



CARNEGIE MELLON UNIVERSITY RWANDA

Health Insurance Policy Member's Guide

Start date; 01st May 2026 End date; 31st May 2027

What am I Covered for?

Benefit	Limits (RWF) per year
Inpatient (hospitalization) per family	15,000,000 per family
Outpatient per family	3,000,000 per family
Outpatient Dental per person	Covered up to 500,000 per person
Outpatient Optical per person	Covered up to 500,000 per person
Maternity per family including c/s	Covered 1,000,000 per family
Funeral Expense	1,000,000 per death case within inpatient Limit
Room coverage	100,000 per night in Rwanda and USD200 per night outside Rwanda.
Pre-existing conditions	Are covered up to 50% of (7,500,000) Inpatient limit
Congenital conditions	Are covered up to 5,000,000 per family
Inpatient ophthalmology and dental non accidental	Are covered up to 1,000,000 each.
Lower age limit	At birth. Remember to fill the enrollment form to introduce the new member of the family.
Dependent age limit	Children will be covered up to 25years.
Spouse	One legal spouse
Adding a new spouse/new born child	Fill enrollment form and give HR.
Lodger Fees/Hospital Accommodation for parent/guardian while a child is hospitalized	For children that are 18 years and below. *Only room charges are covered under inpatient limit.
Co-pay/Contribution	All admissible claims are covered 100% by the insurer. No co-pay.
Territorial Limit	EAC wide access to all our service providers & INDIA on referral for cases not treatable in the region.



Road and Air Ambulance (With the country)	By road or air ambulance for life threatening situations or emergencies are covered on reimbursement basis.
Mode of identification (Virtual system)	Access with virtual membership number. Smart Access app
Cover outside the set panel	Claims incurred outside geographical areas will be covered on Reimbursement basis based on Nairobi hospital rates. This will be applicable on claims incurred while or during official duty recognized and authorized by the employer.
Family planning	Maximum 80,000 per visit.
Routine immunization for children including Hepatitis B	Routine immunizations for children are covered and Hepatitis B as well for 30,000 per full dose.
Orthopedic shoes	shall be covered for children below 18 years or on cover up to Rwf500,000 per child within outpatient limit
Toothpastes	Toothpastes prescribed by a specialist as part of medical treatment is covered
Circumcision for children under 13yrs	Covered
Psychiatric Cases	Covered
Congenital Malformation	Covered
Worldwide travel Insurance	Covered for member and dependents

SCOPE OF COVER

The scheme provides a comprehensive and flexible hospitalization (inpatient) and outpatient cover, which includes the following services:

Outpatient

- Routine outpatient consultation.
- Diagnostic Laboratory and Radiology services,
- Prescribed physiotherapy maximum 10 visits per illness.
- Prescribed drugs and dressings.
- Routine Immunizations for children and antenatal mothers.
- Postnatal care up to six weeks post-delivery.
- Ambulance Services



- Chronic conditions.
- HIV/AIDS and related ailments
- Vaccine for hepatitis maximum RWF 30,000 per patient for full dose.
- Annual checkup is covered to a limit of RWF 200,000 per family.
- Orthopedic shoes shall be covered for all children below 18 years old up to RWF 500,000 per child within outpatient limit.

Inpatient

- Hospital Accommodation Charges maximum RWF100,000 per night in Rwanda and USD 200 per night outside Rwanda. VIP rooms are not covered.
- Doctor's (Physician, Surgeon & Anesthetist) fees.
- ICU/HDU and Theatre charges.
- Drugs/Medicines, Dressings and Internal Surgical appliances.
- Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans.
- Radiotherapy and Chemotherapy.
- Emergency Road and Air Evacuation subject to overall cover limit.
- Funeral Expense Cover
- Day care surgery.
- Hospital accommodation for accompanying parent and/or guardian for hospitalized children below 18 years.

Dental Cover

This benefit caters for curative routine outpatient dental procedures, which include but not limited to:

- Extraction (normal or non-surgical extractions)
- Examinations
- Root canal treatment
- Normal compound fillings
- Removal of roots
- Apicetomy
- Removal of solid odontomes
- Removal of impacted tooth, buried or unerupted teeth.
- Scaling necessitated by a medical condition and prescribed by our appointed dentist once a year.
- Toothpaste prescribed by a specialist as part of medical treatment is covered.

Crowns, bridges, orthodontics, braces, dentures and Self-prescribed scaling are excluded from this benefit.



Optical Cover

This is a stand-alone benefit.

This benefit caters for expenses related to eye treatment/investigations for correction of refractive errors and cost of lenses, contact lenses and frames. Frames shall be covered once per year up to a maximum of 50% of the optical limit. Optical shops will prescribe glasses, but dispensing shall be done by another similar shop.

Plano & Anti-fog glasses are not covered under this policy.

What am I not covered for?

- Infertility and impotence treatment and related investigations.
- Alcohol and Substance Abuse.
- Weight management treatments and drugs.
- Plano glasses and anti-fog glasses
- Allergy tests other than blood tests.
- Cosmetic Treatments.
- Nutritional supplements unless prescribed as part of medical treatment of specified conditions.
- Self-referred or self-prescribed treatment.
- Treatment outside the appointed panel of service providers (unless pre-authorized or where there is no provider).
- Vitamins unless its part of medical treatment.
- Alternative (acupuncture, chiropractor, homoeopathy etc.) and herbal medicine.
- Diagnostic equipment (e.g. Glucometers, BP machines etc.) and hearing aids.
- Experimental treatment.
- Maternity claims for children
- External surgical appliances except short term use (maximum 6 weeks) (frames, wheelchairs)
- Expenses incurred for medicines, vitamins, lotions, cosmetics, cold remedies, etc. that are available over the counter are not covered.
- Pandemics, epidemics, natural disasters and unknown illnesses covering a wide geographical area
- Claims incurred outside the benefit scope
- Claims incurred above the limit.
- Benefits not specified in the policy and or the quotation.
- Refer the policy document for information on exclusions.

*Please refer policy document for a more detailed exclusions list.



What should I do when am unwell?

- Present your membership virtual membership no at the service provider's desk for identification;
- The service provider will check and confirm membership and treatment will be rendered;
- Complete and sign the Old Mutual Insurance claim form (available at the service provider's facility). The attending doctor must also complete and sign the claim form. * Be sure to complete a separate form for each treatment and for each person. Ensure that you know how much you have spent and your balance before you leave.
- All bills will then be sent directly by the service provider to Old Mutual Insurance for settlement.

What should I do when the preferred provider is not on the Old Mutual Insurancepanel (Emergencies Only)?

- While at the service provider, complete and sign the Old Mutual Insurance claim form, the attending doctor must also complete and sign the claim form. Be sure to complete a separate form for each treatment and for each person
NB: The service provider should be located in the geographical coverage area.
- Attach the following documents:
 - ***Original receipts***
 - ***Prescription Copy for drugs dispensed***
 - ***Lab/ X-ray requests***
 - ***Referral letters where applicable***
- Send the claims documents to Old Mutual Insurance offices for further processing.
N.B: Reimbursement shall be done based one the contract terms.

Claims submission period is **60 days from the date of treatment. Kindly note that claims received after this period shall be deemed time barred*



What should I do when I am being hospitalized? Emergency Admissions

- The hospital shall notify Old Mutual P Insurance Company within 24 hrs. of admission & a letter of undertaking forwarded directly to the hospital.

Scheduled Admissions

- The member should notify Old Mutual directly or through their HumanResources office.
- A letter of undertaking shall then be forwarded to the hospital pre-authorizing the admission.

What happens in case the person is too ill to present their finger?

- The hospital will notify the scheme administrator who will authorize treatment outside the Smart system.

What will happen when my child is taken to hospital by the aunty or somebodyelse whose fingerprints are not in the system?

- Authorization once given by the scheme administrator will allow the service provider to grant service outside the Smart system.

Who do I call when I need assistance?

Old Mutual Insurance Rwanda Ltd

- 2828
- +250788168000
- Email; rw_casemanagement@oldmutual.rw / 'Medical Underwriting - RWANDA' <MedicalUnderwriting@oldmutual.rw>

Global Risk Advisors Ltd

- 0788732551
- 0784652918
- Email; info@globalrisk.rw

Smart Applications

☎ +250 787 780 027

Note: This member guide is designed for customer guidance based on the contract and does not replace the signed medical policy.