**THIRD SCHEDULE**

**((r.18(5), (r.19(2), (r.32(2), (r.40(1))**

**REPUBLIC OF KENYA**

**SOCIAL HEALTH INSURANCE ACT, 2023**

**SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2024**

**BENEFITS PACKAGE- SOCIAL HEALTH INSURANCE FUND**

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| **S.No** | **BENEFIT** | **POINT OF ACCESS** |
| **OUTPATIENT** | Out-patient services shall include both preventive and curative elements that include;   1. Consultation, diagnosis and treatment in both general and specialized clinics; 2. Prescribed laboratory investigations; basic and advanced 3. Radiological examinations including x-rays, ultra-sounds and ECGs; 4. Prescription, drug administration and dispensing; 5. Management of endemic/local diseases; 6. Management of acute and chronic ailments; 7. Management of STI’s and reproductive tract infections; 8. Management of mental health disorders; 9. Accident & Emergency services 10. Daycare procedures and medical procedures; 11. Immunization as per the KEPI schedule; 12. Anti-snake venom and anti-rabies; 13. Health education and wellness, counselling, and ongoing support, as needed, about lifestyle issues, including nutrition; exercise; weight; use of tobacco, alcohol, and other habit-forming substances; environmental exposures to diseases; and self-prevention and management of communicable and non-communicable diseases; 14. Screening services: Breast cancer screening - clinical breast exam; Hypertension and diabetes screening; digital rectal exam; 15. Diagnosis of Drug Susceptible TB 16. Management of Drug Susceptible TB in Children 17. Management of Drug Susceptible TB in Adults 18. Screening and testing for HIV in all individuals with a diagnosis of active TB 19. TB prevention therapy for close contacts or household members of individuals with active TB 20. TB prevention therapy among those PLHIV 21. Diagnosis of Drug Resistant TB 22. Management of Drug Resistant TB 23. Screening and Diagnosis of HIV (testing and confirmatory test) 24. Viral load test (in lower levels on sample collection, tests done in higher levels) 25. PCR test (in lower levels on sample collection, tests done in higher levels) 26. ARV Treatment for Children 2-12 yrs (first line) 27. ARV treatment for Children 13-15 yrs (first line) 28. ARV Treatment for Above 15 years (first line) 29. ARV Treatment (second line) 30. ARV Treatment (3rd line) 31. Prevention of HIV opportunistic Infections using cotrimoxazole tablets (targeted population) 32. PMTCT and Exposed Child (treatment for 2 years) 33. Post-exposure prophylaxis in Children 34. Post-exposure prophylaxis in adults 35. For individuals testing positive for hepatitis B and C, assessment of treatment eligibility by trained providers followed by initiation and monitoring of antiviral treatment when indicated. 36. Partner notification and expedited treatment for common STIs, including HIV 37. PrEP for discordant couples and others at high risk of HIV infection such as commercial sex workers (in high-prevalence settings) 38. Provider-initiated testing and counseling for HIV, STIs, and hepatitis for all in contact with the health system in high prevalence settings, including prenatal care with appropriate referral or linkage to care including immediate ART initiation for those testing positive for HIV | LEVEL 4-6  SUBJECT TO REFERRAL FROM PRIMARY LEVEL FACILITY |
| **INPATIENT HEALTH SERVICES** | Inpatient services shall include management of disease/condition while admitted.   1. Pre-admission evaluation; 2. Hospital accommodation charges, meals and nursing care in a general ward bed; 3. Bedside services including physiotherapy, occupational therapy, imaging, oxygen supply, and medical consumables; therapeutic nutritional support 4. Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum. 5. Intra-admission consultation and reviews by both general and specialist consultants; 6. Laboratory investigations and medical imaging (X-rays, ultrasounds, E.C.G); Infection prevention and control, sanitation package where offered; and \* 7. Intra-admission and post-discharge medication or follow-up within the treatment plan. 8. Palliative care admission\* 9. Critical care services including ICU, HDU, NICU\*   \****Tariffs covered elsewhere*** | LEVEL 4-6 |
| **MATERNITY SERVICES** | Pregnancy-related, delivery and after-care health services for both the mother and child including;   1. Labor, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated; 2. Aftercare for the mother together with the newborn; 3. Midwifery, including episiotomy care and nursing care; 4. operating, recovery, maternity ward and other treatment room charges including meals and special diets; 5. Prescribed medicines, including anti-D immunoglobulin injection where indicated; 6. Diagnostic laboratory tests; 7. Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum; 8. Medical supplies and equipment, including oxygen; 9. Professional fees related to the delivery and lactation/nutritional consultations; 10. Postpartum family planning 11. Immunization for the newborn including OPV zero and BCG vaccines and post-discharge medication; 12. Take-home items; Medical supplies, appliances, medical equipment, and any covered items billed by the hospital for use at home; and 13. Management of intra-admission postpartum infections and hemorrhage, birth traumas and conditions related to childbirth 14. Management of neonatal conditions 15. Management of critical illness in mother and neonate\*   \****Tariffs covered elsewhere*** | LEVEL 4-6 ACCREDITED TO OFFER MATERNITY SERVICES |
| **SURGICAL SERVICES** | 1. Pre-operative admission and care; 2. Minor, major and specialized surgical procedures including organ transplants, implants; 3. Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum; 4. Management of intraoperative complications and complications following the surgical procedure; 5. all additional medical or surgical service required during the postoperative period because of complications that do not require additional trips to the operating room; 6. postoperative visits - follow-up visits during the postoperative period that are related to recovery; 7. post-procedure pain management; 8. post-operative ward physiotherapy; 9. supplies - except for those identified as exclusions; and 10. miscellaneous services - items such as dressing changes; local incisional care; removal of the operative pack; removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes   **Others:**   1. Critical care services related to the surgical procedure but within the same case definition 2. Diagnostic tests and procedure, including diagnostic radiological procedures related to the surgery;\* 3. Immunosuppressive therapy for organ transplants\*   ***\*Tariff covered elsewhere*** | LEVEL 4-6 ACCREDITED TO OFFER SURGICAL SERVICES |
| **NCD SCREENING** | Clinical Breast Exam | LEVEL 2-6 |
| Cervical cancer screening - Visual examination (VIA/VILI) | LEVEL 2-6 |
| Prostate exam (Digital rectal exam) | LEVEL 4-6 |
| Colorectal cancer screening (fecal occult blood test) | LEVEL 4-6 |
| Hypertension screening | LEVEL 2-6 |
| Diabetes screening | LEVEL 2-6 |
| **CONGENITAL SCREENING** | Targeted newborn screening for sickle cell disease | LEVEL 4-6 |
| **REHABILITATION** | Occupational Therapy per session | FACILITY ACCREDITED TO OFFER REHABILITATION SERVICES |
| Physical Therapy per session |
| Speech-Language Therapy per session |
| Drug and substance abuse rehabilitation: Pre-assessment, detoxification, inpatient treatment, lab test, counselling and psychosocial support, societal re-integration through family counselling, ECT service | FACILITY ACCREDITED TO OFFER DRUG/MENTAL HEALTH REHABILITATION SERVICES |
| **CRITICAL CARE** | 1. Critical care admissions in Intensive Care Unit (ICU), High Dependency Unit (HDU), -include NICU, PICU, Burns Unit | FACILITY ACCREDITED TO OFFER CRITICAL CARE SERVICES SERVICE |
| **PALLIATIVE CARE** | 1. Palliative care for terminal cancer cases, terminal chronic conditions, and terminal paediatric conditions - Inpatient care, home based care, commodities, assistive devices, pain 2. management | FACILITY ACCREDITED TO OFFER PALLIATIVE SERVICE |
| 1. Psychosocial support and counseling services for individuals with serious, complex, or life-limiting health problems and their caregivers | FACILITY ACCREDITED TO OFFER PALLIATIVE SERVICE |
| **RADIOLOGY HEALTH SERVICES** | Prescribed specialized imaging services including.   1. MRI- limited to oncology cases, cardiac/CVA-related cases and trauma cases 2. CT scans - limited to oncology cases, cardiac/CVA-related cases and trauma cases 3. PET-CT scan 4. Fluoroscopy 5. Mammography 6. Specialized ultrasounds (Dopplers) 7. Echocardiograms (ECHO) 8. Electroencephalograms (EEGs) and 9. Reviewing and interpretation of radiological images giving the diagnostic opinion and providing the referring physician with a detailed report of the imaging findings for treatment planning | FACILITIES ACCREDITED TO OFFER THE SPECIFIC RADIOLOGY SERVICE |
| CT scans for Accident and Emergency, Trauma, Cardiac, and Oncology indications |
| Fluoroscopy |
| Mammography |
| MRI for Accident and Emergency, Trauma, Cardiac, and Oncology indications |
| Specialized Ultrasounds (Dopplers) |
| Echocardiograms (ECHO) - Adult |
| Echocardiograms (ECHO) - Paediatrics |
| Electroencephalograms (EEG) - Adults |
| Electroencephalograms (EEG) - Paediatrics |
| **CANCER MANAGEMENT** | Radiotherapy cost per session upto a maximum of 25 sessions | FACILITIES ACCREDITED TO OFFER CANCER MANAGEMENT SERVICE |
| Chemotherapy cost per session up to a maximum of 10 sessions |
| PET CT-Scan for oncology |
| Brachytherapy up to 2 sessions |
| **ASSISTIVE DEVICES** | Provision and training in use of assistive devices - Mobility aids |  |
| Provision and training in use of assistive devices - Prosthesis |  |
| Provision and training in use of assistive devices - Orthosis |  |
| Provision of assistive listening devices (hearing aid) |  |
| Provision and training in use of assistive devices - Mobility aids |  |
| Provision and training in use of assistive devices - Prosthesis |  |
| Provision of clubfoot brace |  |
| Provision of gait belts |  |
| **OVERSEAS TREATMENT** | Medical and Surgical treatment procedures **are not locally available** and have been cleared for overseas treatment in accordance with these Regulations and the MOH guidelines provisions. | BASED ON FACILITIES ACCREDITED TO OFFER THE SPECIFIC SERVICE |
| **MORTUARY FEE** | DAILY RATE UP TO A MAXIMUM OF 5 DAYS | ACCREDITED MORTUARIES |
| CLINICAL POSTMORTEM |
| **DIALYSIS HEALTHCARE SERVICES** | Management of kidney failure due to chronic disease or acute disease through dialysis including;   1. Consultation and Specialists reviews. 2. Cost of the temporary catheter and insertion/removal. 3. Nursing care and dialysis services. 4. Routine laboratory investigations.   Dispense medications and maintenance drugs, counselling, and follow-up. | FACILITIES ACCREDITED TO OFFER DIALYSIS SERVICES |
| **TRANSPLANT** | Kidney transplant pre-transplant evaluation for donor | FACILITIES ACCREDITED TO OFFER TRANSPLANT SERVICES |
| Kidney transplant pre-transplant evaluation for recipient |
| Post transplant management |