SIRAGO
U•M•A

PLUS GAP 2025
INFORMATION GUIDE

0 - 64		65+	
Individual	R466	Individual	R752
Family	R563	Family	R880

Age Limit: None
Overall Annual Limit (OAL) Per Beneficiary: R213 000

*Additional dependants over and above 2 (two) adults and 3 (three) child dependants or 1 (one)policyholder and 4 (four) dependants will incur an additional levy for dependant 6: 64 and under: R50.00; 65 and over: R100.00. Thereafter, from dependant 7 onwards: 64 and under -R25.00; 65 and over - R50.00

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

IN-HOSPITAL BENEFITS

The following benefit categories form part of the aggregated OAL of **R213 000.**

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. We settle claims up to **500%** above scheme rate to a maximum of up to **600%** or at the stated benefit value. Subject to OAL.

For Robotic surgery claims that are reflected on the hospital account, we will cover up to a sub-limit of **R17 000** per policy. **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 **as stipulated, or imposed by a medical scheme, for specified procedures, cover for hospital admission fees, or surgical procedures.** The co-payment must be part of your medical scheme rules which will be highlighted on the authorisation for your procedure. **Subject to the OAL.**

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

PENALTY FEE
When you choose to use a hospital that is not on your medical scheme's network, you may have to pay a stated amount or percentage of the accounts as specified by your medical scheme rules.

This benefit has a sub-limit of **R13 000** per claim, with a maximum of **1** claim per policy irrespective of whether a rand amount or percentage penalty fee is charged by the medical scheme. Note that this is for the voluntary **use of a non-designated service provider or network hospital and includes the use of a partial cover network hospital.** Co-payments for administration charges are specifically excluded from cover on this option. **Subject to the OAL.**

DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER
This benefit will cover the shortfall for any day hospital, clinic, or in-room procedures including acute hospitals if a policyholder elects to have the treatment that would normally be performed in hospital, done in a day hospital, clinic, or in a doctor's room by a registered medical professional. **Subject to the OAL.**

PRESCRIBED MINIMUM BENEFIT (PMB) COVER
Prescribed Minimum Benefits (PMB) give all scheme members access to certain minimum health benefits, regardless of your medical scheme option. Medical schemes are required to pay the full cost of diagnosis and treatment of a defined list of PMB medical conditions.

PMB Cover on this policy is only for the shortfalls resulting from the voluntary use of a non-designated service provider for a planned PMB procedure. This is not applicable in the event of an emergency. In the event of an emergency, PMB protocols should be adhered to. **Subject to the OAL.**

HOSPITAL ACCOUNT SHORTFALLS
This benefit will cover any charges, like consumables, on the hospital account that the medical scheme has not paid. We also cover take-home medication that the medical scheme has not paid from risk and the cost of upgrading to a private ward up to the benefit amount.

We pay up to **R4 500** per policy, **R1 000** per claim. A **R 1 100** sub-limit is applicable to private room upgrades. **Subject to the OAL.**

SUB-LIMIT ENHANCER
This benefit has a sub-limit of **R36 000** per policy per annum, **R12 000** per claim. This benefit caters for all sub-limits. We will provide cover when there is a benefit on your medical scheme option for devices like MRI & CT Scans, cochlear implants, intraocular lenses, internal prosthesis and Trans-catheter Aortic Valve Implantation (TAVI) procedure valves.

When you exceed your medical scheme benefit limit during the time of the event, resulting in a shortfall or "gap", we will pay the shortfall depending on the Gap option you are on. If you claim and your medical scheme limit has been reached at the time of the event, meaning it was used up before the claim event, and your medical scheme does not contribute anything towards this benefit, we will not pay. **Subject to the OAL.**

This is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for a medical scheme membership.

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GENRIC is an authorised Financial Services Provider and licensed non-life insurer and member of the Old Mutual Group.

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OUT-OF-HOSPITAL BENEFITS

SPECIALIST CONSULTATION FEE
This benefit covers the shortfall on the consultation fee only at a specialist outside of hospital (excluding Psychiatrist and Psychologist) up to **R5 000** per policy, and **R1 000** per claim. This benefit is only applicable to consultation codes 0190, 0191, and 0192. The medical scheme needs to make at least partial payment towards the consultation code mentioned above. **Subject to the OAL.**

CASUALTY BENEFIT (REF 1, 2 and 3)
There is a sub-limit of **R15 000** per policy for all Casualty Benefit. This benefit covers the initial emergency event at any registered casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner (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 & TRAUMA BENEFIT
All costs related to the initial accident/trauma event will be covered, whether you are liable to pay the costs out of your own pocket or if your medical scheme pays from your savings - stated benefit.

2. ILLNESS BENEFIT
All costs related to the initial emergency illness event will be covered and paid up to **R1 500** per claim of the sub-limit, if you are liable to pay the costs out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **13** years and older who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency facility.

3. CHILD CASUALTY ILLNESS BENEFIT
All costs related to the initial emergency illness event will be covered and paid up to **R3 000** per claim of the sub-limit, if you are liable to pay the costs out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **12** years and younger who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency facility.

Out of normal consultation hours means 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, we will pay up to **R5 000** per policy, and up to **R950** per claim. The following procedures or treatments are covered: **Pap smear, cholesterol test, blood glucose test, flu vaccination, childhood immunisation (Department of Health Formulary) – up to the age of 12 years, bone-density scans, prostate-specific antigen tests, mammogram, 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.

APPLIANCE BENEFIT
We will pay up to **R5 500** per policy for the shortfall between the medical scheme benefit amount (if there is a rand limit) and the service provider account for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers, and Mirena devices.**

TRAUMA COUNSELLING
We will pay up to a sub-limit of **R6 000** per policy. 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 crimes. **Subject to the OAL.**

CANCER BENEFITS

Cancer benefits apply if cancer treatments do not form part of the legislative PMB framework.

CANCER CO-PAYMENT BENEFIT
This benefit applies if your medical scheme cancer benefit **has been reached** and a **percentage co-payment is imposed.** This benefit incorporates co-payments for ongoing cancer-related treatments and biological drugs. Ongoing treatment must be in line with the registered treatment plan of your medical scheme to access this benefit. **Subject to the OAL.**

CANCER BOOST BENEFIT
The Cancer Boost Benefit is applicable to policyholders whose medical scheme option has a **defined rand limit** for cancer treatment and the rand limit on the medical scheme has been reached. We will cover the costs of ongoing treatment in line with the medical scheme's registered treatment plan once the rand limit has been reached. **Subject to the OAL.**

CANCER BREAST RECONSTRUCTION BENEFIT
After a mastectomy, we will cover an **up to 500%** above the medical scheme for the claim for reconstructive surgery for the affected breast, if it is approved by your medical scheme. Up to **R25 000** will be paid for the reconstruction of the unaffected breast if there is no payment by the scheme.

VALUE-ADDED BENEFITS

These benefits **do not** form part of the aggregated OAL of **R213 000.**

GAP COVER PREMIUM WAIVER
In the event of **accidental** death only or total permanent disability of the Sirago policyholder, we will keep the premiums for your policy as a credit for **6 months.** This benefit may be claimed by the surviving spouse or adult dependent on the Sirago policy.

MEDICAL SCHEME PREMIUM WAIVER
Sirago will pay the rand amount of the medical scheme premium, not higher than **R4 000** 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 **accidental** 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 **R9 000** for the adult dependants, and **R3 000** for child dependants registered on the policy.

INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)
This benefit will pay out a lump sum of **R20 000** per beneficiary per lifetime in the event where you are diagnosed with malignant cancer from **stage 2** onwards for the first time ever. Any cancer prior to inception of the policy or pre-existing cancer is excluded. Skin cancer is specifically excluded from cover on this policy, except malignant melanomas.

SIRA'GO BABY
Sirago will pay out a lump sum of **R2 000** to you, per newborn baby, when the baby is registered on your gap policy within **90** days of birth.

SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)
This benefit gives you access to MedCare's free ADR service for all disputed PMB 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%, and/or 15%** discounted rate depending on the required service. Your broker can also access this service on your behalf and will subsequently have access to the MedCare website: *siragomedcare.co.za*

BROKER DETAILS

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All benefit categories are per policy. Refer to Policy Wording for full details and explanations. This documents is for basic information purposes only. Premiums are reviewed and may be adjusted annually.

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