

	Medical Plans			
	Plan A	Plan B	Plan C	Plan D
Benefit Schedule per person (MUR)	Limit (Rs)	Limit (Rs)	Limit (Rs)	Limit (Rs)
Section 1 - Inpatient Benefits (Subject to Scale of Costs)	Limit Per Illness Lifetime (Rs) - Excess: NIL			
1.1 - Inpatient - Surgical Treatment	Rs. 100,000	Rs. 250,000	Rs. 500,000	Rs. 1,000,000
1.2 - Inpatient - Medical Treatment	Rs. 100,000	Rs. 250,000	Rs. 500,000	Rs. 1,000,000
1.3 - Prothesis for accident & cancer only	Rs. 10,000	Rs. 15,000	Rs. 50,000	Rs. 80,000
1.4 - Local Ambulance Service	Rs. 5,000	Rs. 5,000	Rs. 5,000	Rs. 5,000
1.5 - Rehabilitation immediately following hospitalisation	Rs. 2,000	Rs. 3,000	Rs. 5,000	Rs. 7,500
1.6 - Travel & Accommodation (Only for insured person undergoing treatment abroad when not available locally)	Rs. 10,000	Rs. 25,000	Rs. 100,000	Rs. 100,000
Section 2 - Childbirth	Annual Limit (Rs) - Excess: NIL			
2.1 - Childbirth (Normal & Caesarean)	Rs. 30,000	Rs. 50,000	Rs. 75,000	Rs. 100,000
2.2 - Maternity Cash Benefit (If delivery is done in Public)	Rs. 10,000	Rs. 15,000	Rs. 20,000	Rs. 25,000
Section 3 - Outpatient Benefits	Annual Limit (Rs) - Excess: 20% with a minimum of Rs 250 for each claim			
Overall Annual Limit	Rs. 16,000	Rs. 22,000	Rs. 30,000	Rs. 50,000
3.1 - Medical Expenses (Consultation, prescribed medications & investigations)	Rs. 8,000	Rs. 10,000	Rs. 12,000	Rs. 18,000
3.2 - Pre-natal & Post-natal consultations & prescribed medicines	Rs. 2,000	Rs. 3,000	Rs. 4,000	Rs. 5,000
3.3 - Complementary Treatment	Rs. 1,000	Rs. 1,200	Rs. 1,500	Rs. 2,000
3.4 - Optical Benefits (Including tests, frames & Lenses) - Every 2 years	Rs. 2,000	Rs. 4,000	Rs. 6,000	Rs. 10,000
3.5 - Dentistry	Rs. 2,000	Rs. 3,000	Rs. 4,000	Rs. 5,000
3.6 - Hearing Aids	Rs. 8,000	Rs. 10,000	Rs. 12,000	Rs. 18,000
3.7 - Chronic Benefits (For Diabetes Mellitus Type II Treatment, High Blood Pressure & Asthma)	Rs. 2,000	Rs. 4,000	Rs. 6,000	Rs. 10,000
Section 4 - Funeral Expenses		Lifetime Limit (Rs) - Excess: NIL		
4.1 - Funeral Expenses	Rs. 15,000	Rs. 15,000	Rs. 15,000	Rs. 15,000

NOTE

Quotation Validity	- 30 days as from issue date unless the age of any proposed insured has changed meanwhile - This Quotation is indicative only. Any acceptance of cover, final terms and conditions including premium payable will be determined following examination of completed proposal form and any related documents. No reason whatsoever shall be furnished when a Proposal is declined Quotation is valid for Mauritian nationals. For Non-Mauritians citizens, a loading of 25% will be applicable.			
Type of Insurance	Medical - Inpatient & Outpatient. Worldwide cover except USA, Canada, Japan & Singapore.			
Period of Insurance	12 months from date to be agreed. Policy can be renewed for consecutive 12 months periods subject to claims experience and medical inflation. Change in cover will be subject to approval.			
Medical Tests	Medical Examination/Other Medical Tests required at enrolment as per table below OR where necessary for evaluation of a proposal inclusive of additional tests and the Costs of such Medical Exam/Tests shall be borne by the Proposer directly			
	Age Plan 40-59 years			
	Requirements Full Blood health check			
Excess	Excess applicable for Outpatient Treatment: 20% of costs subject to a minimum of Rs 250 for each and every claim			
Cover	To pay costs of Medical Treatment or Surgical Procedures incurred following hospitalisation. Coverage is subject to the Policy terms and conditions, the benefit limits set out in the Table of Benefits and any terms, including special conditions, exclusions outlined in the Insurance Certificate and subject to payment of the agreed premium.			
Geographical Treatment Limits	Emergency Treatment Abroad where applicable - Limited to nearest center of excellence (Reunion Islands, South Africa and India).			
Specific Exclusions	The following shall be excluded from the coverage: (a) Any bodily injury, illness, sickness, or death of the Insured person arising directly or indirectly from or relating to or in any way attributable to a disease declared by the World Health Organisation or a regional or local body or authority as a pandemic or epidemic; (b) Coronavirus disease (COVID-19); (c) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); (d) Any mutation or variation of SARS-CoV-2; (e) Any fear or threat of a), b) or c) above			

Waiting Period	d The period after inception date of policy when claims will become payable.		
	(i) Accident: Nil		
	(ii) Pregnancy & Childbirth: 24 months		
	(iii) Specific Conditions listed below: 24 months		
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	- Hypertension, Diabetes, Cardiovascular diseases, Cerebrovascular accident and/or any sequelae thereof &/or related conditions.		
	- Arthritis, Lumbar, & Vertebrate problems, Locomotor System Disorders, Sciatica, Prolapsed Disc, Lumbago and/or sequelae thereof&/or related		
	complications or treatment requiring Arthroscopy or Meniscectomy.		
	- All types of Cancers, Cysts, Endometriosis, Fibroid, gynecological problems and/or any sequelae thereof &/or related complications or any treatments		
	requiring Hysterectomy, Laparotomy, Laparoscopy, Cystectomy.		
	- Cataract or any Eyes problems requiring surgical operation and/or any sequelae thereof &/or related complications.		
	(iv) Other conditions: 3 months		
	Chronic diseases - Covers Asthma, High Blood Pressure & Diabetes only subject to acceptance terms on evaluation of Proposal Form.		
Exclusions	Pre-existing medical conditions		
Claims	- Inpatient claims will be subject to scale of costs, the maximum amount payable for related medical and surgical treatments to a private hospital or clinic.		
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	- Benefits payable will be subject to terms, conditions and exceptions of SICOM MyCare Health Insurance Policy.		

Please refer to the **Policy wording** for full terms and conditions.



