SIRAGO UNDERWRITING MANAGERS (PTY) LTD
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2019 Products

Ultimate Gap Cover

BENEFIT CATEGORY	ULTIMATE GAP COVER NEW BENEFITS 2018	ULTIMATE GAP COVER 2019
PREMIUM INDIVIDUAL 0 - 64	R237 INDIVIDUAL AND R270 FAMILY	R344
PREMIUM FAMILY 0 - 64		R389
PREMIUM INDIVIDUAL 65+	R333 INDIVIDUAL AND R380 FAMILY	R455
PREMIUM FAMILY 65+		R516
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL	R150 000 OAL
GAP COVER:	500%. SUBJECT TO OAL	WILL SETTLE CLAIMS AT AN ADDITIONAL 500% ABOVE MEDICAL SCHEME RATE OR AT THE STATED BENEFIT VALUE.
CO-PAY COVER:	SUBJECT TO OAL	LIMITED TO THE OVERALL ANNUAL LIMIT OF THIS POLICY. HOWEVER, IF YOUR MEDICAL SCHEME DEFINES YOUR CO-PAYMENT AS A PERCENTAGE OF THE BENEFIT, YOUR CO-PAYMENT BENEFIT WILL BE LIMITED TO A MAXIMUM PAYMENT OF R16 000 PER CLAIM. SUBJECT TO OAL
ADMISSION FEE COVER:	SUBJECT TO OAL. PAID TO A MAXIMUM OF R5 000 IF A PARTIAL NETWORK HOSPITAL IS USED.	SUBJECT TO OAL. THE BENEFIT IS LIMITED TO R5 500 PER ADMISSION.
PENALTY FEE COVER:	R8 800 PER CLAIM, A MAXIMUM OF 2 CLAIMS PER POLICY PER ANNUM. SUBJECT TO OAL	R9 500 PER CLAIM, A MAXIMUM OF 2 CLAIMS PER POLICY PER ANNUM FOR THE VOLUNTARY USE OF A NON- DSP. SUBJECT TO OAL. INCLUDING THE USE OF A PARTIAL COVER NETWORK HOSPITAL AS DETERMINED BY YOUR MEDICAL SCHEME
DAY HOSPITAL / CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER:	SUBJECT TO OAL	WILL SETTLE THE GAP PORTION OF CLAIMS. SUBJECT TO OAL

PRIMARY CARE CONSULTATION BENEFITS:	OAL R2 000 PER POLICY PER ANNUM. GP CLAIMS X 3 WITH A R200 LIMIT. DENTAL CLAIMS X 3 WITH A R200 LIMIT. ALTERNATIVE THERAPY X 3 WITH A LIMIT OF R300 PER CLAIM.SUBJECT TO OAL	R3 500 SUB-LIMIT PER POLICY PER ANNUM. GP CLAIMS X 3 WITH A R325 LIMIT PER CONSULTATION. DENTAL CLAIMS X 3 WITH A R350 LIMIT PER CONSULTATION. ALTERNATIVE THERAPY X 3 WITH A LIMIT OF R450 PER CLAIM PER CONSULTATION. APPLICABLE TO THE GAP PORTION ONLY. THIS APPLIES TO BIOS, PHYSIOS, CHIROS AND OT
EMERGENCY ROOM COVER:	R10 000 OVERALL SUBLIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R8 000. EMERGENCY ROOM - ILLNESS TREATMENT R2 000. SUBJECT TO OAL	R11 000 SUB-LIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R8 500. EMERGENCY ROOM - ILLNESS TREATMENT R2 500, FOR THE GAP PORTION ONLY. SUBJECT TO OAL
PMB COVER:	SUBJECT TO OAL	SUBJECT TO OAL, FOR THE USE OF NON-DSP FACILITIES FOR PMB TREATMENTS
CANCER BENEFIT:	R450 000 OAL LIMITED TO R150 000 PER BENEFICIARY PER ANNUM. SUBJECT TO OAL	A R450 000 LIMIT PER POLICY APPLIES ONCE YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND A PERCENTAGE CO-PAYMENT IS APPLIED. CANCER COVER INCORPORATES CO-PAYMENT COVER AND BIOLOGICAL DRUGS IN ORDER TO ACCESS THIS BENEFIT YOU NEED TO BE ON A REGISTERED TREATMENT PLAN WITH YOUR MEDICAL SCHEME. IN THE EVENT OF THE MEDICAL SCHEME APPROVING RECONSTRUCTIVE SURGERY ON THE AFFECTED BREAST, WE WILL COVER THE GAP PORTION OF UP TO 300% OF THE CLAIM. IN ADDITION TO THIS, SIRAGO WILL MAKE AVAILABLE R25 000 (STATED BENEFIT) FOR THE RECONSTRUCTION OF THE NON-AFFECTED BREAST, WITH SUPPORTING DOCUMENTATION
CANCER BOOST:	LIMITED TO R100 000 PER PERSON AND SUBJECT TO THE OAL OF R150 000 PER INSURED PERSON PER YEAR. THIS BENEFIT IS RESTRICTED TO POLICYHOLDERS WHOSE MEDICAL SCHEME OPTIONS HAS A SUB-LIMIT FOR CANCER COVER AND THE CANCER BOOST BENEFIT CAN ONLY BE CLAIMED ONCE YOUR RAND LIMIT ON YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND YOU NEED FURTHER APPROVED TREATMENT. THIS BENEFIT IS FURTHERMORE DEPENDENT UPON THE INSURED HAVING AND PARTICIPATING IN AN APPROVED TREATMENT PLAN PRESCRIBED BY THEIR MEDICAL SCHEME. BENEFITS IN THIS CATEGORY WILL BE LIMITED TO THOSE THAT WERE DETERMINED WITHIN THE APPROVED MEDICAL SCHEME TREATMENT PLAN. SUBJECT TO OAL	LIMITED TO R100 000 PER BENEFICIARY AND SUBJECT TO THE OAL OF R150 000 PER BENEFICIARY PER ANNUM. THIS BENEFIT IS RESTRICTED TO POLICYHOLDERS WHOSE MEDICAL SCHEME OPTIONS HAS A RAND VALUE LIMIT FOR CANCER COVER. THE CANCER BOOST BENEFIT CAN ONLY BE CLAIMED ONCE YOUR RAND LIMIT ON YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND YOU NEED FURTHER APPROVED TREATMENT. THIS BENEFIT IS FURTHERMORE DEPENDENT UPON THE INSURED HAVING AND PARTICIPATING IN AN APPROVED TREATMENT PLAN PRESCRIBED BY THEIR MEDICAL SCHEME.
DAY TO DAY SPECIALIST CONSULTATION FEE:	R1 200 PER CLAIM. 3 CLAIMS PER INSURED PERSON PER ANNUM. R6 000 SUB LIMIT PER POLICY. SUBJECT TO OAL	R6 500 SUB-LIMIT PER POLICY. R1 350 PER CLAIM. 3 CLAIMS PER BENEFICIARY PER ANNUM FOR THE GAP PORTION ONLY
HOSPITAL ACCOUNT SHORTFALLS:	R1 200 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R5 000 PER POLICY. SUBJECT TO OAL	R5 000 SUB-LIMIT PER POLICY. MAXIMUM OF R1 250 PER CLAIM. MAXIMUM 3 CLAIMS PER BENEFICIARY PER POLICY PER ANNUM.
PREVENTATIVE CARE COVER:	R1 200 PER CLAIM, OAL R8 000 PER POLICY. SUBJECT TO OAL	R8 000 SUB-LIMIT PER POLICY.R1 200 PER CLAIM. MAXIMUM 3 CLAIMS PER BENEFICIARY PER ANNUM. DEFINED AS PAP SMEAR, CHOLESTROL TEST, BLOOD GLUCOSE TEST, FLU VACCINATION, CHILDHOOD IMMUNISATION, BONE DENSITY SCANS, PROSTATE SPECIFIC ANTIGEN TESTS, MAMMOGRAM, CONTRACEPTIVE DEVICE IMPLANTATION.
SUB-LIMIT ENHANCER:	R22 500 PER INCIDENT. MAXIMUM 5 CLAIMS PER POLICY, SUB-LIMIT OF R100 000. SUBJECT TO OAL	SUB-LIMIT OF R100 000 PER POLICY PER ANNUM SUBJECT TO R25 000 PER CLAIM. MAXIMUM OF 2 CLAIMS PER BENEFICIARY LIMITED TO 4 CLAIMS PER POLICY PER ANNUM. THE SUB-LIMIT ENHANCER BENEFITS ARE LIMITED TO MRI SCANS, CT SCANS AND INTERNAL PROSTHESIS ONLY.

APPLIANCE BENEFIT:	MAXIMUM CLAIMED AMOUNT R6 000 FOR YOUR GAP COMPONENT AS PER THE DEFINED LIST. SUBJECT TO OAL	MAXIMUM CLAIM AMOUNT R6 000 PER POLICY PER ANNUM FOR YOUR GAP COMPONENT AS PER THE DEFINED LIST; HEARING AIDS; WHEELCHAIRS; C-PAP MACHINE; HUMIDIFIERS; INSULIN PUMP; GLUCOMETER; NEBULISER AND INTRAOCULAR LENSES.
FRAIL CARE	NEW BENEFIT	R6 500 SUBLIMIT PER POLICY. MAXIMUM OF R800 PER CLAIM. 5 CLAIMS PER BENEFICIARY PER ANNUM. THIS INCLUDES THE USE OF STEP-DOWN FACILITIES AS PRESCRIBED BY YOUR MEDICAL SCHEME AS BEING AN ACCEPTABLE ALTERNATIVE FACILITY.
TRAUMA COUNSELLING:	NEW BENEFIT	R5 000 SUB-LIMIT PER POLICY PER ANNUM. LIMITED TO A STATED BENEFIT OF R750 PER CLAIM. YOU WILL BE COVERED WITHIN THE FIRST 6 MONTHS AFTER A TRAUMATIC EVENT WITH A REGISTERED MEDICAL PROFESSIONAL.THIS BENEFIT COVERS YOU BUT NOT LIMITED TO; DREAD DISEASE, HIJACKING AND OR VIOLENT CRIMES AT THE DISCRETION OF THE INSURER ON THE PROVISION OF SUPPORTING DOCUMENTATION
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R150 000)		
GAP COVER PREMIUM WAIVER:	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER ONLY. THE PREMIUM WAIVER IS DIRECTLY LINKED TO YOUR POLICY PREMIUM PER MONTH AS INDICATED IN YOUR SCHEDULE OF INSURANCE, FOR A 12 MONTH PERIOD. THIS BENEFIT IS NOT PAID IN CASH, BUT HELD AS A CREDIT AGAINST THE POLICY FOR THE APPLICABLE 12 MONTH PERIOD. SHOULD THERE BE ANY PREMIUM ADJUSTMENTS WITHIN THE 12 MONTH PERIOD, THE CREDIT BALANCE AVAILABLE FOR THE REST OF THE WAIVER PERIOD, WILL BE ADJUSTED ACCORDINGLY.	IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE SIRAGO POLICY. THE PREMIUM WAIVER IS DIRECTLY LINKED TO YOUR POLICY PREMIUM PER MONTH AS INDICATED IN YOUR SCHEDULE OF INSURANCE. THIS BENEFIT IS NOT PAID IN CASH, BUT HELD AS A CREDIT AGAINST THE POLICY FOR A 12 MONTH PERIOD. SHOULD THERE BE ANY PREMIUM ADJUSTMENTS WITHIN THE 12 MONTH PERIOD, THE CREDIT BALANCE AVAILABLE FOR THE REST OF THE WAIVER PERIOD, WILL BE ADJUSTED ACCORDINGLY. THIS BENEFIT CANNOT BE TRANSFERRED, CEDED OR CONVERTED TO CASH
MEDICAL SCHEME PREMIUM WAIVER:	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER ONLY. R 3 500 PER MONTH FOR A 6 MONTH PERIOD. WE WILL CONTRIBUTE TOWARDS YOUR MEDICAL SCHEME PAYMENTS, PROVIDED THE GAP COVER POLICY AND MEDICAL SCHEME MEMBERSHIP IS ACTIVE. A CERTIFICATE OF MEMBERSHIP FROM YOUR MEDICAL SCHEME MUST BE PRESENTED MONTHLY FOR AUTHENTICATION OF MEMBERSHIP TO ENSURE STATUS. OUR CONTRIBUTION WILL BE THE ACTUAL AMOUNT PAYABLE TO THE MEDICAL SCHEME OR THE LIMIT NOTED ABOVE.	PAYABLE IN THE EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE MEDICAL SCHEME. SIRAGO WILL PAY THE MEDICAL SCHEME PREMIUM TO THE ACTUAL AMOUNT OF THE CONTRIBUTION, BUT NOT HIGHER THAN THE SUB-LIMIT OF R4 000 PER MONTH FOR A 6 MONTH PERIOD, TO THE BENEFICIARY FOR THE UPKEEP OF THEIR MEDICAL SCHEME CONTRIBUTIONS. IN ORDER TO RECEIVE THE BENEFIT, THE GAP COVER POLICY AND MEDICAL SCHEME MEMBERSHIP MUST REMAIN ACTIVE DURING THIS PERIOD. A CERTIFICATE OF MEMBERSHIP FROM YOUR MEDICAL SCHEME MUST BE PRESENTED MONTHLY FOR AUTHENTICATION OF CURRENT MEMBERSHIP
ACCIDENTAL DEATH:	R12 000 PRINCIPAL, R8 000 ADULT DEPENDENT, R5 000 CHILD PER POLICY PER LIFE	R12 000 PRINCIPAL, R8 000 ADULT DEPENDENT, R5 000 PER CHILD PER POLICY PER LIFE
CANCER COVER (INITIAL DIAGNOSIS):	R15 000 UPON THE INITIAL DIAGNOSIS OF CANCER AS DEFINED. THIS DOES NOT FORM PART OF THE R150 000 OVERALL ANNUAL LIMIT.	R20 000 UPON THE INITIAL DIAGNOSIS OF CANCER PER BENEFICIARY PER ANNUM AS DEFINED.
SIRA-GO' BABY:	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY.	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEWBORN CHILD TO THE POLICY WITHIN 30 DAYS OF THE BIRTH. SUBJECT TO AVAILABILITY.

WAITING PERIODS		
GENERAL WAITING PERIODS:	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A MAXIMUM OF AN ADDITIONAL 3 MONTHS WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS.	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A 3 MONTH WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS
POLICY SPECIFIC WAITING PERIODS:	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS.	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS
SPECIFIC WAITING PERIODS:	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. THE FOLLOWING BENEFITS, ACCIDENTAL DEATH, TOTAL PERMANENT DISABILITY AND PREMIUM WAIVERS ARE ALWAYS SUBJECT TO A 6 MONTH WAITING PERIOD. INITIAL CANCER DIAGNOSIS IS SUBJECT TO A 3 MONTH WAITING PERIOD. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE. THE CANCER BOOST BENEFIT IS SUBJECT TO A 12 MONTH WAITING PERIOD.	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. THE FOLLOWING BENEFITS, ACCIDENTAL DEATH, TOTAL PERMANENT DISABILITY AND PREMIUM WAIVERS ARE ALWAYS SUBJECT TO A 6 MONTH WAITING PERIOD. INITIAL CANCER DIAGNOSIS IS SUBJECT TO A 3 MONTH WAITING PERIOD. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE

Plus Gap Cover

BENEFIT CATEGORY	PLUS GAP COVER NEW BENEFITS 2018	PLUS GAP COVER 2019
PREMIUM INDIVIDUAL 0 - 64	R237 INDIVIDUAL AND R270 FAMILY	R270
PREMIUM FAMILY 0 - 64		R308
PREMIUM INDIVIDUAL 65+	R333 INDIVIDUAL AND R380 FAMILY	R380
PREMIUM FAMILY 65+		R434
AGE LIMIT:	NONE	NONE

OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL	R150 000 OAL
GAP COVER:	500%. SUBJECT TO OAL	WILL SETTLE CLAIMS UP TO 500% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 600% OR AT THE STATED BENEFIT VALUE.
CO-PAY COVER:	SUBJECT TO OAL	LIMITED TO THE OVERALL ANNUAL LIMIT OF THIS POLICY. HOWEVER, IF YOUR MEDICAL SCHEME DEFINES YOUR CO-PAYMENT AS A PERCENTAGE OF THE BENEFIT, YOUR CO-PAYMENT BENEFIT WILL BE LIMITED TO A MAXIMUM PAYMENT OF R13 000 PER CLAIM. SUBJECT TO OAL
ADMISSION FEE COVER:	PAID TO A MAXIMUM OF R3 000 IF A PARTIAL NETWORK HOSPITAL IS USED. A MAXIMUM OF 4 CLAIMS PER POLICY. SUBJECT TO OAL	PAID TO A MAXIMUM OF R3 500 PER ADMISSION. A MAXIMUM OF 4 CLAIMS PER POLICY PER ANNUM. SUBJECT TO OAL.
PENALTY FEE COVER:	R5 000 PER CLAIM, A MAXIMUM OF 2 CLAIMS PER POLICY PER ANNUM. SUBJECT TO OAL	R5 500 PER CLAIM, A MAXIMUM OF 2 CLAIMS PER POLICY PER ANNUM FOR THE VOLUNTARY USE OF A NON-DSP. SUBJECT TO OAL. INCLUDING THE USE OF A PARTIAL COVER NETWORK HOSPITAL AS DETERMINED BY YOUR MEDICAL SCHEME
DAY HOSPITAL / CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER:	R3 500 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R10 000. SUBJECT TO OAL	WILL SETTLE THE GAP PORTION OF CLAIMS. SUBJECT TO OAL
EMERGENCY ROOM COVER:	R5 500 OVERALL SUBLIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R4 000. EMERGENCY ROOM - ILLNESS TREATMENT R1 500. SUBJECT TO OAL	R6 500 SUB-LIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R4 500. EMERGENCY ROOM - ILLNESS TREATMENT R2 000 PER POLICY FOR THE GAP PORTION ONLY.
PMB COVER:	SUBJECT TO OAL	SUBJECT TO OAL, FOR THE USE OF NON-DSP FACILITIES FOR PMB TREATMENTS
CANCER BENEFIT:	R300 000 PER POLICY APPLIES, SUBJECT TO OAL. SUBLIMIT OF R60 000 FOR CANCER CO-PAYMENTS APPLY. CANCER COVER INCORPORATES CO-PAYMENT COVER, BENEFIT FOR CO-PAYMENT AND BIOLOGICAL DRUGS AND IS LIMITED TO R300 000 POLICY LIMIT PER ANNUM FOR ONCOLOGY TREATMENTS WITH A SUB-LIMIT OF R60 000 FOR CANCER COVER CO-PAYMENTS.	A R300 000 PER POLICY APPLIES ONCE YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND A PERCENTAGE CO-PAYMENT IS APPLIED. A LIMIT OF R60 000 PER CLAIM FOR CANCER CO-PAYMENTS. CANCER COVER INCORPORATES CO-PAYMENT COVER AND BIOLOGICAL DRUGS. IN ORDER TO ACCESS THIS BENEFIT, YOU NEED TO BE ON A REGISTERED TREATMENT PLAN WITH YOUR MEDICAL SCHEME. IN THE EVENT OF THE MEDICAL SCHEME APPROVING RECONSTRUCTIVE SURGERY ON THE AFFECTED BREAST, WE WILL COVER THE GAP PORTION UP TO 200% OF THE CLAIM. IN ADDITION TO THIS, SIRAGO WILL MAKE AVAILABLE R15 000 (STATED BENEFIT) FOR THE RECONSTRUCTION OF THE NON-AFFECTED BREAST, WITH SUPPORTING DOCUMENTATION
CANCER BOOST:	NEW BENEFIT	LIMITED TO R50 000 PER BENEFICIARY AND SUBJECT TO THE OAL OF R150 000 PER BENEFICIARY PER ANNUM. THIS BENEFIT IS RESTRICTED TO POLICYHOLDERS WHOSE MEDICAL SCHEME OPTIONS HAS A RAND VALUE FOR CANCER COVER. THE CANCER BOOST BENEFIT CAN ONLY BE CLAIMED ONCE YOUR RAND LIMIT ON YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND YOU NEED FURTHER APPROVED TREATMENT. THIS BENEFIT IS FURTHERMORE DEPENDENT UPON THE INSURED HAVING AND PARTICIPATING IN AN APPROVED TREATMENT PLAN PRESCRIBED BY THEIR MEDICAL SCHEME.
DAY TO DAY SPECIALIST CONSULTATION FEE:	R750 PER CLAIM. 3 CLAIMS PER INSURED PERSON. R3 600 SUB LIMIT PER POLICY. SUBJECT TO OAL	R4 000 SUB-LIMIT PER POLICY. MAXIMUM OF R825 PER CLAIM. 3 CLAIMS PER BENEFICIARY PER ANNUM FOR THE GAP PORTION ONLY.
HOSPITAL ACCOUNT SHORTFALLS:	R500 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R3 000 PER POLICY PER ANNUM. SUBJECT TO OAL	R3 000 SUB-LIMIT PER POLICY PER ANNUM. R750 PER CLAIM, 3 CLAIMS PER BENEFICIARY PER ANNUM.

PREVENTATIVE CARE COVER:	R1 000 PER CLAIM, OAL R3 600 PER POLICY. SUBJECT TO OAL	R3 600 SUB-LIMIT PER POLICY. R1 000 PER CLAIM, MAXIMUM 3 CLAIMS PER BENEFICIARY PER ANNUM. DEFINED AS PAP SMEAR, CHOLESTROL TEST, BLOOD GLUCOSE TEST, FLU VACCINATION, CHILDHOOD IMMUNISATION, BONE DENSITY SCANS, PROSTATE SPECIFIC ANTIGEN TESTS, MAMMOGRAM, CONTRACEPTIVE DEVICE IMPLANTATION.
TRAUMA COUNSELLING:	NEW BENEFIT	R3 000 SUB-LIMIT PER POLICY PER ANNUM. LIMITED TO A STATED BENEFIT OF R600 PER CLAIM. YOU WILL BE COVERED WITHIN THE FIRST 6 MONTHS AFTER A TRAUMATIC EVENT WITH A REGISTERED MEDICAL PROFESSIONAL.THIS BENEFIT COVERS YOU BUT NOT LIMITED TO; DREAD DISEASE, HIJACKING AND OR VIOLENT CRIMES AT THE DISCRETION OF THE INSURER ON THE PROVISION OF SUPPORTING DOCUMENTATION
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R150 000)		
GAP COVER PREMIUM WAIVER:	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER ONLY. THE PREMIUM WAIVER IS DIRECTLY LINKED TO YOUR POLICY PREMIUM PER MONTH AS INDICATED IN YOUR SCHEDULE OF INSURANCE, FOR A 12 MONTH PERIOD. THIS BENEFIT IS NOT PAID IN CASH, BUT HELD AS A CREDIT AGAINST THE POLICY FOR THE APPLICABLE 12 MONTH PERIOD. SHOULD THERE BE ANY PREMIUM ADJUSTMENTS WITHIN THE 12 MONTH PERIOD, THE CREDIT BALANCE AVAILABLE FOR THE REST OF THE WAIVER PERIOD, WILL BE ADJUSTED ACCORDINGLY.	IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE SIRAGO POLICY. THE PREMIUM WAIVER IS DIRECTLY LINKED TO YOUR POLICY PREMIUM PER MONTH AS INDICATED IN YOUR SCHEDULE OF INSURANCE. THIS BENEFIT IS NOT PAID IN CASH, BUT HELD AS A CREDIT AGAINST THE POLICY FOR A 12 MONTH PERIOD. SHOULD THERE BE ANY PREMIUM ADJUSTMENTS WITHIN THE 12 MONTH PERIOD, THE CREDIT BALANCE AVAILABLE FOR THE REST OF THE WAIVER PERIOD, WILL BE ADJUSTED ACCORDINGLY. THIS BENEFIT CANNOT BE TRANSFERRED, CEDED OR CONVERTED TO CASH
MEDICAL SCHEME PREMIUM WAIVER:	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER ONLY. R2 500 PER MONTH FOR A 6 MONTH PERIOD. WE WILL CONTRIBUTE TOWARDS YOUR MEDICAL SCHEME PAYMENTS, PROVIDED THE GAP COVER POLICY AND MEDICAL SCHEME MEMBERSHIP IS ACTIVE. A CERTIFICATE OF MEMBERSHIP FROM YOUR MEDICAL SCHEME MUST BE PRESENTED MONTHLY FOR AUTHENTICATION OF MEMBERSHIP TO ENSURE STATUS. OUR CONTRIBUTION WILL BE THE ACTUAL AMOUNT PAYABLE TO THE MEDICAL SCHEME OR THE LIMIT NOTED ABOVE.	PAYABLE IN THE EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE MEDICAL SCHEME. SIRAGO WILL PAY THE MEDICAL SCHEME PREMIUM TO THE ACTUAL AMOUNT OF THE CONTRIBUTION, BUT NOT HIGHER THAN THE SUB-LIMIT OF R3 000 PER MONTH FOR A 6 MONTH PERIOD, TO THE BENEFICIARY FOR THE UPKEEP OF THEIR MEDICAL SCHEME CONTRIBUTIONS. IN ORDER TO RECEIVE THE BENEFIT, THE GAP COVER POLICY AND MEDICAL SCHEME MEMBERSHIP MUST REMAIN ACTIVE DURING THIS PERIOD. A CERTIFICATE OF MEMBERSHIP FROM YOUR MEDICAL SCHEME MUST BE PRESENTED MONTHLY FOR AUTHENTICATION OF CURRENT MEMBERSHIP
ACCIDENTAL DEATH:	R6 000 PRINCIPAL, R5 000 ADULT DEPENDENT, R3 000 CHILD PER POLICY PER LIFE	R6 000 PRINCIPAL, R5 000 ADULT DEPENDENT, R3 000 PER CHILD PER POLICY PER LIFE
CANCER COVER (INITIAL DIAGNOSIS):	R7 500 UPON THE INITIAL DIAGNOSIS OF CANCER AS DEFINED. THIS DOES NOT FORM PART OF THE R150 000 OVERALL ANNUAL LIMIT.	R10 000 UPON THE INITIAL DIAGNOSIS OF CANCER PER BENEFICIARY PER ANNUM AS DEFINED.
SIRA-GO' BABY:	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY.	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEWBORN CHILD TO THE POLICY WITHIN 30 DAYS OF THE BIRTH. SUBJECT TO AVAILABILITY.
WAITING PERIODS		

GENERAL WAITING PERIODS:	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A MAXIMUM OF AN ADDITIONAL 3 MONTHS WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS.	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT. IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A 3 MONTH WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE INCLUDING THE BALANCE OF ANY WAITING PERIODS ALREADY IN AFFECT
POLICY SPECIFIC WAITING PERIODS:	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS.	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS
SPECIFIC WAITING PERIODS:	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. THE FOLLOWING BENEFITS, ACCIDENTAL DEATH, TOTAL PERMANENT DISABILITY AND PREMIUM WAIVERS ARE ALWAYS SUBJECT TO A 6 MONTH WAITING PERIOD. INITIAL CANCER DIAGNOSIS IS SUBJECT TO A 3 MONTH WAITING PERIOD. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE.	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. THE FOLLOWING BENEFITS, ACCIDENTAL DEATH, TOTAL PERMANENT DISABILITY AND PREMIUM WAIVERS ARE ALWAYS SUBJECT TO A 6 MONTH WAITING PERIOD. INITIAL CANCER DIAGNOSIS IS SUBJECT TO A 3 MONTH WAITING PERIOD. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE

Gap Cover

BENEFIT CATEGORY	**GAP COVER 2018**	**GAP COVER 2019**
PREMIUM INDIVIDUAL 0 - 64	R193 INDIVIDUAL AND R208 FAMILY	R231
PREMIUM FAMILY 0 - 64		R249
PREMIUM INDIVIDUAL 65+	R273 INDIVIDUAL AND R296 FAMILY	R327
PREMIUM FAMILY 65+		R354
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL	R150 000 OAL

GAP COVER:	500%. SUBJECT TO OAL	WILL SETTLE CLAIMS UP TO 500% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 600% OR AT THE STATED BENEFIT VALUE.
CO-PAY COVER:	R40 000 OAL PER POLICY PER ANNUM. SUBJECT TO OAL	R40 000 SUB-LIMIT PER POLICY PER ANNUM. LIMITED TO R10 000 PER CLAIM. SUBJECT TO OAL.
ADMISSION FEE COVER:	NEW BENEFIT	PAID TO A MAXIMUM OF R3 000 PER ADMISSION. A MAXIMUM OF 3 CLAIMS PER POLICY PER ANNUM, INCLUDING THE USE OF A PARTIAL COVER NETWORK HOSPITAL AS DETERMINED BY YOUR MEDICAL SCHEME. SUBJECT TO OAL
DAY HOSPITAL / CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER:	R3 500 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R10 000. SUBJECT TO OAL	WILL SETTLE THE GAP PORTION OF CLAIMS. SUBJECT TO OAL
EMERGENCY ROOM COVER:	R3 500 OVERALL SUBLIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R2 500. EMERGENCY ROOM - ILLNESS TREATMENT R1 000 PER POLICY. SUBJECT TO OAL	R4 000 SUB-LIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R2 000. EMERGENCY ROOM - ILLNESS TREATMENT R2 000 PER POLICY FOR THE GAP PORTION ONLY.
PMB COVER:	OAL R30 000 PER INCIDENT. SUBJECT TO OAL	LIMITED TO R30 000 PER CLAIM FOR THE USE OF NON-DSP FACILITIES FOR PMB TREATMENTS
CANCER BENEFIT:	NEW BENEFIT	A R100 000 PER POLICY APPLIES ONCE YOUR MEDICAL SCHEME ONCOLOGY BENEFIT LIMIT HAS BEEN REACHED AND A PERCENTAGE CO-PAYMENT IS APPLIED. LIMITED TO R15 000 PER CLAIM FOR CANCER CO-PAYMENTS. CANCER COVER INCORPORATES CO-PAYMENT COVER AND BIOLOGICAL DRUGS. IN ORDER TO ACCESS THIS BENEFIT, YOU NEED TO BE ON A REGISTERED TREATMENT PLAN WITH YOUR MEDICAL SCHEME
HOSPITAL ACCOUNT SHORTFALLS:	NEW BENEFIT	R1 500 SUB-LIMIT PER POLICY PER ANNUM. MAXIMUM OF R500 PER CLAIM, MAXIMUM 3 CLAIMS PER BENEFICIARY PER POLICY PER ANNUM.
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R150 000)		
SIRA-GO' BABY:	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY.	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEWBORN CHILD TO THE POLICY WITHIN 30 DAYS OF THE BIRTH. SUBJECT TO AVAILABILITY.
WAITING PERIODS		
GENERAL WAITING PERIODS:	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A MAXIMUM OF AN ADDITIONAL 3 MONTHS WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS.	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A 3 MONTH WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS

POLICY SPECIFIC WAITING PERIODS:	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS.	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS
SPECIFIC WAITING PERIODS:	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT.	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE

Gap-Lite Cover

BENEFIT CATEGORY	**GAP LITE 2019**
PREMIUM INDIVIDUAL 0 - 64	R172
PREMIUM FAMILY 0 - 64	R185
PREMIUM INDIVIDUAL 65+	R242
PREMIUM FAMILY 65+	R276
AGE LIMIT:	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL
GAP COVER:	WILL SETTLE CLAIMS UP TO 250% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 350% OR AT THE STATED BENEFIT VALUE.
CO-PAY COVER:	R25 000 PER POLICY PER ANNUM. LIMITED TO R5 000 PER CLAIM. SUBJECT TO OAL.
ADMISSION FEE COVER:	PAID TO A MAXIMUM OF R2 000 PER ADMISSION, A MAXIMUM OF 2 CLAIMS PER POLICY PER ANNUM, INCLUDING THE USE OF A PARTIAL COVER NETWORK HOSPITAL AS DETERMINED BY YOUR MEDICAL SCHEME RULES.
DAY HOSPITAL / CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER:	WILL SETTLE THE GAP PORTION OF CLAIMS. SUBJECT TO OAL
EMERGENCY ROOM COVER:	R4 000 SUB-LIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT ONLY.
PMB COVER:	R50 000 SUB-LIMIT PER POLICY PER ANNUM. PAID TO A MAXIMUM OF R20 000 PER CLAIM FOR THE USE OF NON-DSP FACILITIES FOR PMB TREATMENTS.
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R150 000)	
SIRA-GO' BABY:	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEWBORN CHILD TO THE POLICY WITHIN 30 DAYS OF THE BIRTH. SUBJECT TO AVAILABILITY.
WAITING PERIODS	

GENERAL WAITING PERIODS:	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT. IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A 3 MONTH WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS
POLICY SPECIFIC WAITING PERIODS:	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS
SPECIFIC WAITING PERIODS:	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE

Gov-Gap

BENEFIT CATEGORY	**GOV-GAP BENEFITS 2018**	**GOV-GAP BENEFITS 2019**
PREMIUM INDIVIDUAL 0 - 64	R223 FOR AN INDIVIDUAL AND R256 FOR A FAMILY	R255
PREMIUM FAMILY 0 - 64		R294
AGE LIMIT:	NONE	65
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL	R150 000 OAL
GAP COVER:	500%. SUBJECT TO OAL	WILL SETTLE CLAIMS UP TO 500% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 600% OR AT THE STATED BENEFIT VALUE.
CO-PAY COVER:	R40 000 OAL. LIMITED TO R5 000 PER CLAIM PER BENEFICIARY. SUBJECT TO OAL	R40 000 SUB-LIMIT PER POLICY PER ANNUM. PAID TO A MAXIMUM OF R5 000 PER CLAIM.
DAY HOSPITAL / CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER	R3 500 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R10 000. SUBJECT TO OAL	WILL SETTLE THE GAP PORTION OF CLAIMS. SUBJECT TO OAL
EMERGENCY ROOM COVER:	R7 500 OVERALL SUBLIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R5 500. EMERGENCY ROOM - ILLNESS TREATMENT R2 000.SUBJECT TO OAL	R7 500 SUB-LIMIT. EMERGENCY ROOM – ACCIDENT AND TRAUMA TREATMENT R5 500 AS A STATED BENEFIT. EMERGENCY ROOM - ILLNESS TREATMENT R2 000 PER POLICY FOR THE GAP PORTION ONLY.
PMB COVER:	OAL R30 000 PER INCIDENT. SUBJECT TO OAL	R30 000 PER CLAIM FOR THE USE OF NON-DSP FACILITIES FOR PMB TREATMENTS

CANCER BOOST:	NEW BENEFIT	LIMITED TO R100 000 PER BENEFICIARY AND SUBJECT TO THE OAL OF R150 000 PER BENEFICIARY PER ANNUM. THIS BENEFIT IS RESTRICTED TO POLICYHOLDERS WHOSE MEDICAL SCHEME OPTIONS HAS A RAND VALUE FOR CANCER COVER. THE CANCER BOOST BENEFIT CAN ONLY BE CLAIMED ONCE YOUR RAND LIMIT ON YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND YOU NEED FURTHER APPROVED TREATMENT. THIS BENEFIT IS FURTHERMORE DEPENDENT UPON THE INSURED HAVING AND PARTICIPATING IN AN APPROVED TREATMENT PLAN PRESCRIBED BY THEIR MEDICAL SCHEME. SUBJECT TO OAL
DAY TO DAY SPECIALIST CONSULTATION FEE:	R750 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R3 600 PPPA. SUBJECT TO OAL	R3 600 SUBLIMIT PER POLICY PER ANNUM. R800 PER CLAIM, 2 CLAIMS PER BENEFICIARY PER ANNUM FOR THE GAP PORTION ONLY. SUBJECT TO OAL
HOSPITAL ACCOUNT SHORTFALLS:	R1 200 PER CLAIM, 3 CLAIMS PER BENEFICIARY, OAL R5 000 PPPA. SUBJECT TO OAL	R5 000 SUB-LIMIT PER POLICY PER ANNUM. R1 250 PER CLAIM, 2 CLAIMS PER BENEFICIARY PER ANNUM.
SUB-LIMIT ENHANCER:	R15 000 PER INCIDENT, OAL R45 000. MAX 3 CLAIMS PER POLICY. SUBJECT TO OAL	R45 000 SUB-LIMIT. R15 000 PER CLAIM. LIMITED TO 2 CLAIMS PER BENEFICIARY PER ANNUM. MAXIMUM OF 3 CLAIMS PER POLICY PER ANNUM. THE SUB-LIMIT ENHANCER BENEFITS ARE DEFINED AS MRI SCANS, CT SCANS AND INTERNAL PROSTHESIS ONLY.
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R150 000)		
GAP COVER PREMIUM WAIVER:	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER ONLY. THE PREMIUM WAIVER IS DIRECTLY LINKED TO YOUR POLICY PREMIUM PER MONTH AS INDICATED IN YOUR SCHEDULE OF INSURANCE, FOR A 6 MONTH PERIOD. THIS BENEFIT IS NOT PAID IN CASH, BUT HELD AS A CREDIT AGAINST THE POLICY FOR THE APPLICABLE 6 MONTH PERIOD. SHOULD THERE BE ANY PREMIUM ADJUSTMENTS WITHIN THE 6 MONTH PERIOD, THE CREDIT BALANCE AVAILABLE FOR THE REST OF THE WAIVER PERIOD, WILL BE ADJUSTED ACCORDINGLY.	IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE SIRAGO POLICY ONLY. THE PREMIUM WAIVER IS DIRECTLY LINKED TO YOUR POLICY PREMIUM PER MONTH AS INDICATED IN YOUR SCHEDULE OF INSURANCE. THIS BENEFIT IS NOT PAID IN CASH, BUT HELD AS A CREDIT AGAINST THE POLICY FOR A 6 MONTH PERIOD. SHOULD THERE BE ANY PREMIUM ADJUSTMENTS WITHIN THE 6 MONTH PERIOD, THE CREDIT BALANCE AVAILABLE FOR THE REST OF THE WAIVER PERIOD, WILL BE ADJUSTED ACCORDINGLY.
MEDICAL SCHEME PREMIUM WAIVER:	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER ONLY. R2 500 PER MONTH FOR A 6 MONTH PERIOD. WE WILL CONTRIBUTE TOWARDS YOUR MEDICAL SCHEME PAYMENTS, PROVIDED THE GAP COVER POLICY AND MEDICAL SCHEME MEMBERSHIP IS ACTIVE. A CERTIFICATE OF MEMBERSHIP FROM YOUR MEDICAL SCHEME MUST BE PRESENTED MONTHLY FOR AUTHENTICATION OF MEMBERSHIP TO ENSURE STATUS. OUR CONTRIBUTION WILL BE THE ACTUAL AMOUNT PAYABLE TO THE MEDICAL SCHEME OR THE LIMIT NOTED ABOVE.	PAYABLE IN THE EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE MEDICAL SCHEME. SIRAGO WILL PAY THE MEDICAL SCHEME PREMIUM TO THE ACTUAL AMOUNT OF THE CONTRIBUTION, BUT NOT HIGHER THAN THE SUB-LIMIT OF R2 500 PER MONTH FOR A 4 MONTH PERIOD, TO THE BENEFICIARY FOR THE UPKEEP OF THEIR MEDICAL SCHEME CONTRIBUTIONS. IN ORDER TO RECEIVE THE BENEFIT, THE GAP COVER POLICY AND MEDICAL SCHEME MEMBERSHIP MUST REMAIN ACTIVE DURING THIS PERIOD. A CERTIFICATE OF MEMBERSHIP FROM YOUR MEDICAL SCHEME MUST BE PRESENTED MONTHLY FOR AUTHENTICATION OF CURRENT MEMBERSHIP
ACCIDENTAL DEATH:	R5 000 PRINCIPAL, R5 000 ADULT DEPENDENT, R3 000 CHILD PER POLICY PER LIFE	R5 000 PRINCIPAL, R5 000 ADULT DEPENDENT, R3 000 PER CHILD PER POLICY PER LIFE
CANCER COVER (INITIAL DIAGNOSIS)	R5 000 UPON THE INITIAL DIAGNOSIS OF CANCER AS DEFINED. THIS DOES NOT FORM PART OF THE R150 000 OVERALL ANNUAL LIMIT.	R5 000 UPON THE INITIAL DIAGNOSIS OF CANCER AS DEFINED.

SIRA-GO' BABY	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY.	A BRANDED SIRAGO WELCOME PACK WILL BE COURIERED TO YOUR PHYSICAL ADDRESS AS PER YOUR APPLICATION FORM UPON RECEIPT OF THE INSTRUCTION TO ADD THE NEWBORN CHILD TO THE POLICY WITHIN 30 DAYS OF THE BIRTH. SUBJECT TO AVAILABILITY.
WAITING PERIODS		
GENERAL WAITING PERIODS:	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A MAXIMUM OF AN ADDITIONAL 3 MONTHS WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS.	A 3 MONTH GENERAL WAITING PERIOD IS APPLICABLE ON ANY NEW INCEPTED POLICIES AND / OR ADDITIONAL DEPENDENTS TO THE CURRENT POLICY, EXCEPT IN THE EVENT OF AN ACCIDENT.IN THE EVENT THAT THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR 12 MONTHS OR MORE AND WANTS TO UPGRADE TO A HIGHER OPTION, ALL ADDITIONAL BENEFITS WILL BE SUBJECT TO A MAXIMUM OF AN ADDITIONAL 3 MONTHS WAITING PERIOD. IF THE POLICYHOLDER HAS HELD A SIRAGO POLICY FOR LESS THAN 12 MONTHS AND INTENDS TO UPGRADE TO A HIGHER OPTION, THE WAITING PERIODS IN THE HIGHER OPTION PER BENEFIT CATEGORY IS APPLICABLE. A 10 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE/ILLNESS.
POLICY SPECIFIC WAITING PERIODS:	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS.	FIRST 6 MONTHS OF THE POLICY COVER INCEPTION. THEREAFTER, BENEFITS WILL BE PAYABLE AT A RATE OF 50% OF BENEFITS AVAILABLE FROM MONTH 7 TO 10 AFTER INCEPTION OF THE POLICY. FROM MONTH 11, THE POLICY BENEFITS WILL BE FULLY AVAILABLE EXCEPT WHERE THERE ARE CONDITION SPECIFIC EXCLUSIONS AND WHEN A NEW BENEFICIARY JOINS THE POLICY AND IS SUBJECT TO UNDERWRITING TERMS.
SPECIFIC WAITING PERIODS:	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. THE FOLLOWING BENEFITS, ACCIDENTAL DEATH AND PREMIUM WAIVERS ARE ALWAYS SUBJECT TO A 6 MONTH WAITING PERIOD. INITIAL CANCER DIAGNOSIS IS SUBJECT TO A 3 MONTH WAITING PERIOD. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE.	A 10 MONTH WAITING PERIOD FOR PREGNANCY AND CONFINEMENT. THE FOLLOWING BENEFITS, ACCIDENTAL DEATH AND PREMIUM WAIVERS ARE ALWAYS SUBJECT TO A 6 MONTH WAITING PERIOD. INITIAL CANCER DIAGNOSIS IS SUBJECT TO A 3 MONTH WAITING PERIOD. A 12 MONTH WAITING PERIOD ON CANCER RELATED PRE-EXISTING CONDITIONS IS APPLICABLE.
MEMBERSHIP ELIGIBILITY:	PRINCIPAL POLICYHOLDERS MUST BE IN THE FULL-TIME EMPLOYMENT OF THE STATE AND BE IN POSSESSION OF A VALID AND CURRENT PERSAL NUMBER IN ORDER FOR THE GOV-GAP POLICY DOCUMENTS TO BE ISSUES. GOV-GAP HAS A POLICY CEASE AGE OF 65. THE POLICY WILL CEASE AT THE END OF THE BENEFIT YEAR IN THE YEAR THAT THE POLICYHOLDER TURNS 65.	

Exact Cover

BENEFIT CATEGORY	**EXACT COVER BENEFITS 2018**	**EXACT COVER BENEFITS 2019**
PREMIUM INDIVIDUAL 0 - 64	R201 FOR AN INDIVIDUAL AND R251 FOR A FAMILY	R222
PREMIUM FAMILY 0 - 64		R255

PREMIUM INDIVIDUAL 65+	R231 FOR AN INDIVIDUAL AND R302 FOR A FAMILY	R277
PREMIUM FAMILY 65+		R333
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER POLICY PER ANNUM (OAL):	R150 000	R150 000 OAL PER POLICY PER ANNUM
MEDICAL PROCEDURES WE WILL COVER		
ARTHROSCOPIC SURGERY:	R80 000	R85 000
BACK AND NECK SURGERY:	R80 000	R85 000
BUNION SURGERY:	R14 000	R16 000
COCHLEAR IMPLANT, AUDITORY BRAIN IMPLANT AND INTERNAL NERVE STIMULATOR SURGERY INCLUDING THE DEVICE AND PROCESSOR:	R80 000	R80 000
DENTAL PROCEDURES FOR RECONSTRUCTIVE PLASTIC SURGERY DUE TO AN ACCIDENT:	R80 000	R80 000
FUNCTIONAL NASAL SURGERY:	R23 000	R25 000
JOINT REPLACEMENT SURGERY:	R50 000	R50 000
OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY:	R55 000	R58 000
VARICOSE VEIN SURGERY:	R20 000	R22 000
WAITING PERIODS		
WAITING PERIODS:	A 12 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE AND OR ILLNESS APPLIES TO THIS POLICY. IN THE EVENT THAT THERE IS NO PRE-EXISTING CONDITIONS RELATED TO THE STATED CONDITIONS WITHIN THIS POLICY, A 10 MONTH WAITING PERIOD APPLIES WHERE NO CLAIMS CAN BE SUBMITTED FOR A PROCEDURE OR SURGERY RELATED TO THE FOLLOWING CONDITIONS, UNLESS DUE TO AN INJURY RESULTING FROM AN ACCIDENT. DENTAL PROCEDURES FOR RECONSTRUCTIVE PLASTIC SURGERY, FUNCTIONAL NASAL SURGERY, OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY, BACK AND NECK SURGERY, JOINT REPLACEMENT SURGERY, COCHLEAR IMPLANT, AUDITORY BRAIN IMPLANT AND INTERNAL NERVE STIMULATOR SURGERY INCLUDING THE DEVICE AND PROCESSOR, BUNION SURGERY, ARTHROSCOPIC SURGERY AND VARICOSE VEINS SURGERY. WHEN A NEW BENEFICIARY JOINS THE POLICY, THEY ARE SUBJECT TO NORMAL UNDERWRITING TERMS AND CONDITIONS AND WAITING PERIODS AS DENOTED ABOVE WILL APPLY.	A 12 MONTH WAITING PERIOD ON PRE-EXISTING CONDITION SPECIFIC DISEASE AND OR ILLNESS APPLIES TO THIS POLICY. IN THE EVENT THAT THERE IS NO PRE-EXISTING CONDITIONS RELATED TO THE STATED CONDITIONS WITHIN THIS POLICY, A 10 MONTH WAITING PERIOD APPLIES WHERE NO CLAIMS CAN BE SUBMITTED FOR A PROCEDURE OR SURGERY RELATED TO THE FOLLOWING CONDITIONS, UNLESS DUE TO AN INJURY RESULTING FROM AN ACCIDENT. DENTAL PROCEDURES FOR RECONSTRUCTIVE PLASTIC SURGERY, FUNCTIONAL NASAL SURGERY, OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY, BACK AND NECK SURGERY, JOINT REPLACEMENT SURGERY, COCHLEAR IMPLANT, AUDITORY BRAIN IMPLANT AND INTERNAL NERVE STIMULATOR SURGERY INCLUDING THE DEVICE AND PROCESSOR, BUNION SURGERY, ARTHROSCOPIC SURGERY AND VARICOSE VEINS SURGERY. WHEN A NEW BENEFICIARY JOINS THE POLICY, THEY ARE SUBJECT TO NORMAL UNDERWRITING TERMS AND CONDITIONS AND WAITING PERIODS AS DENOTED ABOVE WILL APPLY