

Sirago policy has an Overall Annual Limit (OAL) of R164 000 per beneficiary until 31 March 2021, adapted to R174 000 per beneficiary per annum from 1 April 2021.



0 - 44

Age Limit:
44



R119



R169

OAL per beneficiary per annum: R164 000 per beneficiary until 31 March 2021, adapted to R174 000 per beneficiary per annum from 1 April 2021.

Membership is available to employees as part of a group, whether your company offers it on a compulsory or voluntary basis, with a minimum group participation of 50 paying policyholders. Premium payments for these groups must be via employer payroll. 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. We cover policyholders and beneficiaries with a maximum entry age of 44 years old and a cover cease age of 45 years old.

IN-HOSPITAL BENEFITS

Gap Cover

Gap Cover will settle claims up to 200% above your medical scheme plan/option rate, to a maximum of 300%, 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 R12 000 per policy per annum, limited to R6 000 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 your Gap portion for the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency. Subject to a R30 000 sub-limit per policy per annum. Paid to a maximum of R15 000 per claim. Subject to OAL.




DID YOU KNOW?

You are under no obligation to divulge any information about your personal insurance portfolio to any provider or outside party, even if the hospital or specialist requests it.





HOW TO CLAIM

We care that the claims process is seamless. If you need any assistance submitting your claim or any advice, please call our friendly customer service consultants. Should you be incapacitated and not be able to make contact, you may get someone to contact us on your behalf. Please always consult your broker if in doubt.

Submitting your Claim

Claims related to the health event need to be submitted within 180 days after the event date.

Documents Required:

- Sirago Corporate claim form completed and signed by the policyholder.
- Hospital and related accounts substantiating your claim.
- Medical scheme statement reflecting all the payments made by your medical scheme for the treatment dates of 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.
- Value Added Benefit claims: documentation and certification which may include a death certificate or a report from a registered medical practitioner confirming total permanent disability.
- Initial Cancer Diagnosis: we require a histology report.

POLICY SPECIFIC EXCLUSIONS

No benefits are payable for:

- Any claims not authorised by your medical scheme unless it's part of the benefit entitlement.
- Claims that exceed the utilisation or benefit limit per annum.
- Out-patient treatment other than defined as covered under this policy.
- Any and all experimental treatments and medication both in- and out-of-hospital.

GENERAL POLICY EXCLUSIONS

- An event not covered that falls outside of the policy's intention.
- Any pre-existing condition, disease, disorder or illness, for 10 months.
- Any pre-existing cancer condition, disease, disorder or illness, for 12 months.
- Claims for regular or routine medical treatment of a diagnostic nature.
- Illness or injury resulting from alcohol or drug abuse.
- Any psychiatric or psychological condition.
- Suicide or attempted suicide.
- Medication, drugs, prescriptions, consumables and equipment used, unless it forms part of the benefit entitlement of this policy.
- Cosmetic surgery unless defined as part of the benefit entitlement of this policy.

- Elective procedures.
- Diagnostic investigations, treatment or surgery related to eating disorders, obesity or weight management.
- Investigations, treatment, medication or surgery related to any condition where the policyholder seeks advice, diagnosis and/or treatments outside the borders of South Africa.
- Body Mass Index (BMI), unless defined as part of the benefit entitlement of this policy.
- Diagnostic investigations, treatment or surgery relating to any form of assisted reproduction.
- Participation in any form of race or speed test involving mechanically propelled vehicles or crafts, participation as a professional sports person, or any hobby defined as dangerous in the Policy Terms and Conditions.

STANDARD SHORT-TERM POLICY EXCLUSIONS

No benefits will be paid for claims arising from:

- Participation in war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or political risk of any kind, terrorism or violence.
- Any riot, strike, public or domestic disorder, civil commotion, labour disturbances or lock-out.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Preventing authorities from dealing or controlling any of the above activities.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Nuclear weapons, nuclear material or ionizing radiation.
- Committing unlawful activities in the Republic of South Africa.
- Loss arising from any contractual liability.
- Consequential loss or damage.

The above is a summary of Policy Terms and Conditions. For a concise list please refer to our website or speak to your broker.

Disclaimer:

Gap cover 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 18 of 2017. The policy wording supersedes any marketing documentation and all benefits will be payable against the Policy Terms and Conditions only.

CONTACT US

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

