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SIRAGO

U·M·A

2022

GAP ASSIST GAP COVER

INFORMATION GUIDE

Underwritten by

GENRIC Insurance

SiragoGapCover | sirago-underwriting-managers | siragogapcover | https://sirago.co.za

SIRAGO
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0 - 64
Individual R323
Family R346

65+
Individual R492
Family R532

AGE LIMIT: NONE
OAL PER BENEFICIARY PER ANNUM: R183 000

IN-HOSPITAL BENEFITS

These benefit categories all form part of the aggregated OAL of **R183 000.**

GAP COVER
We cover up to **500%** above your medical scheme plan/option rate or at the stated benefit value, to a maximum of **600%**.

CO-PAYMENTS
For the co-payments, excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. Co-payment benefits are subject to a sub-limit of **R42 000** per policy , limited to **R11 000** per claim.

PENALTY FEE CO-PAYMENTS
Subject to a sub-limit of **R6 000** per claim and a maximum of **1** claim 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
We cover the GAP portion of claims for any day hospital/clinic and/or in-room procedures including acute hospitals if a policyholder elects to have the treatment that would normally be performed on an in-patient basis, performed as an out-patient, by a registered medical professional

PMB COVER
This benefit will cover the shortfall resulting from the use of a non-designated service provider for planned procedures except in the event of an emergency. Subject to **R30 000** per claim.

HOSPITAL ACCOUNT SHORTFALLS
Subject to a sub-limit of **R3 000** per policy per annum. Maximum of **R500** per claim. Maximum **3** claims per beneficiary.

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OUT-OF-HOSPITAL BENEFITS

EMERGENCY ROOM COVER
A sub-limit of **R6 000** is applicable to accident, trauma, and illness categories. This benefit covers an emergency at any Registered Emergency Facility when you require immediate medical treatment due to an accident or trauma. The following benefits collectively accumulate to the sub-limit:

ACCIDENT / TRAUMA 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
For visits to an emergency room due to illness in a medical emergency, we will cover the gap portion amount above the medical scheme rate subject to the sub-limit, when your medical scheme pays a portion.

PRESCRIBED MINIMUM BENEFIT COVER
Prescribed Minimum Benefits (PMB) as defined in the Medical Schemes Act and Regulations determines that all scheme members have access to certain minimum health benefits, regardless of your medical scheme option. This includes a requirement for medical schemes to pay the full cost of diagnosis and treatment of a list of medical conditions. This benefit will cover your shortfall resulting from the voluntary use of a non-designated service provider for planned procedures except in the event of an emergency. Subject to **R30 000** per claim. PMB claims will be processed once the medical scheme rate has been defrayed.

IN-ROOM / DAY-TO-DAY MEDICAL SPECIALIST CONSULTATION FEE
This benefit will cover your Gap Cover portion for any day hospital/ clinic and/or in-room procedures including acute hospitals if a policyholder elects to have the treatment that would normally be performed on an in-patient basis, performed as an out- patient, by a registered medical professional. This includes, but is not limited to, for example, gastroscopies, colonoscopies, wisdom teeth extractions, homebirth, and stent insertions. Admissions where no clinical/medical reason for admission can be provided, will not be covered. Benefit category is subject to OAL.

APPLIANCE BENEFIT
Maximum claim amount **R3 600** per policy per annum for the difference between what the medical scheme pays and what the service provider charges for the following appliances: Hearing Aids, Wheelchairs, CPAP Machine, Humidifiers, Insulin Pump, Glucometer, Nebulisers and Mirena Device. The benefits in this category are subject to a limit of **R1 200** per claim.

CANCER BENEFITS

Cancer benefits are paid to the maximum available sub-limits within your OAL of **R183 000** per beneficiary and are only available in the event that the treatments do not form part of the legislative PMB framework.

CANCER CO-PAYMENT BENEFIT
The 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 for ongoing cancer related treatments and biological drugs. In order to access this benefit, you need to be on a registered treatment plan with your medical scheme. The benefits in this category are limited to OAL per policy per annum with a limit of **R18 000** per claim.

CANCER BOOST BENEFIT
Limited to **R50 000** per beneficiary and is applicable to policyholders whose medical scheme option has a defined rand limit for cancer treatment and the rand limit on the medical scheme has been reached. We will cover the costs of the ongoing treatment as per the medical scheme's registered treatment plan.

VALUE ADDED BENEFITS

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These benefit categories do not form part of the aggregated OAL of **R183 000**

GAP COVER PREMIUM WAIVER

A Premium Waiver benefit may be claimed by the surviving spouse/adult dependant on the current Sirago policy in the event of the death or total permanent disability of the policyholder of the Sirago policy, irrespective of source of payment of the gap premium. We hold the premium of the policy as a credit against the policy for **6** months if the medical scheme membership is maintained. 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.

SIRAGO BABY

An instruction to add a newborn to the policy must be submitted within **90** days of the birth of the child. After confirmation of pregnancy, this benefit has a **R2 000** sub-limit for claims for prenatal scans, childhood immunisations or pre-and post-birth tests (to limit) per child. In the event of twins, the benefit will be doubled, and in the event of triplets, the benefit will be tripled. In addition to this, the benefit can also be used to upgrade the room to a private room during the confinement. This benefit is limited to the following services for mother: Midwife consultations, pathology, ultrasounds, 3-D, and 4-D scans during pregnancy. This benefit is limited to the following services for the new-born: Audiologist, Paediatric Ophthalmologist consultations and any additional childhood immunisations. Only available for mother: from confirmation to confinement. Only available for the newborn.

SIRAGO MEDCARE (FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)

After assessment of a PMB claim and not meeting the requirements of Sirago for payment the policyholder will have access to a free ADR service via MedCare for all claims exceeding **R12 000**. Policy holders will also be able to access the MedCare service for all claims that fall outside the **R12 000** limit, including all aspects that they want to dispute with their medical scheme. The policy holder will be able to access this service in the following manner:

Obtain free advice, templates, and guidance on the MedCare website.

Obtain access to a MedCare personalised ADR practitioner at a **50%** discounted rate. This means as a Sirago policyholder you will only pay **R375** per hour, payable in advance, if you use this service despite the outcome. In this event you will have to enter into an agreement with MedCare when you want to access this service.

Obtain access to a MedCare personalised ADR practitioner at a **15%** discounted rate. This means as a Sirago policyholder you will only pay **R635** per hour if you use this service. The fee is only payable if the claim is successfully resolved.

You can also use the MedCare service to dispute waiting periods and late Joiner Penalties or any other matter such as limitation on benefits due to protocols or formularies etc. You will have access to a MedCare personalised ADR practitioner at a **10%** discounted rate. This means as a Sirago policyholder you will only pay **R675** per hour, payable in advance, if you use this service despite the outcome.

You can also utilise your broker to render this service on your behalf to avoid paying the fee to MedCare. Your Broker will also have access to the MedCare website.

NOTE

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

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BROKER DETAILS

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