



Corporate Health Insurance Policy Document.

The "Policy" is effective as of the 1st February of 2024 between

(2) OLD MUTUAL INSURANCE RWANDA PLC a limited liability company duly registered in the Republic of Rwanda with registration number 102628166 and its registered office at Grand Pension Plaza 7th Floor, Avenue de Revolution, P.O. Box 6644, Kigali Rwanda (hereinafter referred to as the **Company** which expression shall where the context so admits include its successors and/or assigns) and

(2) UNIVERSITY OF GLOBAL HEALTH EQUITY KIGALI, RWANDA

(Hereinafter referred to as the **Insured** which expression shall where the context so admits include its successors or assigns).

WHEREAS

- a. The Company is registered as an insurance company in Rwanda and is engaged in the business of providing, among others, medical insurance cover within the Republic of Rwanda.
- b. The Insured is desirous of obtaining the medical insurance cover as herein expressly described and has, by the Proposal, applied to the Company for the medical insurance cover contained in this Policy.
- c. The Company is ready and willing to offer the Insured the medical insurance cover set out in this Policy and the Insured is agreeable to taking the medical insurance cover herein offered subject to the terms and conditions herein set out.

NOW IT IS HEREBY AGREED as follows:

1. DEFINITIONS AND INTERPRETATION

In this Policy, the following words and expressions have the following meanings: -

Alcoholism

Chronic disease characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse Consequences and distortions in thinking.

Alcohol intoxication



When the quantity of alcohol the person consumes exceeds the individual's tolerance for alcohol and produces behavioral or physical abnormalities or the person's mental and physical abilities are impaired.

Air Travel

Mounting into, traveling or dismounting from any fully licensed passenger carrying aircraft as a passenger but not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein.

Accident

Any single unexpected external event, not being deliberately self-induced, occurring to a member which immediately gives rise to a medical condition that did not previously exist and which requires a visit to or stay in a hospital, clinic or other medical facility.

Annual limit

The maximum (refer policy schedule) benefits to which the Member and/or Dependent are entitled to under the terms of this Scheme's Rules and the Health Plan in respect of a benefit year, as set out in the Schedule.

Annual Renewal date

Twelve calendar months from and including the [Policy Effective Date/Membership Commencement Date]

Chronic Condition

A disease, illness or injury which has at least one of the following characteristics: no known cure, is recurrent, leads to permanent disability, is caused by changes to one's body which cannot be reversed, requires one to be specially trained or rehabilitated or needs prolonged supervision, monitoring or treatment.

Climbing

Mountaineering, rock or cliff climbing necessitating the use of ropes or guides.

Membership Commencement Date

The date on which an employee of the Insured or a Dependent of that employee becomes a Member on or after the Policy Effective Date.

Proposal

Any signed proposal and declaration in the form set out in the application form and enrollment form and any information supplied by or on behalf of the Insured in



addition thereto or in substitution thereof.

Customary and Reasonable Charges

Charges for medical care made by a service provider used by a Member that do not exceed the general level of charges being made by other service providers of similar standing in the locality where the charge is incurred when providing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease or injury. The scales of charges agreed from time to time between the Company and the Panel of Service Providers shall be indicative, but in no way binding on a Member. The maximum payable fees shall be equivalent to the fees used in East Africa.

Dependents

A legal spouse of the Member, own unmarried children, legally adopted and foster children who depend upon the Member for support, always provided that such children are aged not less than one day and not more than 25 years at the date of enrolment into the scheme.

Policy Effective Date

The date shown on the Schedule as the date on which this Policy commences provided the whole premium due is paid.

Eligible Persons

- I. An Employee up to the age of sixty-five (65) years.
- II. Existing Members can continue renewing in the Scheme up to the age of seventy (70) years.
- III. Dependents (as defined above) of an Employee
- IV. Persons over 50 years who have undergone successfully a medical examination.

Employee

Means a person employed by the Insured.

Excess

The amount that the Insured must pay before the Company pays its share of any relevant amount it is liable to pay under this Policy.

**Excluded Activities**

Means Aqualung diving, Hang gliding, Polo, Water ski-jumping and tricks, Boxing, Hunting, Pot-holing, Winter sports, Climbing, Hurling, Power boating, Wrestling, Ice hockey, Racing, Yachting beyond 5 kilometers off a coastline, Flying except Air Travel, Motor racing, Show jumping, professional Soccer, Motor cycle exceeding 160cc, Skydiving, Parachuting, Use of Wood working Machinery, American Football, Rugby and other professional Sports.

Exclusion

Category of treatment, conditions, activities and their related or consequential expenses that are excluded from this Policy and for which the Company shall not be liable to pay, as more fully set out in clause 5 below.

Hospital

Refers and Shall include any of the Company's approved medical providers who offer care and treatment for the sick and injured but shall exclude rest home, convalescent home for the aged, a place for custodial care or a place for the confinement and treatment for drug addicts and alcoholics.

In Force

The Policy is valid and effective in accordance with its terms and the conditions specified in the Schedule

Injury

Physical or mental injury caused by an accident to a Member while the Policy is In Force. This includes all injuries resulting from such accident and all complications arising as a result of the injury.

In patient

A Member who has been admitted to or attended a Hospital, is receiving treatment under the care of the Hospital's physicians, is assigned a ward bed and is being kept in the Hospital overnight.

In-patient Treatment

Treatment which requires admission in a hospital or day care surgery as more specifically defined under Inpatient above. Day Care Procedures also treated as

inpatient under this policy means those medical treatment, and/or surgical procedure which is undertaken under General anesthesia in a Hospital/day care center in less than 24 hours and which would have otherwise required overnight stay in hospital for



more than 24 hours. _

Limit of Indemnity

The Company's liability as limited in events and amount to the limits and sub-limits specified in the Schedule as applying to each item or type of cover provided.

Local Ambulance Services

Ambulance services for transportation of a sick Member for treatment in a hospital from an area where facilities for adequate care do not exist.

Medical Expenses

The cost of the medical, surgical or other remedial attention, treatment or appliances for the sole purpose of curing or relieving of disease and/or illness or injury and which are recommended, approved and certified as necessary and reasonable by a Medical Practitioner and all hospital and nursing home charges in connection therewith subject to the Overall Limit and the Exclusions.

Medical Facility

A hospital, pharmacy, clinic, surgery, day care center etc as referenced in the panel of providers list.

Medical Practitioner

A person who holds a professional qualification in medicine or surgery from a recognized university and is not disqualified from practice by any law, order or regulation of the country in which he is practicing, having been licensed by the relevant authority in that country

Members

An Eligible Person whose Proposal has been accepted by the Company.

Original Cause

Any cause of illness or injury and shall include but not limited to physical trauma, biological agents, metabolic/biochemical agents, congenital malformations, genetic and degenerative diseases or disorders.

Out-patient

A patient who does not require to be admitted to or a stay in hospital to undergo medical treatment but instead receives treatment elsewhere, e.g. in a doctor's office, clinic or the outpatient facility in a hospital.

**Outpatient Covered Treatment**

Treatment provided to a Member who is an Outpatient, including:

- (i) General Out-patient Services
Outpatient services provided at a Panel Provider
- (ii) Out-patient Prescription Drugs
Drugs and medicines prescribed to an Outpatient
- (iii) Benefits Package
Where applicable and if available and the Insured has been advised to use them.
- (iv) Consultation.
Provided by any registered Medical Provider and Specialist Referrals' within the scheme.
- (v) Diagnostics
Laboratory investigations of any nature available within Rwanda.
- (vi) Imaging
All imaging available in Rwanda.
- (vii) Therapeutics
Generic Protocol Based
Psycho-Social Counseling
Nutritional Counseling
Physiotherapy

Cover for outpatient services are subject to the limits specified in the policy schedule.

Overall limit

As per the policy schedule

Panel of service

The list of Hospitals, Pharmacies, Clinics, Physicians and other service providers approved by the Company from whom Members may seek services on credit or in respect of whose charges and fees the Company will make reimbursements.

Period of Insurance



Unless otherwise expressly provided in this Policy, shall mean one calendar year from the Membership Commencement Date/Policy Effective Date.

Physician

Means a properly qualified Medical Practitioner licensed by the competent authorities of the country in which treatment is provided and who in rendering such treatment is practicing within the scope of his or her licensing and training.

Power boating

The use of any combination of boat and engine capable of traveling faster than thirty knots

Pre-Existing Medical Condition.

Means any injury, illness, condition or symptoms:

- a) For which treatment or medication or advice or diagnosis has been sought or received prior to the Membership Commencement Date for the Member concerned, or
- b) Which originated or was actually known by the Insured or the Member to exist prior to the Commencement Date whether or not treatment or medication, or advice or diagnosis was sought or received.

Premium

The sum paid or agreed to be paid by an insured to the underwriter (insurer) as the consideration for the insurance.

Renewal Notice

A letter sent by the insurance company asking the Insured to renew the contract and advising the renewal terms and conditions.

Renewal Premium

Premium amount payable at each annual renewal of cover as specified in the renewal notice.

Schedule

The schedule to this Policy, which contains among other things, the Premium, the Effective Date and name of the insured.

Scheme

Health insurance arrangement as agreed between insured and company.

Sickness

Sickness or disease to a Member which first manifests itself while the Policy is In Force



and forms the basis of a claim. This includes all complications arising as a result of the sickness/ disease and all related conditions and recurrences thereof

Epidemic

An epidemic is the rapid spread of infectious disease to a large number of persons in a given population within a short period of time. An epidemic may be restricted to one location; however, if it spreads to other countries or continents and affects a substantial number of people, it may be termed a pandemic.

Pandemic

A pandemic is an epidemic occurring on a scale which crosses international boundaries and usually affecting a large number of people a worldwide spread of a disease and this disease must be declared a pandemic by a recognized national or international authority such as the World Health Organization.

Wood-working Machinery

Means portable tools applied by hand and used solely for private purposes without reward.

Wrestling

Shall include judo, karate and any form of unarmed combat.

2. MEDICAL INSURANCE COVER.

- a) The Company will indemnify the Insured subject to the Overall Limit terms and conditions of the policy in respect of the Medical Expenses incurred as the result of an Insured falling ill or sustaining accidental bodily injury during the Period of Insurance.
- b) The maximum amount payable by the Company for Medical Expenses in respect of the Period of Insurance for Medical Expense claims shall not exceed the Overall Limit.
- c) In respect of Medical Expenses consequent upon or attributable to an Original Cause, the Company shall not be liable for the first amount of any applicable Excess.

3. PREMIUM

In consideration of the Company providing the Insured and its Members with the medical insurance cover as herein set out, the Insured shall pay the Company the sum of premium as per the schedule attached.

4. COVENANTS



The Insured and the Company hereby agree that:

- a) The group application form, enrollment forms and the policy Schedule are an integral part of this Policy.
- b) The following shall be conditions precedent to any liability of the Company:
 - i. Observance of the terms of this Policy relating to anything to be done or complied with by the Insured.
 - ii. The information in the Proposal being accurate and true to the best knowledge of the person giving that information

5. EXCLUSIONS

Notwithstanding anything to the contrary contained in this Policy, the Company shall not be liable in respect of:

- a) Any claim for expenses relating to any illness or Injury arising whilst the Member is outside Rwanda or East Africa as specified in the policy schedule geographical scope.
- b) Bodily injury or disease and/or illness:
 - i. sustained as a result of the Member engaging in (or practice of or taking part in training peculiar to) any of the Excluded Activities.
 - ii. That occurs after the expiry of the insurance period
 - iii. Directly or indirectly occasioned by or happening through or in consequence of ionizing radiation or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustained process of nuclear fission.
 - iv. whilst the Member is traveling by air other than as a passenger on a registered commercial airline.
 - v. whose costs arise from a Member receiving experimental treatment or being a subject of medical research.
 - vi. sustained Whilst on service or duty with or undergoing training with any military organization, terrorism, war notwithstanding that the Injury occurred whilst the Member was on leave and not in uniform.
 - Vii. Any loss or damage occasioned by or through or in consequence, directly or indirectly, of any of the following occurrences: War invasion, act of foreign enemy, act of terrorism, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, insurrection, revolution, military or popular rising, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance or martial law or stage of siege, confiscation, seizure, nationalization, requisition, or destruction of or damage to the property by order of Government (de jure or de facto) or Local Authority or any process of law.



c) Medical Expenses consequent upon:

- i. Cosmetic or plastic surgery unless necessary to correct traumatic bodily injury.
- ii. Maintenance or treatment received in health hydros, nature cure clinics or homeopaths, chiropractors, acupuncture, herbal medicine (alternative medicine), or private beds registered within a nursing home attached to such establishments.
- iii. Any residential stay in hospital or nursing home which is arranged;
 1. Wholly or partly for domestic reasons
 2. in circumstances where the treatment could reasonably be provided whilst living in a normal place of residence
- iv. Nursing;
 1. Unless provided by a qualified registered nurse.
 2. in circumstances where the attention could reasonably be given by a person other than a qualified registered nurse.
- v. Inpatient dental/Maxillofacial expenses exceeding the specified sublimit. Other inpatient dental/Maxillofacial expenses excluded are the cost of dentures, crowns, braces, bridges and plates
- vi. Inpatient optical or ophthalmologic expenses above the specified sublimit. Other inpatient optical/ophthalmologic expenses excluded are the cost of glasses, surgery for refractive errors and optical/ophthalmologic transplants or grafts
- vii. Treatment for infertility and impotence.
- viii. Treatment for congenital conditions/malformation or defects above the chronic/pre-existing conditions sub limit and related conditions regardless of age of onset of symptoms.
- ix. Treatment for genetic/chromosomal conditions above the chronic conditions/pre-existing sub limit including but not restricted to sickle cell anemia and hemophilia
- x. Conditions related to prematurity of the new-born baby above the specified sub limit.
- xi. External surgical appliances and prostheses including but not restricted to wheelchairs, frames etc. except short term use of up to 6 weeks.
- xii. Costs of donating an organ
- xiii. Any claim from a member whose application for medical insurance shall contain any willful mis-statements or mis- representation or who shall have willfully withheld any material information (including information withheld on



- the member's behalf).
- xiv. Medical exam not incidental to diagnosis
 - xv. Whilst or as a result of participating in sport as a professional player.
 - xvi. Costs of specific medical or surgical treatment for an impairment, illness or injury, which the Company excluded specifically and in writing when the member joined.
 - xvii. Any expense for which the insured person has been reimbursed from any insurance, Government Schemes, RAMA or Compensation except of any excess expenditure beyond the amount recovered from such other insurance or source
 - xviii. Inpatient day surgery that is not performed under general anesthesia. Instead use outpatient benefit and not inpatient.
 - xix. New technology unless by prior approval by the Company
- d) Bodily injury, illness and/or disease or Medical Expenses consequent upon or contributed to by the Member:
- i. Disregarding medical advice given by a registered Medical Practitioner
 - ii. Family planning and related ailments above the specified sub limits.
 - iii. Committing or attempting to commit suicide or intentionally self-inflicting wounds or ailments on himself or willfully exposing himself to needless peril except in an attempt to save human life or arising out of non-adherence to medical advice
 - iv. Having taken drugs orally or intravenously unless the Member proves that the drug was taken in accordance with proper medical prescription and directions from a Medical Practitioner and not for treatment of drug addiction
 - v. Suffering from Alcoholism and or Alcohol Intoxication.
- e) Vaccinations or any treatment undertaken or carried out as a preventative measure including complications thereof but not limited to check-ups, scans of any nature or any other form of disease and illness prevention including but not limited to preventative medications and supplements. Only Expanded Program on Immunization (EPI) vaccines are covered for children below two (2) years where the Outpatient cover is purchased unless otherwise stated in the policy summary or endorsement.
- f) Treatment for weight loss/gain, obesity or weight problems. This includes but is not limited to the treatment of conditions such as bariatric, and any treatment required for any condition caused as a result of these conditions.
- g) Genetic testing.
- h) Passive War Clause/Terrorism and Political Violence



- i. This cover is extended to provide cover for injuries to an insured person caused by violent accidental external and visible means arising from War, political violence, Invasion, Act of Foreign Enemy, Hostilities or Warlike Operations, (whether War be declared or not), Civil War, Rebellion, Revolution, Insurrection, Terrorism, Military or Usurped Power, subject to the sub limits indicated in the policy schedule under this clause.
 - ii. This excludes cover consequent upon an Insured Person directly and actively participating or engaging in such activities whether whilst serving in the armed forces or otherwise save, where applicable, to the extent only of adopting or taking such action or steps as were reasonably necessary for the protection of himself, his family or their property.
 - iii. Where outpatient is purchased, this benefit shall also be provided within the outpatient cover up to the full outpatient cover limit.
- i) Pandemics, epidemics or/unknown conditions whether declared or not by the relevant health authorities e.g. Ministry of Health, WHO, CDC etc that affect a large proportion of the population whose treatment is unknown and may require quarantine or isolation. Expenses for investigation, treatment, care and any related conditions while on quarantine are excluded.

6. GENERAL CONDITIONS

Notwithstanding anything to the contrary contained in this Policy, the medical insurance cover given by the Company under this Policy is subject to the following General Conditions:

- a) Pre-Authorization Review (Applicable to scheduled admissions)
We have agreement with all hospitals and clinics to report all hospitalization cases for confirmation of member validity.
However we require before a Member goes for any scheduled admission in a Hospital that is covered by this Policy, the Member (or if that Member is a minor, an adult Member acting on its behalf should use his or her reasonable endeavors to first notify the Company in order for the Company to provide authorization. In the case of an emergency, the above condition does not apply.
- b) Notification and Submission of Claims
For providers, the final claim must be submitted in writing to the Company by the Hospital within thirty (30) days after the date of treatment.
For reimbursement claims, the final claim must be submitted in writing to the Company by the Member within three (3) months after the date of treatment. Claims submitted after the three (3) month period shall not be payable save at the discretion of the Company.



All claims shall be supported by original invoices wherever reasonably practicable and benefits will be paid subject to provisions of this Policy once all the verifications have been done by the Company.

c) Premium

The Premium payable to the Company shall be paid by the insured on the Policy Effective Date and shall cover the ensuing year of insurance and subsequent premiums shall be paid on each additional member before Annual Renewal Date during the continuance of this Policy. No premiums or any part of any premiums so paid shall be returnable except as under sub-clauses (d) and (m) below.

d) Renewal of Insurance

This Policy shall remain In Force for a calendar year from the Policy Effective Date and be renewed upon payment to the company of the appropriate renewal premium and as per mutually agreed renewal terms and conditions, PROVIDED ALWAYS that the Company and the insured reserve the right to cancel this Policy at any time during the Period of Insurance, on giving notice in writing, not later than thirty (30) days prior to the date of cancellation, to the last known address. Should the Company or the insured enforce their right of cancellation at any other date than at the end of the Period of Insurance, the Company must refund to the Insured the pro-rata portion of the Premium provided the insured has not lodged any claim from the date of inception of cover to the date the notice expires.

e) The Company reserves the right to refuse application for an upgrade in membership or renewal without giving reasons for doing so.

f) All certificates of information and evidence required by the Company at the time of accessing benefits shall be furnished free of expense to and in the form prescribed by the Company. The Member shall, when required by the Company, submit himself to be examined by the Medical Practitioner or other officer of the Company and shall at all times send by post within seven (7) days after receipt of demand all such further evidence and information by way of certificates, declarations or otherwise as may be from time to time required by the Company in order to ascertain and prove the nature and extent of the injuries and, in case of death, there must be delivered to the Company a certificate from the Medical Practitioner who attended to the Member stating as fully as possible the nature, extent and duration of the injuries the cause of death and all such other information and evidence as the Company may require or consider necessary to satisfy itself of its liability and of the identity of the Member and of the title of the claimant. In case of the death of the Member, the Company shall have the right



to have a post mortem examination made at its own expense.

- g) The Members receipt of service or claim payment shall discharge the Company. If the Insured comprises more than one party having an interest in the Policy the Overall Limit of Indemnity applicable shall represent the total amount payable in respect of the Insured for all interests covered by this Policy.
- h) The Company shall be entitled at any time in the Company's or the Insured's or a Member's name to take proceedings at its own expense and for its own benefit to secure reimbursement from any third party in respect of anything covered by this Policy. The Insured or the Member shall give such assistance the Company

may reasonably require.

- i) No sum payable under this Policy shall carry interest.
- j) The Company shall not be bound to accept or be affected by any notice of any trust charge lien assignment or dealing with or related to this Policy.
- k) The Member shall give notice to the Company within a reasonable time of any material change in the business or the Member's capacity, occupation, health status or activities and shall pay any additional premium required by the Company in consequence thereof.
- l) If any part of the Premium or Renewal Premium is calculated on estimates furnished by the Insured, the Insured shall keep an accurate record containing all relative particulars and shall allow the Company to inspect such record, provided such inspection is upon not less than three business days' notice and occurs on a business day. The Insured shall within one (1) month after the expiry of each Period of Insurance furnish such information as the Company may require. The Premium or Renewal Premium shall thereupon be adjusted.
- m) The Company or the Insured may cancel this Policy by giving thirty (30) days' notice in writing to the other party at its last known address. If the Company gives such notice, the Insured shall thereupon become entitled to a proportionate return of the Premium otherwise the Insured shall only be entitled to a return of Premium provided that no claim has been made in the then current Period of Insurance.
- n) Case Management
The medical treatment of the Member shall be managed according to the following regulations:
 - I. The service must be medically necessary and delivered in a Medical Facility.
 - II. For scheduled admission the service must have been authorized in terms of the pre-authorization procedures mentioned under sub clause (a)



above.

- III. Only services delivered within the allocated length of stay are covered.
- IV. The service, medication or supplies that the Member is charged for must relate to the reason for admission. Should the Member undergo any further treatment that is deemed by the Company to be medically unnecessary the Company shall avoid all liability for such costs incurred.
- V. Appointed service providers may vary without notice
 - o) Funeral Expenses Cover

Should the Member die during the period of this Policy the Company will upon receipt of satisfactory proof of death in writing pay the specified sublimit to the designated beneficiary entitled thereto.

Funeral expense Exclusions:

The Policy under this option does not cover death caused by or resulting from:

- 1. Declared or undeclared war or any act thereof
- 2. Civil war, rebellion, insurrection, military or usurped power, popular uprising, martial law, strikes, riots, civil commotion or mutiny
- 3. Service in the armed forces of any country at war declared or undeclared
- 4. Suicide committed while sane or insane
- 5. Any Sickness or medical condition excluded under this Policy.
- 6. A member who passes away before enrolling under the policy.

Recovery of Expense Already Paid:

If after submission of documents required to substantiate a claim it is discovered that the Company should not have made any payment under this option, the claim is an exceeded claim or the benefits were incurred outside the policy, the claim will be deemed invalidated to the extent only of any excess or breach and the insured's legal personal representative or any beneficiary named therein shall forthwith reimburse the amount of excess or subject of any breach to the Company.

p. Evacuation

Local Evacuation.

The Company will indemnify the Member in respect of Medical Expenses incurred for the use of a road or air ambulance by the Member from the point of accident or illness to the Hospital. The entitlement of either road or air evacuation benefit is subject to overall cover limit and pre-authorization.

q. Overseas referral.

The Company will indemnify the Member for any costs incurred for a medical



condition that warrants referral for treatment overseas provided the treatment is not available in Rwanda, Kenya, Uganda and it is certified by the Company's independent Medical Practitioner as being necessary in advance of such travel and treatment. There has to be written authorization from the Company approving the overseas referral. The independent Medical Practitioner's opinion shall be binding upon all parties to this Policy. Air fare, local travel, accommodation charges are not covered. Eligibility for referral is advised In the policy schedule.

In both (1) and (2) above the Company's maximum liability shall not exceed the Overall Limit.

r) The Company offers no guarantees and assumes no responsibility or liability of any type of third party services

s) **Cash and carry**

In Pursuant of Article 23 of Law no. 05/2009, you are required to pay your insurance premium on or before the medical cover commencement date. The Company shall only assume risk upon receipt of premium in full.

t) **Cover period**

This is a one (1) year term Policy. The Company shall assume risk from the Policy Effective Date and the medical cover shall terminate on the last day after one year at midnight when the Policy lapses, as long as the Company or Insured has not terminated the cover as provided in clause (d) above (Renewal). The Company shall not guarantee any liability thereafter unless cover is renewed and premiums settled on or before the renewal date.

u) **Confidentiality**

The Company agrees that they will not use or disclose any identifiable information about the Insured, an Eligible Person or a Member whether received or created before or after the date of this Policy except for the purposes strictly necessary to perform services for providing insurance cover for that person or with the prior consent of that person.

The Company represents that it has safeguards in place, equal or superior to protect the security of information.

The Company agrees to securely dispose of identifiable information once it is no longer required for the purposes of insurance and after any document holding periods as covered by the insurance act have elapsed.



v) **Indemnity**

In consideration of the Company having agreed to arrange for credit facilities with Medical Service Providers, the Insured will hold the Company fully indemnified for any Medical Expenses outside the Policy whether the company has settled to the providers or not. The Insured shall be liable to fully reimburse the Company whether the Policy is renewed or lapsed, and such reimbursement shall be made to the company by the insured within a period of not more than 28 days after submission of such expenses to the Insured

w) **Arbitration**

The parties agree to settle any disputes arising between parties in relation to this agreement amicably in the first resort. In the event that amicable resolution fails the same will be referred to arbitration at the Kigali International Arbitration Centre (KIAC) in accordance with statutory provisions of the Rwanda laws applicable thereto and obtaining of an award by the Insured shall be a condition precedent to the liability of the Company under this Policy. Once commenced, the Arbitration proceedings shall be governed by the rules of KIAC.

x) **Applicable law**

This contract shall be construed and governed by the laws and regulations in force in the Republic of Rwanda.



RENEW SCHEDULE ATTACHING AND FORMING PART OF MEDICAL POLICY UNIVERSITY OF GLOBAL HEALTH EQUITY KIGALI, RWANDA

COVER

Inpatient and outpatient cover including maternity, optical and dental for employees and their dependents.

COVER PERIOD (Annual)

Starting date; 01/02/2024

Ending date; 31/01/2025

INSURED, UNIVERSITY OF GLOBAL HEALTH EQUITY KIGALI, RWANDA KIGALI

RWANDA

**INSURED MEMBERS;
PRINCIPAL MEMBERS AND
THEIR DEPENDENTS**

All proposed employees and dependents.

INTERMEDIARY: ALPHA INSURANCE BROKER LTD



The Table is ADRA RWANDA's Loss Ratio Computation.

MONTHS	Total AMOUNT	Total VISITS
2	16,416,400	313
3	14,216,426	454
4	10,107,180	285
5	18,976,298	555
6	17,736,338	383
7	15,951,451	470
8	10,670,617	401
9	13,472,798	393
10	14,683,959	418
11	13,940,100	472
12	7,125,712	220
Grand Total	153,297,278	4,364
	Claims Incurred	
	Start Date	01/02/2023
	End Date	31/01/2024
	Report Date	19/12/2023
	Days on Cover	322
	Annual Premium	170,119,359
	Earned Premium	150,077,900
	Claims Incurred	153,297,278
	Loss Ratio	102%

In view of your performance, we have renewed the scheme as per the below quotation.

**BENEFITS AND LIMITS.****COVERAGE**

EAC wide access to all our service providers without need for referral

INDIA on referral and or OM Pre-authorization

The benefits highlight include;

- All outpatient, dental, and optical claims are payable subject to 10% copay by member
- Inpatient and maternity are covered 100% by the insurer.
- New staffs/dependents shall be added at prorated annual price.
- Resigned staff shall be allowed prorated refund premium provided they have not lodged any claim.
- Air ambulance within the region for life threatening cases will be covered on reimbursement basis
- Road ambulance in Rwanda will be fully paid by the insurer.
- Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans.
- HIV/AIDS and related ailments.
- Circumcision for both children under 13 years.
- Routine Immunization for children.
- Family Planning limited to Rwf 80,000 per visit.
- ICU/HDU and Theatre charges.
- Psychiatric cases covered.
- Antenatal and post-natal shall be covered under outpatient
- Hepatitis C treatment is covered
- Hepatitis B treatment is covered
- Hospital accommodation for accompanying parent and/or guardian for hospitalized children below 12 years.
- Vaccine for Hepatitis B maximum Rwf 30,000 per patient per full doses.
- Infertility treatment covered up to Rwf 300,000 per family.
- Check up will be allowed up to Rwf 300,000 per person per year
- External surgical appliances shall be allowed as follows:
 - * One pair of clutches per year
 - * One wheelchair per year
 - * One glucometer machine per year
 - * One BP machine per year
 - * Other external appliances and diagnostic equipment's will be approved subject to a prescription of specialized doctor.
- Rapid test of covid19 at the designated covid test centers at the prevailing price for travelers
- Reimbursement at East Africa rates will be allowed where no provider exists. This will apply for providers in the region and outside the region.



- Congenital Malformation is covered.
- Worldwide travel insurance covered to all insured members
- Wellness fitness (GYM) benefit program on discount
- Health talks to insured members
- 24/7 call center

Benefits	Limit	
Inpatient	21,355,000	Per family
Outpatient	4,000,000	Per family
Maternity	1,200,000	Per family
Optical	400,000	Per person
Dental	400,000	Per person
Last expense	500,000	Per person
Overall limit	27,355,000	Annually

Family size	No. of staff/families	Premium per staff/family	Total Premium
M	75	630,513	47,288,511
M+1	18	1,070,077	19,261,390
M+2	24	1,281,408	30,753,797
M+3	25	1,539,498	38,487,460
M+4	25	1,775,965	44,399,129
M+5	5	2,060,695	10,303,473
M+6	5	2,315,036	11,575,179
M+7	0	2,531,589	-
Total Premium	177		202,068,940
Mutuelle de Santé (5% of the Total Premium)			10,103,447
Gross Total			212,172,387

EXCESS OF LOSS

In case members exceed their outpatient benefit, we will allow an outpatient excess of loss to be replenished. The maximum allowable limit will be Rwf 10,000,000 per annum for **UGHE**. The families to utilize this benefit shall be nominated by **UNIVERSITY OF GLOBAL HEALTH EQUITY**.

EX GRATIA CONSIDERATIONS

Any ex gratia request must be done in writing and shall be handled by the ex gratia committee and feedback given within 24 hours after request. Decision of the committee shall depend on various factors among them; performance of the scheme, urgency, and emergency of the insurance practice, etc... The request shall be sent by the contact person.



SCOPE OF COVER

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

Inpatient;

- Hospital Accommodation Charges maximum covered up to Rwf 56,000 in Rwanda and 100 USD 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 12 years.

Outpatient;

- Routine outpatient consultation.
- Diagnostic Laboratory and Radiology services,
- Prescribed physiotherapy maximum 10 visits per illness
- Prescribed drugs and dressings.
- Dental services (Routine dentistry and curative services excluding dentures, braces, crowns and bridges).
- Optical Services.
- Routine Immunizations for children and antenatal mothers.
- Postnatal care up to six weeks post-delivery.
- Ambulance Services
- Chronic conditions.
- Physiotherapy maximum ten sessions per illness
- HIV/AIDS and related ailments
- Vaccine for hepatitis maximum Rwf 30,000 per patient for full dose.
- Infertility treatment covered up to Rwf 300,000 per family.



Dental Cover.

We shall provide an outpatient dental cover as a stand-alone benefit.

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

- ❖ Extraction
- ❖ Scaling necessitated by a medical condition and prescribed by our appointed dentist once a year
- ❖ Extraction (normal or non-surgical extractions)
- ❖ Examinations
- ❖ Root canal treatment
- ❖ Normal compound fillings
- ❖ Removal of roots
- ❖ Apicectomy
- ❖ Removal of solid odontomas
- ❖ Removal of impacted tooth buried or unerupted teeth.
- ❖ Scaling necessitated by a medical condition and prescribed by our appointed dentist once a year.

Crowns, bridges, braces, toothpaste, orthodontics, dentures and Self-prescribed scaling are excluded from this benefit. This shall however be discussed on case by case basis for children below 15 years and in case of approval shall be covered up to Rwf 300,000 (stand-alone benefit).

Optical Cover

We shall provide an outpatient optical cover as a stand-alone benefit.

This benefit caters for expenses related to eye treatment, including but not limited to correction of refractive errors and cost of glasses and frames. Frames shall be covered 50% of the optical limit. Optical shops will prescribe glasses but dispensing is done by another shop.

Plano glasses are not covered.

Eligibility

Person(s) between from birth to sixty-four (64) years can join the scheme. Existing members remain in the scheme up to the age of seventy (70). Dependents include spouse, own children, legally adopted and foster children aged from birth to 25years.



We shall allow children to join the cover from birth under the following conditions:

1. The baby must be term, that is, at least 38 weeks at birth and should first be discharged from hospital after birth. Babies who cannot be discharged after birth will continue with care under congenital benefit upon submission of their particulars for registration as a member.
2. Birth Notification shall be sent immediately for the new born to be added on cover

Fraud policy.

Members found with fraudulent activities shall be reported to the management of **UNIVERSITY OF GLOBAL HEALTH EQUITY** and their insurance service terminated. Refund premium shall not be allowed if claims have been made by the member. Fraudulent claims shall be reported to the relevant authorities according to Rwanda laws. All new members shall be reported by the HR of UNIVERSITY OF GLOBAL HEALTH EQUITY to Old mutual insurance plc.

Waiting periods

All waiting periods are waived.

Email Indemnity Clause

The Insurance is entitled to act upon any instruction sent through a letter or e- mail from the insured contact person and or a staff with power of attorney. The Insurance will not be liable to the insured, whether in contract, tort (including

negligence) or otherwise for any instructions received from persons other than the mentioned.



General Exclusions

Costs arising from the treatment of the said conditions are not payable under OLD MUTUAL medical insurance scheme. Excluded conditions include:

- Alcohol and Substance Abuse.
- Weight management treatments and drugs.
- Plano 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 without a prescription will not be reimbursed even if prescribed by a physician
- 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.



Enhanced Benefits Cover

1. Disclosed Pre-existing Conditions, Chronic Conditions and HIV /AIDS.

Pre-existing conditions and HIV/AIDS shall be catered for within the inpatient cover up to a sublimit of 11,500,000 of the overall inpatient cover limit per family per annum.

Newly diagnosed chronic conditions shall be covered up to the full cover limit. Chronic conditions that are diagnosed after 120 days of cover shall be deemed as newly diagnosed

2. Congenital Conditions/pre-term babies

We shall allow a sub-limit of 6,000,000 (cumulative benefit) per family per annum to cater for congenital conditions.

3. Caesarian section and maternity.

Maternity benefit is for normal delivery, abnormal pregnancy and caesarian sections during hospitalization. Antenatal visits are covered outpatient benefit.

4. Inpatient Ophthalmologic Cover

A sub-limit of 1,200,000 per family per annum shall be allowed to cater for non-accidental ophthalmologic in-patient hospitalization. Cost of frames and lenses are excluded.

Accident-related inpatient Ophthalmologic cases are already covered under the standard inpatient benefits.

Surgeries for refractive errors are excluded other than clinically required procedures when treatment other protocols are not suitable.

5. Inpatient Dental Cover

A sub-limit of 1,200, 000 per family per annum shall be allowed to cater for non-accidental dental in-patient hospitalization. Cost of Braces, crowns, bridges and other prosthesis are excluded.



Accident-related inpatient Dental cases are already covered under the standard inpatient benefits.

7. Psychiatric inpatient cover

Hospitalization due to psychiatric illness will be subject to a cumulative sub-limit of Rwf 1,125,000 per family per annum.

Covid 19 coverage

Despite pandemics being standard exclusion in insurance policies, OM insurance Rwanda Ltd shall extend cover for Covid-19 related cases for both outpatient & inpatient visits as per below terms and conditions without additional premium.

COVER TERMS

Note the following.

1. COVID-19 Testing & treatment.

- ✓ The tests shall be carried out at all testing centers established by MOH.
- ✓ The tests must be prescribed by a doctor on presentation of Covid 19 signs and symptoms and stated on the patient clinical summary
- ✓ Approval/pre-auth process shall apply
- ✓ Voluntary testing shall not be covered. This will include but not limited to; test done by travelers, tourists, weddings, high risk people who are not showing any covid 19 signs, etc.
- ✓ Testing for travelers shall be covered as below;
 - ❖ The tests shall be done for all UGHE travelers who are insured with OM
 - ❖ This is restricted to only rapid tests
 - ❖ The number of times a traveler is tested is not limited and shall be within the sublimit of medical check up
 - ❖ HR team will send a prior notification to OM medical team with the list of all travelers that need the test.

2. Testing protocol

- ✓ Patient with flu-like symptoms books appointment at their preferred doctor/facility
- ✓ Doctor evaluates patient, and if covid19 test is deemed necessary, the lab request form is filled.



- ✓ Patient or hospital calls OM insurance helpline on 2828 to seek approval for testing.
- ✓ Once results are ready, they are communicated to both patient and referring doctor.

3. Panel of Providers

The Old Mutual Insurance panel of providers shall provide the treatment. In case a patient is treated at a facility that is not in our panel, Old Mutual Insurance will reimburse claims incurred based on prevailing tariffs.

4. Inpatient Treatment

We shall provide coverage for all confirmed cases up to a sub limit of Rwf 10,000,000 within the overall inpatient limit. Treatment will be for asymptomatic/mild/moderate cases and serious/critical cases requiring ICU/HDU care.

Note that inpatient coverage shall only apply to those confirmed to have COVID-19 and need treatment within a hospital setting.

5. Outpatient Treatment

We shall cater for outpatient treatment for members confirmed to have COVID-19. We shall cater for the cost of consultation, testing, and prescribed drugs up to the full outpatient limit.

6. Admission Protocol

- ✓ Member is confirmed to have COVID-19 by the testing facilities, either public or private
- ✓ Member is referred to a health facility (either private or public) for management.
- ✓ For those in our panel of providers, undertakes the case in the usual manner. For those who are in providers we don't partner with, they incur the bill and seek reimbursement from OLD MUTUAL Insurance Rwanda Plc. Reimbursement shall be based on prevailing tariffs.
- ✓ The Case Management Team shall be actively involved in such cases with daily reports provided.

**SERVICE LEVEL AGREEMENT**

	Key performance indicator	Turnaround time
1	Acknowledgment queries on email or telephone	Immediate
2	Issue letter of referral	Same day
3	Settle reimbursement claims to member where a bill is paid out of pocket	7 days
4	Issue policy contract	Before inception of cover
5	Issue endorsement/invoice for additional members	immediately
6	Issue cards to new members & replacements	5 days
7	Review meetings	On request
8	Member utilization statements	Quarterly and on request
9	Scheme performance report	Quarterly and month ten for end year
10	Payment of premiums	upfront

**IMPORTANT CONTACTS**

	Name of primary contact staff	Alternative if primary staff is away
Claims reimbursement	Aphrodis Tuyishime Email: rw_MedicalClaims@oldmutual.rw +250 784 546 653	Aphrodis Tuyishime Email: rw_MedicalClaims@oldmutual.rw +250 784 546 653
Case Management (pharmacy visit, Doctor Visit/hospital, referral, smart use challenges and general emergencies)	Elysee Nsengiyumva Email: rw_casemanagement@oldmutual.rw cell; helpline (toll free) 2828	Janet Namara Email: rw_casemanagement@oldmutual.rw 0786 093 309
Underwriting (New cards, replacements, new employees, resigned employees, invoicing, credits, statement of account, utilization reports)	Aliane Byiringiro Email: rw_UnderwritingHealth@oldmutual.rw 0780636928	Paul Ntwari Email: rw_UnderwritingHealth@oldmutual.rw 0788986815
Management/Contract matters	Delphin Akimana DAkimana@oldmutual.rw +250 (0)784856700	Noella Uwase nuwase@oldmutual.rw 0785772294



OLD MUTUAL

In WITNESS WHEREOF this Policy has been signed at Kigali on the **30/01/2024 Signed on**

behalf of OLD MUTUAL Insurance Rwanda Plc

Name: Delphin AKIMANA

Title: **Health Manager**



Signed on behalf of **UNIVERSITY OF GLOBAL HEALTH EQUITY**

Name: **Jean d'Amour Kubwimana**

Title: **Head of Finance and Procurement**

30/01/2024

