



### MERGED BENEFITS HEALTH COVER

| BENEFITS | Plan<br>5 K | Plan<br>10 K | Plan | Plan<br>20 K | Plan<br>25 K | Plan<br>35 K | Plan<br>50 K |  |
|----------|-------------|--------------|------|--------------|--------------|--------------|--------------|--|
|          | 3 K         | 10 K         | 15 K | 20 K         | 23 K         | 35 K         | 30 K         |  |

### **PART A**

| Limit Per Annum   | Rs<br>5,000 | Rs<br>10,000 | Rs<br>15,000 | Rs<br>20,000 | Rs<br>25,000 | Rs<br>35,000 | Rs<br>50,000 |
|---|-------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Subject to the following maximum sub-limits per type of treatment |             |              |              |              |              |              |              |
| Dental  | 5,000       | 5,000        | 7,000        | 10,000       | 10,000       | 10,000       | 15,000       |
| Hearing Aids  | 3,000       | 3,000        | 3,000        | 3,000        | 3,000        | 3,000        | 5,000        |
| Optical (Lenses & Frames)   | 2,000       | 3,000        | 4,000        | 5,000        | 6,000        | 7,000        | 8,000        |
| Pregnancy   | -           | 5,000        | 7,000        | 10,000       | 10,000       | 15,000       | 20,000       |
| Surgical / Medical  | 5,000       | 10,000       | 15,000       | 20,000       | 25,000       | 35,000       | 50,000       |
| Chronic Disease   | -           | 5,000        | 5,000        | 5,000        | 5,000        | 5,000        | 5,000        |
| Preventive Care/Lifestyle Benefits                                | -           | 5,000        | 5,000        | 5,000        | 5,000        | 5,000        | 5,000        |

### **PART B**

| Clinic Room Fees Per Annum | 7,500 | 15,000 | 22,500 | 30,000 | 37,500 | 52,500 | 75,000 |
|----------------------------|-------|--------|--------|--------|--------|--------|--------|
| Maximum per Day            | 250   | 500    | 750    | 1,000  | 1,250  | 1,750  | 2,500  |

#### **NOTES:**

- 1. Deductible on all claims: 20% (no monetary minimum) The various benefits in part A (except optical and hearing) cover Clinic room fees. However where those benefit limits are insufficient to cover these limits, then these additional costs will be refunded up to the limit stated in Part B.
- 2. The Clinic room fees benefit under Part B is subject to the excess applicable.
- 3. The member may apply for additional Mosanté Cover.



# Table of Benefits

Page 2/4

## PREVENTIVE CARE, LIFESTYLE & CHRONIC BENEFITS

### **PREVENTIVE CARE\***

| GP Check Up           | Benefit       |
|-----------------------|---------------|
| All Medical Check Ups | Once Per Year |
|                       |               |
| Pathology Tests       | Benefit       |
| All Pathology Tests   | Once Per Year |
|                       |               |
| Women's Wellness      | Benefit       |
| Mammogram             | Over 40 Yrs   |
| Papsmear              | Over 30 Yrs   |
|                       |               |
| Men's Wellness        | Benefit       |

| Prostate Test | Over 50 Yrs |
|---------------|-------------|
|               |             |

| Cancer Prevention            | Benefit           |
|------------------------------|-------------------|
| Human Papillomavirus Vaccine | Once Per Lifetime |

### LIFESTYLE BENEFITS\*

| Lifestyle Benefits         | Benefit   |
|----------------------------|---|
| Assistance to Stop Smoking | Allen Carr's EasyWay (Rs 5,000 benefit )            |
| Assistance to Lose Weight  | Weighless Programme (Rs 500 per month for 6 months) |

### **CHRONIC DISEASE BENEFITS\***

| Chronic Condition | Benefit   |  |  |
|-------------------|---|--|--|
| Diabetes          | - GP Check Ups                                  |  |  |
|                   | - Pathology as Prescribed by Doctor             |  |  |
|                   | - Ophthalmologist Check as Prescribed by Doctor |  |  |
|                   | - Podiatrist Check as Prescribed by Doctor      |  |  |
|                   | - Glucometer as Prescribed by Doctor            |  |  |
|                   | - Medication/ Insulin as Prescribed by Doctor   |  |  |
| Hypertension      | - GP Check Ups                                  |  |  |
|                   | - Specialist Check-Ups as Prescribed by Doctor  |  |  |
|                   | - Pathology as Prescribed                       |  |  |
|                   | - Electronic BP monitor as Prescribed by Doctor |  |  |
|                   | - Medication as Prescribed by Doctor            |  |  |
| Any Other C       | hronic Illness                                  |  |  |