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SIRAGO
U•M•A

2022

PLUS GAP COVER
INFORMATION GUIDE

Underwritten by
GENRIC Insurance

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

SIRAGO
UMA

0 - 64
Individual R370
Family R422

65+
Individual R562
Family R643

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%.** In the event of a claim for robotic surgery appearing on the hospital account only, we will cover up to a sub-limit of **R18 000** per policy per annum, limited to **R6 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 for procedures, MRI and CT scans only, as a percentage of the benefit, your co-payment benefit will be limited to a maximum payment of **R13 000** per claim.

PENALTY FEE CO-PAYMENTS
Subject to a sub-limit of **R9 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.

HOSPITAL ACCOUNT SHORTFALLS
A sub-limit of **R3 000** per policy applies to this section of cover. This benefit will cover your shortfalls for non-medical expenses on your hospital account. Claims will be paid up to a maximum of **R1 000** for private room upgrades and or an amount of **R850**, limited to **3** claims per beneficiary per annum for all other cumulative claim lines.

SUB-LIMIT ENHANCER BENEFIT
Sub-limit of **R30 000** per policy per annum subject to **R11 500** 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, intraocular lenses, CT scans, and internal prostheses only.

OUT-OF-HOSPITAL BENEFITS

EMERGENCY ROOM COVER
A sub-limit of **R9 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
All costs related to the illness/ trauma event will be covered and paid to a maximum value of **R1 000** of the sub-limit of this benefit category, when you are liable to pay the costs related to the emergency event out of your own pocket or your medical scheme pays from your savings account. This is applicable to any beneficiary equal to or older than **9** years.

CHILD EMERGENCY ILLNESS BENEFIT
This benefit is applicable to children equal to or under the age of **8** years who require emergency illness treatment outside 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.

IN-ROOM / DAY-TO-DAY MEDICAL SPECIALIST CONSULTATION FEE
The Specialist Consultation Fee benefit covers the difference between the medical scheme rate and the rate which the specialist charges for the cost of the consultation only up to the available sub-limits. Dependent upon the benefit design of your chosen medical scheme option: hospital plan, savings plan, and/ or traditional medical scheme option (please refer to section 8). Subject to a sub-limit of **R4 500** per policy per annum. **R950** per claim. **3** claims per beneficiary per annum for the difference between the medical scheme rate and the rate which the specialist charges for the cost of the consultation only.

APPLIANCE BENEFIT
Maximum claim amount **R5 000** per policy per annum for the difference between what the medical scheme pays and what the service provider charges at **R2 500** per claim for the following appliances: Hearing Aids, Wheelchairs, CPAP Machine, Humidifiers, Insulin Pump, Glucometer, Nebulisers and Mirena Device.

TRAUMA COUNSELLING
A sub-limit of **R4 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 **R800** per claim for beneficiaries equal to or under the age of **13** years on the policy. Limited to a **R600** per claim for any beneficiary **14** years or older. Paid as a stated benefit limited to a maximum of **3** claims per beneficiary. This benefit covers you for, but is not limited to; dread disease, hijacking and/or violent crimes. (At the discretion of the insurer, on the provision of supporting documentation.)

PREVENTATIVE CARE COVER
A sub-limit of **R4 000** applies. Claims will be paid up to a maximum of **R800** per claim, limited to **3** claims per beneficiary. 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 scans, Prostate specific antigen tests, Mammogram, and Contraceptive implantation ONLY, excludes costs related to the device.

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.

CANCER BOOST BENEFIT
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. Limited to OAL per beneficiary.

CANCER BREAST RECONSTRUCTION BENEFIT
In the event of the medical scheme approving reconstructive surgery on the affected breast, we will cover the Gap portion up to **200%** of the claim and if the mastectomy was performed while a member on any Sirago Gap Cover policy with no break in membership. In addition to this, Sirago will make available up to **R18 000** for the reconstruction of the non-affected breast. This benefit is available within the first **18** months of the initial mastectomy provided the beneficiary was a member of Sirago at the time of the mastectomy and has retained their cover with Sirago since that event OR if they have transferred cover from another Gap Provider to Sirago within the **18**-month time frame without broken cover.

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 **12** months if the medical scheme membership is maintained. 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 policyholder of the Sirago policy and where all beneficiaries are linked to a single medical scheme. In the event of dual medical scheme membership, this benefit is only payable for the medical scheme of the policyholder. Sirago will pay a claim for the medical scheme premium of the actual rand amount of the contribution, but not higher than the sub-limit of **R3 750** per month for a **6-month** period. This will be paid to the beneficiary nominated on the policy for the upkeep of their medical scheme contributions. The medical scheme membership must remain active during this period and the certificate of membership from the medical scheme must be presented monthly for authentication.

CANCER COVER (INITIAL DIAGNOSIS)

This benefit will pay you a lump sum of **R16 000** upon the initial diagnosis of malignant cancer per beneficiary per annum as defined. This excludes any incidence of cancer/pre-cancer prior to inception of the policy.

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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