



Key Facts Document

1. **Name of Insurer:** Prudential Assurance Uganda Limited (PAUL).
2. **Location and Address:** P.O. Box 2660 Kampala-Uganda, 8th floor, Zebra Plaza, Plot 23 Kampala Road.
3. **Type of Cover:** Retail medical insurance.
4. **Duration of Policy:** Twelve (12) Months Medical Insurance cover renewable after expiry.
5. **Benefits:** Provides health protection to Members that are enrolled on the health covers. Main benefits paid include Inpatient, Outpatient, Dental and Optical each having an annual limit according to the package purchased.
Inpatient is a mandatory benefit for purchase while the rest are optional. Sub-limits may apply within a main benefit.
6. **How to pay premium:** The premium is paid in the bank (Absa bank, Stanbic bank, Equity Bank or Housing Finance Bank) before commencement of cover against the invoice issued by the underwriter. Failure to pay the required premium shall result in cancellation of the cover.
7. **Duration of Cover/Policy:** 12 months
8. **How to add a member:** Any new member shall fill in the application form which shall be submitted to PAUL for underwriting and card printing.
9. **Eligibility:** Members are covered from birth up to 70 years for new joiners and up to 75 years for existing members. Children are covered up to 25 years. A Principal member is allowed with one spouse and no limit to number of children. Senior Citizens cover shall be allowed from 75 years for new joiners and up to 85 years for existing members.
10. **Monitoring of Cover:** Members can access their utilization report from the system either individually through SMART mobile application or on request through periodic statements from PAUL.
11. **Card processing time:** Two working days.
12. **How to access services:** The client can access the services using the Smart Card.
13. **How to register fingerprints:** Fingerprints are captured on the first visit to the hospital/medical facility on the bio metric chip in the medical insurance card.
14. **How to pay for card reprint:** In case of loss or damage to a member’s medical insurance card, a member shall pay Uganda Shillings ten thousand (UGX 10,000) for a card



reprint through MTN mobile money Merchant code “PAU” or Airtel money business number “455001”.

15. **Termination of policy:**
 - a) Termination is subject to a pro-rated refund of the premiums for the remaining period until the expiry date for all insured members who have not registered any claims with the PAUL.
 - b) No refund will be payable for insured members who have registered claims on the cover.
16. **Co-payments (Cost Sharing):** In some cases, co-payments may be applicable and payable directly to selected medical facilities.
17. **Exhaustion of applicable medical benefit:** Any extra costs will be paid directly to the medical facility before discharge/provision of services.
18. **Health Care Providers:** A list of the designated medical care providers has been attached to your Key Facts Document. PAUL shall not cover any claims incurred in the health facilities outside the attached list.
19. **Vetting of claims:** Claim forms shall be submitted within 30 days from date of provision of medical services and paid directly to the service provider within 45 days after vetting by PAUL.
20. **Refund/reimbursement:** Refunds are subject to pre-authorization and shall be paid within 14 days by direct electronic funds transfer to the member’s bank account. Submission of supporting documentation shall be no later than 30 days from treatment date. Submissions may be made physically or to refunds@prudential.ug .
21. **Pre-authorization and emergency:** In case of an emergency, the member may be authorized by the PAUL care management team on the following 24-hour hotlines: 0800-200052 or 0312-251400 or 0701-044483

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22. **Moratorium/Waiting period:** this is a period within which PAUL shall not cover any claims incurred by a member for services in the table below.

No.	Description	Waiting period
1	Outpatient	Not applicable
2	Inpatient	3 Months
3	Maternity,	8 Months
4	Newly diagnosed Chronic, Pre-existing conditions and Elective surgeries	12 Months
5	Organ transplant	24 Months
6	Waiving of waiting periods	Subject to a mark up on payable premiums
7	Members previously on insurance	Not subject to waiting periods

23. **Renewal:** A renewal proposal may be shared with the policy holder within 3 months before the expiry date.
24. **How to complain:** If a member is dissatisfied with PAUL's services, he/she may contact our customer care team on 0800-200052 or 0312-251400 or 0701-044483 or customercare@prudential.ug
25. **Principle of utmost good faith:** This policy is based on the principle of utmost good faith. Therefore, members are required to disclose any medical conditions while filling out the application forms. Any false representation shall render the member's cover voidable.
26. **Exclusion:** A list of exclusions has been provided, which includes, but is not limited to, self-inflicted harm, voluntary abortion, drug and alcohol abuse, infertility, etc. Kindly contact PAUL on above contacts for more information about the exclusions.
27. **Disclaimer:** Please note that this key fact statement does not contain the full terms of the insurance policy and details of this are outlined in the detailed policy document.

Exclusions

Unless specified and agreed in writing, PAUL will not provide a member covered under this contract, treatment or costs thereof arising from the following benefit exclusions or circumstances.

PE1: Abuse of alcohol, drug, any other intoxicating substance, or any addictive condition of any kind and any medical condition arising directly or indirectly from any such abuse or addiction not limited to Admissions for rehabilitation.

PE2: Any type of infertility treatment, contraception, sterilization or fertilization, treatment for sexual problems

(including impotence, whatever the cause), sex changes, assisted reproduction (E.g., IVF treatment) and any pregnancy, including surrogacy, resulting from such treatment.

PE3: Experimental or unproven treatment unless the Company has given specific pre-authorization.

PE4: Cryopreservation, implantation, or re-implantation of living cells or living tissue, whether autologous or provided by a donor.

PE5: Injury or illness caused by, contributed to, or resulting from self-infliction, or willful exposure to danger.

PE6: Medical conditions sustained by military, naval or air force personnel resulting from participation in any military, naval or air force operation or exercise, participation in war, riots, strikes, lockouts, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal/criminal act, including resulting Imprisonment.

PE7: The release of weapon(s) of mass destruction (nuclear, biological, or chemical) whether such involves an explosive sequence(s) or not.

PE8: Contamination from chemical, biological, and nuclear materials, including waste products from the combustion of nuclear fuel.

PE9: Treatment by chiropractors, acupuncturists, and herbalists, stays and/or maintenance or treatment received in nature cure clinics or similar establishments or private beds registered within a nursing home, sanatoria, convalescent and/or rest homes or 'cures' attached to such establishments.

PE10: Medical Conditions due to the participation in professional and hazardous sports including but not limited to scuba diving, sky diving, parachuting, paragliding, mountaineering and martial arts, or use of weapons or firearms.

PE11: Learning difficulties and/or disorders, developmental disorders, and speech/or voice problems.

PE12: Cosmetic, reconstructive, or remedial disorders, whether or not for psychological reasons, and/or any complications arising thereafter including and not limited to removal of fat from any part of the body, keloid, scars and birthmark removal, breast reduction or breast enlargement, ear or body piercing and tattooing, and any treatment required following these.

PE13: Routine medical examinations and regular check-ups, unless explicitly included as part of the scheme agreed by the member's employer.

PE14: Circumcision unless medically necessary for the treatment of disease/injury not excluded in the Policy.

PE15: *Vaccinations.

PE16: Sex hormone replacement therapy, use of steroids, organic preparations and their derivatives except in management of non-hormonal conditions e.g. Cancers and related conditions.

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PE17: Treatment in any quarantine/isolation or rest home, spa, hydro-clinic, health resort, massage center and chiropractic treatment, sanatorium or long-term care facility that is not a hospital.

PE18: Abortion due to voluntary, psychological, or social reasons, and its consequences.

PE19: Sunglasses and Plano lenses.

PE20: Natural or non-medical degenerative defects but not limited to sight, hearing and bone.

PE21: Preventative dental examinations, prophylaxis treatment, dentures, false teeth, dental implants and/or orthodontic treatment.

PE22: Obesity, special diet, or weight control, compulsive or addictive eating disorders and/or homesickness.

PE23: Children's food, baby supplies, vitamin, mineral or organic supplements, de-wormers, products that can be purchased without a doctor's prescription such as, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo, sunscreen, etc.

PE24: *Supplying, maintaining, or fitting any external prostheses or appliances, rental or purchase of crutches, wheelchairs, or other equipment, medical or otherwise. The Company will pay for spinal support, knee brace, collar brace, etc. if it is part of a surgical operation and/or integral to the treatment of a covered medical condition.

PE25: Charges or fees incurred for the completion of medical claim forms and any provider registration fees and medical report charges unless requested by the Company.

PE26: *Any treatment relating to a condition that the insured person was aware of (ought to have known) at the commencement date, which was not disclosed to us, and accepted by us.

PE27: Medication, drugs, and dressings which are not recognized by the National Drug Authority of Uganda or are available without prescription from a medical practitioner, specialist/consultant, registered nurse, or therapist.

PE28: Treatment as a result of proven medical negligence or malpractice.

PE29: Medical certificates and examinations for residence, employment, or travel.

PE30: Treatment for national disasters, pandemics, and epidemics.

PE31: Permanent family planning methods such as tubal ligation, vasectomy, or the reversal of such procedures.

PE32: Prophylactic treatments and Allergic tests.

PE33: All transportation costs occurring during trips specifically made for the purpose of obtaining Treatment, any other non-medical items that are not required for treatment will not be catered for by the Company e.g. phone calls, DVDs, airtime, internet, newspapers, diapers.

PE34: All costs relating to appointments not kept or cancelled by the Insured or Insured dependents.

PE35: All costs relating to interest charged and legal fees arising out of overdue medical expenses.

PE36: Any costs incurred in the pursuit of any legal action against us i.e:

PE37: All costs relating to appointments not kept or cancelled by the Insured or Insured Dependents.

PE38: All costs relating to interest charged and legal fees arising out of overdue medical expenses.

Exclusions of Covid-19 Cover

- 1) Costs of quarantine and mandatory Covid-19 tests for non-positive cases.
- 2) Self-lab-requests are not covered.
- 3) Cost of tracing contacts is not covered.
- 4) Preventative treatments are not covered.
- 5) Presumptive treatments for Covid-19 negative cases will not be covered

Note: You are advised to log onto our website on <https://prudential.ug/group-health-plans/> and review detailed terms and conditions in the Master Policy of this scheme.

Declaration:

Iconfirm that I have read the detailed master policy for this scheme and I agree to the terms of use.

Signed for and behalf of: THE INSURED

SIGNATURE: _____

DATE: _____

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Benefits Schedule:

INPATIENT BENEFITS SUMMARY – Per Person						
CATEGORY	PLATINUM	GOLD	SILVER	BRONZE	COPPER	MARBLE
Overall Cover Benefit Limit	UGX 300,000,000	UGX 100,000,000	UGX 50,000,000	UGX 20,000,000	UGX 10,000,000	UGX 5,000,000
Daily bed limit	UGX 300,000	UGX 250,000	UGX 200,000	UGX 200,000	UGX 150,000	UGX 100,000
Lodger fees for parent accompanying child below 8 years	Covered	Covered	Covered	Covered	Covered	Covered
Accidents & Emergency	UGX 150,000,000	UGX 100,000,000	UGX 50,000,000	UGX 20,000,000	UGX 10,000,000	UGX 5,000,000
General Illness	UGX 150,000,000	UGX 100,000,000	UGX 50,000,000	UGX 20,000,000	UGX 10,000,000	UGX 5,000,000
Inpatient Dental Illness	UGX 22,500,000	UGX 15,000,000	UGX 7,500,000	UGX 3,000,000	UGX 1,500,000	UGX 750,000
Inpatient Ophthalmology Illness	UGX 22,500,000	UGX 15,000,000	UGX 7,500,000	UGX 3,000,000	UGX 1,500,000	UGX 750,000
Covid-19 treatment including emergency ambulance evacuation covered within the inpatient illness limit	UGX 15,000,000	UGX 10,000,000	UGX 5,000,000	UGX 2,000,000	UGX 1,000,000	UGX 500,000
Psychiatric Conditions	UGX 30,000,000	UGX 20,000,000	UGX 10,000,000	UGX 4,000,000	UGX 2,000,000	UGX 1,000,000
Pre-existing, and Newly diagnosed Chronic conditions including HIV/AIDS (ARV's Treatment)	UGX 45,000,000	UGX 30,000,000	UGX 15,000,000	UGX 6,000,000	UGX 3,000,000	UGX 1,500,000
Cancer Care & Treatment including Chemotherapy	Covered within Chronic limit	Covered within Chronic limit	Covered within Chronic limit	Covered within Chronic limit	Covered within Chronic limit	Covered within Chronic limit
Congenital and Genetic conditions	UGX 45,000,000	UGX 30,000,000	UGX 15,000,000	UGX 6,000,000	UGX 3,000,000	UGX 1,500,000
Road ambulance evacuation within Uganda	Covered within limits	Covered within limits	Covered within limits	Covered within limits	Covered within limits	Covered within limits
Visits and consultation by a GP and specialists	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Radiology	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
MRI and CT scans (On pre-authorization)	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits
Physiotherapy	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Intensive care and high dependency units	Covered within Applicable Limits	Covered within Applicable Limits	Covered within Applicable Limits	Covered within Applicable Limits	Covered within Applicable Limits	Covered within Applicable Limits
Prescribed medicines	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits

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Professional fees	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Theatre fees	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Reconstructive Surgery Excluding Cosmetic & Geriatric Treatment	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Urology	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Gynaecological Conditions Excluding Fertility Treatment	UGX 15,000,000	UGX 10,000,000	UGX 5,000,000	UGX 2,000,000	UGX 1,000,000	UGX 500,000
ENT	UGX 7,500,000	UGX 5,000,000	UGX 2,500,000	UGX 1,000,000	UGX 500,000	UGX 250,000
General Surgeries including Day-care cases	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Orthopaedic Surgery (Following an accident)	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Illness Related to Maxillofacial Surgery	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Anaesthetics for surgery	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits	Covered within Limits
Organ Transplant Excluding Costs of the Donor	UGX 150,000,000	UGX 50,000,000	UGX 25,000,000	UGX 10,000,000	UGX 5,000,000	UGX 2,500,000
Specialized exams like Barium meals or swallows and intravenous pyelogram	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits
Kidney Dialysis (<i>only for acute reversible renal failure</i>)	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits
Internal surgical appliances	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits
Referral Treatment outside Uganda (Subject to pre-authorization and restricted to Kenya, India, Mauritius on reimbursement.	Covered	Covered	Covered	Covered	Covered	Covered
Maternity (Applicable for Female Main Members Staff and Spouses to Male Main Members ONLY)						
Maternity limit	UGX 5,000,000	UGX 3,500,000	UGX 2,500,000	UGX 2,000,000	UGX 1,000,000	UGX 800,000
Delivery, Professional fees and any related complications (Within maternity limit)	Covered	Covered	Covered	Covered	Covered	Covered
Premature Deliveries / Newborn medical treatment required before discharge from hospital	UGX 4,000,000	UGX 2,800,000	UGX 2,000,000	UGX 1,600,000	UGX 800,000	UGX 640,000

OUTPATIENT BENEFITS – Per Person						
CATEGORY	PLATINUM	GOLD	SILVER	BRONZE	COPPER	MARBLE
Overall cover benefit limit (All Limits covered within OPD overall Limit)	UGX 6,000,000	UGX 4,000,000	UGX 3,000,000	UGX 2,000,000	UGX 1,000,000	UGX 800,000
Consultation with General Practitioner (G.P)	Covered	Covered	Covered	Covered	Covered	Covered
Radiology	Covered	Covered	Covered	Covered	Covered	Covered

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Newly diagnosed Chronic and Pre-existing conditions including HIV & Cancer	UGX 2,000,000	UGX 1,500,000	UGX 1,000,000	UGX 500,000	UGX 500,000	No Cover
Antenatal & Postnatal Care	Covered	Covered	Covered	Covered	Covered	Covered
Prescribed medicines within scope coverage	Covered	Covered	Covered	Covered	Covered	Covered
Laboratory exams (as per scope of cover)	Covered	Covered	Covered	Covered	Covered	Covered
Physiotherapy	Covered upto 10 sessions	Covered upto 10 sessions	Covered upto 10 sessions	Covered upto 10 sessions	Covered upto 10 sessions	Covered upto 10 sessions
UNEPI Immunizations	Covered	Covered	Covered	Covered	Covered	Covered
Congenital and Genetic Conditions	Covered	Covered	Covered	Covered	Covered	Covered
Psychiatry	Covered	Covered	Covered	Covered	Covered	Covered
CT Scans & MRI - Covered on Pre-authorization	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits	Covered within applicable limits
Road Ambulance Rescue within Uganda	Covered	Covered	Covered	Covered	Covered	Covered
Ophthalmology, Prescriptions and surgical procedures	Covered	Covered	Covered	Covered	Covered	Covered
Covid-19 treatment including 5 reviews with a doctor via telemedicine, oxometer, thermometer, vitamin c, zink and the prescribed medication covered within the outpatient limit	UGX 1,200,000	UGX 800,000	UGX 600,000	UGX 400,000	UGX 200,000	UGX 160,000
Covid-19 testing subject to atleast 2 PCR test for only symptomatic cases covered within the outpatient	UGX 360,000	UGX 360,000	UGX 360,000	UGX 360,000	UGX 360,000	UGX 360,000
Telemedicine	Covered	Covered	Covered	Covered	Covered	Covered
External prosthesis	UGX 1,200,000	UGX 800,000	UGX 600,000	UGX 400,000	UGX 200,000	UGX 160,000
Optical Benefits: (Covered within overall outpatient limit)						
Benefit limit	UGX 800,000	UGX 500,000	UGX 400,000	UGX 200,000	UGX 150,000	UGX 100,000
Prescribed lenses and Frames once in 2 years. (Contact Lenses not provided)	Covered	Covered	Covered	Covered	Covered	Covered
Cover limit for Frames	Covered	Covered	Covered	Covered	Covered	Covered
Dental Benefits: (Covered within overall outpatient limit)						
Benefit Limit	UGX 800,000	UGX 500,000	UGX 400,000	UGX 200,000	UGX 150,000	UGX 100,000
Consultations, Extractions, Fillings & Root Canals, Dental X-Rays	Covered	Covered	Covered	Covered	Covered	Covered
Scaling and Polishing	Covered once a year	Covered once a year	Covered once a year	Covered once a year	Covered once a year	covered once a year
Extra or Other Benefits						
Funeral cover	UGX 3,000,000	UGX 2,500,000	UGX 2,000,000	UGX 1,000,000	UGX 1,000,000	UGX 500,000
Free Health Education	Covered	Covered	Covered	Covered	Covered	Covered
Wellness check-up (Physical exam, BMI, blood sugar, blood pressure, prostate rectal examination (men) Women – physical breast examination, PAP smears to be prearranged in groups of 10 or more.	UGX 300,000	UGX 200,000	UGX 200,000	UGX 150,000	UGX 150,000	UGX 100,000

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Special Terms						
CATEGORY	PLATINUM	GOLD	SILVER	BRONZE	COPPER	MARBLE
Geographical Scope of cover	Uganda or on referral within East Africa plus temporary cover abroad for six (6) weeks on any one visit.	Uganda or on referral within East Africa plus temporary cover abroad for six (6) weeks on any one visit.	Uganda or on referral within East Africa plus temporary cover abroad for six (6) weeks on any one visit.	Within Uganda only	Within Uganda only	Within Uganda only
Co-payments applicable	As per HCP network	As per HCP network	As per HCP network	As per HCP network	As per HCP network	As per HCP network
Provider Panel	Enhanced Provider List	Enhanced Provider List	Enhanced Provider List	Standard Provider List	Standard Provider List	Standard Provider List
Principal or Spouse age limit	18 years to 70 years of age. Can be extended to 75 years for existing members	18 years to 70 years of age. Can be extended to 75 years for existing members	18 years to 70 years of age. Can be extended to 75 years for existing members	18 years to 70 years of age. Can be extended to 75 years for existing members	18 years to 70 years of age. Can be extended to 75 years for existing members	18 years to 70 years of age. Can be extended to 75 years for existing members
Dependant age limit	0 (provided term baby of 34) to 18 years of age. Can be extended to 25 years provided dependent is living with parents and is enrolled in a recognized post-secondary institution.	0 (provided term baby of 34 weeks) to 18 years of age. Can be extended to 25 years provided dependent is living with parents and is enrolled in a recognized post-secondary institution.	0 (provided term baby of 34 weeks) to 18 years of age. Can be extended to 25 years provided dependent is living with parents and is enrolled in a recognized post-secondary institution.	0 (provided term baby of 34 weeks) to 18 years of age. Can be extended to 25 years provided dependent is living with parents and is enrolled in a recognized post-secondary institution.	0 (provided term baby of 34 weeks) to 18 years of age. Can be extended to 25 years provided dependent is living with parents and is enrolled in a recognized post-secondary institution.	0 (provided term baby of 34 weeks) to 18 years of age. Can be extended to 25 years provided dependent is living with parents and is enrolled in a recognized post-secondary institution.
Reimbursement of claims	100% reimbursement subject to reasonable and customary rates	100% reimbursement subject to reasonable and customary rates	100% reimbursement subject to reasonable and customary rates	100% reimbursement subject to reasonable and customary rates	100% reimbursement subject to reasonable and customary rates	100% reimbursement subject to reasonable and customary rates

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Inpatient Only Cover

Inpatient Benefit		Cover limit
Cover Type	Per Person	
Overall Cover Benefit Limit	UGX 2,500,000	
Daily bed limit	UGX 100,000	
Lodger fees for parent accompanying child below 12 years	Covered	
Accidents & Emergency	UGX 2,500,000	
General Illness	UGX 2,500,000	
Inpatient Dental Illness	UGX 400,000	
Inpatient Ophthalmology Illness	UGX 400,000	
Covid-19 treatment including emergency ambulance evacuation covered within the inpatient illness limit	UGX 800,000	
Psychiatric Conditions	UGX 500,000	
Pre-existing and Chronic conditions including HIV/AIDS (ARV's Treatment)	UGX 500,000	
Cancer Care & Treatment including Chemotherapy	Covered within Chronic limit	
Congenital and Genetic conditions	UGX 500,000	
Road ambulance evacuation within Uganda	Covered within limits	
Visits and consultation by a GP and specialists	Covered within Limits	
Radiology	Covered within Limits	
MRI and CT scans (On pre-authorization)	Covered within applicable limits	
Physiotherapy	Covered within Limits	
Intensive care and high dependency units	Covered within Applicable Limits	
Prescribed medicines	Covered within Limits	
Professional fees	Covered within Limits	
Theatre fees	Covered within Limits	
Reconstructive Surgery Excluding Cosmetic & Geriatric Treatment	Covered within Limits	
Urology	UGX 500,000	
Gynecological Conditions Excluding Fertility Treatment	UGX 500,000	
ENT	Covered within applicable limits	
General Surgeries including Day-care cases	Covered within applicable limits	



Orthopaedic Surgery (Following an accident)	Covered within applicable limits
Illness Related to Maxillofacial Surgery	Covered within Limits
Anaesthetics for surgery	Covered within Limits
Organ Transplant Excluding Costs of the Donor	UGX 1,500,000
Specialized exams like Barium meals or swallows and intravenous pyelogram	Covered within applicable limits
Kidney Dialysis (<i>only for acute reversible renal failure</i>)	Covered within applicable limits
Internal surgical appliances	Covered within applicable limits
Referral Treatment outside Uganda (Subject to pre-authorization and restricted to Kenya, India, Mauritius on reimbursement).	Covered
Maternity Benefit	
Cover Type	Cover Limit
Per Family	
Maternity Limit (Applicable for Female staff and spouses to male staff ONLY)	N/A
Maternity within inpatient limit (Normal & subsequent caesarean delivery including Maternity related complications)	covered
Premature Deliveries	Not covered
Newly born children upon discharge from hospital & born term (after 34 weeks of pregnancy).	Not covered

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Senior Citizens Cover.

Inpatient Benefit		Cover limit
Cover Type	Per Person	
Overall Cover Benefit Limit	UGX 10,000,000	
Daily bed limit	UGX 100,000	
Lodger fees for parent accompanying child below 12 years	Covered	
Accidents & Emergency	UGX 10,000,000	
General Illness	UGX 10,000,000	
Inpatient Dental Illness	UGX 1,500,000	
Inpatient Ophthalmology Illness	UGX 1,500,000	
Covid-19 treatment including emergency ambulance evacuation covered within the inpatient illness limit	UGX 3,000,000	
Psychiatric Conditions	UGX 2,000,000	
Pre-existing and Chronic conditions including HIV/AIDS (ARV's Treatment)	UGX 3,000,000	
Cancer Care & Treatment including Chemotherapy	Covered within Chronic limit	
Congenital and Genetic conditions	UGX 2,000,000	
Road ambulance evacuation within Uganda	Covered within limits	
Visits and consultation by a GP and specialists	Covered within Limits	
Radiology	Covered within Limits	
MRI and CT scans (On pre-authorization)	Covered within applicable limits	
Physiotherapy	Covered within Limits	
Intensive care and high dependency units	Covered within Applicable Limits	
Prescribed medicines	Covered within Limits	
Professional fees	Covered within Limits	
Theatre fees	Covered within Limits	
Reconstructive Surgery Excluding Cosmetic & Geriatric Treatment	Covered within Limits	
Urology	UGX 2,000,000	
Gynecological Conditions Excluding Fertility Treatment	UGX 2,000,000	
ENT	Covered within applicable limits	
General Surgeries including Day-care cases	Covered within applicable limits	

Orthopaedic Surgery (Following an accident)	Covered within applicable limits
Illness Related to Maxillofacial Surgery	Covered within Limits
Anaesthetics for surgery	Covered within Limits
Organ Transplant Excluding Costs of the Donor	UGX 4,000,000
Specialized exams like Barium meals or swallows and intravenous pyelogram	Covered within applicable limits
Kidney Dialysis (<i>only for acute reversible renal failure</i>)	Covered within applicable limits
Internal surgical appliances	Covered within applicable limits
Referral Treatment outside Uganda (Subject to pre-authorization and restricted to Kenya, India, Mauritius on reimbursement).	Covered
Maternity Benefit	
Cover Type	Cover Limit
Maternity Limit (Applicable for Female staff and spouses to male staff ONLY)	N/A
Maternity within inpatient limit (Normal & subsequent caesarean delivery including Maternity related complications)	Not covered
Premature Deliveries	Not covered
Newly born children upon discharge from hospital & born term (after 34 weeks of pregnancy).	Not covered
Outpatient Benefits	
Cover Type	Cover Limit
Overall cover benefit limit (All Limits covered within OPD overall Limit)	UGX 3,000,000
Consultation with General Practitioner (G.P)	Covered
Radiology	Covered
Chronic and Pre-existing conditions including HIV & Cancer	UGX 1,500,000
Antenatal & Postnatal Care	Covered
Prescribed medicines within scope coverage	Covered
Laboratory exams (as per scope of cover)	Covered
Physiotherapy	Covered up to 10 sessions per prescription
UNEPI Immunizations	Covered
Congenital and Genetic Conditions	Covered
Psychiatry	Covered

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CT Scans & MRI - Covered on Pre-authorization	Covered
Road Ambulance Rescue within Uganda	Covered
Ophthalmology, Prescriptions, and surgical procedures	Covered
Covid-19 treatment including 5 reviews with a doctor via telemedicine, oximeter, thermometer, vitamin C, zinc and the prescribed medication covered within the outpatient limit	UGX 900,000
Covid-19 testing subject to at least 2 PCR test for only symptomatic cases covered within the outpatient	UGX 360,000
Family Planning (Covers non-permanent procedures. Examples include IUD)	Covered
Telemedicine	Covered
External prothesis	UGX 600,000
Optical Benefit	Cover Limit
Cover Type	Per Person
Optical Outpatient Benefit Limit	UGX 200,000
Routine optical consultations	Covered
Prescription of frames, Lens	Covered
Eyeglasses	Covered
Simple Outer Surgeries	Covered
Routine optical consultations	Covered
Lens, Frames & Glasses (Replaced once every 2 years)	Covered
Cover limit for Frames	covered
Dental Benefit	Cover Limit
Cover Type	Per Person
Dental Outpatient Benefit Limit	UGX 200,000
Consultation & Treatment	covered
Extractions	covered
Infections	covered
Fillings (except precious metals)	covered
Minor Surgeries	covered
Root Canal	covered
Dental X-Rays	covered
Non-Surgical Extractions	covered
Braces covered for children up to 14 years of age	covered
Gum Disease Treatment	covered
Dental Prescriptions	covered
Scaling and Polishing	covered

Last Expense Benefit	Cover Limit
Cover Type	Per Person
Payable upon death of an insured member.	UGX 1,000,000
Wellness Benefit	Cover Limit
Cover Type	Per Person
Wellness Benefit Limit	UGX 300,000
Annual medical check up	covered
Vaccinations (Hepatitis B & Yellow fever ONLY)	covered
Diagnostic tests	covered
PSA for med aged above 40 years	covered
Mammogram for women PAP Smear	covered
Extra or Other Benefits	
Free Health Education	covered
Overseas referral treatment (subject to medical referral and pre-authrisation)	covered
Temporary overseas cover upto six weeks (subject to notifying Prudential on the incidental travel)	covered

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