



**Carnegie Mellon University Rwanda
Health Insurance Policy Member's Guide
Cover Period: 01st May, 2020 to 30th April, 2021**

What am I Covered for?

Benefit	Limits (RWF) per year
Inpatient (hospitalization) per family	15,000, 000
Outpatient per family	3,000,000
Outpatient Dental per family	Covered up to 225,000
Outpatient Optical per family	Covered up to 225,000
Maternity per family including c/s	Covered 1,000,000
Inpatient Pre-existing & Chronic conditions and Hiv Aids	Covered up to 3,000,000
Congenital conditions/Pre-term babies	1,875,000 within the inpatient Limit
Funeral Expense	500,000 per person within inpatient Limit
Illness related dental E.g impacted tooth	750,000 within the inpatient limit
Preventive checkup	Covered up to Rwf 80,000 per year for employees only.
Illness related optical E.g. cataract removal	750,000 within the inpatient limit
Lower age limit	At birth. Remember to fill the enrollment form to introduce the new member of the family.
Dependant age limit	Children will be covered up to 25 years. Children between 21-25 years will be required to present proof of schooling.
Upper age limit	65 years. Existing members remain in the scheme up to the age of seventy (70).
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 10 years and below. *all expenses paid from the inpatient limit (bed charges, breakfast, lunch & dinner)
Co-pay/Contribution	All claims are paid 100% to the cover limit by UAP.

UAP INSURANCE RWANDA LIMITED

Grand Pension Plaza – 7th Floor, BP 6644 Kigali, Rwanda, Tel: 252500905-7, Fax 252500908

Email: uapinsurancerw@uap-group.com; www.uap-group.com



Better. Simple. Life.

Territorial Limits	East Africa cover. India and South Africa upon referral and pre-authorization through UAP
Local Road Evacuation	By road or air ambulance for life threatening situations or emergencies.
Mode of identification	UAP Insurance smart Card *Replacement costs for damaged or lost cards – RWF 4,000 payable cash at UAP offices.
Registration requirements	Duly completed enrollment form.
Cover outside the set panel	Reimbursement only allowed in cases of emergency where appointed providers are not available
Family planning	Maximum Rwf 20,000 per visit.
Routine immunization for children including Hepatitis B	Covered as per East Africa Expanded Program on immunization.
Circumcision for children	covered

What am I not covered for?

- Infertility treatment i.e. costs of treatment related to infertility and impotence.
- 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
- Riding or driving in any kind of race
- Participation in extreme sports
- Stays at sanatoria, old age homes, places of rest etc
- War, invasion, civil war, riots or act of terrorism
- Chiropractors, acupuncturists or herbalists treatment
- Benefits incurred above the limit and or sub limit.

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

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Outpatient

What should I do when am unwell?

- Present your membership smartcard 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 UAP 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 UAP Insurance for settlement.

What should I do when the preferred provider is not on the UAP Insurance panel (Emergencies Only)?

- While at the service provider, complete and sign the UAP 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
- Attach the following documents:
 - **Original receipts**
 - **Prescription Copy for drugs dispensed**
 - **Lab/ X-ray requests**
 - **Referral letters where applicable**

- Send the claims documents to UAP Insurance offices for further processing

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

Inpatient

What should I do when I am being hospitalized?

Emergency Admissions

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

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Scheduled Admissions

- The member should notify UAP directly or through their Human Resources office.
- A letter of undertaking shall then be forwarded to the hospital pre-authorizing the Admission.

What will happen when my card is lost/damaged?

- Report the loss/damage to your HR Department/Contact person for replacement at a fee of Rwf 4,000. This should be paid at UAP offices.
- The card can however not be used by any other person provided the fingerprints have been saved onto the cards.

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 somebody else whose fingerprints are not in the card?

- 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?

UAP Insurance Rwanda Ltd

- +250 788 388 898
- +250 788 732 551
- Email; rwcasemanagement@uap-group.com

Smart Applications

- +250 787 780 027

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