SIRAGO
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FSP: 4710

ULTIMATE GAP 2024
INFORMATION GUIDE

SCAN FOR ELECTRONIC BROCHURE

0 - 64		65+	
Individual	R532	Individual	R779
Family	R613	Family	R898

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 an additional **500%** above scheme or at the stated benefit value.

For Robotic surgery claims that are reflected on the hospital account, we will cover up to a sub-limit of **R35 000** per policy. We will also cover the shortfall on claims for BMI (Body Mass Index) codes 0018 and 0019 only. **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. **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 **R16 000** per beneficiary 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 **R7 000** per policy, **R1 500** 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 **R35 000** per claim, per policy. Medical scheme benefits available on the medical scheme option for MRI & CT scans, cochlear implants, intraocular lenses, internal prostheses only, and Transcatheter Aortic Valve Implantation (TAVI) procedure valves. When you exceed your medical scheme benefit limit during the time of the event, resulting in a shortfall or "gap", we will pay the shortfall depending on the Gap option you are on. If you claim and your medical scheme limit has been reached at the time of the event, meaning it was used up before the claim event, and your medical scheme does not contribute anything towards this benefit, we will also not pay.
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

PRIMARY CARE
This benefit covers you for the shortfall on the consultation fee when your medical scheme pays their scheme agreed rate up to **R5 000** per policy, and **R800** per claim.

This includes the fees for:
- GP Consultations
- Dental Consultations
- Alternative therapist consultations (Chiropractors, Physiotherapists, Biokineticists, occupational therapists, Homeopaths, and Audiologists – if covered by the medical scheme option you are on.)

Subject to the OAL.

This specifically excludes any other related charges during the consultation for services rendered where there are charges applicable.

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.

IN-ROOM/DAY-TO-DAY SPECIALIST CONSULTATION FEE

This benefit covers the shortfall on the consultation at a specialist outside of hospital (excluding Psychiatrist and Psychologist) up to **R6 500** per policy, and **R1 500** per claim. This benefit is only applicable to consultation codes 0190, 0191, and 0192. The medical scheme needs to make at least partial payment towards the consultation code mentioned above. **Subject to the OAL.**

EMERGENCY ROOM COVER (REF 1, 2, 3)

There is a sub-limit of **R15 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 500** 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, we will pay up to **R8 500** per policy, and up to **R1 350** per claim. The following procedures 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.**

Alternatively, if there is no benefit available at the time of claim, up to **R500** will be paid towards the following tests and treatments, **2** claims per policy:
Pap smear.
Child Immunisations (Department of Health Formulary) – up to the age of 12 years.
Mammogram.
Bone density scans.

APPLIANCE BENEFIT

We will pay up to **R7 500** per policy for the shortfall between the medical scheme benefit amount (if there is a 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 **R10 000** per policy.

ACCIDENTAL DENTAL BENEFIT

Should you require a dental procedure as a result of an accident or injury, this benefit covers you for in-room dental procedures up to **R10 000** per policy, and to a maximum of **R2 500** per tooth.

BROKER DETAILS

EXCLUSIVE ACCESS G2297
Tel: (021) 797 8885
Email: enquiries@classmed.co.za

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

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.
Subject to the OAL.

CANCER BREAST RECONSTRUCTION BENEFIT

After a mastectomy, we will cover an **additional 500%** above the medical scheme rathe for of the claim for reconstructive surgery for the affected breast, if it is approved by your medical scheme. Up to **R40 000** will be paid for the reconstruction of the unaffected breast if there is no payment by the scheme. We will also pay up to **R4 000** for artificial prosthesis, including but not limited to wigs, breast implants, and post-mastectomy bra prosthesis, should the medical scheme not cover this at all. This benefit is only available within the first **18** months of the initial mastectomy. There is no benefit for any costs related to PMB services, treatments, or medical interventions, unless otherwise stated.

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.

MEDICAL SCHEME PREMIUM WAIVER

Sirago will pay the rand amount of the medical scheme premium, not higher than **R5 500** 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 **R30 000** per beneficiary in the event where you are diagnosed with malignant cancer from **stage 1** for the first time ever. Any cancer prior to inception of the policy or pre-existing cancer is excluded. Skin cancer is specifically excluded from cover on this policy, except malignant melanomas.

SIRA'GO BABY

Sirago will pay out a lump sum of **R2 500** to you, per newborn baby, when the baby is registered on your gap policy within **90** days of birth.

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.