

2018



**SIRAGO**  
U.M.A

**GAP COVER SUITE**

FOR A WORLD OF POSSIBILITIES #GOGETGAP

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# INTRODUCTION

Sirago Underwriting Managers (Pty) Ltd is a registered Financial Services Provider (FSP 4710), offering a variety of financial products tailored for the unique requirements of the South African market.

Our philosophy of continuous improvement means that you are always guaranteed individual attention and superior products, which will meet your needs and exceed your expectations.

Our competitive and affordable products are unparalleled in the market place and are the ideal compliment to your overall insurance portfolio. With a range of health and lifestyle products, Sirago provides comprehensive effective cover to suit every individual.



## WHAT IS GAP COVER?

Gap Cover is the invaluable safety net that covers the shortfall between what medical schemes pay and what specialist doctors charge, without this, policyholders would be required to pay this unexpected cost from their own pocket.

## OUR PARTNERSHIP WITH YOU

At Sirago we provide a loyal partnership of care and understanding, opening up a new world of possibility that is focused on quality assurance, efficiency and the best customer service experience for you.

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# TERMINOLOGY YOU NEED TO KNOW

## **GAP COVER**

Is the difference between your medical scheme rate paid and private rates charged by a registered medical professional for in-hospital treatment.

## **CO-PAYMENTS**

Are fixed amount co-payments imposed in terms of your medical scheme rules.

## **ADMISSION FEES**

The amounts payable before you are admitted to a treatment facility, regardless of what you are admitted for.

## **OUT-PATIENT COVER**

Covers your Gap Cover component for any out-patient surgical procedure in the event that a policy holder elects to have the treatment performed as an out-patient that would normally be performed on an in-patient basis.

## **EMERGENCY ROOM COVER**

Emergency room cover as a result of an accident or trauma incident only.

## **PMB COVER**

This benefit will cover your gap components for the use of a non - Designated Service Provider (DSP) for Prescribed Minimum Benefit (PMB) treatment.

## **SPECIALIST OUT-PATIENT CONSULTATION FEE**

Covers your Gap Cover component above scheme tariff for out-patient consultation fee with a medical specialist.

## **ADDITIONAL CARE COVER**

Covers your Gap Cover component for any of the listed procedures/diagnoses or treatment on the benefit table.

## **HOSPITAL ACCOUNT SHORTFALLS**

Covers your hospitalisation account shortfall incurred when your medical scheme short-pays your hospital facility account.

## **OUT-PATIENT SURGICAL PROCEDURES**

Covers you for out-patient surgical procedures that your registered medical professional would normally have performed as an in-patient.

## **SUB-LIMIT ENHANCER BENEFIT**

Provides you with further cover when you become liable to settle a portion of your internal prosthesis or MRI & CT scan.

## **VALUE ADDED BENEFITS**

Provides a lump sum benefit and/or waiver of premium for a defined period in the event of Accidental Death or Total Permanent Disability.

## **APPLIANCES**

A gap portion is paid for a certain set of medical appliances.

# UNIQUE SELLING POINTS

- Personalised Customer Service.
- Loyal Partnership with Sirago.
- GAP Cover Solutions.
- Cover for in and out of Hospital.
- Cover for Specialist Disciplines.
- Standard and Flexible Waiting Periods.
- Emergency Room Cover.
- No Maximum Entry Age.
- We provide cover for you and your family either on a Single Medical Scheme or on Multiple Schemes.
- We pride ourselves on effective Turn-Around Times so as not to Compromise Policyholders.
- A Stated Benefit is paid straight into your bank account or arrangements can be made to settle directly with the providers.
- We have Weekly Claim Runs.



## DID YOU KNOW?

YOU ARE UNDER NO OBLIGATION TO DIVULGE ANY INFORMATION ABOUT YOUR PERSONAL INSURANCE PORTFOLIO TO ANY PROVIDER OR OUTSIDE PARTY, EVEN IF THE HOSPITAL OR SPECIALIST REQUESTS IT.

# WHO IS COVERED BY THIS POLICY?

The policy wording supersedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only. This policy will cover the policyholder and dependants who are listed on the schedule of Insurance.

Family Cover is limited to 2 Adults and 3 Child dependants. This will apply if there are multiple medical schemes or options within the same family. Individual cover is limited to no more than 1 individual.

**Please Note:** Cover is limited to all dependents under the main member or spouses medical aid. If on more than 2 medical aids / options, family cover will be limited to 2 adults and 3 children up to 21, and age 27 if full time students.

Child dependant is up to the age of 21, however cover can be extended to the age of 27 for full-time students (documented proof of a full-time student is required to evidence dependents over the age of 21).

Sirago has two different age based premium tables. The benchmark for premium determination is 65 years old.

- Any current policy holder who is 65 years old or older at the inception of the policy, will be charged the 65+ premium.
- Any prospective policy holder who incepts a policy as from the 1st January 2018 and any other period during 2018 who is 65 years old or older will be charged the 65+ premium.
- Any current policy holder who incepted their policy below the age of 64 years or younger and is now 65 will be charged the 64 and under premiums for the period that their policy is active with Sirago.
- Any current or prospective policy holder who is 64 years or younger will be charged the 64 and under premiums for the period that their policy is active with Sirago.

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# “HEALTH IS NOT VALUED TILL SICKNESS COMES”

- THOMAS FULLER



## HOW TO CLAIM?

### Step 1: Report Your Claim

You need to report your claim to us as soon as possible but not later than 30 days after any health event. This includes events for which you do not want to claim but which may result in a claim in the future. Should you be incapacitated and not be able to make contact, you may get someone to contact us on your behalf.

### Step 2: Submit Your Documents

All required relevant documents must be submitted to us within 90 days after your medical scheme paid their portion of the claim.

### Step 3: Supporting Documents

- Fully completed and signed claim form for each event;
- All hospital and related accounts substantiating your claim;
- Your medical scheme statement showing all the payments made by you or your medical scheme for the health event.
- Completed medical reports substantiating the clinical information or any other documentation as requested by the underwriter.
- Pre-authorisation letter from your medical scheme for co-payment claims.
- In the event of a value added benefit claim all supporting documentation and certification are required by the insurer, which would include a death certificate and /or a permanent disablement certificate from a registered medical practitioner.



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# WAITING PERIODS

## FOR GAP COVER, PLUS GAP COVER AND ULTIMATE GAP COVER

These apply before you are able to claim from specific policy benefits

### General Waiting Periods:

- A 3 month waiting period is applicable on any new incepted policies and / or additional dependants to the current policy, except in the event of an accident.
- A 10 month waiting period on pre-existing condition specific disease or illness.

### Policy Specific Waiting Periods:

- A 12 month waiting period on Cancer related pre-existing conditions is applicable.

### The following policy specific exclusions apply:

- First 6 months of the policy no benefit available.
- 7 - 10 months after inception benefit payable rate of 50%.
- 11 months onwards full benefits are available.

### Specific Waiting Periods:

- A 10 month waiting period applies for pregnancy and confinement.
- Accidental Death and Premium Waiver are always subject to a 6 month waiting period.



# GAP COVER SOLUTION

Your whole policy has an Overall Annual Limit (OAL) of R150 000 per beneficiary to utilise. The policy wording supercedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only.

Premium	Ultimate Gap Cover		Plus Gap Cover		Gap Cover	
	64 Under	65+	64 Under	65+	64 Under	65+
Individual	R311	R412	R237	R333	R191	R271
Family	R353	R468	R270	R380	R206	R293
<b>Benefits</b>						
Gap Cover	500% Subject to OAL		500% Subject to OAL		500% Subject to OAL	
Co-Pay Cover	Subject to OAL		Subject to OAL		R40 000 Subject to OAL PPPA	
Admission Fee Cover	Paid to a max of R5 000 If A Partial Cover Network Hospital Is Used. Subject to OAL		Paid to a max of R3 000 if A Partial Cover Network Hospital Is Used. A Max Of 4 Claims Per Policy. Subject to OAL		—————	
Penalty Fee Cover	R8 800 - Limited to 2 Claims PPPA. Subject to OAL		R5 000 - Limited to 2 Claims PPPA. Subject to OAL		—————	
Out-Patient Cover	Subject to OAL		R3 500 Per Claim. 3 Claims Per Annum. OAL R10 000		R3 500 Per Claim. 3 Claims Per Annum. OAL R10 000	
Emergency Room Cover	R10 000 Overall Sub-limit. Emergency Room Accident And Trauma Treatment. R8 000. Emergency Room Illness Treatment R2 000. PP		R5 500 Overall Sub-limit. Emergency Room Accident And Trauma Treatment. R4 000. Emergency Room Illness Treatment R1 500. PP		R3 500 Overall Sub-limit. Emergency Room Accident And Trauma Treatment R2 500. Emergency Room Illness Treatment R1 000. PP	
PMB Cover	Subject to OAL		Subject to OAL		OAL R30 000 Per Incident	
Cancer Benefit	R450 000 PPPA - Subject to OAL		R300 000 Per Policy Applies. Sub-limit Of R60 000 For Cancer Co-payments Apply. Subject to OAL		—————	
Specialist Out-Patient Consultations	R6 000 - 3 Claims Per Insured Person. R1 200 Per Claim. Subject to OAL		R3 600 - 3 Claims Per Insured Person. R750 Per Claim. Subject to OAL		—————	
Hospital Account Shortfalls	R5 000 - 3 Claims Per Insured Person. R1 200 Per Claim. Subject to OAL		R3 000 - 3 Claims Per Insured Person. R500 Per claim. Subject to OAL		—————	
Additional Care Cover	R8 000. Subject to OAL - R1200 Per Insured Per Incident		R1 000 Per Claim, OAL R3 600 PP.		—————	
Sub-Limit Enhancer	R22 500 Per Incident - 5 Claims Per Policy Sub-limit of R100 000. Subject to OAL		—————		—————	
Appliance Benefit	R6 000 - Subject to OAL		—————		—————	
Primary Benefit	OAL R2 000 per policy per annum. GP claims x 3 with a R200 limit. Dental claims x 3 with a R200 limit. Alternative therapy x 3 with a limit of R300 per claim. Subject to OAL		—————		—————	
Cancer Boost:	R100 000 Certain Restrictions Apply		—————		—————	

**KEY:** PPPA - Per Policy Per Annum; OAL - Overall Annual Limit; PP - Per Policy

## VALUE ADDED BENEFITS

THESE DO NOT FORM PART OF THE AGGREGATED OAL R150 000 LIMIT

Cancer Cover (Initial Diagnosis):	R15 000 upon the initial diagnosis of Cancer as defined.	R7 500 upon the initial diagnosis of Cancer as defined.	—————
Gap Cover Premium Waiver:	Only in event of Death and or Total Permanent Disability of the Premium Payer only. Held as a credit against the policy for the applicable 12 month period.	Only in event of Death and or Total Permanent Disability of the Premium Payer only. Held as a credit against the policy for the applicable 12 month period.	—————
Medical Scheme Premium Waiver:	Only in event of Death and or Total Permanent Disability of the Premium Payer only. R 3 500 per month for a 6 month period.	Only in event of Death and or Total Permanent Disability of the Premium Payer only. R 2 500 per month for a 6 month period.	—————
Accidental Death:	R12 000 principal. R8 000 adult dependent. R5 000 child per policy per life	R6 000 principal. R5 000 adult dependent. R3 000 child per policy per life	—————
Sira-Go' Baby:	Enjoy an exclusive Sira-Go' Baby welcome pack	Enjoy an exclusive Sira-Go' Baby welcome pack	Enjoy An Exclusive Sira-Go' Baby Welcome Pack

# SIRAGO GOV-GAP

## WHAT IS GOV-GAP COVER?

This product is a tailor made solution for government employees who need to optimise their health care cover portfolio and premiums covered by persal. Subject to your Overall Annual limit (OAL) of R150 000. The policy wording supercedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only.

Benefit	GOV - GAP Cover
Premiums	R221 Individual R254 Family
Gap Cover	500% Subject to OAL
Co-pay Cover	R40 000 OAL. Limited To R5 000 Per Claim Per Beneficiary
Out-patient Cover	R10 000 OAL. Limited To R3 500 Per Claim. 3 Claims Per Annum.
Emergency Room Cover	R7 500 OAL. Limited To R5 500 Emergency And R2 000 Illness.
PMB Cover	R30 000 OAL Per Incident
Cancer Benefit	R100 000 OAL Limited To R25 000 Per Claim for treatment.
Specialist Out-patient Consultation Fee	R3 600 OAL Per Policy Per Annum. R750 Per Claim. 3 Claims Per Beneficiary
Hospital Account Shortfalls	R5 000 OAL Per Policy Per Annum. R1 200 Per Claim. 3 Claims Per Beneficiary
Sub-Limit Enhancer	R45 000 OAL. R15 000 Per Incident. Maximum 3 claims per policy

## VALUE ADDED BENEFITS

THESE DO NOT FORM PART OF THE AGGREGATED OAL R150 000 LIMIT. SPECIFIC WAITING PERIODS APPLY

Cancer Cover (Initial Diagnosis)	R5 000 Upon The Initial Diagnosis Of Cancer As Defined.
Accidental Death Benefit	R5 000 Principal. R5 000 Adult Dependant. R3 000 Child Per Policy Per Life.
Gap Cover Premium Waiver	In Event Of Death And Or Disability Of The Premium Payer Only. Credit Will Be Loaded Against The Policy for a 6 month period.
Medical Scheme Premium Waiver	Only In Event Of Death And Or Disability Of The Premium Payer Only. R2 500 Per Month For 6 Month Period.
Sira-Go' Baby	Enjoy An Exclusive Sira-Go' Baby Welcome Pack

**KEY:** PA - Per Annum; PPPA Per Policy Per Annum; OAL - Overall Annual Limit





# GENERAL INFORMATION

Contact one of our world class service consultants to attend to any of your queries.

For new applications or follow up on applications:  
applications@sirago.co.za

Client queries or policy updates:  
info@sirago.co.za

To make changes to existing policies:  
changes@sirago.co.za

For new claims or follow ups on claims:  
claims@sirago.co.za

For new groups or follow up on groups:  
groups@sirago.co.za

For any payment related queries:  
payments@sirago.co.za

Broker queries and statements:  
brokersupport@sirago.co.za



**Disclaimer: This is not a substitute for a medical scheme membership and the cover is not the same as that of a medical scheme. This is a Short-Term Insurance accident and health policy in terms of the short-term insurance act 53 of 1998. The policy wording supersedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only.**

## CONTACT US

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## BROKER DETAILS