

# GAP COVER COMPARISON

Abbreviation Description:  
 GP - General Practitioner OAL - Overall Annual Limit DSP - Designated Service Provider

Your Sirago policy has an Overall Annual Limit (OAL) of R164 000 per beneficiary.

IN-HOSPITAL BENEFIT

Benefit Category
Age
Individual
Family
Age Limit
OAL Per Beneficiary Per Annum
Gap Cover
Co-payments
Co-payments charged as a percentage
Penalty Fee Cover
Day Hospital/Clinic and/or In Room Surgical Procedures Cover
PMB Cover
Hospital Account Shortfalls
Sub-Limit Enhancer
Step-Down

Ultimate Gap Cover		
0 - 54	55 - 64	65+
R413	R491	R569
R467	R556	R645
None		
R164 000 OAL from 1 April 2020		
Will settle claims at an additional 500% above medical scheme rate or at the stated benefit value. In the event of a claim for robotic surgery appearing on the hospital account only, we will cover up to a sublimit of R30 000 per policy per annum, limited to R12 000 per claim with a maximum of 2 claims per beneficiary per policy per annum.		
Are the excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Subject to OAL. Co-payments related to cancer are catered for in a separate benefit category.		
If your medical scheme defines your co-payment as a percentage of the benefit, your co-payment benefit will be limited to a maximum payment of R16 000 per claim.		
Subject to a sublimit of R10 500 per claim, a maximum of 3 claims per policy per annum for the voluntary use of a Non-DSP (network hospital). This includes the use of a partial cover network hospital as determined by your medical scheme.		
Will settle the Gap portion of claims.		
This benefit will cover your Gap portion for the voluntary use of a Non-designated service provider for planned procedures except in the event of an emergency.		
Subject to a sub-limit of R5 000 per policy per annum. Maximum of R1 250 per claim. Maximum 3 claims per beneficiary.		
Sub-limit of R100 000 per policy per annum subject to R25 000 per claim. Maximum of 2 claims per beneficiary limited to 4 claims per policy per annum. The Sub-limit Enhancer benefits are limited to MRI scans, Intraocular lenses, CT scans and Internal prosthesis only.		
A sub-limit of up to R9 000 per policy applies to this section of cover. In the event that your medical scheme provides benefits for rehabilitation as an in-patient in a step-down or sub-acute facility, resulting from an accident, cover will be provided for ongoing treatments by resident healthcare practitioners during your recovery once medical scheme benefits have been exhausted or limits have been reached.		
Subject to a sub-limit of R3 750 per policy per annum. A maximum of 3 consultations at R375 per claim. Applicable to GP, dental and alternative therapist. This applies to the Gap portion only.		
A sub-limit of R12 000 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sublimit. <b>Accident benefit:</b> all costs related to the accidental event will be covered and paid to a maximum value of the sublimit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. <b>Illness benefit:</b> when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only. <b>Emergency illness benefit:</b> this benefit is applicable to children under the age of 8, and require out of normal consultation hours. All costs related to the event will be covered and paid to a maximum value of the sublimit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account.		

Plus Gap Cover		
0 - 54	55 - 64	65+
R324	R400	R475
R370	R457	R543
None		
R164 000 OAL from 1 April 2020		
Gap cover will settle claims up to 500% above your medical scheme plan/option rate, to a maximum of 600% or at the Scheme Stated Benefit value as determined within your Scheme policy.		
Are the excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Subject to OAL. Co-payments related to cancer are catered for in a separate benefit category.		
If your medical scheme defines your co-payment as a percentage of the benefit, your co-payment benefit will be limited to a maximum payment of R13 000 per claim.		
Subject to a sublimit of R6 500 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a Non-DSP (network hospital). This includes the use of a partial cover network hospital as determined by your medical scheme.		
Will settle the Gap portion of claims.		
This benefit will cover your Gap portion for the voluntary use of a Non-designated service provider for planned procedures except in the event of an emergency.		
R3 000 sub-limit per policy per annum. R800 per claim, 3 claims per beneficiary per annum.		
Subject to a sub-limit of R36 000 per policy per annum. Subject to R12 000 per claim. Maximum of 2 claims per beneficiary limited to 3 claims per policy per annum. The sub-limit enhancer benefits are limited to MRI scans, internal prosthesis, CT scans only.		
No benefit		
No benefit		
A sub-limit of R7 000 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit. <b>Accident benefit:</b> all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. <b>Illness benefit:</b> when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only.		

OUT OF HOSPITAL BENEFIT

Primary Care Consultation Benefits
Emergency Room Cover

**OUT OF HOSPITAL BENEFIT**

<b>Day To Day Specialist Consultation Fee</b>
<b>Preventative Care Cover</b>
<b>Appliance Benefit</b>
<b>Trauma Counselling</b>

Subject to a sub-limit of R6 500 per policy per annum. R1 350 per claim. 4 claims per beneficiary per annum for the Gap portion only.

R8 000 sub-limit per policy. R1 200 per claim. Maximum 3 claims per beneficiary per annum. Defined as pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation, bone density scans, prostate specific antigen tests, mammogram, contraceptive implantation.

Maximum claim amount R6 600 per policy per annum for your Gap component as per the defined list; Hearing Aids; Wheelchairs; C-pap Machine; Humidifiers; Insulin Pump; Glucometer; Nebuliser and Mirena device.

A sub-limit of R5 000 per policy per annum with a registered medical professional. You will be covered within the first 6 months after a traumatic incident. Limited to a stated benefit of R750 per claim. This benefit covers you but is not limited to; Dread Disease, Hijacking and or violent crimes at the discretion of the Insurer, on the provision of supporting documentation.

This cancer co-payment benefit is applied once your medical scheme cancer benefit has been reached and a percentage co-payment is imposed. This benefit incorporates co-payments and co-payments related to biological drugs. In order to access this benefit, you need to be on a registered treatment plan with your medical scheme.

The cancer boost benefit is limited to R100 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The cancer boost benefit can only be claimed once your rand limit on your medical scheme Cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the Insured having already been registered on the medical scheme's Cancer programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit.

In the event of the medical scheme approving reconstructive surgery on the affected breast, we will cover the Gap portion up to 300% of the claim. In addition to this, Sirago will make available up to R25 000 for the reconstruction of the non-affected breast. This benefit is available within the first 12 months of the initial mastectomy. We require subject to Sirago protocols which include but not limited to: medical scheme Pre-authorisation and a motivation / letter from your treating provider.

Please note the above benefits are only available in the event that the treatments do not form part of the legislative PMB framework.

**CANCER BENEFITS**

<b>Cancer Co-payment Benefit</b>
<b>Cancer Benefit - Boost</b>
<b>Cancer Benefit - Breast Reconstruction</b>
<b>Cancer Benefit - PMB</b>

R4 500 sub-limit per policy. Maximum of R825 per claim. 3 claims per beneficiary per annum for the Gap portion only.

R4 000 sub-limit per policy. R1 000 per claim, maximum 3 claims per beneficiary per annum. Defined as pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation, bone density scans, prostate specific antigen tests, mammogram, contraceptive implantation.

No benefit

R3 000 sub-limit per policy per annum. Limited to a stated benefit of R600 per claim. You will be covered within the first 6 months after a traumatic event with a registered medical professional. this benefit covers you but not limited to; Dread Disease, Hijacking and or violent crimes at the discretion of the insurer on the provision of supporting documentation.

This cancer co-payment benefit is applied once your medical scheme cancer benefit has been reached and a percentage co-payment is imposed. This benefit incorporates co-payments and co-payments related to biological drugs. In order to access this benefit, you need to be on a registered treatment plan with your medical scheme.

The cancer boost benefit is limited to R50 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The cancer boost benefit can only be claimed once your rand limit on your medical scheme Cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's Cancer Programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme Treatment Plan which must be submitted to Sirago upon application for this benefit.

In the event of the medical scheme approving reconstructive surgery on the affected breast, we will cover the Gap portion up to 200% of the claim. In addition to this, Sirago will make available up to R16 000 for the reconstruction of the non-affected breast. This benefit is available within the first 12 months of the initial mastectomy. We require subject to Sirago protocols which include but not limited to: medical scheme pre-authorisation, motivation/letter from your treating provider.

Please note the above benefits are only available in the event that the treatments do not form part of the legislative PMB framework.

**VALUE ADDED BENEFITS**

<b>Gap Cover Premium Waiver</b>
<b>Medical Scheme Premium Waiver</b>
<b>Accidental Death</b>
<b>Cancer Cover (Initial Diagnosis)</b>
<b>Sira-Go' Baby</b>

In event of Death or Total Permanent Disability of the policyholder of the Sirago policy. The Premium Waiver is directly linked to your policy premium per month as indicated in your schedule of insurance. This benefit is not paid in cash, but held as a credit against the policy for the applicable 12 month period. Should there be any premium adjustments within the 12 month period, the credit balance available for the rest of the waiver period, will be adjusted accordingly. This benefit cannot be transferred, ceded or converted to cash.

Payable in event of Death or Total Permanent Disability of the principal policyholder of the Sirago Gap cover. In the event of dual medical scheme membership, this benefit is only payable in event of Death or Total Permanent Disability of the principal policyholder. Sirago will pay the medical scheme premium to the actual amount of the contribution, but not higher than the sublimit of R4 500 per month for a 6 month period which will be paid to the beneficiary for the upkeep of their medical scheme contributions. In order to receive the benefit, the Gap cover policy and medical scheme membership must remain active during this period. A certificate of membership from your medical scheme must be presented monthly for authentication of current membership.

R15 000 principal, R10 000 adult dependent, R5 000 per child per policy per life.

This benefit will pay you a lump sum of R22 500 upon the initial diagnosis of malignant cancer per beneficiary per annum as defined. This excludes any incidence of cancer/pre-cancer prior to inception of the policy.

A branded Sirago welcome gift will be posted (or delivered to your contracted broker) to your physical address as per your application form upon receipt of the instruction to add the new-born child. The instruction must be submitted within 31 days of the birth of the child to the policy. Subject to availability. Please allow 6 weeks for delivery.

In event of death or Total Permanent Disability of the policyholder of the Sirago policy. The Premium Waiver is directly linked to your policy premium per month as indicated in your schedule of insurance. This benefit is not paid in cash, but held as a credit against the policy for the applicable 12 month period. Should there be any premium adjustments within the 12 month period, the credit balance available for the rest of the waiver period, will be adjusted accordingly. This benefit cannot be transferred, ceded or converted to cash.

Payable in event of death or Total Permanent Disability of the principal policyholder of the Sirago Gap cover. In the event of dual medical scheme Membership, this benefit is only payable in event of death or total permanent disability of the principal policyholder. Sirago will pay the medical scheme premium to the actual amount of the contribution, but not higher than the sub-limit of R3 250 per month for a 6 month period which will be paid to the beneficiary for the upkeep of their medical scheme contributions. In order to receive the benefit, the Gap cover policy and medical scheme membership must remain active during this period. A certificate of membership from your medical scheme must be presented monthly for authentication of current membership.

R8 000 principal, R5 000 adult dependent, R3 000 per child per policy per life.

R14 000 upon the initial diagnosis of cancer per beneficiary per annum as defined.

A branded Sirago welcome gift will be posted (or delivered to your contracted broker) to your physical address as per your application form upon receipt of the instruction to add the new-born child. The instruction must be submitted within 31 days of the birth of the child to the policy. Subject to availability. Please allow 6 weeks for delivery.

**WAITING PERIODS.** Please refer to page 6 for more information.

# GAP COVER COMPARISON

Your Sirago policy has an Overall Annual Limit (OAL) of R164 000 per beneficiary.

IN-HOSPITAL BENEFIT

OUT OF HOSPITAL BENEFIT

VALUE ADDED BENEFITS

Benefit Category
Age
Individual
Family
Age Limit
OAL Per Beneficiary Per Annum
Gap Cover
Co-payments
Penalty Fee Cover
Day Hospital/Clinic and/or In Room Surgical Procedures Cover
PMB Cover
Hospital Account Shortfalls

Emergency Room Cover
Appliance Benefit
Cancer Co-payment Benefit
Cancer Benefit - Boost

Gap Cover Premium Waiver
Sira-Go' Baby

Gap Assist Cover		
0 - 54	55 - 64	65+
R278	R344	R409
R299	R371	R443
None		
R164 000 OAL from 1 April 2020		
Will settle claims up to 500% of the medical scheme rate. Limited to a maximum of 600% or at the stated benefit value.		
The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sublimit of R42 000 per policy per annum, limited to R11 000 per claim. Co-payments related to cancer are catered for in a separate benefit category.		
No benefit		
Will settle the Gap portion of claims.		
Limited to R30 000 per claim for the use of Non-DSP facilities for PMB treatments.		
R2 000 sub-limit per policy per annum. Maximum of R500 per claim, maximum 3 claims per beneficiary per policy per annum.		
A sub-limit of R4 500 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sublimit: <b>Accident benefit:</b> all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. <b>Illness benefit:</b> when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only. We will cover a GP's emergency facility where no hospital emergency is available within a 30km radius within the above stated benefit limits.		
Subject to a sub-limit of R3 600 per policy per annum with a claim limit of R1 200 for your Gap component as per the defined list; Hearing Aids; Wheelchairs; C-pap Machine; Humidifiers; Insulin pump; Glucometer; Nebuliser and Mirena device.		
R100 000 per policy applies once your medical scheme Oncology benefit limit has been reached and a percentage co-payment is applied. Limited to R15 000 per claim for cancer co-payments. Cancer cover incorporates co-payment cover and biological drugs. In order to access this benefit you need to be on a registered treatment plan with your medical scheme.		
The cancer boost benefit is limited to R50 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The cancer boost benefit can only be claimed once your rand limit on your medical scheme cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's cancer programme. The cancer boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit. This benefit provides a subsidy towards the cost of ongoing treatments and drugs. This applies when the medical schemes cancer benefit limit is reached and provides no further funding.		

In event of Death and or Total Permanent Disability of the policyholder of the Sirago policy. The premium waiver is directly linked to your policy premium per month as indicated in your schedule of insurance. This benefit is not paid in cash, but held as a credit against the policy for a 6 month period. Should there be any premium adjustments within the 6 month period, the credit balance available for the rest of the waiver period, will be adjusted accordingly. This benefit cannot be transferred, ceded or converted to cash.
A branded Sirago welcome gift will be posted (or delivered to your contracted broker) to your physical address as per your application form upon receipt of the instruction to add the new-born child. The instruction must be submitted within 31 days of the birth of the child to the policy. Subject to availability. Please allow 6 weeks for delivery.

Gap Lite Cover		
0 - 54	55 - 64	65+
R203	R244	R285
R218	R272	R325
None		
R164 000 OAL from 1 April 2020		
Will settle claims at an additional 200% above medical scheme rate or at the stated benefit value.		
The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sub-limit of R25 000 per policy per annum, limited to R5 500 per claim.		
Subject to a sublimit of R3 000 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a Non-DSP (network hospital). This includes the use of a partial cover network hospital as determined by your medical scheme.		
Will settle the Gap portion of claims.		
R50 000 sub-limit per policy per annum. Paid to a maximum of R20 000 per claim for the use of Non-DSP facilities for PMB treatments.		
No benefit		
A sub-limit of R4 000 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sublimit: <b>Accident Benefit:</b> All costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account. <b>Illness benefit:</b> When you visit an emergency room in a medical emergency as a result of illness, we will cover the gap portion only. We will cover a GP's emergency facility where no hospital emergency is available, if there is no emergency available within a 30km radius within the above stated benefit limits.		
No benefit		
No benefit		
No benefit		

No Benefit
A branded Sirago welcome gift will be posted (or delivered to your contracted broker) to your physical address as per your application form upon receipt of the instruction to add the new-born child. The instruction must be submitted within 31 days of the birth of the child to the policy. Subject to availability. Please allow 6 weeks for delivery.



# SIRAGO

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## BROKER DETAILS

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