



Better. Simple. Life.



## FAMILY MEDICAL COVER

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## BENEFITS SCHEDULE

### Cover benefits payable in full

- Hospitalization expenses including surgeon, physician, theatre, ICU & HDU fees
- Diagnostics and physiotherapists fees, prescribed drugs, dressings, surgical appliances.
- Accommodation costs for parent/guardian accompanying child of 6 years and below.
- En-suite/VIP room maximum RWF 150,000 in the respective markets

### Benefits payable for various plans

Plan options	Bronze	Silver	Gold	Platinum	Platinum plus
OVERALL LIMIT	3,750,000	7,500,000	15,000,000	22,500,000	37,500,000
Bed limits (net of NHIF rebate , RAMA and other national scheme where applicable)	General Ward	General Ward	Standard Private	Standard Private	VIP-Room/en-suite
Funeral expenses per member (as a separate limit)	375,000	375,000	375,000	375,000	375,000
Pre-existing chronic conditions on full disclosure at the time of joining (one year waiting period)	1,125,000	1,875,000	2,250,000	2,250,000	2,250,000
Newly diagnosed chronic conditions (after one year of claiming to the full limit.)	1,125,000	1,875,000	2,750,000	3,750,000	7,500,000
Post-hospitalization treatment related to cause of pre-authorization (reimbursement only, limited to the first 3 weeks after discharge.)	112,500	150,000	150,000	150,000	225,000
In patient non-accident related eye treatments excluding surgery for refractive errors and laser treatment (one year waiting period)	562,500	562,500	750,000	750,000	750,000
In patient non-accident related dental surgery/treatment (after six months of cover and subject to written pre-authorization.)	150,000	225,000	300,000	300,000	375,000
Gynecological surgery (one year waiting period)	1,500,000	2,250,000	2,625,000	2,625,000	2,625,000

Organ transplantation after two years of cover (cost of donor or securing the organ is excluded)	1,875,000	2,250,000	3,750,000	3,750,000	3,750,000
Internal and external surgical implants, appliances, joint replacements and prostheses (excluding dental fixtures)	2,250,000	2,250,000	3,000,000	3,000,000	4,500,000
Psychiatry and psychotherapy	1,125,000	1,875,000	2,250,000	2,250,000	2,250,000
Cancer treatment after one year of cover.	1,875,000	2,625,000	3,750,000	3,750,000	3,750,000
Illness related reconstructive/plastic surgery from the third year of cover (excludes cosmetic, obstetrics and gynecology related)	1,125,000	1,125,000	1,125,000	1,125,000	1,125,000
Non accident related maxillofacial surgery. (Excluding routine dental surgery and dental fixtures)	1,125,000	1,500,000	2,250,000	2,250,000	2,250,000
Congenital defects and genetic disorders after one year of cover.	1,125,000	1,500,000	1,875,000	1,875,000	1,875,000
HIV / AIDS and related conditions after one year of cover.	1,500,000	1,500,000	2,250,000	2,250,000	3,750,000
Optional Maternity after one year of cover refer premiums below					
All benefits are subject to the overall cover limits per annum.					

## WHY UAP INSURANCE

- No Excess for inpatient cover
- Cover for Pre-Existing Conditions
- Cover for Chronic & HIV/AIDS
- Regional wide Provider Network
- No Accommodation Business Required
- Regional Coverage: Kenya, Uganda, Tanzania, Rwanda, Burundi, South Sudan, India
- Overseas treatment on credit under listed hospitals
- Road Evacuation
- Air Evacuation for cover limits of 22.5 million and above.
- Flexible Package applicable to Individuals, Families, Groups; SMEs, etc
- Volume Discount applicable to package with over 10 Persons
- Countrywide & Regional UAP Offices : All Major Towns in Rwanda, Kenya, Tanzania and

Uganda.



#### PREMIUM TABLES

MATERNITY COVER OPTIONS PER FAMILY		
Option	Limit	Premium per family
1	750,000	168,750
2	562,500	112,500
3	300,000	71,250

DENTAL COVER PER PERSON	
Limit	Premium per life
150,000	60,000

OPTICAL COVER PER PERSON	
Limit	Premium per life
150,000	75,000

OUT PATIENT COVER OPTIONS PER PERSON		
Option	Limit	Premium per life
1	1,125,000	195,000
2	750,000	177,300
3	450,000	151,425

INPATIENT PLAN OPTIONS PER FAMILY					
Plan	Bronze	Silver	Gold	Platinum	Platinum plus
Options	3,750,000	7,500,000	15,000,000	22,500,000	37,500,000
19 - 29 years					
Principal Member	119,850	134,775	191,175	212,475	242,475
Spouse	100,350	112,200	161,550	179,550	204,375
Child (1 months to 18 years)	55,725	71,475	109,425	121,575	136,125
30 - 40 years					
Principal Member	126,075	141,900	201,600	224,025	255,825
Spouse	105,375	117,975	170,250	189,150	215,400
Child (1 months to 18 years)	55,725	71,475	109,350	121,575	136,125
41 - 50 years					
Principal Member	132,975	149,475	235,725	261,975	272,025
Spouse	110,325	123,450	196,875	218,775	227,025
Child (1 months to 18 years)	55,725	71,475	109,425	121,575	136,125
51 - 65 years					
Principal Member	164,850	188,475	255,675	284,100	324,150
Spouse	134,700	154,950	213,375	237,150	269,700
Child (1 months to 18 years)	55,725	71,475	109,425	121,575	136,125

### How do I sign up for the cover?

Please contact UAP insurance or your insurance intermediary and fill the application form. Ensure you complete the

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application form as completely and as accurately as possible to facilitate quick processing of your cover. Return the duly filled form and the premium cheque to UAP insurance. All members as proposed will be issued with a membership card and a policy document will be issued for every proposal.

### **General Conditions -**

- **Waiting Periods of 28 days for illness claims and 60 days for surgical claims.**
- **Persons over 60 years will undergo a medical exam.**
- **A member has to present their UAP medical cards at the hospital admissions desk. Inform the admitting hospital that you are covered by UAP.**
- **Eligibility is all persons and their legal dependants from age of two (1) month to the age of sixty five (65) years. Existing members can continue renewing in the scheme up to age seventy five (75) years.**
- **Eligible dependants include one spouse, own children from age of 1 month to 18 years of age. Children above 19 years will be covered as principal persons.**

### **Outpatient:**

- **Co-pay payable at the provider 10% per visit for either routine outpatient, dental or optical services**
- **Pre-existing and chronic conditions covered fully on outpatient.**
- **Excludes routine medical check ups**
- **Strictly providers on our standard panel. Reimbursement to be considered only in emergency situations where we have no provider.**
- **Excludes dental and optical benefits**
- **Private vaccines excluded. Recommended national immunization program followed.**
- **Standard cover exclusions apply**

### **Exclusions**

- **Illness claims incurred within the first 28 days of cover.**
- **Surgical claims incurred within the first 60 days of cover.**
- **Amounts recoverable from other insurances such as RAMA, NHIF, GPA , WCA etc**
- **Expenses where material information is withheld or misstated.**
- **Benefits not specified in the brochure and policy.**
- **Treatment by any other than a certified medical practitioner.**
- **Expenses incurred in connection with active participation in riots, civil unrest etc**
- **Self inflicted injury and attempted suicide**
- **Homeopathy, chiropractic treatment, acupuncture, herbal medicine and treatment**
- **Medical costs due to experimental treatment.**
- **Professional and hazardous sports activities.**
- **Cosmetic Surgery**
- **Infertility**
- **Hospitalization Bills incurred by a member at a non appointed provider.**
- **Alcoholism & conditions related to alcohol intoxication**
- **laser eye surgery for correction of refractive errors**
- **Dentures, bridges and crowns**

For detailed terms and conditions of cover refer policy document.