

ENTHUSIASM IS COMMON
RESILIENCE IS RARE

#FUTUREBUILT

SIRAGO
LIFE • MEDICAL

2022

GAP LITE GAP COVER

INFORMATION GUIDE



SiragoGapCover



sirago-underwriting-managers



siragogapcover



<https://sirago.co.za>

Underwritten by





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



0 - 64

Individual R234
Family R251



65+

Individual R340
Family R387

IN-HOSPITAL BENEFITS

These benefit categories all form part of the aggregated OAL

GAP COVER

We cover up to **250%** above your medical scheme plan/option rate or at the stated benefit value, to a maximum of **350%**.

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 **R25 000** per policy, limited to **R7 500** per claim.

PENALTY FEE CO-PAYMENTS

Subject to a sub-limit of **R5 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.

Co-payments for administration charges are specifically excluded from cover on this policy.

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 a sub-limit of **R50 000** per policy per annum and a limit of **R20 000** per claim.

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OUT-OF-HOSPITAL BENEFITS

EMERGENCY ROOM COVER

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 / 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.

PREVENTATIVE CARE COVER

A sub-limit of **R1 800** per policy applies and provides cover if your medical scheme option makes provision for these benefits. This benefit will cover the difference between that rate that the service provider charges and the benefit amount on your medical scheme option for any of the listed procedures/diagnoses or treatments **ONLY**. Claims will be paid up to a maximum of **R600** per claim, limited to **2** claims per beneficiary, per policy.

The following procedures/diagnoses or treatments are covered as part of this benefit: Pap smear, Cholesterol test, Blood glucose test, Flu vaccination, Childhood immunisation (Department of Health Formulary) – up to the age of **12** years, Bone density scan, Prostate specific antigen tests, mammogram, contraceptive implantation **ONLY**, excludes costs related to the device.

Alternatively, if there is no benefit available at the time of claim, Sirago will pay, as a stated benefit, up to **R500** towards the cost of the claim to a maximum of **2** claims per policy.



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.

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CANCER BOOST BENEFIT

Limited to **R25 000** per policy. The Cancer Boost Benefit 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. 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

VALUE ADDED BENEFITS

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

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 newborn: Audiologist, Paediatric Ophthalmologist consultations and Government gazetted 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.

CONTACT DETAILS

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BROKER DETAILS

SIRAGO
U M A

Sirago Underwriting Managers (Pty) Ltd is an Authorised Financial Services Provider (FSP: 4710) underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an Authorised Financial Services Provider and licensed non-life Insurer.

