Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	ULTIMATE GAP COVER	**ULTIMATE GAP COVER**
AGE LIMIT:	None	None
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R157 000 OAL	R164 000 OAL (Effective 1 April 2020)
GAP COVER:	Will settle claims at an additional 500% above medical scheme rate or at the stated benefit value.	Will settle claims at an additional 500% above medical scheme rate or at the stated benefit value. In the event of a claim for robotic surgery appearing on the hospital account only, we will cover up to a sub-limit of R30 000 per policy per annum, limited to R12 000 per claim with a maximum of 2 claims per beneficiary per policy per annum.
ADMISSION FEE COVER:	The benefit is limited to R5 500 per admission. Subject to OAL.	Refer to Co-payments.
CO-PAYMENTS:	The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. 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.	The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Subject to OAL. Co-payments related to cancer are catered for in a separate benefit category.
CO-PAYMENTS CHARGED AS A PERCENTAGE:	See Co-payments above.	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.
PENALTY FEE CO-PAYMENTS:	R9 500 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a non-designated service provider or a partial-cover network hospital.	Subject to a sub-limit of R10 500 per claim, a maximum of 3 claims per policy per annum for the voluntary use of a non-designated service provider/network hospital. This includes the use of a partial-cover network hospital as determined by your medical scheme.
DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER:	Will settle the Gap portion of claims. Subject to OAL.	Will settle the Gap portion of claims. Subject to OAL.
PRIMARY CARE CONSULTATION BENEFIT:	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.	Subject to a sub-limit of R3 750 per policy per annum. GP claims x 3 with a R375 limit per consultation. Dental claims x 3 with a R375 limit per consultation. Alternative Therapy x 3 with a limit of R375 per claim per consultation (this applies to bios, physios, chiros and OT). This applies to the Gap portion only.
EMERGENCY ROOM COVER:	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.	A sub-limit of R12 000 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit. **Accident benefit:** all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. **Illness benefit:** when you visit an emergency room in a medical emergency as a result of

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019 ULTIMATE GAP COVER	2020 ULTIMATE GAP COVER
		illness, we will cover the Gap portion only if the medical scheme has paid a portion. **Emergency illness benefit:** this benefit is applicable to children under the age of 8, and require out of normal consultation hours. All costs related to the event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account.
PMB COVER:	Subject to OAL for the use of non-DSP facilities for PMB treatments.	This benefit will cover the shortfall for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. Subject to OAL.
CANCER CO-PAYMENT BENEFIT:	A R157 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.	This Cancer Co-payment benefit is applied once your medical scheme cancer benefit has been reached, and a percentage co-payment is imposed. This benefit incorporates co-payments, and co-payments related to biological drugs. In order to access this benefit, you need to be on a registered treatment plan with your medical scheme. Subject to OAL.
CANCER BENEFIT - BOOST:	Limited to R100 000 per beneficiary and subject to the OAL of R157 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.	The Cancer Boost benefit is limited to R100 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The Cancer Boost benefit can only be claimed once your rand limit on your medical scheme cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's cancer programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit.
CANCER BENEFIT - BREAST RECONSTRUCTION:	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.	In the event of the medical scheme approving reconstructive surgery on the affected breast, we will cover the Gap portion up to 300% of the claim. In addition to this, Sirago will make available up to R25 000 for the reconstruction of the non-affected breast. This benefit is available within the first 12 (twelve) months of the initial mastectomy. We require, subject to Sirago protocols, which include but not limited to: medical scheme pre-authorisation and a motivation/letter from your treating provider.
CANCER BENEFIT - PMB:	No benefit.	Please note the above benefits are only available in the event that the treatments do not form part of the legislative PMB framework. Subject to OAL.
DAY-TO-DAY SPECIALIST CONSULTATION FEE:	R6 500 sub-limit per policy. R1 350 per claim. 3 claims per beneficiary per annum for the Gap portion only.	Subject to a sub-limit of R6 500 per policy per annum. R1 350 per claim. 4 claims per beneficiary per annum for the Gap portion only.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	ULTIMATE GAP COVER	**ULTIMATE GAP COVER**
HOSPITAL ACCOUNT SHORTFALLS:	R5 000 sub-limit per policy. Maximum of R1 250 per claim. Maximum 3 claims per beneficiary per policy per annum.	Subject to a sub-limit of R5 000 per policy per annum. Maximum of R1 250 per claim. Maximum 3 claims per beneficiary.
PREVENTATIVE CARE COVER:	R8 000 sub-limit per policy. R1 200 per claim. Maximum 3 claims per beneficiary per annum. Defined as pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation, bone density scans, prostate specific antigen tests, mammogram, contraceptive device implantation.	R8 000 sub-limit per policy. R1 200 per claim. Maximum 3 claims per beneficiary per annum. Defined as pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation, bone density scans, prostate specific antigen tests, mammogram, and contraceptive implantation.
SUB-LIMIT ENHANCER:	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.	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, intraocular lenses, CT scans and internal prosthesis only.
APPLIANCE BENEFIT:	Maximum claim amount R6 000 per policy per annum for your Gap component as per the defined list; hearing aids; wheelchairs; CPAP machine; humidifiers; insulin pump; glucometer; nebuliser and intraocular lenses.	Maximum claim amount R6 600 per policy per annum for your Gap component as per the defined list; hearing aids; wheelchairs; CPAP machine; humidifiers; insulin pump; glucometer; nebuliser and the Mirena device.
STEP-DOWN	Frail care cover with a sub-limit of R6 500 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.	A sub-limit of up to R9 000 per policy applies to this section of cover. In the event that your medical scheme provides benefits for rehabilitation as an in-patient in a step-down or sub-acute facility, resulting from an accident, cover will be provided for ongoing treatments by resident healthcare practitioners during your recovery once medical scheme benefits have been exhausted or limits have been reached. This section of cover is only applicable if your medical scheme option makes provision for these benefits.
TRAUMA COUNSELLING:	R5 000 sub-limit per policy per annum. Limited to a stated benefit of R750 per claim. You will be covered for treatment with a registered medical professional within the first 6 months after a traumatic event. This benefit covers you for, but is not limited to; dread disease, hijacking and/or violent crimes. (At the discretion of the insurer on the provision of supporting documentation.)	A sub-limit of R5 000 per policy per annum with a registered medical professional. You will be covered within the first 6 months after a traumatic incident. Limited to a stated benefit of R750 per claim. This benefit covers you for, but is 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 R164 000)		
GAP COVER PREMIUM WAIVER:	In event of death 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.	In event of death or total permanent disability of the policyholder 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 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. This benefit cannot be transferred, ceded or converted to cash.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019 ULTIMATE GAP COVER	2020 ULTIMATE GAP COVER
MEDICAL SCHEME PREMIUM WAIVER:	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.	Payable in event of death or total permanent disability of the policyholder of the Sirago Gap Cover. In the event of dual medical scheme membership, this benefit is only payable in event of death or total permanent disability of the principal policyholder. Sirago will pay the medical scheme premium to the actual amount of the contribution, but not higher than the sub-limit of R4 500 per month for a 6-month period, which will 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:	R12 000 principal, R8 000 adult dependent, R5 000 per child per policy per life.	R15 000 principal, R10 000 adult dependent, R5 000 per child per policy per life.
CANCER COVER (INITIAL DIAGNOSIS):	R20 000 upon the initial diagnosis of cancer, per beneficiary per annum as defined.	This benefit will pay you a lump sum of R22 500 upon the initial diagnosis of malignant cancer per beneficiary per annum as defined. This excludes any incidence of cancer/pre-cancer prior to inception of the policy.
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 to the policy within 31 days of the birth. Subject to availability.	A branded Sirago welcome gift will be posted to your physical address, or delivered to your contracted broker, as per your application form upon receipt of the instruction to add the new-born child. The instruction to add the child to the policy must be submitted within 31 days of the birth of the child. (Subject to availability. Please allow 6 weeks for delivery.)

BENEFIT CATEGORY	2019 PLUS GAP COVER	2020 PLUS GAP COVER
AGE LIMIT:	None	None
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R157 000 OAL	R164 000 OAL (Effective 1 April 2020)
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.	Gap Cover will settle claims up to 500% above your medical scheme plan/option rate, to a maximum of 600%, or at the scheme stated benefit value as determined within your scheme policy.
ADMISSION FEE COVER:	Paid to a maximum of R3 500 per admission. A maximum of 4 claims per policy per annum. Subject to OAL.	Refer to Co-payments.
CO-PAYMENTS:	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.	These are the excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments, imposed by medical schemes for hospital admissions, scans and surgical procedures. Subject to OAL. Co-payments related to cancer are catered for in a separate benefit category.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	PLUS GAP COVER	**PLUS GAP COVER**
CO-PAYMENTS CHARGED AS A PERCENTAGE:	See Co-payments above.	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.
PENALTY FEE CO-PAYMENTS:	R5 500 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a non-designated service provider/network hospital. Including the use of a partial cover network hospital as determined by your medical scheme.	Subject to a sub-limit of R6 500 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a non-designated service provider/network hospital. This includes the use of a partial cover network hospital as determined by your medical scheme.
DAY HOSPITAL/CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER:	Will settle the Gap portion of claims. Subject to OAL.	Will settle the Gap portion of claims. Subject to OAL.
EMERGENCY ROOM COVER:	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. Subject to OAL.	A sub-limit of R7 000 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit. **Accident benefit:** all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. **Illness benefit:** when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only if the medical scheme has paid a portion.
PMB COVER:	Subject to OAL for the use of non-DSP facilities for PMB treatments.	This benefit will cover the shortfall for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. Subject to OAL.
CANCER CO-PAYMENT BENEFIT:	A R157 000 limit 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.	This Cancer Co-payment benefit is applied once your medical scheme cancer benefit has been reached, and a percentage co-payment is imposed. This benefit incorporates co-payments, and co-payments related to biological drugs. In order to access this benefit, you need to be on a registered treatment plan with your medical scheme.
CANCER BENEFIT - BOOST:	Limited to R50 000 per beneficiary and subject to the OAL of R157 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.	The Cancer Boost benefit is limited to R50 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The Cancer Boost benefit can only be claimed once your rand limit on your medical scheme cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's cancer programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	PLUS GAP COVER	**PLUS GAP COVER**
CANCER BENEFIT - BREAST RECONSTRUCTION:	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	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 up to R16 000 for the reconstruction of the non-affected breast. This benefit is available within the first 12 (twelve) months of the initial mastectomy. We require, subject to Sirago protocols, which include but not limited to: medical scheme pre-authorisation and a motivation/letter from your treating provider.
CANCER BENEFIT - PMB:	No benefit.	Please note the above benefits are only available in the event that the treatments do not form part of the legislative PMB framework. Subject to OAL.
DAY-TO-DAY SPECIALIST CONSULTATION FEE:	R4 000 sub-limit per policy. Maximum of R825 per claim. 3 claims per beneficiary per annum for the Gap portion only.	R4 500 sub-limit per policy. Maximum of R825 per claim. 3 claims per beneficiary per annum for the Gap portion only.
HOSPITAL ACCOUNT SHORTFALLS:	R3 000 sub-limit per policy per annum. Maximum R750 per claim, 3 claims per beneficiary per annum.	R3 000 sub-limit per policy per annum. Maximum R800 per claim, 3 claims per beneficiary per annum.
PREVENTATIVE CARE COVER:	R3 600 sub-limit per policy. R1 000 per claim. Maximum 3 claims per beneficiary per annum. Defined as pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation, bone density scans, prostate specific antigen tests, mammogram, and contraceptive device implantation.	R4 000 sub-limit per policy. R1 000 per claim. Maximum 3 claims per beneficiary per annum. Defined as pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation, bone density scans, prostate specific antigen tests, mammogram, and contraceptive device implantation.
SUB-LIMIT ENHANCER:	No benefit.	Subject to a sub-limit of R36 000 per policy per annum, and to R12 000 per claim. Maximum of 2 claims per beneficiary, limited to 3 claims per policy per annum. The sub-limit enhancer benefits are limited to MRI scans and CT scans only.
TRAUMA COUNSELLING:	A sub-limit of R3 000 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 for, but is not limited to; dread disease, hijacking and/or violent crimes. (At the discretion of the insurer, on the provision of supporting documentation.)	A sub-limit of R3 000 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 for, but is 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 R164 000)		
GAP COVER PREMIUM WAIVER:	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 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.	In event of death and/or total permanent disability of the policyholder 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.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	PLUS GAP COVER	**PLUS GAP COVER**
MEDICAL SCHEME PREMIUM WAIVER:	Payable in 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, which will 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.	Payable in event of death or total permanent disability of the policyholder of the Sirago Gap Cover. In the event of dual medical scheme membership, this benefit is only payable in event of death or total permanent disability of the principal policyholder. Sirago will pay the medical scheme premium to the actual amount of the contribution, but not higher than the sub-limit of R3 250 per month for a 6-month period, which will 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 per child per policy per life.	R8 000 principal, R5 000 adult dependent, R3 000 per child per policy per life.
CANCER COVER (INITIAL DIAGNOSIS):	R10 000 upon the initial diagnosis of cancer, per beneficiary per annum as defined.	R14 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 to the policy within 31 days of the birth. Subject to availability.	A branded Sirago welcome gift will be posted to your physical address, or delivered to your contracted broker, as per your application form upon receipt of the instruction to add the new-born child. The instruction to add the child to the policy must be submitted within 31 days of the birth of the child. (Subject to availability. Please allow 6 weeks for delivery.)

BENEFIT CATEGORY	2019	2020
	GAP COVER	**GAP ASSIST COVER**
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R157 000 OAL	R164 000 OAL (Effective 1 April 2020)
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.	Will settle claims up to 500% of the medical scheme rate. Limited to a maximum of 600%, or at the stated benefit value.
ADMISSION FEE COVER:	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.	Refer to Co-payments.
CO-PAYMENTS:	R40 000 sub-limit per policy per annum. Limited to R10 000 per claim. Subject to OAL.	The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sub-limit of R42 000 per policy per annum, limited to R11 000 per claim. Co-payments related to cancer are catered for in a separate benefit category.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	GAP COVER	**GAP ASSIST COVER**
DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER:	Will settle the Gap portion of claims. Subject to OAL.	Will settle the Gap portion of claims. Subject to OAL.
EMERGENCY ROOM COVER:	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. Subject to OAL.	A sub-limit of R4 500 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit. **Accident benefit:** all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. **Illness benefit:** when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only if the medical scheme has paid a portion. We will cover a GP's emergency facility where no hospital emergency is available within a 30km radius within the above stated benefit limits.
PMB COVER:	This benefit will cover your Gap portion for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. Limited to R30 000 per claim. Subject to OAL.	This benefit will cover the shortfall for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. Limited to R30 000 per claim. Subject to OAL.
CANCER CO-PAYMENT BENEFIT:	A R100 000 limit per policy applies once your medical scheme oncology benefit has been reached and a percentage co-payment is applied. Subject to OAL with 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.	A R100 000 limit per policy applies once your medical scheme oncology benefit has been reached and a percentage co-payment is applied. Subject to OAL with 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.
CANCER BENEFIT - BOOST:	No benefit.	The Cancer Boost benefit is limited to R50 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The Cancer Boost benefit can only be claimed once your rand limit on your medical scheme cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's cancer programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit. This benefit provides a subsidy towards the cost of ongoing treatments and drugs. This applies when the medical scheme's cancer benefit limit is reached and provides no further funding.
HOSPITAL ACCOUNT SHORTFALLS:	R1 500 sub-limit per policy per annum. Maximum of R500 per claim, maximum 3 claims per beneficiary per policy per annum.	R2 000 sub-limit per policy per annum. Maximum of R500 per claim, maximum 3 claims per beneficiary per policy per annum.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	GAP COVER	GAP ASSIST COVER
APPLIANCE BENEFIT:	No benefit.	Subject to a sub-limit of R3 600 per policy per annum with a claim limit of R1 200 for your Gap component as per the defined list: hearing aids; wheelchairs; CPAP machine; humidifiers; insulin pump; glucometer; nebuliser and the Mirena device.
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R164 000)		
GAP COVER PREMIUM WAIVER:	No benefit.	In event of death and/or total permanent disability of the policyholder 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 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. This benefit cannot be transferred, ceded or converted to cash.
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 to the policy within 31 days of the birth. Subject to availability.	A branded Sirago welcome gift will be posted to your physical address, or delivered to your contracted broker, as per your application form upon receipt of the instruction to add the new-born child. The instruction to add the child to the policy must be submitted within 31 days of the birth of the child. (Subject to availability. Please allow 6 weeks for delivery.)

BENEFIT CATEGORY	2019	2020
	GAP LITE	GAP LITE
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R157 000 OAL	R164 000 OAL (Effective 1 April 2020)
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.	Will settle claims at an additional 200% above medical scheme rate or at the stated benefit value.
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.	Refer to Co-payments.
CO-PAYMENTS:	R25 000 sub-limit per policy per annum. Limited to R5 000 per claim. Subject to OAL.	The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sub-limit of R25 000 per policy per annum, limited to R5 500 per claim.
PENALTY FEE CO-PAYMENTS:		Subject to a sub-limit of R3 000 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a non-designated service provider/network hospital. This includes the use of a partial cover network hospital as determined by your medical scheme. Co-payments related to cancer are catered for in a separate benefit category.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	GAP LITE	GAP LITE
DAY HOSPITAL/CLINIC AND OR IN ROOM SURGICAL PROCEDURES COVER:	Will settle the Gap portion of claims. Subject to OAL.	Will settle the Gap portion of claims. Subject to OAL.
EMERGENCY ROOM COVER:	R4 000 sub-limit. Accident and Trauma treatment only.	A sub-limit of R4 000 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit. **Accident benefit:** all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. **Illness benefit:** when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only if the medical scheme has paid a portion. We will cover a GP's emergency facility where no hospital emergency is available within a 30km radius, within the above stated benefit limits. Subject to OAL.
PMB COVER:	This benefit will cover your Gap portion for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. R50 000 sub-limit per policy per annum. Paid to a maximum of R20 000 per claim. Subject to OAL.	This benefit will cover your Gap portion for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. R50 000 sub-limit per policy per annum. Paid to a maximum of R20 000 per claim. Subject to OAL.
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R164 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 to the policy within 31 days of the birth. Subject to availability.	A branded Sirago welcome gift will be posted to your physical address, or delivered to your contracted broker, as per your application form upon receipt of the instruction to add the new-born child. The instruction to add the child to the policy must be submitted within 31 days of the birth of the child. (Subject to availability. Please allow 6 weeks for delivery.)

BENEFIT CATEGORY	2019	2020
	GOV-GAP BENEFITS	GOV-GAP BENEFITS
AGE LIMIT:	65	65
OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM:	R157 000 OAL	R164 000 OAL (Effective 1 April 2020)
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.	Gap Cover will settle claims up to 500% above your medical scheme plan/option rate, to a maximum of 600%, or at the scheme stated benefit value as determined within your scheme policy.
CO-PAYMENTS:	R40 000 sub-limit per policy per annum. Paid to a maximum of R5 000 per claim.	The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sub-

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	GOV-GAP BENEFITS	GOV-GAP BENEFITS
		limit of R40 000 per policy per annum, limited to R5 500 per claim.
DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER	Will settle the Gap portion of claims. Subject to OAL.	Will settle the Gap portion of claims. Subject to OAL.
EMERGENCY ROOM COVER:	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. Subject to OAL.	A sub-limit of R7 500 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit. **Accident benefit:** all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. **Illness benefit:** when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only if the medical scheme has paid a portion.
PMB COVER:	This benefit will cover your Gap portion for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. R30 000 per claim, subject to OAL.	This benefit will cover the shortfall for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. R30 000 per claim, subject to OAL.
CANCER BENEFIT - BOOST:	Limited to R100 000 per beneficiary and subject to the OAL of this policy. This benefit is restricted to policyholders whose medical scheme options have 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.	The Cancer Boost benefit is limited to R100 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The Cancer Boost benefit can only be claimed once your rand limit on your medical scheme cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's cancer programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit. This benefit provides a subsidy towards the cost of ongoing treatments and drugs. This applies when the medical scheme's cancer benefit limit is reached and provides no further funding.
DAY-TO-DAY SPECIALIST CONSULTATION FEE:	R3 600 sub-limit per policy per annum. R800 per claim, 2 claims per beneficiary per annum for the Gap portion only. Subject to OAL.	R3 600 sub-limit per policy. Maximum of R850 per claim. 2 claims per beneficiary per annum for the Gap portion only.
HOSPITAL ACCOUNT SHORTFALLS:	R5 000 sub-limit per policy per annum. R1 250 per claim, 2 claims per beneficiary per annum.	R5 000 sub-limit per policy per annum. R1 250 per claim, 2 claims per beneficiary per annum.
SUB-LIMIT ENHANCER:	R45 000 sub-limit. R15 000 per claim, limited to a maximum of 2 claims per beneficiary per annum. Maximum of 3 claims per policy per annum. The sub-limit enhancer benefits are limited to MRI scans, CT scans and internal prosthesis only.	Subject to a sub-limit of R45 000 per policy per annum, and to R15 000 per claim. A maximum of 2 claims per beneficiary, limited to 3 claims per policy per annum. The sub-limit enhancer benefits are limited to internal prosthesis, MRI scans and CT scans only.

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019 GOV-GAP BENEFITS	2020 GOV-GAP BENEFITS
VALUE ADDED BENEFITS (THESE DO NOT FORM PART OF THE AGGREGATED OAL OF R164 000)		
GAP COVER PREMIUM WAIVER:	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 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 policyholder 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 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. This benefit cannot be transferred, ceded or converted to cash.
MEDICAL SCHEME PREMIUM WAIVER:	Payable in event of death 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, which will 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.	Payable in event of death or total permanent disability of the policyholder of the Sirago Gap Cover. In the event of dual medical scheme membership, this benefit is only payable in event of death or total permanent disability of the principal policyholder. Sirago will pay the medical scheme premium to the actual amount of the contribution, but not higher than the sub-limit of R2 750 per month for a 4-month period, which will 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:	R5 000 principal, R5 000 adult dependent, R3 000 per child per policy per life.	R6 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 benefit will pay you a lump sum of R5 500 upon the initial diagnosis of malignant cancer per beneficiary per annum as defined. This excludes any incidence of cancer/pre-cancer prior to inception of the policy.
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 to the policy within 31 days of the birth. Subject to availability.	A branded Sirago welcome gift will be posted to your physical address, or delivered to your contracted broker, as per your application form upon receipt of the instruction to add the new-born child. The instruction to add the child to the policy must be submitted within 31 days of the birth of the child. (Subject to availability. Please allow 6 weeks for delivery.)

Annexure A – Benefit Comparison Table.

BENEFIT CATEGORY	2019	2020
	EXACT COVER BENEFITS	EXACT COVER BENEFITS
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER POLICY PER ANNUM (OAL):	R157 000 OAL per beneficiary per annum	R100 000 OAL per beneficiary per annum
MEDICAL PROCEDURES WE WILL COVER		
ARTHROSCOPIC SURGERY:	R85 000	R85 000
BACK AND NECK SURGERY:	R85 000	R85 000
BUNION SURGERY:	R16 000	R17 500
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:	R25 000	R25 000
JOINT REPLACEMENT SURGERY:	R50 000	R50 000
OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY:	R58 000	R60 000
VARICOSE VEIN SURGERY:	R22 000	R22 500

BENEFIT CATEGORY	2019	2020
	EXACT WITH GAP AND CO-PAY COVER	EXACT WITH GAP AND CO-PAY COVER
AGE LIMIT:	NONE	NONE
OVERALL ANNUAL LIMIT PER POLICY PER ANNUM (OAL) FOR GAP AND CO-PAY COVER:	R157 000 OAL per policy per annum.	R164 000 OAL per policy per annum.
OVERALL ANNUAL LIMIT PER POLICY PER ANNUM (OAL) FOR EXACT COVER:	R157 000 OAL per policy per annum.	R100 000 OAL per policy per annum.
GAP COVER:	Gap Cover will settle the claims up to 300% of the medical scheme rate. Limited to a maximum of 400%, or at the stated benefit value.	Gap Cover will settle the claims up to 300% of the medical scheme rate. Limited to a maximum of 400%, or at the stated benefit value.
CO-PAYMENTS:	Paid to a maximum of R15 000 per policy per annum within the OAL of the policy. Limited to R8 000 per claim.	The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sub-limit of R21 000 per policy per annum, limited to R7 000 per claim.