



R324 R374

Age Limit:
64

OAL per beneficiary per annum: R174 000

WHAT IS GOV-GAP COVER?

This product is a tailor made-solution for Government employees who need to optimise their healthcare cover portfolio and premiums covered by Persal.

Membership Eligibility: Principal policyholders must be in the full-time employment of The State and be in possession of a valid and current Persal number in order for a Gov-Gap policy documents to be issued. Gov-Gap has a policy cease age of 65. The policy will cease at the end of the benefit year when the policyholder turns 65.

IN-HOSPITAL BENEFITS

Gap Cover

Gap Cover will settle claims up to 500% above your medical scheme plan/option rate, to a maximum of 600% or at the scheme stated benefit value as determined within your scheme policy.

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 a sub-limit of R40 000 per policy per annum, limited to R5 500 per claim.

Day Hospital/Clinic and/or In-Room Surgical Procedures Cover

Will settle the Gap portion of claims.

PMB Cover

This benefit will cover the shortfall for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. R30 000 per claim, subject to OAL.

Hospital Account Shortfalls

R5 000 sub-limit per policy per annum. R1 250 per claim, 2 claims per beneficiary per annum.

Sub-limit Enhancer

Subject to a sub-limit of R45 000 per policy per annum. Subject to R15 000 per claim. Maximum of 2 claims per beneficiary limited to 3 claims per policy per annum. The sub-limit enhancer benefits are limited to internal prosthesis, intraocular lenses, MRI scans and CT scans only.

OUT-OF-HOSPITAL BENEFITS

Emergency Room Cover

A sub-limit of R7 500 is applicable. This benefit covers an emergency at any registered emergency facility when you require immediate medical treatment due to an accident or illness. The following benefits collectively accumulate to the sub-limit:

Accident and Trauma Benefit: all costs related to the accidental event will be covered and paid to a maximum value of the sub-limit available, whether you are liable to pay the costs related to the emergency event out of your own pocket or if your medical scheme pays from your savings account.

Illness benefit: when you visit an emergency room in a medical emergency as a result of illness, we will cover the Gap portion only if the medical scheme has paid a portion.

Day-to-day Specialist Consultation Fee

R3 600 sub-limit per policy. Maximum of R850 per claim. 2 claims per beneficiary per annum for the difference between the medical scheme rate and the rate which the specialist charges for the cost of the consultation only.

CANCER BENEFITS

Cancer Boost Benefit

The Cancer Boost benefit is limited to R100 000 per beneficiary per annum. This benefit is restricted to policyholders where their medical scheme option has a defined rand limit for cancer treatment. The Cancer Boost benefit can only be claimed once your rand limit on your medical scheme cancer benefit has been reached and you require ongoing treatment. This benefit is dependent upon the insured having already been registered on the medical scheme's cancer programme. The Cancer Boost benefits are limited to those that were determined within the approved medical scheme treatment plan which must be submitted to Sirago upon application for this benefit. This benefit provides a subsidy towards the cost of ongoing treatments and drugs. This applies when the medical scheme's cancer benefit limit is reached and provides no further funding.

VALUE ADDED BENEFITS

(These Do Not Form Part Of The Aggregated OAL Of R174 000)

Gap Cover Premium Waiver

A Premium Waiver benefit may be claimed by the surviving spouse/adult dependant on the current Sirago policy in the event of the death or total permanent disability of the policyholder of the Sirago policy, irrespective of source of payment of the gap premium. We hold the premium of the policy as a credit against the policy for 6 months if the medical scheme membership is maintained. Should there be any premium adjustments within the 6-month period, the credit balance available for the rest of the waiver period, will be adjusted accordingly. This benefit cannot be transferred, ceded or converted to cash.

Medical Scheme Premium Waiver

Payable in event of death or total permanent disability of the policyholder of the Sirago policy and where all beneficiaries are linked to a single medical scheme. In the event of dual medical scheme membership, this benefit is only payable for the medical scheme of the policyholder. Sirago will pay a claim for the medical scheme premium of the actual rand amount of the contribution, but not higher than the sub-limit of R2 750 per month for a 4-month period. This will be paid to the beneficiary nominated on the policy for the upkeep of their medical scheme contributions. The medical scheme membership must remain active during this period and the certificate of membership from the medical scheme must be presented monthly for authentication.

Accidental Death

The benefit will pay the nominated beneficiary for the accidental death of members on the Sirago policy at R6 000 for the policyholder, R5 000 for the adult dependant and R 3 000 per child dependant.

Cancer Cover (Initial Diagnosis)

This benefit will pay you a lump sum of R5 500 upon the initial diagnosis of malignant cancer per beneficiary per annum as defined. This excludes any incidence of cancer/pre-cancer prior to inception of the policy.

Sirago Baby

An instruction to add a new-born to the policy must be submitted within 31 days of the birth of the child. After confirmation of pregnancy, this benefit has a R2 000 sub-limit for claims for prenatal scans, childhood immunisations or pre- and post-birth tests (to limit) per child. In the event of twins, the benefit will be doubled, and in the event of triplets, the benefit will be tripled.

Underwritten by



SIRAGO

U.M.A

WAITING PERIODS

General Waiting Periods

A 3-month general waiting period is applicable on any new incepted policies and/or additional dependents 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 or more and wants to upgrade to a higher option, all additional benefits will be subject to a maximum of an additional 3 months waiting period. If the policyholder has held a Sirago policy for less than 12 months and intends to upgrade to a higher option, the waiting periods in the higher option per benefit category is applicable. A 10-month waiting period on pre-existing condition specific disease/illness.

Policy Specific Waiting Periods

First 6 months of the policy cover inception. Thereafter, benefits will be payable at a rate of 50% of benefits available from month 7 to 10 after inception of the policy. 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

A 10-month waiting period for pregnancy and confinement. The following benefits, Accidental Death and Premium Waivers are always subject to a 6-month waiting period. Initial Cancer Diagnosis is subject to a 3-month waiting period. A 12-month waiting period on cancer related pre-existing treatments is applicable.

Note

For all terms and conditions, benefits, limitations, exclusions please visit www.sirago.co.za or contact your broker.

“The first wealth is health.”
— Ralph Waldo Emerson —

ENTHUSIASM IS COMMON
RESILIENCE IS RARE **#FUTUREBUILT**

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BROKER DETAILS

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.

