



2026 OmniGap

Information guide

Omnihelp

This brochure is a summary of the key features and benefits of OmniGap. Refer to your policy schedule for full details and explanations after activating the product.

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 medical scheme membership.

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, and a member of the Old Mutual Group, as indicated on your Schedule of Insurance.

Why is Gap cover important?

Even with medical scheme cover, you could still face **significant out-of-pocket costs**.

That's because many healthcare providers charge more than what your scheme is willing to pay - creating a **shortfall** between the provider's fee and your scheme's benefit.

Gap cover bridges that shortfall. It's additional protection that complements your medical scheme by covering co-payments, specialist fees, and other treatment-related gaps.

Without it, these shortfalls can result in **unexpected bills** - and even **serious debt**.

And it doesn't stop there - **financial stress can impact your physical and mental health**, too.

That's why **OmniGap cares about your total wellness** - not just medical costs.

We're here to support your **financial, physical, and emotional wellbeing**, with cover designed to protect you when it matters most.

Why OmniGap?

OmniGap is designed with real life in mind - from students and young professionals to families and retirees.

Our plans are built to be flexible, transparent, and easy to use, with strong cover where it matters most.

1 Hassle free payment

We submit eligible Medihelp claims directly to OmniGap - **no extra paperwork, no admin stress**.

2 Comprehensive cover

Get peace of mind with strong protection - especially when it comes to cancer-related costs.

3 Tailored options to suit every stage of life

From students to seniors, **OmniGap has an option to match your life - and your health needs**.

With the added benefit of no maximum entry age.

WHY OMNIGAP

BENEFIT SUMMARY

DETAILED BENEFITS

VALUE ADDED BENEFITS

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NEED HELP?

		OmniGap Core	OmniGap Primary	OmniGap Standard	OmniGap Advanced
Overall annual limit (OAL) Maximum a beneficiary can claim per annum		R223 000			
In-hospital benefits	In-hospital Gap cover	Up to 200% Max 300% of the medical scheme rate or stated benefit value	Up to 250% Max 350% of the medical scheme rate or stated benefit value	Up to 500% Max 600% of the medical scheme rate or stated benefit value	Additional 500%
	In-hospital Gap cover Robotic surgery			✓	✓
	In-hospital Gap cover BMI Index				✓
	Co-payment cover		✓	✓	✓
	Penalty fee cover		✓	✓	✓
	In-room surgical procedure cover	✓	✓	✓	✓
	Prescribed minimum benefit (PMB) cover	✓	✓	✓	✓
	Hospital account shortfall			✓	✓
	Sub-limit enhancer			✓	✓
	Step down facility benefit				✓
Out-of-hospital benefits	Primary care benefit				✓
	Specialist consultation fee				✓
	Preventative care benefit			✓	✓
	Appliance benefit			✓	✓
	Trauma counselling			✓	✓
Casualty benefits	Casualty benefit		✓	✓	✓
	Accident & trauma benefit		✓	✓	✓
	Illness benefit			✓	✓
	Child casualty illness benefit		✓	✓	✓
Cancer benefits	First diagnosis benefit. Claims do not accumulate to the OAL			✓	✓
	Cancer co-payment benefit			✓	✓
	Cancer booster benefit			✓	✓
	Cancer breast reconstruction benefit (affected breast)			✓	✓
	Cancer breast reconstruction benefit (unaffected breast)			✓	✓
	Cancer breast reconstruction benefit (artificial prosthesis)				✓
Value-added benefits	Accidental death benefit			✓	✓
	Premium waiver benefit			✓	✓
	Omni Baby		✓	✓	✓
	Medicare	✓	✓	✓	✓

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Overall annual limit (OAL)
Maximum a beneficiary can claim per annum **R223 000**

 <p>In-hospital benefits</p>	<p>In-hospital gap cover Covers the shortfall between what your medical scheme pays and what doctors or specialists charge in hospital</p>	<p>Covers up to 200% of the medical scheme rate for in-hospital expenses (over and above what your medical scheme pays). Maximum of 300% or stated benefit value</p> <p>Claims for Body Mass Index (BMI) We will cover the shortfall on claims for BMI codes 0018 and 0019 Subject to OAL</p>	<p>Covers up to 500% of the medical scheme rate for in-hospital expenses (over and above what your medical scheme pays). Maximum of 350% or stated benefit value</p> <p>Claims for Body Mass Index (BMI) We will cover the shortfall on claims for BMI codes 0018 and 0019 Subject to OAL</p>	<p>Covers up to 500% of the medical scheme rate for in-hospital expenses (over and above what your medical scheme pays). Maximum of 600% or stated benefit value</p> <p>Claims for Body Mass Index (BMI) We will cover the shortfall on claims for BMI codes 0018 and 0019 Subject to OAL</p>	<p>Covers an additional 500% of the medical scheme rate or stated benefit value for in-hospital expenses (over and above what your medical scheme pays)</p> <p>Claims for Body Mass Index (BMI) We will cover the shortfall on claims for BMI codes 0018 and 0019 Subject to OAL</p>
	<p>No limit on the number of times you may claim per year, subject to OAL. This includes cover for doctors, specialists, basic radiology, pathology, physiotherapy as well as PMB conditions.</p>				
	<p>In-hospital gap cover Other</p>	<p>–</p>	<p>Robotic surgery Claims that are reflected on the hospital account, we will cover up to a sub-limit of R15 000 per policy per year. Subject to OAL</p>	<p>Robotic surgery Claims that are reflected on the hospital account, we will cover up to a sub-limit of R19 000 per policy per year. Subject to OAL</p>	<p>Robotic surgery Claims that are reflected on the hospital account, we will cover up to a sub-limit of R40 000 per policy per year. Subject to OAL</p>
	<p>Co-payment cover Covers the penalty fee when you choose to use a hospital or day clinic that is not on your medical scheme's network</p>	<p>Subject to OAL</p>	<p>Subject to OAL</p>	<p>Subject to OAL</p>	<p>Subject to OAL</p>
	<p>Only applies to penalty fees for the voluntary use of a non-designated service provider or network hospital. Co-payments for administration charges are specifically excluded from cover.</p>				
	<p>Penalty fee cover Cover for the penalty fee when you choose use a hospital or day clinic that is not on your medical scheme's network</p>	<p>Up to R13 000 per claim Max of 1 claim per policy per year Subject to OAL</p>	<p>Up to R16 000 per claim Max of 1 claim per policy per year Subject to OAL</p>	<p>Up to R16 000 per claim Max of 1 claim per policy per year Subject to OAL</p>	<p>Up to R16 000 per claim Max of 2 claims per policy per year Subject to OAL</p>
	<p>Only applies to penalty fees for the voluntary use of a non-designated service provider for planned PMB procedures. Co-payments for administration charges are specifically excluded from cover.</p>				
	<p>In-room surgical procedure cover Cover for any in-room procedure performed in a day hospital, clinic or doctor's rooms (for example gastroscopy)</p>	<p>Subject to OAL (Renal dialysis included)</p>	<p>Subject to OAL (Renal dialysis included)</p>	<p>Subject to OAL (Renal dialysis included)</p>	<p>Subject to OAL (Renal dialysis included)</p>
	<p>Prescribed minimum benefit (PMB) cover Covers the shortfall if you decide to not make use of a network provider for a planned PMB procedure</p> <p>These are planned procedures which are classified as a PMB procedures according to the ICD 10 code provided by the treating healthcare professional</p>	<p>Subject to OAL</p>	<p>Subject to OAL</p>	<p>Subject to OAL</p>	<p>Subject to OAL</p>
	<p>Hospital account shortfall Covers the charges on the hospital account that the medical scheme has not paid (consumables, take-home medication)</p>	<p>–</p>	<p>Up to R950 per claim Up to R5 000 per policy per year Subject to OAL</p>	<p>Up to R1000 per claim Up to R5 000 per policy per year Subject to OAL</p>	<p>Up to R1 500 per claim Up to R8 000 per policy per year Subject to OAL</p>
<p>Upgrading to a private ward</p>	<p>–</p>	<p>Sub-limit of R1 200 is applicable for a private room upgrade The above sub-limit refers to the hospital account shortfall benefit sub-limit</p>	<p>Sub-limit of R1 200 is applicable for a private room upgrade The above sub-limit refers to the hospital account shortfall benefit sub-limit</p>	<p>Sub-limit of R2 000 is applicable for a private room upgrade The above sub-limit refers to the hospital account shortfall benefit sub-limit</p>	
<p>Sub-limit enhancer This benefit caters for certain sub-limits. We will provide cover when you exceed your medical scheme benefit limit during the time of an event like MRI & CT scans, cochlear implants, intraocular lenses, internal prosthesis and Transcatheter Aortic Valve implantation (TAVI) procedure valves</p> <p>Please see the full list of sub-limits on page xx of the brochure.</p>	<p>Up to R15 000 per policy per year Subject to OAL *This benefit only caters for MRI, CT scans, internal prosthesis, and TAVI valve procedures</p>	<p>Up to R32 000 per policy per year Subject to OAL</p>	<p>Up to R15 000 per claim Up to R40 000 per policy per year Subject to OAL</p>	<p>Up to R45 000 per claim MRI and CT scan benefit: R5 000 per claim and max 2 claims per policy per annum (in-and-out of hospital), when your medical scheme benefit is exhausted Subject to OAL</p>	
<p>*If your medical scheme limit was already used up before the claim event and the medical scheme makes no payment, this benefit won't apply.</p>					
<p>Step down facility benefit Cover in-patient rehabilitation at a step down or sub-acute facility as a result of an accident, stroke or cancer treatment, once your medical scheme limit has been reached</p>	<p>–</p>	<p>–</p>	<p>–</p>	<p>Up to R15 000 per person per year Subject to OAL</p>	

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BENEFIT SUMMARY

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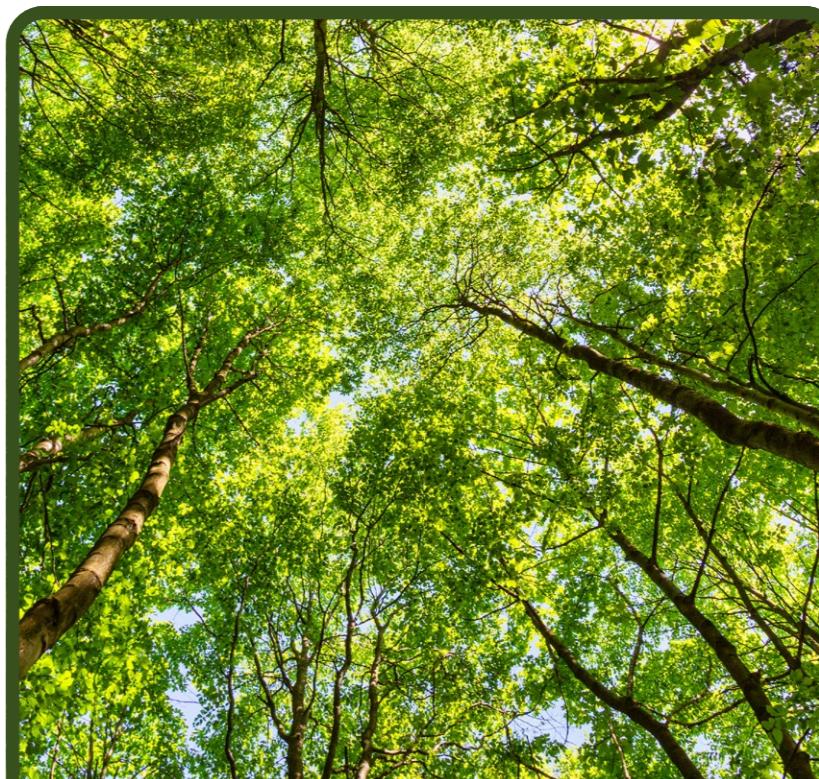
OmniGap Student



OmniGap Primary



OmniGap Standard



OmniGap Advanced

Overall annual limit (OAL)

Maximum a beneficiary can claim per annum

R213 000

Primary care benefit

Covers the shortfall on Gp, dental and alternative therapist consultations when your medical scheme pays below the full fee charged

Alternative therapist consultations include: Chiropractors, Physiotherapists, Biokineticist, Occupation therapist, Homeopaths and Audiologists (if covered on the medical scheme option you have)

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Up to R850 per claim
Up to R5 500 per policy per year
Subject to OAL

Specialist consultation fee

Covers the shortfall on out-of-hospital specialist consultation fees only, provided your medical scheme pays their agreed scheme rate

- Excluding Psychiatrist and Psychologist consultations
- Only applicable to consultation codes 0190, 0191 and 0192

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Up to R1 200 per claim
Up to R4 500 per policy per year
Subject to OAL

Up to R1 100 per claim
Up to R5 000 per policy per year
Subject to OAL

Up to R1 500 per claim
Up to R7 000 per policy per year
Subject to OAL

*The Primary care and Specialist consultation fee only benefits are applicable if you are on a medical scheme option which offers out-of-hospital benefits. If you are on a Hospital plan only or when your savings have been depleted this benefit wont apply.

Preventative care benefit

If your medical scheme option makes provision for our list of preventative care benefits, we will cover

- Pap smear
- Cholesterol test
- Blood glucose test
- Flu vaccine
- Childhood immunisations (according to the Department of Health formulary and up to the age of 12 years)
- Bone-density scans
- Prostate-specific antigen tests
- Mammogram
- Contraceptive implementation only

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Up to R1 000 per claim
Up to R4 500 per policy per year

If no benefit at the time of a claim, up to R1 000 will be paid towards the test/procedure/consultation fee
Subject to OAL

Up to R1 350 per claim
Up to R8 500 per policy per year

If no benefit at the time of a claim, up to R1 000 will be paid towards the test/procedure/consultation fee
Subject to OAL

Appliance benefit

Covers the shortfall between the medical scheme benefit amount and the service provider account for appliances such as

- Hearing aids
- Wheelchairs
- Insulin pumps
- Nebulisers
- Continuous positive airway pressure (CPAP) machines
- Humidifiers
- Glucometers
- Mirena devices

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Up to R6 500 per policy per year
Subject to OAL

Up to R9 000 per policy per year
Subject to OAL

Trauma counselling

Covers the cost of trauma counselling 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. This is at the discretion of the Insurer on the provision of supporting documentation

Up to R4 000 per policy per year
Subject to OAL

Up to R8 000 per policy per year
Subject to OAL

Up to R6 000 per policy per year
Subject to OAL

Up to R10 000 per policy per year
Subject to OAL

Accidental dental benefit

Cover for in-room dental procedures required as a result of an accident

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Up to 20 000 per policy
Maximum of R2 500 per fractured tooth

Out-of-hospital benefits

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	OmniGap Student	OmniGap Primary	OmniGap Standard	OmniGap Advanced	
Overall annual limit (OAL) Maximum a beneficiary can claim per annum					
R213 000					
 Casualty benefits	Casualty benefit This benefit covers the initial emergency event at any registered casualty facility when you require immediate medical treatment due to an accident, trauma or illness. This benefit only applies if your medical scheme does not provide you with cover and you become liable to pay the cost of the casualty event - We will cover a GP consultation if no other emergency facility is available within a 30 km radius - Ambulance cost is not covered by this benefit	Up to R4 000 sub-limit per policy per year for all casualty benefits	Up to R10 000 per policy per year for all casualty benefits	Up to R15 000 per policy per year for all casualty benefits	Up to R20 000 per policy per year for all casualty benefits
	*Irrespective if you are liable to pay the cost out of your own pocket or if your medical scheme pays from your savings account.				
	Accident and trauma benefit All costs related to the initial accident or trauma event	Up to the casualty benefit sub-limit	Up to the casualty benefit sub-limit	Up to the casualty benefit sub-limit	Up to the casualty benefit sub-limit
	Illness benefit All costs related to the emergency illness event - Applicable to any person 13 years and older who need emergency treatment outside of normal consultation hours or if treatment can only be done in an emergency facility	-	-	Up to R1 500 per claim Up to the casualty benefit sub-limit	Up to R2 500 per claim Up to the casualty benefit sub-limit
Child casualty illness benefit All costs related to the emergency illness event - Applicable to any person 12 years and younger who need emergency treatment outside of normal consultation hours or if treatment can only be done in an emergency facility	Up to R1 200 per claim Up to the casualty benefit sub-limit	Up to R2 500 per claim Up to the casualty benefit sub-limit	Up to the casualty benefit sub-limit Up to R3 000 per claim Up to the casualty benefit sub-limit	Up to the casualty benefit sub-limit Up to R4 000 per claim Up to the casualty benefit sub-limit	
*Out of normal consultations hours means 18:00 - 07:00 on a Monday to Friday, and all of a Saturday, Sunday and South African public holidays. Subject to OAL.					
 Cancer benefits	First diagnosis benefit Lump sum benefit upon the first diagnosis of stage 2 or higher malignant cancer Claims do not accumulate to the OAL	-	R10 000 per person, from stage 2	Stage 2: R20 000 per person Stage 3: R22 000 per person Stage 4: R24 000 per person	Stage 2: R35 000 per person Stage 3: R37 500 per person Stage 4: R40 000 per person
	*Payable once per lifetime.				
	Cancer co-payment benefit Provides cover for cancer treatment once your medical scheme cancer benefit has been reached and a percentage co-payment is imposed by your medical scheme	Subject to OAL	Subject to OAL	This benefit extends to Innovation drugs for ongoing cancer treatment to a maximum of R15 000 per claim, as approved by your medical scheme Subject to OAL	This benefit extends to Innovation drugs for ongoing cancer treatment to a maximum of R15 000 per claim, as approved by your Medical scheme Subject to OAL
	This benefit includes 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.				
Cancer booster benefit Provides cover for cancer treatment once your medical scheme defined rand limit is reached	-	Subject to OAL	Subject to OAL	Subject to OAL	
Ongoing treatment must be in line with the registered treatment plan of your medical scheme to access this benefit.					
Cancer breast reconstruction benefit Cost of reconstructive surgery of the affected and unaffected breast as well as artificial prosthesis - This benefit is only available within the first 18 months of the initial mastectomy - There is no benefit for any costs related to PMB services, treatment or medical interventions unless otherwise stated	-	-	Affected breast: After a mastectomy, we will cover up to 500% above the medical scheme rate for reconstructive surgery to the affected breast, if approved by your medical scheme	Affected breast: After a mastectomy, we will cover up to 500% above the medical scheme rate for reconstructive surgery to the affected breast, if approved by your medical scheme	
	-	-	Unaffected breast: Up to R25 000 will be paid for the reconstruction of the unaffected breast, if there is no payment by the medical scheme	Unaffected breast: Up to R40 000 per person will be paid for the reconstruction of the unaffected breast, if there is no payment by the medical scheme Artificial prosthesis Up to R4 000 per person for artificial prosthesis including but not limited to wigs, breast implants and post-mastectomy bra prosthesis, should the medical scheme not cover this Subject to the sub-limit of R40 000 for the unaffected breast	
*Cancer benefits only apply if cancer treatments do not form part of the legislative PMB framework.					

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	OmniGap Student	OmniGap Primary	OmniGap Standard	OmniGap Advanced	
Overall annual limit (OAL) Maximum a beneficiary can claim per annum					
 Value added benefits	Accidental death benefit This benefit will pay out for the accidental death of a person registered on the policy	–	–	R9 000 per person registered on the policy	R10 000 per person registered on the policy In the event that death is due to the result of a crime the benefit will increase to R20 000 per person
	Premium waiver benefit Covers your premiums for 6 months after the accidental death or total permanent disability of the main policyholder This benefit may be claimed by the surviving spouse or adult dependant on the OmniGap policy This benefit is applicable on presentation of an accidental death certificate and SAPs accident report / Total permanent disability report	–	Gap cover premium waiver benefit: Covers your OmniGap premiums Medical scheme premium waiver benefit: Pays up to R4 000 per month towards your medical scheme contribution	Gap cover premium waiver benefit: Covers your OmniGap premiums Medical scheme premium waiver benefit: Pays up to R4 500 per month towards your medical scheme contribution	Gap cover premium waiver benefit: Covers your OmniGap premiums Medical scheme premium waiver benefit: Pays up to R6 000 per month towards your medical scheme contribution
	Omni Baby Lump sum benefit payable when your baby is registered on your OmniGap policy within 90 days of birth	R2 000 per newborn	R2 000 per newborn	R2 000 per newborn	R2 750 per newborn
	Medicare Medical Scheme Alternative Dispute Resolution Service	Support with PMB claim disputes exceeding R 9 000.			

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OmniGap Core

AGES:

18 - 27	R150
26 - 34	R180
35 - 39	R210



OmniGap Primary

AGES:

0 - 29	R194
30 - 39	R225
40 - 49	R291
50 - 59	R389
60 - 65	R550
65+	R705



OmniGap Standard

AGES: 0 - 64

Individual	R435
Family	R526

AGES: 65+

Individual	R702
Family	R702



OmniGap Advanced

AGES: 0 - 64

Individual	R549
Family	R662

AGES: 65+

Individual	R828
Family	R978



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OmniGap eligibility and membership

- The age group indicated applies to the principal member
- All dependants are covered under the principal member's medical scheme.
- If your policy includes 6 or more beneficiaries, an extra premium will be charged based on age:
 - Beneficiary 6** from 0 - 64 years of age: R50 per beneficiary per month
 - Beneficiary 6** over 65 years of age: R100 per beneficiary per month
 - Beneficiary 7** from 0 - 64 years of age: R25 per beneficiary per month
 - Beneficiary 7** over 65 years of age: R25 per beneficiary per month
- Full-time students: Full-time students are classified as a child dependant until the age of 27

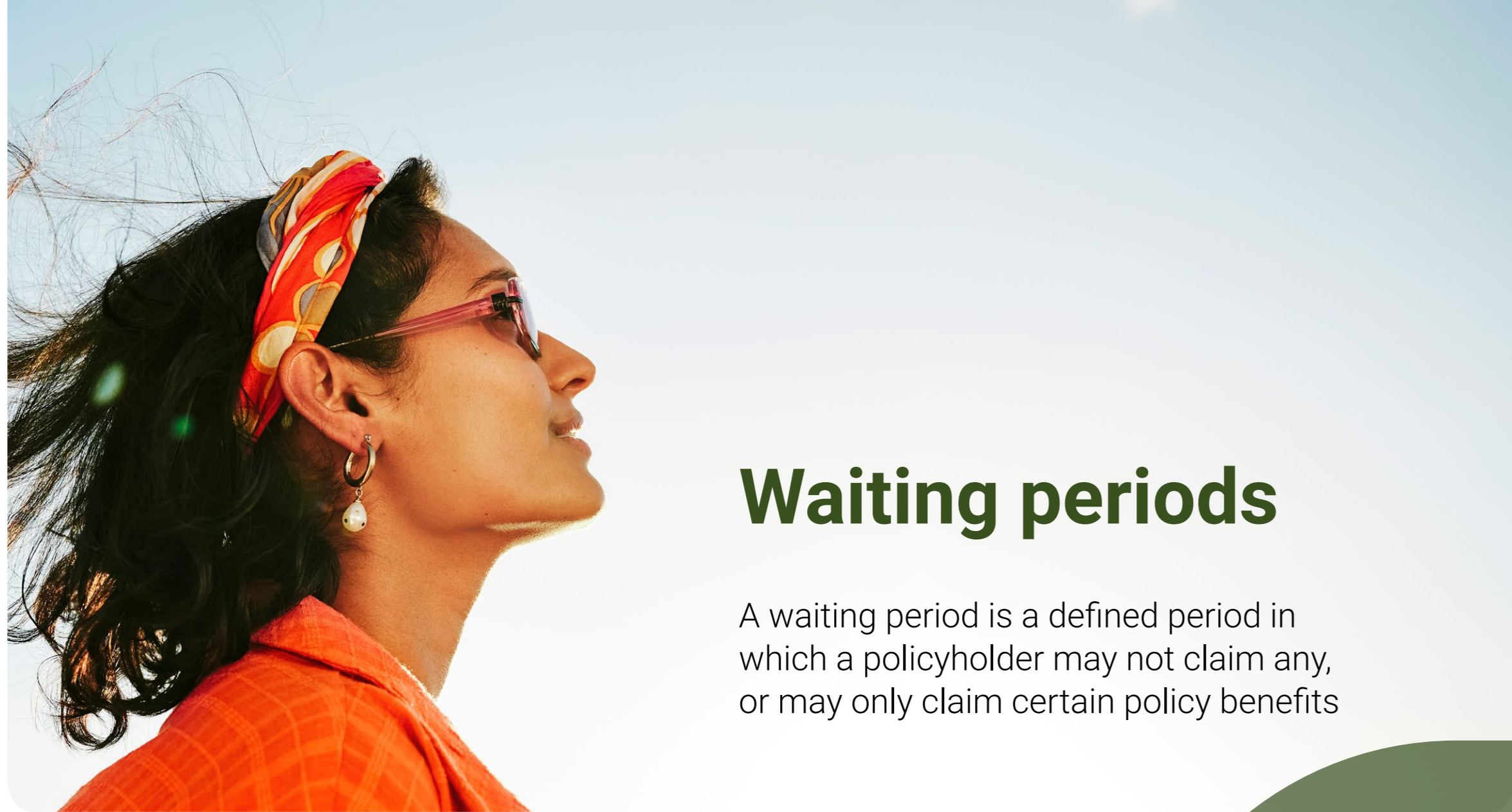
Please note: Premiums are reviewed and may be adjusted annually

**You can join
at any age**

There are no age
restrictions for cover

Quotes for employer groups:

Premiums for groups of more than 20 people that are not covered on another gap provider will be calculated based on the demographics of the group
All OmniGap quotes will need to be requested by sending an email to the following mailbox: info@omnisolutions.co.za



Waiting periods

A waiting period is a defined period in which a policyholder may not claim any, or may only claim certain policy benefits

01 General waiting period

- A **3-month general waiting period** is applicable on any newly incepted policies and/or additional dependants to the current policy, except in the event of an accident.
- **10-month waiting period** on pre-existing conditions, diseases or illness.

02 Policy specific waiting periods applicable to certain procedures

- The following conditions are excluded within the first **6-months** of the inception of the policy:
 - Myri ngotomy and grommets;
 - Adenoidectomy;
 - Tonsillectomy;
 - Hysterectomy (except if malignancy is proven);
 - Spinal, back, neck, and joint-related procedures except in the case of an accident. This includes treatments related to any and/or investigations such as MRI scans, CT scans and scopes.
- **50%** of benefits will be paid on claims from month **7 to month 10**.
- From **month 11**, the policy benefits will be fully available unless there are condition specific exclusions

03 Specific waiting periods applicable to certain benefit categories and conditions and/or relevant options

- **3-month** waiting period on Initial Cancer Diagnosis benefit
- **3-month** waiting period on the Accidental death benefit
- **6-month** waiting period on the Total permanent disability and premium waiver benefits
- **10-month** waiting period for pregnancy and confinement
- **12-month** waiting period on all pre-existing cancer-related treatments

04 Transfer of cover

- **All waiting periods are waived** if you can show that you have had gap cover with another insurance company for **12-months or longer**
- If you are currently serving waiting periods with your current provider, the balance is applicable to OmniGap
- If you are transferring to higher options, a **3-month waiting period** is applied on all additional benefits

05 OmniGap policy upgrades

- If an OmniGap policyholder has held a policy for 12-consecutive months and wants to upgrade to a higher option, all additional benefits will be subject to a 3-month waiting period
- If an OmniGap policyholder has a policy for less than 12-consecutive months and want to upgrade to a higher option, the balance of the waiting periods imposed will be applied and a 3-month waiting period will be applied on additional benefits

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What is **not** covered

General waiting period

OmniGap does not cover you for any hospitalisation, sickness, disease, loss, damage, death, bodily injury or liability that is caused by or resulting from:

- Benefits that your medical scheme option excludes or does not pay for;
- Benefits that your medical scheme has not paid a portion of the claim;
- Benefits where you have used up your entire benefit limit on your medical scheme option;
- In the event that there were no benefits available from the scheme at the time of the procedure, OmniGap will not provide any benefits
- In the event where there is no authorisation from the medical scheme, and they do not make any payment;
- Claims that exceed the limit of each benefit category;
- Out-of-hospital or day-to-day treatment, consultations, investigations or surgical procedures (unless there is a specific benefit on your OmniGap option);
- Events that occurs during waiting periods;
- The cost of experimental treatment and medication, both in-and-out-of-hospital are not covered (including innovative drugs)
- External prosthesis and appliances unless specifically covered on your OmniGap option;
- Any claim related to contraceptive device implantations, unless specified in your OmniGap option
- Artificial insemination;

General waiting period

OmniGap does not cover you for any hospitalisation, sickness, disease, loss, damage, death, bodily injury or liability that is caused by or results from:

- Any claim arising directly or indirectly from active involvement in war, invasion, an act of a foreign enemy, hostilities, civil war, rebellion;
- Any riot, strike or public disorder or any act or activity resulting in, or calculated to bring about a riot, strike or such disorder;
- Specialised mechanical or computerised appliances or equipment;
- Psychiatric or Psychological conditions not limited to depression or mental illness;
- Cosmetic and elective procedures where no clinical and medical indication;
- Deliberate criminal or fraudulent acts;
- Any illness, injury or consequence of alcohol or drug or substance intoxications, use abuse or addiction, whether directly or indirectly traceable to the insured being affected permanently or temporarily. Claims may be considered where registered drugs are administered and prescribed by a registered medical professional;
- Suicide, attempted suicide, or any intentional or deliberate self-injury and/or self-exposure to danger or risk except to save a human life;
- Hazardous sports

Please note:

- OmniGap has certain stated benefits that are not dependant on a claim from your medical scheme
- Please note the minimum claim amount is R100. Any claim less than R100 will not be covered

A comprehensive list of exclusions is available upon request or in the policy document

WHY OMNIGAP

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DETAILED BENEFITS

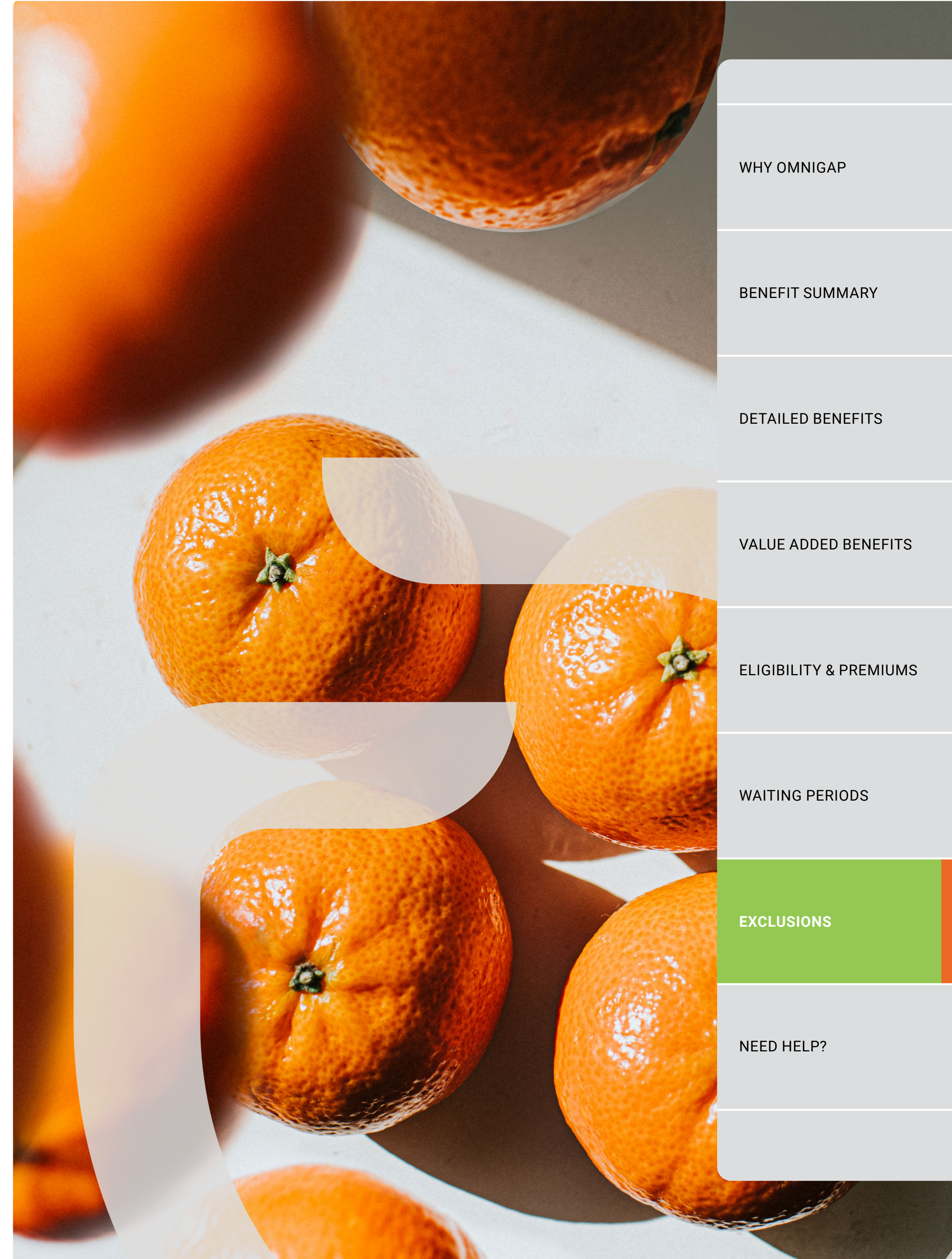
VALUE ADDED BENEFITS

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Need help?

Start here

Customer experience centre and general queries

☎ 010 599 1163

✉ info@omnisolutions.co.za

Membership maintenance and Application forms

✉ info@omnisolutions.co.za

Claims submission and queries

☎ 076 562 1340

✉ claims@sirago.co.za

☎ 010 599 1163

Benefit enquiries

☎ 076 562 1340

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