INBOUND TRAVEL

HEALTH INSURANCE COVER

FREQUENTLY ASKED QUESTIONS

Magical Kenya | KENYA Tourism Board

Secure Tomorrow
Minet
Risk, Reinsurance, People

Karibu Kenya

Welcome Home

From the warmth of our people to the beauty of our landscapes, the richness of our cultures and the unforgettable experiences that await you, we are delighted to welcome you to Kenya. As you explore, work, reconnect or simply make new memories here, we want you to do so with peace of mind. Should you become ill or need medical assistance during your stay, your Inbound Travel Health Insurance Cover gives you access to quality healthcare and 24-hour support wherever your journey takes you. Settle in, explore and enjoy all that Kenya has to offer. Karibu – we are glad you are here.

A quick guide to accessing healthcare during your stay

Keep this number with you

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24 hours a day · 7 days a week · 365 days a year

Programme administered by:

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Frequently Asked Questions
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Frequently Asked Questions

This document answers the questions most commonly raised about Kenya's Inbound Travel Health Insurance Cover. It explains what the cover is, who is required to hold it, what it pays for, how it is purchased and how a visitor obtains treatment in Kenya. Where a question concerns the terms of the insurance contract, the insurance policy document and the schedule of benefits issued to the visitor prevail over this summary.

A. About the Cover

01 What is Inbound Travel Health Insurance Cover?

It is a visitor-protection arrangement established under the Social Health Insurance Act, 2023. The Cover requires non-Kenyan visitors falling within the applicable legal category to hold travel health insurance that meets the benefits prescribed by the Cabinet Secretary responsible for Health. The cover is underwritten by insurance companies licensed in Kenya and authorised by the Insurance Regulatory Authority to offer the Inbound Travel Health Insurance Cover and is administered through a single common claims administrator.

02 Why has Kenya introduced this requirement?

The Cover is intended to:

- protect visitors from unexpected medical and emergency expenses while in Kenya;
- support timely access to treatment through a countrywide network of accredited providers;
- protect Kenyan healthcare providers from unpaid medical bills; and
- strengthen Kenya's positioning as a safe and well-prepared travel destination.

03 What is the legal basis for the Cover?

Section 26(6) of the Social Health Insurance Act, 2023 provides that a non-Kenyan intending to enter and remain in Kenya for less than twelve months must possess travel health insurance as designated by the Cabinet Secretary responsible for Health. The Social Health Insurance Regulations set out the broad categories of benefits the insurance must provide, and the relevant Gazette Notice issued by the Cabinet Secretary prescribes the minimum benefit structure.

04 Does the Social Health Authority (SHA) provide or underwrite this cover?

No. The legal framework expressly provides that the Social Health Authority itself does not provide or underwrite the Inbound Travel Health Insurance Cover. The risk is carried by licensed Kenyan insurers under supervision of the Insurance Regulatory Authority (IRA).

05 Is this the same as SHA membership or a contribution to the Social Health Insurance Fund (SHIF)?

No. This is a stand-alone insurance policy purchased by the visitor for the duration of the visit. It is not a contribution to the Social Health Insurance Fund and does not confer SHA membership or SHA benefits.

06 How is the Programme funded?

The Programme is self-financing. It is funded entirely from visitor premiums, with financial risk mitigated through pooling of premiums across participating insurers and supporting reinsurance arrangements. It does not draw on public funds.

B. Who Must Have the Cover

07 Who is required to obtain this insurance?

The statutory requirement applies to a non-Kenyan intending to enter and remain in Kenya for less than twelve months, subject to any exemptions, special categories or implementation rules formally issued by the Government.

08 Is the cover required for every visitor, or is it per family or per group?

Every visitor must be individually insured. Both the premium and the benefits apply on a per-person basis. There is no family, household or group policy. Where a family or an organised group travels together, a policy is required for each member of the party.

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09 Are there age limits?
Cover is available to persons aged three (3) years and above. For children aged less than three (3) years, the cover is not mandatory but may be purchased if the parents wish.

10 I already hold travel insurance purchased in my home country. Do I still need this policy?
Yes. It is a statutory requirement that all non-Kenyan visitors must have the Inbound Travel Health Insurance Cover. Holding this cover does not prevent a visitor from also maintaining a policy from their home country.

11 What happens if I have both this cover and another travel policy?
The Inbound Travel Health Insurance Cover will take care of emergency medical treatment and evacuation within the county within the policy period. Anyone with a different travel policy is free to utilize either one according to the different policy provisions.

12 What happens if I arrive in Kenya without the insurance?
To be cleared at the port of entry, the visitor will need to show proof of the Inbound Travel Health Insurance Cover. If not purchased, one can be purchased through the official Electronic Travel Authorisation (ETA) portal accessed through the QR Code available at every port of entry.

13 Do Kenyan citizens or residents need to buy it?
No. The requirement is directed at non-Kenyans entering the country for a short stay. Kenyan citizens and residents are not within the category to which section 26(6) applies.

14 Are there exemptions, and who qualifies?
Exceptions to the Inbound Travel Health Insurance include the following:

- Kenyan citizens
- Holders of a valid Kenyan residence status
- Children aged less than 3 years
- Citizens of East African Community Partner States
- Refugees and Stateless persons
- Diplomats
- Transit passengers who do not seek entry into Kenya

15 How long can I stay in Kenya on a single policy?
The validity of the Inbound Travel Health Insurance cover is per eTA validity.

C. Premium, Period of Cover and Refunds

16 How much does the cover cost?
The applicable premium shall be displayed on the eCitizen platform at the point of purchase.

17 How long does the cover last?
The validity of the Inbound Travel Health Insurance cover is per eTA validity.

18 What happens if my visit extends beyond my policy validity?
If the visit extends beyond my policy validity, a new policy will need to be purchased.

19 I will leave Kenya and return later during the same trip. Am I still covered?
The validity of the Inbound Travel Health Insurance cover is per eTA validity. If the eTA allows for multiple entry, the Inbound Travel Health insurance policy will be valid during the same eTA validity period.

20 If I am staying for only a few days, are my benefit limits reduced?
No. The prescribed benefit limits apply in full to each insured person for the period insured. They are not pro-rated according to the length of stay.

21 When does cover start?
The cover attaches only once the full premium has been paid and the policy has been issued. At this stage the policy is Inactive. The policy becomes Active when the traveller arrives in Kenya. No cover exists before payment is confirmed, so the insurance should be purchased before travel.

22 Can I obtain a refund?
A full refund is available when the policy is cancelled before the start of the insured's travel. No refund is payable once a claim has been made under the policy.

23 What happens if my trip is cancelled/postponed?
If your trip is cancelled, the Inbound Travel Health Insurance policy can be cancelled and a refund obtained.

D. Buying the Cover and Proof of Insurance

24 Where do I buy the insurance cover?
The insurance cover is purchased through the official electronic Travel Authorisation (eTA) process and paid for through the eCitizen portal. Visitors should use only the official eCitizen payment process and official channels.

25 What are the steps?
A visitor will ordinarily be required to:

- access the relevant service on the official portal;
- provide the required personal, passport and travel information;
- declare the intended period of stay;
- select an insurer from the list of approved and accredited underwriters presented;
- pay the applicable premium; and generate, download and retain the electronic policy document as evidence of insurance.

26 Can I amend incorrect passport details after purchase?
If you input incorrect passport details while making the application, it will not be possible to purchase the Inbound health insurance. The system is designed in such a way that you cannot proceed with the incorrect details, and you will be prompted to correct any errors before purchase.

27 What proof of cover will I receive?
After payment, the visitor receives electronic confirmation of insurance which can be verified by the relevant authorities, by the claims administrator and by participating healthcare providers. Visitors should retain the confirmation, or maintain access to it, for the duration of the visit.

28 What happens if my policy confirmation is lost / I cannot access my email?
In the event you cannot access the electronic confirmation of insurance, please contact the claims administrator through the contact centre number who will assist you in verifying your policy.

29 How do I avoid fraudulent websites or agents?
Purchase only through the official eCitizen process. Confirmation of cover issued outside the official channel cannot be verified by healthcare providers and will not attract benefits under the Programme. Suspected fraudulent selling should be reported through the contact details in Section N.

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E. What the Policy Covers

30 What are the benefits and limits?

The cumulative benefit limit is a maximum of USD 50,000 per insured person, distributed as follows:

Policy benefit	Limit (USD)
Medical expenses	20,000
Emergency medical transportation and evacuation	25,000
Repatriation of mortal remains	5,000
Treatment for mental illness (Sub-limit of Medical Expenses)	1,000
Prescribed medicines (Sub-limit of Medical Expenses)	300

All limits apply per insured person. They are not shared across a family or travelling party.

31 What do the medical expenses benefits include?

Medical expenses cover reasonable and customary costs necessarily incurred for treatment of an accident or illness first occurring during the period of insurance, including:

- hospitalisation, including intensive care;
- surgery and surgeons' fees;
- outpatient emergency care;
- emergency dental treatment for the relief of pain;
- prescribed medicines, within the applicable limit; and
- mental health emergencies, within the applicable limit.

32 What does emergency medical evacuation cover?

It covers medically necessary transfer of the insured person from the site of the incident, or from a facility with inadequate capability, to the nearest appropriate facility – by road ambulance, fixed-wing aircraft or helicopter as the case requires. It also covers repatriation to the home country where this is medically necessary. The mode of transport is determined by the insurer on the advice of its medical advisers.

33 What does repatriation of mortal remains cover?

It covers the preparation and transportation of the remains of an insured person to a port of entry in the country of origin.

34 Does the policy cover COVID-19 and other infectious diseases?

Yes, the policy covers COVID-19 and other infectious diseases under the medical expenses benefit.

35 Where does the cover apply?

The territorial limit is Kenya. The policy responds to treatment required while the insured person is temporarily visiting Kenya.

36 What if the cost of treatment exceeds my benefit limit?

If the cost of treatment exceeds the benefit limit, the visitor will need to cater for the costs over and above the benefit limit.

37 Is there an excess/co-payment/deductible?

There is no excess, co-payment or deductible for the Inbound Travel Health Insurance cover.

F. What the Policy Does Not Cover

38 What are the main exclusions?

The policy does not cover, among other things:

- pre-existing medical conditions, unless specifically accepted;
- ptical and dental services;
- travel undertaken for the purpose of obtaining treatment;
- elective, cosmetic, preventive or routine care;
- incidents arising from alcohol or drug misuse;
- high-risk or professional sports;
- normal pregnancy and childbirth;
- treatment received after expiry of the period of insurance;
- war, invasion, civil unrest and terrorism;
- nuclear and radioactive risks;
- sanctioned activities or territories;
- prosthetics and medical appliances;
- vaccinations
- medical check-ups
- family planning
- supplements
- weight loss treatment
- cosmetic or plastic surgery
- costs of donating an organ or incurred while donating an organ
- terminal illness diagnosed before travel

39 Does the policy cover adventure activities?

The policy covers any ailment or accidents that may be obtained during adventure activities, except for high-risk or professional sports which are listed as an exclusion.

40 What counts as a chronic condition?

A chronic condition is a disease, illness or injury which has at least one of the following characteristics;

- has no known cure
- is likely to recur
- needs indefinite prolonged supervision and treatment by a specialist
- is permanent in nature
- is caused by changes in the body that cannot be reversed

41 What counts as a pre-existing condition?

A pre-existing condition is a medical condition; which can be proven that a member had, or was known by the member to exist prior to the commencement date or prior to the renewal of cover, whether or not treatment or advice or diagnosis was sought and received. It is any condition diagnosed before expiry of 90 days from the commencement date.

42 What is regarded as an emergency?

A sudden and unforeseen medical condition requiring immediate treatment to preserve life, relieve acute pain or prevent serious deterioration, as determined by a qualified medical practitioner and accepted by the insurer.

43 What happens if I go to a non-panel hospital in an emergency?

In the event of visiting a non-panel hospital for an emergency that leads to hospitalization, one is required to inform the claims administrator through the contact centre number +254719044777 within 24 hours.

44 How do I make a claim if I have paid for an eligible expense myself?

Reimbursements for eligible expenses will only be considered for emergency cases where notification was made to the claims administrator within 24 hours. Guidance on how to submit the claims will be given through the contact centre number +254719044777.

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G. Obtaining Treatment in Kenya

45 Where can I be treated?

At any facility on the Programme's accredited panel of medical service providers. The countrywide panel includes leading private hospitals as well as government and mission facilities, selected for geographical coverage, capacity, emergency and specialist services, evacuation capability, quality of care, licensing and accreditation.

46 How do I find the nearest accredited hospital?

The panel is published through official Programme channels, including the Ministry's website, the eCitizen portal and the administrator's website. A visitor may also:

- call the 24-hour contact centre on +254719 044 777and be directed to an appropriate provider
- where a local mobile line is in use, dial the USSD service *202*15# and select "Find Hospital", then the service type and county. The results are also sent by SMS.
- use the mobile App to identify the available medical service providers

47 Do I have to pay the hospital and claim the money back?

No. Treatment at an accredited provider is delivered on a cashless basis. The provider verifies eligibility on the administrator's portal, treats the patient and bills the Programme directly, subject to policy terms, benefit limits and the authorisation process.

48 What do I need to present at the hospital?

Your passport, together with your electronic evidence of insurance. The provider uses these to verify your eligibility on the administrator's online portal.

49 How does authorisation work — will it delay my treatment?

Required medical services, including emergency stabilisation, are provided immediately while the authorisation request is logged in real time. Requests are handled on a first-in, first-out (FIFO) basis and supervised against agreed turnaround times. For life-threatening cases, a 24-hour window applies within which the admission must be notified to the administrator.

50 If I am admitted to the hospital, will anyone follow up on my care?

Yes. Admissions of over 24 hours are subject to case management. A qualified care manager confirms the admission, reviews the clinical findings and treatment plan with the attending clinician, and follows up daily until discharge. The purpose is to support appropriate, good-quality care and correct use of benefits.

H. Emergencies, Evacuation and Repatriation

51 Who do I call in an emergency?

The Programme's multilingual contact centre on +254 719 044 777 available 24 hours a day, seven days a week, 365 days a year, including weekends and public holidays. The centre is staffed by clinical professionals and trained multilingual customer service agents and handles emergencies, evacuations, pre-authorisation requests, provider queries and general enquiries.

52 Who decides whether an evacuation is necessary, and by what means?

The need for evacuation is determined by the attending clinician, or by the severity of the incident, in liaison with the contact centre's dedicated medical team. The team then releases the most appropriate mode of transportation. Air rescue is prioritised for critical casualties and is released on assessment by the medical response team.

53 What happens in the event of a visitor's death?

The contact centre coordinates with the family, the facility and the relevant authorities. The policy meets the cost of preparation and transportation of the remains to the port of entry in the country of origin, within the repatriation benefit limit.

I. Roles and Responsibilities

54 Who does what under the Programme?

Party	Role
Cabinet Secretary for Health / Ministry of Health	Designates the required travel health insurance and prescribes the minimum benefit structure by Gazette Notice.
Social Health Authority	Administers the statutory framework. Does not provide or underwrite the travel health insurance.
Insurance Regulatory Authority	Licenses and supervises the participating insurers and the approved distribution platform.
Participating insurers	Underwrite the policies, carry the risk and fund settlement of approved claims.
Minet Kenya	Claims administrator: provides the medical service provider network, verification, preauthorisation, case management, claims administration and contact centre services.
Healthcare providers	Verify eligibility, deliver treatment on a cashless basis and submit claims within agreed timelines and tariffs.

55 What exactly does Minet Kenya do?

Minet Kenya is the appointed claims administrator. It is not the underwriter and does not replace the participating insurers. Its responsibilities include:

- maintaining and communicating the healthcare provider network;
- verifying insurance eligibility and confirming policy validity;
- guiding visitors to appropriate hospitals and doctors;
- coordinating treatment authorisations and issuing guarantees of payment;
- coordinating emergency medical transportation;
- receiving, reviewing and administering claims;
- facilitating settlement of approved medical bills; and
- coordinating communication between the visitor, the healthcare provider and the underwriting insurer.

56 Why is there a single administrator rather than one per insurer?

A common claims administrator gives visitors and healthcare providers one consistent point of contact, one verification portal and one set of service standards, regardless of which participating insurer underwrites a particular policy. It also supports uniform tariffs, consistent clinical vetting, and coordinated fraud control across the Programme.

J. For Tour Operators, Hotels, Airlines and Travel Agents

57 Can we purchase cover on behalf of our clients?

Each visitor must be individually insured, and purchase is made through the official channel using the visitor's own personal, passport, and travel details. Trade partners should direct clients to the official process rather than collect premiums outside it.

58 What should we tell clients before they travel?

That they should:

- purchase the cover before travelling, through the official process only;
- declare their intended period of stay accurately;
- carry or retain access to the electronic evidence of insurance;
- save the 24-hour assistance number, +254719 044 777, in their phone; and
- call that number first in a medical emergency, before incurring costs.

59 How does this affect a group itinerary?

Each member of the group holds an individual policy with full individual limits. Cover follows the visitor across all 47 counties, so an itinerary that moves between destinations within Kenya requires no change to the insurance.

K. Service, Feedback and Data Protection

60 What service can I expect?

A 24/7/365 multilingual contact centre together with email and SMS communication channels. A dedicated service excellence team monitors complaints, resolves them and uses the findings to improve the service.

61 How do I share feedback?

Through the 24-hour contact centre, USSD number or by email to the administrator. Feedback from both visitors and providers are logged, monitored to resolution and reviewed for service improvement.

62 How is my personal data handled?

Personal data is processed solely for claims administration and regulatory compliance, in accordance with applicable data protection law.

63 How do I report suspected fraud?

Through the 24-hour contact centre number +254719044777. Reports may be made by visitors, healthcare providers and third parties, and are handled by the administrator's investigations and legal function.

L. Key Contacts

Purpose	Contact
Emergencies, evacuation, pre-authorisation and general assistance (24/7/365)	+254 719 044 777, +254 730 674 777, +254 20 4975777, +254 20 4974777
Finding an accredited hospital (local mobile line)	USSD *202*15# – select "Find Hospital"
Purchase of cover and payment	Official eTA / eCitizen portal
Feedback, service issues and fraud reporting	+254 719 044 777
Email for General Inquiries	Inbound.travel@minet.co.ke

This FAQ is issued for information only and is a summary of the Programme. It does not vary the terms of any policy. In the event of any inconsistency, the Social Health Insurance Act, 2023, the Regulations, the relevant Gazette Notice, and the issued policy wording prevail.

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