

It all starts with...





**A comprehensive health care cover for your enterprise
since 1982.**



About Mosanté

Mosanté is a **health-care scheme** provided by **Business Mauritius Provident Association** (BMPA) previously known as **MEFPA**, set up by the Mauritius Employers' Federation (MEF) in 1982 and rebranded as Business Mauritius in 2015. Our primary aim is to provide health-care covers to employees of Business Mauritius member-enterprises and their dependants.

Mosanté understands the unique needs of your enterprise and of your employees in the area of health care. Our non-profit association status allows us to focus on our primary mission, which is to provide lifetime care to our beneficiaries from babies to seniors.

Mosanté today, operates under a new mindset, namely **disease management and health consciousness**. We offer a range of innovative products and services centered around wellness to meet your medical and health-care needs.

We continuously innovate to facilitate your access to health-care.

Our Mission

To provide lifetime care to our members and contribute towards their peace of mind through flexible health care covers.

Our Social Role

While being a Provider of health care covers, Mosanté also acts as a promoter by encouraging employers to fulfill their social responsibility in order to increase employee efficiency and productivity. Being a non-profit provident association, any extra surplus is reinvested into the improvement of health care facilities.





Our Uniqueness

- **Our Health Comes First, Not Our Profit**
We are a non-profit provident association and having no shareholders, we invest our income back into the services we offer
- **Lifetime Care**
We provide Lifetime Care to all our beneficiaries, from babies to seniors with a non-discriminatory pricing scheme. Our non-catastrophe covers have no age limit and will provide you with the same benefits even after retirement, at the same premium that your enterprise is paying*.
- **Bonus/Malus system**
Mosanté has a unique system of Bonus/Malus, which is used to adjust premiums paid by members according to their claim history. Bonus is a discount given on the premium to reward low claimants, whereas the Malus is an increase in the premium for high frequency claimants. At Mosanté this exercise is reviewed annually.
- **Mosanté offers an incomparable flexibility in the wide range of schemes and covers available**
- **Free membership card (Mocarte)**
Giving access to various services.
- **You can be treated by the doctor of your choice who are duly registered with and authorised by the Medical Council of Mauritius.**
- **We work with all clinics recognised by the Ministry of Health and Quality of life**
- **Fast track for reimbursement of claims**
 - Walk-in claim settlement and get refunded within 15 minutes
 - Submission of claims via our mobile application
- **No waiting period for newborn under the in-patient and out-patient cover**
- **No waiting period for new employees of existing corporate members (except 9 months for pregnancy related treatment)**

Our Health-Care Covers

Mosanté offers three main types of health-care covers with varying limits depending on your budget and needs.

Combining all three covers provides adequate protection to you and your family.



1. Merged Benefits Health Cover

BENEFITS	Plan 5 K	Plan 10 K	Plan 15 K	Plan 20 K	Plan 25 K	Plan 35 K	Plan 50 K
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PART A

Limit Per Annum	Rs 5,000	Rs 10,000	Rs 15,000	Rs 20,000	Rs 25,000	Rs 35,000	Rs 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 (Diabetes & Hypertension)	-	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

The **Merged Benefits Health Cover** allows for a maximisation of benefits entitlement. It is basically an outpatient cover, but can also cater for in-patient conditions.

This cover consists of an annual limit (subject to different annual sub-limits) for various benefits: hearing aids, dental, optical (lenses & frames), pregnancy as well as surgical/medical treatments. As a bonus, members also benefits from clinic room fees (subject to the excess applicable).

The Preventive Health Care/Lifestyle Benefits include General Practitioner's (GP) Check Up, Pathology Tests, Women's Wellness, Men's Wellness and Lifestyle Benefits such as assistance to stop smoking and assistance to lose weight.

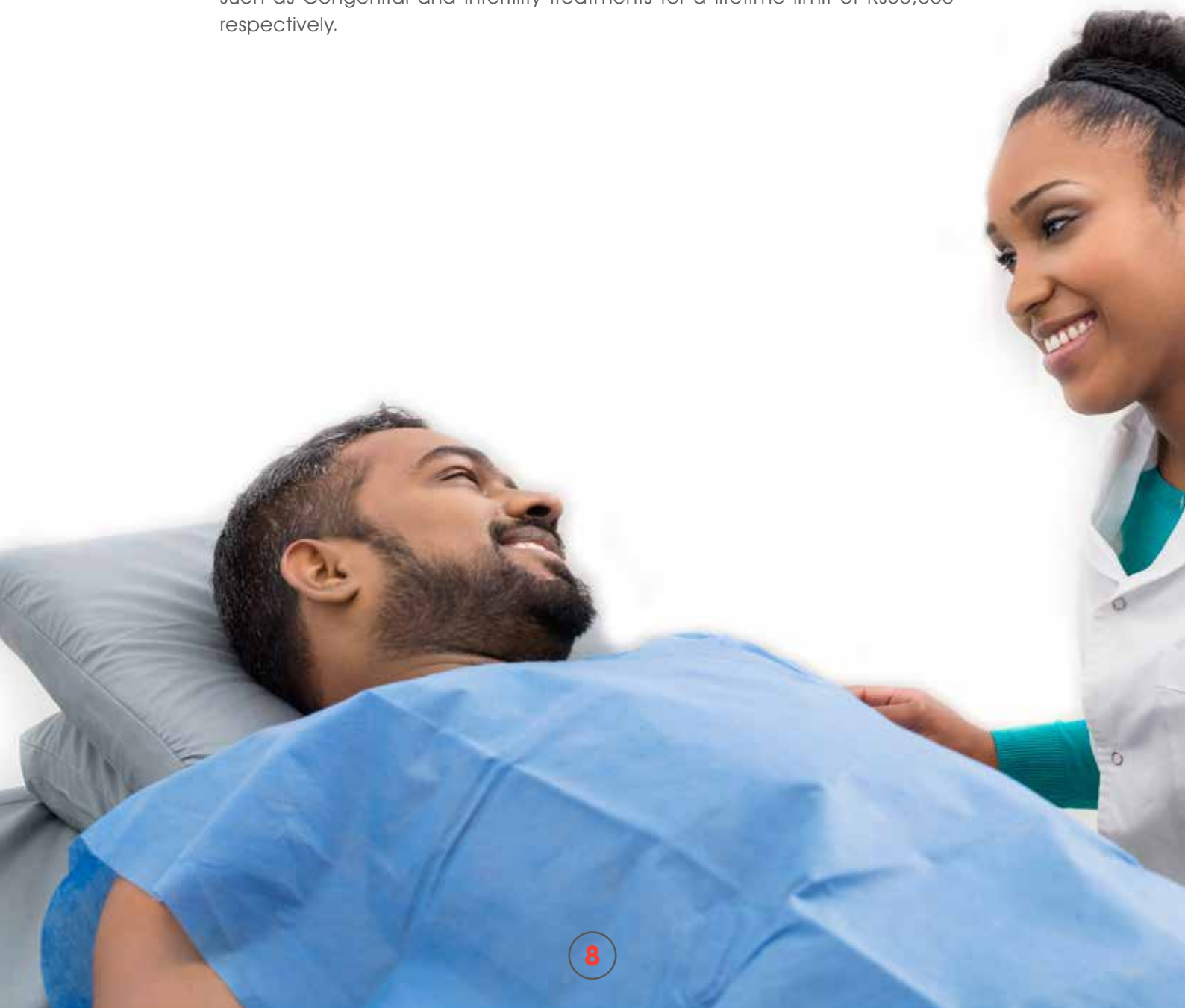
Chronic Disease Benefits comprise of treatments for diabetes and hypertension. Covers various elements such as GP Check Ups, refund of glucometer for diabetes and Electronic BP monitor for hypertension (Subject to GP approval).

2. In-Patient+ Cover

Limit Per Illness/Annum
Deductible: Nil
Rs 50, 000

The **In-Patient+ Cover** refunds medical treatments and surgical procedures requiring the occupation of a clinic bed, as well as, day cases surgical procedures, which do not necessitate an admission.

This cover refunds up to Rs50,000 per illness per annum, with no excess. It is also inclusive of a Membership Card, which facilitates admissions into private clinics. Our cover also includes normally excluded medical conditions such as Congenital and Infertility treatments for a lifetime limit of Rs50,000 respectively.



3. Surgical/Medical Catastrophe Cover

Lifetime Limit
PER ANY ONE ILLNESS (Excess: Rs 50,000)
Rs 500,000
Rs 1,000,000
Rs 2,000,000
Rs 3,000,000
Rs 5,000,000
Rs 10,000,000

The **Surgical/Medical Catastrophe Cover** refunds expenses relating to all illness or accident incurred provided some expenses exceed the deductible within the first twelve months and are incurred during the period this benefit is subscribed to.

This cover refunds surgical/medical overseas treatments and also non-medical items such as return air fares in economy class and reasonable accommodation costs for the patient and one accompanying person. The approval of overseas treatments will only be entertained if the treatment is NOT available locally. However, if the patient still chooses to undergo his treatment overseas (when the treatment is locally available), Mosanté will refund the equivalent costs of the treatment locally. The air ticket and hotel accommodation will hence not be refunded.

The Surgical/Medical Catastrophe cover is granted subject to applicant undergoing relevant medical visits (if required) and disclosure of pre-existing medical conditions.

Easing your life

Mosanté is committed to not only your medical and health-care needs but to **facilitate its access** and **enhance your experience** through:

1. Walk-in claim settlement
2. Snap & Send from your mobile phone
3. Cashless services from selected pharmacies and opticians



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1. Walk-in Claim Settlement

Members now have the facility to have their **claim being settled within 15 minutes**. This service is available to walk-in customers for the refund of their outpatient claims.

Members will need to present their duly filled claim form and supporting documents at the desk of the Administrator, Medscheme (Mtius) Limited. This is a fast track service whereby a **claim is processed and refunded within 15 minutes**. There is no minimum or maximum amount for the refund but it is subject to our scope of cover and the limit available for refund under each benefit.

2. Mosanté Mobile Application

Mosanté App is yet another innovation of Mosanté! It is a mobile application which enables a beneficiary to have real time information on his medical cover anywhere, anytime at his fingertips. **Mosanté App is freely available on Play Store and App Store.**

With Mosanté App, members have access to view:

- Progress on your Claim Refunds
- Benefit Limits Available under your Health Plan
- Membership Details of Main Member & Dependents
- Details of Contributions

Special Features of Mosanté App:

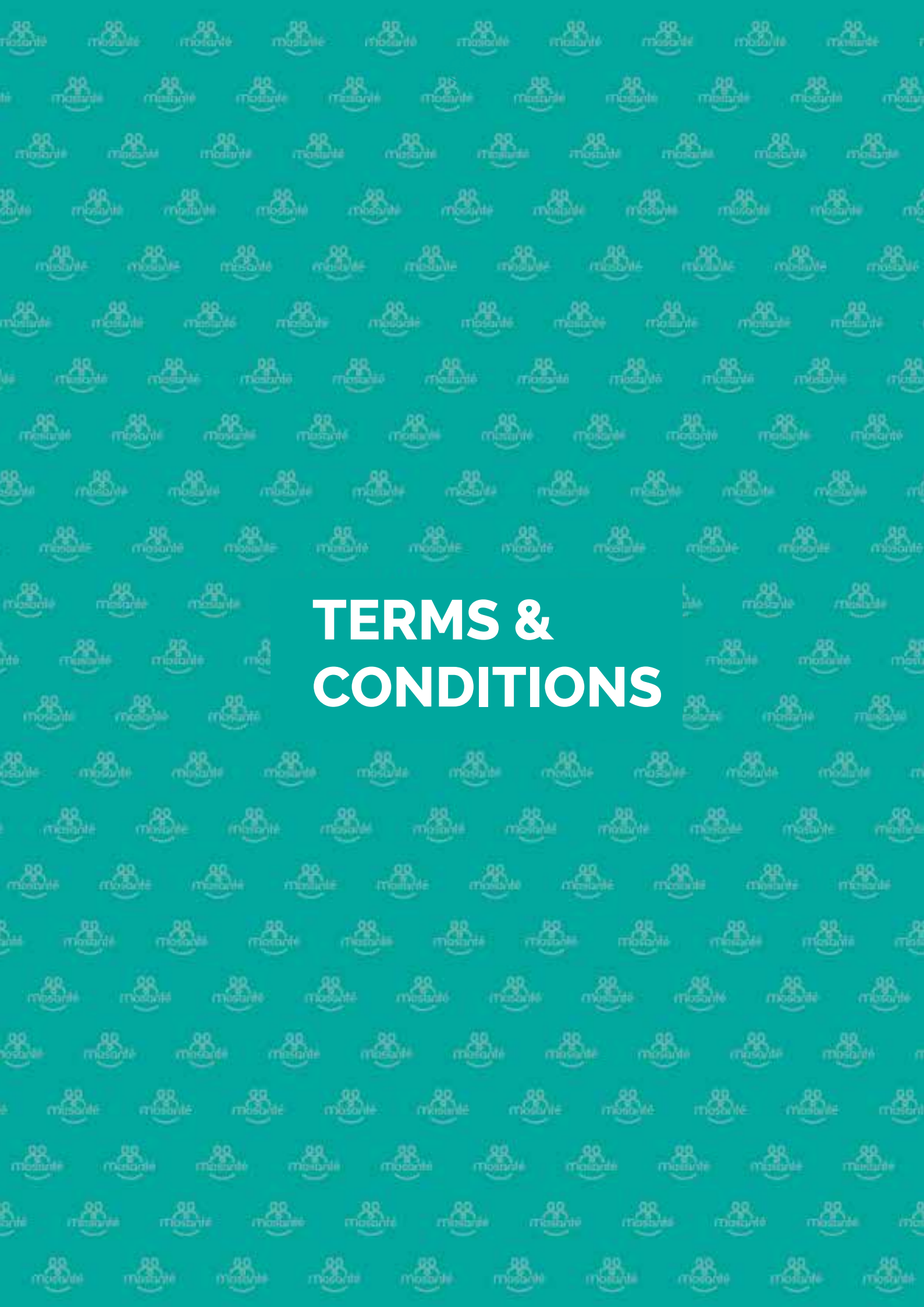
- **Snap & Send:** Claim Submission - Submit photos of your claims via Mosanté App
- **Electronic Membership Card:** Access Membership Card at all times for both payless and in-patient services.

3. Cashless Services

A cashless system has recently been launched at some **selected pharmacies and Opticians**.

Through this cashless service, a beneficiary will only need to disburse the applicable excess which is 20% on purchase of medication and the remaining balance will be settled by Mosanté in line with the medical cover of such beneficiary.

Members will need to present only their membership card.



TERMS & CONDITIONS

Terms and Conditions must be read in conjunction with the Rules of Association.

DATA PRIVACY

By subscribing to Mosanté, you consent to the collection, use, processing and transfer of your personal data as described below. You understand that the Business Mauritius Provident Association, provider of Mosanté Health Plan and its Administrator, presently being Medscheme (Mauritius) Ltd hold certain personal information about you for the purpose of implementing, administering and managing your participation in the Mosanté Health Plan. You authorize Business Mauritius Provident Association and/or its Administrator to receive, possess, use, retain and transfer the Data, in electronic or other form, for these purposes. You also understand that you may, at any time, review the Data and require any necessary changes to the Data.

1. BENEFITS

- 1.1. The benefits provided by the scheme are described in the Appendix and the limits payable are indicated in the Tables of Benefits
- 1.2. The treatment for which the benefit is claimed must have been recommended by a medical practitioner, duly registered with the Medical or Dental Council of Mauritius, or a registered optometrist. Treatment with a Special Therapist is refunded if duly prescribed by a registered medical practitioner
- 1.3. Doctors and Clinic Fees will be refunded as per scale of cost applicable by the medical industry or such instrument as may be approved by the Managing Committee.

2. DEPENDANTS

- 2.1. Dependants of employees/pensioners are :
 - (i) Spouse or any living-in partner of employee/pensioner (concubinage)
 - (ii) Child, stepchild or adopted child, under the age of 18, or a full time student who is under the age of 25 years, unmarried and unemployed.

Decision to accept or reject any application to the scheme rest on the Managing Committee.

- 2.2. The Managing Committee may, at its discretion and without prejudice, request evidence of health or an affidavit regarding any aspect as may be required.

3. WIDOWS AND WIDOWER

Provided a spouse has been a member of the Association for at least 5 years, a widow/ widower may retain membership of the Association for herself/himself and dependants, provided her/his membership would cease upon her/his re-marriage or upon her/his becoming eligible for another scheme by virtue of her/his employment.

Such contributions would still be paid through the Corporate member for the deceased spouse.

4. WAITING PERIOD

Benefits become payable as follows:

4.1(a) Existing employee and or dependants

Pregnancy related treatment 9 months
3 Months for any other cases

4.1(b) New Recruits and or dependants

Pregnancy related treatment 9 months
No Waiting Period for any other cases

4.1(c) New Born

No Waiting period for the In Patient and Outpatient Benefits if enrolled during the month of birth
Catastrophe cover, however, becomes payable 3 months after enrolment

4.1(d) Change of cover at Renewal

Pregnancy related treatment 9 months
No Waiting Period for any other cases

5. EXCLUSIONS

5.1 Personal injury (not sickness) benefits are excluded for persons in active performance of duty falling within the following trades or professions:

Aviators	Stevedores
Jockeys	Taxi drivers
Seamen	Window cleaners
Members of armed forces	
Threshing and woodworking machinists	

5.2 Benefits shall not be payable for

- 1.(a) Aids, patent foods, food supplements, baby foods, contraceptives, domestic, biochemical remedies
Purchase of Equipment such as wheelchair, iron lung, apnoea aid machine, nebulizer. Except where Specifically provided for.
- 1.(b) Patent medicines as advertised to the public and tonics, in a proportion exceeding the one proposed by the Vidal Dictionary.
2. Cosmetic or elective surgery or treatment or any adverse consequence, in connection with or attributable to same, except in case of post-surgery/ or accident or reconstruction following an illness / accident.
3. Illness or accident attributable to use of alcohol or use of non-prescribed drugs.
4. Illness or accident arising out of self-inflicted injury.
5. Obesity consultations or treatments.
6. Treatments, investigations or procedures for fertility or infertility, vasectomy or sterilisation, artificial insemination. Except where Specifically provided for.
7. Professional sport, all sports in the air, duration tests or races of any kind (other than athletics and sailing within the Mauritian coral belt).
8. Certifiable mental disease or senile illness, nervous disorder including (mental illness, anxiety, stress, depressive illness, psychological or psychiatric illnesses, schizophrenia)

9. Convalescent treatment.
10. Venereal disease.
11. Injury or disability directly or indirectly related to war, civil war, nuclear fission or fusion contamination by radioactivity and Act of Terrorism.
12. Chronic Illness - Except where Specifically provided for.
For the purpose of this exclusion, a chronic illness shall be defined as follows:
 - Has no known cure
 - Does not respond effectively to treatment
 - Needs prolonged supervision or monitoring
 - Leads to permanent disability
 - Is caused by changes to the body that cannot be reversed
13. Preventive Treatment (including vaccines and routine/general check-ups) - Except where Specifically provided for.
14. Expenses recoverable from another Scheme or Insurer and from any other third party.
15. Congenital defects and deformities - Except where specifically provided for.
16. Persons over 65 years of age, unless satisfactory evidence of good health is produced.
17. Cost of sunglasses, broken lenses/ frames and repairs.

5.3 For new entrants or for new benefits or for additional limits subscribed to under an existing benefit, cover is excluded for any pre-existing conditions.

6. BONUS / MALUS MECHANISM

A Bonus / Malus mechanism will apply to beneficiaries and their dependants on a yearly basis on all non- catastrophe benefits rates as per calculation in place.

7. CLAIMS PROCEDURE

Claims must be submitted within three months from the treatment occurrence date.

7.1(a) Physical Claims Submission

Claims shall be submitted to the Administrator on the Personalised Claim Form available from the On-Line Member's Portal and accompanied by the Original Invoice/s, Original Receipt/s, Prescription/s and/ or Medical Reports.

7.1(b) Electronic Claim Submission

Claims submitted to the Administrator via the Online Member Portal shall consist of scanned copies of the Personalised Claim Form, Original Receipt/s, Original Invoice/ s, Prescription/ s and/ or Medical Reports.

7.1(c) Snap and Send

Claims submitted to the Administrator via the Mosanté mobile application shall consist of photos of Original Invoice/s, Prescription/s and/ or Medical Reports.

For 7.1(b) and 7.1(c), the Administrator reserves the rights to request for original documents before, during and after the claim have been processed and/ or paid.

- 7.2 All claims will be refunded, provided the Corporate Member's Contributions are up to date, once all the necessary verifications have been made, normally within 20 working days. Refunds will be made to the nearest rupee.

Any returned claims from the Administrator requesting for additional information should be resubmitted within one month from the date of the letter or within three months of the treatment occurrence date, whichever date is the latest, failing which the claim will be rejected.

- 7.3 Should there be any doubt as to the receivability of a claim:
- The claimant shall be asked to have a counter medical examination by another practitioner nominated by the Administrator.
 - If need be, the dossier can then be referred to a panel of doctors nominated by the Administrators and this panel will hear all the parties concerned before casting their opinion on the receivability of the claim.
- 7.4. Should a fraud be detected in the submission of a claim, the Association reserve the right of evicting the beneficiary and/or its dependent or taking any appropriate legal action.

8. TERRITORIAL LIMITS

The geographical area(s) or place(s) where the occurrence e.g. an Illness or Accident giving rise to a claim under the cover should happen for the benefits to be payable.

Option 1 Mauritius

Option 2 Worldwide excluding U.S.A. & Canada

IMPORTANT: The Territorial Limits clause should be read in conjunction with the Geographical Treatment Limits clause.

9. GEOGRAPHICAL TREATMENT LIMITS

The only geographical areas where a beneficiary and/or a dependant, can undergo treatment which would be recoverable under the cover, subject to the terms and conditions.

Option 1 Mauritius

Option 2 (a) Where Treatment is unavailable in Mauritius, the nearest regional Overseas Medical Centre to which the Member consents in writing

Option 2 (b) Where Treatment is not available either in Mauritius or in the nearest regional Overseas Medical Centre, an overseas center to which the Administrator

consents in writing excluding U.S.A & Canada.

10. OVERSEAS TRAVEL UNPLANNED OR EMERGENCY TREATMENT

Where a beneficiary and/or a dependant, whilst travelling abroad, has to undergo unplanned or emergency treatment, the reimbursement of the said Treatment expenses incurred shall not exceed the amount equivalent to the cost of such treatment in Mauritius. The recoverable amount shall be calculated strictly in accordance with the prevailing Scale of Costs agreement in force with Doctors and Clinics in Mauritius, except if otherwise expressly mentioned in the Table of Benefits of such beneficiary /dependant or as may be approved by the Managing Committee.

11. ADMINISTRATION

The Committee has delegated to Medscheme (Mtius) Ltd the day to day administration of the Mosanté Health Plan:

Medscheme (Mtius) Ltd
1st Floor, One Cybercity,
Tower A,
Ebene

Mosanté dedicated telephone number: (230) 403 5060

MEDSCHEME (Mtius) LTD CUSTOMER SERVICE CONTACT DETAILS

Membership

Customer Hotline : (230) 403 5098
Email: membership@medschemeinternational.com

Claims

Customer Hotline : (230) 403 5091
Email : info@medschemeinternational.com

12. REGISTERED ADDRESS

Business Mauritius Provident Association
c/o Business Mauritius
BM-MCCI Building
Rue Du Savoir
Ebene Cybercity
Ebene
Tel: (230) 454 9090 / (230) 466 3600
Email: mosante@businessmauritius.org

APPENDIX

DESCRIPTION OF BENEFITS

MERGED BENEFIT HEALTH COVER

1. **Surgical Operations:**

Surgical Operations including surgeons' assistants' and anaesthetists' fees, deep X-ray therapy and approved physiotherapy, blood transfusions, serum, pathological and radiological services, theatre room, oxygen and drugs for the operation and other clinic fees pertinent to the operation.

A Surgical Operation shall mean the treatment of deformity (except congenital deformities), disease or injury by manual or instrumental means or operations such as the attempted restoration or removal of the diseased part or tissue by cutting, cautery, ligature and the like, but excluding simple intra muscular or intravenous injections. This Benefit is extended to include caesarean delivery and Endoscopy when it involves Biopsy or any other surgical procedure.

2. **Medical Benefits:**

Doctors' and specialists' services, consultations and prescribed drugs. Injections and therapy, clinical tests (e.g. X-ray, analysis). Other Clinic fees not involving an operation. This Benefit is extended to include Endoscopy when it is performed for investigative purposes only. Soles (when duly prescribed)

3. **Optical Benefit:**

Glasses, frames, contact lenses and consultations relative thereto. Replacement of frames and/ or lenses of identical power shall be considered after a period of 3 years

4. **Pregnancy:**

Expenses incurred in connection with normal child birth (including ante-natal and post-natal treatment, which are not covered under the medical benefit).

5. **Dental Treatment:**

- (i) Treatment of any dental disease as recommended by a recognised dentist including the following:
 - (a) Fillings and crowns including the cost of precious metal restoration only where the teeth cannot be restored with an ordinary filling material.
 - (b) Extractions and all other types of dental surgery performed in a dentist cabinet.
 - (c) Periodontal treatment.
 - (d) Initial installation or repair (and replacement if qualitative or quantitative changes are prescribed) of prosthetic appliances including bridges and full and partial dentures.
- (ii) Initial installation of orthodontic appliances.
- (iii) Scaling and Polishing

6. **Preventive/Check Up**

As described in the table of benefits.

7. **Chronic Illness**

Diseases as described in the table of benefits.

8. **Hearing Aid**

Prescribed apparatus for deafness.

INPATIENT+ COVER

1. Inpatient

Any medical treatment or surgical procedure (as described under items 1 and 2 above) which requires the occupation of a clinic bed – extended to delivery.

2. Infertility Treatment - Lifetime Cover

Includes in-vitro fertilisation and endometriosis
Excludes outpatient consultation/ treatment

3. Congenital Treatments – Lifetime Cover

Covers deformity/anomaly apparent or diagnosed before the age of 10 of enlisted beneficiary.

4. Orthopaedic Aid – Lifetime Cover

Includes the cost of purchase or rent of wheel chair, crutches etc. as a result of hospitalisation.

5. Funeral Grant

Payable upon presentation of death certificate.

SURGICAL AND MEDICAL CATASTROPHE COVER

1. Catastrophe

Expenses relating to any one illness or Accident incurred, provided such expenses exceed the deductible within the first twelve months of treatment, and are incurred during the period this benefit is subscribed to.



mo travail



mo employeur



mo employés



mo famille



mo sourire

For more info about Mosanté, contact us at:

Business Mauritius Provident Association,
c/o Business Mauritius,
BM-MCCI Building,
Rue du Savoir,
Ebène Cyber City, Ebène 72201.

Tel: 4663600 / 4549090

Email: mosante@businessmauritius.org

www.mosante.org