

GAP COVER BROKER INFORMATION GUIDE 2025

RESILIENCE IS RARE
#FUTUREBUILT



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WHAT IS GAP COVER & WHY YOU NEED IT

Gap Cover is the invaluable safety net that covers the shortfall between what medical schemes pay and what specialist doctors charge.

Without this, policyholders may find themselves paying for unexpected costs from their own pockets.

Think about it this way:

If you were to go rock climbing, your protective equipment would include a climbing harness and a helmet. These protect you from getting hurt if you should slip or fall. However, that harness and helmet alone may not be sufficient as you may still get hurt badly should you slip, the rope snaps or something goes wrong. So, wouldn't it make you feel more at ease if there was a safety net into which you can fall should the unthinkable happen?

Think of your harness and your helmet as your medical scheme that is there to protect you from the financial impact of medical events. Sirago on the other hand is the safety net. An extra layer of protection, as medical scheme cover alone is not always enough!

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. Terms and conditions apply.



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.

EASY TO UNDERSTAND

GAP OPTIONS COMPARISON

BENEFITS


ULTIMATE
GAP COVER

PLUS
GAP COVER

GAP ASSIST
COVER

PREMIUMS

	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium
Individual	0-64	R583	65+	R873	0-64	R466	65+	R752	0-64	R401	65+	R659
Family	0-64	R704	65+	R1 032	0-64	R563	65+	R880	0-64	R461	65+	R731

R213 000 OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM (FROM 1 APRIL 2025)

IN-HOSPITAL BENEFITS

Gap Cover	Additional 500%. BMI included	Up to 500%, Max 600%	Up to 500%, Max 600%
Robotic surgery	Subject to OAL, R37 500 pp	Subject to OAL, R17 000 pp	R12 000 pc, Subject to 1 claim pppa
Co-payments and co-payments charged as a percentage	Subject to OAL	Subject to OAL	Subject to OAL, R13 500 pc, including Co-payment charged as a percentage
Penalty Fee Co-payments	R16 000 pc, Max 2 claims pp	R13 000 pc, Max 1 claim pp	R8 000 pc, Max 1 claim pp
Day Hospital/Clinic and/or In-Room Surgical Procedures Cover	Subject to OAL	Subject to OAL	Subject to OAL
PMB Cover	Subject to OAL	Subject to OAL	Subject to OAL
Hospital Account Shortfalls	R7 800 pp, R1 500 pc, including a Sub-limit of R2 000 for PVT ward upgrades	R4 500 pp, R1 000 pc, including a Sub-limit of R1 100 for PVT ward upgrades	R3 000 pp, R500 pc, including a Sub-limit of R1 000 for PVT ward upgrades
Sub-limit Enhancer	Subject to OAL. Max. R40 000 pc This option caters for all Sub-limits	R36 000 pppa. Max R12 000 pc This option caters for all Sub-limits	-
Step-down (includes accident, strokes and Cancer Treatment)	R15 000 pbpa on-going treatment after an accident, stroke or cancer treatment	-	-

OUT-OF-HOSPITAL BENEFITS

Primary Care	R5 500 pp, R850 pc	-	-
Specialist Consultation Fee	R7 000 Sub-limit pp, R1 500 pc	R5 000 Sub-limit pp, R1 000 pc	-
Casualty Benefit - After Hours (18:00 pm - 07:00 am) and all Saturdays, Sundays, and all Public Holidays	Sub-limit of R20 000 pp Accident & Trauma Illness - 13yrs & up R2 500 pc Child Casualty Illness - 12yrs & younger R4 000 pc	Sub-limit of R15 000 pp Accident & Trauma Illness - 13yrs & up R1 500 pc Child Casualty Illness - 12yrs & younger R3 000 pc	Sub-limit of R8 000 pp. Accident & Trauma Child Casualty Illness - costs related to the illness for children 12yrs & younger - R2 000 pc
Preventative Care Cover	R8 500 Sub-limit pp, R1 350 pc	R5 000 Sub-limit pp - R950 pc	-
Appliance Benefit	R8 250 pp	R5 500 pp	R4 000 pp, R1 300 pc
Trauma Counselling	R10 000 pp, covered within the first 6 months after a traumatic event.	R6 000 pp covered within the first 6 months after a traumatic event.	R4 000 pp covered within the first 6 months after a traumatic event.
Accidental Dental	R10 000 pp, R2 500 per fractured tooth	-	-

CANCER BENEFITS

Cancer Co-payment Benefit	Subject to OAL	Subject to OAL	Subject to OAL, Max R22 000 pc
Cancer Benefit - Boost	Subject to OAL	Subject to OAL	Subject to OAL
Cancer Benefit - Breast Reconstruction	Up to 500%, for affected breast R40 000 for all activities related to the reconstruction of the non-affected breast.	Up to 500%, for affected breast R25 000 for all activities related to the reconstruction of the non-affected breast.	-
Breast Reconstruction - Artificial Prosthesis	R4 000 Sub-limit	-	-

THE FOLLOWING BENEFITS DO NOT FORM PART OF THE AGGREGATED OAL.

VALUE-ADDED BENEFITS

Gap Cover Premium Waiver	6-month period - Accidental death or total permanent disability	6-month period - Accidental death or total permanent disability	6-month period - Accidental death or total permanent disability
Medical Scheme Premium Waiver	R5 800 pm for 6-months - Accidental death or total permanent disability	R4 000 pm for 6-months - Accidental death or total permanent disability	-
Accidental Death	All Adult dependants registered on the policy - R15 000. Child dependants registered on the policy - R6 000	All Adult dependants registered on the policy - R9 000. Child dependants registered on the policy - R3 000	-
Cancer Cover (Initial Diagnosis)	Lump sum of R33 000 (Stage 2 onwards)	Lump sum of R20 000 (Stage 2 onwards)	-
Sira'Go Baby	R2 500 Sub-limit per newborn	R2 000 Sub-limit per newborn	R2 000 Sub-limit per newborn
MedCare Cover	For all claims exceeding R9 000	For all claims exceeding R9 000	For all claims exceeding R9 000

* pbpa - Per Beneficiary Per Annum | pc - Per claim | pb - Per beneficiary | pm - Per month | pp - Per policy | pppa - Per policy per annum. All benefit categories are per policy. Refer to Policy or full details and explanations. This document is for basic information purposes only. Premiums are reviewed and may be adjusted annually.

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



GAP LIBERAL COVER (NEW)

Premium				
0-29	30-39	40-49	50-59	60+
R172	R202	R229	R320	R365



GAP CORE COVER

Age	Premium
0-64	R360
0-64	R415



EXACT WITH GAP & CO-PAY COVER

Age	Premium	Age	Premium
0-64	R413	65+	R896
0-64	R491	65+	R1 110

R213 000 OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM (FROM 1 APRIL 2025)

Up to 400%, max 500%. BMI included
Subject to OAL, R15 000 pp
Subject to OAL
R12 000 pc, Max 2 claims pp
Subject to OAL
Subject to OAL
R4 500 pp, R950 pc, including a Sub-Limit of R1 000 for PVT ward upgrades
R30 000 pppa. This benefit caters for all sub-limits.
-

Up to 350%, Max 450%
R18 000 pp
Subject to OAL
R11 500 pc, Max 1 claim pp
Subject to OAL
Subject to OAL
R4 500 pp, R950 pc, including a Sub-limit of R1 000 for PVT ward upgrades
R26 000 pppa, Max R13 000 pc
-

-
R4 500 sub-limit pp, R1 200 pc
Sub-limit of R10 000 Accident & Trauma Child Casualty Illness - 12yrs & younger R2 000 pc - stated benefit.
-
-
R8 000 per policy, covered within the first 6 months after a traumatic event
-

-
-
R2 000 Accident & Trauma
-
-
-
-

Subject to OAL
Subject to OAL
-
-

Subject to OAL
-
-
-

THE FOLLOWING BENEFITS DO NOT FORM PART OF THE AGGREGATED OAL.

6-month period - Accidental death or total permanent disability
R3 500 pm for 6-months - Accidental death or total permanent disability
-
Lump sum R10 000 (Stage 2 onwards)
R2 000 sub-limit per newborn
For all claims exceeding R9 000

-
-
-
-
R1 500 Sub-limit per newborn
For all claims exceeding R9 000

OVERALL ANNUAL LIMIT PER BENEFICIARY PER ANNUM (OAL) R213 000 OAL PER BENEFICIARY PER ANNUM

In-Hospital Benefits
GAP COVER - Gap Cover will settle the claims up to 300% of the medical scheme rate. Limited to a maximum of 400%, or at the stated benefit value.
CO-PAYMENTS - 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 OAL per policy per annum, limited to R12 000 per claim.
CASUALTY BENEFIT - Sub-limit of R6 500 per policy Accident & Trauma. Child Casualty Illness - costs related to the illness for children 12 and younger - stated benefit, R2 000 per claim

Value Added Benefits
GAP PREMIUM WAIVER - 6-month period: Accidental death or total permanent disability
ACCIDENTAL DEATH - R5 000 principal policy holder only.

Procedures we will cover
ARTHROSCOPIC SURGERY - R90 000
BACK AND NECK SURGERY AND TREATMENT - R90 000
BUNION SURGERY - R20 000
COCHLEAR IMPLANT, AUDITORY BRAIN IMPLANT AND INTERNAL NERVE STIMULATOR SURGERY INCLUDING THE DEVICE AND PROCESSOR - R85 000
DENTAL PROCEDURES FOR RECONSTRUCTIVE PLASTIC SURGERY DUE TO AN ACCIDENT - R80 000
DENTAL PROCEDURES FOR IMPACTED WISDOM TEETH FOR CHILDREN UNDER 18 YEARS OLD - R15 000
FUNCTIONAL NASAL SURGERY - R30 000
JOINT REPLACEMENT SURGERY - R55 000
OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY - R60 000
VARICOSE VEIN SURGERY - R22 500
KNEE AND SHOULDER SURGERY - R30 000
MRI AND CT SCANS DUE TO AN ACCIDENT - R10 000
SKIN DISORDERS INCLUDING BENIGN GROWTH AND LYMPHOMAS - R20 000
NON-CANCEROUS BREAST CONDITIONS - R20 000
ENDOSCOPIC PROCEDURES - R8 000
TONSILLECTOMY, GROMMETS, AND ADENOIDECTOMY - R10 000 pp, R15 000 combined procedure



WHO IS COVERED?

Age bands

We cover policyholders and beneficiaries of all ages on most options. Gap Core option only caters for policy holders under the age of 64. 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 or younger, and
- 65 years or older

Cover for Individuals or Families

- A base rate includes the principal member, 1 (one) adult dependant and 3 (three) child dependants or 1 (one) principal member and 4 (four) dependants.
- Single Medical Scheme Membership:
 - All members listed on the Medical Scheme Certificate of Membership (COM).
 - A base rate includes the principal member, 1 (one) adult dependant and 3 (three) child dependants or 1 (one) principal member and 4 (four) dependants.
 - All additional dependants added to the policy as listed on the Certificate of Membership (COM) will be levied a fee based on their age as indicated below:
 - For dependant 6:
 - 64 and under – R50 (fifty rand).
 - 65 and over – R100 (one hundred rand).
 - Thereafter, from dependant 7 onwards:
 - 64 and under – R 25 (twenty-five rand) per beneficiary.
 - 65 and over – R 50 (fifty rand) per beneficiary.
- Dual (two) Medical Scheme Membership:
 - We cover you, the principal member, 1 (one) adult dependant and 3 (three) child dependants or 1 (one) principal member and 4 (four) dependants on 1 (one) policy if you belong to a dual-medical scheme.
 - The cover is limited to a maximum of 2 (two) adults and all child dependants.
 - All additional dependants added to the policy as listed on the Certificate of Membership (COM) will be levied a fee based on their age as indicated below:
 - For dependant 6:
 - 64 and under – R50 (fifty rand).
 - 65 and over – R100 (one hundred rand).
 - Thereafter, from dependant 7 onwards:
 - 64 and under – R25 (twenty-five rand) per beneficiary.
 - 65 and over – R 50 (fifty rand) per beneficiary.

For the Gap Liberal Option

- This option is subject to premium rates per beneficiary, segmented by age bands: 0-29; 30-39, 40-49, 50-59 and 60+.
- All beneficiaries within each age category pay according to the prescribed premium table, which will be adjusted at each age band applicable upon renewal and inception of the policy.

Cover for children over the age of 21

A child is considered a child dependant up to the age of 21.

Students: Cover for children can be extended to the age of 27 for full-time students on their own medical aid. Documented proof of full-time study enrolment is required to verify a dependant over the age of 21.

On parents' medical scheme: Cover can also be provided for children over 21 by submitting the Certificate of Membership (COM) from your medical scheme confirming that the dependant is still on the same medical scheme.

On own medical scheme and not a student: Children on their own medical scheme and not a student are required to have their own Gap Cover policy.



EXAMPLES OF SIRAGO CLAIMS PAID IN 2024



DELIVERY

Gynaecologist charged:

R30 530.47

Medical Scheme Paid:

R7 616.90

Sirago Paid:

R22 913.57

Member paid:

R0.00



BLADDER DYSFUNCTION

Doctor charged:

R7 657.40

Medical Scheme Paid:

R3 480.65

Sirago Paid:

R4 176.75

Member paid:

R0.00



CONGESTIVE HEART FAILURE

Doctor charged:

R50 871.88

Medical Scheme Paid:

R25 936.22

Sirago Paid:

R24 935.66

Member paid:

R0.00



IMPACTED TEETH

Doctor charged:

R31 342.25

Medical Scheme Paid:

R13 621.19

Sirago Paid:

R17 721.06

Member paid:

R0.00



HAEMORRHAGE

Doctor charged:

R4 664.15

Medical Scheme Paid:

R2 130.22

Sirago Paid:

R2 533.93

Member paid:

R0.00



BENEFIT CATEGORIES & COVER OPTIONS

 **IN-HOSPITAL BENEFITS**

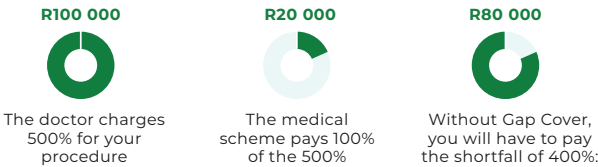
This benefit category forms part of the Overall Annual Limit (OAL) of **R213 000** per beneficiary per annum.

Each benefit category adds up to the OAL, with certain benefit categories having sub-limits applicable within the OAL.

GAP COVER

This covers the difference (the shortfall or the gap) between what the medical scheme pays and the doctors and specialists charge in hospital.

Example: you go into the hospital for a knee operation and the orthopedic surgeon charges **5 times** the medical scheme rate. You are on a **100%** plan and therefore the shortfall is **400%** of the medical scheme rate.



Options	Application
Ultimate Gap	- An Additional 500% above the medical scheme rate. - Robotic Surgery – R37 500 per policy. - BMI codes will be paid on this option.
Plus	- We pay up to 500% above the medical scheme rate, and to a maximum of 600% at stated benefit value. - Robotic surgery - R17 000 per policy.
Gap Assist	- Up to 500% above the medical scheme rate, and to a maximum of 600% at stated benefit value. - Robotic Surgery – R12 000 per claim. Subject to 1 claim per policy per annum.
Gap Liberal	- Up to 400% above the medical scheme rate, and to a maximum of 500% at stated benefit value. - Robotic Surgery – R15 000 per policy. - BMI codes will be paid on this option.
Gap Core	- Up to 350% above the medical scheme rate, and to a maximum of 450% at stated benefit value. - Robotic Surgery – R18 000 per policy.
Exact with Gap and Co-payments	We pay up to 300% above the medical scheme rate, and to a maximum of 400% at stated benefit value.

CO-PAYMENTS

Co-payment cover is for the co-payments, excesses, or deductibles **as stipulated, or imposed by your 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.

Example: If you have a back operation and the co-payment or deductible is **R15 000**, Sirago will reimburse this amount.

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

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Subject to the OAL
Plus	Subject to the OAL
Gap Assist	Subject to OAL. We pay up to R13 500 per claim including co-payment charged as a percentage.
Gap Liberal	Subject to the OAL
Gap Core	Subject to the OAL
Exact with Gap and Co-payments	Subject to OAL. We pay up to R12 000 per claim.



PENALTY FEE CO-PAYMENTS

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. Co-payments for administration charges are specifically excluded from cover on this option.

Example 1: You are on Medical Scheme D, and you have a planned procedure at a non-network hospital. The penalty fee is **R9 650** which Sirago will reimburse.

Example 2: You are on Medical Scheme M, and you have a planned procedure at a non-network hospital. The Penalty fee is **30%** of all bills. Sirago will reimburse up to the benefit amount on the Gap option you are on.

Options	Application
Ultimate Gap	We pay R16 000 per claim, 2 claims per policy.
Plus	We pay R13 000 per claim, 1 claim per policy.
Gap Assist	We pay R8 000 per claim, 1 claim per policy.
Gap Liberal	We pay R12 000 per claim, 2 claims per policy.
Gap Core	We pay R11 500 per claim, 1 claim per policy.
Exact with Gap and Co-payments	No Benefit

DAY HOSPITAL, CLINIC, 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. Your cover will be subject to the limits of your chosen Sirago option.

Example: You need a gastroscopy, which is normally done in hospital, but your doctor says they can do it in their rooms. We will pay if there is a shortfall on the doctor and anaesthetist, if a co-payment, or a penalty fee has been imposed.

We will not pay if you go to the doctors' rooms for a day-to-day procedure.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Subject to the OAL
Plus	Subject to the OAL
Gap Assist	Subject to the OAL
Gap Liberal	Subject to the OAL
Gap Core	Subject to the OAL
Exact with Gap and Co-payments	No Benefit

PRESCRIBED MINIMUM BENEFITS (PMB)

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**. In the event of an emergency, PMB protocols should be adhered to.

Your cover will be subject to the limits of your chosen Sirago option.

Example 1: You are rushed to the hospital after a car accident and need emergency surgery. The scheme should pay for all costs in full. Sirago is not responsible for any of the shortfalls.

Example 2: You consult your doctor after experiencing chest pains and he diagnoses a heart condition. He schedules surgery later that week and you request authorisation from the medical scheme. The medical scheme stipulates that you need to use a DSP for the planned PMB condition, but your doctor does not work at that facility. The scheme will therefore only pay at scheme rate at a non-DSP and Sirago will cover the shortfall.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Subject to the OAL
Plus	Subject to the OAL
Gap Assist	Subject to the OAL
Gap Liberal	Subject to the OAL
Gap Core	Subject to the OAL
Exact with Gap and Co-payments	No Benefit



HOSPITAL ACCOUNT SHORTFALL

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 that the medical scheme has not paid from risk and the cost of upgrading to a private ward up to the benefit amount.

Example 1: You are discharged, and the hospital asks you to pay an outstanding amount on the hospital account for things like medication, bandages, oxygen tanks, masks, catheters, and IV bags. Sirago will pay up to the benefit amount.

Example 2: You are discharged and get a script for your take home medication. Only if you collect this from the hospital dispensary, we will reimburse up to the benefit limit whether you have to pay from your pocket or from your available medical savings.

Example 3: You are having a baby and would like to stay in a private ward, Sirago will pay up to the benefit amount for the upgrade.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	• R7 800 per policy, up to R1 500 per claim. • A R2 000 sub-limit is applicable to private room upgrades.
Plus Gap	• R4 500 per policy, R1 000 per claim. • A R1 100 sub-limit is applicable to private room upgrades.
Gap Assist	• R3 000 per policy, up to R500 per claim. • A R1 000 sub-limit is applicable to private room upgrades.
Gap Liberal	• R4 500 per policy, up to R950 per claim. • A R1 000 sub-limit is applicable to private room upgrades.
Gap Core	• R4 500 per policy, up to R950 per claim. • A R1 000 sub-limit is applicable to private room upgrades.
Exact with Gap and Co-payments	No Benefit

SUB-LIMIT ENHANCER

Medical scheme benefits available on the medical scheme option for MRI & CT scans, cochlear implants, intraocular lenses, internal prostheses, and Transcatheter Aortic Valve Implantation (TAVI) procedure valves only. 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.

Example 1 of when we WILL pay: In January, you need to go for a spinal operation, but they need to perform an MRI scan before the operation which the Radiologist charges R20 000 for. Fortunately the medical scheme benefit is not yet exhausted, and the medical scheme pays the limit of R10 000. This has resulted in a R10 000 shortfall which Sirago will cover.

Example 1 of when we DON'T pay: In January, you have a shoulder operation and the medical scheme covers the internal prosthesis in full, you then go for a follow up operation in February that requires internal prosthesis, but now your medical scheme benefit is exhausted.

The medical scheme does not pay for the second operation's internal prosthesis. This means Sirago will also not pay, since your medical scheme does not contribute to the cost of the internal prosthesis as the benefit has been used up.

Example 2 of when we WILL pay: You have cataracts and use an ophthalmologist for intraocular lenses. The medical scheme has a limit on how much they will pay for the lenses and Sirago will cover the difference up to the available limit for the procedure.

The Sub-limit Enhancer benefit is available on the following cover options:

Options	Application
Ultimate Gap	• We pay up to R40 000 per claim. This caters for all sub-limits. • MRI & CT scans, cochlear implants, intraocular lenses, Transcatheter Aortic Valve Implantation (TAVI) procedure valve, and internal prostheses.
Plus Gap	• Sub-limit of R36 000 per policy, maximum R12 000 per claim. This caters for all sub-limits. • MRI & CT Scans, cochlear implants, intraocular lenses, Transcatheter Aortic Valve Implantation (TAVI) procedure valve, and internal prostheses.
Gap Assist	No Benefit
Gap Liberal	• We pay up to R30 000 per policy per annum. This caters for all sub-limits. • MRI & CT Scans, cochlear implants, intraocular lenses, Transcatheter Aortic Valve Implantation (TAVI) procedure valve, and internal prostheses.
Gap Core	• We pay up to R26 000 per policy, maximum of R13 000 per claim. • MRI & CT scans, Transcatheter Aortic Valve Implantation (TAVI) procedure valve, and internal prostheses only.
Exact with Gap and Co-payments	No Benefit

STEP-DOWN

If your medical scheme provides benefits for rehabilitation as an in-patient in a step-down or sub-acute facility, we will cover ongoing treatments when your medical scheme benefits have been exhausted, after an **accident, stroke, or cancer treatment**.

Example: You experience a severe stroke which results in significant damage to your brain, leaving you with paralysis on one side of your body and difficulty with speech and swallowing. Following initial treatment in the acute care hospital, you are transferred to a step-down or sub-acute facility where you receive therapy and specialised nursing care to help you return to your daily activities of life.

When your medical scheme benefit limit has been reached, Sirago will pay for the ongoing treatments up to the policy limit.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	We will pay up to R15 000 per beneficiary per annum for on-going treatment after an accident, a stroke or cancer treatment.
Plus Gap	No Benefit
Gap Assist	No Benefit
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit



#DIDYOUKNOW

The medical scheme needs to provide a defined rand value towards the appliance and there needs to be a payment from the medical scheme when claiming against the Appliance Benefit.





OUT-OF-HOSPITAL BENEFITS

Each benefit category adds up to the OAL, with certain benefit categories having sub-limits applicable within the OAL.

PRIMARY CARE BENEFIT

Primary Care cover is provided for the difference between what the medical scheme pays and the provider charges for the consultation fee only.

This includes:

- **GP Consultations**
- **Dental Consultations**
- **Alternative therapist consultations (Chiropractors, Physiotherapists, Biokineticists, Occupational therapists, Homeopaths, and Audiologists – if covered by the medical scheme option you are on).**

This specifically excludes any other related charges during the consultation for services rendered where there are charges applicable.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R5 500 per policy, R850 per claim
Plus Gap	No Benefit
Gap Assist	No Benefit
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

SPECIALIST CONSULTATION FEE

This benefit covers the shortfall on the consultation at a specialist outside of hospital (excluding Psychiatrist and Psychologist). 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 code mentioned above.

Example: You've been referred to a cardiologist by your General Practitioner to investigate a possible heart condition. He charges you for the consultation and for an ECG in a room out of hospital. Your medical scheme pays a portion, which means Sirago will pay the shortfall on the consultation fee only, not on the ECG.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R7 000 sub-limit per policy, R1 500 per claim.
Plus Gap	R5 000 sub-limit per policy, R1 000 per claim.
Gap Assist	No Benefit
Gap Liberal	R4 500 sub-limit per policy, R1 200 per claim.
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

CASUALTY BENEFIT

This benefit covers the initial emergency at any registered casualty facility when you require immediate medical treatment due to an **accident, trauma or illness**. We will cover a general practitioner (GP)'s consultation rooms if no other emergency facility is available within a **30 km** radius. Ambulance costs are not covered by this benefit.

1. ACCIDENT AND TRAUMA

All costs related to the initial accident/ trauma event will be covered, whether you are liable to pay the costs related to the emergency event out of your pocket or if your medical scheme pays from your savings.

2. ILLNESS

All costs related to the initial emergency illness event will be covered up to the stated illness benefit, if you are liable to pay the costs related to the emergency event out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **13** years and older outside of normal consultation hours.

3. CHILD CASUALTY ILLNESS

This benefit is applicable to children **12** years and younger, who need emergency treatment out of normal consultation hours or treatment that can only be done in an emergency facility. All costs related to the initial event will be covered, 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.

Out of normal consultation hours means **18h00 to 07h00** on Monday to Friday, and all of Saturday, Sunday, and South African public holidays.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Sub-limit of R20 000 per policy. Accident & Trauma - costs related to the accidental event - stated benefit Illness - for beneficiaries 13 yrs and older - R2 500 per claim - stated benefit. Child Casualty Illness - costs related to the illness for children 12 yrs and younger - R4 000 per claim - stated benefit.
Plus Gap	Sub-limit of R15 000 per policy. Accident & Trauma - costs related to the accidental event - stated benefit. Illness - for beneficiaries 13 yrs and older - R1 500 per claim - stated benefit. Child Casualty Illness - costs related to the illness for children 12 yrs and younger - R3 000 per claim - stated benefit.
Gap Assist	Sub-limit of R8 000 per policy. Accident & Trauma - costs related to the accidental event - stated benefit. Child Casualty Illness - costs related to the illness for children 12 yrs and younger - R2 000 per claim - stated benefit.
Gap Liberal	Sub-limit of R10 000 per policy. Accident & Trauma - costs related to the accidental event - stated benefit. Child Casualty Illness - costs related to the illness for children 12 yrs and younger - R2 000 per claim - stated benefit.
Gap Core	R2 000 per policy. Accident & Trauma - costs related to the accidental event - stated benefit
Exact with Gap and Co-Payments	Please refer to the Exact options on pages 18.

PREVENTATIVE CARE

This benefit will cover the difference between the rate that the service provider charges and the benefit amount on your medical scheme option for any of the listed procedures or treatments only.

The following procedures or treatments are covered as part of this benefit: **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.**

Alternatively, if there is no benefit available at the time of claim, up to **R500** will be paid towards the following tests and treatments, **2** claims per policy:

Pap smear.

Child Immunisations (Department of Health Formulary) – up to the age of 12 years.

Mammogram.

Bone density scans.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R8 500 sub-limit per policy, R1 350 per claim.
Plus Gap	R5 000 sub-limit per policy, R950 per claim.
Gap Assist	No Benefit
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

APPLIANCE BENEFIT

This benefit covers the difference between the medical scheme benefit amount and what the service provider charges, if the medical scheme option has a **defined rand limit**, for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena devices.**

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R8 250 sub-limit per policy.
Plus Gap	R5 500 sub-limit per policy.
Gap Assist	R4 000 sub-limit per policy, R1 300 per claim.
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

TRAUMA COUNSELLING

This benefit covers trauma counselling with a registered medical professional within the first **6** months after a traumatic event, such as but not limited to dread disease, hijacking and/ or violent crime.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R10 000 per policy, covered within the first 6 months after a traumatic event.
Plus Gap	R6 000 per policy, covered within the first 6 months after a traumatic event.
Gap Assist	R4 000 per policy, covered within the first 6 months after a traumatic event.
Gap Liberal	R8 000 per policy covered within the first 6 months after a traumatic event.
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

ACCIDENTAL DENTAL BENEFIT

Should you require a dental procedure as a result of an accident or injury, this benefit covers you for out-of-hospital dental procedures.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R10 000 per policy payable to a maximum of R2 500 per fractured tooth.
Plus Gap	No Benefit
Gap Assist	No Benefit
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-payments	No Benefit





CANCER BENEFITS

Each benefit category adds up to the OAL, with certain benefit categories having sub-limits applicable within the OAL.

CANCER CO-PAYMENT BENEFIT

The 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 for ongoing cancer-related treatments and biological drugs. The ongoing treatment must be in line with the registered treatment plan of your medical scheme to access this benefit.

Example: You are diagnosed with lung cancer and need to undergo chemotherapy and radiation therapy. Your medical scheme covers all costs related to the treatment for that specific cancer within their treatment guideline once the overall annual limit has been reached and the scheme imposes a **20%** co-payment on all further treatments, we will reimburse the cost related to the co-payment.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Subject to the OAL
Plus Gap	Subject to the OAL
Gap Assist	Subject to the OAL, R22 000 per claim
Gap Liberal	Subject to the OAL
Gap Core	Subject to the OAL
Exact with Gap and Co-Payments	No Benefit

#DIDYOUKNOW

To add a dependant onto your policy, simply complete and submit the additional dependant form to applications@sirago.co.za - you can download it from the website.



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.



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.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Subject to the OAL
Plus Gap	Subject to the OAL
Gap Assist	Subject to the OAL
Gap Liberal	Subject to the OAL
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit



CANCER BREAST RECONSTRUCTION

The Cancer Breast Reconstruction Benefit provides additional cover above the medical scheme rate for breast reconstruction of the affected breast, post-mastectomy.

We will also provide a lump sum for the reconstruction of the unaffected breast, which may include a sub-limit for artificial prosthesis, including but not limited to wigs, breast implants and post-mastectomy bra prosthesis, should the medical scheme not cover this at all. This benefit is only available within the first **18** months of the initial mastectomy. There is no benefit for any costs related to PMB services, treatments, or medical interventions, unless otherwise stated.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Up to 500% of the medical scheme rate for the reconstruction of the affected breast. R40 000 for all the reconstruction of the unaffected breast per beneficiary - *R4 000 for artificial prosthesis as part of this benefit sub-limit.
Plus Gap	Up to 500% of the medical scheme rate for the reconstruction of the affected breast. R25 000 for the reconstruction of the unaffected breast per beneficiary.
Gap Assist	No Benefit
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

*To claim for Artificial Prosthesis benefit, you will need to submit the following documents:

- Your current treatment plan from your medical scheme.
- The provider's invoice reflecting:
 - The procedure codes;
 - The amounts charged; and/or
 - An invoice from the retailer reflecting the price and description of what was purchased.





VALUE-ADDED BENEFITS

These benefits do not form part of the aggregated Overall Annual Limit (OAL) of R213 000 per beneficiary per annum.

GAP COVER PREMIUM WAIVER

In the event of accidental death or total permanent disability of the Sirago policyholder, we will keep the premiums for your policy as a credit for a period as stipulated for each plan below.

This benefit may be claimed by the surviving spouse or adult dependent on the Sirago policy.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	6-month period - Accidental death or total permanent disability.
Plus Gap	6-month period - Accidental death or total permanent disability.
Gap Assist	6-month period - Accidental death or total permanent disability.
Gap Liberal	6-month period - Accidental death or total permanent disability.
Gap Core	No Benefit
Exact with Gap and Co-Payments	6-month period - Accidental death or total permanent disability.

MEDICAL SCHEME PREMIUM WAIVER

This benefit will be paid to the beneficiary for the upkeep of the medical scheme contributions in the event of accidental death or total permanent disability of the Sirago policyholder and where all beneficiaries are linked to a single medical scheme. This includes payment for dual medical scheme membership.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Up to R5 800 per month for 6 months - Accidental death or total permanent disability.
Plus Gap	Up to R4 000 per month for 6 months - Accidental death or total permanent disability.
Gap Assist	No Benefit
Gap Liberal	Up to R3 500 per month for 6 months - Accidental death or total permanent disability.
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit

ACCIDENTAL DEATH

This benefit will pay out for the accidental death of policy members.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	All Adult dependants registered on the policy - R15 000 , Child dependants registered on the policy - R6 000 .
Plus Gap	All Adult dependants registered on the policy - R9 000 , Child dependants registered on the policy - R3 000 .
Gap Assist	No Benefit
Gap Liberal	No Benefit
Gap Core	No Benefit
Exact with Gap and Co-Payments	R5 000 for the principal policyholder only.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)

This benefit will pay out a lump sum on the first time you are ever diagnosed with **malignant cancer** from **stage 2**. 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.**

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Lump sum of R33 000 per beneficiary (stage 2 onwards)
Plus Gap	Lump sum of R20 000 per beneficiary (stage 2 onwards)
Gap Assist	No Benefit
Gap Liberal	Lump sum of R10 000 per beneficiary (stage 2 onwards)
Gap Core	No Benefit
Exact with Gap and Co-Payments	No Benefit



#DIDYOUKNOW

To claim against the Accidental Death benefit, note that the death certificate must say "unnatural death". We do not pay for natural death. For example, we will not pay if death is caused by an illness. We will however pay if the death was caused by a car accident, and it is stated as an unnatural death on the death certificate.

SIRA'GO BABY

Sirago will pay out the below-mentioned lump sum to you, per newborn baby, when the baby is registered on your gap policy **within 90 days of birth**.

To register your newborn(s), Simply fill out the additional dependant form and submit to changes@sirago.co.za together with your baby's birth certificate.

This benefit is only applicable to babies born in 2025 and is available on the following cover options:

Options	Application
Ultimate Gap	R2 500 sub-limit per newborn child
Plus Gap	R2 000 sub-limit per newborn child
Gap Assist	R2 000 sub-limit per newborn child
Gap Liberal	R2 000 sub-limit per newborn child
Gap Core	R1 500 sub-limit per newborn child
Exact with Gap and Co-Payments	No Benefit

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

With this benefit, the policyholder will get access to MedCare's free ADR service for all disputed PMB claims exceeding **R9 000**. Policyholders can also access the MedCare service for all claims less than **R9 000**, 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.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	For all claims exceeding R9 000
Plus Gap	For all claims exceeding R9 000
Gap Assist	For all claims exceeding R9 000
Gap Liberal	For all claims exceeding R9 000
Gap Core	For all claims exceeding R9 000
Exact with Gap and Co-Payments	No Benefit



EXACT COVER WITH GAP & CO-PAY

0 - 64Individual
Family**R413****R491****65+**Individual
Family**R896****R1 110****Age Limit:** None**Overall Annual Limit (OAL) Per****Beneficiary:** R213 000

Premiums are reviewed and may be adjusted annually.

WHAT IS EXACT WITH GAP AND CO-PAY COVER?

*To access these exact cover benefits, policyholders are required to preauthorise the event with Sirago PRIOR to incurring any expenses and admissions to hospital. Failure to do so will render the claim repudiated.

The Exact with Gap and Co-Pay option provides cover for specific procedures that your medical scheme excludes, with additional Gap and Co-payment cover for the events that are covered by the medical scheme. The Exact Cover option provides access to a defined list of stated procedures when your Medical scheme option excludes those specific procedures over and above their standard exclusions. Sirago will negotiate with all service providers on your behalf and pay the claim directly, up to the stated amounts as listed below. The cost of the hospital and all service providers are included in the cover limit.

In-Hospital Benefits

GAP COVER - Gap Cover will settle the claims up to 300% of the medical scheme rate. Limited to a maximum of 400%, or at the stated benefit value.

CO-PAYMENTS - 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 OAL per policy per annum, limited to R12 000 per claim, including co-payments charged as a percentage.

CASUALTY BENEFIT - Sub-limit of R6 500 Accident & Trauma. Child Casualty illness - costs related to the illness for children 12 and younger - stated benefit, R2 000 per claim

Value Added Benefits

GAP PREMIUM WAIVER - 6-month period: **Accidental death** or total permanent disability

ACCIDENTAL DEATH - R5 000 principal policy holder only

Procedures we will cover

ARTHROSCOPIC SURGERY - R90 000

BACK AND NECK SURGERY AND TREATMENT - R90 000

BUNION SURGERY - R20 000

COCHLEAR IMPLANT, AUDITORY BRAIN IMPLANT AND INTERNAL NERVE STIMULATOR SURGERY INCLUDING THE DEVICE AND PROCESSOR - R85 000

DENTAL PROCEDURES FOR RECONSTRUCTIVE PLASTIC SURGERY DUE TO AN ACCIDENT - R80 000

DENTAL PROCEDURES FOR IMPACTED WISDOM TEETH FOR CHILDREN UNDER 18 YEARS OLD - R15 000

FUNCTIONAL NASAL SURGERY - R30 000

JOINT REPLACEMENT SURGERY - R55 000

OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY - R60 000

VARICOSE VEIN SURGERY - R22 500

KNEE AND SHOULDER SURGERY - R30 000

MRI AND CT SCANS DUE TO AN ACCIDENT - R10 000

SKIN DISORDERS INCLUDING BENIGN GROWTH AND LYMPHOMAS - R20 000

NON-CANCEROUS BREAST CONDITIONS - R20 000

ENDOSCOPIC PROCEDURES - R8 000

TONSILLECTOMY, GROMMETS, AND ADENOIDECTOMY - R10 000 pp, R15 000 combined procedure

EXACT COVER EXCLUSIONS

- Medical procedures listed as specific exclusions by the medical scheme that do not form part of our list of medical procedures covered.
- Service providers' accounts where the medical scheme applied an overall annual limit (OAL) as a cover limit to in-hospital medical procedures.
- Service providers' accounts where the medical scheme sub-limit benefit is exhausted at the time of the event.
- Service providers' accounts where the chosen service providers charge a rate that exceeds the cover limit we provide.

WAITING PERIODS FOR EXACT COVER

- A **10-month** waiting period applies where no claims can be submitted for a procedure or surgery related to our list of procedures.
- A **12-month** waiting period on pre-existing conditions, specific diseases and/or illnesses related to our list of procedures.

WAITING PERIODS FOR GAP AND CO-PAY COVER

- A **3-month** general waiting period is applicable on any newly 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 conditions, diseases or illnesses for Gap and Co-pay Cover claims.

HOW TO CLAIM



1. SIRAGO WEBSITE CLAIM SUBMISSION

Navigate to the Sirago website: <https://sirago.co.za> and select the "Submit a claim" button, which will take you to the claim form. Follow the step-by-step guide on submitting the claim. You will need the following information with you when you submit the claim:

- Your policy number, this will start with SIR / OMGC / SIRNG
- Policyholder's details. This is the person who holds the policy with Sirago.
- All claim requirements for the claim submission. (Refer to the "Required documents when claiming - Explanation table" on page 20)



2. EMAIL CLAIM SUBMISSION:

Submit all the claim documents required to claims@sirago.co.za.

Remember to include the following information in the submission:

- Your policy number, this will start with SIR / OMGC / SIRNG
- The claim form needs to be fully completed and signed by the policyholder of the Sirago policy.
- All claim requirements for the claim submission. (Refer to the required documents list below.)



3. SUBMIT YOUR CLAIM VIA THE 4WEB BROKER PORTAL

- Once you have accessed the specific policy, look for the applicable dependant and select Actions>Register Claim.
- Register your claim. (Use the link as a guide for registering a claim: <https://support.sirago.co.za/support/solutions/articles/77000510865-submitting-a-claim-on-the-broker-portal>)
- Once registered you can select the "view summary" button to access the claim to get the claim number. This will be required to submit the supporting documents.
- Upload supporting documents, including the claim form.



SUBMIT YOUR DOCUMENTS

We must receive your claim with all supporting documentation within **180** days after the insured event.



DOCUMENTS REQUIRED WHEN CLAIMING

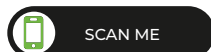
- Sirago Gap Cover claim form completed and signed by the Policyholder.
- Hospital and related accounts substantiating your claim.
- Medical scheme statement reflecting all the payments made by your medical scheme for the treatment date of the health event.
- Completed medical reports substantiating the clinical information or any other documentation if requested by our claims team.
- Pre-authorisation letter from your medical scheme for **co-payment** claims.
- **Value Added Benefit claims:** Documentation and certification which may include a death certificate and BI-1663 form or a report from a registered medical practitioner confirming total permanent disability.
- **Value Added Benefit claims:** A monthly Confirmation of Membership from the Medical scheme is required for **Medical Scheme Premium Waiver** benefit, this needs to include the month and the monthly premium.
- **Initial Cancer Diagnosis:** We require a histology report confirming the first diagnosis of cancer.



Sirago Whatsapp Line



Sirago Website



4Web Broker Portal



+27 10 599 1163
for claims assistance



REQUIRED DOCUMENTS WHEN CLAIMING - EXPLANATION TABLE

Name of document:	Where can I get this from:	Importance of why we need this document:	Important to note:
Sirago Claim Form	You can obtain this from our web-site: www.sirago.co.za/download/ You can contact one of our friendly customer experience centre consultants on 010 599 1163. You can WhatsApp one of our friendly customer experience centre consultants on 076 562 1340.	• Verify the correct policy to register a claim. • Allows us to update information. • Validates account details for claim payments once assessed.	This document needs to be completed and signed by the Sirago policyholder.
A detailed Hospital account	This is obtained from the hospital where you were admitted, whether it be one day admission or a lengthy stay in hospital.	Confirms the following: • The length of stay in hospital and the specific provider or practice details. • Patient details. • ICD-10 (Diagnosis) Code. • Detail and summary of the costs for the hospital stay. • The discounts applied by the hospital, where applicable.	A summary Hospital account will regrettably not suffice.
Service provider's invoice / Doctor's invoice	This is obtained from the treating provider's accounts department who performed the procedure	Confirms the following: • The provider's name, practice number and type of provider seen. • Patient's details. • Date which the patient saw the provider. • ICD-10 (Diagnosis) Code the patient was treated for. • Tariff codes. • Amounts charged per tariff code.	The amounts charged on this account need to correspond with the charged amounts on the medical scheme statement.
Medical Scheme statement	You can obtain this from your monthly medical scheme statement, that is available on your medical scheme portal, website, digital app, or from your financial advisor.	Confirms the following: • The date of the procedure. • The patient that went for the procedure. • Amounts charged by each provider. • The scheme rate and scheme payment. • Reasons for short payment by the medical scheme.	A Nexus statement and/ or a claims summary will regrettably not suffice.
Completed medical reports	This can be obtained from the doctor whom first diagnosed/ treated you for symptoms.	Confirms the following: • Date of awareness of symptoms. • When the provider was first seen. • The history of the condition.	-
Confirmation of pre-authorisation	You can obtain this from your medical scheme.	Confirms the following: • Date of expected admission. • The patient details. • The hospital and length of stay. • The benefit the scheme has on the client's specific options; this includes: • Benefit limits or sub-limits on specific benefits • The deductibles / co-payments that the client is liable for. • The reason for the co-payment.	-

Name of document:	Where can I get this from:	Importance of why we need this document:	Important to note:
Facility Account (Step down benefits)	This is obtained from the accounts department from the facility the patient was admitted in as a step-down facility.	Confirms the following: - The length of stay at the specific facility the patient was admitted to. - The patient's details. - The ICD-10 (Diagnosis) Code. - The detail and summary of the costs for the step-down facilities stay. - Discounts applied by the facility, where applicable.	-
Casualty facility Invoice (Casualty Benefits)	This is obtained from the accounts department from the Casualty facility you visited.	Confirms the following: - Date and time the patient was admitted to the emergency facility. - Patient details. - ICD-10 (Diagnosis) Code. - Detail and summary of the costs for the casualty visit. - Discounts applied by the hospital, where applicable.	-
Confirmation of oncology registration programme	This can be obtained from your medical scheme.	Confirms the following: - Cancer treatment approved by the medical scheme. - The frequency of the specific treatment for each specific provider / doctor.	-
Death certificate	This can be obtained from Home Affairs	Confirms the following: - The identity of the demised person. - The date of the demise. - The category of cause of death.	-
Fully completed DHA1663 Form / BI-1663 Form	This is provided by the medical practitioner / forensic pathologist.	This document provides particulars of the demise of the person, which assists us in the assessing of the claim under specific benefit of entitlements.	-
Medical Scheme membership certificate	This can be obtained from your medical scheme, monthly.	Confirms the following: - Monthly active membership. - Monthly contribution on the active membership.	-
Completed debit order authority form (if applicable) for the death of the policyholder	You can obtain this from our website: www.sirago.co.za/download/ You can contact one of our friendly customer experience centre consultants on 010 599 1163. You can WhatsApp one of our friendly customer experience centre consultants on 076 562 1340.	Confirms the following: - The policyholder's details. - New debit order account details.	-

TAKE NOTE OF “THE SMALL PRINT”

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

- **3-month** general waiting period is applicable on any newly inception policies and /or additional dependants to the current policy, except in the event of an accident.
- **10-month** waiting period on pre-existing conditions, diseases or illness.

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 APPLICABLE TO CERTAIN BENEFIT CATEGORIES, AND CERTAIN CONDITIONS, AND/OR RELEVANT OPTIONS

- **3-month** waiting period on Initial Cancer Diagnosis and Accidental Death.
- **6-month** waiting period on Total Permanent Disability and Premium Waivers.
- **10-month** waiting period for pregnancy and confinement.
- **12-month** waiting period 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 POLICY 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.



#DIDYOUKNOW

To add a dependant onto your policy, simply complete and submit the additional dependant form to applications@sirago.co.za - you can download it from the website or request it from your financial advisor.

IMPORTANT SMALL PRINT CONTINUED..

EXCLUSIONS - WHAT SIRAGO DOES NOT PAY FOR

Sirago will not pay for any illness, condition, disease or injury, or the consequences of treatment resulting from or associated with:

- Benefits that your medical scheme excludes or does not pay for, or has not paid a portion of the claim, or if you have used up your whole benefit limit on the medical scheme.
- If there is no authorisation from the medical scheme and they do not pay, neither does Sirago.
- Sirago has certain stated benefits that are not related to claims from the medical scheme.
- The first **100%** of the medical scheme tariff or rate for any claim, unless it is a scheme-imposed co-payment charged as a rand amount or percentage of cost. The medical scheme should be responsible for the first **100%** or **200%** of the claim, according to your medical scheme option.
- Claims that exceed the limit of each benefit category.
- Out-patient or day-to-day treatment, consultations, investigations, or surgical procedures unless there is a specific benefit on your Sirago option.
- The cost of any experimental treatments and medication, both in and out of hospital are not covered (Including Innovative drugs).
- Any claim less than the minimum claim amount of **R100**.
- Claims for organ donations and recipients do not have any benefit entitlement.
- In the event that there were no benefits available from the scheme at the time of the procedure, Sirago will not provide any benefits in this regard.
- There will be no benefit for claims related to or resulting from the natural causes of death of the policyholder under the Gap and Medical Scheme premium waiver benefits, where benefit is applicable on your chosen option.
- There will be no benefit for claims related to or resulting from the initial diagnosis of cancer from stage 0-1; there is only benefit for initial diagnosis of malignant cancer from stage 2 onwards, where benefit is applicable on your chosen option.

GENERAL POLICY EXCLUSIONS

Sirago will not compensate you for any illness, condition, disease or injury, or the consequences or treatment resulting from or associated with:

- An event not covered by this policy and/or falling outside of the policy's intention.
- An event where pre-authorisation was not obtained from the medical scheme or where medical scheme rules were not adhered to.
- Any claim that must be paid in terms of alternate proclaimed legislation, such as the Compensation for Occupational Injuries Act 90 of 1993, and the Road Accident Fund Act 56 of 1996.
- Any dependant not noted on the policy on the incident date.
- Any pre-existing condition, disease, disorder, or illness, for the first **10** months. This will include any condition which existed before inception, whether diagnosed or not, or for which an insured person has sought or received medical advice, received treatment by a registered medical professional, or exhibited symptoms, before the actual inception of the policy.
- Any pre-existing cancer condition, disease, disorder, or illness, for the first **12** months. This will include any condition which existed before inception, whether diagnosed or not, or for which an insured person has sought or received medical advice, received treatment by a registered medical professional or exhibited symptoms before the actual inception of the policy.
- Breast reconstruction and breast reconstruction performed as a secondary or subsequent reconstruction, unless part of the benefit entitlement of your Sirago option.
- Intraocular lenses, unless part of the benefit entitlement of your Sirago option.
- Claims for regular or routine medical treatment or advice on an on-going basis, and routine physical examinations or procedures purely of a diagnostic nature, except as listed under the Preventative Care benefit.
- Any illness, injury, or consequence of alcohol, drug or substance intoxication, use, abuse, or addiction, whether directly or indirectly traceable to the insured being affected permanently or temporarily. Claims may be considered where registered drugs are administered and prescribed by a registered medical professional.
- Any psychiatric or psychological condition, emotional or nervous conditions including, but not limited to depression, insanity, psychosis, stress-related and affective disorders, unless specified as part of a benefit entitlement.
- Suicide, attempted suicide, or any intentional or deliberate self-injury and/or self-exposure to danger or risk except to save a human life.
- Medication (chronic or acute), drugs, prescriptions, consumables, and equipment used, unless they are part of the benefit entitlement.
- Devices, such as artificial joints, braces, crutches, dental implants, orthodontic, prosthodontic and all cosmetic dentistry including all forms of internal and external prostheses as defined, unless specified as part of the benefit entitlement of this policy.
- Cosmetic surgery where there is no clinical indication for treatment, including any treatment and costs resulting from these procedures, unless specified as part of the option benefit entitlement this includes but is not limited to gender re-assignment and gender re-assignment reversal procedures, any treatment, and admissions.
- Discounts negotiated directly with a service provider and the insured person and where reimbursement of a claim would benefit or enrich.
- Elective procedures that have no clinical or medical indication, including any treatment and costs resulting from these procedures, unless specified as part of the benefit entitlement.
- Investigations, treatment, or surgery for eating disorders, obesity, or weight management, including any consequence of such treatment.
- Investigations, treatment, medication, or surgery related to any condition where advice, diagnosis and/or treatment is received outside the borders of South Africa.
- BMI (Body Mass Index)
 - a) The additional charge on claims by Registered Medical Professional for management of overweight and underweight patients for BMI. BMI codes **0018** and **0019** are not covered, unless specified as part of the benefit entitlement.
 - b) Sirago will pay the additional charges by a Registered Medical Professional for the management of overweight and underweight patients for BMI claims, only if directly related to pregnancy and diseases that are non-lifestyle related.
- Investigations, treatment, or surgery related to infertility, artificial insemination, hormone treatment for infertility, or any other form of assisted reproduction.
- Any claim related to contraceptive device implantation, unless specified in option's benefit entitlement.
- Robotic surgery including specialised mechanical or computerised appliances and equipment, unless your Sirago option specifically makes provision for this type of cover.

- Any claim submitted where you and/or your dependant has previously been diagnosed with cancer in your lifetime will not qualify for the initial cancer diagnosis benefit.
- Any claim related to renal dialysis for out-patient and on-going treatment.
- An event approved by the scheme outside of the normal scheme rules by Ex-Gratia will not be covered on this policy.
- An event resulting in or related to gender reassignment or gender reassignment reversal procedures, treatment or admission does not fall within the benefit entitlement.
- Any costs related to emergency Prescribed Minimum Benefit (PMB) costs / medical interventions, unless defined as part of the benefits of this policy.
- Any other related charges and costs incurred during the specialist and primary care consultation fee benefit performed during the visit will not be covered, unless defined as covered as part of the benefits of this policy.
- Any costs related to out-of-hospital radiology and pathology are excluded from cover unless defined as part of the benefits of this policy.
- Any follow-up visits to casualty/treating providers will not be covered, unless specifically covered under the benefit entitlement.

SPORT-RELATED EXCLUSIONS:

Any illness, injury or condition resulting from, or directly associated with professional sport as a paid profession, such as but not limited to:

- Participation in any form of race or speed test, other than on foot.
- Sports involving any mechanically propelled vehicles or crafts.
- Participation in a sport that is defined as hazardous or dangerous, except for scholars taking part in school activities.

STANDARD SHORT-TERM POLICY EXCLUSIONS

Sirago will not pay for any illness, condition, disease or injury, or the consequences of treatment resulting from or associated with:

- Any claim arising directly or indirectly from active involvement in war, invasion, an act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind, or any act of any person acting on behalf of or in connection with any organisation, group or activity aimed at overthrowing any government by force or any deliberate act of terrorism or violence.

- Any riot, strike, or public disorder (including civil commotion, labour disturbances or lock-out) or any act or activity resulting in, or calculated to bring about a riot, strike, or such disorder.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike, or the activities of locked-out workers.
- The act of any lawfully established authority, police force, security force, or any other local, provincial, or national body, in controlling, preventing, suppressing or in any other way dealing with any event referred to in the clauses above.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Nuclear weapons or nuclear material, ionizing radiation, or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For this exception combustion shall include any self-sustaining process of nuclear fission.
- Any loss arising from any contractual liability.
- Any consequential loss or damage whatsoever.
- Any attempt by you to commit an unlawful act.

The above is a summary of the terms and conditions.
For a concise list, please refer to the Policy Wording which forms part of your Schedule of Insurance.

#DIDYOUKNOW

Gap cover is a non-life insurance product which compliments your medical scheme benefits.
It is not the same as a medical scheme and cannot take the place of a medical scheme.
To qualify for Gap cover you need to have a policy with a registered medical scheme in South Africa.



GAP OPTION PREMIUMS

The table below contains the premiums applicable to the 2025 options of Sirago and are subject to annual review.

SIRAGO PRODUCT OPTIONS	INDIVIDUALS		FAMILIES	
	0-64	65+	0-64	65+
Ultimate	R583	R873	R704	R1 032
Plus Gap	R466	R752	R563	R880
Gap Assist	R401	R659	R461	R731
Gap Core	R360	-	R415	-
Exact Cover with Gap and Co-Payments	R413	R896	R491	R1 110

NEW SIRAGO PRODUCT	AGE RATES				
	0-29	30-39	40-49	50-59	60+
GAP LIBERAL	R172	R202	R229	R320	R365

CONTACT DETAILS



// Talk to one of our customer experience agents on email: info@sirago.co.za, WhatsApp: [076 562 1340](https://wa.me/27105991163), or via telephone: [+27 10 599 1163](tel:+27105991163)



Centurion

Irene Link Precinct,
7 Impala Avenue,
Centurion, 0157

Florida

Building 3, 2nd Floor,
Quadrum Office Park,
Constantia Boulevard,
Constantia Kloof,
Johannesburg, 1709

Cape Town

Edward 3, 101A
70 Edward Rd,
Upper Oakdale, Bellville,
Cape Town, 7530



Mon-Fri

08:00 - 17:00

For new applications or to follow up on submitted applications, please contact your broker, or send an email to 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-ups on groups:
groups@sirago.co.za

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

Broker queries & general policy servicing:
info@sirago.co.za

Disclaimer:

This policy does not discriminate or refuse membership based on race, age, gender, marital status, ethical or social origin, sexual orientation, pregnancy, disability, state of health, geographical location, or any other means. We may however charge a different premium dependent on your age at the time of inception, or apply waiting periods if applicable.



FREQUENTLY ASKED QUESTIONS

GENERAL

Can I have Gap cover without medical scheme cover?

No, Gap cover is a non-life insurance product which compliments your medical scheme benefits. It is not the same as a medical scheme and cannot take the place of a medical scheme.

To qualify for Gap cover you need to have a policy with a registered medical scheme in South Africa.

How do I add a dependant onto my policy?

Simply complete and submit the additional dependant form to applications@sirago.co.za

Will Sirago cover costs for procedures done overseas?

Gap cover only provides benefit for treatment provided within the borders of South Africa.

Can I get pre-authorisation from my Gap cover for my operation?

Please note that pre-authorisation may not be provided as we are not a medical scheme. This is not a medical scheme, and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership. Once a procedure has been performed, all claim requirements need to be submitted for us to assess the claims against the product benefits.

Will Sirago pay my doctor directly?

Providers cannot be the nominated account for claims to be paid. If a discount is negotiated on your behalf by a third-party provider, then we will make payment directly into the healthcare provider's account within 24 hours. Kindly note this is applicable to claims that have a shortfall of R20 000 or more and where the client has not already paid the amount upfront to the provider.

Please explain how Sirago defines their family definition.

This is defined as a group consisting of a maximum of 2 related adults (1 policyholder + 1 adult dependant) and 3 child dependants or 1 policyholder and 4 dependants listed on your medical scheme option. A child is considered as a child dependant up to the age of 21 (twenty-one), however cover can be extended to the age of 27 (twenty-seven) for full-time students, if the dependant is on their own medical scheme policy. Documented proof of full-time studies is required to verify dependants over the age of 21 (twenty-one). A child dependant can include your natural child, your stepchild, or a child you have legally adopted.

What is the maximum family members covered on Gap?

- A base rate includes the principal member, 1 (one) adult dependant and 3 (three) child dependants or 1 policy holder and 4 dependants.
- Single Medical Scheme Membership:
 - All members listed on the Medical Scheme Certificate of Membership (COM).
 - The base premium rate is based on the policyholder, 1 (one) adult dependant and 3 (three) child dependants or 1 policyholder and 4 dependants.
 - All additional dependants added to the policy as listed on the Certificate of Membership (COM) will be levied a fee based on their age as indicated below:
 - For dependant 6:
 - 64 and under – R50 (fifty rand).
 - 65 and over – R100 (one hundred rand).
 - Thereafter, from dependant 7 onwards:
 - 64 and under – R 25 (twenty-five rand) per beneficiary.
 - 65 and over – R 50 (fifty rand) per beneficiary.
 - Dual (two) Medical Scheme Membership:
 - We cover you, the principal member, 1 (one) adult dependant and 3 (three) child dependants or 1 policyholder and 4 dependants on 1 (one) policy if you belong to a dual-medical scheme.
 - The cover is limited to a maximum of 2 (two) adults and all child dependants.
 - All additional dependants added to the policy as listed on the Certificate of Membership (COM) will be levied a fee based on their age as indicated below:

- For dependant 6:
 - 64 and under – R50 (fifty rand).
 - 65 and over – R100 (one hundred rand).
- Thereafter, from dependant 7 onwards:
 - 64 and under – R25 (twenty-five rand) per beneficiary.
 - 65 and over – R 50 (fifty rand) per beneficiary.

My debit order has returned as unpaid. How can I pay my premiums, and to which account can I make a payment?

Once your premium is returned as unpaid and you have received the communication, please follow the Pay@ link to make payment, alternatively use the below banking details:

Account Name: GENRIC Insurance Company Limited
Branch Name: FNB Centurion
Account number: 621 740 712 42
Branch code: 261 550

Kindly forward the proof of payment to payments@sirago.co.za and remember to use your Policy Number (SIR) as reference.

CLAIMS

What are the claim requirements to submit a claim?

Please navigate to page 20-21 or visit the Sirago website and click on the tab "Requirements for submitting a claim". Website link: <https://sirago.co.za/claim/>

Where do I submit my claim?

You can either submit your claim via our online claim submission portal: <https://sirago.co.za/submit-a-claim/> or you may submit your claim via email to claims@sirago.co.za

How long will it take Gap cover to pay my claim?

The turnaround time is 10 working days, provided that all required documents are received.

What is the minimum amount that I can claim for?

The minimum amount that you can claim for on any Sirago policy is R100.

Please explain Sirago repudiations or "falls out of the policy intention".

This means there is no cover available on your policy for the claimed event.

What is a large loss claim?

A large loss claim is a claim where the shortfall is equivalent or greater than R50 000. These claims are to be signed off by the Insurer and sent for negotiation by a third-party provider who will assist in contacting the healthcare provider directly to get a discount on your behalf.

Will you cover claims for my pregnancy?

All pregnancy and confinement claims are excluded for 10 months from the inception of the policy. Once this waiting period has lapsed, we will provide benefit for the Gap component of the in-hospital procedure and for the specialist consultation fee up to your benefit limit. Furthermore, we have a SiraGo baby benefit that provides cover for the stated benefit amount per newborn when they are added onto the Sirago policy within 90 days of birth. Maternity cover is provided as follows:

- Tariff Shortfall Benefit:** As per the policy benefit for in-hospital procedures.
- Admission & Procedure Co-Pays:** As per the scheme (If an upfront payment is requested by the specialist before the birth, it needs to reflect on the account included for Gap to look at the shortfall).
- Penalty Fee Co-Pays:** As per your policy benefit.
- Out-Patient Specialist visit:** Provided there has been a positive payment by the scheme as per the agreed scheme rate for the consultation.
- Preventative Care Benefit:** As outlined in your policy wording.
- Private Room Benefit:** As per your policy benefit.

Will my newborn baby be covered from birth if I have a waiting period for pregnancy and confinement?

Should your baby be born onto the policy, Sirago will cover the baby's treatment or procedures. We also have a Value-Added Benefit called Sira'Go Baby. You will need to submit your baby's birth certificate to us within **90** days from birth to register your baby on the policy.

If I get a discount on my doctor's account, will Sirago cover me for the discounted amount I received?

No, since the discount amount that we have negotiated with the doctor will be written off and is not due for payment by you.

Will Gap cover pay for a co-payment that my Gynaecologist told me to pay before my child's birth?

There is a benefit for specific co-payments imposed by your medical scheme, outlined in the policy wording. Should your gynaecologist request you to pay an upfront co-payment, this does not form part of the amount for a specific procedure code - this is called split billing. Therefore, this would fall under our policy specific exclusions as it does not fall within our co-payment benefits or any of the other benefits on the Sirago products.

Will Gap cover pay for everything that my medical scheme does not pay?

In short, no. The Gap cover benefit provides cover for the difference between the registered healthcare professional's tariffs and the scheme's payment (first 100% scheme rate); therefore, we will not cover any procedure or treatment not covered by your medical scheme.

This is not a medical scheme, and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

Will Sirago contact my medical scheme and doctor for the outstanding documents?

Regrettably, we are not authorised to contact your medical scheme or provider for any outstanding documents. Your healthcare provider will not provide us with the outstanding documentation as we are not a licensed broker or the policyholder/patient.

Why does Sirago require provider accounts and hospital accounts?

To review a claim, we require the final accounts and medical scheme statements to validate the claim against the policy benefits. The provider and hospital accounts provide us with information and details of the procedure performed.



FREQUENTLY ASKED QUESTIONS CONTINUED...

MEDICAL SCHEME SAVINGS QUESTIONS

If my medical scheme pays the only amount left in my savings towards my GP account, will Gap cover pay the rest of the shortfall?

If there is benefit on your chosen Sirago option, and the scheme has paid an amount towards the consultation fee, we will process the difference between your registered healthcare provider's charged amount and the medical scheme rate. We will pay according to your medical scheme option:

- **Hospital Plan:** Benefits will be paid if your medical scheme pays a portion of the claim.
- **Savings Plan:** Benefits will be paid if your medical scheme pays a portion of the claim. However, the value settled by the Insurer will be limited to the Gap portion, after the scheme has defrayed the scheme rate of the claim if there was an accumulated or allocated savings balance at the time of claim.
- **Traditional medical scheme option:** Benefits will be paid if your medical scheme pays a portion of the claim.

What happens if my savings are depleted? Will I still be able to claim the co-payment?

Yes, you can claim for a co-payment if your savings are depleted as long as this is for a procedural co-payment and falls within your chosen Gap option's benefit entitlement.

Can I claim for day-to-day benefits if my savings are depleted?

No, you are unable to claim for any day-to-day benefits when savings are depleted.

When the appliance is funded from savings, can I claim the difference for my appliance benefit?

The medical scheme needs to provide a defined rand value towards the appliance and there needs to be a payment from the medical scheme.

The Casualty benefit – can I claim if the medical scheme has paid it from my savings?

Yes, you can claim if the Casualty benefit has been paid from your medical scheme savings or out of pocket.

SPECIFIC PROCEDURES

Are there benefits for GP visits?

The Primary Care benefit provides cover for the Gap component of GPs, outlined alternative providers, and dental consultations for specific options.

Does Sirago cover dentistry?

Regrettably, basic dentistry is excluded on all Sirago benefit policies, this includes but is not limited to crowns. Dental procedures like wisdom teeth removal in and out-of-hospital is covered under the Day Clinic/In room procedure benefit.

Depending on your chosen Sirago option, you may however qualify for the Gap component of the dentist consultation fee, provided that your medical scheme has paid their scheme rate (First 100%), and your chosen Sirago option provides cover for Primary Care Consultations.

We also have a new benefit for accidental dentistry which is available on our Ultimate option.

We will pay for the following:

- **Tariff Shortfall Gap Benefit:** Covered as per your Gap option In-Hospital and limited Out-of-Hospital (provided payment is made by your medical scheme).
- **Dental Procedures (specialised):** In-Hospital as per your option.
- **Dental Procedures (accident):** As per your option and your medical scheme protocols.
- **Admission & Procedure Co-Pays:** Covered In-Hospital and Day Clinics.
- **Dental Expense Shortfall for children:** Yes In-Hospital.
- **Penalty Co-Pays:** Yes, as per your option.

Will Sirago cover my orthodontic treatment?

Regrettably, orthodontic treatment is not covered on the Sirago options.

Will Sirago cover my dietician's consultation?

Regrettably, there is no benefit for dieticians.



Has Sirago got a psychiatric benefit for stress and mental illnesses?

Regrettably, any psychiatric or psychological condition, or emotional or nervous conditions and treatment is excluded on Gap cover. This includes but is not limited to depression, insanity, psychosis, stress-related and addictive disorders. Suicide, attempted suicide or any intention or deliberate self-injury/self-exposure to danger or risk except to save a human life is also excluded.

My policy inception on 01/02/2024, and I was diagnosed with cancer on 31/01/2024. Can I claim for the Initial Cancer Diagnosis (First Diagnosis) benefit?

Regrettably, you will not qualify for the benefit as the diagnosis was prior to the inception of your policy and will be noted as a pre-existing condition, which will be excluded for **12** months from inception. Should you be diagnosed after the inception of your policy, a **3-month** general waiting period will apply, specifically for initial diagnoses of cancer. Therefore, if you are diagnosed within those **3** months, you will not qualify for the benefit.

Will my blood test and x-rays be covered if it is done Out-of- Hospital?

There is regrettably no cover for Out-of-Hospital shortfalls for blood tests and x-rays.

Can I claim from the Preventative Care benefit if there was no payment by the scheme?

You are able to claim up to **R500** for the listed tests, provided there was no benefit available at the time of the test.

Can I claim against the Sira'Go Baby benefit if I register the child with another Gap Provider?

No, you cannot claim the benefit as the benefit is paid out once the child is registered on your policy with Sirago.

Can I claim if my savings are depleted and I pay for a specialist consultation out of pocket?

We only pay for the shortfall on the specialist consultation fee when your medical scheme pays the medical scheme agreed rate for the consultation and your chosen Sirago gap cover option provides this benefit.

When completing a claim form, should the name be used of the patient who is a dependant on the policy or the name of the main member?

Claim forms must always be completed in the name of the main member who is also the Policyholder.

Is the OAL of R213 000 per beneficiary or per policy?

The OAL is R213 000 per beneficiary per annum from 1 April 2025.

Is there a maximum entry age?

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 or younger, and**
- **65 years or older**

Define Accidental Death.

An unnatural death that is caused by an accident, including but not limited to a fall, traffic collision, or accidental poisoning. The accidental death benefit does not provide cover for suicide or death by natural causes.

The death certificate must say "unnatural death". We do not pay for natural death. For example, we will not pay if death is caused by an illness. We will however pay if the death was caused by a car accident, and it is stated as an unnatural death on the death certificate.





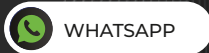
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BROKER DETAILS



RESILIENCE IS RARE **#FUTUREBUILT**

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.

