

# GOV GAP 2024

## INFORMATION GUIDE



SCAN FOR ELECTRONIC BROCHURE



**0 - 64**  
Individual **R404**  
Family **R485**

**Age Limit: 64**  
**Overall Annual Limit (OAL) Per Beneficiary: R201 000**

Premiums are reviewed and may be adjusted annually.



### In-Hospital Benefits

The following benefit categories form part of the aggregated OAL of **R201 000**.

#### GAP COVER

This covers the difference (the shortfall or the gap) between what the medical scheme pays and the doctors and specialists charge in hospital. We settle claims at up to **500%** above scheme rate to a maximum of **600%** or at the stated benefit value. **Subject to the OAL.**

#### CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE

Co-payment cover is for the co-payments (including co-payments expressed as a percentage), excesses, or deductibles **as stipulated, or imposed by a 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. We pay up to a sub-limit of **R43 000** per policy, and up to **R8 000** per claim. **Subject to the OAL.**

Refer to the Cancer Co-payment benefit for claims related to cancer.

#### DAY HOSPITAL/CLINIC AND/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. **Subject to the OAL.**

#### PRESCRIBED MINIMUM BENEFIT (PMB) COVER

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 **use of a non-designated service provider for a planned PMB procedure.** This is not applicable in the event of an emergency. In the event of an emergency, PMB protocols should be adhered to. **Subject to the OAL.**

#### HOSPITAL ACCOUNT SHORTFALLS

This benefit will cover any charges, like consumables or take-home medication, on the hospital account that the medical scheme has not paid. We also cover take-home medication that the medical scheme has not paid from risk and the cost of upgrading to a private ward up to the benefit amount.

We pay up to **R6 000** per policy, and **R1 500** per claim, **3** claims per beneficiary. **Subject to the OAL.**

#### SUB-LIMIT ENHANCER BENEFIT

This benefit has a sub-limit of **R45 000** per policy, up to **R17 500** per claim. Medical scheme benefits available on the medical scheme option for MRI & CT scans, intraocular lenses, internal prostheses, and Transcatheter Aortic Valve Implantation (TAVI) procedure valves only. 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.

This is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for a medical scheme membership.



### Out-Of-Hospital Benefits

#### IN-ROOM/DAY-TO-DAY SPECIALIST CONSULTATION FEE

This benefit covers the shortfall on the consultation at a specialist outside of hospital (excluding Psychiatrist and Psychologist) up to **R5 000** per policy, and **R1 000** per claim. 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 code mentioned above. **Subject to the OAL.**

#### EMERGENCY ROOM COVER (REF 1, 2, 3)

There is a sub-limit of **R8 000** for all Emergency Room Cover. This benefit covers an emergency at any registered emergency room, hospital, or casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner (GP)'s consultation rooms if no other emergency facility is available within a **30 km** radius. Ambulance costs are not covered by this benefit.

#### 1. ACCIDENT & TRAUMA BENEFIT

All costs related to the accident/trauma 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.

#### 2. ILLNESS BENEFIT

All costs related to the emergency illness event will be covered and paid up to **R1 500** of the sub-limit, if you are liable to pay the costs out of your own pocket, or if paid from your medical scheme savings. This is applicable to any beneficiary **9** years and older who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency facility.

#### 3. CHILD EMERGENCY ILLNESS BENEFIT

This benefit is applicable to children **8** years and younger who require emergency treatment for illness out of normal consultation hours or treatment that can only be done in an emergency room. All costs related to the event will be covered, whether you are liable to pay the costs from your own pocket or your medical scheme pays it from your savings account.

**Out of normal consultation hours means 18h00 to 07h00 on Monday to Friday, and all of Saturday, Sunday, and South African public holidays.**  
**Subject to the OAL.**



## Cancer Benefits

Cancer benefits apply if cancer treatments do not form part of the legislative PMB framework.

### 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.

**Subject to the OAL.**



## Value-Added Benefits

These benefits **do not** form part of the aggregated OAL of **R201 000**.

### GAP COVER PREMIUM WAIVER

In the event of death or total permanent disability of the Sirago policyholder, we will keep the premiums for your policy as a credit for **6 months**. This benefit may be claimed by the surviving spouse or adult dependant on the Sirago policy.

### MEDICAL SCHEME PREMIUM WAIVER

Sirago will pay the rand amount of the medical scheme premium, not higher than **R3 550** per month for a **4-month** period. This will be paid to the beneficiary for the upkeep of the medical scheme contributions in event of death or total permanent disability of the Sirago policyholder and where all beneficiaries are linked to a single medical scheme. This benefit is only payable for the medical scheme that the policyholder was on if there is dual medical scheme membership.

### ACCIDENTAL DEATH

This benefit will pay out for accidental death: at **R6 000** for the Sirago policyholder, **R5 000** for the adult dependant, and **R3 000** for child dependants.

### INITIAL CANCER DIAGNOSIS (FIRST DIAGNOSIS)

This benefit will pay out a lump sum of **R9 500** per beneficiary in the event where you are diagnosed with malignant cancer from **stage 1** for the first time ever. 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.

### SIRA'GO BABY

Sirago will pay out a lump sum of **R2 000** to you, per newborn baby, when the 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 it to [changes@sirago.co.za](mailto:changes@sirago.co.za) together with your baby's birth certificate.

### SIRAGO MEDCARE - FREE MEDICAL SCHEME ALTERNATIVE DISPUTE RESOLUTION SERVICE (ADR)

This benefit gives you access to MedCare's free ADR service for all disputed **PMB claims exceeding R9 000**. You can also access the MedCare service for all claims **less than R9 000**, 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](http://siragomedcare.co.za)



For all terms and conditions, benefits, limitations, and exclusions, please refer to your Policy Wording, visit <https://sirago.co.za>, or contact your broker.

## BROKER DETAILS



+27 10 599 1163



[info@sirago.co.za](mailto:info@sirago.co.za)



[sirago.co.za](http://sirago.co.za)

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