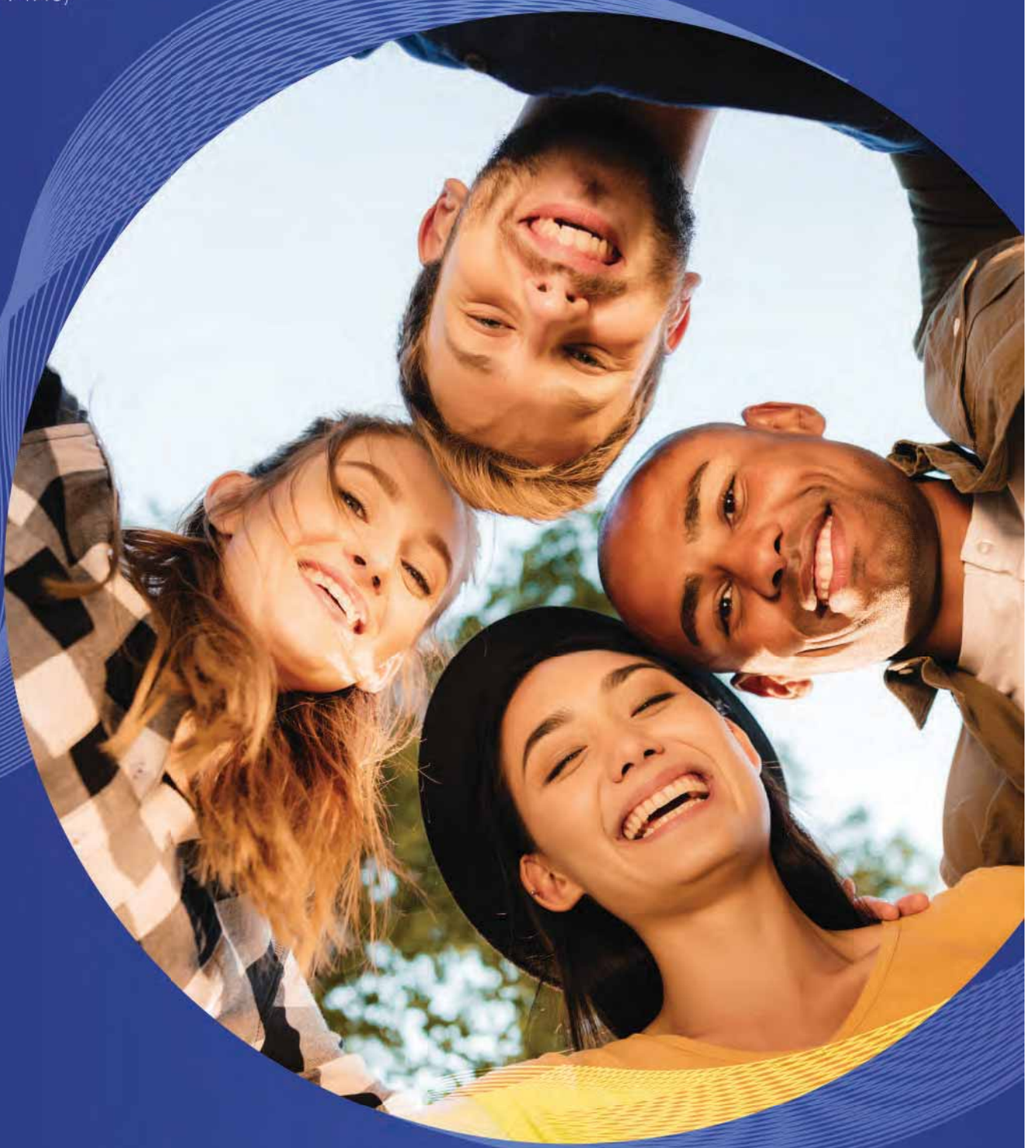
SIRAGO
U•M•A
(FSP: 4710)



2023

GAP COVER SOLUTIONS

INFORMATION GUIDE

GENRIC Insurance
(FSP: 43638)

SiragoGapCover | sirago-underwriting-managers | siragogapcover | sirago.co.za

TABLE OF CONTENTS

SIRAGO

INTRODUCTION

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.

Sirago offers a variety of **Gap Cover solutions** tailored for the unique requirements of the South African healthcare market. Our philosophy of continuous improvement means that you are always guaranteed **individual attention and superior products**, which will meet your needs and exceed your expectations.

Our competitive and affordable products are unparalleled in the marketplace and are the ideal complement to your overall healthcare portfolio. With a range of Gap Cover options, Sirago provides comprehensive effective cover to suit every individual.

WHY CHOOSE SIRAGO GAP COVER?

- Personalised customer service
- Variety of options
- Cover for in-and-out-of-hospital
- Shortfall cover for day-to-day specialists, GPs, dentists, and alternative therapists
- Emergency room cover for accident, trauma, and illness
- No maximum entry age and benefits do not cease at 65, unless specified
- Cover for you and your family, either on a single medical scheme or on two medical schemes
- We pride ourselves on effective turnaround times, so as not to compromise policyholders
- Claims are paid to the policyholder, unless arrangements have been made to settle directly with the service provider
- Daily claim runs

WHAT IS GAP COVER?

Gap Cover is the invaluable safety net that covers the shortfall between what medical schemes pay and what specialist doctors charge.

Without this, policyholders may find themselves paying for unexpected costs from their own pockets.

Disclaimer:

This is not a substitute for a medical scheme membership and the cover is not the same as that of a medical scheme. This is a Short-term Insurance Accident and Health policy in terms of the Short-term Insurance Act 53 of 1998. Terms and conditions apply.

DID YOU KNOW?

You are under no obligation to divulge any information about your personal insurance portfolio to any provider or outside party, even if the hospital or specialist requests it.

GENRIC Insurance

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

CONTACT DETAILS

// Talk to one of our customer services consultants on email, WhatsApp, or via telephone: +27 10 599 1163.

Centurion
Irene Link Precinct,
7 Impala Avenue,
Centurion, 0157

Florida
Floor 2, Fauchard Clinic & Centre, Cnr. Jan Smuts & Jan Hofmeyer Ave,
Florida Park, Roodepoort
JHB, 1709

Cape Town
Edward 3, 101A
70 Edward Rd,
Upper Oakdale, Bellville,
Cape Town, 7530

Mon-Fri
08:00 - 17:00

For new applications or to follow up on submitted applications, please contact your broker, or send an email to **applications@sirago.co.za**

Client queries or policy updates:
info@sirago.co.za

To make changes to existing policies:
changes@sirago.co.za

For new claims or follow-ups on claims:
claims@sirago.co.za

For new groups or follow-ups on groups:
groups@sirago.co.za

For any payment or commission-related queries:
payments@sirago.co.za

Broker queries & general policy servicing:
info@sirago.co.za

CHAT TO US

BROKER PORTAL

Disclaimer:

This policy does not discriminate or refuse membership based on race, age, gender, marital status, ethical or social origin, sexual orientation, pregnancy, disability, state of health, geographical location, or any other means. We may however charge a different premium dependent on your age at the time of inception, or apply waiting periods if applicable.

WHO IS COVERED?

We cover policyholders and beneficiaries of all ages. The benchmark for premium determination is based on whether you join as an individual or as a family, and the prospective policyholder's age at the inception of the policy according to the following two age bands:
· **64** years and younger, and
· **65** years or older.

We will cover you and all the dependants registered on your medical scheme on one policy.

If you belong to **2** different medical schemes, or medical scheme options, we will cover two adults (i.e. the policyholder and one other adult dependant, if applicable) and all child dependants on one policy.

A child is considered to be a child dependant up to the age of **21**, however cover can be extended to the age of **27** for full-time students. Documented proof of full-time study enrolment is required to verify a dependant over the age of **21**, or by providing the Certificate of Membership (COM) from your medical scheme confirming that the dependant is still on the same medical scheme.

APPLICATION OF
WAITING PERIODS

A "WAITING PERIOD" IS A DEFINED PERIOD OF TIME IN WHICH A POLICYHOLDER MAY NOT CLAIM ANY, OR MAY ONLY CLAIM CERTAIN POLICY BENEFITS.

GENERAL WAITING PERIODS

- A **3**-month general waiting period is applied to newly incepted policies and when dependants are added to a current policy, except in the event of an emergency.
- A **10**-month waiting period is applied to pre-existing conditions, diseases, or illnesses.

POLICY SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN PROCEDURES

- The following conditions are excluded within the first **6** months of the inception of the policy:
  - Myringotomy and grommets;
  - Adenoidectomy;
  - Tonsillectomy;
  - Hysterectomy (except if malignancy is proven);
  - Spinal, back, neck, and joint-related procedures (repairs, scopes, and joint replacement) except in the case of an accident. This includes treatments related to any and/ or investigations such as MRI scans, CT scans, and scopes.
- **50%** of benefits will be paid on claims from month **7** to **10**.
- From month **11**, the policy benefits will be fully available, unless there are condition specific exclusions.

SPECIFIC WAITING PERIODS FOR CERTAIN BENEFIT CATEGORIES

- A **10**-month waiting period is imposed for pregnancy and confinement.
- Accidental Death, Total Permanent Disability, and Premium Waivers are subject to a **3**-month waiting period.
- Initial Cancer Diagnosis is subject to a **3**-month waiting period.
- A **12**-month waiting period is applied on all pre-existing cancer-related treatments.

TRANSFER OF COVER

- All waiting periods are waived if you have held cover for **12** months or longer with your current provider.
- If you are currently serving waiting periods with your current provider, the balance is applicable at Sirago.
- If you are transferring to a higher option, a **3**-month general waiting period is applied on all additional benefits.

SIRAGO COVER UPGRADES

- If the Sirago policyholder has held a policy for **12**-consecutive months and wants to upgrade to a higher option, all additional benefits will be subject to a **3**-month waiting period.
- If the Sirago policyholder has held a policy for less than **12**-consecutive months and wants to upgrade to a higher option, the difference between the balance of the waiting periods imposed will be applied, and a **3**-month waiting period on additional benefits.

DID YOU KNOW?

Sirago's clients' safety and financial security is our number 1 priority!
With us you are in good hands!

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

EXAMPLES OF
SIRAGO CLAIMS PAID IN 2022

Knee Replacement
Anaesthetist
Charged Amount
R16 295,31
Scheme Paid
R5 528,30
Sirago Paid
R10 767,01

Surgeon
Charged Amount
R45 617,08
Scheme Paid
R15 381,11
Sirago Paid
R30 235,97

Hospital Account Shortfall
Charged Amount
R121 510,20
Scheme Paid
R120 591,80
Sirago Paid
R918,40

Specialist Consultation
Gynaecologist
Charged Amount
R1 950
Scheme Paid
R448,70
Sirago Paid
R1 350

Neurologist
Charged Amount
R2 000
Scheme Paid
R644,40
Sirago Paid
R1 350

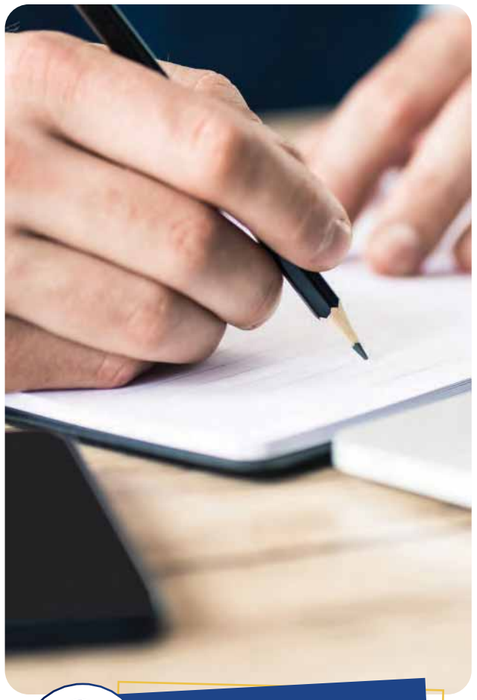
Dislocation of Shoulder Joint
Orthopaedic Surgeon
Charged Amount
R13 407,53
Scheme Paid
R4 003,40
Sirago Paid
R9 404,13

Delivery By Caesarean Section
Gyneacologist
Charged Amount
R27 000
Scheme Paid
R3 786,10
Sirago Paid
R23 213,90

Malignant Neoplasm of Lymph Nodes
Cancer
Charged Amount
R81 556,02
Scheme Paid
R17 354,01
Sirago Paid
R61 264,63

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

HOW TO CLAIM



IMPORTANT TO KNOW
Make sure to claim in the policyholder's name (the policyholder is the main member).

STEP 1: Submit your documents

We must receive your claim with all supporting documentation within **180** days after the insured event.

STEP 2: Supporting documents

- Fully completed and signed Sirago claim form reflecting policyholder's details.
- **Hospital** and all **service provider accounts** substantiating your claim.
- **Medical scheme statement** reflecting all the payments that your medical scheme has made towards the service providers for the treatment dates of the health event.
- Completed medical reports substantiating the clinical information or any other documents that we may need.
- The **Pre-authorisation letter** reflecting the scheme imposed co-payment amount for the event from your medical scheme for co-payment claims.
  Value-Added Benefit claims:
  - **Death certificate** or a medical report from a registered medical practitioner confirming total permanent disability.
  - **Histology report** for Initial Diagnosis of Cancer claim.

Completed claims can be sent via email to **claims@sirago.co.za**

SCAN TO CLAIM

+27 10 599 1163
for claim assistance

SCAN ME
Sirago Website

SCAN ME
4Web Broker Portal

EXPLANATION OF THE VARIOUS BENEFIT CATEGORIES

In-Hospital Benefits

GAP COVER
Covers the difference between the medical scheme rate and the rate that service providers charge.

CO-PAYMENTS
Co-payment cover is for the co-payments, excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. Refer to the Cancer Co-payment benefit for claims related to cancer.

PENALTY FEE CO-PAYMENTS
The amount you have to pay as specified by medical scheme rules when you choose to use a hospital that is not a designated service provider.

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall 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.

PRESCRIBED MINIMUM BENEFITS (PMB)
The Prescribed Minimum Benefit Cover is for the shortfalls resulting from the use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency.

HOSPITAL ACCOUNT SHORTFALL
This benefit will cover any charges on the hospital account that the medical scheme has not paid. We may cover consumables, take-home medication or private ward.

SUB-LIMIT ENHANCER
The sub-limit enhancer benefit applies when exceeding the benefit limit imposed by your medical scheme for MRI & CT scans, cochlear implants, intraocular lenses, and internal prostheses only, depending on the option.

STEP-DOWN
If your medical scheme provides benefits for rehabilitation as an in-patient in a step-down or sub-acute facility, we will cover ongoing treatments when your medical scheme benefits have been exhausted, after an accident, stroke, or cancer treatment.

Out-Of-Hospital Benefits

PRIMARY CARE BENEFIT
Primary Care cover is provided for the difference between the medical scheme rate and the provider rate of the consultation fee and additional services charged and included with the consultation fee.

DAY-TO-DAY SPECIALIST CONSULTATION FEE
This benefit covers the difference between the medical scheme rate and the rate charged by the specialist for consultation only if your medical aid pays a portion of the fee from your available savings.

EMERGENCY ROOM
This benefit covers an emergency at any registered emergency/hospital/casualty facility when you require immediate medical treatment due to an accident, trauma, or illness.

1. ACCIDENT AND TRAUMA
All costs related to the accidental event will be covered, 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.

2. ILLNESS
All costs related to the emergency illness event will be covered up to the stated illness benefit, if you are liable to pay the costs related to the emergency event out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **9** years and older after normal consultation hours.

3. CHILD EMERGENCY ILLNESS
This benefit is applicable to children **8** years and under, who need emergency treatment out of normal consultation hours or treatment that can only be done in an emergency room. All costs related to the event will be covered, 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
This benefit will cover the difference between the rate that the service provider charges and the benefit amount on your medical scheme option for any of the listed procedures or treatments only.

The following procedures 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.**

APPLIANCE BENEFIT
This benefit covers the difference between the medical scheme benefit amount and what the service provider charges for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena devices.**

TRAUMA COUNSELLING
This benefit covers trauma counselling with a registered medical professional after a traumatic event.

Cancer Benefits

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.

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.

CANCER BREAST RECONSTRUCTION
The Cancer Breast Reconstruction Benefit provides additional cover above the medical scheme rate for breast reconstruction of the affected breast post-mastectomy. We will also provide a lump sum for the reconstruction of the unaffected breast, should the medical scheme not cover this at all. This benefit is only available within the first **18** months of the initial mastectomy.

Value-Added Benefits

GAP COVER PREMIUM WAIVER
A Premium Waiver benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy, in the event of death or total permanent disability of the Sirago policyholder

MEDICAL SCHEME PREMIUM WAIVER
In the event of death or total permanent disability of the Sirago policyholder and where all beneficiaries are linked to a single medical scheme, we will pay up to the sub-limit for the medical scheme contributions. This benefit is only payable for the medical scheme that the policyholder was on if there is dual medical scheme membership.

ACCIDENTAL DEATH
This benefit will pay out for the accidental death of policy members.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)
This benefit will pay out a lump sum on the first time you are ever diagnosed with malignant cancer, excluding pre-existing cancer and skin cancer.

SIRA'GO BABY
Sirago will pay out a lump sum for your newborn baby when you send us the birth certificate within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)
With this benefit, the policyholder will get access to MedCare's free ADR service for all disp uted PMB claims exceeding **R9 000**. Policyholders can also access the MedCare service for all claims less than **R9 000**, including all potential medical scheme disputes, at a **60%**, **20%**, and/or **15%** discounted rate depending on the required service.

Your broker can also access this service on your behalf and will subsequently have access to the MedCare website: siragomedcare.co.za.

EASY TO UNDERSTAND
GAP OPTIONS COMPARISON

Information is subject to change
Premiums are reviewed and may be adjusted annually.

BENEFITS	ULTIMATE GAP COVER				PLUS GAP COVER				GAP ASSIST COVER				GAP LITE COVER				GAP ONLY COVER	
	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium
COSTS																		
Individual	0-64	R498	65+	R714	0-64	R395	65+	R615	0-64	R342	65+	R539	0-64	R249	65+	R369	0-64	R131
Family	0-64	R566	65+	R821	0-64	R452	65+	R701	0-64	R371	65+	R583	0-64	R269	65+	R419	0-64	R172
	R191 000 Overall Annual Limit Per Beneficiary Per Annum (from 1 April 2023)								R191 000 Overall Annual Limit Per Beneficiary Per Annum (from 1 April 2023)									
IN-HOSPITAL BENEFITS																		
Gap Cover	Additional 500%				Up to 500% , max 600%				Up to 500% , max 600%				Up to 250% , max 350%				Up to 200% , max 300%	
Robotic surgery	R35 000 - R19 000 p/c				R18 000 - R6000 p/c				-				-				-	
Co-payments and co-payments charged as a percentage	Subject to OAL				Subject to OAL				R42 000 - R11 000 p/c				R25 000 - R7 500 p/c				-	
Penalty Fee Co-payments	R14 000 p/c, 3 claims				R9 500 p/c, 1 claim				R6 000 p/c, 1 claim				R5 000 p/c, 1 claim				-	
Day Hospital/ Clinic and /or In -Room Surgical Procedures Cover	Subject to OAL				Subject to OAL				Subject to OAL				Subject to OAL				Subject to OAL	
PMB Cover	Subject to OAL				Subject to OAL				Subject to OAL				Subject to OAL				Subject to OAL	
Hospital Account Shortfalls	R6 500 - R1 350 p/c, Private ward R2 000 sub-limit				R4 000 - R850 p/c, Private ward R1 000 sub-limit				R3 000. R500 p/c Private ward R1 000 sub-limit				-				-	
Sub-limit Enhancer	R26 500 p/c, OAL				R30 000 - R11 500 p/c				-				-				-	
Step-down	R11 000				-				-				-				-	
OUT-OF-HOSPITAL BENEFITS																		
Primary Care Benefit	R5 000, R1250 p/c				-				-				-				-	
Day-to-Day Specialist Consultation Fee	R6 500, R1 350 p/c, 4 claims p/b				R4 500, R950 p/c, 3 claims p/b				-				-				-	
Emergency Room Cover	R12 000 Accident & Trauma - Illness 9yrs+ R2000, Emergency Illness - children 8yrs & younger				R9 000 Accident - stated benefit, Illness 9yrs+ R1 000, Emergency Illness - children 8yrs & younger				R6 500 Accident & Trauma Emergency Illness - children 8yrs & younger				R4 500 Accident & Trauma, Emergency Illness - children 8yrs & younger				-	
Preventative Care Cover	R8 000 - R1 250 p/c, R500				R4 500 - R800 p/c, R500				-				-				-	
Appliance Benefit	R7 000				R5 000				R3 600 - R1 200 p/c				-				-	
Trauma Counselling	R8 000 - R950 p/c				R4 000, R800 p/c				-				-				-	
CANCER BENEFITS																		
Cancer Co-payment Benefit	Subject to OAL				Subject to OAL				R20 000 p/c, Subject to OAL.				-				-	
Cancer Benefit - Boost	Subject to OAL				Subject to OAL				R50 000 p/b				-				-	
Cancer Benefit - Breast Reconstruction	500% for affected breast, R27 500 for unaffected breast				500% for affected breast, R20 000 for unaffected breast				-				-				-	
	This benefit category does not form part of the aggregated OAL.								This benefit category does not form part of the aggregated OAL.									
VALUE-ADDED BENEFITS																		
Gap Cover Premium Waiver	6-month period				6-month period				6-month period				-				-	
Medical Scheme Premium Waiver	Up to R5 250 p/m for 6-months				Up to R3 750 p/m for 6-months				-				-				-	
Accidental Death	Policyholder - R16 000, Adult - R11 000, Child - R6 000				Policyholder - R8 500, Adult - R5 500, Child - R3 000				-				-				-	
Initial Cancer Diagnosis	R27 500				R17 000				-				-				-	
Sira'Go Baby	R2 000 per newborn child				R1 800 per newborn child				R1 500 per newborn child				R1 500 per newborn child				-	
MedCare Cover - Free Medical Scheme Alternative Dispute Resolution Service (ADR)	Claims exceeding R9 000				Claims exceeding R9 000				Claims exceeding R9 000				Claims exceeding R9 000				Claims exceeding R9 000	

* p/c - Per claim | p/b - Per beneficiary | p/m - Per month. All benefit categories are per policy.
Refer to Policy Wording for full details and explanations. This document is for basic information purposes only.
Premiums are reviewed and may be adjusted annually.

ULTIMATE GAP

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

	0 - 64		65+	
Individual	R498		R714	
Family	R566		R821	

Premiums are reviewed and may be adjusted annually.

These benefit categories form part of the aggregated OAL of **R191 000.**

SCAN ME

In-Hospital Benefits

GAP COVER
Gap Cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. 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 that appears on the hospital account.
Robotic surgery claims reflect on the hospital account. we will cover up to a sub-limit of **R35 000** per policy, limited to **R19 000** per claim.
The shortfall on claims for **BMI** (Body Mass Index) codes **0018** and **0019** are only paid on the Ultimate option. **Subject to the OAL.**

CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE
Co-payment cover is for the co-payments (including co-payments expressed as a percentage), excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. **Subject to the OAL.**

PENALTY FEE CO-PAYMENTS
This benefit has a sub-limit of **R14 000** per claim and **3** claims per policy irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. This is for the voluntary use of a non-designated service provider or network hospital and includes the use of a partial cover network hospital. **Subject to the OAL.**

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall 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. **Subject to the OAL.**

PRESCRIBED MINIMUM BENEFIT (PMB) COVER
Prescribed Minimum Benefits (PMB) give all scheme members access to certain minimum health benefits, regardless of your medical scheme option. Medical schemes are required to pay the full cost of diagnosis and treatment of a defined list of medical conditions. PMB Cover on this policy is for the shortfalls resulting from the use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency. **Subject to the OAL**.

HOSPITAL ACCOUNT SHORTFALLS
This benefit will cover any charges on the hospital account that the medical scheme has not paid, this includes items like consumables and take-home medication. We pay up to **R6 500** per policy, **R1 350** per claim. A **R2 000** sub-limit is applicable to private room upgrades. **Subject to the OAL**.

SUB-LIMIT ENHANCER BENEFIT
This benefit has a sub-limit of **R26 500** per claim. The sub-limit enhancer benefit applies when you have exceeded your medical scheme benefit limit for MRI & CT scans, intraocular lenses, cochlear implants, and internal prostheses only. **Subject to the OAL**.

STEP-DOWN
There is a sub-limit of **R11 000** per policy if your medical scheme provides benefits for rehabilitation as an in-patient in a step-down or sub-acute facility. Cover will be provided for ongoing treatments, resulting from an **accident**, **stroke**, or **cancer** treatment, when your medical scheme benefit limits have been reached. **Subject to the OAL**.

Out-Of-Hospital Benefits

EMERGENCY ROOM COVER (Ref 1, 2, 3)
There is a sub-limit of **R12 000** for all Emergency Room Cover. This benefit covers an emergency at any registered emergency room, hospital, or casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner (GP)'s consultation rooms if no other emergency facility is available within a **30** km radius.

Ambulance costs are not covered by this benefit.

1. ACCIDENT & TRAUMA BENEFIT
All costs related to the accident/trauma event will be covered, whether you are liable to pay the costs out of your own pocket or if your medical scheme pays from your savings.

2. ILLNESS BENEFIT
All costs related to the emergency illness event will be covered and paid up to **R2 000** of the sub-limit, if you are liable to pay the costs out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **9** years and older who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency facility.

3. CHILD EMERGENCY ILLNESS BENEFIT
This benefit is applicable to children **8** years and younger who require emergency treatment for illness out of normal consultation hours or treatment that can only be done in an emergency room. All costs related to the event will be covered, whether you are liable to pay the costs from your own pocket or your medical scheme pays it from your savings account.

Out of normal consultation hours means **18h00** to **07h00** on Monday to Friday, and all of Saturday, Sunday, and South African public holidays.
Subject to the OAL.

PREVENTATIVE CARE COVER
If your medical scheme option makes provision for preventative care benefit a sub-limit of **R8 000** will apply and up to **R1 250** per claim. The following tests or treatments are covered:
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 excluding device.
Alternatively, if there is no benefit available at the time of claim, up to **R500** will be paid towards the above tests or treatments, **2** claims per policy.
Subject to the OAL.

PRIMARY CARE BENEFIT
Primary Care cover is provided for the difference between the medical scheme rate and the provider rate of the consultation fee and additional services charged and included with the consultation fee. A sub-limit of **R5 000** applies, and **R1 250** per claim. Primary care service providers include:
- **GPs**
- **Dentists**
- **Alternative therapists (chiropractors, physiotherapists biokineticists, occupational therapists, homeopaths, and audiologists, only).**

Subject to the OAL.

DAY-TO-DAY SPECIALIST CONSULTATION FEE
This benefit covers the difference between the medical scheme rate and the rate charged by the specialist for the consultation only if your medical aid pays a portion of the fee from your available savings. There is a sub-limit of **R6 500** per policy, **R1 350** per claim, and **4** claims per beneficiary.
Subject to the OAL.

APPLIANCE BENEFIT
We will pay up to **R7 000** per policy for the difference between the medical scheme benefit amount if there is a rand limit and what the service provider charges for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena device.**
Subject to the OAL.

TRAUMA COUNSELLING
This benefit covers trauma counselling with a registered medical professional after a traumatic event such as, but not limited to: dread disease, hijacking, and/or violent crime. A sub-limit of **R8 000** per policy applies, **R950** per claim. You will be covered within the first **6** months after the incident. **Subject to the OAL.**

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

Cancer Benefits

Cancer benefits apply if cancer treatments do not form part of the legislative PMB framework.

CANCER CO-PAYMENT BENEFIT
This benefit applies if 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. Ongoing treatment must be in line with the registered treatment plan of your medical scheme to access this benefit. **Subject to the OAL.**

CANCER BOOST BENEFIT
This benefit applies if your medical scheme option for cancer has a **defined rand limit**. We will cover the costs of ongoing treatment in line with the medical scheme's registered treatment plan once the rand limit has been reached.
Subject to the OAL.

CANCER BREAST RECONSTRUCTION BENEFIT
After a mastectomy, we will cover up to **500%** of the claim for reconstructive surgery for the **affected breast**, if it is approved by your medical scheme. Up to **R27 500** will be paid for the reconstruction of the **unaffected breast**, if there is no payment by the scheme. This benefit is available if the member was on Sirago at the time of the mastectomy or been on Sirago for a year after transferring from another Gap Provider.
Subject to the OAL.

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

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

GAP COVER PREMIUM WAIVER
A Premium Waiver benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy, in the event of death or total permanent disability of the Sirago policyholder. We will keep the premiums for your policy as a credit for **6** months.

MEDICAL SCHEME PREMIUM WAIVER
Sirago will pay the rand amount of the medical scheme premium, not higher than **R5 250** per month for a **6**-month period. This will be paid to the beneficiary for the upkeep of the medical scheme contributions in event of death or total permanent disability of the Sirago policyholder and where all beneficiaries are linked to a single medical scheme. This benefit is only payable for the medical scheme that the policyholder was on if there is dual medical scheme membership.

ACCIDENTAL DEATH
This benefit will pay out for accidental death: at **R16 000** for the Sirago policyholder, **R11 000** for the adult dependant, and **R6 000** for child dependants.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)
This benefit will pay out a lump sum of **R27 500** on the first ever diagnosis of malignant cancer from stage **1**. Any cancer prior to inception of the policy or pre-cancer is excluded, specifically skin cancer.

SIRA'GO BABY
Sirago will pay out a lump sum of **R2 000** for your newborn baby when you send us the birth certificate within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)
With this benefit, the policyholder will get access to MedCare's free ADR service for all disp uted PMB claims exceeding **R9 000**. Policyholders can also access the MedCare service for all claims less than **R9 000**, including all potential medical scheme disputes, at a **60%**, **20%**, and/or **15%** discounted rate depending on the required service.

Your broker can also access this service on your behalf and will subsequently have access to the MedCare website: siragomedcare.co.za

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

PLUS GAP

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

	0 - 64		65+	
Individual	R395		R615	
Family	R452		R701	

Premiums are reviewed and may be adjusted annually.

These benefit categories form part of the aggregated OAL of **R191 000.**

SCAN ME

In-Hospital Benefits

GAP COVER
Gap Cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. We cover up to **500%** above your medical scheme rates or at the stated benefit value, to a maximum of **600%**.

Robotic surgery claims reflect on the hospital account. In the event of a claim for **robotic surgery** that appears on the hospital account. We will cover up to a sub-limit of **R18 000** per policy, limited to **R6 000** per claim, per beneficiary. **Subject to the OAL.**

CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE
Co-payment cover is for the co-payments (including co-payments expressed as a percentage), excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. **Subject to the OAL.**

PENALTY FEE CO-PAYMENTS
This benefit has a sub-limit of **R9 500** per claim and **1** claim per policy irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. This is for the voluntary use of a non-designated service provider or network hospital and includes the use of a partial cover network hospital.
Subject to the OAL.

Refer to the Cancer Co-payment Benefit for claims related to cancer. Co-payments for administration charges are specifically excluded from cover on this policy.

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall 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. **Subject to the OAL.**

PRESCRIBED MINIMUM BENEFIT (PMB) COVER
Prescribed Minimum Benefits (PMB) give all scheme members access to certain minimum health benefits, regardless of your medical scheme option. Medical schemes are required to pay the full cost of diagnosis and treatment of a defined list of medical conditions. PMB Cover on this policy is for the shortfalls resulting from the use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency.
Subject to the OAL.

HOSPITAL ACCOUNT SHORTFALLS
This benefit will cover any charges on the hospital account that the medical scheme has not paid for, this includes items like consumables and take-home medication. We pay up to **R4 000** per policy, **R850** per claim. A **R1 000** sub-limit is applicable to private room upgrades. **Subject to the OAL.**

SUB-LIMIT ENHANCER BENEFIT
This benefit has a sub-limit of **R30 000** per policy and **R11 500** per claim. The sub-limit enhancer benefit applies when you have exceeded your medical scheme benefit limit for MRI & CT scans, and internal prostheses only.
Subject to the OAL.

Out-Of-Hospital Benefits

EMERGENCY ROOM COVER (Ref 1, 2, 3)
A sub-limit of **R9 000** is applicable for all Emergency Room Cover. This benefit covers an emergency at any registered emergency, hospital, or casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner (GP)'s emergency facility if no emergency hospital is available within a **30km** radius.

Ambulance costs are not covered by this benefit.

1. ACCIDENT & TRAUMA BENEFIT
All costs related to the accident/ trauma event will be covered, whether you are liable to pay the costs out of your own pocket or if your medical scheme pays from your savings.

2. ILLNESS BENEFIT
All costs related to the emergency illness event will be covered and paid up to **R1 000** of the sub-limit, if you are liable to pay the costs out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **9** years and older who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency room.

3. CHILD EMERGENCY ILLNESS BENEFIT
This benefit is applicable to children **8** years and younger who require emergency treatment for illness out of normal consultation hours or treatment that can only be done in an emergency room. All costs related to the event will be covered, whether you are liable to pay the costs from your own pocket or your medical scheme pays it from your savings account.

Out of normal consultation hours means **18h00** to **07h00** on Monday to Friday, and all of Saturday, Sunday, and South African public holidays. **Subject to the OAL.**

PREVENTATIVE CARE COVER
If your medical scheme option makes provision for preventative care benefits, a sub-limit of **R4 000** will apply. Claims will be paid up to **R800** per claim. The following tests or treatments are covered: **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 excluding device.** Alternatively, if there is no benefit available at the time of claim, up to **R500** will be paid towards the cost of the above treatments or tests, **2** claims per policy. **Subject to the OAL.**

DAY-TO-DAY SPECIALIST CONSULTATION FEE
This benefit covers the difference between the medical scheme rate and the rate charged by the specialist for consultation only if your medical aid pays a portion of the fee from your available savings. There is a sub-limit of **R4 500** per policy, **R950** per claim, and **3** claims per beneficiary. **Subject to the OAL.**

APPLIANCE BENEFIT
We will pay up to **R5 000** per policy for the difference between what the medical scheme benefit amount if there is a rand limit and what the service provider charges for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena device. Subject to the OAL.**

TRAUMA COUNSELLING
This benefit covers trauma counselling with a registered medical professional after a traumatic event such as, but not limited to: dread disease, hijacking, and/or violent crime. A sub-limit of **R4 000** per policy applies, **R800** per claim. You will be covered within the first **6** months after the incident. **Subject to the OAL.**

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

Cancer Benefits

Cancer benefits apply if cancer treatments do not form part of the legislative PMB framework.

CANCER CO-PAYMENT BENEFIT
This benefit applies if 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. Ongoing treatment must be in line with the registered treatment plan of your medical scheme to access this benefit. **Subject to the OAL.**

CANCER BOOST BENEFIT
This benefit applies if your medical scheme option for cancer has a **defined rand limit**. We will cover the costs of ongoing treatment in line with the medical scheme's registered treatment plan once the rand limit has been reached. **Subject to the OAL.**

CANCER BREAST RECONSTRUCTION BENEFIT
After a mastectomy, we will cover up to **500%** of the claim for reconstructive surgery for the **affected breast**, if it is approved by your medical scheme.

Up to **R20 000** will be paid for the reconstruction of the **unaffected breast**, if there is no payment by the scheme. This benefit is available if the member was on Sirago at the time of the mastectomy or been on Sirago for a year after transferring from another Gap Provider. **Subject to the OAL.**

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

GAP COVER PREMIUM WAIVER
A Premium Waiver benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy in the event of death or total permanent disability of the Sirago policyholder. We will keep the premiums for your policy as a credit for **6** months.

MEDICAL SCHEME PREMIUM WAIVER
Sirago will pay the rand amount of the medical scheme premium, not higher than **R3 750** per month for a **6**-month period. This will be paid to the beneficiary for the upkeep of the medical scheme contributions in event of death or total permanent disability of the Sirago policyholder and where all beneficiaries are linked to a single medical scheme. This benefit is only payable for the medical scheme that the policyholder was on if there is dual medical scheme membership.

ACCIDENTAL DEATH
This benefit will pay out for accidental death: at **R8 500** for the Sirago policyholder, **R5 500** for the adult dependant, and **R3 000** for child dependants.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)
This benefit will pay out a lump sum of **R17 000** on the first-ever diagnosis of malignant cancer from stage **1**. Any cancer prior to inception of the policy or pre-cancer is excluded, specifically skin cancer

SIRA'GO BABY
Sirago will pay out a lump sum of **R1 800** for your newborn baby when you send us the birth certificate within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)
If a PMB claim does not qualify as a valid claim, you will have access to MedCare's free alternative dispute resolution (ADR) service for all claims exceeding **R9 000**. You can also access the MedCare service for all claims less than **R9 000**, including all potential medical scheme disputes, at a **60%**, **20%**, or **15%** discounted rate depending on the required service.
Your financial advisor can also access this service on your behalf and will have access to the MedCare website: siragomedcare.co.za

GAP ASSIST

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

0 - 64		65+	
Individual	R342	Individual	R539
Family	R371	Family	R583

Premiums are reviewed and may be adjusted annually.

These benefit categories form part of the aggregated OAL of **R191 000.**

SCAN ME

In-Hospital Benefits

GAP COVER
Gap Cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. We cover up to **500%** above your medical scheme rates or at the stated benefit value, to a maximum of **600%**. **Subject to the OAL**.

CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE
Co-payment cover is for the co-payments (including co-payments expressed as a percentage), excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. Co-payments will be paid up to a sub-limit of **R42 000** per policy, up **R11 000** per claim. **Subject to the OAL**.

PENALTY FEE CO-PAYMENTS
This benefit has a sub-limit of **R6 000** per claim and **1** claim per policy irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. This is for the voluntary use of a non-designated service provider or network hospital and includes the use of a partial cover network hospital. **Subject to the OAL**.

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall on any day hospital/clinic and/or in-room procedures if you elect to have the treatment that would normally be performed in-hospital as an out-patient. **Subject to the OAL**.

PRESCRIBED MINIMUM BENEFIT (PMB) COVER
Prescribed Minimum Benefits (PMB) give all scheme members access to certain minimum health benefits, regardless of your medical scheme option. Medical schemes are required to pay the full cost of diagnosis and treatment of a defined list of medical conditions. PMB Cover on this policy is for the shortfalls resulting from the use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency. **Subject to the OAL.**

HOSPITAL ACCOUNT SHORTFALLS
This benefit will cover any charges on the hospital account that the medical scheme has not paid for, this includes items like consumables and take-home medication. We pay up to **R3 000** per policy, **R500** per claim, 3 claims per beneficiary. A **R1 000** sub-limit is applicable to private room upgrades. **Subject to the OAL**.

Out-Of-Hospital Benefits

APPLIANCE BENEFIT
We will pay up to **R3 600** per policy and **R1 200** per claim for the difference between the medical scheme benefit amount if there is a rand limit and what the service provider charges for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena device. Subject to the OAL.**

#DidYouKnow:
Our minimum claim amount is R100

EMERGENCY ROOM COVER (Ref 1, 2, 3)
There is a sub-limit of **R6 500** for all Emergency Room Cover. This benefit covers an emergency at any registered emergency, hospital, or casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner (GP)'s emergency facility if no emergency hospital is available within a **30** km radius.

Ambulance costs are not covered by this benefit.

1. ACCIDENT & TRAUMA BENEFIT
All costs related to the accident/ trauma event will be covered, whether you are liable to pay the costs out of your own pocket or if your medical scheme pays from your savings.

2. ILLNESS BENEFIT
There is no benefit for Emergency Illness for any beneficiary on the Sirago policy **9** years and older.

3. CHILD EMERGENCY ILLNESS BENEFIT
This benefit is applicable to children **8** years and younger who require emergency treatment for illness out of normal consultation hours or treatment that can only be done in an emergency room. All costs related to the event will be covered, whether you are liable to pay the costs from your own pocket or your medical scheme pays it from your savings account.

Out of normal consultation hours means **18h00** to **07h00** on Monday to Friday, and all of Saturday, Sunday, and South African public holidays.

Cancer Benefits

Cancer benefits apply if cancer treatments do not form part of the legislative PMB framework.

CANCER CO-PAYMENT BENEFIT
This benefit applies if 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. Ongoing treatment must be in line with the registered treatment plan of your medical scheme to access this benefit, up to **R20 000** per claim. **Subject to the OAL.**

CANCER BOOST BENEFIT
This benefit applies if your medical scheme option for cancer has a **defined rand limit**. We will cover the costs of ongoing treatment in line with the medical scheme's registered treatment plan, once the rand limit has been reached. There is a sub-limit of **R50 000** per beneficiary for all claims. **Subject to the OAL.**

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

GAP COVER PREMIUM WAIVER
A Premium Waiver benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy in the event of death or total permanent disability of the Sirago policyholder. We will keep the premiums for your policy as a credit for **6** months.

SIRA'GO BABY
Sirago will pay out a lump sum of **R1 500** for your newborn baby when you send us the birth certificate within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNAIVE DISPUTE RESOLUTION SERVICE (ADR)
If a PMB claim does not qualify as a valid claim, you will have access to MedCare's free alternative dispute resolution (ADR) service for all claims exceeding **R9 000**. You can also access the MedCare service for all claims less than **R9 000**, including all potential medical scheme disputes, at a **60%**, **20%**, or **15%** discounted rate depending on the required service. Your financial advisor can also access this service on your behalf and will have access to the MedCare website: siragomedcare.co.za.

GAP LITE

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

	0 - 64		65+	
Individual	R249		R369	
Family	R269		R419	

Premiums are reviewed and may be adjusted annually.

These benefit categories form part of the aggregated OAL of **R191 000.**

SCAN ME

In-Hospital Benefits

GAP COVER
Gap Cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. We cover up to **250%** above your medical scheme rates or at the stated benefit value, to a maximum of **350%**. **Subject to the OAL.**

CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE
Co-payment cover is for the co-payments (including co-payments expressed as a percentage), excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. Co-payments will be paid up to a sub-limit of **R25 000** per policy, up to **R7 500** per claim. **Subject to the OAL.**

PENALTY FEE CO-PAYMENTS
This benefit has a sub-limit of **R5 000** per claim, per policy irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. This is for the voluntary use of a non-designated service provider or network hospital and includes the use of a partial-cover network hospital. **Subject to the OAL.**

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall on any day hospital/clinic and/or in-room procedures if you elect to have the treatment that would normally be performed in-hospital as an out-patient. **Subject to the OAL**.

PRESCRIBED MINIMUM BENEFIT (PMB) COVER
Prescribed Minimum Benefits (PMB) give all scheme members access to certain minimum health benefits, regardless of your medical scheme option. Medical schemes are required to pay the full cost of diagnosis and treatment of a defined list of medical conditions. PMB Cover on this policy is for the shortfalls resulting from the use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency. **Subject to the OAL.**

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

Out-Of-Hospital Benefits

EMERGENCY ROOM COVER (Ref 1, 2, 3)
There is a sub-limit of **R4 500** for Emegency Room cover. This benefit covers an emergency at any registered emergency, hospital, or casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner (GP)'s emergency facility if no emergency hospital is available within a **30** km radius.

Ambulance costs are not covered by this benefit.

1. ACCIDENT & TRAUMA BENEFIT
All costs related to the accident/ trauma event will be covered, whether you are liable to pay the costs out of your own pocket or if your medical scheme pays from your savings.

2. ILLNESS BENEFIT
There is no benefit for Emergency Illness for any beneficiary on the Sirago policy **9** years and older

3. CHILD EMERGENCY ILLNESS BENEFIT
This benefit is applicable to children **8** years and younger who require emergency treatment for illness out of normal consultation hours or treatment that can only be done in an emergency room. All costs related to the event will be covered, whether you are liable to pay the costs from your own pocket or your medical scheme pays it from your savings account.

Out of normal consultation hours means **18h00** to **07h00** on Monday to Friday, and all of Saturday, Sunday, and South African public holidays. **Subject to the OAL.**

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

SIRA'GO BABY
Sirago will pay out a lump sum of **R1 500** for your newborn baby when you send us the birth certificate within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)
If a PMB claim does not qualify as a valid claim, you will have access to MedCare's free alternative dispute resolution (ADR) service for all claims exceeding **R9 000**. You can also access the MedCare service for all claims less than **R9 000**, including all potential medical scheme disputes, at a **60%**, **20%**, or **15%** discounted rate depending on the required service.

Your financial advisor can also access this service on your behalf and will have access to the MedCare website: siragomedcare.co.za.

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

GAP ONLY

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

0 - 64
Individual R131
Family R172

Premiums are reviewed and may be adjusted annually.

These benefit categories form part of the aggregated OAL of **R191 000.**

SCAN ME

In-Hospital Benefits

GAP COVER
Gap Cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. We cover up to **200%** above your medical scheme rates or at the stated benefit value, to a maximum of **300%**. **Subject to the OAL.**

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall on any day hospital/clinic and/or in-room procedures if you elect to have the treatment that would normally be performed in-hospital as an out-patient. **Subject to the OAL**.

PRESCRIBED MINIMUM BENEFIT (PMB) COVER
Prescribed Minimum Benefits (PMB) give all scheme members access to certain minimum health benefits, regardless of your medical scheme option. Medical schemes are required to pay the full cost of diagnosis and treatment of a defined list of medical conditions.

PMB Cover on this policy is for the shortfalls resulting from the use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency.
Subject to the OAL.

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)
If a PMB claim does not qualify as a valid claim, you will have access to MedCare's free alternative dispute resolution (ADR) service for all claims exceeding **R9 000**.

You can also access the MedCare service for all claims less than **R9 000**, including all potential medical scheme disputes, at a **60%**, **20%**, or **15%** discounted rate depending on the required service.

Your financial advisor can also access this service on your behalf and will have access to the MedCare website: siragomedcare.co.za.

CORPORATE SOLUTIONS

WHAT IS CORPORATE GAP COVER?

Sirago Corporate Gap Cover was designed specifically to meet the needs of the corporate market and offers a range of comprehensive Gap cover options:

- Ultimate Gap Cover
- Plus Gap Cover
- Gap Assist Cover
- Exact Cover
- Exact with Gap & Co-pay Cover

CORPORATE PREMIUMS

Our Corporate product is available to employer groups with **10** or more employees participating on a medical scheme. Premiums are determined using a number of actuarial-based criteria in order to ensure sustainability, consistency, and protection of both the employer group, the policyholder, and the Insurer. Upon request, the following criteria, amongst others, is taken into consideration in determining premiums:

- **Group size**
- **Average age of employee base**
- **Geographical location**
- **Medical scheme option**
- **Compulsory or voluntary participation**
- **Individual vs family within the employer group**

While we endeavor to provide competitive quotes, the information received will determine the outcome. In addition to this, standard underwriting terms (**new business** versus **transfer of cover**) would also be considered to ensure a stronger alignment with the current employer and broker structures.

Depending on the employer needs and whether it is **voluntary** or **compulsory**, premium proposals will be presented on either a **flat rate** or **age-based** in conjunction with family structures.

GENRIC Insurance Company Limited (FSP 43638)
ENTHUSIASM IS COMMON
RESILIENCE IS RARE #FUTUREBUILT

EXACT COVER

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R140 000

SCAN ME

	0 - 64		65+	
Individual	R195		R412	
Family	R225		R508	

Premiums are reviewed and may be adjusted annually.

WHAT IS EXACT COVER?

Our Exact Cover product provides access to a defined list of stated procedures **when your Medical scheme option excludes those specific procedures over and above their standard exclusions.** Sirago will negotiate with all service providers on your behalf and pay the claim directly, up to the stated amounts as listed below. The cost of the hospital and all service providers are included in the cover limits.

COVER LIMITS

Arthroscopic surgery	**R75 000**
Back and neck surgery	**R75 000**
Bunion surgery	**R20 000**
Cochlear implant, auditory brain implant and internal nerve Stimulator surgery, including the device and processor	**R85 000**
Dental procedures for reconstructive plastic surgery due to an accident	**R80 000**
Dental procedures for impacted wisdom teeth for children under **18** years old	**R15 000**
Functional nasal surgery	**R25 000**

Joint replacement surgery	**R50 000**
Oesophageal reflux and hiatus hernia surgery	**R60 000**
Varicose vein surgery	**R22 500**
Knee and shoulder surgery	**R20 000**
MRI and CT scans due to an accident	**R10 000**
Emergency casualty benefit: Accident & Trauma, Children under **8** years old (max R4 000)	**R6 000**
Skin disorders including benign growths and lymphoma	**R20 000**
Non-cancerous breast conditions	**R20 000**
Endoscopic procedures	**R5 000**

EXACT COVER EXCLUSIONS

- Medical procedures listed as specific exclusions by your medical scheme that are not on our list of medical procedures.
- Sirago's listed procedures if your medical scheme paid a portion towards the account.
- Any shortfalls after Sirago has paid the cover limit for the authorised procedure.

WAITING PERIODS FOR EXACT COVER

- A **10-month** waiting period applies where no claims can be submitted for a procedure or surgery related to our list of procedures.
- A **12-month** waiting period on pre-existing conditions, specific diseases and/or illnesses related to our list of procedures.

#DIDYOUKNOW

Sirago entered the niche insurance market as SAFCAM in 1993, pioneering Gap cover. In 2005, our name changed to Resolution Underwriters, and in 2010 it became what we are known as today - Sirago Underwriting Managers (Pty) Ltd.

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

EXACT COVER WITH GAP & CO-PAY

Exact cover
Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R140 000

Gap and Co-pay
Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

0 - 64		65+	
Individual	R349	Individual	R737
Family	R395	Family	R887

SCAN ME

Premiums are reviewed and may be adjusted annually.

WHAT IS EXACT WITH GAP AND CO-PAY COVER?

The Exact with Gap and Co-Pay option provides cover for specific procedures that your medical scheme excludes, with additional Gap and Co-payment cover.

The Exact Cover option provides access to a defined list of stated procedures when your Medical scheme option excludes those specific procedures over and above their standard exclusions. Sirago will negotiate with all service providers on your behalf and pay the claim directly, up to the stated amounts as listed below.
The cost of the hospital and all service providers are included in the cover limit.

EXACT COVER
COVER LIMITS FOR EXACT

Arthroscopic surgery	**R75 000**
Back and neck surgery	**R75 000**
Bunion surgery	**R20 000**
Cochlear implant, auditory brain implant and internal nerve Stimulator surgery, including the device and processor	**R85 000**
Dental procedures for reconstructive plastic surgery due to an accident	**R80 000**
Dental procedures for impacted wisdom teeth for children under **18** years old	**R15 000**
Functional nasal surgery	**R25 000**

Joint replacement surgery	**R50 000**
Oesophageal reflux and hiatus hernia surgery	**R60 000**
Varicose vein surgery	**R22 500**
Knee and shoulder surgery	**R20 000**
MRI and CT scans due to an accident	**R10 000**
Emergency casualty benefit: Accident & Trauma Children under **8** years old (max **R4 000**)	**R6 000**
Skin disorders including benign growths and lymphomas	**R20 000**
Non-cancerous breast conditions	**R20 000**
Endoscopic procedures	**R5 000**

EXACT COVER EXCLUSIONS

- Medical procedures listed as specific exclusions by your medical scheme that are not on our list of medical procedures.
- Sirago's listed procedures, if your medical scheme paid a portion towards the account.
- Any shortfalls after Sirago has paid the cover limit for the authorised procedure.

GENRIC Insurance Company Limited (FSP 43638)

WAITING PERIODS FOR EXACT COVER

- A **10-month** waiting period applies where no claims can be submitted for a procedure or surgery related to our list of procedures.
- A **12-month** waiting period on pre-existing conditions, specific diseases and/or illnesses related to our list of procedures.

GAP & CO-PAY COVER

In-Hospital Benefits

GAP COVER
Gap cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. We cover up to **300%** above your medical scheme rates or at the stated benefit value, to a maximum of **400%**. **Subject to the OAL.**

CO-PAYMENTS
Co-payment cover is for the co-payments (including co-payments expressed as a percentage), excesses, or deductibles imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures.
Sirago will pay up to **R21 000** per policy, **R7 000** per claim. **Subject to the OAL.**

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

GAP COVER PREMIUM WAIVER
A Premium Waiver benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy in the event of death or total permanent disability of the Sirago policyholder. We will keep the premiums for your policy as a credit for **6** months.

ACCIDENTAL DEATH
This benefit will cover the accidental death of the policyholder at **R5 000.**

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

GENRIC Insurance

IMPORTANT
TERMS & CONDITIONS

EXCLUSIONS - WHAT SIRAGO DOES NOT PAY FOR

Sirago will not pay for any illness, condition, disease or injury, or the consequences or treatment resulting from or associated with:

- Benefits that your Medical Scheme excludes or does not pay for, or has not paid a portion of the claim, or if you have used up your whole benefit limit on the Medical scheme.
- If there is no authorisation from the Medical scheme and they do not pay, neither does Sirago.
- Sirago has certain stated benefits that are not related to claims from the Medical scheme.
- The first **100%** of the medical scheme tariff or rate for any claim, unless it is a scheme-imposed co-payment charged as a rand amount or percentage of cost. The Medical scheme should be responsible for the first **100%** or **200%** of the claim, according to your Medical scheme option.
- Claims that exceed the limit of each benefit category.
- Out-patient or day-to-day treatment, consultations , investigations, or surgical procedures unless there is a specific benefit on your Sirago option.
- The cost of any experimental treatments and medication, both in and out of hospital are not covered.
- Any claim less than the minimum claim amount of **R100**.
- Claims for organ donations and recipients do not have any benefit entitlement.

GENERAL POLICY EXCLUSIONS

Sirago will not compensate you for any illness, condition, disease or injury, or the consequences or treatment resulting from or associated with:

- An event not covered by this policy and/or falling outside of the policy's intention.
- An event where pre-authorisation was not obtained from the medical scheme or where medical scheme rules were not adhered to.
- Any claim that must be paid in terms of alternate proclaimed legislation, such as the Compensation for Occupational Injuries Act 90 of 1993, and the Road Accident Fund Act 56 of 1996.
- Any dependant not noted on the policy on the incident date.
- Any pre-existing condition, disease, disorder, or illness, for the first **10** months. This will include any condition which existed before inception, whether diagnosed or not, or for which an insured person has sought or received medical advice, received treatment by a registered medical professional, or exhibited symptoms, before the actual inception of the policy.
- Any pre-existing cancer condition, disease, disorder, or illness, for the first **12** months. This will include any condition which existed before inception, whether diagnosed or not, or for which an insured person has sought or received medical advice, received treatment by a registered medical professional or exhibited symptoms before the actual inception of the policy.
- Breast reconstruction and breast reconstruction performed as a secondary or subsequent reconstruction, unless part of the benefit entitlement of your Sirago option.
- Intraocular lenses, unless part of the benefit entitlement of your Sirago option.
- Claims for regular or routine medical treatment or advice on an on-going basis, and routine physical examinations or procedures purely of a diagnostic nature, except as listed under the Preventative Care benefit.
- Any illness, injury, or consequence of alcohol, drug or substance intoxication, use, abuse, or addiction, whether directly or indirectly traceable to the insured being affected permanently or temporarily. Claims may be considered where registered drugs are administered and prescribed by a registered medical professional.
- Any psychiatric or psychological condition, emotional or nervous conditions including, but not limited to depression, insanity, psychosis, stress-related and affective disorders, unless specified as part of a benefit entitlement.
- Suicide, attempted suicide, or any intentional or deliberate self-injury and/or self-exposure to danger or risk except to save a human life.
- Medication (chronic or acute), drugs, prescriptions, consumables, and equipment used, unless they are part of the benefit entitlement.
- Devices, such as artificial joints, braces, crutches, dental implants, orthodontic, prosthodontic and all cosmetic dentistry including all forms of internal and external prostheses as defined, unless specified as part of the benefit entitlement of this policy.
- Cosmetic surgery where there is no clinical indication for treatment, including any treatment and costs resulting from these procedures, unless specified as part of the option benefit entitlement.
- Discounts negotiated directly with a service provider and the insured person and where reimbursement of a claim would benefit or enrich.
- Elective procedures that have no clinical or medical indication, including any treatment and costs resulting from these procedures, unless specified as part of the benefit entitlement.
- Investigations, treatment, or surgery for eating disorders, obesity, or weight management, including any consequence of such treatment.
- Investigations, treatment, medication, or surgery related to any condition where advice, diagnosis and/or treatment is received outside the borders of South Africa.
- BMI (Body Mass Index)
  a) The additional charge on claims by Registered Medical Professional for management of overweight and underweight patients for BMI. BMI codes **0018** and **0019** are not covered, unless specified as part of the benefit entitlement.
  b) Sirago will pay the additional charges by a Registered Medical Professional for the management of overweight and underweight patients for BMI claims, only if directly related to pregnancy and diseases that are non-lifestyle related.
- Investigations, treatment, or surgery related to infertility, artificial insemination, hormone treatment for infertility, or any other form of assisted reproduction.
- Any claim related to contraceptive device implantation, unless specified in option's benefit entitlement.
- Robotic surgery including specialised mechanical or computerised appliances and equipment, unless your Sirago option specifically makes provision for this type of cover.

SPORT RELATED EXCLUSIONS:

a) Any illness, injury or condition resulting from, or directly associated with professional sport as a paid profession.
b) Participation in any form of race or speed test, other than on foot.
c) Sports involving any mechanically propelled vehicles or crafts.
d) Participation in a sport that is defined as hazardous or dangerous, except for scholars taking part in school activities.

STANDARD SHORT-TERM POLICY EXCLUSIONS

Sirago will not pay for any illness, condition, disease or injury, or the consequences or treatment resulting from or associated with:

- Any claim arising directly or indirectly from active involvement in war, invasion, an act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind, or any act of any person acting on behalf of or in connection with any organisation, group or activity aimed at overthrowing any government by force or any deliberate act of terrorism or violence.
- Any riot, strike, or public disorder (including civil commotion, labour disturbances or lock-out) or any act or activity resulting in, or calculated to bring about a riot, strike, or such disorder.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike, or the activities of locked-out workers.
- The act of any lawfully established authority, police force, security force, or any other local, provincial, or national body, in controlling, preventing, suppressing or in any other way dealing with any event referred to in the clauses above.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Nuclear weapons or nuclear material, ionizing radiation, or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For this exception combustion shall include any self-sustaining process of nuclear fission.
- Any loss arising from any contractual liability.
- Any consequential loss or damage whatsoever.
- Any attempt by you to commit an unlawful act.

The above is a summary of the terms and conditions. For a concise list, please refer to the Policy Wording which forms part of your Schedule of Insurance.

GENRIC Insurance Company Limited (FSP 43638)

SIRAGO

U•M•A

+27 10 599 1163

info@sirago.co.za

sirago.co.za

ENTHUSIASM IS COMMON
RESILIENCE IS RARE **#FUTUREBUILT**

BROKER DETAILS

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.

GENRIC Insurance