SIRAGO
U•M•A
(FSP: 4710)

2023

PLUS GAP COVER

INFORMATION GUIDE

GENRIC Insurance
(FSP: 43638)

SiragoGapCover | sirago-underwriting-managers | siragogapcover | sirago.co.za

WHO IS COVERED?

We cover policyholders and beneficiaries of all ages. The benchmark for premium determination is based on whether you join as an individual or as a family, and the prospective policyholder's age at the inception of the policy according to the following two age bands:
· **64** years and younger, and
· **65** years or older.

We will cover you and all the dependants registered on your medical scheme on one policy.

If you belong to **2** different medical schemes, or medical scheme options, we will cover two adults (i.e. the policyholder and one other adult dependant, if applicable) and all child dependants on one policy.

A child is considered to be a child dependant up to the age of **21**, however cover can be extended to the age of **27** for full-time students. Documented proof of full-time study enrolment is required to verify a dependant over the age of **21**, or by providing the Certificate of Membership (COM) from your medical scheme confirming that the dependant is still on the same medical scheme.

APPLICATION OF
WAITING PERIODS

A "WAITING PERIOD" IS A DEFINED PERIOD OF TIME IN WHICH A POLICYHOLDER MAY NOT CLAIM ANY, OR MAY ONLY CLAIM CERTAIN POLICY BENEFITS.

GENERAL WAITING PERIODS

- A **3**-month general waiting period is applied to newly incepted policies and when dependants are added to a current policy, except in the event of an emergency.
- A **10**-month waiting period is applied to pre-existing conditions, diseases, or illnesses.

POLICY SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN PROCEDURES

- The following conditions are excluded within the first **6** months of the inception of the policy:
  - Myringotomy and grommets;
  - Adenoidectomy;
  - Tonsillectomy;
  - Hysterectomy (except if malignancy is proven);
  - Spinal, back, neck, and joint-related procedures (repairs, scopes, and joint replacement) except in the case of an accident. This includes treatments related to any and/ or investigations such as MRI scans, CT scans, and scopes.
- **50%** of benefits will be paid on claims from month **7** to **10**.
- From month **11**, the policy benefits will be fully available, unless there are condition specific exclusions.

SPECIFIC WAITING PERIODS FOR CERTAIN BENEFIT CATEGORIES

- A **10**-month waiting period is imposed for pregnancy and confinement.
- Accidental Death, Total Permanent Disability, and Premium Waivers are subject to a **3**-month waiting period.
- Initial Cancer Diagnosis is subject to a **3**-month waiting period.
- A **12**-month waiting period is applied on all pre-existing cancer-related treatments.

TRANSFER OF COVER

- All waiting periods are waived if you have held cover for **12** months or longer with your current provider.
- If you are currently serving waiting periods with your current provider, the balance is applicable at Sirago.
- If you are transferring to a higher option, a **3**-month general waiting period is applied on all additional benefits.

SIRAGO COVER UPGRADES

- If the Sirago policyholder has held a policy for **12**-consecutive months and wants to upgrade to a higher option, all additional benefits will be subject to a **3**-month waiting period.
- If the Sirago policyholder has held a policy for less than **12**-consecutive months and wants to upgrade to a higher option, the difference between the balance of the waiting periods imposed will be applied, and a **3**-month waiting period on additional benefits.

All General Policy terms and exclusions will apply.

DISCLAIMER

Gap cover 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 and the Insurance Act 18 of 2017. The policy wording supersedes any marketing documentation and all benefits will be payable against the Policy Terms and Conditions only.

PLUS GAP

Age Limit: none
Overall Annual Limit (OAL) Per Beneficiary: R191 000

SCAN ME

0 - 64		65+	
Individual	R395	Individual	R615
Family	R452	Family	R701

Premiums are reviewed and may be adjusted annually.

These benefit categories form part of the aggregated OAL of **R191 000.**

In-Hospital Benefits

GAP COVER
Gap Cover pays the difference between the medical scheme rate and the rate that service providers charge i.e. doctors and specialists. We cover up to **500%** above your medical scheme rates or at the stated benefit value, to a maximum of **600%**.

Robotic surgery claims reflect on the hospital account. In the event of a claim for **robotic surgery** that appears on the hospital account. We will cover up to a sub-limit of **R18 000** per policy, limited to **R6 000** per claim, per beneficiary. **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 imposed by a medical scheme for specified procedures, cover for hospital admission fees, scans, or surgical procedures. **Subject to the OAL.**

PENALTY FEE CO-PAYMENTS
This benefit has a sub-limit of **R9 500** per claim and **1** claim per policy irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. 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. **Subject to the OAL.**

Refer to the Cancer Co-payment Benefit for claims related to cancer. Co-payments for administration charges are specifically excluded from cover on this policy.

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall for any day hospital/clinic and/or in-room procedures including acute hospitals if a policyholder elects to have the treatment that would normally be performed on an in-patient basis, performed as an out-patient, 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 medical conditions. PMB Cover on this policy is 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.
Subject to the OAL.

HOSPITAL ACCOUNT SHORTFALLS
This benefit will cover any charges on the hospital account that the medical scheme has not paid for, this includes items like consumables and take-home medication. We pay up to **R4 000** per policy, **R850** per claim. A **R1 000** sub-limit is applicable to private room upgrades. **Subject to the OAL.**

SUB-LIMIT ENHANCER BENEFIT
This benefit has a sub-limit of **R30 000** per policy and **R11 500** per claim. The sub-limit enhancer benefit applies when you have exceeded your medical scheme benefit limit for MRI & CT scans, and internal prostheses only. **Subject to the OAL.**

Out-Of-Hospital Benefits

EMERGENCY ROOM COVER (Ref 1, 2, 3)

A sub-limit of **R9 000** is applicable for all Emergency Room Cover. This benefit covers an emergency at any registered emergency, 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 emergency facility if no emergency hospital is available within a **30km** 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 **R1 000** 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 room.

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 benefits, a sub-limit of **R4 000** will apply. Claims will be paid up to **R800** per claim. The following tests 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 excluding device.** Alternatively, if there is no benefit available at the time of claim, up to **R500** will be paid towards the cost of the above treatments or tests, **2** claims per policy. **Subject to the OAL.**

DAY-TO-DAY SPECIALIST CONSULTATION FEE

This benefit covers the difference between the medical scheme rate and the rate charged by the specialist for consultation only if your medical aid pays a portion of the fee from your available savings. There is a sub-limit of **R4 500** per policy, **R950** per claim, and **3** claims per beneficiary. **Subject to the OAL.**

APPLIANCE BENEFIT

We will pay up to **R5 000** per policy for the difference between what the medical scheme benefit amount if there is a rand limit and what the service provider charges for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena device. Subject to the OAL.**

TRAUMA COUNSELLING

This benefit covers trauma counselling with a registered medical professional after a traumatic event such as, but not limited to: dread disease, hijacking, and/or violent crime. A sub-limit of **R4 000** per policy applies, **R800** per claim. You will be covered within the first **6** months after the incident. **Subject to the OAL.**

For all terms and conditions, benefits, limitations, and exclusions please visit **https://sirago.co.za**, or contact your broker.

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

This benefit applies if your medical scheme option for cancer has a **defined rand limit**. 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%** of the claim for reconstructive surgery for the **affected breast**, if it is approved by your medical scheme.

Up to **R20 000** will be paid for the reconstruction of the **unaffected breast**, if there is no payment by the scheme. This benefit is available if the member was on Sirago at the time of the mastectomy or been on Sirago for a year after transferring from another Gap Provider. **Subject to the OAL.**

Value-Added Benefits

This benefit category **does not** form part of the aggregated OAL of **R191 000.**

GAP COVER PREMIUM WAIVER

A Premium Waiver benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy 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.

MEDICAL SCHEME PREMIUM WAIVER

Sirago will pay the rand amount of the medical scheme premium, not higher than **R3 750** 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 **R8 500** for the Sirago policyholder, **R5 500** for the adult dependant, and **R3 000** for child dependants.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)

This benefit will pay out a lump sum of **R17 000** on the first-ever diagnosis of malignant cancer from stage **1**. Any cancer prior to inception of the policy or pre-cancer is excluded, specifically skin cancer

SIRA'GO BABY

Sirago will pay out a lump sum of **R1 800** for your newborn baby when you send us the birth certificate within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)

If a PMB claim does not qualify as a valid claim, you will have access to MedCare's free alternative dispute resolution (ADR) service for all 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%**, or **15%** discounted rate depending on the required service.
Your financial advisor can also access this service on your behalf and will have access to the MedCare website: siragomedcare.co.za

IMPORTANT
TERMS & CONDITIONS

POLICY SPECIFIC EXCLUSIONS

No benefits are payable for:

- Any claims not authorised by your medical scheme unless it's part of the benefit entitlement.
- Claims that exceed the utilisation or benefit limit per annum.
- Out-patient treatment other than defined as covered under this policy.
- Any and all experimental treatments and medication both in- and out-of-hospital.

STANDARD SHORT-TERM POLICY EXCLUSIONS

No benefits will be paid for claims arising from:

- Participation in war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or political risk of any kind, terrorism or violence.
- Any riot, strike, public or domestic disorder, civil commotion, labour disturbances or lock-out.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Preventing authorities from dealing or controlling any of the above activities.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Nuclear weapons, nuclear material or ionizing radiation.
- Committing unlawful activities in the Republic of South Africa.
- Loss arising from any contractual liability.
- Consequential loss or damage.

GENERAL POLICY EXCLUSIONS

- An event not covered that falls outside of the policy's intention.
- Any pre-existing condition, disease, disorder or illness, for 6 months.
- Any pre-existing cancer condition, disease, disorder or illness, for 12 months.
- Claims for regular or routine medical treatment of a diagnostic nature.
- Illness or injury resulting from alcohol or drug abuse.
- Any psychiatric or psychological condition.
- Suicide or attempted suicide.
- Medication, drugs, prescriptions, consumables and equipment
- used, unless it forms part of the benefit entitlement of this policy.
- Cosmetic surgery unless defined as part of the benefit
- entitlement of this policy.
- Elective procedures.
- Diagnostic investigations, treatment or surgery related to eating disorders, obesity or weight management.

Investigations, treatment, medication or surgery related to any condition where the policyholder seeks advice, diagnosis and/or treatments outside the borders of South Africa.

- Body Mass Index (BMI), unless defined as part of the benefit
- entitlement of this policy.
- Diagnostic investigations, treatment or surgery relating to any
- form of assisted reproduction.
- Participation in any form of race or speed test involving
- mechanically propelled vehicles or crafts, participation as a
- professional sports person, or any hobby defined as dangerous in the Policy Terms and Conditions.

NOTE:
The above is a summary of Policy Terms and Conditions. For a concise list please refer to our website. For all terms and conditions, benefits, limitations, and exclusions please visit https://sirago.co.za or speak to your financial adviser.

GENRIC Insurance

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RESILIENCE IS RARE **#FUTUREBUILT**

BROKER DETAILS

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