



ANNEX 1: UPGRADE OPTIONS FOR HEALTH SENSE PLAN

NIC HEALTHSENSE PLAN	FOR ALL			EXECUTIVE		PLATINUM		EXCESS
DETAILS	Plan I	Plan II	Plan III	Plan I	Plan II	Plan I	Plan II	Applicable on every plan
MERGED BENEFITS FOR INPATIENT BENEFITS								
Aggregate Limit per annum	15,000	50,000	125,000	250,000	500,000	1,000,000	2,000,000	As per individual excess
In Patient Benefits								
Room, Boarding, Nursing, Surgical and Medical Expenses Per Year	15,000	50,000	125,000	250,000	500,000	1,000,000	2,000,000	Nil
Public Hospital In Patient Cash Benefits								
Per Day, up to the remaining In Patient Benefits limit	4,000	4,000	4,000	4,000	4,000	4,000	4,000	Nil
Maternity Benefits – per delivery								
Confinement benefits { including Gynecologists Fees, Room, Boarding, Nursing, Surgical, and Medical Expenses	10,000	25,000	40,000	40,000	40,000	40,000	40,000	Nil
Caesarean Delivery	10,000	25,000	50,000	60,000	60,000	60,000	60,000	Nil
Public Hospital Maternity Cash Benefits								
Per Day, up to the Maternity Benefit limit	4,000	4,000	4,000	4,000	4,000	4,000	4,000	Nil
Congenital benefits following delivery (For new born child only)								
Per Child Per Life	6,000	20,000	50,000	55,000	60,000	75,000	100,000	20% of every claim
MERGED BENEFITS FOR OUTPATIENT BENEFITS								
Aggregate Limit per annum	5,000	10,000	15,000	20,000	25,000	30,000	40,000	As per individual excess
Medical Benefits (Out Patient)								
Per Year	2,500	5,000	7,500	10,000	15,000	20,000	30,000	20% of every claim
Chronic Medications								
Per Year	N/A	N/A	N/A	1,000	1,500	2,000	2,500	20% of every claim
Preventive Care								
1 Visit/ Test Per Year	N/A	N/A	N/A	1,000	1,500	2,000	2,500	20% of every claim
Procedures								
Per Year	N/A	N/A	N/A	1,000	1,500	2,000	2,500	20% of every claim
Physiotherapy								
Per Year	N/A	N/A	N/A	1,000	1,500	2,000	2,500	20% of every claim
Prescribed Vitamins								
Per Year	N/A	N/A	N/A	1,000	1,500	2,000	2,500	20% of every claim
Optical Benefits (excluding contact lenses)								
Per year for eye test and twenty-four (24) months for frames and lenses	1,500	2,000	4,000	6,000	8,000	10,000	12,000	20% of every claim
Dental Benefits - Per Year								
Fillings, extractions, surgical operations, procedures and appliances	1,500	2,000	4,000	6,000	8,000	10,000	12,000	20% of every claim
Hearing Benefits								
Cost of providing hearing aids	2,500	5,000	7,500	10,000	15,000	20,000	30,000	20% of every claim
Maternity Benefits – per delivery								
Pre & Post Natal treatment	2,500	5,000	7,500	10,000	15,000	20,000	30,000	20% of every claim
Funeral Benefit								
Accidental/ Natural death	5,000	10,000	15,000	20,000	25,000	30,000	40,000	Nil
Ambulance Benefits								
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Nil

ANNEX 2: UPGRADE OPTIONS FOR CATASTROPHE COVER

Plan	Aggregate Limit per year for all Catastrophe Claims (MUR)	Excess Per Claim (MUR)
I	50,000	25,000
II	100,000	25,000
III	200,000	50,000
IV	300,000	50,000
V	500,000	50,000
VI	1,000,000	100,000
VII	2,000,000	100,000
VIII	3,000,000	100,000