

zest!life

Cover you can trust.

People you can depend on.



Gap Cover

Extended **Cancer Cover**
Medical **Premium Waiver**

Underwritten by Guardrisk Insurance Company Limited,

Guardrisk is a Licensed Insurer and Authorised Financial Services Provider
FSP Number 75

Zestlife is an Authorised Financial Services Provider
FSP Number 37485

Gap Cover 2022



Gap Cover 2022

For all medical aid members that face the problem of increasing self-payment gaps, we have the solution.

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 incur medical expense shortfalls. Listed too are the Rand amounts that are not covered by the medical aid and would ordinarily require payment by the member. These amounts are based on actual Gap Cover claims paid.

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 2020/2021.
Natural Childbirth	R26 151.92
Caesarean Section Childbirth	R37 824.58
Tonsillectomy	R62 444.81
Hernia Repair	R44 435.00
Breast Cancer Surgery	R78 252.00
Knee Replacement Surgery	R49 928.23
Hip Replacement Surgery	R62 501.83
Ankle Surgery	R45 354.01
Shoulder Surgery	R55 370.54
Hand Surgery	R31 583.17
Foot Surgery	R40 677.12
Lung Surgery	R31 583.17
Brain Surgery	R89 271.36
Liver Surgery	R26 630.54
Kidney Surgery	R32 409.47
Intestine Surgery	R32 893.86
Heart Surgery	R123 284.00
Heart Valve Replacement Surgery	R169 517.51
Surgery for Fractured Arm	R50 106.64
Eye Surgery	R42 635.87
Ear Surgery	R46 522.28
Cancer Treatment	R115 210.00
Spinal Surgery	R126 327.00

THE SOLUTION

Medical aid members can insure themselves against medical expense shortfalls with Zestlife's comprehensive Gap Cover options.

Zestlife Universal Gap Cover offers the most comprehensive medical expense shortfall cover with extensive financial protection against a wide range of health risks.

Zestlife Essential Gap Cover offers affordable cover for the most frequent medical expense shortfalls, and additional financial protection for selected health risks.

Both of these options cover main members and dependants of all South African registered medical aids.

Extended Cancer Cover and Medical Aid Premium Waiver Cover can be added to enhance both policy options.

PLEASE NOTE

Gap Cover is not a medical aid or a substitute for 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.

Zestlife Universal Gap Cover

"High levels of cover for treatment cost shortfalls."

Who's Covered

Cover is available to individuals and families on all South African medical aids and is not subject to maximum entry age restrictions.

Individual Cover is for those who don't have any medical aid dependants.

Family Cover is for the main medical aid member and their spouse and family dependants on the same medical aid. Family Cover also applies where spouses and children are on separate medical aids.

Zestlife Essential Gap Cover

"Affordable cover for the most frequent treatment cost shortfalls."

Who's Covered

Cover is available to individuals and families on all South African medical aids and is not subject to maximum entry age restrictions.

Individual Cover is for those who don't have any medical aid dependants.

Family Cover is for the main medical aid member and their spouse and family dependants on the same medical aid. Family Cover also applies where spouses and children are on separate medical aids.

SECTION A - MEDICAL EXPENSE SHORTFALL COVER

All individuals and family members are covered up to a medical expense shortfall limit of R182 700 per calendar year.

In-hospital Cover

Shortfalls are covered on doctors and specialists charges of up to 500% of the medical aid tariff (MST). The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 5 times MST) less the greater of either the medical aid's contribution to these costs or the MST.

In-hospital Cover

Shortfalls are covered on doctors and specialists charges of up to 300% of the medical aid tariff (MST). The shortfall cover amount is calculated as: doctors and specialists charges (limited to 3 times MST) less the greater of either the medical aid's contribution to these costs or the MST.

Out-of-hospital Cover

Cover is provided for ±50 out-patient procedures including CT, PET and MRI scans. The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 5 times MST) less the greater of either the medical aid's contribution to these costs or the MST.

Out-of-hospital Cover

Cover is provided for ±50 out-patient procedures including CT, PET and MRI scans. The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 3 times MST) less the greater of either the medical aid's contribution to these costs or the MST.

Medical Aid Co-payment Cover

Co-payments charged by medical aids for hospital admissions, scans and medical procedures are covered. Penalty co-payments charged by medical aids are not covered e.g. no cover is provided for the penalties charged by medical aids for not obtaining: a general practitioner referral prior to consulting with a specialist; a pre-authorisation from the medical aid prior to a procedure; not following assessment criteria by the medical aid's back and neck program prior to undergoing spinal surgery.

Medical Aid Co-payment Cover

Co-payments charged by medical aids for hospital admissions, scans and medical procedures are covered. Penalty co-payments charged by medical aids are not covered e.g. no cover is provided for the penalties charged by medical aids for not obtaining: a general practitioner referral prior to consulting with a specialist; a pre-authorisation from the medical aid prior to a procedure; not following assessment criteria by the medical aid's back and neck program prior to undergoing spinal surgery.

Non-network Co-payment Cover

Full cover for co-payments charged by medical aids for using a non-DSP (Designated Service Provider) hospital or provider. This cover is subject to a maximum of R11 000, limited to one claim per policy each year.

Non-network Co-payment Cover

Not applicable.

MRI, PET and CT scan Sub-Limit Cover

This benefit will pay in part or in full for the cost of MRI, PET and CT scans when the insured's medical aid sub-limit for these scans has been reached. The benefit will cover the cost of MRI, PET and CT scans in part or full subject to a maximum payment of R3 000 per individual insured under the policy per calendar year. MRI, PET or CT scans for treatment not covered under this policy are excluded e.g. the policy has a specific exclusion for non-essential cosmetic surgery not required due to illness or injury. In this instance and for other specific and general exclusions under the policy, this benefit would not apply. This benefit cannot be claimed along with the Medical Aid Co-Payment Cover benefit.

MRI, PET and CT scan Sub-Limit Cover

Not applicable.

Emergency Room/Casualty Ward Cover

R22 100 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, items such as crutches, neck braces, knee and ankle guards, post treatment and recuperative devices are not covered by this benefit.

Emergency Room/Casualty Ward Cover

R22 100 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, items such as crutches, neck braces, knee and ankle guards, post treatment and recuperative devices are not covered by this benefit.

Zestlife Universal Gap Cover

Cancer Treatment Programme: Co-payment Cover

Co-payments levied by medical aids when the annual cancer treatment limit is exceeded will be covered. This cover can be used for general and specialised treatment and biological drugs. Subject to a maximum co-payment of 25% of the costs of treatment.

Medical Aid Cancer Limit Extender Cover

When a medical aid imposes a cancer treatment cost limit, cover is provided for 20% of the continued treatment costs. This cover can be used for general and specialised treatment and biological drugs.

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

Cosmetic breast reconstruction cover of up to R23 000. This cover is paid towards the costs of surgical breast reconstruction of the non-affected breast, in the event of a single mastectomy resulting from breast cancer.

Internal Prosthesis and Artificial Joint Cover

Cover for up to R37 000 per policy per calendar year is provided for medical expense shortfalls and co-payments on the cost of internal prosthesis. This benefit is available to policyholders who are on medical aid options that provide internal prosthesis cover under the major medical benefit. This benefit will cover the shortfall if the medical aid does not cover the cost of internal prosthesis in full because the medical aid annual limit has been exceeded or where the medical aid charges a co-payment.

An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a loss or reduction in bodily function. Examples of internal prosthesis include joint replacements and spinal fusions.

Stents are covered but limited to a maximum shortfall amount of R3 000 for each individual insured under the policy, per calendar year.

Intraocular lenses, breast implants and pacemakers are however specifically excluded.

In-hospital Dentistry Expense Shortfall Cover

Dentistry shortfalls are covered on doctor, dentist and specialist charges of up to 500% of the medical aid tariff (MST). The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 5 times MST) less the greater of either the medical aid's contribution to these costs or the MST.

Robotic Medical Procedure Cover

Cover of up to R31 500 per policy per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.

Zestlife Essential Gap Cover

Cancer Treatment Programme: Co-payment Cover

Not applicable.

Medical Aid Cancer Limit Extender Cover

Not applicable.

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

Not applicable.

Internal Prosthesis and Artificial Joint Cover

Not applicable.

In-hospital Dentistry Expense Shortfall Cover

Not applicable.

Robotic Medical Procedure Cover

Cover of up to R31 500 per policy per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.

SECTION B - HEALTH INSURANCE BENEFITS

Enhanced Cancer Cover

The Enhanced Cancer Cover benefit of R30 000 is to cover the unexpected costs which may arise in the event of first-time diagnosis of cancer, stage II and above. This benefit also applies to stage I prostate cancer where the Gleason score is 8 or higher. Payment of this benefit is subject to confirmed cancer diagnosis with an ICD 10 C code (International Classification of Diseases Code); and the person insured under the policy registering on their medical aid's oncology treatment program. This cover excludes skin cancer and only applies to the first-time diagnosis of cancer after the commencement of cover and after completion of the 12-month waiting period.

Enhanced Cancer Cover

Not applicable.

Zestlife Universal Gap Cover

Accidental Dentistry Cover

Total cover of up to R21 200 for accidental tooth fracture due to an external blow to the mouth. This benefit will apply to permanent teeth (crowns and implants are excluded) where at least 50% of the visible portion of the tooth is lost and where the dental nerve is permanently damaged due to accident. This benefit is payable at a rate of R3 000 per fractured tooth, irrespective of the cover provided by medical aid.

Accidental Death and Permanent Disability Cover

This benefit of R50 000 is to cover the unexpected costs that may arise in the event of accidental death or accidental permanent disability of anyone insured by the policy. Accidental permanent disability cover ceases for all lives insured under the policy at age 65.

Trauma Counselling Cover

Cover of R750 per session for counselling is provided following any individual insured under the policy being subject to or a witness to an act of violence or traumatic accident. Counselling must commence within 6 months of the traumatic event and will be covered to a maximum of R25 000 over a single 6 month period.

Medical Aid and Gap Policy – Premium Waiver Cover

A benefit of 12 times the policyholder's combined monthly gap policy premium and medical aid premium will be paid to cover the cost or loss incurred following the accidental death or accidental permanent disability of the policyholder. This benefit is subject to a policy limit of R105 000. Cover for this benefit ceases at age 65.

Zestlife Essential Gap Cover

Accidental Dentistry Cover

Total cover of up to R21 200 for accidental tooth fracture due to an external blow to the mouth. This benefit will apply to permanent teeth (crowns and implants are excluded) where at least 50% of the visible portion of the tooth is lost and where the dental nerve is permanently damaged due to accident. This benefit is payable at a rate of R3 000 per fractured tooth, irrespective of the cover provided by medical aid.

Accidental Death and Permanent Disability Cover

This benefit of R50 000 is to cover the unexpected costs that may arise in the event of accidental death or accidental permanent disability of anyone insured by the policy. Accidental permanent disability cover ceases for all lives insured under the policy at age 65.

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Medical Aid and Gap Policy – Premium Waiver Cover

A benefit of 12 times the policyholder's combined monthly gap policy premium and medical aid premium will be paid to cover the cost or loss incurred following the accidental death or accidental permanent disability of the policyholder. This benefit is subject to a policy limit of R105 000. Cover for this benefit ceases at age 65.

MONTHLY PREMIUMS

ZESTLIFE UNIVERSAL GAP COVER		ZESTLIFE ESSENTIAL GAP COVER	
COVER FOR INDIVIDUALS		COVER FOR INDIVIDUALS	
Younger than 55 years old	R447 pm	Younger than 55 years old	R333 pm
55-64 Years old	R566 pm	55-64 Years old	R418 pm
65 Years and older	R650 pm	65 Years and older	R477 pm
COVER FOR FAMILIES		COVER FOR FAMILIES	
Where all lives insured are younger than 65.	R566 pm	Where all lives insured are younger than 65.	R418 pm
Where one or more lives insured are older than 65.	R650 pm	Where one or more lives insured are older than 65.	R477 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 are valid for 2022 and is subject to change on 1 Jan 2023.

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 and Essential 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.

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-authorisation prior to undergoing a medical procedure.
- Pre- and post-hospitalisation doctors and specialists charges.
- 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, fertility and 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.
- 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 60 consecutive days outside the Republic of South Africa.
- 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.

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 R100 000 or R200 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. This cover can be taken out on either Zestlife Gap Cover options. 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
R100 000	R92
R200 000	R150

Premiums are valid for 2022 and may increase on 1 Jan 2023.



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Medical Premium Waiver Cover

The Medical Premium Waiver policy provides cover that will continue to pay your medical aid and Zestlife Gap Cover premiums in the event of your death or permanent disability. This cover is an additional stand-alone policy that enhances and extends the medical aid and gap cover premium waiver benefit that is embedded in the Zestlife Universal Gap Cover policy.

Your Zestlife Gap Cover policy embedded benefit only applies to the Universal Gap Cover option and will only pay out in the event of accidental death or accidental permanent disability. This embedded benefit covers your costs and losses in respect of your ongoing medical aid and Zestlife Gap Cover premiums for a period of 12 months.

The extended Medical Premium Waiver policy however pays out on death and permanent disability, whether caused by accident or natural causes and will pay your costs and losses incurred to cover your medical aid and Zestlife Gap Cover premiums. These costs and losses will be paid up to a maximum amount of R9 800 per month, for your selected

period of either 24 or 60 months. This benefit is payable in addition to any benefits paid to you under the Zestlife Universal Gap Cover policy.

Medical aid and gap cover premium waiver cover can be taken out on both the Zestlife Universal and Zestlife Essential Gap Cover options.

TERMS AND CONDITIONS

In the first 12 months from the date that the Medical Premium Waiver policy commences, no cover will be provided for claims that arise from medical conditions that existed in the 12 months prior to the policy's commencement date. There are also general exclusions that apply e.g., claims that result from suicide, intentional self-inflicted injury or participation in war or crime. In the case of a permanent disability claim, the benefit payment will commence after a 30 day assessment period and will be paid for the insured period or until the policyholder's recovery, whichever occurs first. Cover is available up to age 60 for new policyholders and ceases for existing policyholders at age 70.

Extended Medical Premium Waiver Cover	Maximum Monthly Benefit Payment	Monthly Premium
24 Month Cover Period	R9 800	R211
60 Month Cover Period	R9 800	R372

**Premiums are valid for 2022 and is subject to change on 1 Jan 2023.*

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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.