

You're in control



Insurance



**INDIVIDUAL & FAMILY HEALTH INSURANCE
SOLUTIONS (GOLD COVER)**



BENEFITS FOR YOU & YOUR FAMILY

Our enhanced health insurance cover provides unique options for you and your family members to put you in control of your health.

Inpatient Services

- Illness Hospitalization.
- Accident hospitalization.
- Re-constructive surgery.
- Admissions to Intensive care and high care units.
- Maternity services include both normal, elective or emergency CS delivery for Principal Member and Spouse.
- Room accommodation.
- Accidental damage to natural teeth.
- Accidental damage to eyes.



BENEFITS FOR YOU & YOUR FAMILY

Outpatient Services

- ▶ Laboratory services.
- ▶ Oncology tests, drugs & consultations, Chemotherapy and Radiotherapy including X Rays, MRI and CT scans.
- ▶ Treatment of Covid-19 and related co-morbidities.
- ▶ Treatment of HIV/ AIDS and opportunistic infections.
- ▶ Dental consultation & treatment including simple extractions, difficult extractions, infections, fillings, minor Surgeries, Root Canal, X- Rays , Non- surgical extractions ,scaling and polishing.
- ▶ Optical or Optometry cover - prescribed lenses, Glasses and frames. (Replaced one every 2 years).
- ▶ Pre-Natal and Post Natal Care subject to maternity waiting period.
- ▶ Physiotherapy.
- ▶ Psychiatric Treatment.

Value Add Services

- ▶ Annual Health Checks (Basic Medical examination) Complete blood Count test, Random blood sugar test, Breast Exam and VIA for females above 30 years, PSA for males above 45 years.
- ▶ Personal Accident with Permanent Total Disability Cover for Principal Member and dependent.
- ▶ Last Expense upon death of a covered member.
- ▶ Local and International rescue and evacuation services.
- ▶ Nutritional advice and Drug deliveries under the AAR Wellness program.
- ▶ 24-hour call center.
- ▶ Health camps and health tips.



ELIGIBILITY CRITERIA

- ▶ Minimum age of 1 month.
- ▶ Maximum age of 69 years.
- ▶ Enrollment Medex required for 45 years above.

GENERAL CONDITIONS

Important to Note:

- ▶ All services must be within our contracted provider's panel.
- ▶ All emergency admissions should be reported to AAR Medical Insurance within 24 hours.
- ▶ Scheduled Admissions should be reported to AAR Medical at least 48 hours prior to the admissions.

Waiting Periods

- ▶ 90 days waiting period for illness hospitalization.
- ▶ No waiting period for accident admissions.
- ▶ Chronic conditions developed while on cover have a waiting period of 12 months/1 year.
- ▶ 1 year waiting period for maternity.

Please Note That:

- ▶ A Medical Evaluation (Medex) report for individuals above the age of 45 years.
- ▶ Cover will commence after approval of the application form, a Medical Evaluation (Medex) report and full payment is received.

Terms of Payment

Standard Chartered Bank: 0104012078000 or MOMO MTN: 628054 and AIRTEL PAY: 1098334.

Include Eligible Dependents:

- ▶ Spouse.
- ▶ Dependents between the ages 18 years and 25 years are covered.



GENERAL EXCLUSIONS

- ▶ Hearing aids.
- ▶ Vaccinations & immunizations.
- ▶ General Health check-ups unless otherwise provided in the benefit schedule.
- ▶ Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- ▶ Intentional self-injury, suicide or attempted suicide, drug addiction, intoxication, drunkenness.
- ▶ Cosmetic surgery unless caused by accident.
- ▶ War, invasion, civil war, riots or acts of terrorism.
- ▶ Naval, Military and Air force operations.
- ▶ Contamination by radioactivity from nuclear fuel, waste or fission.
- ▶ Participation in Riot, Strike and Civil commotion.
- ▶ Riding or driving in any kind of race and participating in extreme sports.
- ▶ Stays at sanatoria, old age homes, places of rest etc.
- ▶ Beauty treatment in nature cure clinics or health hydro.
- ▶ Chiropractors, acupuncturists, herbalists' treatment or other forms of alternative treatment.
- ▶ Treatment other than by registered medical practitioner.
- ▶ Any claim by or on behalf of any Member whose application for Insurance shall contain any mistake or on whose behalf any material information shall have been withheld.
- ▶ Pre-existing conditions & oncology tests, consultation & drugs.
- ▶ Radiotherapy & Chemotherapy



INPATIENT BENEFITS

| COVER OPTIONS | GOLD UGX | GOLD PLUS UGX | GOLD PREMIUM UGX |
|--|--|--|--|
| INPATIENT BENEFITS (Pre-authorization will be required) | | | |
| Overall annual Inpatient Limit | 100,000,000 | 150,000,000 | 200,000,000 |
| Accident Hospitalization | 50,000,000 | 75,000,000 | 100,000,000 |
| Illness Hospitalization | 50,000,000 | 75,000,000 | 100,000,000 |
| SUB-BENEFITS WITHIN INPATIENT | | | |
| Admissions to Intensive Care & High care units for Non-Chronic Illness | Covered up to 15,000,000 within Illness hospitalization limit | Covered up to 20,000,000 within Illness hospitalization limit | Covered up to 25,000,000 within Illness hospitalization limit |
| Admissions to intensive Care & High care units for Accident | Covered up to 15,000,000 within Accident hospitalization limit | Covered up to 20,000,000 within Accident hospitalization limit | Covered up to 25,000,000 within Accident hospitalization limit |
| Admissions to intensive care & high care units for chronic (subject to chronic waiting period) | Covered Up to CDL Limit | Covered Up to CDL Limit | Covered Up to CDL Limit |
| Room Limit per night within hospitalization limit | 450,000 | 500,000 | 500,000 |
| Chronic conditions developed on cover (CDL) | Covered up to 10,000,000 within Illness hospitalization limit | Covered up to 15,000,000 within Illness hospitalization limit | Covered up to 20,000,000 within Illness hospitalization limit |
| Treatment of Covid-19 and related co-morbidities | 2,500,000 | 3,750,000 | 5,000,000 |
| Nursing fees, medical expenses and ancillary charges | Covered | Covered | Covered |



| | | | |
|--|--|--|--|
| General surgery, surgeons, consultants, anesthetists, medical practitioners fees | Covered | Covered | Covered |
| Reconstructive surgery | Covered up to 10,000,000 within accident hospitalization limit | Covered up to 15,000,000 within accident hospitalization limit | Covered up to 20,000,000 within accident hospitalization limit |
| Inpatient Optical Treatment | Covered up to 10,000,000 within Illness hospitalization limit | Covered up to 15,000,000 within Illness hospitalization limit | Covered up to 20,000,000 within Illness hospitalization limit |
| Inpatient Dental Treatment | Covered up to 10,000,000 within Illness hospitalization limit | Covered up to 15,000,000 within Illness hospitalization limit | Covered up to 20,000,000 within Illness hospitalization limit |
| Psychiatric Benefit | Covered up to 10,000,000 within Illness hospitalization limit | Covered up to 15,000,000 within Illness hospitalization limit | Covered up to 20,000,000 within Illness hospitalization limit |
| Congenital conditions (after one year of Cover) | Covered up to 10,000,000 within Illness hospitalization limit | Covered up to 15,000,000 within Illness hospitalization limit | Covered up to 20,000,000 within Illness hospitalization limit |
| Inpatient treatment of HIV/AIDS and all opportunistic infections | Covered up to CDL limit, as per WHO guidelines and procedures | Covered up to CDL limit, as per WHO guidelines and procedures | Covered up to CDL limit, as per WHO guidelines and procedures |



RESCUE AND EVACUATION PRE-AUTHORIZATION WILL BE REQUIRED

| | | | |
|--|---|---|---|
| Rescue cover (East Africa) | Covered | Covered | Covered |
| Ambulance (East Africa) | Covered | Covered | Covered |
| International Emergency medical Cover area-up to the first 45 days of absence from the territory in any membership year. This is only for hospitalisation (Pre-authorization required) | Covered (At most 50% reimbursement of the medical expenses of the respective benefit cover limit in North America, 60% reimbursement of the medical expenses of the respective benefit cover limit in Asia, South America, South Africa, Egypt, West Africa and Europe. | Covered (At most 50% reimbursement of the medical expenses of the respective benefit cover limit in North America, 60% reimbursement of the medical expenses of the respective benefit cover limit in Asia, South America, South Africa, Egypt, West Africa and Europe. | Covered (At most 50% reimbursement of the medical expenses of the respective benefit cover limit in North America, 60% reimbursement of the medical expenses of the respective benefit cover limit in Asia, South America, South Africa, Egypt, West Africa and Europe. |
| International Emergency Rescue and Evacuation (Pre-authorization Required) | Covered (At most 50% reimbursement of the medical expenses of the respective benefit cover limit in North America, 60% reimbursement of the medical expenses of the respective benefit cover limit in Asia, South America, South Africa, Egypt, West Africa and Europe. | Covered (At most 50% reimbursement of the medical expenses of the respective benefit cover limit in North America, 60% reimbursement of the medical expenses of the respective benefit cover limit in Asia, South America, South Africa, Egypt, West Africa and Europe. | Covered (At most 50% reimbursement of the medical expenses of the respective benefit cover limit in North America, 60% reimbursement of the medical expenses of the respective benefit cover limit in Asia, South America, South Africa, Egypt, West Africa and Europe. |

MATERNITY COVER (FOR PRINCIPLE AND SPOUSE ONLY IN UGANDA): PRE-AUTHORIZATION WILL BE REQUIRED

| | | | |
|--|--|--|--|
| Maternity for principal Member or Spouse | Normal Delivery 1,500,000 Caesarian section 2,500,000 | Normal Delivery 1,700,000 Caesarian section 2,800,000 | Normal Delivery 2,000,000 Caesarian section 3,000,000 |
|--|--|--|--|



OUTPATIENT BENEFITS

| OUTPATIENT | GOLD UGX | GOLD PLUS UGX | GOLD PLATINUM UGX |
|---|--|--|--|
| Outpatient Limit | 5,000,000 | 5,500,000 | 6,000,000 |
| SUB-LIMIT BENEFITS WITHIN OUTPATIENT | | | |
| Chronic conditions developed on cover subject to underwriting | Covered up to 2,000,000 within Outpatient Limit | Covered up to 2,250,000 within Outpatient Limit | Covered up to 2,500,000 within Outpatient Limit |
| Treatment of Covid-19 and related co-morbidities | 500,000 | 562,500 | 625,000 |
| Antenatal and Postnatal Treatment (Subject to maternity waiting period) | 500,000 | 500,000 | 500,000 |
| Psychiatric Benefit | Covered up to 2,000,000 within Illness hospitalization limit | Covered up to 2,250,000 within Illness hospitalization limit | Covered up to 2,500,000 within Illness hospitalization limit |
| Congenital conditions (after one year of Cover) | Covered up to 2,000,000 within Outpatient limit | Covered up to 2,250,000 within Outpatient limit | Covered up to 2,500,000 within Outpatient limit |
| Optical | 700,000 | 800,000 | 1,000,000 |
| Dental | 700,000 | 800,000 | 1,000,000 |



| | | | |
|---|---|---|---|
| Outpatient treatment of HIV/AIDS and all Opportunistic infections | Covered up to CDL Limit, as per WHO guidelines and procedures | Covered up to CDL Limit, as per WHO guidelines and procedures | Covered up to CDL Limit, as per WHO guidelines and procedures |
| VALUE ADDED BENEFITS | | | |
| Annual Health checks (Basic Medex): Complete blood count, Random blood sugar Breast Exam and VIA for Females above 30 years, PSA for males above 45 years | 200,000 | 250,000 | 300,000 |
| Permanent total Disability benefit for main Member | 2,500,000 | 3,000,000 | 3,500,000 |
| Last Expense | 2,000,000 | 2,000,000 | 2,000,000 |



GOLD PREMIUM RATES PER AGE GROUP AND COVER OPTIONS

| PER PERSON COVER AGE GROUP | GOLD UGX | GOLD PLUS UGX | GOLD PREMIUM UGX |
|-------------------------------|-----------|---------------|------------------|
| 0-17 | 1,334,000 | 1,440,500 | 1,547,000 |
| 18-30 | 1,678,000 | 1,813,000 | 1,948,000 |
| 31-43 | 2,003,000 | 2,165,500 | 2,328,000 |
| 44-55 | 3,632,000 | 3,929,500 | 4,227,000 |
| 56-60 | 3,959,000 | 4,283,500 | 4,608,000 |
| 61-65 | 4,750,800 | 5,140,200 | 5,529,600 |
| 66-69 | 5,700,960 | 6,168,240 | 6,635,520 |



GOLD + TRAVEL PREMIUM RATES PER AGE GROUP AND COVER OPTIONS

| PER PERSON COVER AGE GROUP | GOLD UGX | GOLD PLUS UGX | GOLD PLATINUM UGX |
|-------------------------------|-----------|---------------|-------------------|
| 0-17 | 1,594,072 | 1,700,572 | 1,807,072 |
| 18-30 | 1,938,072 | 2,073,072 | 2,208,072 |
| 31-43 | 2,263,072 | 2,425,572 | 2,588,072 |
| 44-55 | 3,892,072 | 4,189,572 | 4,487,072 |
| 56-60 | 4,219,072 | 4,543,572 | 4,868,072 |
| 61-65 | 5,010,872 | 5,400,272 | 5,789,672 |
| 66-69 | 5,961,032 | 6,428,312 | 6,895,592 |



Uganda Head Office

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