



Benefit Schedule per person (Rs)	Medical Plans		
	Option 1	Option 2	Option 3
	Limit (Rs)		
Section 1 - Inpatient Benefits (Subject to Scale of Costs)	Limit Per Illness Lifetime (Rs) - Excess: NIL		
1.1 - Medical and Surgical - Limit per illness lifetime	Rs. 100,000	Rs. 300,000	Rs. 500,000
1.2 - Maternity Benefits - Annual Limit OR	Rs. 50,000	Rs. 75,000	Rs. 100,000
1.3 - Maternity Cash Benefit	Rs. 25,000	Rs. 35,000	Rs. 40,000
1.4 - Public Hospital In-Patient Hospitalisation per day (maximum 10 days)	Rs. 2,500	Rs. 3,500	Rs. 4,000
1.5 - In Vitro Fertilisation - Lifetime Limit	Rs. 50,000	Rs. 75,000	Rs. 100,000
1.6 - Congenital - Lifetime Limit	Rs. 50,000	Rs. 75,000	Rs. 100,000
1.7 - Funeral Benefit (Accidental and Natural Death)	Rs. 20,000	Rs. 30,000	Rs. 40,000
1.8 - Emergency Ambulance Cost - (Life threatening cases only)	Actual Cost	Actual Cost	Actual Cost
Section 2 - Outpatient Benefits	Annual Limit (Rs) - Excess: 20% for each claim		
Overall Outpatient Limit with the following sub-limits	Rs. 20,000	Rs. 30,000	Rs. 50,000
2.1 - Medical Expenses (Consultation, prescribed medications & investigations)	Rs. 10,000	Rs. 15,000	Rs. 25,000
2.2 - Pre-natal & Post-natal consultations & prescribed medicines	Rs. 5,000	Rs. 7,500	Rs. 12,500
2.3 - Optical Benefits (Every two years)	Rs. 4,000	Rs. 6,000	Rs. 10,000
2.4 - Dental Benefits (Including Extractions, fillings, orthodontic treatments)	Rs. 5,000	Rs. 7,500	Rs. 12,500
2.5 - Chronic Illness	Rs. 2,000	Rs. 3,000	Rs. 5,000
2.6 - Health Check (including COVID-19 tests)/ 1 visit/ Test Per Year)	Rs. 2,000	Rs. 3,000	Rs. 5,000
2.7 - Hearing Aids (Lifetime Limit)	Rs. 20,000	Rs. 30,000	Rs. 50,000
2.8 - Physiotherapy/ Prescribed Vitamins/ Alternative treatments	Rs. 1,000	Rs. 2,000	Rs. 3,000
Section 3 - Funeral Expenses	Lifetime Limit (Rs) - Excess: NIL		
3.1 - Funeral Expenses	Rs. 20,000	Rs. 30,000	Rs. 40,000

NOTES:

Quotation Validity	30 days as from issue date unless the age of any proposed insured has changed meanwhile This Quotation is indicative only.
Eligibility	Speedy Health has been designed exclusively for employees in the public sector and parastatal bodies in Mauritius and Rodrigues. Members may also add their spouse and children in the scheme. All members should be on the same plan.
Age Limit	Age limit to join Speedy Health is 64 years. Once a member, pensioners may stay on the scheme until they reach the age of 85. Child age limit (0-17 years). This benefit is extended to children up to 25 years who are following full time courses.
Charges	Premium quoted is inclusive of FSC levy fees of 0.35% Annual policy fee of Rs 300 is payable before inception of cover. If payment facility is opted (up to a maximum of 10 months) a processing fee Rs 500 is applicable
Scope of Cover	Speedy Health provides cover for Medical and Surgical expenses reasonably incurred by the member as a direct result of their sustaining accidental bodily injury and/ or illness and/ or a disease within period of insurance subject to policy terms and conditions.
Period of Insurance	12 months from date to be agreed. Policy is renewable annually and premium will be reviewed depending on claims experience and medical inflation. Change in cover will be subject to approval.
Territorial Limits	Emergency Treatment Abroad where applicable - Limited to nearest center of excellence (Reunion Islands, South Africa and India).
Catastrophe cover	The catastrophe cover, if chosen, will refund medical expenses incurred by a member after limits under Inpatient cover has been exhausted.
Main exclusions	(a) Pre-existing conditions (b) Cosmetic treatment (c) Treatment related to obesity, and hair loss (d) Epidemics and/ or pandemics (e) Medical condition(s) arising from an engagement in professional sports (f) Unproven, or experimental treatment (g) Treatment for, or resulting from AIDS or HIV (h) Alcohol, solvent, or drug abuse * A full list of exclusion is available on the policy document.

Waiting Period	The period after inception date of policy when claims will become payable. (i) Accident: Nil (ii) General conditions: 3 months (iii) Pregnancy & Childbirth: 12 months (iv) Specific Conditions listed in the policy : 24 months (v) Full exclusion on any undisclosed medical condition Members who are already insured, continuation of cover may be considered subject to certificate of insurance and claims history from previous insurer.
Non-Disclosure	All pre-existing health conditions and other material facts should be fully and accurately disclosed in the application form. Non-disclosure of a material fact may lead to rejection of claims and/or nullify the policy.
Claims	All claims to be submitted within 90 days of consultation date and 30 days after expiry of contract. Claim settlement done by bank transfer within 21 working days provided that all supporting documents have been submitted. Inpatient claims will be subject to SICOM Tariff Codes, the maximum amount payable for related medical and surgical treatments to a private hospital.
Summary of key features	No medical tests required SICOM Mobile App for submission of claims Cashless Facilities: Inpatient in all Clinics & Optical costs at selected optional providers Exclusive benefits for Infertility, preventive check-up and chronic illness Medical assistance for Overseas treatment
Required documents	Copies of the following documents together with the duly signed original application form: National Identity Card of main member and spouse Marriage certificate (where applicable) Birth certificate for child dependant/s (where applicable) Proof of Residential Address - Utility Bill (not more than 3 months old) Proof of full time education (where applicable) Upper part of the payslip (Evidence to confirm public sector employee) Proof of banking details

Please refer to the [Policy wording](#) for full terms and conditions.

