



HOW CAN I ENSURE MY FAMILY'S HEALTH AND WELLBEING IS SAFEGUARDED?

LET'S TALK SERENICARE

Serenicare is an enhanced medical insurance cover that offers both in-patient and out-patient benefits with flexible packages applicable to individuals and families.





HOW CAN I ENSURE MY FAMILY'S HEALTH AND WELLBEING IS SAFEGUARDED?

THE OLD MUTUAL APPROACH TO FAMILY HEALTHCARE

Serenicare is a cover whose policy extends to cater for maternity, optical, dental and chronic diseases. The in-patient and out-patient cover offers a variety of limits to choose from on the subsequent pages. One is only eligible for outpatient cover if they have taken the inpatient cover. However you can take the in-patient cover alone.



WHY SERENICARE?



Comprehensive benefits

- Cover for pre-existing conditions.
- Cover for chronic conditions, HIV/AIDS and related conditions.
- Dental and optical cover on outpatient.
- Cover for congenital conditions.
- Cover for psychiatric conditions.
- Funeral expenses benefit.
- Four levels of comprehensive cover with optional benefits (outpatient and maternity)



Wide Geographical Coverage

- Wide nationwide and regional coverage (Uganda, Kenya, Rwanda, South Sudan)
- Countrywide and regional Old Mutual offices (all major towns in Uganda and Kenya)



Convenient

- Overseas treatment in India on credit under listed hospitals.
- Road and air evacuation.
- Overseas emergency cover for the first 42 days for all on above 30 million cover
- Funeral expenses benefit.
- Cover for psychiatric conditions.
- Funeral expenses benefit.
- Four levels of comprehensive cover with optional benefits (outpatient and maternity)



Benefits Schedule in UGX

- Includes hospitalisation costs, surgery, physician, all specialist consultations, ICU, HDU.
- Diagnostic laboratory, X-ray, CT scan, and all imaging tests.
- Physiotherapy, prescriptions, and surgical appliances.
- Accommodation costs for parent/guardian accompanying a child below 7 years in hospital.



WHY SERENICARE?

BENEFIT SCHEDULE FOR HOSPITALISATION COVER

Benefit Option	Premium	Comprehensive	Classic	Essential
Overall limit	100,000,000	60,000,000	30,000,000	15,000,000
Maximum daily bed limits (Ugx)	500,000	320,000	220,000	180,000
Accidents related hospitalisation (no waiting periods)	Fully covered within overall limit	Fully covered within overall limit	Fully covered within overall limit	Fully covered within overall limit
Acute Illness related hospitalisation (subject to a 30 day waiting period)	Fully covered within overall limit	Fully covered within overall limit	Fully covered within overall limit	Fully covered within overall limit
Pre-existing and chronic conditions on full disclosure at the time of joining & HIV/ AIDS & related conditions (one year waiting period)	9,000,000	8,000,000	7,000,000	6,000,000
Post-hospitalisation treatment covering outpatient follow up treatment related to cause of pre-authorisation (reimbursement only, limited to the first 30 days after discharge)	800,000	600,000	300,000	150,000
Illness related eye treatments, excluding surgery for refractive errors and laser treatment (one year waiting period)	4,000,000	4,000,000	2,500,000	2,500,000
Illness related dental treatment/ surgery & subject to written pre-authorisation (Six months waiting period)	1,200,000	1,000,000	800,000	600,000
Gynecological surgery, excluding treatment for infertility (one year waiting period)	15,000,000	12,000,000	9,000,000	6,000,000
Organ transplantation (cost of donor or securing the organ is excluded, two year waiting period)	15,000,000	12,000,000	9,000,000	6,000,000
Internal and external surgical implants & appliances, joint replacements & prostheses (excluding dental fixtures & prostheses)	12,000,000	9,000,000	6,000,000	5,000,000
Psychiatry and psychotherapy treatment	8,000,000	6,000,000	4,000,000	2,000,000
Cancer/Oncology treatment (one year waiting period)	10,000,000	8,000,000	6,000,000	5,000,000
Illness related reconstructive/plastic surgery excludes cosmetic, obstetric and gynecological surgery (two year waiting periods)	5,000,000	5,000,000	3,000,000	3,000,000

Illness related maxillofacial surgery (excluding dental fixtures & dental surgery).	10,000,000	8,000,000	6,000,000	4,500,000
Congenital defects and genetic disorders (one year waiting period).	6,000,000	5,000,000	4,000,000	3,000,000
Referral treatment outside Uganda - subject to terms and conditions. RESTRICTED TO KENYA & INDIA (written pre-authorisation required prior to travel) on reimbursement basis.	Allowed	Allowed	Allowed	Allowed
Funeral expenses per member (death as a result of covered conditions).	1,500,000	1,500,000	1,500,000	1,500,000
MATERNITY BENEFIT STAND-ALONE COVER				
Maternity benefit shall be optional but only available in the second year of cover if paid for.	4,000,000	3,000,000	2,500,000	1,500,000
All benefits are subject to the overall cover limits per family per annum				

BENEFITS SCHEDULE FOR OUTPATIENT COVER				
Benefit options	Premium	Comprehensive	Classic	Essential
Overall cover benefit limit per person per annum Ushs (subject to a 30 day waiting period).	5,000,000	3,000,000	2,000,000	1,500,000
Consultation fees covered.	Full cover	Full cover	Full cover	Full cover
Laboratory and radiology tests covered.	Full cover	Full cover	Full cover	Full cover
Prescribed physiotherapy (maximum ten sessions per prescription).	Full cover	Full cover	Full cover	Full cover
Pre-existing/chronic conditions on full disclosure & HIV/AIDS.	2,000,000	1,500,000	1,000,000	500,000
External surgical appliances.	600,000	450,000	350,000	300,000
Psychiatry and psychotherapy.	Full cover	Full cover	Full cover	Full cover
Antenatal cover & postnatal (max 2 U/S scans for ANC). Only for those who purchased maternity option. (1 year waiting period).	Full cover	Full cover	Full cover	Full cover
Outpatient Oncology/Cancer (six months waiting period).	Full cover	Full cover	Full cover	Full cover
CT, MRI, angiography and PET scans (subject to pre-authorisation).	Full cover	Full cover	Full cover	Full cover
Congenital and genetic conditions defects.	Full cover	Full cover	Full cover	Full cover

DENTAL AND OPTICAL COVER				
OPTIONS	Premium	Comprehensive	Classic	Essential
DENTAL COVER				
Routine dental treatment per person includes X-rays, cleaning, scaling & polishing, ordinary extraction, fillings, and root canal treatment (as a stand-alone Benefit). Excludes prostheses & implants.	400,000	300,000	200,000	150,000
OPTICAL COVER				
Routine optical treatment per person includes outpatient ophthalmologists expenses. Change of lenses where there has been a noted change in prescription. Provision of frames limited to one pair every 2 years (as a stand-alone Benefit). Excludes Laser correction of eye sight	400,000	350,000	300,000	200,000



HOW MUCH IS THE COVER?

INPATIENT COVER OPTION (ANNUAL COVER LIMIT PER FAMILY)					
Options		Premium	Comprehensive	Classic	Essential
Cover Limit		100,000,000	60,000,000	30,000,000	15,000,000
Premium					
AGES 19-30 years	Principal Member	858,022	589,323	482,548	429,748
	Spouse	622,910	448,256	378,852	344,532
	Child	421,386	327,341	289,970	271,490
AGES 31-40 years	Principal Member	905,262	621,358	508,058	452,069
	Spouse	656,513	472,223	398,352	361,784
	Child	421,386	327,341	289,970	271,490
AGES 41-50 years	Principal Member	962,588	726,616	535,180	476,811
	Spouse	691,945	546,183	416,839	378,779
	Child	421,386	327,341	289,970	271,490
AGES 51-65 years	Principal Member	1,147,037	787,983	674,815	591,105
	Spouse	822,013	592,057	523,201	462,466
	Child	421,386	327,341	289,970	271,490

OUTPATIENT COVER OPTION (ANNUAL COVER LIMIT PER PERSON)

Options	Cover Limit	Premium Per Family
Option 1	5,000,000	900,000
Option 2	3,000,000	600,000
Option 3	2,000,000	430,000
Option 4	1,500,000	350,000

DENTAL COVER: PREMIUM TABLE AND ANNUAL COVER LIMIT PER PERSON

Options	Cover Limit	Premium Per Family
Option 1	400,000	80,000
Option 2	300,000	60,000
Option 3	200,000	40,000
Option 4	150,000	30,000

OPTICAL COVER: PREMIUM TABLE AND ANNUAL COVER LIMIT PER PERSON

Options	Cover Limit	Premium Per Family
Option 1	400,000	137,500
Option 2	350,000	120,313
Option 3	300,000	103,125
Option 4	200,000	85,938

MATERNITY COVER OPTION (ANNUAL COVER LIMIT PER FAMILY)

Options	Cover Limit	Premium Per Family
Option 1	4,000,000	800,000
Option 2	3,000,000	660,000
Option 3	2,500,000	600,000
Option 4	1,500,000	390,000



HOW DO I SIGN UP FOR COVER?

- Please contact the Old Mutual Uganda office, or your insurance intermediary and fill out the member application form.
- Ensure that you fill the member application form in full and as accurately as possible to facilitate quick processing of your cover.
- Submit the duly filled application form and the premium payment in cash or cheque to Old Mutual insurance Uganda offices or any of our branches.
- All successful applicants and their dependants will be issued with a Serenicare SMART Card and a policy document.
- The policy will be effective from the date the premium is paid.
- Waiting periods will start from the date the policy is effective.



HOW DO I CHOOSE THE OPTION TO BUY?

- a** Start by deciding the inpatient limit desired. Refer to the premium table (1.3) for computation of the premium payable. Inpatient is mandatory when selecting the benefits to buy. You may opt to pay for inpatient only, in which case insurance will only be used during hospitalisation or major illness requiring overnight stay in hospital.
- b** Choose the desired outpatient benefit per person. Refer to the premium table (1.4) for computation of the premium payable. Add total price to the inpatient premium.
- c** Choose the maternity/optical/dental benefit category if desired and add the category (see table 1.5) to the total price of the package.
- d** Please contact our office or representative for information and/or clarification on this. You will be given an invoice or quotation against which you can make your payment.



WHAT ARE THE GENERAL CONDITIONS?

- a** Geographical limits Uganda, Kenya and Rwanda.
- b** Waiting periods of 30 days for illness claims (for both inpatient and outpatient) & 60 days for non-accident related surgical claims.
- c** All members are covered from birth to 65 years. Members aged over 50 years are to be subjected to a medical examination at their cost in the prescribed format at the Old Mutual's appointed medical doctor to be considered for cover. Existing members will be eligible for cover up to the age of 70 years.
- d** Eligible dependants will include spouses and children of the covered principal member. Children aged above 18 years will be covered as principal members in their own right.
- e** All members will be offered Old Mutual SMART medical cards which need to be presented for identification at the appointed medical service providers.
- f** Members are required to receive services only at the appointed service providers.
- g** Members may enroll for varying benefit categories. But the main member and dependants MUST have similar benefits within one family. Inpatient benefit may not be on a lower option than outpatient benefit.



OUTPATIENT COVER

- a** Caters for routine outpatient care and treatment.
- b** Can not be purchased independently of inpatient cover.
- c** Full cover for pre-existing, chronic and congenital conditions on outpatient cover.
- d** We recommend strict use of our appointed health service providers. Where a provider is not accessible, kindly seek authorisation from Old Mutual and the bills incurred will be paid on reimbursement.



OPTICAL AND DENTAL COVER

- These are available as stand-alone benefits.
- Dental and optical cover must be purchased together and not independently.



WHAT DON'T WE COVER?

COMPREHENSIVE BENEFITS

- Inpatient and outpatient illness claims incurred within 30 days of cover.
- Non accident related surgical claims for cases incurred within 60 days of cover inception.
- Expenses that are recoverable from other insurances e.g. personal accident cover.
- Expenses related to cases where material information is misstated or misrepresented.
- Benefits that are not stated in the policy document or brochure.
- Treatment by an individual who is not a certified medical practitioner.
- Expenses incurred with respect to active participation in riots, strikes or civil strife.
- Self-inflicted injury, suicide and attempted suicide.
- Injuries sustained from intentional self-intoxication or drug abuse.
- Homeopathy, chiropractic treatment, acupuncture, herbal medicine and related treatment.
- Medical expenses related to medical research or experimental treatment.
- Professional sports and hazardous sports and activities.
- Cosmetic treatment.
- Infertility or impotence treatment and medication.
- Expenses incurred by a member at a non appointed service provider.
- Alcoholism and conditions related to alcohol intoxication.
- General medical check-ups.
- Vaccinations other than those on the National Expanded Programme. (Private vaccines are excluded).
- Sex hormone disorders and treatments.
- One can purchase different categories of any of optical and dental covers as long as they are not higher than the outpatient and the inpatient categories.



CAN I GET TREATMENT ABROAD?

- Yes, subject to terms and conditions.



DOES MY MEDICAL COVER PACKAGE INCLUDE REFERRAL TREATMENT ABROAD?

- Yes, it does. For example to India, Kenya and others.



UGANDA

Old Mutual Insurance
Plot 3-5, Port bell Road
(Old Mutual Nakawa Business Park)
PO Box 7185, Kampala - Uganda
Tel +256 414 332 700
Toll free 0800132700 or 0800315315
Email: info-gi@oldmutual.co.ug
www.oldmutual.co.ug

KENYA

Old Mutual Tower
Upper Hill Rd
PO Box 43013, Nairobi - Kenya
Tel: +254-020-2850 000,
Email: customerservice@oldmutual.co.ke
www.oldmutual.co.ke

RWANDA

Grand Pension Plaza 7th Floor,
Telephone: Tel +250 25 250 0905-7
PO Box 6644, Kigali - Rwanda
Email: ominsurance@oldmutual.rw
www.oldmutual.rw