



KENYAN ALLIANCE
Est 1915



KAI FAMILY HEALTH INSURANCE

☎ 0709 334 000 / 0709 234 000

🌐 www.kenyanalliance.co.ke

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Our Value Additions

Our comprehensive healthcare services are designed to enhance you and your family's well-being through accessible, quality medical care. Our salient features include:

- **Benefit Management:** Use of latest healthcare technologies to ensure real-time monitoring and tracking of your benefit usage guaranteeing value for money.
- **Chronic Disease Management Programs:** Tailored support and monitoring for individuals with long-term conditions, ensuring better health outcomes.
- **Online Doctor Consultations:** Convenient virtual access to healthcare professionals, removing barriers to timely medical advice.
- **Drug Delivery:** Ensuring patients receive their medications directly at home or office, improving adherence and convenience.
- **Wellness Check-ups:** Routine assessments to promote early detection and prevention of health issues.
- **Ambulance and Air Rescue Services:** Rapid response services to ensure critical care reaches those in need promptly.
- **Overseas Treatment Assistance:** Facilitating access to specialized treatments abroad for patients requiring advanced care.
- **Robust Wellness Program:** Free Medical Camps, Health Talks and regular health tips and updates to ensure a holistic approach to your well-being.



About the Product

Our KAI Family Health insurance plan is designed to offer comprehensive coverage at competitive rates! The cover includes a robust range of benefits which include;

- **Inpatient** package featuring inbuilt **Maternity Cover, Personal Accident Cover** as well as **Last Expense Cover**.
- **Outpatient** package featuring inbuilt **Dental and Optical** coverage.

Clients can choose cover on a “per-family” or “per-person” basis, ensuring flexibility to meet diverse needs. With our comprehensive package, you can enjoy peace of mind knowing you and your loved ones are well-protected. Explore our range of six affordable KAI Family Health plans today and secure your health as well as that of your loved ones with confidence!

ELIGIBILITY CRITERIA

Our insurance plan is designed to cater to a wide range of clients:

- **Adults:** Members and spouses aged 18 to 65 years.
- **Children:** Coverage for children born at full term (38 weeks) up to 20 years. This extends to 25 years if they are still under the care of a parent or guardian, provided proof of schooling is submitted.

Please note that members aged 55 to 65 years will be required to undergo a medical examination at their own cost before enrolment.

REQUIREMENTS:

- Fully filled medical application form.
- KRA PIN of applicant.
- ID copies of all adult members.
- Birth certificates or notifications for all dependent children under 18 years.
- Proof of schooling for dependent children aged 21-25 years.





Inpatient Services

- General medical admissions due to illness and accidents.
- Surgical admissions.
- Maternity: Normal deliveries, elective and emergency cesarean sections.
- Pre-existing, chronic and newly diagnosed conditions.
- Congenital conditions.
- Personal Accident.
- Reconstructive surgery.
- Organ Transplant.
- Covid-19.
- External Appliances / Aids.
- Home Nursing.
- Psychiatric illness.
- Post Hospitalization.
- Health checkup.
- Terrorism.
- Last Expense Cover.





Outpatient Services

- General Consultation.
- Specialist Consultation.
- Dental.
- Optical.
- Laboratory services.
- Pharmacy services.
- Imaging services including X-Rays, CT Scans, MRI and PET Scan.
- Dressing services.
- Counselling services.
- Physiotherapy.
- Occupational therapy and speech therapy.
- KEPI and Baby Friendly vaccines for infants up to 1.5 years.
- Pre and postnatal care.
- Annual wellness check for principal member and spouse.





Inpatient Benefits

Inpatient Benefit (kshs)	300,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	Description
Bed Capacity	General Ward bed	General Ward bed	General Ward bed	16,000	20,000	25,000	Daily bed limit, net of SHIF rebate
Pre-existing & Newly diagnosed Chronic conditions	150,000	250,000	350,000	500,000	700,000	850,000	Includes Cancer and HIV/AIDS within the Inpatient benefit. 1 Year Waiting Period for Pre-existing and 90days for Newly diagnosed chronic conditions from the start of coverage.
Congenital and Pre-maturity conditions	100,000	150,000	225,000	250,000	300,000	350,000	Covered within the Inpatient limit. Waiting period of 1 year.
Psychiatric illness	100,000	150,000	200,000	300,000	400,000	500,000	Covered within the Inpatient limit. Waiting period of 1 year.
Maternity	50,000	75,000	100,000	120,000	150,000	200,000	Includes First ever emergency caesarean section Cover within the Inpatient benefit. Waiting period of 10 months.
Covid-19	150,000	250,000	400,000	750,000	850,000	1,000,000	Covers Covid-19 related treatment.
Inpatient non non-accidental Dental	75,000	100,000	120,000	150,000	175,000	200,000	Covered within the Inpatient limit. Waiting period of 1 year.
Inpatient non non-accidental Optical	75,000	100,000	120,000	150,000	175,000	200,000	Covered within the Inpatient limit. Waiting period of 1 year.
Post hospitalization visits	20,000	20,000	25,000	30,000	35,000	40,000	Covered within the Inpatient limit for post-surgical cases within the first 30 days of discharge.
Last expense	50,000	50,000	75,000	100,000	120,000	150,000	Covered per family within Inpatient with no waiting period. The benefit is payable once per policy period.
Personal Accident	100,000	100,000	150,000	200,000	300,000	400,000	Covers the principal member only in the event of death as a result of an accident.
Organ Transplant	120,000	250,000	400,000	600,000	750,000	850,000	Covers transplant services related to eligible conditions, excluding organ donor expenses. Waiting period of three years applies.
Reconstructive surgery	75,000	200,000	300,000	400,000	500,000	600,000	Covers reconstructive or plastic surgery related to illness/accidents. Waiting period of three years applies.
Gynecological surgery	175,000	250,000	350,000	400,000	450,000	500,000	Covers treatment for gynecological surgery. Waiting period of one year applies. Includes breast reconstructive surgery on medical grounds.



Inpatient Benefits

Home nursing	for a maximum of 90 days.	for a maximum of 90 days.	for a maximum of 90 days.	for a maximum of 90 days.	for a maximum of 90 days.	for a maximum of 90 days.	Covers home nursing services after hospital discharge, based on a medical practitioner's recommendation.
Overseas extension of cover	on reimbursement basis	on reimbursement basis	on reimbursement basis	on reimbursement basis	on reimbursement basis	on reimbursement basis	Covers overseas visits for up to sixty (60) consecutive days for one trip outside Kenya, whether for business or leisure, in cases of emergency illness or injury, subject to preauthorization and benefits limits.
Overseas referral	subject to benefit limits	subject to benefit limits	subject to benefit limits	subject to benefit limits	subject to benefit limits	subject to benefit limits	Covers overseas referrals for medical conditions that cannot be treated locally, subject to preauthorization. Referrals are limited to India, where credit facilities are available.
Prosthesis devices	175,000	200,000	250,000	300,000	400,000	500,000	Covers the first artificial body part replacement based on a medical practitioner's recommendation. A maximum of two replacements per device applies for children under 16 years old.
External Appliances including Hearing Aids	30,000	30,000	35,000	40,000	45,000	50,000	Covers external aids prescribed by a medical professional, limited to wheelchairs, corsets, walking frames, crutches and hearing aids.
Emergency road ambulance services	Fully Paid	Fully Paid	Fully Paid	Fully Paid	Fully Paid	Fully Paid	Caters for road evacuation within Kenya subject to pre-authorization.
Emergency air evacuation	Not Covered	Not Covered	Not Covered	Covered within applicable benefit	Covered within applicable benefit	Covered within applicable benefit	Caters for air evacuation within Kenya subject to pre-authorization.
Health checkup, Within Inpatient cover	5,000	5,000	7,500	10,000	12,000	15,000	Covers wellness checks for Principal member and spouse with Inpatient only benefit. Applicable after two years of continuous membership subject to nil claims.
Terrorism	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Fully paid	Covers expenses incurred by a member who is a victim of an act of terrorism.
KAI Approved Provider Panel	Tier 2 & 3 Providers	Tier 2 & 3 Providers	Tier 2 & 3 Providers	Open Panel (Tier 1, 2 & 3)	Open Panel (Tier 1, 2 & 3)	Open Panel (Tier 1, 2 & 3)	Members who purchase Inpatient benefit below 2 Million shall access only Tier 2 & 3 Panel. Members who purchase 2 Million and above shall access all provider tiers (Tier 1, 2 & 3).



Outpatient Benefits

Outpatient Benefit (kshs)	50,000	75,000	100,000	150,000	200,000	Description
Optical	7,500	10,000	15,000	20,000	30,000	Caters for optical services which include; Prescribed glasses, consultation with an optometrist, refraction, eye examination. Waiting period of 30days applies.
Optical Frames (Sublimit of Optical Benefit)	5,000	7,000	10,000	12,000	15,000	Caters for the purchase and replacement of Optical frames once every two years. Waiting period of 30 days applies.
Dental	7,500	10,000	15,000	20,000	30,000	Caters for dental services which include; Dental consultation, extractions, fillings, root canals. Waiting period of 30days applies.
Health checkup	10,000	10,000	15,000	20,000	25,000	Covers wellness checks for Principal member and spouse only on a shared basis. Waiting period of 30days applies.
Baby Friendly Vaccines	7,500	10,000	15,000	20,000	25,000	Caters for KEPI and Baby Friendly vaccines for infants up to 1.5 years.
Co-Pay	Per Visit	Per Visit	Per Visit	Per Visit	Per Visit	Kshs.1,000/- at Tier one Hospitals (Aga Khan Hospital, Nairobi Hospital, MP-Shah Hospital, Karen Hospital, Nairobi Hospital, Gertrude's Children's Hospital) and Kshs.250/- in all other hospitals.



General Exclusions

- Cosmetic surgery.
- Family planning & hormonal therapy.
- Medicated soaps & shampoos, mouth washes, lozenges & probiotics.
- Nutritional, food & herbal based supplements.
- External appliances & diagnostic aids including; glucometers, BP machines.
- The cost of contact or plano lenses, blue block, refractive or laser eye treatment.
- The cost of replacement/ new dentures, bridges, crowns & plates, dental prophylaxis and orthodontics.
- Expenses incurred due to direct or indirect contribution or participation in acts of terrorism, riots, civil commotions, military or usurped power.
- Expenses incurred because of epidemics and pandemics other than covid-19.
- Expenses incurred for alternative medicine e.g. chiropractors, experimental treatment or stays at sanatoria & old age homes.
- Expenses incurred from treatment outside the panel of providers unless preauthorized.
- Expenses recoverable through other covers e.g. SHIF, GPA, WIBA etc.
- Maternity related services other than the principal member & spouse where covered.
- Expenses for an insured person whose application contains any willful misstatement or where critical information was withheld.





Premium Rates

Inpatient - Kshs. 5 Million, Maternity - Kshs. 200k, Personal Accident - Kshs. 400k, Last Expense - Kshs. 150k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	26,758						
19-29	38,226	61,160	76,449	96,451	120,564	132,622	12,997
30-39	51,306	82,089	102,610	131,917	164,896	181,387	17,444
40-49	55,665	89,063	111,327	143,122	178,902	196,794	18,926
50-65	67,631	108,208	135,258	173,888	217,360	239,098	22,995

Inpatient - Kshs. 2 Million, Maternity - Kshs. 120k, Personal Accident - Kshs. 200k, Last Expense - Kshs. 100k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	18,314						
19-29	26,163	41,860	52,326	67,492	84,365	92,803	8,895
30-39	35,139	56,221	70,277	90,347	112,933	124,228	11,947
40-49	40,524	64,838	81,049	104,195	130,244	143,269	13,778
50-65	57,604	92,166	115,209	148,110	185,138	203,653	19,585

Inpatient - Kshs. 3 Million, Maternity - Kshs. 150k, Personal Accident - Kshs. 300k, Last Expense - Kshs. 120k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	21,169						
19-29	30,242	48,386	60,483	77,783	97,229	106,954	10,282
30-39	40,613	64,980	81,225	104,423	130,527	143,582	13,808
40-49	45,534	72,854	91,068	117,076	146,345	160,980	15,481
50-65	60,868	97,387	121,732	156,499	195,624	215,188	20,696

Inpatient - Kshs. 1 Million, Maternity - Kshs. 100k, Personal Accident - Kshs. 150k, Last Expense - Kshs. 75k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	15,484	N/A	N/A	N/A	N/A	N/A	N/A
19-29	22,120	35,392	44,240	56,104	70,130	77,143	7,521
30-39	29,225	46,759	58,450	75,141	93,926	103,320	9,936
40-49	33,754	54,006	67,508	86,787	108,483	119,333	11,476
50-65	48,059	76,893	96,118	123,568	154,460	169,907	16,340



Premium Rates

Inpatient - Kshs. 500k, Maternity - Kshs. 75k, Personal Accident - Kshs. 100k, Last Expense - Kshs. 50k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	13,521						
19-29	18,028	28,845	36,056	47,458	59,323	65,255	6,130
30-39	25,435	40,696	50,871	65,399	81,748	89,924	8,648
40-49	28,264	45,221	56,527	72,670	90,838	99,923	9,610
50-65	40,457	64,730	80,913	104,021	130,027	143,031	13,755

Outpatient - Kshs. 200k, Dental - Kshs. 30k, Optical - Kshs. 30k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	29,258						
19-29	31,126	45,133	54,160	77,372	92,847	111,417	9,338
30-39	41,360	59,973	71,968	103,492	124,191	149,030	12,408
40-49	49,813	72,230	86,676	124,644	149,574	179,489	14,944
50-65	60,673	87,977	105,573	151,818	182,183	198,620	18,202

Inpatient - Kshs.300k, Maternity - Kshs.50k ,Personal Accident - Kshs.100k, Last Expense - Kshs.50k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	11,590						
19-29	15,454	24,726	30,907	40,681	50,852	55,937	5,255
30-39	21,803	34,885	43,607	56,060	70,075	77,083	7,413
40-49	24,228	38,764	48,455	62,293	77,867	85,654	8,238
50-65	34,680	55,487	69,359	89,167	111,459	122,606	11,791

Outpatient - Kshs. 150k, Dental - Kshs. 20k, Optical - Kshs. 20k

Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	26,660						
19-29	28,362	41,125	49,350	69,054	82,865	99,439	8,509
30-39	36,969	53,605	64,327	92,503	111,005	133,206	11,091
40-49	44,524	64,561	77,473	111,409	133,692	148,432	13,357
50-65	54,231	78,636	94,364	135,698	145,839	148,408	16,269



Premium Rates

Outpatient - Kshs. 100k, Dental - Kshs. 15k, OPT - Kshs. 15k							
Age	M	M+1	M+2	M+3	M+4	M+5	Extra
0-18	24,152						
19-29	25,694	37,256	44,708	62,816	75,380	90,456	7,708
30-39	33,533	48,624	58,349	83,907	92,907		
40-49	40,386	58,561	70,273	87,985	99,697		
50-65	49,191	71,328	85,594	99,860			

* Rate not available due to Family Size - Move to higher Limit.

Outpatient - Kshs. 75k Per Person, Dental - Kshs. 10k, Optical - Kshs. 10k	
Age	M
0-18	17,281
19-29	18,384
30-39	29,180
40-49	35,144
50-65	42,806

Outpatient - Kshs. 50k Per Person, Dental - Kshs. 7.5k, Optical - Kshs. 7.5k	
Age	M
0-18	15,699
19-29	16,701
30-39	27,162
40-49	32,713
50-65	39,845



<p>1.Head Office 📍 Dunhill Towers,12th Floor-Westlands Waiyaki Way, Nairobi ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>6.Thika 📍 Thika Arcade,1st Floor Off Kenyatta Avenue, Thika ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>11.Nyeri 📍 Konahauthi Building ,1st Floor Kimathi Way, Nyeri ☎ 0709334000, 0202284000 📞 0708 334 000</p>
<p>2.Nairobi CBD 📍 Volvo House, Ground Floor Loita Street, Nairobi ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>7.Kisumu 📍 Mega Plaza, Wing A,4th Floor Oginga Odinga Road, Kisumu ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>12.Kakamega 📍 Mega Mall ,1st Floor Tom Mboya Street, Kakamega ☎ 0709334000, 0202284000 📞 0708 334 000</p>
<p>3.Mombasa 📍 Trade Centre Nkuruma road, Mombasa ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>8.Kitui 📍 Muli Mall,1st Floor Makuti Street, Kitui ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>13.Westlands 📍 Brick Court ,1st Floor Mpaka Road, Westlands-Nairobi ☎ 0709334000, 0202284000 📞 0708 334 000</p>
<p>4.Nakuru 📍 Utalii Arcade, Ground Floor Moi Road, Nakuru ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>9.Eldoret 📍 Zion Mall,2nd Floor Uganda Road, Eldoret ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>14.Industrial Area -Nairobi 📍 Industrial Area Bunyala Road, Industrial Area ☎ 0709334000,0202284000 📞 0708 334 000</p>
<p>5.Machakos 📍 Susu Centre, Ground Floor ☎ 0709334000, 0202284000 📞 0708 334 000</p>	<p>10.Meru 📍 Royal Business Park, North Wing, 5th Floor ☎ 0709334000, 0202284000 📞 0708 334 000</p>	



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