

QUESTIONS

1. **What is Out-Patient treatment?**

Treatment not requiring admission in a clinic/hospital

2. **What is In-Patient treatment?**

Treatment requiring admission in a clinic/hospital. As soon as an admission form is completed by the insured this will be considered as an In Patient case; regardless of the number of hours during which insured was actually admitted.

3. **What is a waiting period?**

It is the period of time during which any treatment received by the beneficiary cannot be claimed, and it is applicable at inception of/admission to a medical plan.

4. **How many types of waiting periods are applicable under our medical scheme?**

- (a) General Waiting Period
- (b) Specific Waiting Period
- (c) Both will be specified in your policy Schedules.

5. **What is the maximum time applicable to the types of waiting periods?**

- (a) General Waiting Period: 3 months
- (b) Specific Waiting Period: Depending on the nature of the specific illness

Note: Pre-existing illnesses are excluded. These are the illnesses that you already had at the inception date of your medical insurance plan; even if the said illnesses have been in evolution since then.

6. **In which case is the waiting period not applicable?**

- (a) In case of accident
- (b) If you were previously insured under another medical insurance for the same limits and the two (2) insurance periods are consecutive

7. **What is an Excess?**

The amount that needs to be borne by the member and it is most of the time expressed as a percentage (%) of the total amount of claim, a flat amount or a mixture of both. The excess is applied once for each treatment; it is understood that the duration for each treatment shall not exceed twenty-one (21) days.

8. **What is the excess applicable?**

- (a) In-Patient Cover: Generally, No Excess
- (b) Out-patient and Catastrophe cover: depends of the prevailing conditions.

Details will be specified in your policy Schedules

9. **Who are considered as dependants?**

- (a) Adult Dependants: Spouse
- (b) Child Dependants: including foster children.

10. **What is the age limit for children?**

18 years of age/or Children up to the age of 25 provided they are registered as full time students at a recognized institution and are financially dependant on the main member for family care and support/or undergoing a professional training with no remuneration. It is to be noted that a child who has attained 18 years old will pay the adult premium.

11. **When to adhere newborns to the scheme?**

As from one month old; the same terms and conditions as the main member of the scheme will be applicable.

12. **When to adhere adult dependants?**

At any time from date of marriage; the same terms and conditions as the main member of the scheme will be applicable.

13. **What are the procedures regarding treatment overseas?**

**For 'out patient' treatments: a medical visit to a general practitioner for example:
You will have to pay and claim back as soon as you return to Mauritius**

You will be required to submit to the Insurance Company: Original receipts, prescription for drugs/investigation and medical report regarding the Out-Patient treatments in order for the claim to be processed.

If treatment is not available locally:

(a) For those who have Assistance Cards

(i) In-Patient treatment(s):

Treatments that cannot be performed in Mauritius will be covered abroad up to their costs in South Africa or Reunion Island, and, provided a medical report from the treating doctor confirming same is submitted by you.

Please note that in all these cases the request to have the treatment performed abroad will have to receive the approval of our Medical Adviser – who may have to liaise with your treating doctor.

Should you encounter any emergency abroad, a 'prise en charge' will be issued subject to the terms and conditions of the policy.

Should an in-patient treatment be available in Mauritius but the insured chooses to go abroad, we will pay up to the local costs of the treatment.

(ii) Out-Patient Treatment(s):

Upon reception of the documents stated above, the related expenses incurred will be **refunded**, subject to the terms and conditions of the policy.

(b) For those who do not have Assistance Cards

(i) In-Patient treatment(s):

Should you encounter any emergency abroad, you will have to effect payment first and once back to Mauritius, all needed documents will have to be submitted, within the contractual **three (3) months delay**, for a refund, subject to terms and conditions of the policy.

Should an in-patient treatment be available in Mauritius but the insured chooses to go abroad, we will refund the costs incurred up to the local cost of the treatment, and this is subject to terms and conditions of the underlying policy.

(ii) Out-Patient Treatment(s):

Upon reception of the documents stated above, the related expenses incurred will be refunded subject to terms and conditions of the policy.

14. **Is vaccination covered under Medicaid?**

No. No refund will be obtained regarding vaccination.

CLAIMS PROCESS AND PROCEDURES

1. **What is the time frame for the submission of the claim?**

You must forward all your claims within **3 months** from the date the treatment is received.

Please note that this is so even if your treatment exceeds 3 months. Do not wait for the treatment to be over to send your claim or you will fall under a late notification and will not be entitled to a refund.

2. **How to make an In Patient Claim?**

There are 2 types of In Patient Claims:

- (a) If Surgery is known in advance, **Pre-Authorisation** is strongly advised.

Inform our medical claims department as soon as you are aware that you will have to undergo surgery. This will help us to get all the necessary confirmations requested prior to issuing our Guarantee of Payment and remit a Pre-Authorisation to you so that you may be admitted with a peace of mind.

- (b) For medical emergencies (e.g. heart attack), where it is not possible to get authorisation prior to your admission, it is essential to present your **medical card** and your **National Identity Card**.

3. **Procedures for admission to a clinic when surgery is known in advance.**

- (a) For all admissions other than medical emergencies, the member is required to obtain a pre-authorisation letter from the Insurance Company at least 48 hours prior to admission. This can be done by simply calling at the Mauritius Union Assurance Company Ltd. on **203 2540** during office hours and **729 1910** after working hours.

- (b) Should your admission be authorised by the Insurance Company, a 'Prise en Charge' will be sent to the relevant clinic prior to your admission, which will guarantee the clinic payment up to your applicable benefit limit.

FAILURE TO ADHERE TO THESE REQUIREMENTS MAY RESULT IN A PENALTY BEING DEDUCTED FROM THE CLAIM OR THE CLAIM BEING DECLINED IN TOTAL AT THE SOLE DISCRETION OF Mauritius Union Assurance Cy. Ltd

4. **How are your claims being settled?**

Claim reimbursements will be made by cheque or direct credit, within fifteen (15) working days from the date on which you have submitted all the relevant supporting documents: claim form, original receipts, a prescription for medicines / tests, and medical report stating the nature of the illness.

Following a hospitalization, all reimbursements will be made according to the scale of costs in force .

You have received, with your policy of insurance, the list of doctors who have subscribed to this scale and who will not charge above the amounts approved.

You are of course free to consult any doctor of your choice, knowing that your insurance will only reimburse up to the approved scale of cost.

CONTACT for Claims

How to contact us during office hours and night?

08 30 to 16 30 hours– all your enquiries will be dealt with by our officers on **203 2540**

16 30 to 08 30 hours – after office hours and during week ends, you can contact one of our officers on **729 1910**