



0 - 64



R350



R400



65+



R532



R609

Age Limit:
None

OAL per beneficiary per annum: R174 000

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

Are 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-payments related to cancer are catered for in a separate benefit category.

Co-payments Charged as a Percentage

If your medical scheme defines your co-payment as a percentage of the benefit, your co-payment benefit will be limited to a maximum payment of R13 000 per claim.

Penalty Fee Cover

Subject to a sub-limit of R6 500 per claim, a maximum of 2 claims per policy per annum for the voluntary use of a non-designated service provider/network hospital. This includes the use of a partial cover network hospital as determined by your medical scheme.

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 resulting from the voluntary use of a non-designated service provider for planned procedures, except in the event of an emergency.

Hospital Account Shortfalls

R3 000 sub-limit per policy per annum. R800 per claim, 3 claims per beneficiary per annum.

Sub-limit Enhancer

Subject to a sub-limit of R30 000 per policy per annum. Subject to R10 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 MRI scans, CT scans and internal prosthesis only.

OUT-OF-HOSPITAL BENEFITS

Emergency Room Cover

A sub-limit of R7 000 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

R4 500 sub-limit per policy. Maximum of R825 per claim. 3 claims per beneficiary will be payable per annum for the difference between the medical scheme rate and the rate which the specialist charges for the cost of the consultation only.

Preventative Care Cover

R4 000 sub-limit per policy. R1 000 per claim, maximum 3 claims per beneficiary per annum. Defined as pap smears, cholesterol tests, blood glucose tests, flu vaccinations, childhood immunisations, bone density scans, prostate specific antigen tests, mammograms and contraceptive implantation.

Trauma Counselling

A sub-limit of R3 000 per policy per annum. Limited to a stated benefit of R600 per claim. You will be covered with a registered medical professional within the first 6 months after a traumatic event. This benefit covers you for, but is not limited to; dread disease, hijacking and/or violent crimes. (At the discretion of the insurer, on the provision of supporting documentation.)

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

The Cancer Co-payment Benefit is applied once your medical scheme cancer benefit has been reached and a percentage co-payment is imposed. 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 Benefit - Boost

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.

Cancer Benefit - Breast Reconstruction

In the event of the medical scheme approving reconstructive surgery on the affected breast, we will cover the Gap portion up to 200% of the claim. In addition to this, Sirago will make available up to R16 000 for the reconstruction of the non-affected breast. This benefit is available within the first 18 months of the initial mastectomy provided the beneficiary was a member of Sirago at the time of the mastectomy and has retained their cover with Sirago since that event.



Underwritten by



SIRAGO

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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 12 months if the medical scheme membership is maintained. Should there be any premium adjustments within the 12-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 R3 250 per month for a 6-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 Accidental Death benefit will pay the nominated beneficiary for the accidental death of members on the Sirago policy at R8 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 R14 000 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.

Note

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



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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.

