



HEALTH

CIC CoopCare

Affordable Health Insurance solution
built for Cooperative Members

SMS **“CoopCare”** to 22471



CIC CoopCare

This is a medical product tailor-made for Cooperative members and affiliates with a minimum membership of 4 principal members. The product allows members of a cooperative to enjoy a group cover on fairly priced group terms. The product covers **Inpatient, Outpatient, Maternity, Dental, Optical and Last Expense** benefits. One may choose to purchase Inpatient only or Inpatient and Outpatient benefits.

Affordability is at the center of this product with a carefully selected low cost provider panel mainly encompassing mission hospitals and low cost private hospitals. The **maximum joining age is 70 years** and the product is available either as a family package allowing up to 6 dependants (M+6) or as Member only (M+0). Any family beyond 6 dependants (M+6) will attract a minimal additional premium to cover the extra dependants.

INDIVIDUAL

Benefits Summary

Benefit	Inpatient	Outpatient	Maternity	Dental	Optical	Last Expense	Accommodation
Family/ Person	Family	Family	Family	Family	Family	Family	Bed Type
Option 1	100,000	30,000	15,000	5,000	5,000	50,000	Ward Bed
Option 2	200,000	40,000	20,000	5,000	5,000	50,000	Ward Bed
Option 3	300,000	50,000	25,000	7,500	7,500	50,000	Ward Bed

Note: Co-payment of Ksh 500 per day on accommodation if NHIF is not provided

Premium Rates: Individual

All benefits (Inpatient, Outpatient, Maternity, Dental, Optical and Last Expense)	
Plan	Member Only
Option I	7,500
Option II	8,500
Option III	9,500

Inpatient only (Inpatient, Maternity and Last Expense)	
Plan	Member Only
Option I	2,500
Option II	3,200
Option III	3,800

FAMILY BENEFITS SUMMARY

Benefit	Inpatient	Outpatient	Maternity	Dental	Optical	Last Expense	Accommodation
Family/ Person	Family	Family	Family	Family	Family	Family	Bed Type
Option 1	100,000	30,000	15,000	5,000	5,000	50,000	Ward Bed
Option 2	200,000	40,000	20,000	5,000	5,000	50,000	Ward Bed
Option 3	300,000	50,000	25,000	7,500	7,500	50,000	Ward Bed

All benefits (Inpatient, Outpatient, Maternity, Dental, Optical and Last Expense)

Premium Rates: All Benefits

	Member Plus upto 6 Dependants	Additional Dependants above 6
Option 1	26,700	3,600
Option 2	31,600	4,100
Option 3	36,000	4,600

Inpatient only (Inpatient, Maternity and Last Expense)

	Member Plus upto 6 Dependants	Additional Dependants above 6
Option 1	7,300	1,100
Option 2	10,800	1,400
Option 3	12,700	1,700