ULTIMATE GAP

#FUTUREBUILT

Your Sirago policy has an Overall Annual Limit (OAL) of R174 000 per beneficiary from 1 April 2021.

R447 R505

R638 R723

Age Limit:
None

OAL per beneficiary per annum: R174 000

IN-HOSPITAL BENEFITS

Gap Cover
Will 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 R30 000 per policy per annum, limited to R12 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 as a percentage of the benefit, your co-payment benefit will be limited to a maximum payment of R16 000 per claim.

Penalty Fee Cover
Subject to a sub-limit of R11 500 per claim and a maximum of 3 claims 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.

Day Hospital/Clinic and/or In Room Surgical Procedures Cover
Will settle the GAP portion of claims.

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 R5 000 per policy per annum. Maximum of R1 250 per claim. Maximum 3 claims per beneficiary.

Sub-limit Enhancer
Sub-limit of R100 000 per policy per annum subject to R25 000 per claim. Maximum of 2 claims per beneficiary limited to 4 claims per policy per annum. The sub-limit enhancer benefits are limited to MRI scans, intraocular lenses, CT scans and internal prosthesis only.

Step-down
A sub-limit of up to R9 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 be exhausted or limits have been reached.

OUT-OF-HOSPITAL BENEFITS

Primary Care Consultation Benefits
Subject to a sub-limit of R4 500 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.

Emergency Room Cover
A sub-limit of R12 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 and 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: when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only if the medical scheme has paid a portion.

Child emergency illness benefit: This benefit is applicable to children 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.

Day-to-day Specialist Consultation Fee
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.

Preventative Care Cover
R8 000 sub-limit per policy. R1 200 per claim. Maximum 3 claims per beneficiary per annum. Defined as pap smears, cholesterol tests, blood glucose tests, flu vaccinations, childhood immunisations, bone density scans, prostate specific antigen tests, mammograms, and contraceptive implantation. Depends on whether your medical scheme option makes provision for these benefits, and will cover the difference between the rate that the service provider charges and the benefit amount on your medical scheme option. If the medical scheme, through medical scheme design, would have made a payment had there been benefit available at the time of claim submission, but the benefits and savings were depleted, Sirago will pay the claim as a stated benefit up to sub-limits / limits per event.

Appliance Benefit
Maximum claim amount R6 600 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, nebuliser and the Mirena device.

Trauma Counselling
A sub-limit of R5 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 stated benefit of R750 per claim. 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.)

CANCER BENEFITS

Cancer benefits are paid to the maximum available sub-limits within your OAL of R174 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 Benefit - Boost
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 Benefit - Breast Reconstruction
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. 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.

Underwritten by

GENRIC Insurance

SIRAGO U•M•A

VALUE ADDED BENEFITS

These do not form part of the aggregated OAL of R174 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 R4 500 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.

Accidental Death
The Accidental Death benefit will pay the nominated beneficiary for the accidental death of members on the Sirago policy at R15 000 for the policyholder, R10 000 for the adult dependant and R5 000 per child dependant.

Cancer Cover (Initial Diagnosis)
This benefit will pay you a lump sum of R22 500 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 new-born to the policy must be submitted within 31 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.

Note
For all terms and conditions, benefits, limitations, and exclusions please visit www.sirago.co.za or contact your broker.

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RESILIENCE IS RARE *#FUTUREBUILT*

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BROKER DETAILS

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