SIRAGO

ULTIMATE GAP 2027

0 - 64		65+	
Individual	R694	Individual	R1050
Family	R844	Family	R1250

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
This covers the difference (the shortfall or the gap) between what the Medical scheme pays and what the doctors and specialists charge in hospital. We cover an additional **500%** above scheme rate 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 **R40 000** 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. **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 **R18 500** per claim, with a maximum of **2 claims** 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
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 **R8 000** per policy per annum at **R1 500** per claim. A **R2 000** sub-limit is applicable to private room upgrades/or direct family boarder fee.
Subject to the OAL.

SUB-LIMIT ENHANCER
This benefit has a maximum sub-limit of **R45 000** per claim. This benefit caters for all sub-limits. 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 not pay. **Subject to the OAL.**

SPECIALISED SCAN COVER
This benefit provides cover for MRI, CT and PET scans when there is no benefit or your benefit is exhausted on your Medical Scheme option. We will pay up to **R7 500** per claim with a maximum of **2 claims** per policy per annum. This is applicable when scans are performed in and out-of-hospital. **Subject to the OAL.**

STEP-DOWN FACILITY (INCLUDES ACCIDENT, STROKES AND CANCER TREATMENT)
This benefit provides cover for on-going treatment after an accident, a stroke, or cancer treatment, when the benefit limit of the medical scheme has been reached. Rehabilitation must be provided as an in-patient in a step-down/sub-acute facility/ palliative care for hospice/or home nurse care when the patient's condition is terminal. We will cover up to **R15 000** per dependant per annum.
Subject to the OAL.

ORTHOTIST BENEFIT
This in-hospital benefit provides cover for up to **R10 000** per policy per annum. This benefit is payable up to **R2 500** per claim, irrespective of Medical Scheme contribution to the list of orthotics:

- Compression Stockings
- Neck brace
- Slings
- Moonboot
- Crutches
- Orthotic brace

No Medical Scheme statement is required when claiming for this benefit.
Subject to the OAL.

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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.

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 500** per policy per annum at **R850** per claim.

This includes the fees for:
- GP in-person/virtual consultations
- Dental consultations
- Alternative therapist consultations (Chiropractors, Physiotherapists, Biokineticists, Occupational therapists, Speech therapist, Homeopaths, Audiologists and midwives – 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.

SPECIALIST CONSULTATION FEE
This benefit covers the shortfall on the consultation fee only at a specialist outside of hospital (excluding Psychiatrists and Psychologists) up to **R7 500** per policy per annum at **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 codes mentioned above. **Subject to the OAL.**

CASUALTY BENEFIT
There is a sub-limit of **R20 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. ILLNESS BENEFIT
All costs related to the emergency illness event will be covered and paid up to **R2 500** 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 **19 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 CASUALTY ILLNESS BENEFIT
All costs related to the initial emergency illness event will be covered and paid up to **R4 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.

PREVENTATIVE CARE COVER
If your Medical scheme option makes provision for preventative care, we will pay up to **R8 500** per policy per annum and up to **R1 500** 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, Mammotome biopsy, and contraceptive implantation only.**

Alternatively, if there is no benefit, up to **R1 000** will be paid towards the tests/procedure/consultation fee. **Subject to the OAL.**

APPLIANCE BENEFIT
We will pay up to **R9 000** per policy per annum 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 intrauterine contraceptive device, like mirena devices. Subject to OAL.**

TRAUMA COUNSELLING
We will pay up to a sub-limit of **R10 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.**

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.**

INNOVATION DRUG BENEFIT
This benefit applies if your Medical scheme cancer benefit has been reached and either a percentage co-payment is imposed or your medical scheme defined rand limit is reached. We will cover costs of ongoing treatment in line with the Medical scheme's registered treatment plan for innovative drugs up to **R17 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. **Subject to the OAL.**

CANCER BREAST RECONSTRUCTION BENEFIT
After a mastectomy, we will cover up to **500%** above the Medical scheme for the claim for reconstructive surgery for the affected breast, if it is approved by your Medical scheme. A sub-limit of up to **R40 000** per dependant per lifetime is applicable to the reconstruction of the unaffected breast where the medical scheme does not provide coverage OR a prophylactic mastectomy where the dependant elects to undergo a mastectomy due to a family history and has tested positive for Breast Cancer gene 2 (BRCA2).

To access this benefit you need to have maintained continuous cover with Sirago for a minimum of **12-months**, without any break in cover. There is no benefit for any costs related to PMB services, treatments or medical interventions, unless otherwise stated.

ARTIFICIAL PROSTHESIS
This benefit provides cover up to **R4 000** per lifetime for artificial prosthesis, including but not limited to wigs, breast implants and post mastectomy bra prosthesis, should the medical scheme not cover this.

VALUE-ADDED BENEFITS

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

GAP COVER PREMIUM WAIVER
In the event of **accidental** death only or total permanent disability of the Sirago policyholder, we will keep the premiums for your policy as a credit for **12-months.** This benefit may be claimed by the surviving spouse or adult dependent on the Sirago policy.

MEDICAL SCHEME CONTRIBUTION BENEFIT
Sirago will pay the rand amount of the Medical scheme premium, not higher than **R6 600** per month for a **6-month** period. This will be paid for the upkeep of the Medical scheme contributions in event of **accidental** death or total permanent disability of the Sirago policyholder and where all dependants are linked to a single Medical scheme or dual Medical scheme membership.

ACCIDENTAL DEATH
This benefit will pay out for accidental death at **R 10 000** per dependant registered on the policy. Should the accidental death be a result of a crime, the benefit will increase to **R20 000** per dependant.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)
This benefit provides a lump sum payout of up to **R42 000**, depending on the stage of cancer the insured is diagnosed with, for the first time: **R35 000** for **stage 2**, **R40 000** for **stage 3** and **R42 000** for **stage 4**. 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 750** 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

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