

ENTHUSIASM IS COMMON
RESILIENCE IS RARE

#FUTUREBUILT

SIRAGO
U.M.A.

2022

ULTIMATE GAP COVER INFORMATION GUIDE



SiragoGapCover



sirago-underwriting-managers



siragogapcover



<https://sirago.co.za>

Underwritten by



GENRIC
Insurance

AGE LIMIT: NONE

OAL PER BENEFICIARY PER ANNUM: R183 000



0 - 64

**Individual R474
Family R536**



65+

**Individual R677
Family R767**

IN-HOSPITAL BENEFITS

GAP COVER

We 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 **R33 000** per policy per annum, limited to **R16 500** per claim with a maximum of **2** claims per policy per annum. The shortfall on BMI codes 0018 and 0019 are paid up to a sub-limit of **R15 000** per claim per policy.

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 a co-payment for procedures, MRI and CT scans only, as a percentage of the claim, the amount covered will be limited to **R17 500** per claim for all associated costs involved with the event.

PENALTY FEE CO-PAYMENTS

Subject to a sub-limit of **R13 000** per claim and a maximum of **3** claims per policy 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 will settle 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

Subject to a sub-limit of **R6 000** per policy per annum. Maximum of **R2 000** per claim. Maximum **3** claims per beneficiary, including private room upgrades and all cumulative expenses falling into this gap cover benefit category.

SUB-LIMIT ENHANCER BENEFIT

Sub-limit of **R100 000** per policy per annum subject to **R25 000** per claim. Limited to **4** claims per policy per annum. The sub-limit enhancer benefits are limited to MRI scans, intraocular lenses, CT scans and internal prostheses only.

STEP-DOWN

A sub-limit of up to **R11 000** per policy applies to this section of cover. In the event that your medical scheme provides benefits for rehabilitation as an inpatient in a step-down or sub-acute facility, resulting from an accident, a stroke, or cancer treatment, cover will be provided for ongoing treatments by resident healthcare practitioners during your recovery once medical scheme benefits have been exhausted or limits have been reached.

ENTHUSIASM IS COMMON
RESILIENCE IS RARE
#FUTUREBUILT



OUT-OF-HOSPITAL BENEFITS

EMERGENCY ROOM COVER

A sub-limit of **R12 000** is applicable to accident, trauma, and illness categories. This benefit covers an emergency at any registered emergency/hospital/casualty 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 **R2 000** of the sub-limit of this benefit category, when/if you are liable to pay the costs related to the emergency event out of your own pocket. 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** who 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.

PREVENTATIVE CARE COVER

A sub-limit of **R8 000** applies. Claims will be paid up to a maximum of **R1 000** per claim, limited to **4** 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. 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.

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 of the Policy Wording). Subject to a sub-limit of **R6 500** per policy per annum. **R1 350** per claim. **4** 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

We will pay up to **R7 000** 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.

TRAUMA COUNSELLING

A sub-limit of **R8 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 **R950** per claim for beneficiaries equal to or under the age of **13** years on the policy. Limited to a **R750** per claim for any beneficiary **14** years or older. 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.) **3** claims per beneficiary

PRIMARY CARE CONSULTATION BENEFITS

Subject to a sub-limit of **R5 000** per policy per annum, and a maximum of **R400** per claim. Applicable to GPs, dentists and alternative therapists. This applies to the Gap portion of the consultation charge only.



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. Subject to OAL.

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 **300%** 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 **R25 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

ENTHUSIASM IS COMMON
RESILIENCE IS RARE
#FUTUREBUILT

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 **R5 000** 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.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)

This benefit will pay you a lump sum of **R25 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 500** 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.

CONTACT DETAILS

TEL: 010 599 1163
FAX: 086 555 2682
EMAIL: info@sirago.co.za
PHYSICAL ADDRESS: Block B, Western Entrance, Lynnwood Corporate Park, 36 Alkantrant Road, Lynnwood Ridge
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
WEBSITE: <https://sirago.co.za>

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.

