



Pacis
Amani
Medical
Insurance



For Comfort & Peace in Life



WHO WE ARE?

Pacis insurance company is the first religious owned insurance company in Kenya & has been protecting the interests of various religious groups, institutions and other customers since 2005. Pacis strives to bring peace and comfort to society by ensuring that all its clientele have peace of mind because they know that in the event of a loss, Pacis will be there for them.

PACIS AMANI is an affordable, flexible and excellent medical cover designed for individuals and families that is guaranteed to give peace of mind. There are various medical covers offered. Inpatient cover is mandatory while Maternity, Outpatient, Outpatient dental and optical covers are optional.

WHY PACIS AMANI MEDICAL COVER?

- Flexible medical benefits that offer complete protection
- A wide range and the best providers on Pacis panel
- Affordable Premiums
- No Claim Discount Advantage
- Experienced, dedicated and professional team
- 24-hour help line and online presence
- Education, sensitization programs and Hospital/ patient visits
- Wellness and chronic disease management programs
- Home care programs
- Overseas treatment in India

BENEFIT SCHEDULE FOR INPATIENT

OVERALL COVER	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Hospital Accommodation. Bed limit entitlement per day net of NHIF rebate	General Ward	General Ward	Standard Private Room, maximum of Kshs.12,500	Standard Private Room, maximum of Kshs.15,000	Standard Private Room, maximum of Kshs.17,000
Inpatient expenses related to acute conditions (after 30 days waiting period)	Covered	Covered	Covered	Covered	Covered
Inpatient overall accident cover	Covered	Covered	Covered	Covered	Covered
Inpatient prescription drugs and materials. Discharge drugs allowed up to a maximum of 30 days' supply	Covered	Covered	Covered	Covered	Covered
Pre-existing conditions, chronic conditions, HIV AIDS, Gynecological treatments, and related conditions existing/not existing and/or not diagnosed at the time of joining. Subject to full disclosure at the time of joining and after one year waiting period	250,000	300,000	400,000	500,000	550,000
Newly diagnosed chronic condition excluding cancer treatment after 6 months of cover					
Cancer treatment after one year waiting period	Covered within pre-existing & Chronic conditions sublimit				
Hospitalization due to accident cause	Covered	Covered	Covered	Covered	Covered

OVERALL COVER	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Accommodation costs for one parent staying in hospital for children below 10 years	Covered	Covered	Covered	Covered	Covered
In patient non-accident related eye treatments includes cost of cataract removal, excluding surgery for refractive errors and laser treatment (after one year waiting period and subject to written pre-authorization)	40,000	50,000	75,000	75,000	100,000
In patient non-accident related dental surgery/treatment (after one year waiting period and subject to written pre-authorization)	40,000	50,000	75,000	75,000	100,000
ENT surgery-non accident related (One year waiting period)	200,000	250,000	300,000	350,000	400,000
Organ transplantation after two years of cover . Covers the operating costs for kidney, Heart, Liver, Lung and Bone Marrow transplants (cost of obtaining the donor organ is excluded)	250,000	300,000	400,000	500,000	550,000
Surgical appliances, joint replacement and internal prosthesis (excluding dental fixtures) after one year of cover	150,000	250,000	300,000	350,000	400,000
External appliances (Wheel chairs, crutches, walking frames)	40,000	40,000	40,000	40,000	40,000

OVERALL COVER	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Post hospitalization and home care programs (on reimbursement subject to pre-authorization within 30 days)	15,000	15,000	20,000	25,000	30,000
Psychiatry illness/psychotherapy treatment after one year of cover	150,000	200,000	250,000	300,000	350,000
Local Road Ambulance for medical emergencies leading to hospitalization	Covered	Covered	Covered	Covered	Covered
Illness related reconstructive/ plastic surgery for medical conditions after one year waiting period and excludes cosmetic, obstetrics and gynecology related	150,000	150,000	150,000	200,000	250,000
Congenital defects and genetic disorders after one year of cover	150,000	150,000	200,000	200,000	200,000
Emergency first ever Caesarean section after one year of cover	75,000	75,000	100,000	100,000	100,000
Funeral expenses per family (death as a result of covered conditions)	50,000	50,000	75,000	75,000	100,000

BENEFIT SCHEDULE FOR OUTPATIENT - OPTIONAL

Annual Limits per family/person	50,000	100,000	150,000	200,000
Physician consultation fees	Covered	Covered	Covered	Covered
Prescription drugs up to a maximum of 30 days dosage	Covered	Covered	Covered	Covered
Specialists fees (strictly on referral by a GP)	Covered	Covered	Covered	Covered

X-Ray, MRI's, CT and other diagnostic tests	Covered	Covered	Covered	Covered
Non excluded pre-existing/chronic condition HIV AIDS on full disclosure at the time of joining after one year waiting period	Covered	Covered	Covered	Covered
Newly diagnosed chronic conditions covered after 6 months of cover	Covered	Covered	Covered	Covered
General annual wellness subject to preauthorization	5,000	5,000	5,000	5,000
KEPI vaccination	Covered	Covered	Covered	Covered
Baby friendly vaccinations	5,000	5,000	5,000	5,000
Covid-19 testing for symptomatic cases per annum (if covid cover is purchased)	7,500	7,500	10,000	10,000
Pre-natal & Ante-natal outpatient treatment (1 Year waiting period). Only applicable if maternity benefits have been purchased	Covered	Covered	Covered	Covered

BENEFIT SCHEDULE – DENTAL AND OPTICAL

Benefit	What is covered	Exclusions
Dental	<ul style="list-style-type: none"> - Dental Consultation - Fillings - Extraction - Root canal treatment - Dental X-rays and prescriptions - Scaling and polishing necessitated by dental treatment 	<ul style="list-style-type: none"> - Crown - Bridges - Orthodontics - Replacement or repair of old dentures bridges and plates unless necessary as a result of an accident - Routine scaling and polishing

Optical	<ul style="list-style-type: none"> - Ophthalmologist consultation - Cost of prescribed frames and lenses - Frames are covered up to a maximum of 50% of the optical limit - Contact lenses - Laser correction of eyesight 	<ul style="list-style-type: none"> - Antiglare & Photo chromatic lenses, Plano (flat-with no magnification) lenses
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CO-PAYMENT SCHEDULE

	Provider and its Branches	Copay amount (Kshs)
1.	The Nairobi Hospital	500
2.	The Aga Khan hospital	
3.	Mp Shah	
4.	Karen	
5.	Mater hospital	
6.	AAR Health Centres	
7.	Specialists	
8.	All others	200

GENERAL CONDITIONS FOR PACIS AMANI COVER

1. All bills are paid less NHIF rebates
2. There are no waiting periods for accidental cases
3. All acute illness claims have a **30 days waiting period**
4. Surgical cases other than those specified on the benefit schedule have **90 days waiting period**
5. Maternity benefit if purchased will have a waiting period of **one year**
6. All other waiting periods apply as highlighted on the benefit schedule and the policy document
7. Maximum joining age is **64 years**
8. Medical examination reports will be required for persons who attain **55 years and above**
9. Members who utilize doctors outside the panel will be required to settle the whole bill. Reimbursement will be subject to pre-authorization up to **80%** of reasonable and customary rates
10. Specialists will be on referral apart from gynecologists and pediatricians
11. Outpatient benefits cannot be purchased alone or to specific family members
12. Outpatient dental and optical benefits will only be purchased if the outpatient benefit is purchased and to all family members
13. Members will be required to present their Pacis medical cards to access services at the service providers
14. Eligibility – Adults between the age of **18 years and 64 years**. Dependants will include one spouse, own or legally adopted children. Children will be covered from birth (term 38 weeks and subject to discharge from the hospital) up to 21 years. Children over the age of 21 but below 25 years will be covered under their families with proof of full time schooling

WHAT IS NOT COVERED?

1. Alcoholism, conditions related to alcohol intoxication, drug abuse and related conditions or complications
2. Medical costs due to experimental treatment
3. Amount recoverable from other insurances such as NHIF, GPA
4. Expenses where material information is withheld or misstated by the insured or their representatives
5. Benefits not specified in the brochure and policy document
6. Treatment by any other than a certified medical practitioner
7. Expenses incurred in connection with active participation in riots, civil unrest etc
8. Self-inflicted injury and attempted suicide
9. Homeopathy, chiropractic treatment, acupuncture, herbal medicine and treatment
10. Professional and hazardous sports activities
11. Cosmetic surgery
12. Infertility and impotence treatments
13. Hospitalization incurred by a member at a non-appointed provider unless in emergency situations
14. Private vaccines
15. Acne and beauty treatments or healthy hydros
16. Nutritional supplements
17. Baby food, bite guards, sunscreens, shampoos and skin cleansing remedies etc

***Please refer to your policy document for detailed exclusions that shall apply.**

PACIS AMANI RATES
(TAXES OF 0.45% AND A STAMP DUTY OF KSHS.40 SHALL APPLY)
INPATIENT

In patient annual cover per family					
Annual cover limits (Kshs)	500,000	1,000,000	2,000,000	3,000,000	5,000,000
18yrs – 29 yrs					
Principal members	19,018	22,776	26,503	30,778	35,980
Spouse	11,377	14,774	19,710	25,931	30,284
Child (0 Month - 25 Years)	5,800	10,593	12,119	17,900	18,260
30yrs – 40 yrs					
Principal members	21,957	23,957	27,703	33,373	38,789
Spouse	13,136	17,057	21,660	28,626	33,805
Child (0 Month - 25 Years)	5,800	10,593	12,119	17,900	18,260
41yrs – 50 yrs					
Principal members	23,157	24,860	34,860	41,279	43,140
Spouse	16,248	18,295	26,505	33,695	36,190
Child (0 Month - 25 Years)	5,800	10,593	12,119	17,900	18,260
51yrs – 64 yrs					
Principal members	25,473	32,374	43,391	45,242	57,420
Spouse	18,940	26,926	35,940	37,224	48,240
Child (0 Month - 25 Years)	5,800	10,593	12,119	17,900	18,260

OPTIONAL BENEFITS

A) Outpatient – Limits and Premiums per person

Annual cover Limits (Kshs)	50,000	100,000	150,000	200,000
1 month – 29 yrs	18,348	26,003	30,520	35,931
30yrs – 40 yrs	22,374	31,775	37,331	45,107
41 yrs – 50 yrs	25,078	35,055	40,885	54,373
51 yrs – 64 yrs	29,870	41,799	48,775	65,542

B) Outpatient – Limits and Premiums per family

18 years – 29 years

	50,000	100,000	150,000	200,000
M	18,348	26,003	30,520	35,931
M+1	33,944	48,106	59,056	69,526
M+2	42,825	62,068	76,791	91,157
M+3	N/A	76,030	94,526	112,788
M+4	N/A	89,992	112,261	134,419
M+5	N/A	N/A	129,996	156,050

30 years – 40 years

	50,000	100,000	150,000	200,000
M	22,374	31,775	37,331	45,107
M+1	41,460	58,823	72,949	87,040
M+2	N/A	72,785	90,684	108,671
M+3	N/A	86,747	108,419	130,302
M+4	N/A	N/A	126,154	151,933
M+5	N/A	N/A	143,889	173,564

41 years – 50 years

	50,000	100,000	150,000	200,000
M	25,078	35,055	40,885	54,373
M+1	49,702	69,952	83,820	104,920
M+2	N/A	83,914	101,555	126,551
M+3	N/A	97,876	119,290	148,182
M+4	N/A	N/A	137,025	169,813
M+5	N/A	N/A	N/A	191,444

51 years – 64 years

	50,000	100,000	150,000	200,000
M	29,870	41,799	48,775	65,542
M+1	N/A	83,865	100,530	126,472
M+2	N/A	97,827	118,265	148,103
M+3	N/A	N/A	136,000	169,734
M+4	N/A	N/A	N/A	191,365
M+5	N/A	N/A	N/A	N/A

C) Outpatient Dental – Limits and Premiums per person

Annual Limit	10,000	20,000	30,000
Premium	3,305	6,233	9,066

D) Outpatient Optical – Limits and Premiums per person

Annual Limit	10,000	20,000	30,000
Premium	3,760	6,866	9,809

E) Maternity – Cover limit per family (subject to purchasing inpatient benefit)

Applies to female principal members or female spouses subject to a **one year** waiting period (Including antenatal and post-natal)

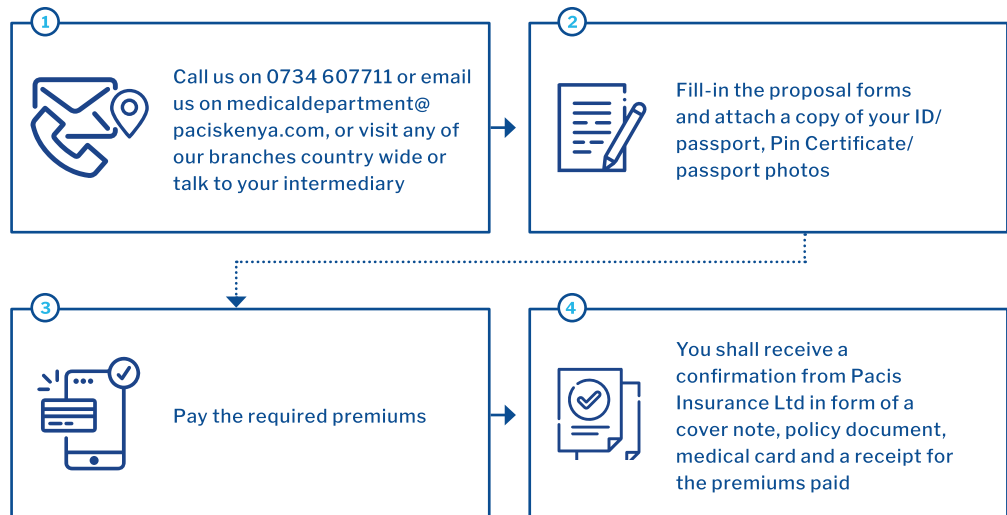
Maternity Options	Annual cover per family	Premium per Family
1	150,000	45,128
2	100,000	30,694
3	50,000	15,177

F) Covid 19 – Cover limit per family (within the inpatient benefit)

Covid 19 cover options	Annual cover per family	Premium per principal member	Premium for any additional dependant
1	200,000	6,000	4,500
2	300,000	8,400	7,100
3	500,000	13,200	11,700

Notes:

- The Covid- 19 is an extension to the main inpatient cover purchased; this is not a standalone cover
- A waiting period of 30 days shall apply for new applicants and 14 days for renewals /endorsements
- The tests must be prescribed by a doctor and the patients should meet the Case Definition and where medically necessary (i.e. flu-like symptoms)

HOW TO JOIN

Note: Members above 55 years will be required to submit a medical examination report

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