

Address here

Dear Valued Policyholder,

<day> November 2018

### **SIRAGO in 2019**

Thank you for your support of Sirago during 2018. Thank you too, for the way in which you have managed your premium payments to Sirago. It goes a long way in ensuring that when you need it most, Sirago can assess and pay your claims accurately and timeously when appropriate. When reviewing this document and the attached product information, please consult with your appointed independent broker / advisor to ensure that you have the most effective Gap Cover solution to meet your personal needs in 2019.

### **Background:**

It has been a particularly tough 2018 economic year for almost every market segment in South Africa and it does not look that we are going to see any significant changes to that landscape in the immediate future.

This year has been clouded by many variable aspects all outside the control of the average consumer, while the impact has been significant for the average consumer. While we have still been able to grow our member base through broker new business initiatives, we have also seen a significant spike in the number cancellations of existing policy holders, something that we take very seriously. We personally contact every single policyholder who intends to cancel their policy with Sirago to identify any issues and or areas for improvement as well as to establish the reason for termination.

Taking all these macro issues into consideration, this leads us to one conclusion, consumers in general, are under significant financial stress.

We too are consumers of many things, including insurance and we understand the need to manage our personal budgets and the impact of increased premiums on our disposable income.

At Sirago, we are solely dependent upon brokers to support our business. Therefore, we have and do spend a lot of time and energy training and building relationships with our contracted brokers. When discussing possible 2019 solutions and premiums with them, their feedback can be summarised in one easy to understand statement. The Sirago products are strong and comprehensive enough not to change and we would rather take a smaller increase and pass the benefit onto the policyholder.

## 2019 Products:

In 2019, we have taken a stance and agree with your appointed brokers. We have therefore decided to rather manage the premium increase required for the options, within the existing benefit design categories, as opposed to adding on additional benefits and VAPS and then going to market with an above market related increase.

What drives increases in our business can be categorised into three main areas - utilisation, medical inflation and benefit design. Only one of these factors, benefit design, is in our control. The other two are complete variables and are completely outside the control of Sirago.

For 2019, we have assessed the impact of utilisation and inflation on our benefits and as a result of this, the weighted average increase for the Sirago products is 12.5%.

To provide additional context to this increase, please note that Sirago has experienced a significant increase in the volume (utilisation) of claims of 29% and the cost (medical inflation) of claim of 10.5%. In addition to this, we have increased limits, added some additional relevant benefit categories as well as maintaining the current comprehensive benefits available within the Sirago Gap Cover options.

What has been introduced to the Sirago portfolio for 2019?

The following General Policy Exclusions need to be noted in your policy wording:

- An event where pre-authorisation was not obtained from the Medical Scheme or where Medical Scheme rules were not adhered to.
- Breast reconstruction performed as a second or subsequent reconstruction.
- Medication, drugs, prescriptions, consumables and equipment used. Devices, such as artificial joints, braces, crutches, dental implants, orthodontic, prosthodontic and all cosmetic dentistry including all forms of internal and external prosthesis as defined, **unless specified as part of the benefit entitlement of this policy.**
- Discounts negotiated by the / and insured person directly with a service provider where reimbursement of a claim will / could enrich the insured person.
- Investigations, treatment, medication or surgery related to any condition where the policyholder seeks advice, diagnosis and / or treatments outside the border of South Africa.
- **BMI (Body Mass Index)**
  - The additional charge by a **Registered Medical Professional** for the management of overweight and underweight patients with reference to the **Body Mass Index (BMI)**. The applicable BMI codes are 0018 and 0019 and are not covered on this policy.
  - The additional charge by a **Registered Medical Professional** for the management of overweight and underweight patients **Body Mass Index (BMI)**, directly related to pregnancy and diseases that are non-lifestyle related and the policyholder is under medical care at claim stage, Sirago will pay those additional charges applicable.

- Supporting documentation is required from the patient in order to validate the claim.
- Robotic Surgery, specialised mechanical or computerised appliances and equipment.
- We have added an additional gap option to encourage some of the younger consumers to become part of the Sirago Gap Cover family by introducing a basic solution, Gap Lite, as part of their own financial planning initiatives
- We have added 3 additional derivatives to our Exact Cover option
  - Exact with Gap
  - Exact with Co-Pays
  - Exact with Gap and Co-Pays

Other than that, Sirago retains its consistency in benefit availability, other than a few increases to current limits and some major and minor additional benefit categories as indicated below:

Ultimate Gap Cover: 2018 2019

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.
COPAY COVER:	SUBJECT TO OAL	SUBJECT TO OAL. 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
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	OAL R3 500 PER POLICY PER ANNUM. GP CLAIMS X 3 WITH A R325 LIMIT. DENTAL CLAIMS X 3 WITH A R350 LIMIT. ALTERNATIVE THERAPY X 3 WITH A LIMIT OF R450 PER CLAIM. FOR 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 SUBLIMIT. 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

CANCER BENEFIT:	R450 000 OAL LIMITED TO R150 000 PER BENEFICIARY PER ANNUM. SUBJECT TO OAL	R450 000 PER POLICY APPLIES ONCE YOUR ONCOLOGY MEDICAL SCHEME 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 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 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.
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.
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.
SUB-LIMIT ENHANCER:	R22 500 PER INCIDENT. MAXIMUM 5 CLAIMS PER POLICY, SUB-LIMIT OF R100 000. SUBJECT TO OAL	SUB-LIMIT ENHANCER OF R100 000 PER POLICY PER ANNUM WITH A SUB-LIMIT OF R25 000 PER CLAIM. MAXIMUM OF 2 CLAIMS PER BENEFICIARY WITH A MAXIMUM OF 4 CLAIMS PER POLICY PER ANNUM. THE SUB-LIMIT ENHANCER BENEFITS ARE DEFINED AS 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	MAXIMUM OF R800 PER CLAIM. 5 CLAIMS PER BENEFICIARY PER ANNUM. R6 500 SUB LIMIT PER POLICY. SUBJECT TO OAL. 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. 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.	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE MEDICAL SCHEME, WILL A BENEFIT OF R4 000 PER MONTH FOR A 6 MONTH PERIOD BE PAID TOWARDS YOUR 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 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 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 NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY, PLEASE ALLOW FOR 6 WEEKS DELIVERY

## Plus Gap Cover

2018

2019

AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL	R150 000 OAL
GAP COVER:	500%. SUBJECT TO OAL	GAP COVER WILL SETTLE CLAIMS UP TO 500% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 600% OR AT THE STATED BENEFIT VALUE.
COPAY COVER:	SUBJECT TO OAL	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

CANCER BENEFIT:	R300 000 PER POLICY APPLIES, SUBJECT TO OAL. SUBMIT 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.	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 OF 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 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.
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.
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 POLICY 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.
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 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 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
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.	IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER OF THE MEDICAL SCHEME, WILL A BENEFIT UP TO R3 000 PER MONTH FOR A 6 MONTH PERIOD BE PAID 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 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 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 NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY, PLEASE ALLOW FOR 6 WEEKS DELIVERY

## Gap Cover

2018

2019

AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL	R150 000 OAL
GAP COVER:	500%. SUBJECT TO OAL	GAP COVER WILL SETTLE CLAIMS UP TO 500% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 600% OR AT THE STATED BENEFIT VALUE.
COPAY 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.
CANCER BENEFIT:	NEW BENEFIT	R100 000 PER POLICY APPLIES ONCE YOUR MEDICAL SCHEME ONCOLOGY BENEFIT HAS BEEN REACHED AND A PERCENTAGE CO-PAYMENT IS APPLIED. A LIMIT OF 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 NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY, PLEASE ALLOW FOR 6 WEEKS DELIVERY

## Gap Lite (New Option)

2019

AGE LIMIT:	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R150 000 OAL
GAP COVER:	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.
COPAY COVER:	R25 000 PER POLICY PER ANNUM. PAID TO A MAXIMUM OF R5 000 PER CLAIM. SUBJECT TO OAL.

ADMISSION FEE COVER:	PAID TO A MAXIMUM OF R2 000 PER ADMISSION, INCLUDING THE USE OF A PARTIAL COVER NETWORK HOSPITAL AS DETERMINED BY YOUR MEDICAL SCHEME RULES. A MAXIMUM OF 2 CLAIMS PER POLICY PER ANNUM
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
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, PLEASE ALLOW FOR 6 WEEKS DELIVERY

### Gov-Gap (State employees only)

2018

2019

AGE LIMIT:	NONE	65
OVERALL ANNUAL LIMIT PBPA:	R150 000 OAL	R150 000 OAL
GAP COVER:	500%. SUBJECT TO OAL	GAP COVER WILL SETTLE CLAIMS UP TO 500% OF THE MEDICAL SCHEME RATE. LIMITED TO A MAXIMUM OF 600% OR AT THE STATED BENEFIT VALUE.
COPAY 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. 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.
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 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
DAY TO DAY SPECIALIST CONSULTATION FEE:	R750 PER CLAIM, 3 CLAIMS PER ANNUM, OAL R3 600 PPPA. SUBJECT TO OAL	AN OVERALL SUB-LIMIT OF R3 600 PER POLICY PER ANNUM. R800 PER CLAIM, 2 CLAIMS PER BENEFICIARY PER ANNUM. SUBJECT TO OAL
HOSPITAL ACCOUNT SHORTFALLS:	R1 200 PER CLAIM, 3 CLAIMS PER BENEFICIARY, OAL R5 000 PPPA. SUBJECT TO OAL	R1 250 PER CLAIM, 2 CLAIMS PER BENEFICIARY PER ANNUM, OAL R5 000 PER POLICY PER ANNUM. SUBJECT TO OAL
SUB-LIMIT ENHANCER:	R15 000 PER INCIDENT, OAL R45 000. MAX 3 CLAIMS PER POLICY. SUBJECT TO OAL	R45 000 SUB-LIMIT PER POLICY PER ANNUM. LIMITED TO 2 CLAIMS PER BENEFICIARY PER ANNUM WITH A MAXIMUM OF 3 CLAIMS PER POLICY PER ANNUM WITH A CLAIM VALUE OF R15 000 PER CLAIM. 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 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.	ONLY IN EVENT OF DEATH AND OR TOTAL PERMANENT DISABILITY OF THE PREMIUM PAYER WILL A BENEFIT OF R2 500 PER MONTH FOR A 4 MONTH PERIOD BE PAID TOWARDS YOUR 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 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 NEW BORN CHILD FROM A SPECIFIC DATE WITHIN 30 DAYS OF THE BIRTH TO THE POLICY. SUBJECT TO AVAILABILITY, PLEASE ALLOW FOR 6 WEEKS DELIVERY.

## EXACT COVER

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 VEINS SURGERY:	R20 000	R22 000

**NB: In addition to the above Exact Cover option, Sirago has also created three more derivatives, each providing additional Gap Cover benefits with their own individual premiums:**

- EXACT COVER + GAP COVER

- EXACT COVER + CO-PAYMENTS
- EXACT COVER + GAP AND CO-PAYMENTS

**2019 Premiums:**

				2018	2019
GAP - LITE	Individual	<=64	NEW	R 172.00	R 172.00
GAP - LITE	Family	<=64	NEW	R 185.00	R 185.00
GAP - LITE	Individual	65+	NEW	R 242.00	R 242.00
GAP - LITE	Family	65+	NEW	R 276.00	R 276.00
GAP	Individual	<=64	R 193.00	R 231.00	R 231.00
GAP	Family	<=64	R 208.00	R 249.00	R 249.00
GAP	Individual	65+	R 273.00	R 327.00	R 327.00
GAP	Family	65+	R 296.00	R 354.00	R 354.00
PLUS	Individual	<=64	R 239.00	R 270.00	R 270.00
PLUS	Family	<=64	R 272.00	R 308.00	R 308.00
PLUS	Individual	65+	R 336.00	R 380.00	R 380.00
PLUS	Family	65+	R 383.00	R 434.00	R 434.00
ULTIMATE	Individual	<=64	R 314.00	R 344.00	R 344.00
ULTIMATE	Family	<=64	R 356.00	R 389.00	R 389.00
ULTIMATE	Individual	65+	R 416.00	R 455.00	R 455.00
ULTIMATE	Family	65+	R 472.00	R 516.00	R 516.00
GOV-GAP	Individual	<=64	R 221.00	R 255.00	R 255.00
GOV-GAP	Family	<=64	R 254.00	R 294.00	R 294.00

				2018	2019
EXACT COVER	Individual	<=64	R 199.00	R 222.00	R 222.00
EXACT COVER	Family	<=64	R 229.00	R 255.00	R 255.00
EXACT COVER	Individual	65+	R 249.00	R 277.00	R 277.00
EXACT COVER	Family	65+	R 299.00	R 333.00	R 333.00
EXACT COVER WITH COPAY	Individual	<=64	NEW	R 258.00	R 258.00
EXACT COVER WITH COPAY	Family	<=64	NEW	R 297.00	R 297.00
EXACT COVER WITH COPAY	Individual	65+	NEW	R 322.00	R 322.00
EXACT COVER WITH COPAY	Family	65+	NEW	R 387.00	R 387.00
EXACT COVER WITH GAP	Individual	<=64	NEW	R 356.00	R 356.00
EXACT COVER WITH GAP	Family	<=64	NEW	R 409.00	R 409.00
EXACT COVER WITH GAP	Individual	65+	NEW	R 445.00	R 445.00
EXACT COVER WITH GAP	Family	65+	NEW	R 534.00	R 534.00
EXACT COVER WITH GAP AND COPAY	Individual	<=64	NEW	R 392.00	R 392.00
EXACT COVER WITH GAP AND COPAY	Family	<=64	NEW	R 451.00	R 451.00
EXACT COVER WITH GAP AND COPAY	Individual	65+	NEW	R 490.00	R 490.00
EXACT COVER WITH GAP AND COPAY	Family	65+	NEW	R 588.00	R 588.00

The premium table above indicates all the standard premiums applicable for the full range of products, split by age category:

**NB: As from the 15<sup>th</sup> December 2019, Rule 12 from The Policy Protection Rules legislation will be enforced. This means that any broker who charges an employer or policy holder an additional broker fee, over and above the statutory commission rate earned on the Sirago policies, is required to have a formal agreement with each of these Individual policyholders in place, to demonstrate what additional services are being rendered and charged for, over and above the normal Intermediary Services for which the respective broker already earns statutory commission.**

**General:**

Being in a position to pass on these market related premium increases for 2019, I would like to believe that Sirago has played a role in helping you, our valued policyholder, maintaining real and measurable Gap Cover for 2019.

It is vitally important to remember that you are in no-way obligated to ever disclose your membership of Sirago to any persons and or medical professionals, as this just leads to a change in billing practices by some providers, all affecting premiums and possible premium increases in the future. This is an additional factor which directly affects year on year medical inflation.

As communicated earlier this year, Sirago has taken a strong stance in paying certain claims categories directly with providers through a negotiated settlement. Early indications are that there is a degree of participation and willingness from the providers which will hopefully result in better results for all stakeholders.

## Conclusion:

Please may I take this opportunity to again thank you for your ongoing support of Sirago. If there is anything that I or my team can do to help you with any aspect of Sirago products, premiums and or processes, please don't hesitate to drop me an email. Remember, your appointed broker is your first point of contact.

Kind regards



MA Rimmer