

2026 GAP ASSIST

0 - 64

Individual

R387

Family

R435

65+

Individual

R608

Family

R676

Information is subject to change. Premiums are reviewed and may be adjusted annually.

Age Limit: None

Overall Annual Limit (OAL) Per Dependant: R223 000

Increase Effective: 1 April 2026

All benefit categories are per policy. Refer to Policy Wording for full details and explanations. This document is for basic information purposes only.



IN-HOSPITAL BENEFITS

The following benefit categories form part of the aggregated OAL of R223 000.

GAP COVER

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

For Robotic surgery claims that are reflected on the hospital account, we will cover up to a sub-limit of **R13 500** per claim, maximum of **1 claim** per policy. We will also cover the shortfall on claims for BMI (Body Mass Index) codes 0018 and 0019 only. **Subject to the OAL.**

CO-PAYMENTS AND CO-PAYMENTS CHARGED AS A PERCENTAGE

The 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 **R13 500** per claim. **Subject to the OAL.**

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

PENALTY FEE

When you choose to use a hospital that is not on your Medical scheme's network, you may have to pay a stated amount or percentage of the accounts as specified by your Medical scheme rules. This benefit has a sub-limit of **R10 000** per claim, with a maximum of **1 claim** per policy irrespective of whether a rand amount or percentage penalty fee is charged by the Medical scheme. Note that this is for the voluntary **use of a non-designated service provider or network hospital and includes the use of a partial cover network hospital.** Co-payments for administration charges are specifically excluded from cover on this option. **Subject to the OAL.**

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

The 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 voluntary 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 on the hospital account that the Medical scheme has not paid. We also cover take-home medication (TTOs) 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 **R3 000** per policy at **R500** per claim. A **R1 200** sub-limit is applicable to private room upgrades. **Subject to the OAL.**



OUT-OF-HOSPITAL BENEFITS

CASUALTY BENEFIT

There is a sub-limit of **R8 000** per policy for all Casualty Benefits. This benefit covers the initial emergency event at any registered casualty facility when you require immediate medical treatment due to an accident and trauma, or illness. We will cover a general practitioner's (GP) 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 initial 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 - stated benefit.

2. CHILD CASUALTY ILLNESS BENEFIT

All costs related to the initial emergency illness event will be covered and paid up to **R2 000** per claim 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 dependant **12 years** and younger who needs emergency treatment outside of normal consultation hours or treatment that can only be done in an emergency facility.

Out of normal consultation hours means 18:00 to 07:00 on Monday to Friday, all of Saturday, Sunday and South African public holidays. Subject to the OAL.

APPLIANCE BENEFIT

We will pay up to **R4 500** per policy at **R1 500** per claim for the shortfall between the Medical scheme benefit amount (if there is a rand limit) and the service provider account for the following appliances: **hearing aids, wheelchairs, continuous positive airway pressure (CPAP) machines, humidifiers, insulin pumps, glucometers, nebulisers and mirena devices.**

TRAUMA COUNSELLING

We will pay up to a sub-limit of **R4 000** per policy per annum. This benefit covers trauma counselling with a registered medical professional **within the first 6 months** after a traumatic event, such as but not limited to dread disease, hijacking and/or violent crime. **Subject to the OAL.**

ADDITIONAL DEPENDANT PREMIUMS

Dependant	Additional Premium 0 - 64	Additional Premium 65+
6	R55	R110
7	R30	R55
8 onwards	R25	R55

Premiums are reviewed and may be adjusted annually.

*Base rate premiums are applicable to the policyholder and **4 dependants.** All additional dependants on the Certificate of Membership (COM) will be charged an additional rate according to their age.

PEACE OF MIND STARTS HERE



CANCER BENEFITS

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

CANCER CO-PAYMENT BENEFIT

This benefit applies if 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. Ongoing treatment must be in line with the registered treatment plan of your Medical scheme to access this benefit, up to **R24 500** per claim. **Subject to the OAL.**

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 **R223 000**.

SIRA'GO BABY

Sirago will pay out a lump sum of **R2 000** per newborn, when the baby is registered on your gap policy within **90 days** of birth.

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



BROKER DETAILS

gap4u
medical shortfall specialists



RESILIENCE IS RARE **#FUTUREBUILT**

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.

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