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## Universal Gap Cover and Essential Gap Cover 2019

Zestlife offers two Gap Cover policy options, **Universal Gap Cover** offers top of the range Gap insurance with high levels of cover across all major treatment cost shortfalls. **Essential Gap Cover** is a competitively priced Gap insurance that is suitable for medical aid members seeking cover for the most frequent treatment cost shortfalls at an affordable premium.

## Frequently Asked Questions

### Who is covered? (Applicable to both Gap Cover policy options)

Cover is available to members of all South African registered medical aids.

Cover applies to the main medical aid member and all their family members listed as medical aid dependants. The policyholder's legally married spouse and child dependants will also qualify for cover even if they are registered on the spouse's own medical aid.

Single medical aid members under the age of 55, as the only life insured by the policy, qualify for a lower monthly premium. These members on the lower rate need to notify Zestlife if their circumstances change, and if they have other dependants that should also be covered by their Gap policy. These members are not covered until such time that Zestlife has been notified.

An over-65 premium applies if the main medical aid member or any of the dependants are 65 years or older.

There is no maximum entry age and cover continues without a maximum expiry age.

### What does the Universal Gap Policy cover?

#### A. MEDICAL EXPENSE SHORTFALL COVER

The policy covers doctors' and specialists' treatment charge shortfalls that are not covered in full by your medical aid. Cover is also provided for medical aid co-payments that are levied. Together these are known as the Medical Expense Shortfall Cover.

Health insurance regulations place a limit of R160 000 for each 12 month period for the Medical Expense Shortfall benefits payable for each person insured under the policy. This limit applies to all the benefits listed as Medical Expense Shortfall Cover. (This limit will be increased in 2020 in line with the regulation announcement.)

- 1. In-hospital Cover:** The policy covers the shortfall that exists between in-hospital doctors' charges and the amount paid by your medical aid. This shortfall is calculated as the difference between the medical practitioner's charges (limited to five times the medical aid tariff), less the higher of the amount payable by your medical aid or the medical aid tariff.
- 2. Out-of-hospital Cover:** The policy covers the shortfall between doctors' out-patient treatment charges and the amount paid by your medical aid. This covers  $\pm 50$  out-patient procedures and treatments. This benefit includes cover for CT, PET and MRI scans. This shortfall is calculated as the difference between the medical practitioner's charges (limited to five times the medical aid tariff), less the higher of the amount payable by your medical aid or one times the medical aid tariff.



- 3. Internal Prosthesis and Artificial Joint Cover:** Shortfall cover of up to R30 000 per policy per calendar year for internal prostheses such as artificial joints. This benefit will pay for the co-payment or the shortfall in the costs of the internal prosthesis that is not covered by your medical aid when the scheme's annual limit is reached. No cover is provided for intraocular lenses and prosthesis that are not replacing a body part such as cardiac stents.
- 4. Co-payments Cover:** Full cover for upfront co-payments that are charged by medical aids for hospital admissions, scans and certain surgical procedures. Please note that Penalty co-payments that are imposed by medical aids for not following the rules of the medical aid are not covered. Examples of these penalties are amounts due as a result of not obtaining a pre-authorisation from the medical aid for a procedure or consulting a specialist without first obtaining a referral from a general practitioner.
- 5. Non-DSP Co-payment Cover:** Up to R9 300 each year for each policy (one claim per year) is provided to cover the co-payment when using a hospital outside of the medical aid's approved Designated Service Provider (DSP) network.
- 6. Enhanced Cancer Cover:** In addition to the Gap and Co-payment benefits that cover the shortfalls on cancer treatment, additional cancer specific cover is also provided.
  - 6.1. Cover for the co-payment as levied by medical aids when member's total annual cancer treatment limit is exceeded. This cover is subject to a maximum co-payment of 25% which can be used to cover general treatment and the costs of biological drugs and specialised treatment. This benefit is paid subject to registration on the medical aid's cancer treatment programme.
  - 6.2. Where a cancer treatment cost limit is imposed and where no further treatment is funded by the medical aid, this benefit will subsidise 20% of the of the ongoing treatment costs. This benefit can be used to cover general treatment and the costs of biological drugs and other specialised treatments.
  - 6.3. Up to R20 000 cover is provided for cosmetic breast reconstruction, for surgical costs that are not covered by the medical aid for breast reconstruction of a non-affected breast in the event of a single mastectomy resulting from cancer. This cover applies to cancer diagnosed after the commencement of cover and after completion of the 12 month waiting period.
- 7. In-hospital Dentistry Expense Shortfall Cover:** This benefit covers in-hospital dental treatment as covered by the policyholder's medical aid and is calculated as follows: (combined dentist and specialist charges up to but not exceeding 5 times the medical aid tariff) minus (the greater of either the medical aid's contribution towards these charges or the medical aid's stipulated tariff amount for these charges).
- 8. Emergency Room Cover:** Accident-related charges incurred for in-hospital casualty ward treatment are covered. This benefit covers the facility fee, consultations, medications, radiology and pathology associated during admission to a registered hospital's casualty facility due to an accident. This benefit amount does not include cover for items such as crutches, neck braces, knee or ankle guards, slings and other charges relating to the provision of post-treatment protective and recuperative devices. It also does not cover the fees charged by the prosthetists or orthotists. Where a full in-hospital admission follows casualty ward treatment, only the shortfall amount not covered by the medical aid will be covered. This benefit will pay up to R20 000 per policy per calendar year and is payable irrespective of whether your medical aid covered the costs. The shortfall is calculated as the Emergency Room charges minus the amount paid by your medical aid. To qualify for this benefit you must use the casualty facility within 48 hours of the accident.



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- 9. Robotic Medical Procedure Cover:** Cover of up to R30 000 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.

#### **B. HEALTH INSURANCE COVER**

The cover items listed below are not subject to the overall regulated Medical Expense Shortfall limit per individual insured, per year.

- 10. Lump Sum Cancer Cover:** R30 000 is payable in the event of first time stage 2, 3 or 4 cancer diagnosis. Payment of this benefit is also subject to the insured's registration on the medical aid's oncology treatment program. This is however a fixed benefit payment and is not reliant on verification of actual treatment costs. This cover excludes skin cancer and applies to cancer diagnosed after the commencement of cover and after completion of the 12-month waiting period.
- 11. Accidental Dentistry Cover:** Accidental tooth fracture cover, for tooth fractures caused from an external blow to the mouth. This is provided per individual per calendar year. This cover is payable at a rate of R2 750 per tooth, irrespective of cover provided by the medical aid. This benefit will pay up to R19 250 per policy per calendar year.
- 12. Accidental Death and Permanent Disability Cover:** A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. This cover ceases at age 65 for accidental permanent disability.
- 13. Trauma Counselling Cover:** Trauma counselling cover of R750 per session, subject to an annual policy limit of R25 000. This cover is subject to the commencement of trauma counselling commencing within 6 months after being subject to or a witness of an act of violence or a traumatic accident, and continuing for no longer than 6 months thereafter.
- 14. Medical Aid and Gap Policy - Premium Cover:** This benefit covers the actual medical aid and Zestlife Gap Cover premiums in the event of the policyholder's accidental death or accidental permanent disability. This cover is subject to a maximum monthly amount of R7 500 and is payable for 12 months. Cover for this benefit ceases at age 65.

### **What does the Essential Gap Policy cover?**

#### **A. MEDICAL EXPENSE SHORTFALL COVER**

The policy covers doctors' and specialists' treatment charge shortfalls that are not covered in full by your medical aid. Cover is also provided for medical aid co-payments that are levied. Together these are known as the Medical Expense Shortfall Cover.

Health insurance regulations place a limit of R1 60 000 for each 12 month period for the Medical Expense Shortfall benefits payable for each person insured under the policy. This limit applies to all the benefits listed as Medical Expense Shortfall Cover. (This limit will be increased in 2020 in line with the regulation announcement.)

- 1. In-hospital Cover:** The policy covers the shortfall that may exist between doctors' in-hospital charges and the amount paid by your medical aid. This shortfall is calculated as the (combined doctors and specialist charges) minus (the greater of either the medical aid's contribution towards these charges or the medical aid's stipulated tariff amount for these charges). This benefit amount is limited to shortfall amounts that are less than or equal to double the medical aid's contribution to these charges.
- 2. Out-of-hospital Cover:** The policy covers the shortfall between doctors' and specialists' out-patient treatment charges and the amount paid by your medical aid. This covers  $\pm 50$  out-patient procedures and treatments. This shortfall is calculated as (combined doctors and specialist charges for  $\pm 50$  out-of-hospital treatments listed in the policy document) minus (the greater of either the medical aid's contribution towards these charges or the medical aid's stipulated tariff amount for these charges). This benefit includes cover for CT, PET and MRI scans. The benefit is limited to a shortfall amount less than or equal to double the medical aid's contribution to these out-of-hospital charges.
- 3. Co-payments Cover:** Full cover for upfront co-payments that medical aids charge for hospital admissions, scans and certain surgical procedures. Please note that Penalty co-payments that are imposed by medical aids for not following the rules of the medical aid are not covered. Examples of these penalties are amounts due as a result of not obtaining a pre-authorisation from the medical aid for a procedure or consulting a specialist without first obtaining a referral from a general practitioner.



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**4. Emergency Room Cover:** Accident-related charges incurred for in-hospital casualty ward treatment are covered. This benefit covers the facility fee, consultations, medications, radiology and pathology associated during admission to a registered hospital's casualty facility due to an accident. This benefit amount does not include cover for items such as crutches, neck braces, knee or ankle guards, slings and other charges relating to the provision of post-treatment protective and recuperative devices. It also does not cover the fees charged by the prosthetists or orthotists. Where a full in-hospital admission follows casualty ward treatment, only the shortfall amount not covered by the medical aid will be covered.

This benefit will pay up to R20 000 per policy per calendar year and is payable irrespective of whether your medical aid covered the costs. The shortfall is calculated as the Emergency Room charges minus the amount paid by your medical aid. To qualify for this benefit you must use the casualty facility within 48 hours of the accident.

**5. Robotic Medical Procedure Cover:** Cover of up to R30 000 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.

**B. HEALTH INSURANCE COVER**

The cover items listed below are not subject to the overall regulated Medical Expense Shortfall limit per individual insured, per year.

**6. Accidental Death and Permanent Disability Cover:** A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. This cover ceases at age 65 for accidental permanent disability.

**7. Trauma Counselling Cover:** Trauma counselling cover of R750 per session, subject to an annual policy limit of R25 000. This cover is subject to the commencement of trauma counselling commencing within 6 months after being subject to or a witness of an act of violence or a traumatic accident, and continuing for no longer than 6 months thereafter.

**Questions applicable to both Universal and Essential Gap Cover**

**Are day-to-day general practitioner (GP) consultations covered by the Gap Cover policy?**

No. Day-to-day services such as GP, specialists, optometry and dentist visits are not covered. These include specialist consultations not billed as part of the hospital or out-of-hospital procedures such as pre- and post-procedure consultations.

**What out-of-hospital procedures are covered under the Gap Cover policy?**

Although Gap Cover has been primarily designed to cover shortfalls and co-payments arising from in-hospital procedures, benefits are also payable in the event of shortfalls and/or co-payments arising from certain out-patient procedures. The procedures that are covered on an out-patient basis are:

<ul style="list-style-type: none"> <li>• Arthroscopy</li> <li>• Carpal Tunnel Release</li> <li>• Cervical laser ablation</li> <li>• Childbirth in a non-hospital setting</li> <li>• Colonoscopy or sigmoidoscopy</li> <li>• Coronary angioplasty</li> <li>• Cystoscopy</li> <li>• Direct laryngoscopy</li> <li>• Ganglion surgery</li> <li>• Grommets</li> <li>• Hernia Repairs, limited to:             <ul style="list-style-type: none"> <li>- Inguinal Hernia</li> <li>- Femoral Hernia</li> <li>- Umbilical Hernia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Epigastric Hernia</li> <li>- Spigelian Hernia</li> <li>• Incision and drainage of Bartholin's cyst</li> <li>• Ischio-rectal abscess drainage</li> <li>• Marsupialisation of Bartholin's cyst</li> <li>• Myringotomy</li> <li>• Needle biopsy of the liver</li> <li>• Surgical Biopsy of Breast Lump</li> <li>• Lymph node biopsy</li> <li>• PET – Positron Emission Tomography</li> <li>• Pterygium removal</li> </ul>	<ul style="list-style-type: none"> <li>• Tubal ligation</li> <li>• Bunionectomy</li> <li>• Cataract removal</li> <li>• Chemotherapy or radiotherapy for the treatment of cancer</li> <li>• Closure of Colostomy</li> <li>• Coronary angiogram</li> <li>• CT Scan – Computer Axial Tomography</li> <li>• Dilatation and curettage</li> <li>• Endoscopy</li> <li>• Gastroscopy</li> <li>• Hysteroscopy</li> <li>• Sinus surgery, limited to:             <ul style="list-style-type: none"> <li>- Frontal sinus</li> <li>- Functional</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>endoscopic sinus</li> <li>- Bilateral function endoscopic sinus</li> <li>• Bronchoscopy</li> <li>• Kidney dialysis</li> <li>• MRI – Magnetic Resonance Imaging</li> <li>• Oesophagoscopy</li> <li>• Orchidopexy</li> <li>• Surgical Hemorrhoidectomy (excluding sclerotherapy or band ligation)</li> <li>• Prostate biopsy</li> <li>• Tonsillectomy</li> <li>• Trabeculectomy</li> <li>• Varicose vein removal</li> </ul>
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### **Do I need to remain a member of a medical aid to qualify for Gap Cover?**

Yes, you can only enjoy cover under this policy for as long as you remain a member of a South African registered medical aid.

### **What is an adult dependant?**

An adult dependant is either a parent or sibling of the policyholder that is registered on their medical aid as an adult dependant. Adult dependants are covered under both the Universal and Essential Gap policies.

### **Must the details of medical aid dependants be provided when taking out cover? And must the policyholder notify the insurer of any dependants that should be removed from or added to the list of dependants insured under the policy?**

No, at the time of the claim, confirmation will be required to prove that they were dependants of your medical aid and therefore insured under the policy. The only exception is if you are on the premium applicable to single persons younger than 55 years and you add a dependant to your medical aid. In this case you need to notify us, otherwise your dependants on your medical aid or a qualifying spouse on his/her own medical aid will not be covered.

### **Does the policy cover more than one eligible spouse?**

If you have more than one eligible spouse/partner, then you must nominate the spouse/partner that will be covered. If you do not nominate a spouse/partner, then not one of the spouses/partners will be covered.

### **What happens if as the policyholder I pass away before my spouse?**

Your spouse can continue the cover should they elect to do so, provided they inform Zestlife in writing within 90 days.

### **Is Gap Cover only valid on a specific medical aid?**

No, these policy options can be taken out to cover individuals on any South African registered medical aid.

### **What cover exclusions exist for Gap Cover?**

The list of exclusions includes the standard insurance exclusions such as sickness or injury that is caused from nuclear weapons or material, injury from an accident while over the legal alcohol limit, active participation in war, police duty and civil commotion. Then there are a number of specific exclusions such as cosmetic surgery, treatment for obesity, cancer treatment received outside of South Africa and any event not covered by your medical aid. It is however worth studying the full list of exclusions which appears in the policy document.

### **What waiting periods are applied by Gap Cover?**

There is no 3-month general waiting period. No general or condition specific waiting periods apply. However no benefits can be claimed 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 Zestlife Gap Cover a policyholder had cover under another Medical Expense Shortfall Policy, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period from the previous policy. The pre-existing condition waiting period will however apply for the full period of 12 months for any benefit not provided under the previous Medical Expense Shortfall Policy.

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## **Which internal prosthesis' will be covered by the policy?**

An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part. In other words, a body part is removed and permanently replaced with a prosthesis during surgery. Examples of these are knee, hip or ankle replacements. No cover is provided under this benefit for intraocular lenses or prosthesis that are not replacing a body part such as cardiac stents.

## **Which Insurer underwrites this policy?**

Your Zestlife Gap Cover policy is underwritten by Guardrisk Insurance Company Limited (FSP number 75) (collectively referred to as "Guardrisk").

## **Will I be required to go for a medical examination to qualify for the policy?**

There are no medicals required when applying for this policy and cover is immediately available.

## **Does this policy have a surrender value?**

There is no savings or endowment portion and there is therefore no surrender value of the policy.

## **Should I wish to cancel the policy how would I go about doing so?**

The policy may be cancelled at any time with one calendar month's written notice.

## **Will my premium increase each year?**

Yes it is likely to increase every year. The premium amount will be reviewed every year and policyholders will be notified in advance of any increases which will be made effective on 1 January. The policy terms and conditions are also reviewed annually and changes are effective from 1 January every year.

## **Is there a policy fee attached to this policy?**

There is absolutely no additional policy fee, the costs incurred for administration is covered in your premium.

## **When will premium payments commence?**

The first premium will be debited on a day of your choice.

## **When will I receive my policy documents?**

Your policy documents will be sent to you within 1 week of taking out this cover.

## **When does the policy terminate?**

There is no specific age limit that gives rise to this policy terminating however if the policyholder allows the policy to lapse, due to non-payment of premiums or when the policyholder cancels the policy, it will terminate. Please be aware however that cover for certain benefits cease at age 65.

## **What is the oldest age that an individual can apply for the cover?**

There is no maximum entry age.

## **How do I submit a claim?**

This can be done by contacting Zestlife who will advise you of the documents that will need to be completed in submitting a claim. Alternatively you can obtain the claim form on our website at <https://www.zestlife.co.za/customer-services/>. Please remember that Zestlife needs to be notified within 6 months of the medical treatment taking place and all claim related documents required needs to be submitted within 12 months.

## **What are the documents that I need to submit with a Gap Cover claim?**

You need to submit the completed claim form along with copies of your hospital account, doctors' accounts and detailed medical aid statement reflecting payment to the hospital and doctors. When you are claiming for reimbursement of a co-payment, a copy of the medical aid pre-authorisation letter and proof of co-payment paid is also required.

## **To whom is the benefit paid to?**

Benefits will either be paid to you as the policyholder (in which case you are responsible for settling the accounts with the medical practitioner or service provider) or directly to the medical practitioner or service provider, at the discretion of the insurer. Note that benefits payable directly to the policyholder cannot be paid into a business bank account or into a third party's bank account.



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### **How long does it take to pay a claim?**

Approximately 15 working days from receipt of a completed claim form and all required documentation.

### **I have an existing Gap policy with another insurer. If I cancel it and take out your policy, how will this affect me?**

Replacing your existing gap cover with Zestlife Gap Cover will not negatively impact you in any way. The pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period from the previous policy. The pre-existing condition waiting period will, however, apply for the full period of 12 months for any benefit not provided under your previous policy.

### **I have a Gap cover with another Gap provider for 5 years and I need an operation that requires an upfront co-payment to be paid. If I take out your policy, will you cover the co-payment?**

If your previous policy did not provide co-payment cover and this is a pre-existing condition, then the full 12 month pre-existing condition waiting period will be applied to the co-payment benefit and no claim for this will be paid.

### **My child had a high fever and was vomiting so I rushed him to the hospital emergency unit as it was after hours. Will Gap cover this and reimburse me for the fees that I had to pay?**

Unfortunately not, as the emergency room/casualty benefit is only payable if the treatment was accident related and not if it was due to illness.

### **What documentation is required to replace an existing Gap policy?**

We require the following documents to be provided together with the completed Gap application form:

- Copy of client's current Gap policy contract and schedule confirming the policy commencement date and current benefits provided by the policy.
- Confirmation of the client's effective date of cancellation of current policy.
- Confirmation of medical aid membership and list of medical aid dependants.
- Completion of Zestlife's Replacement Policy Advice Record.

### **My medical aid started last month, can I backdate my Gap cover to coincide with my medical aid cover start date?**

This is a risk policy and cover can only start from a future date after application as the policy is designed to cover you for future unforeseen events.

### **Does the policy cover corrective jaw surgery also known as orthognathic surgery?**

The shortfall will be covered, provided:

- The surgery was not treated as an elective/cosmetic procedure by the medical aid and was covered and paid by the medical aid from the MMB.
- The in-hospital treatment is not subject to the pre-existing or waiting period exclusions within the first 12 months of cover.
- No consumables, medicines, materials, appliances, equipment, dental implants, are covered by the Gap policy as this is not a doctor's service charge for performing the procedure.

### **My 3 month old son is going in for a circumcision and the doctor does not charge medical aid rates. Will Gap cover the shortfall?**

Routine and ritual circumcision is an elective procedure and the shortfalls are therefore not covered.

### **Is my partner covered under my Gap policy?**

Yes, but only if he/she is covered on your medical aid. If your partner to whom you are not legally married, has his/her own medical aid, then your partner will have to take out their own Gap policy.

### **Why can we not automatically adjust the policy premium for a member on the single premium rate for under the age of 55, when they get dependants?**

We do not have access to a client's medical aid membership information, therefore we are not aware of any changes to a client's dependant details. It remains the clients responsibility to notify us if they are the only person covered on the medical aid and they qualify for the reduced premium.



## **Will Gap cover the costs if my wife has a home birth?**

This out-of hospital procedure is covered, so the shortfall on the charges in excess of the medical aid tariff rate for the midwife/nurse will be covered by Gap Cover. This is provided that the claim is not subject to the 12 month pre-existing condition exclusion applicable to the first 12 months of cover.

## **Does Gap cover physiotherapy sessions?**

Gap will cover the shortfall in excess of the medical aid tariff if the treatment was in-hospital and was covered by your medical aid. Shortfalls for out-of-hospital physiotherapy sessions are not covered by the policy as it is not a covered out-patient procedure and day-to-day treatment is a policy exclusion. Clients are responsible to pay for day to day treatment from their medical savings.

## **Does Gap cover shortfalls in respect of fees charged by allied health professionals?**

No, cover for fees charged by allied health professionals are excluded. Examples of allied health professionals are:

- Dieticians
- Podiatrists
- Audiologists
- Chiropractors
- Acupuncturists
- Speech Therapists
- Occupational Therapists
- Biokineticists
- Scientists
- Technologists

## **I have been diagnosed with stage 2 qualifying cancer, but the cancer was all surgically removed and requires no further treatment, therefore there is no need to register on my medical aid's oncology treatment programme. Would I still qualify for the R30 000 lump sum cancer benefit?**

No, to qualify for the benefit it must be the first diagnosis of a stage 2 cancer and you must be registered on your medical aid's oncology programme.

\* Excludes skin cancer

## **I have been diagnosed with stage 2 qualifying cancer, but have decided not to go for further treatment and therefore did not register on my medical aid's oncology treatment programme. Would I still qualify for the R30 000 lump sum cancer benefit?**

No, to qualify for the benefit you must be diagnosed with stage 2 qualifying cancer for the first time AND you must be registered on your medical aid's oncology programme.

\*Excludes skin cancer.

## **I have been diagnosed with skin cancer and have reached the medical aid's oncology treatment limit. If a 20% co-payment is levied for further treatment, will Gap cover this co-payment?**

Yes. Gap Cover will cover the co-payment on the continued treatment costs, provided that the supporting medical aid statements indicate that your annual limit has been reached and that a co-payment is levied by the scheme and due by you as the member.

## **My wife is due to give birth next month and the gynaecologist has advised that we must pay a R4 000 co-payment for the birth. Will my Gap Cover policy cover this co-payment?**

No. Gap Cover only covers co-payments levied by the medical aid in terms of the scheme option plan rules and not additional payments charged by a specialist. Split billing costs are not covered by Gap Cover. If the R4 000 is included in the doctor's service procedure tariff rates and billed to the medical aid, Gap Cover will be able to cover it as a tariff shortfall.

Underwritten by Guardrisk Insurance Company,  
Guardrisk is a registered and authorised  
Financial Services Provider, FSP Number 75  
Zestlife is an authorised Financial Services  
Provider, FSP Number 37485