

## UGAMED MEDICAL INSURANCE SCHEMES

BENEFITS	UGAMED EXECUTIVE	UGAMED STANDARD	UGAMED BASIC	UGAMED FAMILY	UGAMED PERSONAL
MINIMUM NUMBER	30 members	20 members	50 member	4 members	N/A
<b><u>INPATIENT BENEFITS</u></b>					
Hospital accommodation & Nursing Expenses	Semi Private ward at UgaMed approved hospitals	Semi Private ward at UgaMed approved hospitals	General ward at UgaMed approved hospitals	General ward at UgaMed approved hospitals	General ward at UgaMed approved hospitals
Physician's, Surgeon's, Consultant's & Anesthetist's fees	Covered within overall limits	Covered within overall limits	Covered within overall limits	Covered within overall limits	Covered within overall limits
Cost of prescribed medicines and dressings					
Prescribed Laboratory Tests and X-rays					
ECGs, CT Scans & other Diagnostic Tests and Procedures					
Operation Theatre charges					
Intensive Care and High Dependency Unit					
Physiotherapy		Covered	Covered	Covered up to shs 200,000.	Covered up to shs 200,000.
General Surgery, Orthopedic Surgery, Gynecology, Pediatrics, Internal medicine, cardiology, ophthalmology	Covered within overall limits	Covered within overall limits	Covered within overall limits	Covered within overall limits	Covered within overall limits
Treatment of chronic and pre-existing illness including HIV opportunistic infections, hypertension.	Covered within overall limit	Covered up to 1,000,000shs	Not Covered	Not Covered	Not Covered
<b><u>OUT PATIENT BENEFITS</u></b>	<b>UGAMED EXECUTIVE</b>	<b>UGAMED STANDARD</b>	<b>UGAMED BASIC</b>	<b>UGAMED FAMILY</b>	<b>UGAMED PERSONAL</b>
Doctors Consultations, Specialist Consultations Surgeon's, & Anesthetist's fees	Covered within overall limit	Covered within overall limit	Covered within overall limit	Covered within overall limit	Covered within overall limit

Cost of prescribed medicines and dressings	Covered within overall limit	Covered within overall limit	Covered within overall limit	Covered within overall limit	Covered within overall limit
Prescribed Laboratory Tests and approved X-rays	Covered within overall limit	Covered within overall limit	Covered within overall limit	Covered within overall limit	Covered within overall limit
ECGs, CT Scans & other approved Diagnostic Tests and Procedures	Covered	Covered	Covered	Covered	Covered
HIV cover or ART	1 <sup>st</sup> Line	1 <sup>st</sup> Line	1 <sup>st</sup> Line	<b>Not Covered</b>	<b>Not Covered</b>
Outpatient Surgery	Covered	Covered	Covered	Covered	Covered
UNEPI immunizations	Covered	Covered	Covered	Covered	Covered
Family Planning including contraceptive pills and Norplant	Covered	Covered	Covered	Covered	Covered
Emergency Road Ambulance within Uganda	Covered	Covered	Covered	Covered	Covered
Treatment of <b>chronic</b> and <b>pre-existing</b> illness including <b>HIV opportunistic infections</b> , hypertension.	Covered	Covered up to 1,000,000shs	<b>Not Covered</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>DENTAL TREATMENT</b> Annual check-up, X-rays, Cleaning, scaling and polishing, Ordinary Extraction, black amalgam fillings, root canal	Covered up to 300,000 shs	Covered up to 200,000 shs	Covered up to 100,000 shs.	<b>Not Covered</b>	<b>Not Covered</b>
<b>OPHTHALMOLOGY BENEFITS</b> Annual eye check up, Visual acuity tests, Treatment of eye infections, Simple outer eye surgical procedures such as removal of miobian cysts	Covered	Covered	Covered	Covered	Covered
<b>OPTICAL BENEFITS</b> Provision of plain lenses and frames, reading glasses, bifocal and multifocal lenses up to 100,000/= per annum	Covered	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>
<b>MATERNITY EXPENSES</b> Antenatal Care Normal Delivery Emergency and medically necessary C Section 1 month outpatient cover for baby on Mother's membership	Covered within the inpatient limit	Covered within the inpatient limit, <b>excluding one month baby's outpatient cover</b>	Covered up to 500,000 shs., <b>excluding one month baby's outpatient cover</b>	<b>Not covered</b>	<b>Not covered</b>

SERVICE PROVIDERS	UGAMED EXECUTIVE	UGAMED STANDARD	UGAMED BASIC	UGAMED FAMILY	UGAMED PERSONAL
<b>KAMPALA AREA HOSPITALS</b>	PARAGON HOSPITAL	PARAGON HOSPITAL	BUGOLOBI NURSING HOME	BUGOLOBI NURSING HOME	BUGOLOBI NURSING HOME
	BUGOLOBI NURSING HOME	BUGOLOBI NURSING HOME	NSAMBYA HOSPITAL	KOLOLO HOSPITAL	KOLOLO HOSPITAL
	KOLOLO HOSPITAL	KOLOLO HOSPITAL	MULAGO HOSPITAL	NSAMBYA HOSPITAL	NSAMBYA HOSPITAL
	NSAMBYA HOSPITAL	NSAMBYA HOSPITAL		MULAGO HOSPITAL	MULAGO HOSPITAL
	MULAGO HOSPITAL	MULAGO HOSPITAL			
<b>KAMPALA AREA CLINICS</b>	SAS CLINIC	SAS CLINIC	KAMPALA FAMILY CLINIC	SAS CLINIC	SAS CLINIC
	KAMPALA CHILDREN'S CLINIC	KAMPALA CHILDREN'S CLINIC	INDUSTRIAL MEDICAL SERVICES	VICTORIA MEDICAL CENTRE	VICTORIA MEDICAL CENTRE
	VICTORIA MEDICAL CENTRE	VICTORIA MEDICAL CENTRE	NTINDA FAMILY DOCTORS	KAMPALA FAMILY CLINIC	KAMPALA FAMILY CLINIC
	KAMPALA FAMILY CLINIC	KAMPALA FAMILY CLINIC		SPECIALISTS CENTRE	SPECIALISTS CENTRE
	SPECIALISTS CENTRE	SPECIALISTS CENTRE		INDUSTRIAL MEDICAL SERVICES	INDUSTRIAL MEDICAL SERVICES
	INDUSTRIAL MEDICAL SERVICES	INDUSTRIAL MEDICAL SERVICES		NTINDA FAMILY DOCTORS	NTINDA FAMILY DOCTORS
	THE SURGERY	THE SURGERY			
	ST. CATHERINE CLINIC	ST. CATHERINE CLINIC			
	MAY CLINIC	MAY CLINIC			
	BUSINGYE MEDICAL CENTRE	BUSINGYE MEDICAL CENTRE			
	NTINDA FAMILY DOCTORS	NTINDA FAMILY DOCTORS			
	CASE MEDICAL CENTRE	CASE MEDICAL CENTRE			
	PARAGON HOSPITAL ANNEX	PARAGON HOSPITAL ANNEX			

<b>DENTAL UNITS</b>	BASILS DENTAL	BASILS DENTAL	INDUSTRIAL MEDICAL SERVICES	N/A	N/A
	PAN DENTAL	PAN DENTAL		N/A	N/A
<b>COUNTRY WIDE TREATMENT</b>	Covered-Limited to Ugamed Approved centers	Covered-Limited to Ugamed Approved centers	Restricted to agreed areas of operation.	Covered-Limited to Ugamed Approved centers	Covered-Limited to Ugamed Approved centers

## PRICE LIST

	UGAMED EXEC		UGAMED STANDARD		UGAMED BASIC		UGAMED FAMILY	UGAMED PERSONAL
	10M	20M	10M	20M	10M	20M	10M	10M
<b>Overall annual limit - UGX</b>								
<b>Below 50 people</b>	450,000	540,000	320,000	450,000	N/A	N/A	1,805,000 for a minimum of 4 members	605,000 per adult and 605,000 per child
<b>50-500</b>	400,000	490,000	300,000	410,000	200,000	270,000		
<b>500-1000</b>	350,000	440,000	275,000	370,000	175,000	240,000		
<b>1000 and above</b>	300,000	390,000	250,000	330,000	150,000	200,000		