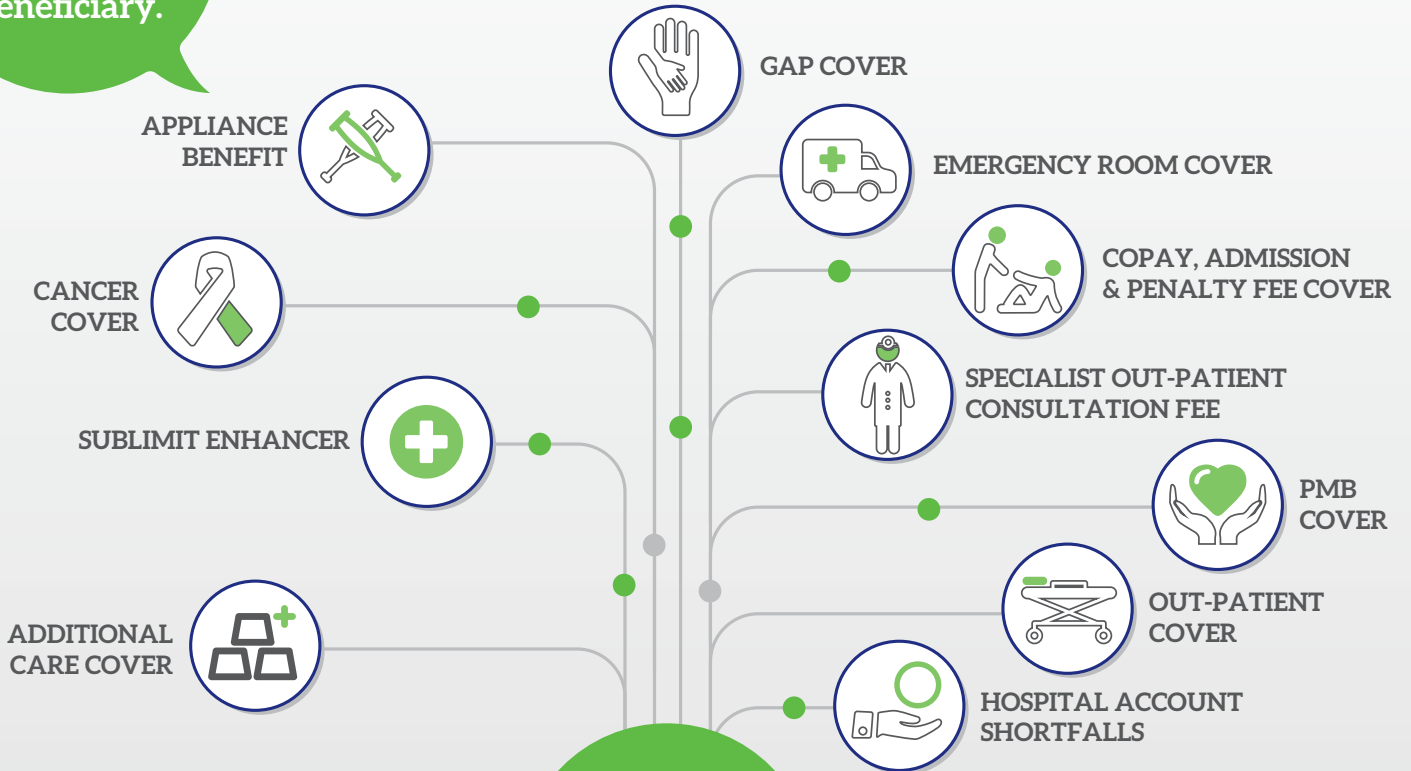


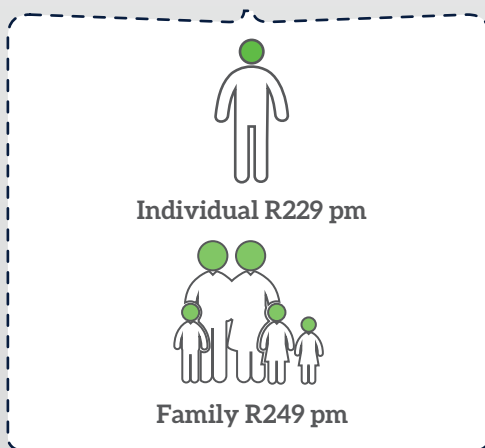
SIRAGO Ultimate Gap Cover

R150 000
Overall Annual
Limit (OAL) Per
Beneficiary.

YOUR BENEFITS



YOUR INVESTMENT



THE
ULTIMATE
GAP COVER
SOLUTION

WHAT IS
GAP
COVER?

These Value Added Benefits do not form part of the aggregated R150 000 limit.

- HEALTH PREMIUM WAIVER
- ACCIDENTAL DEATH COVER
- INITIAL CANCER DIAGNOSIS

EXAMPLE OF HOW A MEDICAL EXPENSE SHORTFALL IS COVERED WITH OUR GAP COVER BENEFIT



*THIS EXAMPLE IS FOR INDICATIVE PURPOSES ONLY AND IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY

SIRAGO Ultimate Gap Cover

SUMMARY OF BENEFITS



GAP COVER

This benefit covers the difference between the Medical Scheme Rate and private rates charged by a Registered Medical Practitioner for in-hospital treatment. Gap Cover will settle up to a total of 500% of your Medical Scheme Rate. Paid To The Maximum Available Sublimits Within Your OAL.



COPAY, ADMISSION* & PENALTY FEE COVER

This benefit will cover your procedure Co-payments as well as Admission and Penalty fees imposed in terms of your Medical Scheme Rules. Paid To The Maximum Available Sublimits Within Your OAL Co-payment OAL - Subject to OAL.
*Admission Fee OAL - Subject to OAL. R5 000 co-payment if a partial network hospital is used.
Penalty Fee OAL - R8 250.



OUT-PATIENT COVER

This benefit provides you with Gap Cover for out-patient surgical procedures that would normally be performed as an in-patient. Paid To The Maximum Available Sublimits Within Your OAL.



APPLIANCE BENEFIT

R5 000 per incident, per annum. Paid To The Maximum Available Sublimits Within Your OAL.



EMERGENCY ROOM COVER

Overall Sublimit for this benefit category is R6 000 per policy per annum.
Emergency Room - accident and trauma treatment - when you visit an emergency room in a medical emergency as a result of an accident or trauma incident only. A Sublimit of R5 000 per policy applies per annum.
Emergency Room - illness treatment - when you visit an emergency room in a medical emergency as a result of illness, the Gap portion of your claim will be paid to a maximum of R1 000 per annum.



PMB COVER

Prescribed Minimum Benefit (PMB) is a set of benefits as defined in the Medical Schemes Act and Regulations which ensures that all Scheme members have access to certain minimum health benefits except in the event of an emergency. This benefit will cover your Gap, Co-Pay and Penalty Fee. Paid To The Maximum Available Sublimits Within Your OAL.



SPECIALIST OUT-PATIENT CONSULTATION FEE

This benefit will cover your Gap component for consultations with a Medical Specialist as defined. Limited to R5 000 per annum. Paid To The Maximum Available Sublimits Within Your OAL.



HOSPITAL ACCOUNT SHORTFALLS

This benefit will cover the shortfall on your hospital account as defined. Limited to R5 000 per annum. Paid To The Maximum Available Sublimits Within Your OAL.



CANCER COVER

This benefit incorporates Co-payment cover, benefit for Co-payment and biological drugs as per formulary and is subject to R400 000 per policy per annum applies to this section of cover. Paid To The Maximum Available Sublimits Within Your OAL.



ADDITIONAL CARE COVER

This benefit provides your Gap Cover component for any of the listed procedures/diagnosis or treatment as defined. Limited to R5 000 per annum. Paid To The Maximum Available Sublimits Within Your OAL.



SUBLIMIT ENHANCER

R100 000 per annum, sublimit of R20 000 per incident. Paid To The Maximum Available Sublimits Within Your OAL.

VALUE ADDED BENEFITS



INITIAL CANCER DIAGNOSIS

This benefit will pay you a lump sum of R10 000 upon the initial diagnosis of Cancer as defined.



HEALTH PREMIUM WAIVER

Only in event of death and/or total permanent disability. R3 500 per month for 6 month period.



ACCIDENTAL DEATH

R10 000 principal insured, R10 000 adult dependant and R5 000 child.

IMPORTANT INFORMATION & CONTACT DETAILS

- A standard 3-month waiting period applies.
- A 10 month waiting period on pre-existing condition specific disease/illness.
- A 12 month waiting period on Cancer related pre-existing conditions is applicable.
- The following policy specific exclusions apply:
 - First 6 months of the policy no benefit available.
 - 7 - 10 months after inception benefit payable rate of 50%.
 - 11 months onwards full benefits are available.
- This is not a substitute for a medical scheme membership and the cover is not the same as that of a medical scheme.
- This policy is not a substitute for medical scheme membership but a stated benefit policy in terms of the Short-term Insurance Act 53 of 1998. This communicate is for information purposes only and does not replace the policy Terms and Conditions.
- The Policy Wording supersedes any marketing documentation and all benefits will be payable against the Policy Wording terms and conditions only.
- Families on multiple medical schemes can be covered under one policy.



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