REPUBLIC OF KENYA

INTEGRATED NATURAL RESOURCES MANAGEMENT PROGRAMME (INReMP)

19/10/2026

ADDENDUM No. 1 TO THE BIDDING DOCUMENT FOR THE PROVISION OF GROUP MEDICAL INSURANCE COVER FOR INTEGRATED NATURAL RESOURCES MANAGEMENT PROGRAMME (INReMP) STAFF – PROCUREMENT REFERENCE No. KEN-2000003938-0024-G-NCB

The Programme has noted that the bidding document states the outpatient and maternity limits differently in Section V (Schedule of Requirements and Price Schedules) and Section VI (Technical Specifications). This addendum is issued under ITB clause 12 to provide clarification as sought by one of the bidders and to give all bidders a common basis for pricing. It forms part of the bidding document, and bidders shall prepare their bids in accordance with it. All other provisions of the bidding document remain unchanged.

AMENDMENT(S)

No.	Clause / Inconsistency Noted	Amendment
1	**Outpatient limit per family:** Section V, Price Schedule (b) states Category A KES 450,000, Category B KES 400,000 and Categories C and D KES 300,000. Section VI, Clause 12 (ii), Out-Patient Benefit Description, states KES 300,000 per family for all categories.	**The outpatient limit per family is amended to:** • **Category A:** KES 450,000.00 • **Category B:** KES 400,000.00 • **Category C:** KES 350,000.00 • **Category D:** KES 300,000.00 These limits replace the category headings in Price Schedule (b) and the "Outpatient Limit" row in Section VI, Clause 12 (ii). Bidders shall price Schedule (b) on these limits. The amended schedule and table are in Annex 1, items A and B.
2	**Maternity limit per family:** Section V, Schedule of Requirements item No. 3 and Price Schedule (e) state KES 250,000 per family. Section VI,	**The maternity limit is amended to KES 250,000.00 per family for all categories**, applicable to the female principal member or female spouse only.

	Clause 12 (iii), Stand Alone Covers, states KES 200,000 per family.	• This replaces the KES 200,000 shown in Section VI, Clause 12 (iii), Stand Alone Covers. • A "Maternity limit: KES 250,000.00 per family" row is added to the Maternity Benefit Description table. • Pre-natal and post-natal expenses continue to be paid from the outpatient benefit. Bidders shall price Schedule (e) on this limit. The amended schedule and tables are in Annex 1, items C, D and E.
3	**Basis of pricing**	All amounts are in **Kenya Shillings (KES), inclusive of all taxes and statutory levies** (Training Levy, PHCF and Stamp Duty). Where any other part of the bidding document conflicts with this addendum, this addendum prevails.
4	**Submission deadline**	The deadline for submission of bids **remains Friday, 6th November 2026 at 11.00 A.M. East African Time.** All other terms of the bidding document remain unchanged.

ANNEX 1: AMENDED SECTIONS OF THE BIDDING DOCUMENT

Amended figures are shown in **bold**. All amounts in Kenya Shillings (KES), inclusive of all taxes and statutory levies.

A. SECTION V – PRICE SCHEDULE (b): PRICE SCHEDULE FOR OUTPATIENT COVER

CATEGORY A OUTPATIENT LIMIT PER FAMILY = KES 450,000.00

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+4	5						
M+3	4						
TOTAL	**9**						

CATEGORY B OUTPATIENT LIMIT PER FAMILY = KES 400,000.00

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+4	5						
M+5	6						
M+4	5						
M+1	2						
M+3	4						
M+6	7						
M+5	6						
M+3	4						
M+4	5						
M+2	3						
M+1	2						
M+4	5						

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+4	5						
M+3	4						
M+4	5						
M+2	3						
TOTAL	**71**						

CATEGORY C OUTPATIENT LIMIT PER FAMILY = KES 350,000.00

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+3	4						
M+2	3						
M+3	4						
M+1	2						
M	1						
M+3	4						
M+3	4						
TOTAL	**22**						

CATEGORY D OUTPATIENT LIMIT PER FAMILY = KES 300,000.00

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+6	7						
M+2	3						
M+4	5						
M+3	4						

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+3	4						
M+4	5						
M+4	5						
M+5	6						
TOTAL	**39**						

B. SECTION VI – CLAUSE 12 (ii): OUT-PATIENT BENEFIT DESCRIPTION

Benefits	Category A	Category B	Category C	Category D
Outpatient Limit	**KES 450,000.00 per family**	**KES 400,000.00 per family**	**KES 350,000.00 per family**	**KES 300,000.00 per family**
General Health Check-ups (Principal member and spouses)	Kshs 30,000 per family within the outpatient limit	Kshs 20,000 per family within the outpatient limit	Kshs 20,000 per family within the outpatient limit	Kshs 20,000 per family within the outpatient limit
Outpatient Consultation co-payment	Members and their dependants will not be subjected to copayment	Members and their dependants will not be subjected to co-payment	Members and their dependants will not be subjected to copayment	Members and their dependants will not be subjected to copayment
Laboratory Investigations and X-rays, Electrocardiograms	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Prescribed routine laboratory tests	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Radiology (x-ray and ultra sound, CT scan and MRI)	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Prescription Medicines	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit

Benefits	Category A	Category B	Category C	Category D
Outpatient Newly diagnosed chronic conditions, terrorism, political war and violence	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Outpatient Pre-existing/Declared, Cancer, HIV/AIDs	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Outpatient Congenital Disorders, Autism, Cerebral Palsy, Down Syndrome, Speech therapy & Prematurity Conditions Cover	Covered within the full out-patient limit	Covered within the full outpatient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Outpatient Emergency Ambulance Services	Covered within the full out-patient limit	Covered within the full outpatient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Outpatient external appliances on prescription	Kshs. 100,000 per family within the outpatient limit	Kshs. 100,000 per family within the outpatient limit	Kshs. 100,000 per family within the outpatient limit	Kshs. 100,000 per family within the outpatient limit
Counselling/Gynaecological Services	Covered within the full out-patient limit	Covered within the full outpatient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Specialist opinion	Covered within the full out-patient limit	Covered within the full outpatient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Outpatient procedures e.g. dressing	Covered within the full out-patient limit	Covered within the full outpatient limit	Covered within the full out-patient limit	Covered within the full out-patient limit

Benefits	Category A	Category B	Category C	Category D
Well baby clinic, Immunizations and Vaccinations of children up to the age of 5 years (Kenya Expanded Programme on Immunization (KEPI) baby friendly and preventive as recommended by a medical practitioner	Covered within the full out-patient limit	Covered within the full outpatient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Travel Inoculation vaccines	Kshs. 10,000 per family within the outpatient limit	Kshs. 10,000 per family within the outpatient limit	Kshs. 10,000 per family within the outpatient limit	Kshs. 10,000 per family within the outpatient limit
Travel Insurance	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Family planning treatment	Kshs. 10,000 per family within the outpatient limit	Kshs. 10,000 per family within the outpatient limit	Kshs. 10,000 per family within the outpatient limit	Kshs. 10,000 per family within the outpatient limit
Pre-natal, post-natal and ultra sounds	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit	Covered within the full out-patient limit
Reimbursement	100%	100%	100%	100%

C. SECTION V – PRICE SCHEDULE (e): MATERNITY LIMIT PER FAMILY = KES 250,000.00

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+4	5						
M+3	4						
M+4	5						
M+5	6						
M+4	5						

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+1	2						
M+3	4						
M+6	7						
M+5	6						
M+3	4						
M+4	5						
M+2	3						
M+1	2						
M+4	5						
M+4	5						
M+3	4						
M+4	5						
M+2	3						
M+3	4						
M+2	3						
M+3	4						
M+1	2						
M	1						
M+3	4						
M+3	4						
M+6	7						
M+2	3						
M+4	5						
M+3	4						
M+3	4						
M+4	5						
M+4	5						

	NO. OF FAMILY MEMBER	PREMIUM PER FAMILY	TOTAL PREMIUM	TRAINING LEVY	PHCF	STAMP DUTY	TOTAL PREMIUM PAYABLE
M+5	6						
TOTAL	**141**						

D. SECTION VI – CLAUSE 12 (iii): STAND ALONE COVERS

COVER DESCRIPTION	Category A	Category B	Category C	Category D
Maternity Cover (pre-natal and post-natal expenses to be borne from the out-patient benefits), covered per family. Enumerate full details of what the cover provides and full details of what the cover excludes	**KES 250,000.00 per family applicable for female principal member or female spouse only**	**KES 250,000.00 per family applicable for female principal member or female spouse only**	**KES 250,000.00 per family applicable for female principal member or female spouse only**	**KES 250,000.00 per family applicable for female principal member or female spouse only**
Dental Cover Enumerate Full details of what the cover provides Full details of what the cover excludes	Kshs 100,000 Per family	Kshs 100,000 Per family	Kshs 100,000 Per family	Kshs 100,000 Per family
Optical Cover Enumerate Full details of what the cover provides Full details of what the cover excludes	Kshs 100,000 Per family	Kshs 100,000 Per family	Kshs 100,000 Per family	Kshs 100,000 Per family
Last expense Cover- Bidder to elaborate Full details of what the cover provides and Full details of what the cover excludes	Kshs. 500,000 per life	Kshs. 500,000 per life	Kshs. 500,000 per life	Kshs. 500,000 per life

E. SECTION VI – MATERNITY BENEFIT DESCRIPTION

Maternity Benefit Description	All Categories
Cover Type	Stand alone
Maternity limit	**KES 250,000.00 per family**
Normal Delivery Expenses	Covered to the full maternity limit
Second/subsequent caesarean delivery	Covered to the full maternity limit

National Programme Coordinator

FOR: PRINCIPAL SECRETARY