ENTHUSIASM IS COMMON
RESILIENCE IS RARE

#FUTUREBUILT

SIRAGO

U·M·A

2022

GAP COVER SOLUTIONS

INFORMATION GUIDE

Underwritten by

GENRIC Insurance

SiragoGapCover | sirago-underwriting-managers | siragogapcover | https://sirago.co.za

TABLE OF CONTENTS

INTRODUCTION

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. Sirago offers a variety of Gap Cover solutions tailored for the unique requirements of the South African healthcare market.

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

Our competitive and affordable products are unparalleled in the marketplace and are the ideal complement to your overall healthcare portfolio. With a range of Gap Cover options, Sirago provides comprehensive effective cover to suit every individual.

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

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.

WHAT IS GAP COVER?

Gap Cover is the invaluable safety net that covers the shortfall between what medical schemes pay and what specialist doctors charge. Without this, policyholders may find themselves paying for unexpected costs from their own pockets.

OUR PARTNERSHIP WITH YOU

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

WHY CHOOSE SIRAGO GAP COVER?

- Personalised customer service
- Variety of options
- Cover for in-and out-of-hospital
- Shortfall cover for day-to-day specialists, GPs, dentists, and alternative therapists
- Emergency room cover for accident, trauma and illness
- No maximum entry age and benefits do not cease at **65**, unless specified
- Cover for you and your family either on a single medical scheme or on two medical schemes
- We pride ourselves on effective turnaround times so as not to compromise policyholders
- Claims are paid to the policyholder, unless arrangements have been made to settle directly with the service provider
- Daily claim runs

WHO IS COVERED BY THIS POLICY?

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

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

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

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

WHAT ARE OUR WAITING PERIODS?

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

GENERAL WAITING PERIODS:

- 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.
- In the event that the policyholder has held a Sirago policy for **12** months without a break in cover and wants to upgrade to a higher option, all additional benefits will be subject to a **3**-month waiting period.
- If the policyholder has held a Sirago policy for less than **12** months and intends to upgrade to a higher option, the balance of the relevant waiting periods is applicable, as well as a **3**-month waiting period for additional benefits.
- A **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 inception of the policy:

- Myringotomy and grommets;
- Adenoidectomy;
- Tonsillectomy;
- Hysterectomy (except where malignancy is proven);
- Spinal, back, neck, and joint related procedures (repairs, scopes, joint replacement) except in the case of an accident. This includes treatments related to any and/or investigations including MRI scans, CT scans, and scopes.

Thereafter, benefits will be payable at a rate of:

- **50%** of benefits available from month **7** to **10**.
- From month **11**, the policy benefits will be fully available, except where there are condition-specific exclusions and when a new beneficiary joins the policy and is subject to underwriting terms.

SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN BENEFIT CATEGORIES AND CERTAIN CONDITIONS AND/OR RELEVANT OPTIONS:

- **10**-month waiting period for pregnancy and confinement.
- Accidental Death, Total Permanent Disability, and Premium Waivers are subject to a **6**-month waiting period.
- Initial Cancer Diagnosis is subject to a **3**-month waiting period.
- A **12**-month waiting period on all pre-existing cancer related treatments.

SIRAGO U·M·A

BENEFITS	ULTIMATE GAP COVER		PLUS GAP COVER	
COSTS	Age/ Premium	Age/ Premium	Age/ Premium	Age/ Premium
Individual	0 - 64 R472	65+ R674	0 - 64 R370	65+ R561
Family	0 - 64 R534	65+ R763	0 - 64 R422	65+ R642
	R183 000 Overall Annual Limit Per Beneficiary Per Annum (from 1 April 2022)			
IN-HOSPITAL BENEFIT				
Gap Cover	Additional 500%. BMI 0018 & 0019, R15 000		Additional 500%, max 600%	
Robotic Surgery	R33 000, R16 500 p/c, 2 claims p/b		R18 000, R6 000 p/c	
Co-payments	Subject to OAL		Subject to OAL	
Co-payments Charged as a Percentage	R17 500 p/c		R13 000 p/c	
Penalty Fee Cover	R13 000 p/c, 3 claims		R9 000 p/c, 1 claim	
Day Hospital/Clinic and/or In-Room Surgical Procedures Cover	Subject to OAL		Subject to OAL	
PMB Cover	Subject to OAL.		Subject to OAL.	
Hospital Account Shortfalls	R6 000. R1 300 p/c, 3 claims p/b. Private ward R2 000 sub-limit		R4 000. R850 p/c, 3 claims p/b. Private ward R1 000 sub-limit.	
Sub-limit Enhancer	R100 000, R25 000 p/c, 4 claims		R30 000, R11 500 p/c, 2 claims p/b, 3 claims	
Step-down	R11 000		-	
OUT-OF-HOSPITAL BENEFIT				
Primary Care Consultation	R5 000, R400 p/c		-	
Day-to-Day Specialist Consultation Fee	R6 500, R1 350 p/c, 4 claims p/b		R4 500, R950 p/c, 3 claims p/b	
Emergency Room Cover	R12 000. Accident & Trauma-stated benefit, Illness 9yrs+. R 2000 stated benefit, Emergency Illness. For children ≥ 9 years - stated benefit		R9 000. Accident - stated benefit. Illness - R1 000 - stated benefit. Emergency Illness - children u/ 8 - stated benefit	
Preventative Care Cover	R8 000, R1 000 p/c, 4 claims p/b		R4 000, R800 p/c, 3 claims p/b	
Appliance Benefit	R7 000		R5 000, R2 500 p/c	
Trauma Counselling	R8 000, R950 p/c u/13. R750 p/c 14yrs+. 3 claims p/b		R4000, R800 p/c u/13. R600 p/c 14 yrs+. 3 claims p/b	
CANCER BENEFITS				
Cancer Co-payment Benefit	Subject to OAL		Subject to OAL	
Cancer Benefit - Boost	Subject to OAL		Subject to OAL	
Cancer Benefit - Breast Reconstruction	300% for affected breast. R25 000 for non-affected breast		200% for affected breast, R18 000 for non-affected breast	
Cancer Benefit - PMB	Subject to OAL		Subject to OAL	
	These benefit categories all form part of the aggregated OAL.			
VALUE ADDED BENEFITS				
Gap Cover Premium Waiver	12-month period.		12-month period.	
Medical Scheme Premium Waiver	R5 000 p/m for 6-months		R3 750 p/m for 6-months	
Accidental Death	Policyholder - R15 000, Adult - R10 000, Child - R5 000		Policyholder - R8 000, Adult - R5 000, Child - R3 000	
Initial Cancer Diagnosis	R25 000		R16 000	
Sirago Baby	R2 500 per newborn child		R2 000 per newborn child	
Funeral cover benefit to principal policyholder for Natural Death	R15 000 for principal policyholder at additional R18 per policy		-	
MedCare cover (Free Medical Scheme Alternative Dispute Resolution Service (ADR))	Claims exceeding R12 000		Claims exceeding R12 000	

* p/c - Per claim | p/b - Per beneficiary | p/m - Per month. All benefit categories are per policy.
Refer to Policy Wording for full details and explanations. This document is for basic information purposes only.

PRODUCT OVERVIEW

Information is correct at time of print, and is subject to change.

GAP ASSIST GAP COVER		GAP LITE GAP COVER		GAP ONLY GAP COVER	
Age/ Premium	Age/ Premium	Age/ Premium	Age/ Premium	Age/ Premium	Cease Age 65
0 - 64 R322	65+ R490	0 - 64 R234	65+ R339	0 - 64 R124	
0 - 64 R345	65+ R530	0 - 64 R251	65+ R386	0 - 64 R163	
R183 000 Overall Annual Limit Per Beneficiary Per Annum (from 1 April 2022)				R100 000 Overall Annual Limit Per Beneficiary Per Annum (from 1 January 2022)	
Additional 500%, max 600%		Additional 250% max 350%		Additional 200%, max 300%	
-		-		-	
R42 000, R11 000 p/c		R25 000, R7 500 p/c		-	
R11 000 p/c		-		-	
R6 000 p/c, 1 claim		R5 000 p/c, 1 claim		-	
Subject to OAL		Subject to OAL		-	
R30 000		R50 000, R20 000 p/c		R30 000, R12 000 p/c	
R3 000, R500 p/c, 3 claims p/b		-		-	
-		-		-	
-		-		-	
-		-		-	
-		-		-	
R6 000. Accident - costs related to the accidental event - stated benefit. Illness - gap portion only		R4 000. Accident - stated benefit. Illness - gap portion only		-	
-		R1 800, R600 p/c, 2 claims p/b		-	
R3 600, R1 200 p/c		-		-	
-		-		-	
Subject to OAL, R18 000 p/c		-		-	
R50 000 p/b		R25 000		-	
-		-		-	
-		-		-	
These benefit categories all form part of the aggregated OAL.					
6-month period		-		-	
-		-		-	
-		-		-	
-		-		-	
R2 000 per newborn child		R2 000 per newborn child.		-	
-		-		-	
Claims exceeding R12 000		Claims exceeding R12 000.		-	

BENEFIT CATEGORY DESCRIPTIONS*

GAP COVER

Covers the difference between the medical scheme rate and the rate that service providers charge.

*Always consult your policy wording for detailed explanations and definitions.

CO-PAYMENT
The fixed amount excess imposed in terms of your medical scheme rules for undergoing a specific procedure whether in or out of hospital. This will include, for example MRI scans, CT scans, ultrasound scans, and scopes.

PENALTY FEE
The amount you have to pay in terms of your medical scheme rules when you are admitted to a hospital that is not a designated service provider.

ADMISSION FEE
The fixed amount you have to pay in terms of your medical scheme rules when you are admitted to hospital as an in-patient.

PRIMARY CARE BENEFITS
The Gap portion claimable for the difference between the medical scheme rate and the charged amount.

IN-ROOM SURGICAL PROCEDURES/DAY CLINICS
All services usually delivered in a hospital, where the medical scheme has pre-authorised the admission, will be covered on the same basis as if the policyholder were going to a normal hospital.

SPECIALIST CONSULTATION
The difference between the medical scheme rate and the charged amount for the in-room consultation fee as charged by a specialist doctor, applicable per option.

EMERGENCY
A serious situation or occurrence that happens unexpectedly and demands immediate medical attention in an Emergency Room.

ACCIDENT
An event that occurs unintentionally and usually results in harm, injury, damage or loss. Policy cover only extends to accidents occurring after inception of the policy.

ILLNESS
A disease or period of sickness affecting the body, which warrants treatment at an emergency facility. Applicable to beneficiaries who are 9 years and older.

EMERGENCY ILLNESS
A disease or period of sickness affecting the body, which warrants treatment at an emergency facility, however restricted to beneficiaries under the age of 8 years.

PRESCRIBED MINIMUM BENEFITS (PMB)
A set of benefits as defined in the Medical Scheme Act and Regulations which ensures that all scheme members have access to certain minimum health benefits, regardless of your medical scheme option. This includes a requirement for medical schemes to pay the full cost of diagnosis and treatment for a list of medical conditions.

CANCER BENEFITS
Diseases in which abnormal cells divide without control and are able to invade other tissues. This definition includes leukaemia, lymphoma and Hodgkin's disease but specifically excludes benign, pre-cancerous/in-situ tumours or growths, as well as all stage zero cancer diagnoses. Any cancer that is diagnosed and treated through primary biopsy and not requiring additional intervention such as radiation therapy, or chemotherapy, shall not be deemed as cancer and will not have any benefit paid. Cover under cancer benefits will not be available for the first 12 months for any person diagnosed with cancer prior to the inception of this policy.
Initial Diagnosis: The very first clinically confirmed diagnosis of any form of malignant cancer*, specifically excluding preliminary, tentative, or other diagnosis not supported by clinical evidence of malignancy. This benefit excludes any incidence of cancer/pre-cancer prior to inception of the policy.
***Malignant Cancer:** refers to cancer cells that can invade and kill nearby tissue and spread to other parts of the body. This definition excludes any diagnosis related to skin cancer.

HOSPITAL ACCOUNT SHORTFALL
The amount claimable on the hospital account/bill, not covered by your medical scheme up to a specified limit.

PREVENTATIVE CARE
The Gap portion claimable for the difference between the medical scheme rate and the charged amount for preventive care treatment which is the care you receive to prevent illnesses or diseases in line with the benefit on your specific medical scheme option which is paid from risk.

SUB-LIMIT ENHANCER
This benefit covers the shortfall on a limitation applied in terms of your medical scheme benefits for internal prostheses, intraocular lenses, MRI scans and CT scans within the limits of the option purchased.

APPLIANCES
An instrument or device designed for a particular medical use.

STEP-DOWN
Individuals who require on-going treatment for rehabilitation purposes after an accident, stroke, or cancer treatment.

TRAUMA COUNSELLING
Trauma is defined as an experience triggered by a sudden, external overwhelming event or persistent overwhelming conditions in which one's ability to cope is compromised, as one experiences a real or perceived threat to his/her life, bodily integrity, or that of a significant other. Trauma Counselling is the structured and problem-oriented treatment and/or intervention the affected individual receives from a registered medical professional to address these internal processes. This benefit covers you for, but is not limited to; dread disease, hijacking and/or violent crimes at the discretion of the insurer, on the provision of supporting documentation.

GAP COVER PREMIUM WAIVER
A premium waiver benefit is claimable by the surviving spouse/adult dependant of the current Sirago policy in the event of death or total permanent disability of the policyholder (irrespective of source of premium) on the Sirago policy.

MEDICAL SCHEME PREMIUM WAIVER
Not only in event of death and/or total permanent disability of the policyholder, will we contribute towards your medical scheme payments, provided the medical scheme membership is active for a 6-month period.

SUMMARY OF POLICY TERMS AND CONDITIONS

POLICY SPECIFIC EXCLUSIONS

No benefits are payable for:
- Any claims not authorised by your medical scheme, unless it's part of the benefit entitlement;
- Claims that exceed the utilisation or benefit limit per annum;
- Out-patient treatment other than defined; and
- Any and all experimental treatments and medication both in-and out-of-hospital.

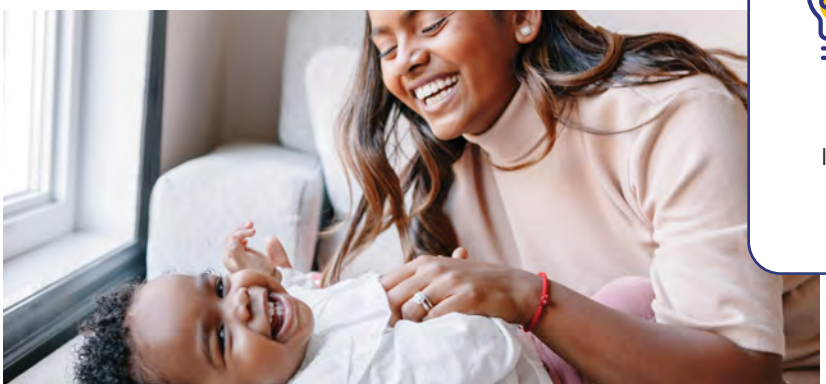
GENERAL POLICY EXCLUSIONS

- An event not covered that falls outside of the policy's intention;
- Any pre-existing condition, disease, disorder or illness, for **10** months;
- Any pre-existing cancer condition, disease, disorder or illness, for **12** months;
- Claims for regular or routine medical treatment of a diagnostic nature;
- Illness or injury resulting from alcohol or drug abuse;
- Any psychiatric or psychological condition;
- Suicide or attempted suicide;
- Medication, drugs, prescriptions, consumables and equipment used, unless it forms part of the benefit entitlement;
- Cosmetic surgery unless defined as part of the benefit entitlement of this policy;
- Elective procedures;
- Diagnostic investigations, treatment or surgery related to eating disorders, obesity or weight management;
- Investigations, treatment, medication or surgery related to any condition where the policyholder seeks advice, diagnosis and/or treatment outside the borders of South Africa;
- Body Mass Index (BMI), unless defined as part of the benefit entitlement of this policy;
- Diagnostic Investigations, treatment or surgery relating to any form of assisted reproduction; and
- Participation in any form of race or speed test involving mechanically propelled vehicles or crafts, participation as a professional sports person or any hobby defined as dangerous in the policy terms and conditions.

STANDARD SHORT-TERM POLICY EXCLUSIONS

No benefits will be paid for claims arising from:
- Participation in war, invasion, acts of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or political risk of any kind, terrorism or violence;
- Any riot, strike, public or domestic disorder, civil commotion, labour disturbances or lock-out;
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;
- Preventing authorities from dealing or controlling any of the above activities;
- Compensation in terms of the War Damage Insurance Act 85 of 1976;
- Nuclear weapons, nuclear material or ionizing radiation;
- Committing unlawful activities in the Republic of South Africa;
- Loss arising from any contractual liability; and
- Consequential loss or damage.

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.



DID YOU KNOW?

If you wish to cancel your insurance, please do so in writing by giving **31** days' notice.

GENERAL INFORMATION

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

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-up 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.

HOW TO CLAIM

We care that the claims process is seamless. If you need any assistance submitting your claim, or any advice, please call our friendly customer service consultants.

Should you be incapacitated and not be able to make contact, you may get someone to contact us on your behalf. Always consult your broker if in doubt.

STEP 1: SUBMIT YOUR DOCUMENTS

All required relevant documents must be submitted to us within **180** (hundred and eighty) days after the event date.

STEP 2: SUPPORTING DOCUMENTS

- Fully completed and signed Sirago claim form for each event;
- All hospital and related accounts substantiating your claim;
- Your medical scheme statement showing all the payments made by you or your medical scheme for the health event;
- Completed medical reports substantiating the clinical information or any other documentation as requested if requested by our claims team;
- Pre-authorisation letter from your medical scheme for co-payment claims;
- In the event of a value added benefit claim; all supporting documentation and certification are required by the Insurer, which would include a death certificate and/or a report from a registered medical practitioner confirming total permanent disability; and
- In the event of a claim for Initial Cancer Diagnosis, we require a histology report.

SIRAGO
U • M • A

Tel: 010 599 1163
Fax: 086 555 2682

Email: info@sirago.co.za
Website: https://sirago.co.za

Physical Address: Block B, Western Entrance,
Lynnwood Corporate Park,
36 Alkantrant Road, Lynnwood Ridge
Postal Address: PO Box 1115, Bromhof, 2154

GENRIC Insurance

ENTHUSIASM IS COMMON
RESILIENCE IS RARE

#FUTUREBUILT

BROKER DETAILS