OUR VISION

“To be the Icon of Trust and Reliability

OUR MISSION

“To protect health, wealth and reputation for comfort and peace to society.

OUR VALUES

Integrity
We are honest, ethical and proficient.

Bold
We are willing to take risks in delivering flexible and creative solutions to our customer’s evolving needs.

Caring
We create a considerate and supportive environment, where people are treated with fairness, justice and empathy, to build synergy and loyalty.
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?
• Generous 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
• Rehabilitation and home care programs
• Overseas treatment in India

How to Join
• Visit any of our branches country wide or talk to your intermediary.
• Call us on 0734 607 711 or email us on medicaldepartment@paciskenya.com
• Fill-in the proposal forms and attach a copy of your ID/ Passport, Pin Certificate/ passport photos
• Pay the required premiums
• You shall receive a confirmation from Pacis Insurance Ltd in form of a cover note, policy document, medical card and a receipt for the premiums paid.
• Members above 55 years will be required to submit a medical examination report.
# Benefit Schedule for inpatient

<table>
<thead>
<tr>
<th>OVERALL COVER</th>
<th>500,000</th>
<th>1,000,000</th>
<th>2,000,000</th>
<th>3,000,000</th>
<th>5,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Accommodation. Bed limit entitlement per day net of NHIF rebate.</td>
<td>General ward</td>
<td>General ward</td>
<td>Standard private room, max of 12,500</td>
<td>Standard private room, max of 12,500</td>
<td>Standard private room, max of 15,000</td>
</tr>
<tr>
<td>Inpatient expenses related to acute conditions (after 30 days waiting period)</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>Inpatient overall accident cover</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>Inpatient prescription drugs and materials. Discharge drugs allowed up to a maximum of 30 days' supply</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>Pre-existing conditions/ chronic conditions/ HIV AIDS on full disclosure at the time of joining and after one year waiting period</td>
<td>150,000</td>
<td>250,000</td>
<td>300,000</td>
<td>350,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Newly diagnosed chronic condition after 6 months of cover</td>
<td>150,000</td>
<td>250,000</td>
<td>300,000</td>
<td>350,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Hospitalization due to accident cause</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>Accommodation costs for one parent staying in hospital for children below 10 years</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
<td>Fully covered</td>
</tr>
<tr>
<td>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)</td>
<td>40,000</td>
<td>50,000</td>
<td>75,000</td>
<td>75,000</td>
<td>100,000</td>
</tr>
<tr>
<td>In patient non-accident related dental surgery/treatment (after one year waiting period and subject to written pre-authorization)</td>
<td>40,000</td>
<td>50,000</td>
<td>75,000</td>
<td>75,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Service Description</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Gynecological procedures (one year waiting period)</td>
<td>200,000</td>
<td>250,000</td>
<td>300,000</td>
<td>350,000</td>
<td>400,000</td>
</tr>
<tr>
<td>ENT surgery - non accident related (One year waiting period)</td>
<td>200,000</td>
<td>250,000</td>
<td>300,000</td>
<td>350,000</td>
<td>400,000</td>
</tr>
</tbody>
</table>
| 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) | 150,000  | 250,000  | 300,000  | 350,000  | 400,000  |
| 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   |
| Rehabilitation (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  | 200,000  | 250,000  | 300,000  |
| Local Ambulance for medical emergencies leading to hospitalization                | Fully covered | Fully covered | Fully covered | Fully covered | Fully covered |
| Cancer treatment after **one year of cover**                                      | 150,000  | 250,000  | 300,000  | 350,000  | 400,000  |
| Illness related reconstructive/plastic surgery for medical conditions after **three years** 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  | 150,000  | 150,000  | 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   | 50,000   | 50,000   | 75,000   |
**Benefit Schedule for Outpatient - Optional**

<table>
<thead>
<tr>
<th>Annual cover Limits (Kshs)</th>
<th>50,000</th>
<th>100,000</th>
<th>150,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician consultation fees</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Prescription drugs up to a maximum of 30 days dosage</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Specialist fees (strictly on referral by a GP)</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>X-Ray, MRI’s, CT and other diagnostic tests</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Non excluded Pre-existing/chronic condition HIV AIDS on full disclosure at the time of joining <strong>after one year waiting period</strong></td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Newly diagnosed chronic conditions covered after 6 months of cover</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
</tbody>
</table>

**Benefit Schedule - Dental and Optical**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>What is covered</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| Dental  | • Dental Consultation  
• Fillings  
• Extraction  
• Root canal treatment  
• Dental X-rays and prescriptions | • Crown  
• Bridges  
• Orthodontics  
• Scaling and polishing  
• Replacement or repair of old dentures bridges and plates unless necessary as a result of an accident |
| Optical | • Ophthalmologist consultation  
• Cost of Prescribed frames and lenses  
• Frames are covered up to a maximum of 50% of the optical limit and are replaceable once in 2 years. | • Contact lenses  
• Laser correction of eyesight, Antiglare & Photo chromatic lenses, Plano (flat -with no magnification) lenses. |
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 a 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. Children between the age of 1 month and 21 years. Dependents will include one spouse, own or legally adopted children from the age of 1 month to 21 years.
What Is Not Covered?

- Alcoholism, conditions related to alcohol intoxication, drug abuse and related conditions or complications.
- Medical Costs due to experimental treatment
- Amount recoverable from other insurances such as NHIF, GPA.
- Expenses where material information is withheld or misstated by the insured or their representatives.
- Benefits not specified in the brochure and policy document.
- Treatment by any other than a certified medical practitioner
- Expenses incurred in connection with active participation in riots, civil unrest etc.
- Self-inflicted injury and attempted suicide
- Homeopathy, Chiropractic treatment, acupuncture, herbal medicine and treatment
- Professional and hazardous sports activities
- Cosmetic surgery
- Infertility and impotence treatments
- Hospitalization incurred by a member at a non-appointed provider unless in emergency situations.
- Non KEPI vaccines.
- Routine medical checkups.
- Acne and beauty treatments or healthy hydros
- Nutritional Supplements
- Baby food, bite guards, sunscreens, shampoos and skin cleansing remedies etc.

*Please refer to your policy document for detailed exclusions that shall apply.*
### In patient annual cover per family

<table>
<thead>
<tr>
<th>Annual cover Limits (Kshs)</th>
<th>500,000</th>
<th>1,000,000</th>
<th>2,000,000</th>
<th>3,000,000</th>
<th>5,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18yrs- 29 yrs.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Members</td>
<td>19,018</td>
<td>22,776</td>
<td>26,503</td>
<td>30,778</td>
<td>35,980</td>
</tr>
<tr>
<td>Spouse</td>
<td>11,377</td>
<td>14,774</td>
<td>19,710</td>
<td>25,931</td>
<td>30,284</td>
</tr>
<tr>
<td>Child (1month-21 yrs.)</td>
<td>5,800</td>
<td>10,593</td>
<td>12,119</td>
<td>17,900</td>
<td>18,260</td>
</tr>
<tr>
<td><strong>30yrs- 40 yrs.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Members</td>
<td>21,957</td>
<td>23,957</td>
<td>27,703</td>
<td>33,373</td>
<td>38,789</td>
</tr>
<tr>
<td>Spouse</td>
<td>13,136</td>
<td>17,057</td>
<td>21,660</td>
<td>28,626</td>
<td>33,805</td>
</tr>
<tr>
<td>Child (1month-21 yrs.)</td>
<td>5,800</td>
<td>10,593</td>
<td>12,119</td>
<td>17,900</td>
<td>18,260</td>
</tr>
<tr>
<td><strong>41yrs -50 yrs.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Members</td>
<td>23,157</td>
<td>24,860</td>
<td>34,860</td>
<td>41,279</td>
<td>43,140</td>
</tr>
<tr>
<td>Spouse</td>
<td>16,248</td>
<td>18,295</td>
<td>26,505</td>
<td>33,695</td>
<td>36,190</td>
</tr>
<tr>
<td>Child (1month-21 yrs.)</td>
<td>5,800</td>
<td>10,593</td>
<td>12,119</td>
<td>17,900</td>
<td>18,260</td>
</tr>
<tr>
<td><strong>51yrs- 64 yrs.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Members</td>
<td>25,473</td>
<td>32,374</td>
<td>43,391</td>
<td>45,242</td>
<td>57,420</td>
</tr>
<tr>
<td>Spouse</td>
<td>18,940</td>
<td>26,926</td>
<td>35,940</td>
<td>37,224</td>
<td>48,240</td>
</tr>
<tr>
<td>Child (1month-21 yrs.)</td>
<td>5,800</td>
<td>10,593</td>
<td>12,119</td>
<td>17,900</td>
<td>18,260</td>
</tr>
</tbody>
</table>

### OPTIONAL BENEFITS

#### A) Outpatient- Limits and Premiums per person

<table>
<thead>
<tr>
<th>Annual cover Limits (Kshs)</th>
<th>50,000</th>
<th>100,000</th>
<th>150,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month - 29 yrs.</td>
<td>18,348</td>
<td>26,003</td>
<td>30,520</td>
</tr>
<tr>
<td>30yrs- 40 yrs.</td>
<td>22,374</td>
<td>31,775</td>
<td>37,331</td>
</tr>
<tr>
<td>41 yrs -50 yrs.</td>
<td>25,078</td>
<td>35,055</td>
<td>40,885</td>
</tr>
<tr>
<td>51 yrs- 64 yrs.</td>
<td>29,870</td>
<td>41,799</td>
<td>48,775</td>
</tr>
</tbody>
</table>
B) Outpatient Dental - Limits and Premiums per person

<table>
<thead>
<tr>
<th>Annual Limit</th>
<th>10,000</th>
<th>20,000</th>
<th>30,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>3,305</td>
<td>6,233</td>
<td>9,066</td>
</tr>
</tbody>
</table>

C) Outpatient Optical - Limits and Premiums per person

<table>
<thead>
<tr>
<th>Annual Limit</th>
<th>10,000</th>
<th>20,000</th>
<th>30,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>3,760</td>
<td>6,866</td>
<td>9,809</td>
</tr>
</tbody>
</table>

D) 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

<table>
<thead>
<tr>
<th>Maternity Options</th>
<th>Annual cover per family</th>
<th>Premium per Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150,000</td>
<td>45,128</td>
</tr>
<tr>
<td>2</td>
<td>100,000</td>
<td>30,694</td>
</tr>
<tr>
<td>3</td>
<td>50,000</td>
<td>15,177</td>
</tr>
</tbody>
</table>

• Taxes of 0.45% and a stamp duty of Kshs.40 shall apply
KISUMU BRANCH
Mega Plaza, 2nd Floor, Wing A
Oginga Odinga St., Kisumu Town
Tel: +254 20 232 4874
Tel: +254 20 424 7000
Cell: +254 730 677 000

NAIROBI CBD OFFICE
Cardinal Otunga Plaza,
3rd Floor, Kanda St.
P.O. Box 1870 - 00200, Nairobi
Tel: +254 20 491 2000
Tel: +254 20 216 6304 / 3 / 1
Cell: +254 710 607 310, 733-777771

NAKURU BRANCH
Polo Centre, 1st Floor,
Kenyatta Avenue,
Nakuru Town
P.O. Box 331 - 20100, Nakuru
Tel: +254 51 221 3747 / 9
Cell: +254 730 677 000

MERU BRANCH
Hart Towers, Lower Ground Floor
Ghana Street, Off Kenyatta Avenue
Meru Town
Tel: +254 64 313 0730 / 1 / 2
Cell: +254 733 777 292
Cell: +254 730 677 000

MOMBASA BRANCH
Mombasa Trade Centre (MTM), 5th Floor
Nkumah Road, Mombasa Town
P.O. Box 81965 - 80100, MOMBASA
Tel: +254 41 231 2324 / 5
Cell: +254 730 677 000

THIKA BRANCH
Maisha Heights, 3rd Floor
Kenyatta Highway, Thika Town
Tel: +254 20 802 4114 / 3
Fax: +254 20 802 4154
Cell: +254 730 677 000

HEAD OFFICE
Centenary House, 2nd Floor
Off Ring Road, Westlands
P.O. Box 1870 - 00200, Nairobi
Tel: 254 20 424 7000/491 2000
Cell: +254 720 113 122, +254 730 677 000

ELDORET BRANCH
Zion Mall 1st Floor
Eldoret - Malaba road, Kisumu Town
P.O. Box 1870 - 00200, Nairobi
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Tel: +254 20 424 7000
Fax: +254 - 20 424 7000
Cell: +254 730 677 000

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Cell: +254 730 677 000

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Maisha Heights, 3rd Floor
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Cell: +254 730 677 000

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Nyeri Catholic Secretariat

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LinkedIn Pacis Insurance Company Ltd

Instagram @pacisinsurance

EMERGENCY LINES

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