



0 - 64



R301



R323



65+



R459



R497

Age Limit:
None

OAL per beneficiary per annum: R174 000

IN-HOSPITAL BENEFITS

Gap Cover

Will settle claims up to 500% of the medical scheme rate. Limited to a maximum of 600% or at the stated benefit value.

Co-payments

The excesses imposed by your medical scheme payable to a maximum rand limit for specified procedures or tests. Cover for co-payments imposed by medical schemes for hospital admissions, scans and surgical procedures. Co-payment benefits are subject to a sub-limit of R42 000 per policy per annum, limited to R11 000 per claim. Co-payments related to cancer are catered for in a separate benefit category.

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. Limited to R30 000 per claim. Subject to OAL.

Hospital Account Shortfalls

R2 000 sub-limit per policy per annum. Maximum of R500 per claim, maximum 3 claims per beneficiary per policy per annum.

OUT-OF-HOSPITAL BENEFITS

Emergency Room Cover

A sub-limit of R4 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.

Appliance Benefit

Subject to a sub-limit of R3 600 per policy per annum with a claim limit of R1 200 for the difference between what the medical scheme pays and what the service provider charges for the following appliances: hearing aids, wheelchairs, CPAP machine, humidifiers, insulin pump, glucometer, nebuliser and the Mirena device.

CANCER BENEFITS

Cancer benefits are paid to the maximum available sub-limits within your OAL of R174 000 per beneficiary and are only available in the event that the treatments do not form part of the legislative PMB framework.

Cancer Co-payment Benefit

A R100 000 per policy applies once your medical scheme cancer benefit limit has been reached and a percentage co-payment is applied. Limited to R15 000 per claim for cancer co-payments. This benefit incorporates co-payments for ongoing cancer related treatments and biological drugs. In order to access this benefit you need to be on a registered treatment plan with your medical scheme.

Cancer Boost Benefit

The Cancer Boost benefit is limited to R50 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.



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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.

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.

General Waiting Periods

A 3-month general waiting period is applicable on any new inception 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 and exclusions, please visit www.sirago.co.za or contact your broker.



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CONTACT US

Tel: 010 599 1163
Fax: 086 555 2682
Email: info@sirago.co.za
Physical Address: Block B, Western Entrance
Lynnwood Corporate Park
36 Alkantrant Road, Lynnwood Ridge
PO Box 1115, Bromhof, 2154
Postal Address:
Website: www.sirago.co.za



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.

