



Age Limit:
None

OAL per beneficiary per annum:
R164 000



IN HOSPITAL BENEFITS

Gap Cover

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.

Co-payments

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. Co-payments related to cancer are catered for in a separate benefit category.

Co-payments charged as a Percentage

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 Cover

Subject to a sub-limit of R10 500 per claim and a maximum of 3 claims per policy per annum for the voluntary use of a Non-DSP (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.

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.

Hospital Account Shortfalls

Subject to a sub-limit of R5 000 per policy per annum. Maximum of R1 250 per claim. Maximum 3 claims per beneficiary.

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, intraocular lenses, CT scans and internal prosthesis only.

Step Down

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 facility (sub-acute) and the benefits have been exhausted or limits reached, cover will be provided for ongoing treatments which were the result of an accident by resident healthcare practitioners during your recovery. This section of cover is only applicable if your Medical Scheme option makes provision for these benefits.

OUT OF HOSPITAL BENEFITS

Primary Care Consultation Benefits

Subject to a sub-limit of R3 750 per policy per annum. A maximum of 3 consultations at R375 per claim. Applicable to GP, Dental and Alternative Therapist. This applies to the GAP portion only.

Emergency Room Cover

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 illness, we will cover the gap portion only.

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.

Day To Day Specialist Consultation Fee

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.

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 implantation.

Appliance Benefit

Maximum claim amount R6 600 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 Mirena device.

Trauma Counselling

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 but is not limited to; dread disease, hijacking and or violent crimes at the discretion of the insurer, on the provision of supporting documentation.

CANCER BENEFITS

Cancer Benefit

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

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 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

Please note the above benefits are only available in the event that the treatments do not form part of the Legislative PMB framework.

SIRAGO

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BROKER DETAILS

FOR A WORLD OF
POSSIBILITIES #GOGETGAP

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 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

R15 000 principal, R10 000 adult dependent, R5 000 per child per policy per life.

Cancer Cover (Initial Diagnosis)

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 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.

Note

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

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