



would have
taken care of
that Medical
Aid Shortfall

2019

PRODUCT
BROCHURE

#GetGapwise

INTRODUCTION



Gapwise is brought to you by My1237 Financial Services (Pty) Ltd. t/a **My-Fin Financial Services**, an Authorised Financial Services Provider (FSP: 44460), in association with **Sirago Underwriting Managers (Pty) Ltd**, also an Authorised Financial Services Provider (FSP: 4710) and Underwriting Agency for **GENRIC Insurance Company Ltd**. GENRIC is an Authorised Financial Services Provider (FSP: 43638) and Registered Short-term Insurer.

Our philosophy of continuous improvement means that you are always guaranteed individual attention and superior products, which will meet your needs and exceed your expectations.

Our competitive and affordable products are unparalleled in the marketplace and are the ideal complement to your overall insurance portfolio. With a range of life, short-term, health and lifestyle products, My-Fin provides comprehensive effective cover to suit every individual.



WHAT IS GAP COVER?

Gap Cover is the invaluable safety net that covers the shortfall between what medical schemes pay and what specialist doctors charge. Without this, policyholders would be required to pay this unexpected cost from their own pocket.

OUR PARTNERSHIP WITH YOU

At My-Fin and Sirago we provide a loyal partnership of care and understanding, opening a new world of possibilities that is focused on quality assurance, efficiency and the best customer service experience for you.

TERMINOLOGY YOU NEED TO KNOW

GAP COVER

Is the difference between your medical scheme rate paid and private rates charged by a registered medical professional for in-hospital treatment?

CO-PAYMENTS

Are fixed amount co-payments imposed in terms of your medical scheme rules?

ADMISSION FEES

The amounts payable before you are admitted to a treatment facility, regardless of what you are admitted for.

OUT-PATIENT COVER

Covers your Gap Cover component for any out-patient surgical procedure in the event that a policy holder elects to have treatment performed as an out-patient that would normally be performed on an in-patient basis.

EMERGENCY ROOM COVER

Emergency room cover for treatment as a result of an accident- or trauma-related incident only.

PMB COVER

This benefit will cover your gap components for the use of a non - Designated Service Provider (DSP) for Prescribed Minimum Benefit (PMB) treatment.

SPECIALIST OUT-PATIENT CONSULTATION FEE

Covers your Gap Cover component above scheme tariff for out-patient consultation fee with a medical specialist.

ADDITIONAL CARE COVER

Covers your Gap Cover component for any of the listed procedures/diagnoses or treatment on the benefit table.

HOSPITAL ACCOUNT SHORTFALLS

Covers your hospitalisation account shortfall incurred when your medical scheme short-pays your hospital facility account.

OUT-PATIENT SURGICAL PROCEDURES

Covers you for out-patient surgical procedures that your registered medical professional would normally have performed as an in-patient.

SUB-LIMIT ENHANCER BENEFIT

Provides you with further cover when you become liable to settle a portion of your internal prosthesis or MRI & CT scan.

VALUE ADDED BENEFITS

Provides a lump sum benefit and/or waiver of premium for a defined period in the event of Accidental Death or Total Permanent Disability. See table of benefits further down for all Value-Added Benefits.

APPLIANCES

A gap portion is paid for a certain set of medical appliances.

UNIQUE SELLING POINTS

- ✓ Personalised Customer Service.
- ✓ Loyal Partnership with Sirago.
- ✓ GAP Cover Solutions.
- ✓ Cover for in and out of Hospital.
- ✓ Cover for Specialist Disciplines.
- ✓ Standard and Flexible Waiting Periods.
- ✓ Emergency Room Cover.
- ✓ No Maximum Entry Age.
- ✓ We provide cover for you and your family either on a Single Medical Scheme or on Multiple Schemes.
- ✓ We pride ourselves on effective Turn-Around Times so as not to Compromise Policyholders.
- ✓ A Stated Benefit is paid straight into your bank account or arrangements can be made to settle directly with the providers.
- ✓ We have Weekly Claim Runs.



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.

WHO IS COVERED BY THIS POLICY?

The policy wording supersedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only. This policy will cover the policyholder and dependants who are listed on the schedule of Insurance.

Family Cover is limited to 2 Adults and 3 Child dependants. This will apply if there are multiple medical schemes or options within the same family. Individual cover is limited to no more than 1 individual.

Please Note: Cover is limited to all dependents under the main member or spouses medical aid. If on more than 2 medical aids / options, family cover will be limited to 2 adults and 3 children up to 21, and age 27 if full time students.

Child dependant is up to the age of 21, however cover can be extended to the age of 27 for full-time students (documented proof of a full-time student is required to evidence dependents over the age of 21.

Gapwise does not have an age-based premium structure for the principal insured and/or adult dependants.

“HEALTH IS NOT VALUED TILL SICKNESS COMES”

- THOMAS FULLER



HOW TO CLAIM?

Step 1: Report Your Claim

You need to report your claim to us as soon as possible but not later than 30 days after any health event. This includes events for which you do not want to claim but which may result in a claim in the future. Should you be incapacitated and not be able to make contact, you may get someone to contact us on your behalf.

Step 2: Submit Your Documents

All required relevant documents must be submitted to us within 90 days after your medical scheme paid their portion of the claim.

Step 3: Supporting Documents

- Fully completed and signed claim form for each event;
- All hospital and related accounts substantiating your claim;
- Your medical scheme statement showing all the payments made by you or your medical scheme for the health event.
- Completed medical reports substantiating the clinical information or any other documentation as requested by the underwriter.
- Pre-authorisation letter from your medical scheme for co-payment claims.
- In the event of a value-added benefit claim all supporting documentation and certification are required by the insurer, which would include a death certificate and /or a permanent disablement certificate from a registered medical practitioner.

WAITING PERIODS

FOR GAPWISE PLUS AND GAPWISE ULTIMATE

These apply before you can claim from specific policy benefits.

General Waiting Periods:

- A 3-month waiting period is applicable on any new incepted policies and/or additional dependants to the current policy, except in the event of an accident.
- A 10-month waiting period on pre-existing condition specific disease or illness.

Policy Specific Waiting Periods:

- 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.

Specific Waiting Periods:

- A 10-month waiting period applies for pregnancy and confinement.
- Accidental Death and Premium Waiver are always subject to a 6-month waiting period.



GAPWISE GAP COVER SOLUTION

Your policy has an Overall Annual Limit (OAL) of R150,000 per beneficiary to utilise. The policy wording supersedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only.

MONTHLY PREMIUM	GAPWISE PLUS	GAPWISE ULTIMATE
Individual	R294	R404
Family	R352	R491
BENEFITS		
Gap Cover	500% Scheme rate. Max 600% or at stated benefit value.	500% above Scheme rate or at stated benefit value.
Co-Pay Cover	Max R13,000/claim, subject to OAL.	Max R16,000/claim, subject to OAL.
Admission Fee Cover	Paid to a max of R3,500 per Admission. Max Of 4 Claims PPPA. Subject to OAL.	Paid to a max of R5,500 per admission. Subject to OAL
Penalty Fee Cover	R5,500 - Limited to 2 Claims PPPA. Subject to OAL	R9,500 - Limited to 2 Claims PPPA. Subject to OAL
Day Hospital/Clinic and/or In Room Surgical Procedures Cover	Gap portion of claims, Subject to OAL	
Emergency Room Cover	R6,500 sub-limit. Accident and Trauma Treatment up to max R4,500 as stated benefit. Illness Treatment R2,000 for GAP portion only.	R11,000 Overall Sub-limit. Emergency Room Accident and Trauma Treatment, R8,500. Emergency Room Illness Treatment R2,500 PP
PMB Cover	Subject to OAL, Non-DSP facilities for PMB treatments.	
Cancer Benefit	R300,000 Per Policy Applies. Sub-limit Of R60,000 For Cancer Co-payments Apply. Subject to OAL	R450,000 PPPA - Subject to OAL
Day to Day Specialist Consultation	R4,000 sub-limit per policy. Max R825 per claim, 3 claims per beneficiary per annum for GAP portion only.	R6,500 sub-limit per policy. Max R1,350 per claim, 3 claims per beneficiary per annum for GAP portion only.
Hospital Account Shortfalls	R3,000 sub-limit per policy per annum. Max R750/claim. Max 3 claims/beneficiary per annum.	R5,000 sub-limit per policy per annum. Max R1,250/claim. Max 3 claims/beneficiary per annum.
Trauma Counselling	R3,000 sub-limit per policy per annum. Limited to a stated benefit of R600 per claim.	R8,000, Subject to OAL - R1,200 / Insured Per Incident
Sub-Limit Enhancer	N/A	R22,500 Per Incident - 5 Claims Per Policy Sub-limit of R100,000. Subject to OAL
Appliance Benefit	N/A	R6,000 - Subject to OAL
Primary Benefit	N/A	OAL R3,500 per policy per annum. GP claims x 3 with a R325 limit. Dental claims x 3 with a R350 limit. Alternative therapy x 3 with a limit of R450 per claim, Subject to OAL
Cancer Boost	R50,000/beneficiary, OAL R150,000/beneficiary/annum.	R100,000, Certain Restrictions Apply, limited to OAL
Preventative Care Cover	R3,600 sub-limit/policy. R1,000/claim. Max 3 claims/beneficiary/annum.	R8,000 sub-limit/policy. R1,200/claim. Max 3 claims/beneficiary/annum

KEY: PPPA – Per Policy Per Annum; OAL – Overall Annual Limit; PP – Per Policy

VALUE-ADDED BENEFITS

These do not form part of the aggregated R150,000 OAL

Cancer Cover (Initial Diagnosis)	R10,000 upon the initial diagnosis of Cancer as defined.	R20,000 upon the initial diagnosis of Cancer as defined.
Gap Cover Premium Waiver	Only in event of Death and or Total Permanent Disability of the Premium Payer only. Held as a credit against the policy for the applicable 12-month period.	
Medical Scheme Premium Waiver	Only in event of Death and/or Total Permanent Disability of Premium Payer. Max R3,000 p.m. / 6-month period.	Only in event of Death and/or Total Permanent Disability of the Premium Payer. R4,000 per month for a 6-month period.
Accidental Death	R6,000 principal, R5,000 adult dependant, R3,000 child dependant per policy per life.	R12,000 principal, R8,000 adult dependant, R5,000 child per policy per life
Sira-Go' Baby	Enjoy an exclusive Sira-Go' Baby welcome pack	
Medical Finance Options	Access to Medical Finance Options for healthcare expenses that are not typically covered by your medical aid or any other healthcare product.	
Healthwise mySOS Mobile App	N/A	Access to Appropriate Emergency Assistance when you need it most.
Healthwise Dentistry Benefit	N/A	Health Voucher per tooth towards dental services in relation to a broken/chipped tooth, accidentally knocked-out tooth or crown due to a broken tooth.

GENERAL INFORMATION

SERVICE & SUPPORT CONTACT DETAILS

Contact one of our world class service consultants to attend to any of your queries.

For new applications or follow-up on applications:

applications@sirago.co.za

Client queries or policy updates:

info@sirago.co.za

To make changes to existing policies:

changes@sirago.co.za

For new claims or follow-up on claims:

claims@sirago.co.za

For new groups or follow-up on groups:

groups@sirago.co.za

For any payment related queries:

payments@sirago.co.za

Broker queries and statements:

brokersupport@sirago.co.za



DISCLAIMER: This 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 53 of 1998. The policy wording supersedes any marketing documentation and all benefits will be payable against the policy wording terms and conditions only.

CONTACT DETAILS

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