EMBASSY OF SWEDEN

APPENDIX D-PRICE-PREMIUM COMPUTATION GUIDE

NB. 1-Price(premium payable) and other additional fees/levies should be In Kes. and exclusive of Vat (inclusive of levies) should be filled in in as per below Table A.

2- The Scope of Health Insurance Cover and benefits resulting from above price/premium and other levies payable should be filled in as per below Table B.

Table A-Price/Premium Computation Per Annum

FAMILY SIZE	PREMIUM INPATIENT PER FAMILY SIZE(KES.)	PREMIUM OUTPATIENT PER FAMILY SIZE (KES.)	OTHER ADDITIONAL FEES/LEVIES (KES.)	TOTAL (KES.)
M+0				
M+1				
M+2				
M+3				
M+4				
M+5				
TOTAL KES.				

Table B-The Proposed Scheme of Comprehensive Insurance Cover and Benefits per Family Size Per Annum

PROPOSED SCHEME OF COVER PER FAMILY SIZE	SCOPE OF COVER/LIMITS AND SUB-LIMITS
Cover Period	**Per Annum**
In-patient Limit	
Out -patient Limit	
Last Expense	
Pre-Existing / Chronic Conditions / HIV Aids/ ARVs, Declared	
STD's	
Maternity(normal deliveries, complications	
First emergency Caesarian Section	
Prematurity Congenital & Neonatal Expenses	
Gynecological conditions	
Inpatient Physiotherapy	
Lodger Accommodation	
Accommodation Hospitalization	
In Patient accidental Dental cover	
In Patient accidental Optical cover	
In Patient non- accidental Dental cover due to illness	

In Patient non- accidental Optical cover and cataract removal	
Post hospitalization	
Prescribed physiotherapy	
Last Expense	
Psychiatric Treatment	
Reimbursement Within Network Panel	
Reimbursement outside panel	
Waiting period	
Emergency Rescue/ Evacuation	
Treatment while Outside Kenya	
Treatment not locally available	
Eligibility	
Health talks	
Co-pay	
Health Check ups	
External Appliances	
Travel Vaccines	
External Appliances	
Antenatal and Post Natal	
Vaccines/Immunization	
Identification/smart Cards ; 1st time issuance-	

Lost/ Misplaced	