit.
5. Inpatient non accidental Dental cover of **Ksh. 200,000** per person.
6. Inpatient non accidental Optical cover of **Ksh. 200,000** per person.
7. Last Expense cover for **Ksh 100,000** per family, within inpatient limit.
8. Hospitals stay for mother/father with child up to 13 years of age.
9. Cataract operation with the inpatient limits.
10. Reimbursement for consultation fees - outpatient limits.
11. Health Education and Sensitization.
12. Smart Cards for staff and their dependents.

BED LIMITS

General Ward bed for Job Group	A-F	at limits	Kshs. 750,000
General Ward bed for Job Group	G-J	at limits	Kshs. 1,000,000
Semi-Private Rooms for Job Group	K- Q	at limits	Kshs. 1,500,000
Superior Rooms for Job Group	R-T	at limits	Kshs. 2,000,000
Superior Rooms for CECM, CPSB Members		at limits	Kshs. 3,000,000
Deluxe Rooms for the Deputy Governor		at limits	Kshs. 5,000,000
Deluxe Rooms for the Governor		at limits	Kshs.10,000,000

EMERGENCY RESCUE

Road Rescue within the overall inpatient limits. Emergency air evacuation with the overall inpatient limits

IN-PATIENT BENEFITS

- **A d m i s s i o n** should not Limit to NHIF hospitals only.
- **A c c o m m o d a t i o n** for parent/guardian accompanying a child below 13 years.
- **D o c t o r ' s** , Surgeons, and specialist fees.
- **L a b o r a t o r y** investigations, x-rays, ultrasound, ECG, MRI/ICT scans
- **P r e s c r i b e d** drugs, dressings, surgical appliances, and nursing procedures.
- **T h e a t r e** including surgeon's fees and Anaesthetists' fees.
- **I n t e n s i v e** care (ICU)/High Dependency Unit (HDU).
- **R a d i o t h e r a p y** , Chemotherapy, Physiotherapy
- **G y n e c o l o g i c a l** treatment.
- **D a y** Care Surgery.
- **P o s t** hospitalization visits/follow-ups within 3 weeks after discharge up to **Kshs 50,000** within inpatient limit.
- **H o s p i t a l i z a t i o n** due to dental and optical case

Yours Faithfully,



Edwin Momanyi

Director, Supply Chain Management Services

For: The County Secretary