



INTER-UNIVERSITY COUNCIL FOR EAST AFRICA (IUCEA)

BENEFITS SCHEDULE

GROUP POLICY NUMBER: TCOR0013733

PERIOD OF COVER: 01ST SEP 2025 TO 31ST AUG 2026

Geographical coverage	All East African Countries (Tanzania,DRC,Kenya,Uganda,Rwanda, Burundi,South Sudan) on credit, (India and Pakistan on referral)	
Currency	USD	
Category	A	B
A. INPATIENT BENEFITS - PER PERSON	200,000	160,000
Hospitalization ward-Covered under the Specified diagnosis sublimit Private ward covered per person per day	Private Ward	Private ward
SUB-LIMITS UNDER INPATIENT LIMIT		
Pre-existing, chronic and HIV cover (including provision of ARVs) conditions including kidney dialysis and cancer treatment	Covered to full IP	Covered to full IP
Kidney Dialysis- covered under Pre-existing and chronic sub limit	50,000	40,000
Organ Transplant - This is covered for the member who is a recipient only under the specific conditions sub-limit. The donor is covered up to USD 10,000 for the procedure only, within this sub-limit	60,000	50,000
Palliative Care covered within the Pre-existing, chronic and HIV cover	10,000	10,000
Congenital conditions, prematurity/neonatal related complications after birth for a covered child	20,000	15,000
Maternity and related complications;		

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> Inpatient cost incurred for normal and caesarean deliveries, Labor and recovery wards	7,000	6,000
> Other related ailments and complications including ectopic pregnancies and miscarriages, Professional fees		
External Appliances (Hearing Aids, Nebulizers, Crutches, and Wheelchairs)	2,500	2,000
Mortuary Expenses, body emolument and Repatriation of remains following international referral	15,000	10,000
Infertility treatment	10,000	10,000
Inpatient dental and optical hospitalization resulting from an accident	Covered	Covered
Psychiatric illnesses and mental conditions	20% of IP limit	20% of IP limit
Evacuation by air within Tanzania in the event of a medical emergency to the nearest location where appropriate medical care is available.	Covered	Covered
International Emergency medical cover	Covered	Covered
Home nursing within 30 days post discharge	Covered	Covered
Radiology including but not limited to X-ray/Ultrasound/CT scans/MRI Scans/Bone scan/ PET Scan. For MRI/CT-Scan - whether requested under Inpatient or outpatient up to 3 sessions covered under respective IP sub limits where applicable and the rest of the sessions to be covered under Outpatient for outpatient cases.	Covered	Covered
24 hours Road ambulance and paramedic assistance & access within Tanzania	Covered	Covered
Internal or external Prostheses	Covered	Covered
Rehabilitation and Physiotherapy	Covered	Covered
Theatre, surgical operations and procedures	Covered	Covered
General doctors & specialists Consultation and treatment	Covered	Covered

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Foreign Referral Treatment, Travel costs included (Economy return ticket India only), visa costs, airport transfer, in-hospital accommodations costs included for treatments not available in Tanzania (whether under OP or IP). Escort costs included if medically necessary or for minor/children guardian cover included.	Covered	Covered
In country & East Africa - economy return tickets and airport transfer costs, are covered for referral cases as issued by treating doctor for member and one accompanying person (where medically necessary) under the inpatient limit.		
Accommodation and upkeep for all referral cases shall be covered up to USD 200 per person per day for a maximum of 15 days under the inpatient limit.		
Elective referrals (so long as referral is not issued by treating doctors) – tickets & accommodation are excluded	Covered	Covered
B. OUTPATIENT BENEFITS - PER PERSON	3,000	2,500
Geographical Cover	East Africa	East Africa
SUB-LIMITS UNDER OUTPATIENT LIMIT		
Annual Medical Check-up at doctors room	1,200	1,000
Male child circumcision	250	200
Menopausal Treatment and Infertility Treatment	500	500
Vaccinations & Immunizations covered for Hepatitis B & C per Employee	200	200
Baby Friendly vaccines (KEPI)	150	150
General and specialist doctors' consultations	Covered full OP	Covered full OP
Laboratory and pathology tests	Covered full OP	Covered full OP
Casualties and emergency visits	Covered full OP	Covered full OP
Rehabilitation and Physiotherapy	Covered full OP	Covered full OP
Acute Medication	Covered full OP	Covered full OP

Maternity (ante & post-natal care)	Covered full OP	Covered full OP
Radiology - X-ray and Ultra-sound	Covered full OP	Covered full OP
Chronic Medication	Covered full OP	Covered full OP
C. DENTAL BENEFITS - PER PERSON	2,000	1,800
Dental consultations and gum diseases, Extractions and Fillings (except precious metals)	Covered	Covered
Scaling, Dental X-Rays, Dental Prescriptions and Root Canal	Covered	Covered
Braces, bridges and crowns (as a sublimit of the dental benefits)	1,000	1,000
D. OPTICAL BENEFITS - PER PERSON	2,000	1,800
Eye glasses, Routine optical consultations, and Optical Prescriptions	Covered	Covered
Optometrist consultations and eye examinations, Prescription of frames	Covered	Covered
Prescribed lenses and replacement of lenses,	Covered	Covered
Antiglare & Photo chromatic lenses covered if prescribed	Covered	Covered
E. LAST/FUNERAL EXPENSE BENEFITS - PER PERSON	1,500	1,000
F. PANDEMICS , EPIDEMICS & COVID-19		
Covid-19 treatment is covered per person within Inpatient limit and to the full Outpatient limit (voluntary tests, travel tests and vaccinations are excluded).	25,000	20,000
Covid-19 quarantine costs covered for maximum of 20 cases @ USD 1,000 per case on Reimbursement basis		
TRAVEL INSURANCE		
Covered under Outpatient benefit for official trips only for employees only.		
H. Mode of verification at point of service	Smart Card	Smart Card
I. Cash reimbursements where necessary (claims submitted within 90 days from treatment date)	30 Days	30 Days



VALUE ADDED SERVICES

- Dedicated Relationship Manager to service your account.
- Health talks will be arranged on a regular basis
- Free regular online workout sessions.
- Quarterly claims experience/scheme performance reports.
- Free Drug Delivery for chronic patients within Dar es Salaam.
- Biometric identification at major service providers.
- Monthly member statements are emailed to each member on a monthly basis.
- SMS alert sent to the member after accessing a biometric installed provider
- Free access to Jubilee Mum's Club

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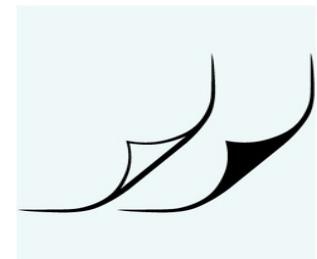


THE FOLLOWING EXCLUSIONS WILL APPLY:

- Intentional self-injury, suicide or attempted suicide, intoxication, drunkenness
- Expenses recoverable under any other insurance
- Cosmetic surgery, massage or beauty treatment
- Naval, Military and Air force operations
- Stays at sanatoria, old age homes, places of rest etc.
- Vaccinations (**Except Hepatitis B**)
- Injury sustained while in a state of insanity
- War, invasion, civil war, riots or act of terrorism
- Herbalists, unproven and alternative treatment
- Foetal surgery - surgery undertaken on a child while it is in the mother's womb
- Bone marrow transplants
- Contamination caused by nuclear fission, ionizing radiation or by radioactivity from nuclear fuel or waste
- Criminal activity (member engaging in criminal or unlawful acts) Experimental drugs and treatments
- Vitamins, Tonics, minerals & other food supplements (except when same is dispensed on a medical necessity to prevent side effects of a drug that is dispensed along with such vitamins, tonics, minerals or other food supplements)
- Health hydro's and sauna baths
- Professional sports and willful exposure to needless danger
- Routine and periodic health examinations
- Search and rescue
- Widal Test
- Sexually transmitted diseases
- Foreign Elective treatment
- Treatment by a relative or non-registered person
- Criminal or Self-induced abortion/abortion with no medical indication
- Any direct or indirect consequences, loss or bodily injury or sickness relating to a disease declared by the World Health Organization (WHO) as a pandemic outbreak (**Except covid-19 as outlined above**).



EMERGENCY CONTACTS:



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Our Desk Numbers:

s/n	Provider	Email address	Region	Phone numbers
1	Aga khan Main – Outpatient	jicagakhan@jubileetanzania.co.tz	Dar es salaam	0653 837 525 / 0748 500 045
	Aga khan Main – Admission	jicagakhan@jubileetanzania.co.tz & shemsa.hamoud@jubileetanzania.com	Dar es salaam	0744 054 491
2	Rabininsia Memorial Hospital	jicrabininsia@jubileetanzania.co.tz	Dar es salaam	0748 500 041
3	Aga khan Arusha	jicaragakhan@jubileetanzania.co.tz	Arusha	0748 500 043
4	AICC-hospital	jicaicchospital@jubileetanzania.com	Arusha	0747 467 364
5	Bochi hospital	jicbochi@jubileetanzania.co.tz	Dar es salaam	0748 500 044
6	KCMC	jickcmc@jubileetanzania.co.tz	Kilimanjaro	0748 500 046
7	Bugando Hospital	jicbugando@jubileetanzania.com	Mwanza	0748 500 047
8	Benjamins Mkapa Hospital	jicbmkapa@jubileetanzania.co.tz	Dodoma	0748 500 048
9	Mbeya Referral Hospital	jicmbeyahospital@jubileetanzania.co.tz	Mbeya	0748 500 049
10	Sanitas hospital	jicsanitas@jubileetanzania.co.tz	Dar es salaam	0748 500 050
11	Muhimbili National Hospital	jicmuhimbili@jubileetanzania.co.tz	Dar es salaam	0764 670 849
12	Kairuki Hospital	jickairuki@jubileetanzania.co.tz	Dar es salaam	0748 725 782
13	London Health Center	jiclondon@jubileetanzania.co.tz	Dar es salaam	0742 434 350
14	Regency Hospital	jicregency@jubileetanzania.co.tz	Dar es salaam	0743 460 374
15	Saifee Hospital	jicsaifee@jubileetanzania.co.tz	Dar es salaam	0754 840 823
16	Muhimbili Orthopaedic Institute	jicmoi@jubileetanzania.co.tz	Dar es salaam	0765048029

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