

EMBASSY OF THE REPUBLIC OF
KENYA JUBA SOUTH SUDAN
www.kenyamissionjuba.org

INVITATION FOR BIDS

DATE: 7TH APRIL, 2026

KEJU/ADM/22A/2026-2027- PROVISION OF MEDICAL INSURANCE COVER

The Embassy of the Republic of Kenya in Juba invites **interested** and **eligible** Bidders on provision of in-patient and out-patient medical insurance cover to Embassy staff and dependants for the period 1st **July 2026 to 30th June 2027.**

Instruction to Bidders

Reference	Bid Title
KEJU/ADM/22A/2026-2027	PROVISION OF MEDICAL INSURANCE COVER

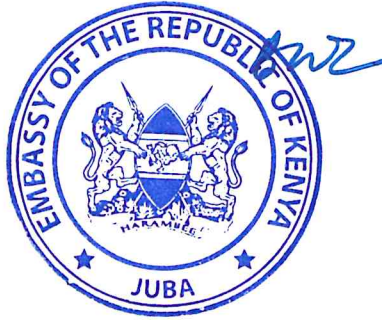
1. The bids submitted should be detailed including company profile.
2. Bidders **MUST** submit copies of but not limited to the following:
 - Company profile
 - Valid Certificate of incorporation/Registration
 - Valid Tax Compliance Certificate
 - Tax Identification Certificate
 - Valid Business License
 - Record of verifiable service experience
 - Declaration that the person will not engage in any corrupt or fraudulent practice and a declaration that the person or his or her sub-contractors are not debarred from participating in procurement proceedings.
 - Three (3) years Audited financial statements for the financial years 2023/2024, 2024/2025 and 2025/2026.
3. Bidders should submit **Sealed Quotations (Hard copies)** clearly indicating the **Bid Title and Reference Number.**
4. The bidders **MUST** ensure that all pages of the quotation are clearly serialized/ page numbered.
5. The Quotations **MUST** adopt the attached product design/specifications, a summary of benefits, premium summary and member list.
6. Bids should be submitted in **sealed** envelope(s) on or before **Tuesday, 5th May, 2026 at 12.00 Hrs.** and the quotations will be opened **immediately** at the **Embassy Board room.**



7. Authorized representatives of the bidding firm are welcomed to witness the opening of the quotations.
8. The Bidding firm **MUST** clearly indicate its official name on the sealed envelope submitting the quotation.
9. The quotations should be **CLEARLY** addressed to:

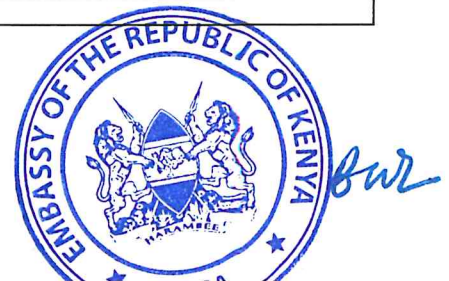
**The Ambassador
Embassy of the Republic Kenya
Juba**

For further clarification contact the Embassy on mobile number 0924600060, or email juba@mfa.go.ke



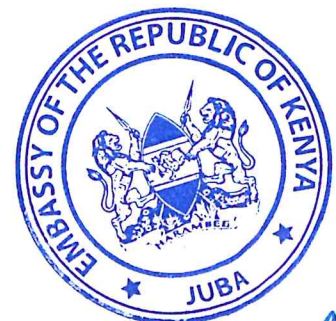
**PRODUCT DESIGN FOR EMBASSY OF KENYA TO SOUTH SUDAN, JUBA/
SUMMARY OF BENEFITS**

Health Plan	
BENEFITS	Cost Per Family
ACCIDENT HOSPITALIZATION	
ILLNESS HOSPITALIZATION	
Rehabilitation including Wheel chairs, prosthesis and crutches	
Last expense	
IN-PATIENT & DAYCARE TREATMENT	
Hospital	
Bed limit	
Overseas referral treatment not available locally	
Accidents & Emergency, Intensive Care & Theatre Costs	
Nursing Fees, medical expenses & charges	
Surgeons, Anaethetists, Physicians fees	
Prescribed medicines and drugs	
Discharge medication	
X-rays	
MRI and CT scans	
Pathology, diagnostic tests & procedures	
Physiotherapy	
Chronic conditions & HIV/AIDS (Conditions if any)	
Parent Accommodation, insured parent with an insured child under 12 years of age in hospital	
Organ transplant	
Pre-Existing Conditions	
Cancer	
Congenital conditions/defects & Neonatal Benefit	
Treatment for infertility and impotence, including artificial insemination and enhancement of fertility, contraception and or sterilization	
Psychiatric treatment	
Ectopic pregnancies	
Covid Coverage	
OPTOMETRY : INPATIENT	
Accidental damage to eyes	
Other illness e.g cataract but excluding surgical treatment for refractive errors.	
DENTAL TREATMENT: INPATIENT	
Accidental damage to natural teeth	
Other illness	
MATERNITY COVER	
Normal and CS delivery including professional fees	
First Ever Emergency C-Section delivery including professional fees	
OTHER BENEFITS	
Emergency Rescue & Evacuation (International & Local)	
International emergency medical cover - upto the ---- consecutive days of absence from the territory in any one visit (Pre-authorisation required)	
AGE LIMITS	
Minimum age when joining	
Maximum age when joining	
REGISTRATION PERIOD	
New Applicant subject to underwriting	
EXCLUSIONS (provide scheme rules)	
OUTPATIENT COVER	
Overall Annual Limit	
Primary consultations and treatment to include medical practioners's fees, prescribed medicines, drugs and dressings.	
X-rays, pathology, diagnostic tests & procedures	
Specialists & Consultation fees for consultations, prescribed medicines, drugs and dressings. (Pre-authorisation required)	
Physiotherapy by a registered physiotherapist, when referred by a medical practiner or consultant or specialist (if any Pre-authorisation required)	
MRI and CT scans (if any Pre-authorisation required)	



Visit Fee	
Pre-Existing & Chronic conditions	
Pre-natal & Post-natal care	
Nutritional Services and Advice	
Child vaccinations as per KEPI guidelines including Baby Friendly for babies upto 5years	
Travel Vaccines	
Smart Cards	
OPTICAL: OUTPATIENT (within OAL)	
All prescribed lenses, contact lenses, Diopteric power +/- 0.25 D and more	
Spectacle Frame	
DENTAL TREATMENT: OUTPATIENT (within OAL)	
Consultation, Simple extractions, Difficult extractions, Fillings (temporary, permanent, amalgam, composite, GIC), Scaling and polishing, Gum surgery, Root canal Treatment, Pulpotomy & Minor Oral surgery	
Annual Medical Check up: OUTPATIENT	
Annual Medical Check up for employees & Spouses and children	
NOTES	
1) Network = The coverage is within -----Health Centres and / or contracted Preferred Provider Organisations (PPO).	

ANY OTHER RECOMMENDED BENEFIT AS MAY BE DEEMED NECESSARY BY THE MEDICAL INSURANCE PROVIDER WILL BE AN ADDED ADVANTAGE



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PREMIUM SUMMARY

CORPORATE NAME EMBASSY OF THE REPUBLIC OF KENYA SOUTH SUDAN

AGENT _____

COVER PERIOD From 1/07/2026 To 30/06/2027

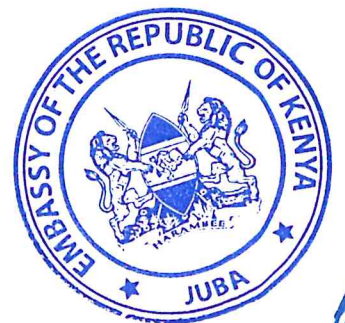
Benefits	Category	Cover Limit	Age Band	Units	Lives	Rate	Premium
Inpatient Per Family			M	0	0		0
			M+1	0	0		0
			M	0	0		0
			M+1	0	0		0
			M+2	0	0		0
			M+3	0	0		0
			M+4	0	0		0
			M+6	0	0		0
Inpatient Sub-Total				0	0		0
Outpatient Per Family			M	0	0		0
			M+1	0	0		0
			M+2	0	0		0
			M+3	0	0		0
			M+4	0	0		0
			M+6	0	0		0
Outpatient Sub-Total				0	0		0
Maternity Per Family			M	0	0		0
			M+1	0	0		0
			M+2	0	0		0
			M+3	0	0		0
			M+4	0	0		0
			M+6	0	0		0
Maternity Sub-Total				0	0		0
Dental Per Family			M	0	0		0
			M+1	0	0		0
			M+2	0	0		0
			M+3	0	0		0
			M+4	0	0		0
			M+6	0	0		0
Optical Sub-Total				0	0		0
Optical Per Family			M	0	0		0
			M+1	0	0		0
			M+2	0	0		0
			M+3	0	0		0
			M+4	0	0		0
			M+6	0	0		0
Dental Sub-Total				0	0		0
	Covid Cover		M				0
	Amref Cover	Platinum	M				0



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Sub_Total	0
Levies	0
Total Premium Payable	0

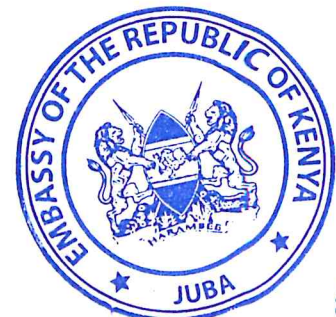
Signed by _____ Approved _____
Date _____ Date _____



Signature

MEMBER LIST

MEMBER SHIP NO	MEMBER NAME	RELATION	CATEGORY	DATE OF BIRTH	FAM SIZE	GENDER	INPATIENT	OUTPATIENT	MATERNITY	DENTAL	OPTICAL	SUB-TOTAL	LEVIES	PREMIUM TOTAL
1	AMB. JEREMY NYAMASYO NDOLA	MAIN MEMBER			M+3	M								
2		SPOUSE				F								
3		CHILD												
4		CHILD												
7	MR. BENEDICT L. WATAMBA	MAIN MEMBER			M+5	M								
8		SPOUSE				F								
9		CHILD												
10		CHILD												
11		CHILD												
13	MR. LAWRENCE LIWA ETOOT	MAIN MEMBER			M+4	M								
14		SPOUSE				F								
15		CHILD												
16		CHILD												
17		CHILD												
19	MR. CYRUS FUNDI NYAGAH	MAIN MEMBER			M+6	M								
20		SPOUSE				F								
21		CHILD				M								
22		CHILD				M								
23		CHILD				M								
		CHILD				M								
		CHILD				M								
25	MR. ANTONY NJERU NGUNGURU	MAIN MEMBER			M+3	M								
26		SPOUSE				F								
27		CHILD												
28		CHILD												
	MR. JOHNSTONE PETOO LOYATUM	MAIN MEMBER			M+4	M								
		SPOUSE				F								
		CHILD												
		CHILD												
		CHILD												
		CHILD												
	MR. DANIEL WAWERU WAMBUGU	MAIN MEMBER			M+3	M								
		SPOUSE				F								
		CHILD												
		CHILD												
31	MR. DENNIS LEKISHON LEMIRIWAS	MAIN MEMBER			M+1	M								
32		SPOUSE				F								
33	MR. STANLEY MATE MUTANGIRI	MAIN MEMBER			M+1	M								
34		SPOUSE				F								
35	MS. MARGARET MUTHONI MWANIKI	MAIN MEMBER			M+1	F								
36		SPOUSE				M								
37	MR. KURON JOHN WANI	MAIN MEMBER			M+1	M								
38		SPOUSE				F								
39	MS. SAUDA NJAZI NGOKA	MAIN MEMBER			M	F								
40						M								
41	MR. HAROLD VILISI	MAIN MEMBER			M+1	M								
42		SPOUSE				F								
43	MR. NICHOLUS KITUNGU MUSEMBI	MAIN MEMBER			M+1	M								
44		SPOUSE				F								
45	MR. JOSEPH WANJOHI MUTURI	MAIN MEMBER			M+1	M								
46		SPOUSE				F								
47	MS. ROSELINE MWENDWA KAWIRA KINYUA	MAIN MEMBER			M	F								
48						M								



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