

GAP ONLY GAP COVER

INFORMATION GUIDE

















AGE LIMIT: NONE
OAL PER BENEFICIARY PER ANNUM: R100 000



IN-HOSPITAL BENEFITS

GAP COVER

Will settle claims up to 200% (two hundred percent) above your medical scheme plan/option rate or at the stated benefit value, to a maximum of 300%.

PRESCRIBED MINIMUM BENEFIT COVER

Prescribed Minimum Benefits 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.

PMB benefit is limited to **R30 000** per policy per annum with a maximum claim limit of **R12 000** per claim. This benefit covers the shortfall resulting from the voluntary use of a non-designated service provider for planned procedures except in the event of an emergency.

PMB claims will be processed once the medical scheme rate has been defrayed.

CONTACT DETAILS

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BROKER DETAILS



