



Age Limit:
65

OAL per beneficiary per annum:
R164 000



WHAT IS GOV-GAP COVER?

This product is a tailor made solution for Government employees who need to optimise their healthcare cover portfolio and premiums covered by Persal.

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 a Gov-Gap policy documents to be issued. Gov-Gap has a policy cease age of 65. The policy will cease at the end of the benefit year when the policyholder turns 65.

IN HOSPITAL BENEFITS

Gap Cover

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

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 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.

PMB Cover

R30 000 per claim for the use of Non-DSP facilities for PMB treatments.

Hospital Account Shortfalls

R5 000 sub-limit per policy per annum. R1 250 per claim, 2 claims per beneficiary per annum.

Sub-Limit Enhancer

Subject to a sub-limit of R45 000 per policy per annum. Subject to R15 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, CT scans only.

OUT OF HOSPITAL BENEFITS

Emergency Room Cover

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.

Day To Day Specialist Consultation Fee

R3 600 sub-limit per policy. Maximum of R850 per claim. 2 claims per beneficiary per annum for the Gap portion only.

CANCER BENEFITS

Cancer Benefit - Boost

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 Schemes cancer benefit limit is reached and provides no further funding. This benefit will subsidise 20% of the ongoing treatment costs.

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 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.

Medical Scheme Premium Waiver

Payable in event of Death or Total Permanent Disability of the principal 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

R6 000 principal, R5 000 adult dependent, R3 000 per child per policy per life.

Cancer Cover (Initial Diagnosis)

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 includes any incidence of cancer/pre-cancer prior to inception of the policy.

Sira-Go' Baby

A branded Sirago welcome gift will be posted (or delivered to your contracted broker) to your physical address as per your application form upon receipt of the instruction to add the new-born child. The instruction must be submitted within 31 days of the birth of the child to the policy. Subject to availability. Please allow 6 weeks for delivery.

SIRAGO

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BROKER DETAILS

FOR A WORLD OF
POSSIBILITIES #GOGETGAP

Waiting Periods

General Waiting Periods

A 3 month general waiting period is applicable on any new inception 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.

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.

Note

For all terms and conditions, benefits, limitations, exclusions please visit www.sirago.co.za or contact your broker.

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