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Cover you can trust.

People you can depend on.



Gap Cover

GUARDRISK 
TAILORED RISK SOLUTIONS

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP No. 75) and a licensed non-life insurer. Zestlife is an authorised financial services provider (FSP No. 37485).

Gap Cover 2024.v1



Gap Cover 2024

All 3 of our Gap Cover options provide a financial solution to the common problem of self-payment shortfalls that medical aid members face.

THE PROBLEM

All medical aid members face the problem that surgeons, anaesthetists and other specialists frequently charge more than the amount covered by the medical aid.

When this occurs, the medical aid member becomes liable to pay for the medical expense shortfall (self-payment gap).

The table below contains some common procedures that frequently result in medical expense shortfalls. Listed too are the Rand amounts that were not covered by the medical aid and required payment by the member. These are actual Zestlife Gap Cover claim amounts paid during 2022/2023 (Source: 2022/2023 Zestlife claims register).

Examples of medical procedures that are frequently not covered in full by medical aids	Examples of medical expense shortfalls paid by Zestlife Gap Cover in 2022/2023.
Natural Childbirth	R31 456
Caesarean Section Childbirth	R47 535
Tonsillectomy	R52 728
Hernia Repair	R44 908
Breast Cancer Surgery	R39 099
Knee Replacement Surgery	R50 606
Hip Replacement Surgery	R133 610
Ankle Surgery	R51 206
Shoulder Surgery	R69 904
Hand Surgery	R34 248
Foot Surgery	R51 206
Lung Surgery	R42 526
Brain Surgery	R75 126
Liver Surgery	R46 863
Kidney Surgery	R41 373
Intestine Surgery	R72 986
Heart Surgery	R120 000
Heart Valve Replacement Surgery	R82 192
Surgery for Fractured Arm	R39 742
Eye Surgery	R22 361
Ear Surgery	R58 957
Cancer Treatment	R121 349
Spinal Surgery	R116 222

THE SOLUTION

Medical aid members can insure themselves against medical expense shortfalls with the Gap Cover option that best suits their individual, family and affordability needs.

Zestlife Universal Gap Cover offers the most comprehensive medical expense shortfall cover with extensive financial protection against a wide range of health risks. This option can be selected as single individual or family cover.

Zestlife Essential Gap Cover offers affordable cover for the most frequent medical expense shortfalls, and additional financial protection for selected health risks. This option can be selected as single individual or family cover.

Zestlife Optimal Gap Cover offers high levels of cover and affordability to match the needs of single individuals younger than 35.

PLEASE NOTE

Gap Cover is not a medical aid or a substitute for medical aid membership. The cover is not the same as a medical aid. It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical aid only covers your medical treatment costs in part. To qualify for this cover the medical aid's part payment must be paid from the medical aid hospital benefit or major medical benefit. To assist you in choosing the Gap Cover option that best suits your needs please study the benefits summary, or for further assistance and expert advice, please contact Zestlife or your Zestlife appointed Financial Advisor.



Universal, Essential and Optimal Policy Benefits

WHO IS COVERED?

Universal and Essential Gap Cover are available to individuals and families on all South African medical aids.

- **Individual Cover** is for those who don't have any medical aid dependants.
- **Family Cover** is for the main medical aid member, spouse and family dependants including adult dependants, on the same medical aid. Family cover also extends to a policyholder's spouse and mutual children that are registered as dependents on the spouse's medical aid.

Optimal Gap Cover is only available to single individuals younger than 35 who don't have any medical aid dependants.

SECTION A - MEDICAL EXPENSE SHORTFALL COVER			
Policy benefits in this section are subject to a combined maximum cover limit of R212 500 per individual insured per calendar year.			
MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>In-hospital</p> <p>Cover for shortfalls on doctors and specialist charges that exceed the medical aid tariff amount.</p> <p>The shortfall covered is the difference between doctors and specialist charges less the medical tariff or contribution to these charges (whichever is the greater of these 2 amounts).</p> <p>This benefit covers in-hospital doctor and specialist shortfalls for a wide range of surgery, treatments and procedures that may be required. Including in-hospital dental procedures and treatment for cancer.</p>	✓ Up to 500% (5 times) of the medical aid tariff.	✓ Up to 300% (3 times) of the medical aid tariff.	✓ Up to 400% (4 times) of the medical aid tariff.
<p>Pre and Post-surgery Specialists' Consultations</p> <p>Cover for shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery.</p> <p>The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre and post in-hospital surgery less the higher of the amount paid by your medical aid or one times the medical aid tariff.</p> <p>To qualify for this benefit:</p> <ul style="list-style-type: none"> • The medical aid must pay a portion of the admitting medical practitioner fees from risk or savings benefit. • The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery. • The surgery must be conducted in a hospital's operating theatre. <p>Cover is provided up to a maximum amount of R2 800 for each individual insured under the policy per calendar year.</p>	✓	X	X
<p>Out-of-hospital</p> <p>Cover for shortfalls on ±50 out-patient procedures including CT, PET and MRI scans.</p> <p>The shortfall covered is the difference between doctors and specialist charges less the medical tariff or contribution to these charges (whichever is the greater of these 2 amounts).</p> <p>This benefit covers doctor and specialist shortfalls for approximately 50 treatments and procedures that may be required. This includes chemotherapy and radiotherapy for treatment for cancer.</p>	✓ Up to 500% (5 times) of the medical aid tariff.	✓ Up to 300% (3 times) of the medical aid tariff.	✓ Up to 400% (4 times) of the medical aid tariff.

MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>General Co-payments</p> <p>Cover for co-payments imposed by medical aid for hospital admissions, CT, PET and MRI scans and specified medical procedures.</p> <p>This benefit is intended to cover co-payments imposed by medical aid for in-hospital treatment and on the ±50 out-of-hospital procedures we cover.</p> <p>Dentistry (in-hospital) and cancer treatment (not medicine) co-payments are covered.</p> <p>Penalty co-payments charged by medical aids are not covered. No cover is provided for the penalties imposed e.g. not obtaining a general practitioner referral prior to consulting with a specialist; not obtaining a pre-authorisation prior to a procedure; not following assessment criteria of medical aid back and neck program prior to undergoing spinal surgery.</p>	✓	✓	✓
<p>Non-network Co-payments</p> <p>Cover for co-payments charged by medical aid when treated in a non-network hospital or by a non-network medical practitioner.</p> <p>This cover is provided up to a maximum amount of R12 400 and subject to one claim per policy per calendar year.</p>	✓	X	✓
<p>MRI, PET and CT Scans in Excess of Medical Aid Sub-limit</p> <p>Cover in part or in full for MRI, PET and CT scans when the medical aid sub-limit has been reached.</p> <p>Cover is provided up to a maximum amount of R3 400 for each individual insured under the policy per calendar year.</p> <p>This benefit cannot be claimed along with a co-payment cover claim.</p>	✓	X	✓
<p>Casualty Facility Treatment for Injury in an Accident</p> <p>Cover for treatment in a hospital casualty facility within 48 hours following accidental injury.</p> <p>Cover is for the facility fee, medical practitioner consultation, on sight medication, ward stock, radiology and pathology, as not covered by medical aid.</p> <p>Cover is provided up to a maximum amount of R23 600 per policy per calendar year.</p> <p>This benefit does not cover casualty facility treatment for disease or illness, prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.</p>	✓	✓	✓
<p>Casualty Facility Emergency Treatment</p> <p>Cover for after-hours emergency treatment for children younger than 11 in a casualty facility.</p> <p>Cover is for the facility fee, medical practitioner consultation, on sight medication, ward stock, radiology and pathology, as not covered by medical aid, after-hours Monday to Friday between 18h00 and 07h00 and all-day on Saturdays, Sundays and Public Holidays.</p> <p>Cover is provided up to a maximum amount of R2 650 per policy per calendar year.</p> <p>This benefit does not cover prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.</p>	✓	✓	X

MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>Internal Prosthesis and Artificial Joints</p> <p>Cover for medical expense shortfalls and co-payments on internal prosthesis (including artificial joints).</p> <p>Internal prosthesis are devices placed inside a person's body to replace a body part or to improve a lost or reduced bodily function. Examples of internal prosthesis include artificial hip and knee joints and the implanted devices in spinal fusion.</p> <p>This benefit covers the shortfall not covered in full by medical aid due to the annual limit being exceeded. It also covers co-payments charged by medical aid.</p> <p>Cover is provided up to a maximum amount of R41 000 per policy per calendar year.</p> <p>This benefit does not apply where the insured is on a medical aid option that does not include internal prosthesis cover.</p> <p>Breast implants, cochlear implants and pacemakers are not covered.</p>	✓	X	✓
<p>Stents are covered up to a maximum shortfall amount of R3 400 for each individual insured under the policy per calendar year.</p> <p>Intraocular lenses are covered up to a maximum of R6 000 per lens for each individual insured under the policy per calendar year. This benefit is limited to the costs of the actual lens and excludes ancillary materials.</p>	✓	X	X
<p>Robotic Medical Procedures</p> <p>Cover for medical expense shortfalls that arise from the use of robotic machinery in the course of in-hospital treatment.</p> <p>Cover is provided up to a maximum amount of R35 000 per policy per calendar year.</p>	✓	✓	✓
<p>Oncology Treatment Programme Co-payments</p> <p>Cover for co-payments levied by medical aid when the annual cancer treatment limit is exceeded.</p> <p>This benefit is to cover general and specialised treatment and biological drugs.</p> <p>Cover is subject to a maximum co-payment of 25% of the costs of treatment.</p>	✓	X	X
<p>Oncology Treatment in Excess of Medical Aid Cancer Limit</p> <p>Cover for continued treatment costs of cancer when a treatment cost limit is imposed and no further funding is provided by medical aid.</p> <p>This benefit can be used for general and specialised treatment and biological drugs not covered by the medical aid.</p> <p>Cover is provided for 20% of the insured's continued treatment costs.</p>	✓	X	X
<p>Cosmetic Breast Reconstruction</p> <p>Cover for cosmetic breast reconstruction of a non-affected* breast following a single mastectomy resulting from breast cancer diagnosed after the commencement date of policy.</p> <p>Cover is provided for the amount not covered by medical aid up to a maximum of R25 600 for each individual insured.</p> <p>This cover is not renewed after claim payment and does not extend to subsequent breast reconstruction treatment costs.</p> <p>*Breast reconstruction for the non-affected breast is not always covered or covered in full by medical aids as it is cosmetic surgery.</p>	✓	X	X

SECTION B - HEALTH INSURANCE BENEFITS

Policy benefits in this section are NOT subject to a combined maximum cover limit per individual insured per calendar year.

HEALTH INSURANCE BENEFIT	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>Enhanced Cancer Cover</p> <p>This benefit provides R30 000 to cover unexpected costs which may arise in the event of first-time diagnosis of cancer.</p> <p>This benefit applies to first-time diagnosis of stage II regional cancer and stage I prostate cancer where the Gleason score is 8 or higher. Cover is excluded for skin tumours/cancer.</p> <p>Cover is provided only for first-time diagnosis of cancer of the insured and where the diagnosis occurs after the insured has been covered for a minimum of 12 months under the policy. The benefit is provided where diagnosis is made by a medical practitioner, supported by clinical evidence and a confirmed ICD 10 code (International Classification of Diseases Code).</p> <p>Payment of this benefit is subject to registration on the medical aid oncology treatment program.</p> <p>This benefit is provided as single claim cover for each person insured and does not cover subsequent cancer diagnosis.</p>	✓	X	X
<p>Accidental Dentistry Cover</p> <p>This benefit provides cover for up to R24 000 for accidental tooth fracture.</p> <p>This benefit is payable at a rate of R3 400 per fractured tooth irrespective of medical aid contribution to treatment cost.</p> <p>Tooth fracture is defined under this benefit as being the loss of 50% or more of the visible portion of a tooth and where the dental nerve is permanently damaged.</p> <p>The benefit covers accidental tooth fracture to permanent teeth (crowns and implants are excluded) due to an external injury to the mouth.</p> <p>Treatment must take place within 7 days of the accidental tooth fracture event.</p>	✓	✓	✓
<p>Accidental Death and Permanent Disability Cover</p> <p>This benefit provides R50 000 cover for the unexpected costs that may arise in the event of accidental death or accidental permanent disability.</p> <p>Accidental death is when an insured individual's death occurs within 48 hours as a direct result of an accident.</p> <p>Cover for accidental permanent disability ends when insured individuals turn 65.</p>	✓	✓	✓
<p>Trauma Counselling Cover</p> <p>This benefit provides cover for the cost of trauma counselling required following the insured being the subject or witness of an act of violence or traumatic accident.</p> <p>This benefit provides up to R840 per session with an overall maximum benefit of R28 200 for counselling treatment that commences within 6 months of the traumatic event and is payable for a single treatment period of up to 6 months.</p>	✓	✓	✓
<p>Medical Aid and Gap Cover - Premium Waiver Cover</p> <p>This benefit provides cover for the combined amount of medical aid and gap cover premiums following accidental death or accidental permanent disability of the policyholder.</p> <p>This benefit provides an amount of 12 times the combined medical aid and gap cover premiums, up to a maximum of R116 000.</p> <p>The benefit ceases at age 65.</p>	✓	✓	✓



MONTHLY PREMIUMS 2024

	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
COVER FOR INDIVIDUALS			
Younger than 35	R506 pm	R372 pm	R239 pm
Younger than 55	R506 pm	R372 pm	
55 – 64	R646 pm	R468 pm	
Older than 65	R770 pm	R548 pm	
COVER FOR FAMILIES			
Where all lives insured are younger than 65.	R646 pm	R468 pm	
Where one or more lives insured are older than 65.	R770 pm	R548 pm	

*An over-65 premium applies if the main medical aid member or any of their dependants are 65 years or older at commencement of their cover. Premiums will be revised annually and be effective from 1 January each year.

Please note: Gap Cover policy premiums are not tax deductible in the same way that your medical aid contributions are. No IT3 tax certificates can therefore be issued for this purpose.

Summary of policy terms and conditions

The policy terms and conditions of the Universal, Essential and Optimal Gap Cover options are contained in the summary below. For the full terms and conditions please refer to the policy document.

PRE-EXISTING CONDITION EXCLUSION

Unique Policy Benefit: There are no general waiting periods or condition specific waiting periods that withhold cover after the commencement date of the policy.

However no benefits are payable for a period of 12 months from the start date of cover in respect of medical conditions, for which in the 12 months before the start date of the cover, medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

Pregnancy before the start date of cover will be regarded as a pre-existing condition and any pregnancy and birth related claims will be excluded for 12 months from the start date of the cover.

If prior to the start date of cover a policyholder had cover under another Medical Expense Shortfall Policy with similar benefits, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition period from the previous policy. The pre-existing condition exclusion will however apply for the full period of 12 months for any benefit not provided under the previous Medical Expense Shortfall Policy.



Policy Exclusions

GENERAL EXCLUSIONS

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Illness or injury caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Aviation accident, except on a commercial flight as a fare-paying passenger.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

SPECIFIC EXCLUSIONS

No benefits are payable for:

- Cosmetic surgery unless required due to illness or injury.
- Penalty co-payments imposed by medical aids for not following the rules of the medical aid. An example of this type of penalty co-payment is the amount charged by medical aids for not obtaining pre-authorization prior to undergoing a medical procedure.
- Medication and other materials.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- When travelling abroad, treatment for accident and illness is not covered after 90 consecutive days outside the Republic of South Africa.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, contraception-related treatments, ART (assisted reproduction therapy) and elective circumcisions.
- Treatment for depression, mental or stress-related conditions.
- Claims not covered by the medical aid.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical aid.
- Private and home nursing.
- Hospital charges.
- Day-to-day medical practitioner charges.
- Breast or dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Treatment costs for services rendered by allied health care professionals, such as but not limited to dieticians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, physiotherapists, diagnostic medical sonographers, physical therapists, radiographers and respiratory therapists.

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CLAIMS

All claims must be lodged within 180 days of the medical treatment giving rise to the claim. The claim form can be found on www.zestlife.co.za.

Claim pay-outs are either made to the policyholder or directly to the treating doctors, specialists or medical service providers, at the insurer's discretion.

Extended Cancer Cover

Extended
Cancer
Cover

This is an optional policy benefit. If you or any of your dependents insured under the policy are diagnosed with cancer for the first time, we will pay you the Extended Cancer Cover benefit of R120 000 or R240 000 to cover the unexpected costs which may arise as a result of the diagnosis. This covers the policyholder and medical aid dependants insured under the policy. When applying for this cover, policyholders will be required to answer an underwriting question that relates to previous diagnosis or treatment of cancer.

This cover excludes skin cancer and has a 12-month pre-existing condition exclusion and a 6-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65th birthday.

Extended Cancer Cover Amount	Monthly Premium
R120 000	R112
R240 000	R186

Premiums are valid for 2024 and may increase on 1 Jan 2025.

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CONTACT US

For expert advice, please contact Zestlife on **(021) 180 4220 / 0860 009 378** or **e-mail info@zestlife.co.za** or visit **www.zestlife.co.za** to apply online today.