

GAP COVER SOLUTIONS 2027



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WHAT GAP COVER IS & WHY YOU NEED IT



Imagine your Medical scheme and financial protection are like a puzzle. You have a Medical scheme option, that's the main part of the puzzle. It covers many pieces, like doctor visits, hospital stays, and certain procedures.

But quite often, particularly on elective admissions, when you're hospitalised or need specific treatments, the actual charged amounts are much higher than what your Medical scheme covers, leaving a significant GAP. At Sirago, we complete the puzzle by closing the GAP!

Enter Sirago – The Missing Pieces

Gap Cover is like that missing puzzle pieces that fill the gaps left behind by your Medical scheme. It steps in to cover shortfalls like: Surgeons or specialists charging more than Medical scheme rates, Co-payments for certain procedures and Penalty fees.

Financial “Peace of Mind” through the Completed Puzzle

When those medical bills come in: Without Sirago gap cover, you are liable for the shortfalls which could be tens of thousands of rands. With Sirago gap cover, those extra puzzle pieces lock in and your financial strain is mitigated.

Gap Cover completes the healthcare puzzle, ensuring you're not left financially exposed when Medical scheme falls short. It's a small monthly investment that protects you from potentially massive and unexpected bills, thereby keeping your financial picture whole and complete.

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.



##DIDYOUKNOW

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.

EXAMPLES OF SIRAGO CLAIMS PAID IN 2026



CARCINOMA ORAL ACTIVITY & PHARYNX

Doctor charged:

R260 965.92

Medical Scheme Paid:

R40 222.84

Sirago Paid:

R189 437.70

Member paid:

R0.00



MATERNAL CARE

Doctor charged:

R78 300.00

Medical Scheme Paid:

R18 385.87

Sirago Paid:

R59 914.13

Member paid:

R0.00



OBSTETRICS

Doctor charged:

R30 473.57

Medical Scheme Paid:

R7 576.30

Sirago Paid:

R22 895.30

Member paid:

R0.00



CIRCULATORY SYSTEM

Doctor charged:

R30 584.90

Medical Scheme Paid:

R11 637.94

Sirago Paid:

R18 946.96

Member paid:

R0.00

WHO IS COVERED?

Age bands

We cover policyholders and dependants of all ages on most options. 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
- 65 years or older

Cover for Individuals or Families

Individual Membership

The premium for an individual will apply if there is one policyholder and no dependants on the policy.

Family Membership

This policy will cover the policyholder and the dependants who are listed on the Schedule of Insurance.

Single Medical Scheme Membership

We cover all members listed on the Medical Scheme Certificate of Membership (COM).

Dual (two) Medical Scheme Membership

Dual Medical scheme membership is when the policyholder and dependants belong to more than **1** (one) Medical scheme membership.

- Cover is limited to a maximum of **2** (two) adults and all the child dependants on **1** (one) policy if you belong to a dual Medical Scheme.
- We cover all members listed on both the certificates of membership (COM).

For the Gap Liberal and Gap Liberal Lite Options

- These options are subject to premium rates per dependant, segmented by age bands.
- All dependants 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.

Gap Liberal	Gap Liberal Lite
0-29	0-25
30-39	26-34
40-49	35-39
50-59	
60-64	
65+	

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

EASY TO UNDERSTAND **GAP OPTIONS COMPARISON**

BENEFITS



ULTIMATE GAP COVER



PLUS GAP COVER

PREMIUMS

	Age	Premium	Age	Premium	Age	Premium	Age	Premium
Individual	0-64	R694	65+	R1050	0-64	R550	65+	R860
Family	0-64	R844	65+	R1250	0-64	R720	65+	R1050

R232 000 OVERALL ANNUAL LIMIT PER DEPENDANT PER ANNUM (FROM 1 APRIL 2027)

IN-HOSPITAL BENEFITS

Gap Cover	Additional 500%	Additional 500%
Robotic Surgery	Subject to OAL, R40 000 pppa	Subject to OAL, R19 000 pp
Co-payments In and Out of Hospital	Subject to OAL	Subject to OAL
Penalty Fee Co-payments	R18 500 pc, Max 2 claims pppa	R18 500 pc, Max 1 claim pppa
Day Hospital/Clinic and/or In-Room Surgical Procedures Cover	Subject to OAL (Renal Dialysis included)	Subject to OAL (Renal Dialysis included)
PMB Cover	Subject to OAL	Subject to OAL
Hospital Account Shortfalls	R8 000 pppa. R1 500 pc, including a Sub-limit of R2 000 for PVT ward upgrades/direct family boarder fee	R5 000 pppa. R1 000 pc, including a Sub-limit of R1 200 for PVT ward upgrades/direct family boarder fee
Sub-limit Enhancer	Subject to OAL. Max R45 000 pc. This option caters for all sub-limits	R40 000 pppa. Max R15 000 pc. This option caters for all Sub-limits
Specialised Scan Cover	MRI, CT, PET scan R7 500 pc max 2 pppa (in and out of hospital)	MRI, CT, PET scan R5 000 pc max 1 pppa (in and out of hospital)
Step-Down	R15 000 pppa on-going treatment after an accident, stroke, cancer treatment, nurse care	-
Orthotist Benefit: Compression Stockings, Neck Brace, Sling, Moonboot, Crutches, Orthotic Brace)	R10 000 pppa, up to R2 500 pc	-

OUT-OF-HOSPITAL BENEFITS

Primary Care	R5 500 pppa, R850 pc (includes virtual GP consultations & midwife)	-
Specialist Consultation Fee	R7 500 pppa, R1 500 pc	R5 000 pppa, R1 250 pc
Casualty Benefit - After Hours (18:00 - 07:00) And All Saturdays, Sundays, And All Public Holidays	Sub-limit of R20 000 pppa Accident & Trauma Illness - 19yrs & older R2 500 pc Child Casualty Illness - 18yrs & younger R4 000 pc	Sub-limit of R15 000 pp Accident & Trauma Illness - 19yrs & older R1 500 pc Child Casualty Illness - 18yrs & younger R3 000 pc
Preventative Care Cover	R8 500 Sub-limit pppa. R1 500 pc (Mammotome biopsy included)	R5 000 Sub-limit pppa. R1 000 pc (Mammotome biopsy included)
Appliance Benefit	R9 000 pppa	R6 500 pppa
Trauma Counselling	R10 000 pppa (Available within 12-months after the traumatic event)	R6 000 pppa (Available within 12-months after the traumatic event)

CANCER BENEFITS

Cancer Co-payment Benefit	Subject to OAL	Subject to OAL
Innovation Drug Benefit	Sub-limit of R17 000 pc	Sub-limit of R15 000 pc
Cancer Benefit - Boost	Subject to OAL	Subject to OAL
Cancer Benefit - Breast Reconstruction	Up to 500% for affected breast, R40 000 pd for all activities related to the reconstruction of the non-affected breast.	Up to 500% for affected breast, R25 000 pd for all activities related to the reconstruction of the non-affected breast.
Breast Reconstruction - Prophylactic Mastectomy	Up to breast reconstruction benefit availability	-
Artificial Prosthesis	Sub-limit of R4 000 per lifetime	-

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

VALUE-ADDED BENEFITS

Gap Cover Premium Waiver	12-month period - Accidental death or total permanent disability	12-month period - Accidental death or total permanent disability
Medical Scheme Contribution Benefit	R6 600 pm for 6-months - Accidental death or total permanent disability	R4 500 pm for 6-months - Accidental death or total permanent disability
Accidental Death	All insured persons registered on the policy - R10 000. If as a result of a crime - R20 000	All insured persons registered on the policy - R9 000
Cancer Cover (Initial Diagnosis)	Lump sum of R35 000 (Stage 2), R40 000 (Stage 3), R42 000 (Stage 4)	Lump sum of R20 000 (Stage 2), R23 000 (Stage 3), R25 000 (Stage 4)
Sira'Go Baby	R2 750 per newborn	R2 000 per newborn
MedCare Cover	For all claims exceeding R12 000	For all claims exceeding R12 000

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



GAP ASSIST

COVER

Age	Premium	Age	Premium
0-64	R475	65+	R795
0-64	R548	65+	R890



GAP LIBERAL
COVER

Premium					
0-29	30-39	40-49	50-59	60-64	65+
R209	R243	R314	R420	R595	R770

R232 000 OVERALL ANNUAL LIMIT PER DEPENDANT PER ANNUM (FROM 1 APRIL 2027)

Up to 500%, Max 600%
R13 500 pc, 1 claim pppa
Subject to OAL, R13 500 pc
R10 000 pc, Max 1 claim pppa
Subject to OAL (Renal Dialysis included)
Subject to OAL
R3 000 pp. R500 pc, including a Sub-limit of R1 200 for PVT ward upgrades/direct family boarder fee
-
-
-
-

Up to 500%. Including BMI cover (lifestyle and non-lifestyle related)
Subject to OAL, R15 000 pppa
Subject to OAL
R16 000 pc, Max 1 claim pppa
Subject to OAL (Renal Dialysis included)
Subject to OAL
R5 000 pppa, R950 pc, including a sub-limit of R1 200 for PVT ward upgrades/direct family boarder fee
R32 000 pppa. This benefit caters for all sub-limits.
-
-
-

-
-
Sub-limit of R8 000 pppa Accident & Trauma Child Casualty Illness - 18yrs & younger R2 000 pc
-
R4 500 pppa, R1 500 pc
R4 000 pppa (Available within 12-months after the traumatic event)

-
R4 500 pppa, R1 200 pc
Sub-limit of R10 000 pppa Accident & Trauma Child Casualty Illness - 18yrs & younger R2 750 pc
-
R8 000 pppa
-

Subject to OAL, R24 500 pc.
-
Subject to OAL
-
-
-

Subject to OAL
-
Subject to OAL
-
-
-

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

-
-
-
-
R2 000 per newborn
For all claims exceeding R12 000

12-month period - Accidental death or total permanent disability
R4 400 pm for 6-months - Accidental death or total permanent disability
-
Lump sum R10 000 pd (Stage 2 onwards)
R2 000 per newborn
For all claims exceeding R12 000

BENEFIT CATEGORIES & COVER OPTIONS



IN-HOSPITAL BENEFITS

This benefit category forms part of the Overall Annual Limit (OAL) of **R232 000** per dependant per annum.

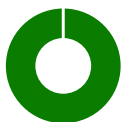
Each benefit category adds up to the OAL, with certain benefit categories having sub-limits applicable within the OAL. All benefit categories are per policy, per annum.

GAP COVER

This covers the difference (the shortfall or the gap) between what the Medical scheme pays and what 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.

R100 000



The doctor charges 500% for your procedure

R20 000



The Medical scheme pays 100% of the 500%

R80 000



Without Gap Cover, you will have to pay the shortfall of 400%

Options	Application
Ultimate Gap	- An Additional 500% above the medical scheme rate. - Robotic Surgery – R40 000 per policy per annum. - BMI shortfall included.
Plus	- An additional 500% above the Medical scheme rate. - Robotic surgery - R19 000 per policy per annum. - BMI shortfall included.
Gap Assist	- Up to 500% above the Medical scheme rate, and to a maximum of 600%. - Robotic Surgery – R13 500 per claim. Subject to 1 claim per policy per annum. - BMI shortfall included.
Gap Liberal	- Up to 500% above the Medical scheme rate. - Robotic Surgery – R15 000 per policy per annum. - BMI shortfall included.

CO-PAYMENTS

The 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 OAL.
Plus	Subject to OAL.
Gap Assist	Subject to OAL. We pay up to R13 500 per claim.
Gap Liberal	Subject to OAL.

#DIDYOUKNOW

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.

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 the hospital bill. Sirago will reimburse up to the benefit amount on the Gap option you are on.

Options	Application
Ultimate Gap	Up to R18 500 per claim, 2 claims per policy per annum.
Plus	Up to R18 500 per claim, 1 claim per policy per annum.
Gap Assist	Up to R10 000 per claim, 1 claim per policy per annum.
Gap Liberal	Up to R16 000 per claim, 1 claim per policy.

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. Renal Dialysis included in benefit.

Example: You need a gastroscop, 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.

This benefit will not apply if you go for a routine medical consultation /check-up.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Subject to OAL.
Plus	Subject to OAL.
Gap Assist	Subject to OAL.
Gap Liberal	Subject to OAL.

PRESCRIBED MINIMUM BENEFITS (PMB)

The 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 OAL.
Plus	Subject to OAL.
Gap Assist	Subject to OAL.
Gap Liberal	Subject to OAL.

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 (TTOs) 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 (TTOs). 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 private room upgrade.

Example 4: You are having a baby and would like a direct family member like your spouse to stay in a private ward with you, Sirago will pay up to the benefit amount for the boarder fee.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	• R8 000 per policy, up to R1 500 per claim. • A R2 000 sub-limit is applicable to private room upgrades/direct family boarder fee.
Plus Gap	• R5 000 per policy, up to R1 000 per claim. • A R1 200 sub-limit is applicable to private room upgrades/direct family boarder fee.
Gap Assist	• R3 000 per policy, up to R500 per claim. • A R1 200 sub-limit is applicable to private room upgrades/direct family boarder fee.
Gap Liberal	• R5 000 per policy, up to R950 per claim. • A R1 200 sub-limit is applicable to private room upgrades/direct family boarder fee.

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. 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: 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 R30 000 for. Fortunately the Medical scheme benefit is not yet exhausted and the Medical scheme pays the limit of R20 000. This has resulted in a R10 000 shortfall which Sirago will cover.

Example 2: 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.

Example 3: 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.

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

Options	Application
Ultimate Gap	• Up to R45 000 per claim. This caters for all sub-limits. • Subject to OAL.
Plus Gap	• Sub-limit of R40 000 per policy, maximum R15 000 per claim. This caters for all sub-limits. • Subject to OAL.
Gap Liberal	• Up to R32 000 per policy. This caters for all sub-limits. • Subject to OAL.

SPECIALISED SCAN COVER

This benefit provides cover for MRI, CT and PET scans when there is no benefit or your benefit is exhausted on your Medical Scheme option.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R7 500 per claim. Subject to a maximum of 2 claims per policy per annum.
Plus Gap	R5 000 per claim. Subject to a maximum of 1 claim per policy per annum.

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	Up to R15 000 per dependant per annum for on-going treatment after an accident, a stroke or cancer treatment, including palliative care for hospice/or home nurse care when the patient's condition is terminal.

ORTHOTIST BENEFIT

This in-hospital benefit provides cover for a list of orthotics covered by the Medical Scheme, which includes:

- Compression Stockings
- Neck brace
- Slings
- Moonboot
- Crutches
- Orthotic brace

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R10 000 per policy per annum, up to R2 500 per claim.



OUT-OF-HOSPITAL BENEFITS

Each benefit category adds up to the OAL, with certain benefit categories having sub-limits applicable within the OAL. All benefit categories are per policy, per annum.

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, which includes:

- GP in person or virtual consultations
- Dental consultations
- Alternative therapist consultations (Chiropractors, Physiotherapists, Biokineticists, Speech therapist Occupational therapists, Homeopaths, midwives and Audiologists – only when 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 per annum, R850 per claim

SPECIALIST CONSULTATION FEE

This benefit covers the shortfall on the consultation at a specialist outside of hospital (excluding Psychiatrists and Psychologists). 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 codes 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 500 sub-limit per policy per annum, R1 500 per claim.
Plus Gap	R5 000 sub-limit per policy per annum, R1 250 per claim.
Gap Liberal	R4 500 sub-limit per policy per annum, R1 200 per claim.

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's (GP) 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 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 dependant **19 years** and older outside of normal consultation hours.

3. CHILD CASUALTY ILLNESS

This benefit is applicable to children **18 years** and younger, who need emergency illness 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 out of your own pocket or if your Medical scheme pays from your savings account.

Out of normal consultation hours means 18:00 to 07:00 on Monday to Friday, all of Saturday, Sunday and South African public holidays.

This benefit is available on the following cover options: Stated benefits apply

Options	Application
Ultimate Gap	Sub-limit of R20 000 per policy per annum. Accident/Trauma Illness: 19 yrs & older – R2 500 per claim Child Casualty Illness: 18 yrs and younger – R4 000 per claim
Plus Gap	Sub-limit of R15 000 per policy per annum. Accident/Trauma Illness: 19 yrs and older – R1 500 per claim Child Casualty Illness: 18 yrs and younger – R3 000 per claim
Gap Assist	Sub-limit of R8 000 per policy per annum. Accident/Trauma Child Casualty Illness: 18 yrs and younger – R2 000 per claim
Gap Liberal	Sub-limit of R10 000 per policy per annum. Accident/Trauma Child Casualty Illness: 18 yrs and younger – R2 750 per claim

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, mammotome biopsy and contraceptive implantation only.** Alternatively, if there is no benefit available at the time of claim, up to **R1 000** will be paid towards the tests/procedure/consultation fee.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	R8 500 sub-limit per policy per annum. R1 500 per claim.
Plus Gap	R5 000 sub-limit per policy per annum. R1 000 per claim.

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 and initial appliance apparatus: **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	R9 000 sub-limit per policy per annum.
Plus Gap	R6 500 sub-limit per policy per annum.
Gap Assist	R4 500 sub-limit per policy per annum, R1 500 per claim.

TRAUMA COUNSELLING

This benefit covers trauma counselling with a registered medical professional within the first **12-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 per annum.
Plus Gap	R6 000 per policy per annum.
Gap Assist	R4 000 per policy per annum.
Gap Liberal	R8 000 per policy per annum.



CANCER BENEFITS

Each benefit category adds up to the OAL, with certain benefit categories having sub-limits applicable within the OAL. All benefit categories are per policy, per annum.

CANCER CO-PAYMENT BENEFIT

The Cancer Co-payment benefit is applied once your Medical scheme oncology rand limit 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 OAL.
Plus Gap	Subject to OAL.
Gap Assist	Subject to OAL.
Gap Liberal	Subject to OAL.

INNOVATION DRUG BENEFIT

This benefit incorporates co-payments for ongoing innovative drugs as approved by your Medical Scheme. The benefit is applied once your Medical scheme oncology rand limit benefit has been reached, and a percentage co-payment is imposed for further treatment on the Medical scheme's registered treatment plan.

This benefit includes benefit 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 the ongoing innovative drugs, as per the Medical scheme's registered treatment plan.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Sub-limit of R17 000 per claim.
Plus Gap	Sub-limit of R15 000 per claim.

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 OAL
Plus Gap	Subject to OAL
Gap Assist	Subject to OAL
Gap Liberal	Subject to OAL.

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 or prophylactic mastectomy where the dependant elects to undergo a mastectomy due to a family history and has tested positive for Breast Cancer gene 2 (BRCA 2), should the Medical scheme not cover this at all. To access this benefit you need to have maintained continuous cover with Sirago for a minimum of **12-months**, without any break in cover. 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 the reconstruction of the unaffected breast per dependant or prophylactic mastectomy when tested positive for Breast Cancer gene 2 (BRCA 2).
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 dependant.

ARTIFICIAL PROSTHESIS BENEFIT

The Artificial Prosthesis benefit provides up to a maximum of **R4 000** sub-limit per lifetime for artificial prosthesis expenses. This includes, but is not limited to wigs, breast implants, and post-mastectomy bra prosthesis.

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.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Sub-limit of R4 000 per lifetime



#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.



VALUE-ADDED BENEFITS

All benefit categories are per policy, per annum.

These benefits do not form part of the aggregated Overall Annual Limit (OAL) of R232 000 per dependant 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 option 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	12-month period - Accidental death or total permanent disability.
Plus Gap	12-month period - Accidental death or total permanent disability.
Gap Liberal	12-month period - Accidental death or total permanent disability.

MEDICAL SCHEME CONTRIBUTION BENEFIT

This benefit will be paid 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 dependants are linked to a single or dual Medical Scheme membership.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	Up to R6 600 per month for 6-months - Accidental death or total permanent disability.
Plus Gap	Up to R4 500 per month for 6-months - Accidental death or total permanent disability.
Gap Liberal	Up to R4 400 per month for 6-months - Accidental death or total permanent disability.

SIRA'GO BABY

Sirago will pay out the below-mentioned lump sum, per newborn baby, when your 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 2027 and is available on the following cover options:

Options	Application
Ultimate Gap	R2 750 per newborn.
Plus Gap	R2 000 per newborn.
Gap Assist	R2 000 per newborn.
Gap Liberal	R2 000 per newborn.

ACCIDENTAL DEATH

This benefit will pay out for the accidental death of a dependant.

This benefit is available on the following cover options:

Options	Application
Ultimate Gap	All dependants registered on the policy - R10 000 . If as a result of a crime, R20 000 per dependant is applied
Plus Gap	All dependants registered on the policy - R9 000 .

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** onwards. 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 payment per dependant diagnosed: Stage 2 R35 000 Stage 3 R40 000 Stage 4 R42 000
Plus Gap	Lump sum payment per dependant diagnosed: Stage 2 R20 000 Stage 3 R23 000 Stage 4 R25 000
Gap Liberal	Lump sum of R10 000 per dependant (Stage 2 onwards)

MEDCARE - MEDICAL SCHEME DISPUTE RESOLUTION (ADR) SERVICE

With this benefit, the policyholder will get access to MedCare's free ADR service for all disputed PMB claims exceeding **R12 000**. Policyholders can also access the MedCare service for all claims less than **R11 999**, 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 R12 000
Plus Gap	For all claims exceeding R12 000
Gap Assist	For all claims exceeding R12 000
Gap Liberal	For all claims exceeding R12 000

EXACT COVER & EXACT COVER WITH GAP & CO-PAY

Exact Cover

0 - 64

Individual **R240**
Family **R290**

Exact with Gap and CoPay

0 - 64

Individual **R446**
Family **R537**

Age Limit: Maximum entry age 64
Overall Annual Limit (OAL) Per Dependant: R232 000

Premiums are reviewed and may be adjusted annually.

What Is Exact Cover?

*To access the 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 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.

What Is Exact With Gap And Co-Pay Cover?

*To access the 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.

All benefits are applicable per policy and not per dependant.

Procedures we will cover for Exact benefits

ARTHROSCOPIC SURGERY - R100 000 policy limit
BACK, NECK, SHOULDER & KNEE SURGERY - R100 000 policy limit
BUNION SURGERY - R100 000 policy limit
COCHLEAR IMPLANT, AUDITORY BRAIN IMPLANT AND INTERNAL NERVE STIMULATOR SURGERY INCLUDING THE DEVICE AND PROCESSOR - R100 000 policy limit
DENTAL PROCEDURES FOR RECONSTRUCTIVE PLASTIC SURGERY DUE TO AN ACCIDENT - R100 000 policy limit
DENTAL PROCEDURES FOR IMPACTED WISDOM TEETH FOR CHILDREN UNDER 18 YEARS OLD - R15 000 policy limit
FUNCTIONAL NASAL SURGERY - R100 000 policy limit
JOINT REPLACEMENT SURGERY - R100 000 policy limit
OESOPHAGEAL REFLUX AND HIATUS HERNIA SURGERY - R100 000 policy limit
VARICOSE VEIN SURGERY - R100 000 policy limit
MRI AND CT SCANS DUE TO AN ACCIDENT - R10 000 policy limit
SKIN DISORDERS INCLUDING BENIGN GROWTH AND LYMPHOMAS - R100 000 policy limit
NON-CANCEROUS BREAST CONDITIONS - R100 000 policy limit
TONSILLECTOMY, GROMMETS, AND ADENOIDECTOMY - R12 000 pp, R20 000 combined procedure
ENDOSCOPIC PROCEDURES (Bronchoscopy, Colonoscopy, Cystoscopy, Enteroscopy, Gastrosocopy, Hysteroscopy, Laparoscopy, Laryngoscopy, Mediastinoscopy, Sigmoidoscopy, Thoracoscopy, Pleuroscopy, Ureteroscopy) - R15 000 policy limit

Procedures covered for Exact benefits, applicable to Exact Cover and Exact with Gap and Co-Pay

GAP COVER - Gap Cover will settle claims up to **400%** above scheme rate or stated benefit value. This will include cover for BMI (lifestyle and non-lifestyle related).

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, limited to **R15 000** per claim, including co-payments charged as a percentage.

CASUALTY BENEFIT - Up to **R10 000** for Accident/Trauma and Child Casualty Illness - costs related to the illness for children **18 years** and younger - stated benefit, **R2 000** per claim.

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 inception 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 LOG A 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 (Including disclaimers).
- 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** from date of admission.

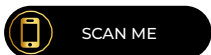


DOCUMENTS REQUIRED WHEN CLAIMING

- Sirago Gap Cover claim form completed and signed by the Policyholder all approved claims will be paid into the bank account details registered with Sirago, unless alternative bank details are provided on the claim form.
- If the claim is related to a hospital admission, a detailed hospital account is always required.
- 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 if requested by our claims team.
- Pre-authorisation letter from your Medical scheme for **co-payment** claims.
- Gap and Medical Scheme Premium Waiver claims: Accidental death certificate, SAPS accident report and/or a total permanent disablement certificate or reports from a registered medical practitioner.
- **Value Added Benefit claims:** A monthly Certificate 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:** Confirmation from the treating provider, the stage of cancer initially diagnosed with, including the histology report.



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. All disclaimers and information needs to be completed to process the claim.
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 Scheme imposed 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 details and summary of the costs for the stay at the step-down facility. - 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.	-
SAPS accident report	SAPS that you reported the accidental death to.	This provides us with specific information to validate your claim against the benefits on your chosen option.	-
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: https://www.sirago.co.za/downloads-copy/ 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.
 - Prophylactic mastectomy (only applicable where benefit is available to specific Sirago options)

Thereafter, benefits will be payable at a rate of:

- **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.
- **10-month** waiting period for pregnancy and confinement and all related treatment.
- **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 with 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

Gap cover does not cover all expenses that your Medical scheme does not pay or provide benefits for. All claims are assessed based on the terms and benefits of your Gap chosen option and the scheme payment.

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, unless otherwise specified.
- If there is no authorisation from the Medical scheme and they do not pay, neither does Sirago.
- The first **100%** of the Medical scheme tariff or rate for any claim. 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.
- Any experimental treatments and medication, both in and out of hospital, unless it forms part of your benefit entitlement
- Any claim less than a minimum amount of **R100** due to the client per provider.
- 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.
- There will be no benefit for the initial diagnosis for skin cancer.
- There will be no benefit in the event of natural death of the policyholder under the Gap and Medical scheme contribution benefit, where benefit is applicable on your chosen option.
- There is no valid gap shortfall to assess, as your Medical scheme has settled the claim in full.
- Casualty Illness benefit that falls within normal consultation hours,
- Casualty Illness or Child Casualty Illness benefit where there is no benefit entitlement included on your chosen Gap option.
- Medication, drugs, prescriptions, consumables, and equipment used, unless it forms part of the benefits of this policy.
- Devices, such as artificial joints, braces, crutches, dental implants, crowns, orthodontic, prosthodontic and all cosmetic dentistry including all forms of internal and external prosthesis as defined, unless specified as part of the benefit entitlement of this policy.
- Discounts negotiated by the insured person directly with a service provider where re-imbursement of a claim will/could enrich the insured person.
- 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 part of the benefit entitlement included in your chosen Gap option.
- Any costs related to out-of-hospital radiology and pathology are excluded from cover, unless defined as part of the benefit entitlement of your chosen Gap option.
- Any costs related to emergency Prescribed Minimum Benefit (PMB) costs/medical interventions, unless defined as part of the benefit entitlement of your chosen Gap option.
- Any follow-up visits to casualty/treating providers will not be covered, unless specifically covered under the benefit entitlement of 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 registered on the policy at the time of the event.
- 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, unless part of the benefit entitlement of your Sirago option.
- 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.
- Any psychiatric, psychological, emotional or nervous condition/s including, but not limited to, depression, insanity, psychosis, stress-related disorders, affective disorders, anxiety disorders, psychiatric conditions, and any other mental or behavioural disorders classified under ICD-10 codes F01-F99, mental, behavioural & neurodevelopmental disorders, unless specifically defined as part of the benefit entitlement of your chosen Gap option.
- Suicide, attempted suicide, or any intentional or deliberate self-injury and/or self-exposure to danger or risk except to save a human life.
- 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.
- 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 the policyholder seeks advice, diagnosis and/or treatments outside the border of South Africa
- 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 which includes specialised mechanical or computerised appliances and equipment, unless specified as part of the benefit entitlement of your chosen Gap option
- 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.
- 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 claim related to nuclear medicine.

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 complete 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 active membership with a registered Medical scheme in South Africa.



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 active membership 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?

No, 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 our third-party provider, then we will make payment directly into the healthcare provider's account within 24 hours.

What is the maximum family members covered on Gap? Individual membership

The premium for an individual will apply if there is one policyholder and no dependants on the policy.

Family membership

This policy will cover the policyholder and the dependants who are listed on the Schedule of Insurance.

The base premium rate includes the policyholder and **4 (four) dependants**. (A total of **5 (five) insured persons**)

- Single Medical Scheme Membership
 - We cover all members listed on the Certificate of Membership (COM)
- Dual Medical Scheme membership
 - Dual Medical scheme membership is when the policyholder and dependants belong to more than one Medical scheme membership.
 - Cover is limit to a maximum of **2 (two) adults** and all the child dependants on **1 (one) policy** if you belong to a dual Medical scheme
 - We cover all members listed on the Medical Scheme Certificate (COM)

All additional dependants added to the policy as listed on the Certificate of Membership (COM) will be charged an additional rate per dependant based on their age as indicated on page 6.

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/OMGC/SIRNG) as reference.

CLAIMS

What are the claim requirements to submit a claim?

Please navigate to page 15 or visit the Sirago website and click on the tab "Requirements for submitting a claim". Website link: www.sirago.co.za

Where do I submit my claim?

You can either submit your claim via our online claim submission portal: <https://siragoregisterclaim.azurewebsites.net> 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** per provider.

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, according to your benefit entitlement.

What is a large loss claim?

A large loss claim is a claim where the shortfall is equivalent or greater than R85 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.
- **Specialist Consultation Fee Benefit:** 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 outlined in your policy wording.

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 SiraGo 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, unless specified as part of your benefit entitlement.

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 registered Financial Advisor/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.

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 options, 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.

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 01/01/2026 and I was diagnosed with cancer on 31/12/2025. 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 **R1 000** towards tests/procedures listed, provided there was no benefit available at the time of the test.

Can I claim against the Sira'Go Baby benefit if I register my newborn on my Medical Scheme only?

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

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 policyholder?

Claim forms must always be completed in the name of the Policyholder.

Is the OAL of R232 000 per dependant or per policy?

The OAL is R232 000 per dependant per annum from 1 April 2027.

Can I add my overage dependant (child over 21) to my gap cover.

You may add your overage dependant to your policy if they are still on your Medical scheme membership, or if they are on their own Medical scheme and are a full-time student.

Define Accidental Death.

Death caused by an external, violent, unexpected and visible event. 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 and SAPS accident report.

CONTACT DETAILS

// Talk to one of our customer experience centre consultants on email: info@sirago.co.za, WhatsApp: 076 562 1340, or via telephone: +27 10 599 1163

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.



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Monday - Thursday

07:30 - 17:00

Friday

07:30 - 16:00



BROKER DETAILS



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