LIFESTYLE GAP COVER

COMPREHENSIVE COVER WHEN YOU NEED IT MOST

Covers the excess not paid by your medical scheme to ensure the best healthcare for your family.

Underwritten by

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The Lifestyle Gap product range is designed to complement your particular medical scheme option and your pocket, offering complete peace of mind for a relatively small monthly charge.

WHAT IS GAP COVER AND WHY DO I NEED IT?

As a responsible adult you will have signed yourself and your family up with the best medical scheme option you can afford. Depending on your option, most medical schemes will pay out between 100% and 200% of the approved scheme rate. You would be forgiven for thinking that you and your family are fully covered in the event of a medical calamity. The reality is different. Medical practitioners are not regulated in terms of what they can charge and most charge in excess of the approved scheme rate.

Lifestyle Gap is a short-term insurance policy that pays you the difference between what medical practitioners charge in-hospital and what the medical scheme actually pays. There may be times when a significant portion of your bill is not covered by your medical scheme!

Medical scheme shortfall costs are your personal responsibility. **Lifestyle Gap** should therefore be considered an essential addition to your medical cover.

GAP PLAN OPTIONS

*** Combined gap benefits may, by law, not exceed R198 000 per person per annum**

GAPCORE
GAP COVER

GapCore covers the gap between the allowed tariff and the actualcharge and includes the following benefits:

- Covers your immediate family in respect of medical expenses shortfalls in-hospital associated services provided by specialist doctors that charge more than your medical scheme rate, limited to **six times** the medical scheme tariff.
- Also covers treatment on an out-patient basis for chemotherapy, radiotherapy and kidney dialysis.
- Extends to certain specified medical procedures performed on an out-patient basis.
- Gap cover is limited to R198 000* per person per annum.
- Makes an additional allowance of R3 000* for disposable items used in-hospital.
- Reimburses up to R10 000 for in-hospital expenses and death incurred as a result of accidental injury.

WHAT IS NOT COVERED?
Does not cover hospital charges which are higher than the medical scheme tariff or additional hospital charges not covered by your medical scheme.

GAPXTRA
ADDITIONAL SUB LIMIT COVER

GapXtra includes all the benefits of GapCore plus the following additional benefit:

- Includes cover in respect of in-hospital charges above a **sub-limit** which may be imposed by your medical scheme on certain procedures and treatments.
- The maximum benefit payable for sub-limit cover is R198 000* per person per annum.
- Makes an additional allowance of R3 000* per family per annum for medical appliances.

WHY DO I NEED IT?
Medical schemes place sub-limits on certain types of procedures in order to manage their exposure. This means they place a maximum on the amount available to pay for that type of procedure or treatment. GapXtra increases the total levels of cover (as defined) for pathology, internal prosthesis, physiotherapy and radiology, amongst others.

GAP PREMIUM
ADDITIONAL CO-PAYMENT COVER

GapPremium combines GapCore and GapXtra and also offers the following additional benefits:

- Includes cover for co-payments where your medical scheme has imposed a deductible or levy on specific procedures, including MRI and CT scans.
- Also includes up to R13 500* per family per annum for co-payments applied for making use of a non-network hospital.
- The maximum benefit payable for co-payment cover is subject to the overall annual limit of R198 000* per person per annum.
- Provides an additional R10 000* for accidental injury requiring treatment in a casualty ward.
- In the event of the accidental death of the Principal Insured, a benefit equal to the premium payable by the Principal Insured for this policy and the medical scheme premium, immediately prior to the death, in respect of the surviving spouse and child dependants.

WHY DO I NEED IT?
A co-payment is a fixed amount you are required to pay for certain procedures in order for the medical scheme to offset some of the costs of the procedure. It is payable by the medical scheme member to the medical service provider prior to undergoing the procedure.

GAP PREMIUM PLUS
CANCER TREATMENT COVER

Our top of the range product combines GapCore, GapXtra and GapPremium and also provides the following additional benefits:

- Pays an extra R150 000* for traditional cancer treatment charges and/or for costs of defined biological drugs for defined oncological benefits, above the sub-limit benefits imposed by your medical scheme for medical expenses shortfalls.

WHY DO I NEED IT?
Biological drugs are a form of medication that enhance the immune system's ability to fight cancers. They are not currently included as a prescribed minimum benefit (PMB) and are commonly excluded from medical scheme benefits. In addition, certain medical schemes impose sub-limits on cancer treatment.

SUMMARY OF BENEFITS

		GAPCORE	GAPXTRA	GAP PREMIUM	GAP PREMIUM PLUS
Tariff/Medical scheme shortfall cover (up to six times the medical scheme tariff)		✓	✓	✓	✓
Chemotherapy, radiotherapy kidney dialysis outpatient treatment		✓	✓	✓	✓
Certain medical procedures performed in doctors' rooms		✓	✓	✓	✓
Consumables allowance for hospital disposables	R3 000* per family per annum	✓	✓	✓	✓
Hospitalisation and/or death as a result of an accident	R10 000 per person per annum	✓	✓	✓	✓
Casualty cover	R10 000* per family per annum			✓	✓
Sub-limit cover	R198 000* per person per annum		✓	✓	✓
Appliance benefit	R3 000* per family per annum		✓	✓	✓
Co-payment cover - procedural	R198 000* per person per annum			✓	✓
Co-payment cover - non-network hospitals	R13 500* per family per annum			✓	✓
Private treatment cover for cancer - sub-limit cover on defined biological drug benefit	R150 000* per person per treatment cycle				✓
Premium waiver	R20 000 per policy			✓	✓

* Combined gap benefits may, by law, not exceed R198 000 per person per annum for medical expenses shortfalls.

For the first three years following inception of a contract, there is a limit of R30 000 (per person) in respect of the combined shortfall claims for hip and knee replacements or procedures.

SOME USEFUL DEFINITIONS

ICD 10 CODES International diagnostic codes used by doctors and hospitals which reflect on their accounts describing the diagnosis, symptoms and procedures recorded in conjunction with hospital care.	**PMB (PRESCRIBED MINIMUM BENEFITS)** All medical schemes must provide benefit cover to their members for approximately 250 clinical conditions listed in the medical schemes Act. The PMB conditions have been extended to include a chronic disease list of conditions. Cover relates to the diagnosis, medication, treatment and care of these conditions.
MEDICAL SCHEME STATEMENT A statement that is generated by your medical scheme showing which service providers accounts they have paid (or rejected) and showing how much was paid.	**MEDICAL SCHEME TARIFF** The rate set by a specific medical scheme at which claims and services for healthcare providers are paid.
OUT-PATIENT Any medical treatment, which would otherwise be treated in-hospital, but is rendered to you by a medical practitioner outside of a hospital admission, i.e. in a registered day clinic.	**MEDICAL SCHEME OPTION REIMBURSEMENT RATE** This refers to the multiple of the medical scheme tariff, as indicated by the rules of the medical scheme, at which claims and services for healthcare providers are paid.
IN-PATIENT Any medical treatment rendered to you by a medical practitioner whilst you are admitted to hospital.	**SUB-LIMIT** This refers to the maximum amount your medical scheme makes available from your plan for certain types of procedures or treatments. If you hit this limit, you may face the prospect of having to forgo further treatment.

This is not a medical scheme and the cover is not the same as that of a medical scheme.
This policy is not a substitute for medical scheme membership.

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