SIRAGO
U • M • A
FSP: 4710

GAP ASSIST 2024
INFORMATION GUIDE

0 - 64		65+	
Individual	R366	Individual	R588
Family	R401	Family	R636

Age Limit: None
Overall Annual Limit (OAL) Per Beneficiary: R201 000

Premiums are reviewed and may be adjusted annually.

In-Hospital Benefits

The following benefit categories form part of the aggregated OAL of **R201 000**.

GAP COVER
This covers the difference (the shortfall or the gap) between what the medical scheme pays and the doctors and specialists charge in hospital. We settle claims at up to **500%** above scheme rate to a maximum of **600%** or at the stated benefit value. **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 as stipulated, or imposed by a medical scheme, for specified procedures, cover for hospital admission fees, or surgical procedures. The co-payment must be part of your medical scheme rules which will be highlighted on the authorisation for your procedure. We pay up to a sub-limit of **R12 000** per claim. **Subject to the OAL.**

Refer to the Cancer Co-payment benefit for claims related to cancer.

PENALTY FEE CO-PAYMENTS
When you choose to use a hospital that is not on your medical scheme's network, you may have to pay a stated amount or percentage of the accounts as specified by your medical scheme rules.

This benefit has a sub-limit of **R6 500** per claim, limited to **1** claim per policy, irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. Note that 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. Co-payments for administration charges are specifically excluded from cover on this option. **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, or in-room procedures including acute hospitals if a policyholder elects to have the treatment that would normally be performed in hospital, done in a day hospital, clinic, or in a doctor's room 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 PMB medical conditions.

PMB Cover on this policy is only 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. In the event of an emergency, PMB protocols should be adhered to. **Subject to the OAL.**

HOSPITAL ACCOUNT SHORTFALLS
This benefit will cover any charges, like consumables or take-home medication, on the hospital account that the medical scheme has not paid. We also cover take-home medication that the medical scheme has not paid from risk and the cost of upgrading to a private ward up to the benefit amount.

We pay up to **R3 000** per policy, and **R500** per claim. A **R1 000** sub-limit is applicable to private room upgrades. **Subject to the OAL.**

Out-Of-Hospital Benefits

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 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. 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.

APPLIANCE BENEFIT
We will pay up to **R4 000** per policy, **R1 300** per claim for the shortfall between the medical scheme benefit amount (if there is a defined rand limit) and the service provider account 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 **within the first 6 months** after a traumatic event, such as but not limited to dread disease, hijacking, and/ or violent crime. We will pay up to **R4 000** per policy.

This is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for a medical scheme membership.

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

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 ongoing treatment in line with the medical scheme's registered treatment plan once the rand limit has been reached.

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

These benefits **do not** form part of the aggregated OAL of **R201 000.**

GAP COVER PREMIUM WAIVER

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.** This benefit may be claimed by the surviving spouse or adult dependent on the Sirago policy.

SIRA'GO BABY

Sirago will pay out a lump sum of **R2 000** to you, per newborn baby, when the baby is registered on your gap policy within **90** days of birth.

To register your newborn(s), simply fill out the additional dependant form and submit it to changes@sirago.co.za together with your baby's birth certificate.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)

This benefit gives you access to MedCare's free ADR service for all disputed **PMB 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%,** 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

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

BROKER DETAILS

EXCLUSIVE ACCESS G2297

Tel: (021) 797 8885

Email: enquiries@classmed.co.za

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 and a member of the Old Mutual Group.