



| Benefit Schedule per person (MUR) | MyCare Plans | | | |
|---|---|-------------------|-------------------|-------------------|
| | Plan A | Plan B | Plan C | Plan D |
| | 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 - Prosthesis 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) - <i>Every 2 years</i> | 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 <i>(For Diabetes Mellitus Type II Treatment, High Blood Pressure & Asthma)</i> | 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

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| 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 <table border="1" style="margin-left: 20px;"> <tr> <td>Age Plan</td> <td>40-59 years</td> </tr> <tr> <td>Requirements</td> <td>Full Blood health check</td> </tr> </table> | Age Plan | 40-59 years | Requirements | Full Blood health check |
| 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 | | | | |

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| Waiting Period | <p>The period after inception date of policy when claims will become payable.</p> <p>(i) Accident: Nil</p> <p>(ii) Pregnancy & Childbirth: 24 months</p> <p>(iii) Specific Conditions listed below: 24 months</p> <ul style="list-style-type: none"> - 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. <p>(iv) Other conditions: 3 months</p> <p>Chronic diseases - Covers Asthma, High Blood Pressure & Diabetes only subject to acceptance terms on evaluation of Proposal Form.</p> |
| Exclusions | Pre-existing medical conditions |
| Claims | <ul style="list-style-type: none"> - 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. - Benefits payable will be subject to terms, conditions and exceptions of SICOM MyCare Health Insurance Policy. |

