

MEDICAL INSURANCE PROVIDER

Background

Blue Ventures is working to restore the world's oceans and improve the livelihoods of fishing communities. Working alongside coastal communities across the Indian Ocean and further afield, we partner with small-scale fishers and community organisations to address overfishing and safeguard ocean life in ways that benefit them.

Together we design, scale, strengthen and sustain fisheries management and conservation at the community level. We bring partners together in networks to advocate for reform, and share tools and best practices to support fishing communities across the globe.

Through our work, we're enabling communities to assert, secure, and uphold their rights, strengthening local management, enriching local livelihoods, and sustaining healthy oceans for generations to come.

The objective of the service

We are seeking proposals from established and experienced organisations to provide comprehensive medical insurance services in Kenya and Uganda. The objective of this call for proposals is to secure a reliable insurance partner that can offer quality medical coverage tailored to the needs of our employees. The selected provider should demonstrate a strong local presence, a robust network of healthcare providers, and a proven track record in delivering excellent customer service and prompt claims processing. The ultimate goal is to ensure the health and well-being of our staff through accessible and effective medical insurance solutions.

Scope of Services

The selected medical insurance provider will be expected to offer comprehensive coverage that includes the following services for our 28 colleagues (dependents will be included) based in Kenya and 1 colleague (dependents included) based in Uganda:

The scope of the service required will be;

- Provide full medical cover for both inpatient and outpatient services for colleagues, plus four dependents.
- Provide psychosocial counselling/support (stress and trauma).
- Provide COVID-19 insurance coverage
- Non-medical riders

Cover period.

Minimum of one (1) year, renewal on a competitive basis.

Eligible staff:

- All colleagues based in Kenya
- One colleague based in Uganda

Cover Limit per person

Our preferred coverage is on a per-person basis.

- Inpatient – Kshs. 10,000,000 per person.
- Outpatient – Kshs. 200,000 per person.
- Outpatient dental – Kshs. 20,000 per person.
- Outpatient optical – Kshs. 20,000 per person.
- Maternity - Kshs. 250,000 per person.
- Annual check-up - Kshs. 20,000 per person.

Cover for all estimated colleagues based in all locations.

Family Size	Rate KSHS.
M+0	
M+1	
M+2	
M+3	
M+4	

Cover specifications (provide the sub-limits where applicable)

Inpatient Cover

The service should provide comprehensive and flexible hospitalisation inpatient cover, which includes and not limited to the following services:

- Hospital accommodation charges.
- Doctor's (physician, surgeon & anaesthetist) fees.
- ICU/HDU and theatre charges.
- Drugs/medicines, dressings, and internal surgical appliances.
- Pathology, X-ray, ultrasound, ECG, computerised tomography, MRI scans.
- Radiotherapy and chemotherapy.
- Inpatient physiotherapy.
- Maternity.
- Daycare surgery.
- Critical illnesses.
- Hospital accommodation for the accompanying parent and/or guardian for hospitalised children below twelve years.
- Emergency rescues/evacuations are subject to the overall cover limit.
- Pre-existing, chronic conditions and related conditions & HIV/AIDS (including ARVs).
- Pre-term (a baby of 32 weeks), congenital conditions and ailments
- Post-hospitalisation
- Psychological counselling (stress, trauma and others)
- Funeral expense cover as a stand-alone benefit (i.e., not subject to the overall cover limit).

Enhanced inpatient benefits

Provide the limits of the below enhanced cover options.

- Inpatient Dental
- Inpatient ophthalmology
- Pre-existing, chronic conditions and HIV/Aids
- Maternity – normal and caesarean section

Outpatient Medical Cover

The proposal should provide comprehensive and flexible outpatient cover, which includes and not limited to the following services:

- Routine outpatient consultation,
- Diagnostic Laboratory and Radiology services,
- Prescribed physiotherapy.
- Prescribed drugs and dressings.
- Antenatal and postnatal care (including congenital conditions & neonatal illnesses).
- Chronic, pre-existing HIV/AIDS conditions, including the cost of ARVs subject to sub-limits.

- Routine antenatal checkups.
- Medical check-ups (PAP smear, PSA and mammogram, among others) for the principal member and spouse once per year.
- Routine Immunisations (Vaccines: KEPI, Baby Friendly and private baby vaccines (Roxaq, Flu, Yellow Fever, Chicken pox, Typhoid, DPT, HiB – B, HiB – A, MMR, Meningococcal)
- Ambulance Services
- Speech therapy

Specialised Covers – Dental & Optical

- Eye examinations
- Prescription glasses and contact lenses
- Routine dental checkups
- Dental procedures such as fillings, extractions, and root canals
- Orthodontic treatments (if applicable)

Other Essential coverage areas

- Last expenses
- Condition after of limit exhaustion
- Overseas referral
- Reimbursement

Methodology

The selected service provider must describe the methodology they will employ to deliver the comprehensive medical insurance services outlined in the Scope of Services. This description should cover the following aspects:

- **Enrollment Process:**
 - Detailed steps for enrolling employees in the insurance plan.
 - Required documentation and information from the employer and employees.
 - Timeline for the enrollment process.
- **Service Delivery:**
 - Procedures for accessing inpatient, outpatient, maternity, optical, dental, and evacuation services.
 - Network of healthcare providers and facilities, including any partnerships with local and international hospitals and clinics.
 - Process for obtaining referrals and specialist consultations.
- **Claims Management:**
 - A step-by-step process for filing and processing insurance claims.
 - Documentation requirements for claims.
 - Average turnaround time for claims processing and reimbursement.
 - Mechanisms for tracking and reporting the status of claims.
- **Customer Support:**
 - Availability of customer service channels (e.g., hotline, email, in-person support).

- Response times for customer inquiries and support requests.
- Language options are available for customer support.
- **Health and Wellness Programmes:**
 - Description of any health and wellness initiatives provided, such as preventive care programmes, health education, and wellness workshops.
 - Methods for promoting and encouraging participation in wellness programmes.
- **Emergency and Evacuation Procedures:**
 - Protocols for handling medical emergencies and coordinating evacuations.
 - Partnerships with emergency service providers and air ambulance services.
 - Communication channels and coordination with the employer during emergencies.
- **Monitoring and Reporting:**
 - Methods for monitoring the quality and effectiveness of services provided.
 - Regular reporting schedule and content of reports (e.g., utilisation reports, feedback summaries).
 - Mechanisms for addressing and resolving any issues or complaints.

The service provider should ensure that their methodology is efficient, transparent, and user-friendly, ensuring that our employees have seamless access to the medical services they need.

Key Relationships

The service provider will work closely with the following key personnel to ensure the effective delivery and management of medical insurance services:

1. **Finance Manager:** Manages financial aspects, including premium payments and financial reporting.
2. **Senior Reward Manager:** Supports alignment with the employee benefits strategy and evaluates. Primary contact for daily operations, employee enrolment, and addressing queries.
3. **Global Head of People Services:** Oversees strategic implementation and ensures services meet global standards.

Regular communication and collaboration with these personnel are essential for seamless service delivery and continuous improvement.

Key Competencies and Experience

The ideal service provider should possess the following key competencies and experience:

1. **Proven Track Record:**
 - Demonstrated experience in providing comprehensive medical insurance services to organisations of similar size and complexity.
 - Successful history of managing medical insurance plans in Kenya and Uganda.

2. Extensive Network:

- Strong relationships with a wide network of healthcare providers, including hospitals, clinics, specialists, and emergency services within Kenya and internationally.
- Ability to offer a robust selection of in-network providers to ensure accessibility and quality care for insured members.

3. Claims Management Expertise:

- Efficient and transparent claims processing system with a proven track record of timely reimbursements.
- Strong internal controls and processes to ensure accuracy and prevent fraud.

4. Customer Service Excellence:

- High standards of customer service with dedicated support channels (hotline, email, in-person).
- Multilingual support capabilities, including proficiency in English and Kiswahili.
- Availability of customer support during extended hours, including emergency assistance.

5. Health and Wellness Programmes:

- Experience in implementing and managing health and wellness programmes that promote preventive care and overall well-being.
- Ability to provide educational resources, workshops, and wellness initiatives tailored to the needs of the insured population.

6. Regulatory Compliance:

- In-depth knowledge of local healthcare regulations and compliance requirements in Kenya and Uganda.
- Adherence to international standards and best practices in medical insurance provision.

7. Technological Capabilities:

- Advanced IT systems for managing member data, claims processing, and reporting.
- User-friendly online portals and mobile applications for members to access their benefits, submit claims, and track the status of their requests.

8. Financial Stability:

- Strong financial standing and the ability to demonstrate stability and reliability as an insurance provider.
- Transparent financial practices and reporting.

The service provider should provide evidence of these competencies and experience in their proposal, including case studies, client testimonials, and references.

Confidentiality

The service provider and its staff must maintain strict confidentiality throughout and after the contractual period. The provider should demonstrate robust data security measures, including:

1. **Secure Data Storage:** Encrypted and regularly audited data storage solutions.
2. **Secure Data Transmission:** Encrypted communication and secure file transfer protocols.
3. **Access Controls:** Role-based access to ensure only authorised personnel can access confidential data.
4. **Compliance:** Adherence to data protection laws and regular staff sensitisation/training.
5. **Incident Response:** A clear plan for addressing data breaches and immediate notification to Blue Ventures Conservation.

Evidence of these measures should be included in the proposal.

Submission of the proposal

Interested medical coverage services providers should submit their proposals via email to **hr@blueventures.org** no later than the close of business on **18th August 2025**

Interested service providers should submit a detailed expression of interest with the following:

1. Legal status and accompanying copy documents
2. A proposal for the above scope of works
3. Names and contact details of account managers
4. Contact details of 3 references that relate to similar work (INGO sector)

Deadline: 18th August 2025