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Cover you can trust.

People you can depend on.



Cancer Cover

GUARDRISK 
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Underwritten by Guardrisk Life Limited, an authorised financial services provider (FSP Number 76) and a licensed life insurer. Zestlife is an authorised financial services provider (FSP Number 37485).

Cancer Cover 2024.v1

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Cancer Cover 2024

Does your medical aid provide sufficient cancer cover?

A 'Yes' answer to any one of these questions makes it advisable to consider increasing your cancer cover.

1

Does your medical aid exclude cover for certain cancer treatments e.g. specialised medicines or biological drugs?

Y N

Effective cancer treatment relies on early diagnosis, prompt treatment and the use of the most effective drugs. However even where the disease is diagnosed early and treatment commences promptly, treatment is often compromised by affordability. Most medical aid options limit cover to only certain drugs which leaves the member responsible to finance the shortfall.

Specialised medicines and biologics are often prescribed by medical specialists but they are not covered by many medical aid options.

2

Would your medical aid require you to pay any portion of cancer treatment costs?

Y N

Sometimes what medical aids describe as "Unlimited Cancer Cover" is in reality limited as the member is required to personally contribute up to 20% of the cost of treatment. This can amount to a co-payment of R100 000 or more which could place a huge financial burden on the member. Even worse, it could prevent them from receiving adequate treatment altogether.

3

Would your medical aid require you to pay for diagnostic tests such as blood tests, scans, doctors' consultations and X-rays?

Y N

Many medical aid options will only cover blood tests, X-rays, scans and doctor's appointments when they are performed as part of in hospital treatment. Most cancer treatment is done on an out-of-hospital basis and would normally only become in hospital treatment if the treatment is extremely intense or complications arise. During treatment it is also common to have consultations with an oncologist or other specialists a number of times in a month. It is therefore important to establish if your medical aid limits the number of visits to a specialist and whether they would pay the full specialist consultation fee.

If you have answered 'Yes' to any of the questions please consider the reality that affordability and/or funding are critical factors of cancer survival rates.

Having the full funding available to treat this complex disease can make the difference between a specialist doctor prescribing the best course of treatment or the treatment received being determined by your medical aid's rules.



CANCER COVER FOR YOUR WHOLE FAMILY

Zestlife's **Cancer Cover Policy** is a health insurance policy which automatically covers you and your whole family (main member, spouse and children who are registered as dependants on your medical aid). Cover also extends to a policyholder's legally married spouse and mutual children that are registered as dependents on the spouse's medical aid.

Cover is available to all South African medical aid members that are 55 years or younger at the time of taking out the cover. No medical tests are required in order to take out this cover.

CANCER COVER WHEN YOU NEED IT THE MOST

The policy benefit is paid out in 2 equal amounts, the first benefit amount is paid on diagnosis and the second amount is paid on commencement of treatment.

The benefit amounts are intended to supplement the cover that is provided by your medical aid and to ensure that should your medical aid not cover the full costs of the best prescribed cancer fighting drugs, your treatment options will not be limited.

BENEFIT LEVELS AND PREMIUMS 2024

There are two levels of cover available:

BENEFIT AMOUNTS		PREMIUM
Principal insured & Spouse	Children*	
R190 000	R380 000	R181 pm
R418 000	R836 000	R360 pm

Benefit levels and premiums will be revised annually and be effective from 1 February each year. Premiums are based on factors, such as past and future expected economic factors (for example interest rates, inflation, etc.), lapse and claims experience, any other factors impacting the premium that the insurer deems material at the time and any regulatory and legislative changes impacting this policy.

*The costs associated with treatment of childhood cancers are generally higher and this can be compounded by one or both parents needing to take lengthy periods from work and employ home nursing. These added expenses are catered for in the increased benefit amount payable.

DEFINITION OF CANCERS COVERED

The Cancer Cover Policy defines cancer broadly as a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The definition includes leukaemia, lymphoma and Hodgkin's disease.

INSURED PERSONS

- It is a requirement that you and your family covered by the policy remain the principal member or dependants on your medical aid in order to be entitled to the benefits of the policy.
- This policy only covers one spouse. If you have more than one spouse, you will be required to nominate a spouse to be covered under the policy.
- Children will be covered up to the age of 21 or 26 for children who are dependent on the principal insured and in full time study.
- Cover for the principal insured and spouse will cease upon turning the age of 65.
- Only one cancer benefit can be claimed for each person insured under this policy.

WAITING PERIOD AND PRE-EXISTING CONDITIONS

There is a 3-month upfront waiting period from the commencement date of cover, during which no claim event will be covered, and will remain uncovered even after the waiting period has expired. This means that a diagnosis in the waiting period will at no time thereafter qualify for a benefit payment.

If you did not have any form of cancer, cancerous growths, tumours, lumps or malignant moles prior to the commencement of cover, then any new cancers diagnosed after the expiry of the waiting period that qualifies as a claim event, will be covered.

PRE-EXISTING CONDITIONS

No benefits are payable for a period of 12 months from the start date of cover in respect of a cancer which manifested symptoms within 12 months before the start date of cover and which would have caused a reasonable and prudent person to seek medical advice and/or treatment. This exclusion applies whether you actually received treatment or not.

CONVENIENT COVER

Cover can be taken out conveniently by phone or by completing the Cancer Cover application form. Cover will commence from the first day of the month in which the first premium is due to be paid.

EXCLUSIONS

There are certain cancers that are excluded from this policy. These are:

- Benign, pre-malignant, borderline malignant, low malignant potential or non-invasive tumours.
- Carcinoma in-situ lesions.
- Cervical dysplasia or intra-epithelial neoplasia (CIN).
- Prostatic Intra-epithelial Neoplasia (PIN).
- Leukoplakia.
- All non-melanoma skin cancers.
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least class T2N0M0 by the AJCC Sixth Edition TNM Classification.
- Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi's sarcoma.
- Thin melanomas with a Clark's Level less than III or Breslow thickness less than 1.0 mm.
- Early thyroid cancers that are less than 1 cm in diameter and histologically described as T1 by the AJCC Sixth Edition TNM Classification unless there are metastases.
- Early localized bladder cancers that are histologically described by the AJCC Sixth Edition TNM Classification as Ta or equivalent classification, unless there are metastases.
- Chronic Lymphocytic Leukaemia (CLL) less than Rai Stage 3.
- All cancers that are a recurrence or metastases of a tumor that first occurred within the waiting period.

CONTACT US

For more information and exclusive advice please call Zestlife on **021 180 4220 / 0860 009 378** or email **info@zestlife.co.za**.