

You're in control



Insurance



**INDIVIDUAL & FAMILY HEALTH INSURANCE
SOLUTIONS (UGANDA 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.
- Ectopic Pregnancy.

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.
- ▶ Nutritional advice and Drug deliveries under the AAR Wellness program.
- ▶ 24-hour call center.
- ▶ Health camps and health tips.
- ▶ Local rescue and evacuation services.



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:

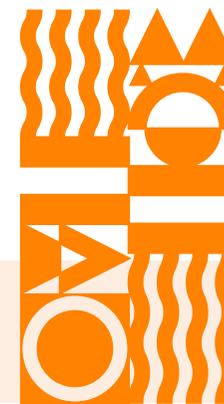
- ▶ A Medical Evaluation (Medex) report for individuals above the age of 45 years.
- ▶ Cover will commence after approval of the application form, a Medical Evaluation (Medex) report and full payment is received.

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	UGANDA UGX	UGANDA PLUS UGX	UGANDA PREMIUM UGX	UGANDA PLATINUM UGX
INPATIENT BENEFITS (Pre-authorization will be required)				
Overall annual Limit	15,000,000	30,000,000	50,000,000	70,000,000
Illness hospitalization	7,500,000	15,000,000	25,000,000	35,000,000
Accident hospitalization	7,500,000	15,000,000	25,000,000	35,000,000
SUB-BENEFITS WITHIN INPATIENT				
High care units for Non-Chronic Illness	Covered up to 3,750,000 within Illness hospitalization limit	Covered up to 10,000,000 within Illness hospitalization limit	Covered up to 20,000,000 within Illness hospitalization limit	Covered up to 30,000,000 within Illness hospitalization limit
Admissions to intensive Care & High care units for Accident	Covered up to 3,750,000 within Accident hospitalization limit	Covered up to 10,000,000 within Accident hospitalization limit	Covered up to 20,000,000 within Accident hospitalization limit	Covered up to 30,000,000 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	Covered Up to CDL Limit
Room Limit per night within hospitalization limit	200,000	250,000	300,000	350,000
Chronic conditions developed on cover (CDL)	Covered up to 1,500,000 within Illness hospitalization limit	Covered up to 3,000,000 within Illness hospitalization limit	Covered up to 5,000,000 within Illness hospitalization limit	Covered up to 7,000,000 within Illness hospitalization limit
Treatment of Covid-19 and related co-morbidities	375,000	750,000	1,250,000	1,750,000
Nursing fees, medical expenses and ancillary charges	Covered	Covered	Covered	Covered

General surgery, surgeons, consultants, anesthetists, medical practitioners fees	Covered	Covered	Covered	Covered
Reconstructive surgery	Covered up to 1,000,000 within accident hospitalization limit	Covered up to 3,000,000 within accident hospitalization limit	Covered up to 5,000,000 within accident hospitalization limit	Covered up to 7,000,000 within accident hospitalization limit
Inpatient Optical Treatment	Covered up to 1,000,000 within Illness hospitalization limit	Covered up to 3,000,000 within Illness hospitalization limit	Covered up to 5,000,000 within Illness hospitalization limit	Covered up to 7,000,000 within Illness hospitalization limit
Inpatient Dental Treatment	Covered up to 1,000,000 within Illness hospitalization limit	Covered up to 3,000,000 within Illness hospitalization limit	Covered up to 5,000,000 within Illness hospitalization limit	Covered up to 7,000,000 within Illness hospitalization limit
Psychiatric treatment	Covered Upto Ugx 1,000,000 within Illness Hospitalisation Limit	Covered Upto Ugx 3,000,000 within Illness Hospitalisation Limit	Covered Upto Ugx 5,000,000 within Illness Hospitalisation Limit	Covered Upto Ugx 7,000,000 within Illness Hospitalisation Limit
Congenital & Genetic Condition Defects	Covered Upto Ugx 1,000,000 within Illness Hospitalisation Limit	Covered Upto Ugx 3,000,000 within Illness Hospitalisation Limit	Covered Upto Ugx 5,000,000 within Illness Hospitalisation Limit	Covered Upto Ugx 7,000,000 within Illness Hospitalisation Limit

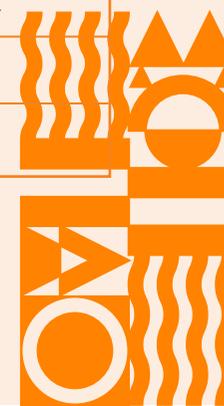


Inpatient treatment of HIV/AIDS and all opportunistic infections	Covered up to CDL limit, as per WHO guidelines and procedures	Covered up to CDL limit, as per WHO guidelines and procedures	Covered up to CDL limit, as per WHO guidelines and procedures	Covered up to CDL limit, as per WHO guidelines and procedures
RESCUE AND EVACUATION PRE-AUTHORIZATION WILL BE INQUIRED				
Rescue Cover (Uganda)	Covered	Covered	Covered	Covered
Ambulance (Uganda)	Covered	Covered	Covered	Covered
MATERNITY COVER (FOR PRINCIPLE AND SPOUSE ONLY IN UGANDA): PRE-AUTHORIZATION WILL BE REQUIRED				
Maternity for principal Member or Spouse	Normal Delivery 400,000	Normal Delivery 800,000	Normal Delivery 900,000	Normal Delivery 1,000,000
Maternity for principal Member or Spouse	Caesarian section 600,000	Caesarian section 1,200,000	Caesarian section 1,800,000	Caesarian section 2,500,000



OUTPATIENT BENEFITS

OUTPATIENT	UGANDA UGX	UGANDA PLUS UGX	UGANDA PREMIUM UGX	UGANDA PLATINUM UGX
Outpatient Limit	1,500,000	2,500,000	3,500,000	4,500,000
SUB-LIMIT BENEFITS WITHIN OUTPATIENT				
Chronic conditions developed on cover subject to underwriting	Covered up to 750,000 within Outpatient Limit	Covered up to 1,250,000 within Outpatient Limit	Covered up to 1,750,000 within Outpatient Limit	Covered up to 2,250,000 within Outpatient Limit
Treatment of Covid-19 and related co-morbidities	125,000	250,000	375,000	500,000
Antenatal and Postnatal Treatment (Subject to maternity waiting period)	500,000	500,000	500,000	500,000
Psychiatric Benefit	Covered up to 500,000 within Outpatient limit	Covered up to 1,000,000 within Outpatient limit	Covered up to 1,500,000 within Outpatient limit	Covered up to 1,750,000 within Outpatient limit
Congenital conditions (after one year of Cover)	Covered up to 500,000 within Outpatient limit	Covered up to 1,000,000 within Outpatient limit	Covered up to 1,500,000 within Outpatient limit	Covered up to 1,750,000 within Outpatient limit
Optical	200,000	350,000	450,000	500,000
Dental	200,000	350,000	450,000	500,000



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	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	100,000	100,000	150,000	200,000
Permanent total Disability benefit for main Member	1,000,000	2,000,000	3,000,000	4,000,000
Last Expense	1,000,000	1,000,000	2,000,000	2,000,000



PREMIUM RATES PER AGE GROUP AND COVER OPTIONS

PER PERSON COVER AGE GROUP	UGANDA UGX	UGANDA PLUS UGX	UGANDA PREMIUM UGX	UGANDA PLATINUM UGX
0-17	880,000	920,000	986,000	1,059,000
18-30	1,027,000	1,127,000	1,237,000	1,353,000
31-43	1,222,000	1,341,000	1,473,000	1,612,000
44-55	2,197,000	2,416,000	2,658,000	2,910,000
56-60	2,393,000	2,632,000	2,896,000	3,170,000
61-65	2,871,600	3,158,400	3,475,200	3,804,000
66-69	3,445,920	3,790,080	4,170,240	4,564,800



Uganda Head Office

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