

UGANDA | AAR Blue Health Cover benefit table 2025

This table will give you an overall summary of the benefits we offer. Please read this summary together with the AAR Blue Health Cover Policy Conditions, which provides more detailed information. The annual benefit limits per insured person for the year are in Ugandan shillings (UGX).



Benefit plan	Essential
Region of cover	In-country only
Network providers paid at Liberty Tariffs	Standard Network (no payment for providers outside this network)
Overall limit	83 000 000
Day-to-day benefits (for conditions that generally appear suddenly, progress rapidly and are relatively short in duration)	
<ul style="list-style-type: none"> GP and specialist consultations Prescribed acute medication including vaccinations Diagnostic tests Pathology, i.e. blood tests requested by a doctor in the course of your consultations Basic radiology, i.e. out-of-hospital basic x-rays Out-of-hospital non-surgical procedures such as applying plaster of paris and stitches Auxiliary services such as physiotherapy, chiropractics and speech therapy Annual medical examination 	1 900 000 Sub-limit for prescribed acute medication 990 000
Chronic Conditions Benefit (conditions that require medication and treatment for more than three continuous months) <ul style="list-style-type: none"> Consultations (GP and specialist) Prescribed chronic medication Pathology, i.e., blood tests requested by a doctor during the course of your consultations Basic radiology Subject to pre-authorisation, clinical treatment protocols and overall limit	4 050 000
Optical benefits	
1 x eye test per insured person per year Frames and lenses (including contact lenses) every 2 years	575 000
Dental benefits (subject to clinical funding protocols)	
Basic dentistry Dental consultations, basic dental procedures including removal of teeth, fillings, preventative treatment, scaling and polishing and x-rays	
Specialized dentistry Root canal treatment, dentures, inlays, crowns, bridges, periodontal treatment, orthodontic treatment and procedures in rooms. Orthodontic treatment will be restricted to members up to and including the age of 21 years.	
Psychological wellbeing benefits	
Psychologist/social worker consultations and prescribed acute medication	Subject to day-to-day benefits limit
Ongoing psychiatric consultations and associated chronic medication	Subject to chronic conditions benefits limit
Hospital benefits (subject to pre-authorisation and clinical funding protocols)	10 days per annum
Maternity benefits (subject to pre-authorisation and clinical funding protocols)	
Out-patient maternity care Antenatal consultations, ultrasounds and pathology services, including amniocentesis, are paid from this benefit. Any additional maternity claims will be paid from the available day-to-day benefits	1 550 000
Out-patient high-risk pregnancies Subject to enrolment for case management	Subject to day-to-day benefits limit
In-patient maternity – childbirth and management of high-risk pregnancies	Paid in full Subject to overall limit
Neonatal care – incubator, phototherapy, congenital conditions, prematurity	19 000 000
Postnatal depression – medication, consultations, pathology	Subject to day-to-day benefits limit
Hospital benefits (subject to pre-authorisation and clinical funding protocols)	
In-hospital accommodation, specialists, theatre, ward, radiology, pathology, acute dialysis and medicine costs	Paid in full Subject to overall limit Standard private ward
Intensive care	Paid in full Subject to overall limit
Rehabilitation, Private nursing and Hospice care	5 150 000 up to a maximum of 30 days
Specialised radiology – combined limit in and out of hospital	3 950 000
Prosthesis and devices – per prosthesis/device	39 000 000 for Cochlear implants 5 800 000 for all other prosthesis
External medical appliances	8 850 000 for Hearing Aids 1 550 000 for Other appliances
Ambulance benefits (within region of cover)	
Emergency in-country ambulance services (mode determined by logistics)	Paid in full Subject to overall limit
Emergency cross border ambulance services (mode to be determined by logistics, subject to pre-authorisation)	Paid in full Subject to overall limit
Major diseases benefits (subject to pre-authorisation and clinical funding protocols)	
Major diseases benefits limit	40 500 000
Provision of treatment (subject to the major diseases benefits limit)	Oncology treatment, organ transplants and renal dialysis
Donor matching (limited to immediate family members on the policy)	Paid subject to the major diseases benefit limit
International benefits (subject to pre-authorisation and clinical funding protocols)	
International emergency medical evacuations In the case of a medical emergency/life-threatening condition and where treatment is not available locally, cover includes: international evacuation and foreign treatment costs	x
Critical care In the case of a medically necessary, non-emergency life-threatening condition, where treatment for in-patient care is not available locally, cover includes international travel/accommodation and foreign treatment costs	x
Travel and accommodation costs per event Applicable only to international emergency medical evacuations and critical care cases for the patient, and where applicable, one accompanying person	x
Repatriation of mortal remains Applicable to international emergency medical evacuations and critical care cases only	x
Elective roaming Applicable to beneficiaries electing to obtain medical services outside their country of residence and in line with their benefit plan region of cover. Cover includes foreign treatment cost and services but not travel.	x
FUNERAL BENEFIT The funeral benefit pays out a lump sum in the event of the death of the member, spouse, children or extended family members (if applicable)	3 000 000
AAR BLUE DIGITAL TOOLS	Available to all beneficiaries. Access to the AAR Mobile App (iOS and Android for Health assessment, 24-hour access to clinically approved health promotion materials, Provider network and benefit limits and utilization. Other Digital tools include; WhatsApp Online Portal, Website and Chatbot.

Note: If the start date of your health cover is after the start date of your employer's AAR Blue Health Cover Policy, your day-to-day benefits will be available to you on a pro-rata basis.

Disclaimer: The benefits described in the table above are subject to the Policy Conditions in the AAR Blue Health Cover Policy Document. Every attempt has been made to ensure complete accuracy of this document. However, in the event of a conflict between this document and the AAR Blue Health Cover Policy Conditions, the Policy Conditions will prevail. E&OE