

A	IN –PATIENT COVER	CAT A	CAT B	CAT C
1	Overall Annual Limit Per Person	24,060,000	12,030,000	8,020,000
2	Hospital accommodation per Night	200,500	160,400	120,300
3	Physician's, Surgeon's, Consultant's & Anesthetist's fees	Covered	Covered	Covered
4	Cost of X-rays, diagnostic examination, investigations and laboratory tests	Covered	Covered	Covered
5	Cost of prescribed medicines and dressings, surgical appliances	Covered	Covered	Covered
6	Scans (ECG, CT, MRI and PET and other scans)	Covered	Covered	Covered
7	Inpatient Physiotherapy	Covered	Covered	Covered
8	Operation Theatre charges	Covered	Covered	Covered
9	Radiotherapy and Chemotherapy	Covered	Covered	Covered
10	ICU, IDU hospitalization	Covered	Covered	Covered
11	Congenital and Hereditary Conditions & Prematurity	Covered up to RWF 5,614,000	Covered up to RWF 3,208,000	Covered up to RWF 2,406,000
12	Inpatient gynecological surgery (Family planning advice and procedures including complications) excluding fertility treatment and permanent procedures	Covered up to 2,005,000	1,604,000	1,203,000
13	Internal & external prosthesis and appliances excluding dental prosthesis or appliances	Covered	Covered	Covered
14	Psychiatry and psychotherapy	Covered up to RWF 5,614,000	Covered up to RWF 3,208,000	Covered up to RWF 2,406,000
15	Oncology/Cancer treatment	Covered within chronic limit	Covered within chronic limit	Covered within chronic limit
16	Lodger fees for adults accompanying a child below 12 years.	Covered	Covered	Covered
17	Day care surgery	Covered	Covered	Covered
18	Reconstructive surgery following an accident excluding cosmetic surgery	Covered	Covered	Covered
19	Pre-existing and chronic conditions including cancer and HIV/AIDS	Covered up to RWF 5,614,000	Covered up to RWF 3,208,000	Covered up to RWF 2,406,000
21	Internal & External prosthesis and appliances excluding dental prosthesis or appliances	Covered up to 2005000	Covered up to 1,604,000	Covered up to 1,203,000
22	Illness related maxillofacial surgery	Covered up to 2005000	Covered up to 1,604,000	Covered up to 1,203,000
23	Emergency road ambulance	Covered	Covered	Covered

24	Hearing aids were necessitated by an accident or an insured illness or disease	Covered up to 2005000	Covered up to 1,604,000	Covered up to 1,203,000
26	Treatment of fibroids and cysts covered with inpatient gynecological surgery	Covered	Covered	Covered
27	Local (within Uganda) Emergency Evacuation for transportation of a sick Member for treatment from an area where facilities for adequate care do not exist to the next available hospital or licensed medical facility			
30	Temporary Overseas Cover: Claims related to expenses arising whilst the Member is temporarily abroad and requiring emergency treatment for an illness or injury that occurs during the period of travel provided that such period does not exceed six weeks in any one visit will be covered on reimbursement. Travel and accommodation costs are not covered			
B OUT-PATIENT COVER		COVERAGE	COVERAGE	COVERAGE
1	Annual Limit Per Person	2,005,000	1,604,000	1,203,000
2	Physician's, Surgeon's, Consultant's & Anesthetist's fees	Covered	Covered	Covered
3	Cost of prescribed medicines, surgical appliances, dressings	Covered	Covered	Covered
4	Prescribed Laboratory Tests and approved X-rays, & other Diagnostic Tests and Procedures	Covered	Covered	Covered
5	Scans (ECGs, CT, MRI and PET Scans)	Covered	Covered	Covered
6	Radiotherapy and Chemotherapy	Covered	Covered	Covered
7	Outpatient Surgery	Covered	Covered	Covered
8	Outpatient Physiotherapy	Covered	Covered	Covered
9	Congenital and Hereditary Conditions	Covered	Covered	Covered
10	Gynecological and obstetrics treatment	Covered	Covered	Covered
11	Psychiatry & psychotherapy	Covered	Covered	Covered
12	Outpatient oncology/cancer treatment	Covered	Covered	Covered
13	Cost of hiring clutches or wheelchair	Covered	Covered	Covered
14	Oncology including cancer tests (Pap smear and prostate)	Covered	Covered	Covered
16	Ante-natal and post-natal care and up to 2 ultrasound scans.	Covered	Covered	Covered
17	Family Planning Advice and Procedures	Covered	Covered	Covered
18	Counseling Services, upon referral	Covered	Covered	Covered
C DENTAL COVER		COVERAGE	COVERAGE	COVERAGE
1	Annual limit per person	320,800	200,500	160,400
2	Fillings	Covered	Covered	Covered

3	X-rays	Covered	Covered	Covered
4	Simple or surgical extractions	Covered	Covered	Covered
5	Anesthetists' fees	Covered	Covered	Covered
6	Root canal	Covered	Covered	Covered
7	Scaling	Covered	Covered	Covered
D	OPTICAL COVER	COVERAGE	COVERAGE	COVERAGE
1	Annual limit per person (frames are given once in two years)	320,800	200,500	160,400
2	Eye lenses & glasses	Covered	Covered	Covered
3	Eye testing	Covered	Covered	Covered
4	Treatment of eye and eye related illnesses	Covered	Covered	Covered
E	MATERNITY COVER	COVERAGE	COVERAGE	COVERAGE
1	Normal or Caesarian section delivery including complications of maternity/pregnancy (within inpatient limit)	2005000	1,604,000	1,203,000
F	FUNERAL EXPENSES	COVERAGE	COVERAGE	COVERAGE
1	Payable on confirmation of death of a member	1,203,000	1,203,000	1,203,000