



Comprehensive Individual/Family Health Insurance Product

Effective 15/04/2024

What is Madison Betterlife?

This is an amazing medical cover tailor made to offer a variety of benefits to choose from. It comes in three plans targeting individuals and families, both married and single parents. The three plans include:

1. Madison Betterlife Premier Plan
2. Madison Betterlife Executive Plan
3. Madison Betterlife Budget Plan

Benefits of having Madison Betterlife:

- Exclusive Covid – 19 cover up to Kshs 300,000 within the Inpatient benefit across the plans.
- Flexible pricing allowing you to choose benefits based on your financial capability.
- Inpatient benefit on either shared or per person basis
- Outpatient on per person basis
- Dental and Optical benefits within the Outpatient benefit.
- Maternity within the Inpatient benefits.
- Travel vaccines (i.e. Yellow fever and Polio only) shall be covered within the Outpatient limit.
- KEPI & KEPI baby friendly regime of vaccines shall be covered within the Outpatient limit up to the age of 2 years.
- Pre and post-natal care and ultrasounds covered within the Outpatient benefit limit.

Eligibility

- Adults –18 years and above
- Children- covered from birth (upon notification) up till the age of 18 years or to the age of 25 years if residing with their parents and enrolled full-time in a recognized post-secondary institution.
- Disabled Children – covered from birth (upon notification) up till the principal member terminates the policy or the child gets married/employed
- Maximum joining age – 64 years (last birthday)
- Medical reports for new applicants over 50 years shall be required (excludes corporates)

Onboarding Requirements

- Duly completed Madison member application form
- Copies of the national ID's/Passports for Principal and Spouse
- Birth Certificates for dependent children aged between 0 – 18 years
- Proof of schooling for dependent children aged between 19 – 25 years
- Copy of KRA Pin Certificate for principal member
- Payment of full applicable premium

1. Madison Betterlife Open Plan

Outpatient Co-payment shall apply as follows

Hospital	Co-Pay
Aga Khan University Hospital, Nairobi	KShs 1,000
Aga Khan Hospital, Kisumu	
Aga Khan Hospital, Mombasa	
Mater Hospital	
Karen Hospital	
M.P. Shah Hospital	
<i>And their respective satellite clinics</i>	

Hospital	Co-Pay
AAR Hospital and Healthcare Clinics	KShs 1,000
Gertrudes Childrens Hospital	
Nairobi Hospital	
Eldoret Hospital	
Mombasa Hospital	
St. Lukes Orthopaedic Hospital	
<i>And their respective satellite clinics</i>	

a. Madison Betterlife Premier Plan

Benefits	Option I	Option II	Option III
Inpatient Overall Limit	Kshs 3,000,000 per family	Kshs 4,000,000 per family	Kshs 5,000,000 per family
Outpatient Overall Limit	Kshs 100,000 per person	Kshs 150,000 per person	Kshs 200,000 per person
Dental Overall Limit <i>(Within the outpatient limit)</i>	Kshs 15,000 per person for Outpatient limit of Kshs 100,000	Kshs 20,000 per person for Outpatient limit of Kshs 150,000	Kshs 25,000 per person for Outpatient limit of Kshs 200,000
Optical Overall Limit <i>(Within the outpatient limit)</i>	Kshs 15,000 per person for Outpatient limit of Kshs 100,000	Kshs 20,000 per person for Outpatient limit of Kshs 150,000	Kshs 25,000 per person for Outpatient limit of Kshs 200,000
Annual wellness checkup <i>(Within the outpatient limit)</i>	Kshs 10,000 (For adult principal and spouse only)		

Benefits	Option I	Option II	Option III
Inpatient Overall Limit	Kshs 3,000,000 per family	Kshs 4,000,000 per family	Kshs 5,000,000 per family
Bed Capacity <i>(Gross of NHIF rebate)</i>	Standard Private Room up to Kshs 14,000	Ensuite Room up to Kshs 16,500	Ensuite Room up to Kshs 20,000
Newly diagnosed chronic conditions, Declared pre-existing conditions, Cancer, HIV/AIDs & Related Conditions <i>1 year waiting period</i>	Kshs 700,000 per family within the inpatient limit	Kshs 850,000 per family within the inpatient limit	Kshs 1,000,000 per family within the inpatient limit
Organ Transplant <i>-2 years waiting period</i>	Within full chronic limit	Within full chronic limit	Within full chronic limit
Covid-19 Treatment	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Congenital Conditions Cover <i>1 year waiting period</i>	Kshs 350,000 per family within the inpatient limit	Kshs 400,000 per family within the inpatient limit	Kshs 500,000 per family within the inpatient limit
Neo-natal and Prematurity Conditions Cover <i>(No waiting period)</i>	Kshs 350,000 per family within the inpatient limit	Kshs 400,000 per family within the inpatient limit	Kshs 500,000 per family within the inpatient limit
Psychiatry/Psychotherapy Treatment	Kshs 250,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit	Kshs 350,000 per family within the inpatient limit
Maternity Benefit <i>(Normal or Cesarean)</i> <i>10 Months waiting period</i>	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Maternity related complications <i>10 Months waiting period</i>	Within full maternity limit	Within full maternity limit	Within full maternity limit
Inpatient Accidental Dental Cover	Up to full limit	Up to full limit	Up to full limit
Inpatient Accidental Optical Cover	Up to full limit	Up to full limit	Up to full limit
Inpatient Non-Accidental Dental Cover	Kshs 100,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit
Inpatient non-accidental optical cover including cataract operation & Laser Treatment <i>1 year waiting period for Laser Treatment</i>	Kshs 100,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit

Benefits	Option I	Option II	Option III
Emergency Air evacuation within Kenya subject to pre-authorization.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Emergency local road ambulance services leading to admission.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Overseas cover – for a maximum of 8 consecutive weeks outside Kenya while on holiday or business.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 30,000 or a maximum of 30 days after date of discharge	Up to Kshs 35,000 or a maximum of 30 days after date of discharge	Up to Kshs 40,000 or a maximum of 30 days after date of discharge
Lodger Fee for an accompanying parent/ guardian	For children 12 years and below	For children 12 years and below	For children 12 years and below
Last Expense Cover	Kshs 75,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit

b. Madison Betterlife Executive Plan

Benefits	Option I	Option II	Option III
Inpatient Overall Limit	Kshs 1,000,000 per family	Kshs 1,500,000 per family	Kshs 2,000,000 per family
Outpatient Overall Limit	Kshs 100,000 per person	Kshs 100,000 per person	Kshs 150,000 per person
Dental Overall Limit <i>(Within the outpatient limit)</i>	Kshs 15,000 per person for Outpatient limit of Kshs 100,000	Kshs 15,000 per person for Outpatient limit of Kshs 100,000	Kshs 20,000 per person for Outpatient limit of Kshs 150,000
Optical Overall Limit <i>(Within the outpatient limit)</i>	Kshs 15,000 per person for Outpatient limit of Kshs 100,000	Kshs 15,000 per person for Outpatient limit of Kshs 100,000	Kshs 20,000 per person for Outpatient limit of Kshs 150,000
Annual wellness checkup <i>(Within the outpatient limit)</i>	Kshs 10,000 <i>(For adult principal and spouse only)</i>		
<ul style="list-style-type: none"> • No waiting period for accident cases • 30 days for Outpatient illnesses 			

Inpatient Sub-benefits:

Benefits	Option I	Option II	Option III
Inpatient Overall Limit	Kshs 1,000,000 per family	Kshs 1,500,000 per family	Kshs 2,000,000 per family
Bed Capacity <i>(Gross of NHIF rebate)</i>	General ward bed	General ward bed	Standard Private Room up to Kshs 12,000
Newly diagnosed chronic conditions, Declared pre-existing conditions, Cancer, HIV/AIDS & Related Conditions <i>(1 year waiting period)</i>	Kshs 300,000 per family within the inpatient limit	Kshs 350,000 per family within the inpatient limit	Kshs 400,000 per family within the inpatient limit
Organ Transplant <i>(2 years waiting period)</i>	Within full chronic limit	Within full chronic limit	Within full chronic limit
Covid-19 Treatment	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Congenital Conditions Cover <i>1 year waiting period</i>	Kshs 150,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit	Kshs 175,000 per family within the inpatient limit
Neo-natal and Prematurity Conditions Cover <i>(No waiting period)</i>	Kshs 150,000 per family within the Congenital limit	Kshs 150,000 per family within the Congenital limit	Kshs 175,000 per family within the Congenital limit
Psychiatry/Psychotherapy Treatment	Kshs 150,000 per family within the inpatient limit	Kshs 175,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Maternity Benefit <i>(Normal or Caesarean) 10 Months waiting period</i>	Kshs 100,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Maternity related complications <i>10 Months waiting period</i>	Within full maternity limit	Within full maternity limit	Within full maternity limit
Inpatient Accidental Dental Cover	Up to full limit	Up to full limit	Up to full limit
Inpatient Accidental Optical Cover	Up to full limit	Up to full limit	Up to full limit
Inpatient Non-Accidental Dental Cover	Kshs 75,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit
Inpatient non-accidental optical cover including cataract operation & Laser Treatment <i>1 year waiting period for Laser Treatment</i>	Kshs 75,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit

Benefits	Option I	Option II	Option III
Emergency Air evacuation within Kenya subject to pre-authorization.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Emergency local road ambulance services leading to admission.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Overseas cover—a maximum of 8 consecutive weeks outside Kenya while on holiday or business.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 20,000 or a maximum of 30 days after date of discharge	Up to Kshs 20,000 or a maximum of 30 days after date of discharge	Up to Kshs 25,000 or a maximum of 30 days after date of discharge
Lodger Fee for an accompanying parent/ guardian	For children 12 years & below	For children 12 years & below	For children 12 years & below
Last Expense Cover	Kshs 50,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit

2. Madison Betterlife Budget Plan

- Limited Access to Madison's Budget Panel of providers

Benefits	Option I	Option II	Option III
Inpatient Overall Limit	Kshs 500,000 per family	Kshs 1,000,000 per family	Kshs 1,500,000 per family
Outpatient Overall Limit	Kshs 50,000 per person	Kshs 75,000 per person	Kshs 100,000 per person
Dental Overall Limit <i>(Within the outpatient limit)</i>	Kshs 5,000 per person for Outpatient limit of Kshs 50,000	Kshs 7,500 per person for Outpatient limit of Kshs 75,000	Kshs 10,000 per person for Outpatient limit of Kshs 100,000
Optical Overall Limit <i>(Within the outpatient limit)</i>	Kshs 5,000 per person for Outpatient limit of Kshs 50,000	Kshs 7,500 per person for Outpatient limit of Kshs 75,000	Kshs 10,000 per person for Outpatient limit of Kshs 100,000
<ul style="list-style-type: none"> • No waiting period for accident cases • 30 days for Outpatient illnesses 			

Inpatient Sub-benefits:

Benefits	Option I	Option II	Option III
Inpatient Overall Limit	Kshs 500,000 per family	Kshs 1,000,000 per family	Kshs 1,500,000 per family
Bed Capacity <i>(Gross of NHIF rebate)</i>	Standard Ward Bed		
Newly diagnosed chronic conditions, Declared pre-existing conditions, Cancer, HIV/AIDS & Related Conditions <i>(1 year waiting period)</i>	Kshs 150,000 per family within the inpatient limit	Kshs 250,000 per family within the inpatient limit	Kshs 300,000 per family within the inpatient limit
Organ Transplant <i>(2 years waiting period)</i>	Within full chronic limit	Within full chronic limit	Within full chronic limit
Covid-19 Treatment	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Congenital Conditions Cover <i>1 year waiting period</i>	Kshs 75,000 per family within the inpatient limit	Kshs 100,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit
Neo-natal and Prematurity Conditions Cover	Kshs 75,000 per family within the Congenital limit	Kshs 100,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit
Psychiatry/Psychotherapy Treatment	Kshs 100,000 per family within the inpatient limit	Kshs 150,000 per family within the inpatient limit	Kshs 200,000 per family within the inpatient limit
Maternity Benefit <i>(Normal or Cesarean)</i> <i>10 Months waiting period</i>	Kshs 30,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit	Kshs 75,000 per family within the inpatient limit
Maternity related complications <i>10 Months waiting period</i>	Within full maternity limit	Within full maternity limit	Within full maternity limit
Inpatient Accidental Dental Cover	Up to full limit	Up to full limit	Up to full limit
Inpatient Accidental Optical Cover	Up to full limit	Up to full limit	Up to full limit
Inpatient Non-Accidental Dental Cover	Kshs 30,000 per family within the inpatient limit	Kshs 40,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit
Inpatient non-accidental optical cover including cataract operation & Laser Treatment <i>1 year waiting period for Laser Treatment</i>	Kshs 30,000 per family within the inpatient limit	Kshs 40,000 per family within the inpatient limit	Kshs 50,000 per family within the inpatient limit

Benefits	Option I	Option II	Option III
Emergency Air evacuation within Kenya subject to pre-authorization	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Emergency local road ambulance services leading to admission.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Overseas cover – for a maximum of 8 consecutive weeks outside Kenya while on holiday or business.	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit	Covered within the inpatient limit/ sublimit
Rehabilitation/Post Hospitalization Cover and Home nursing (on recommendation by the Doctor)	Up to Kshs 10,000 or a maximum of 10 days after date of discharge	Up to Kshs 15,000 or a maximum of 20 days after date of discharge	Up to Kshs 20,000 or a maximum of 25 days after date of discharge
Lodger Fee for an accompanying parent/ guardian	Children 12 years & below	Children 12 years & below	Children 12 years & below
Last Expense Cover	Kshs 35,000 per family within the inpatient limit	Kshs 35,000 per family within the inpatient limit	Kshs 35,000 per family within the inpatient limit

Dental Benefit Description

- Extraction is covered to the full dental limit
- Filling is covered to the full dental limit
- Scaling and Polishing are covered to the full dental limit
- The cover excludes cover for crowns, dentures, bridges and plates

Optical Benefit Description

- Eye Testing is covered to the full optical limit
- Post-surgical follow ups and reviews are covered to the full optical limit
- Prescribed lenses including antiglare and contacts lenses are covered to the full optical limit
- Contact Lenses
- Frame Limits are as follows:
 - Covered up to full Optical limit for limits below Kshs 10,000
 - Covered up to Kshs 10,000 for limits below Kshs 20,000
 - Covered up to Kshs 12,500 for limits above Kshs 25,000
- The cover excludes cover for Plano

BETTERLIFE OPEN PLAN INPATIENT PREMIUM RATES

a. Premier Plan

KSHS 5 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	53,113	55,394	64,972
M+1	97,104	101,209	118,450
M+2	131,971	136,077	153,318
M+3	166,839	170,944	188,186
M+4	201,707	205,812	223,054
M+5	236,575	240,680	257,922
M+6	271,443	275,548	292,790
Extra	31,868	31,868	31,868

KSHS 4 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	49,363	51,644	61,222
M+1	89,604	93,709	110,950
M+2	120,721	124,827	142,068
M+3	151,839	155,944	173,186
M+4	182,957	187,062	204,304
M+5	214,075	218,180	235,422
M+6	245,193	249,298	266,540
Extra	29,618	29,618	29,618

KSHS 3 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	45,613	47,894	57,472
M+1	82,104	86,209	103,450
M+2	109,471	113,577	130,818
M+3	136,839	140,944	158,186
M+4	164,207	168,312	192,670
M+5	191,575	195,680	227,153
M+6	218,943	223,048	255,889
Extra	27,368	27,368	27,368

b. Executive Plan

KSHS 2 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	36,754	38,342	50,613
M+1	67,157	70,015	92,104
M+2	91,209	94,067	124,471
M+3	115,262	118,119	156,839
M+4	139,314	142,172	189,207
M+5	163,366	166,224	221,575
M+6	187,418	190,276	253,943
Extra	24,052	25,130	32,868

KSHS 1.5 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	34,254	35,842	48,113
M+1	62,157	65,015	87,104
M+2	83,709	86,567	116,971
M+3	105,262	108,119	146,839
M+4	126,814	129,672	176,707
M+5	148,366	151,224	206,575
M+6	169,918	172,776	236,443
Extra	21,552	22,505	29,868

KSHS 1 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	31,754	33,342	45,613
M+1	57,157	60,015	82,104
M+2	76,209	79,067	109,471
M+3	95,262	98,119	136,839
M+4	114,314	117,172	164,207
M+5	133,366	136,224	191,575
M+6	152,418	155,276	218,943
Extra	19,052	20,004	27,367

BETTERLIFE OPEN PLAN OUTPATIENT PREMIUM RATES

	100,000	150,000	200,000
Per Person	35,611	39,611	44,577

BETTERLIFE BUDGET PLAN INPATIENT PREMIUM RATES

KSHS 1.5 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	20,923	21,969	24,166
M+1	37,662	39,545	43,499
M+2	47,815	50,206	55,227
M+3	57,969	60,868	66,954
M+4	68,123	71,529	78,682
M+5	78,277	82,191	90,410
M+6	88,431	92,852	102,138

KSHS 1 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	18,923	19,869	21,856
M+1	34,062	35,765	39,341
M+2	44,215	46,426	51,069
M+3	54,369	57,088	62,796
M+4	64,523	67,749	74,524
M+5	74,677	78,411	86,252
M+6	84,831	89,072	97,980

KSHS 0.5 Million

Family size	18 – 34 years	35 – 49 years	50 – 64 years
M	16,923	17,769	19,546
M+1	30,462	31,985	35,183
M+2	40,615	42,646	46,911
M+3	50,769	53,308	58,638
M+4	60,923	63,969	70,366
M+5	71,077	74,631	82,094
M+6	81,231	85,292	93,822

BETTERLIFE BUDGET PLAN OUTPATIENT PREMIUM RATES

	50,000	75,000	100,000
Per Person	21,685	23,685	25,685

Exclusions *(Conditions for which the scheme does not pay)*

These are referred to as excluded ailments or conditions and are as follows:

- Any expenses which are payable by any other Insurance e.g. NHIF.
- Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- Cosmetic surgery, massage or beauty treatment
- Naval, Military and Air force operations
- Riding or driving in any kind of race
- Participation in extreme sports
- Stays at sanatoria, old age homes, places of rest etc
- War, invasion, civil war, riots or act of terrorism
- Chiropractors, acupuncturists or act herbalist treatment.

Our Branch Network

NAIROBI REGION

Buruburu Branch

Buruburu Business Complex, 4th Floor, Mumiias South Road P.O. Box 469-00515 Nairobi
Tel: 0202-2864660
Mobile: 0709 922 660
Email: buruburu@madison.co.ke

City Square Branch

Finance House, 8th Floor, Loita Street P.O. Box 57740-00200 Nairobi
Tel: 020-2864620
Mobile: 0709 922 620
E-mail: csquare@madison.co.ke

Industrial Area Branch

Kamkisi Building, 3rd Floor P.O. Box 18697-00500, Nairobi
Tel: 020-2840640
Mobile: 0709 922 640
E-mail: iarea@madison.co.ke

Moi Avenue Branch

Contrust House, 2nd Floor, Moi Avenue P.O. Box 57740-00200 Nairobi
Tel: 020-2864610
Mobile: 0709 922 610
Email: moi@madison.co.ke

Ngong Road Branch

Royal Court Building, 4th floor, Ngong Road, P.O. Box 41298-00100 Nairobi
Tel: 020-2864650
Mobile: 0709 922 650
Email: ngongroad@madison.co.ke

Westlands Branch

Reliance Centre, 4th Floor Woodvale Groove Westlands, 4th Floor P.O. Box 66388-00800
Tel: 020-2864630
Mobile: 0709 922 630
Email: westlands@madison.co.ke

Kitengela Branch

Kitengela Capital Centre, 2nd Floor, Namanga Road P.O. Box 47382-200100 Nairobi
Tel: 020-2864640
Mobile: 0709 922 840
Email: kitengela@madison.co.ke

Ongata Rongai

Tyme Arcade, 2nd Floor Room 201, Magadi Road
Tel: 020-2864810
Mobile: 0709 922 810
Email: rongai@madison.co.ke

WESTERN REGION

Eldoret Branch

Kiptagich House, 8th Floor, Uganda Road P.O. Box 7521-30100, Eldoret
Tel: 020-2863910
Mobile: 0709 922 910
Email: eldoret@madison.co.ke

Kakamega Branch

Mega Mall Plaza, 2nd Floor. Kakamega-Kisumu Highway Opposite Muliro Gardens P.O. Box 2362-50100 Kakamega
Tel: 020-2864920
Mobile: 0709 922 920
Email: kakamega@madison.co.ke

Kericho Branch

AGC Bethany Centre, 2nd Floor P.O. Box 283-20200 Kericho
Tel: 020 2864930
Mobile: 0709 922 930
Email: kericho@madison.co.ke

Kisii Branch

Ouru Complex, 2nd Floor, Kisii-Kisumu Road P.O. Box 3507-40200 Kisii
Tel: 020-2864950
Mobile: 0709 922 950
Email: kisii@madison.co.ke

Kisumu Branch

Re-insurance Plaza, 6th Floor, Kenyatta Highway P.O. Box 2576-40100 Kisumu
Tel: 0202-2864960
Mobile: 0709 922 960
Email: kisumu@madison.co.ke

Kitale Branch

Nakumatt Mega Centre, 1st Floor, Makasembo Road P.O. Box 1221 - 30200 Kitale
Tel: 020 2864940
Mobile: 0709 922 940
Email: kitale@madison.co.ke

Homabay Branch

Along Bank Road Opp Maseno University
Tel: 020-2864981
Mobile: 0709 922 981
Email: homabay@madison.co.ke

COAST REGION

Machakos Branch

Kiamba Mall, 4th Floor, Ngei Road P.O. Box 1236-90100 Machakos
Tel: 0202-2864270
Mobile: 0709 922 270
E-mail: machakos@madison.co.ke

Malindi Branch

Multi Grocers Building, 1st Floor Lamu Road, P.O. Box 125-80200 Malindi
Tel: 020-2864780
Mobile: 0709 922 780
Email: malindi@madison.co.ke

Mombasa Branch

TSS Building, 11th Floor Nkurumah Road P.O. Box 86241-80100 Mombasa
Tel: 020-2864760
Mobile: 0709 922 760
Email: mombasa@madison.co.ke

Voi Branch

Maghumba Plaza, 4th Floor Tel: 020-2864790
Mobile: 0709 922 790
Email: voi@madison.co.ke

CENTRAL REGION

Embu Branch

Embu Motors Building, 2nd & 3rd Floor Kenyatta Avenue P.O. Box 2770-60100 Embu
Tel: 020-2864751
Mobile: 0709 922 751
Email: embu@madison.co.ke

Nakuru Branch

Shiv Plaza, 3rd Floor, Kenyatta Avenue P.O. Box 3744-20100 Nakuru
Tel: 020-2864720
Mobile: 0709 922 720
Email: nakuru@madison.co.ke

Meru Branch

Mwalimu Plaza, Mezzanine Floor, 3rd Floor, Gakoromone Road P.O. Box 1933-60200 Meru
Tel: 020-2864740
Mobile: 0709 922 740
Email: meru@madison.co.ke

Nyeri Branch

Konahauthi Building, 1st Floor, Kanisa Road P.O. Box 289-10100 Nyeri
Tel: 020-2864730
Mobile: 0709 922 730
Email: nyeri@madison.co.ke

Thika Branch

Thika Arcade, 4th Floor, Kenyatta Highway P.O. Box 823-01000 Thika
Tel: 020-2864710
Mobile: 0709 922 710
Email: thika@madison.co.ke