SIRAGO

GAP ASSIST 2027

0 - 64		65+	
Individual	R475	Individual	R795
Family	R548	Family	R890

Age Limit: None
Overall Annual Limit (OAL) Per Dependant: R232 000
Increase Effective: 1 April 2027

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

All benefit categories are per policy. Refer to Policy Wording for full details and explanations. This document is for basic information purposes only.

IN-HOSPITAL BENEFITS

The following benefit categories form part of the aggregated OAL of **R232 000.**

GAP COVER
Your Medical Scheme pays 100% of the Medical Scheme Rate, and Sirago covers up to an additional **500%**, allowing cover of up to **600%** of the Medical Scheme Rate, subject to the applicable benefit limits.

For Robotic surgery claims that are reflected on the hospital account, we will cover up to a sub-limit of **R13 500** per claim, maximum of **1 claim** per policy per annum. **Subject to the OAL.**

CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE
The 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 **R13 500** per claim. **Subject to the OAL.**

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

PENALTY FEE
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 **R10 000** per claim, with a maximum of **1 claim** per policy per annum 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
The 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 voluntary 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 on the hospital account that the Medical scheme has not paid. We also cover take-home medication (TTOs) 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 per annum at **R500** per claim. A **R1 200** sub-limit is applicable to private room upgrades/or direct family boarder fees.
Subject to the OAL.

OUT-OF-HOSPITAL BENEFITS

CASUALTY BENEFIT
There is a sub-limit of **R8 000** per policy per annum for all Casualty Benefits. This benefit covers the initial emergency event at any registered casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner's (GP) consultation rooms if no other emergency facility is available within a **30 km** radius. Ambulance costs are not covered by this benefit.
Subject to the OAL.

1. ACCIDENT & TRAUMA BENEFIT
All costs related to the initial 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 - stated benefit.

2. CHILD CASUALTY ILLNESS BENEFIT
All costs related to the initial emergency illness event will be covered and paid up to **R2 000** per claim 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 dependant **18 years** and younger who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency facility.

Out of normal consultation hours means 18:00 to 07:00 on Monday to Friday, all of Saturday, Sunday and South African public holidays. Subject to the OAL.

APPLIANCE BENEFIT
We will pay up to a sub-limit of **R4 500** per policy per annum up to **R1 500** per claim for the shortfall between the Medical scheme benefit amount (if there is a rand limit) and the service provider account for the following appliances and initial appliance apparatus: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers and mirena devices or any other intrauterine contraceptive device.**

TRAUMA COUNSELLING
We will pay up to a sub-limit of **R4 000** per policy per annum. This benefit covers trauma counselling with a registered medical professional **within the first 12 months** after a traumatic event, such as but not limited to dread disease, hijacking and/or violent crime. **Subject to the OAL.**

RESILIENCE IS RARE **#FUTUREBUILT**

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.

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GENRIC Insurance

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 member of the Old Mutual Group.

SIRAGO

PROTECTING
WHAT MATTERS MOST

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 oncology rand limit **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 **R24 500** 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. **Subject to the OAL.**



VALUE-ADDED BENEFITS

These benefits **do not** form part of the aggregated OAL of **R232 000.**

SIRA'GO BABY

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

SIRAGO MEDCARE - MEDICAL SCHEME DISPUTE RESOLUTION SERVICE (ADR)

This benefit gives you access to MedCare's free ADR service for all disputed PMB claims exceeding **R12 000**. You can also access the MedCare service for all claims **less than R11 999**, 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*

BROKER DETAILS

EXCLUSIVE ACCESS
G2297
enquiries@classmed.co.za
(021)7978885



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