

zest!life

Cover you can trust.

People you can depend on.



Gap Cover

Extended Cancer **Cover**

Extended Dentistry **Cover**

Medical Premium **Waiver**



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

Gap Cover 2019



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Gap Cover 2019

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 in 2018.

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 2018.
Natural Childbirth	R 17 421
Caesarean Section Childbirth	R 26 828
Tonsillectomy	R 7 594
Hernia Repair	R 32 237
Breast Cancer Surgery	R 73 863
Knee Replacement Surgery	R 49 016
Hip Replacement Surgery	R 73 964
Spinal Surgery	R140 745
Cancer Treatment	R108 816
Heart Surgery	R149 913

The continued growth in the self-payment gap means that medical aids now pay less than half of the average total specialist fees, leaving members to pay the shortfall.

The graph below shows how the self-payment gap has grown since 2006 and how this trend is expected to continue into the future.



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 along 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, along with additional financial protection for selected health risks.

Both of these options are available to main members and dependants of all South African registered medical aids.

The cover offered by these policies can be further enhanced with our Extended Cancer, Extended Dentistry and/or Medical Premium Waiver Cover.

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 and procedure 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. For further assistance and expert advice, please contact Zestlife or your Zestlife appointed Financial Advisor.

Zestlife Universal Gap Cover

"Trusted medical aid top up protection, offering high levels of cover across the most comprehensive range of treatment cost shortfalls."

Who's Covered

Cover is available to members of all South African medical aids. Cover can be taken out for the whole family or for individuals.

Family cover includes the main member of the medical aid and all members of their family listed as medical aid dependants.

Individual cover is for medical aid members that are the only member covered by their medical aid.

There are no maximum entry age restrictions for family members or individuals and cover continues for as long as they are covered by a medical aid.

Zestlife Essential Gap Cover

"Trusted medical aid top up protection, offering affordable cover for the most frequent treatment cost shortfalls."

Who's Covered

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SECTION A - MEDICAL EXPENSE SHORTFALL COVER

South African Health Insurance Regulations limit the total Medical Expense Shortfall benefit to R160 000 per person insured under the policy per calendar year. (Regulations allow for an increase to this annual limit on the 1st of January every year. The next increase is due 1 January 2020).

In-hospital Cover

In-hospital Medical Expense Shortfall Cover **is calculated as:** (the combined doctor and specialists charges, up to but not exceeding 5 times the medical aid's tariff amount) **less** (the greater of either the medical aid's contribution towards these charges or the stipulated medical aid tariff amount for these charges).

Out-of-hospital Cover

Out-of-hospital Medical Expense Shortfall Cover, applies to ±50 listed out-patient procedures and **is calculated as:** (the combined doctor and specialists charges up to but not exceeding 5 times the medical aid's tariff amount) **less** (the greater of either the medical aid's contribution towards these charges or the stipulated medical aid tariff amount for these charges). This includes shortfall cover for CT, PET and MRI scans.

Medical Aid Co-payment Cover

Full cover for co-payments charged by medical aids for hospital admissions, scans and certain surgical procedures.

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 R9 300, limited to one claim per policy each year.

Emergency Room/Casualty Ward Cover

Up to R20 000 cover is available each calendar year for initial treatment in a hospital's casualty ward within 48 hours of an accidental injury. 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. Subsequent treatment or follow-up visits is not covered.

Enhanced Cancer Cover: Co-payment

Cover for the co-payment as levied by medical aid when a 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.

Medical Aid Cancer Cover Limit Extender

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.

In-hospital Cover

In-hospital Medical Expense Shortfall Cover **is calculated as:** (the combined doctor and specialists charges, up to but not exceeding 3 times the medical aid's contribution towards these charges) **less** (the greater of either the medical aid's contribution towards these charges or the stipulated medical aid tariff amount for these charges).

Out-of-hospital Cover

Out-of-hospital Medical Expense Shortfall Cover applies to ±50 listed out-patient procedures and **is calculated as:** (the combined doctor and specialists charges, up to but not exceeding 3 times the medical aid's contribution towards these charges) **less** (the greater of either the medical aid's contribution towards these charges or the stipulated medical aid tariff amount for these charges). This includes shortfall cover for CT, PET and MRI scans.

Medical Aid Co-payment Cover

Full cover for co-payments charged by medical aids for hospital admissions, scans and certain surgical procedures.

Non-network Co-payment Cover

No policy benefits apply.

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Enhanced Cancer Cover: Co-payment

No policy benefits apply.

Medical Aid Cancer Cover Limit Extender

No policy benefits apply.

Zestlife Universal Gap Cover

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

Cosmetic breast reconstruction cover of up to R20 000. This cover is to be 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 of up to R30 000 per policy per calendar year is provided for medical expense shortfalls and co-payments on the cost of internal prosthesis such as artificial joints. This cover is provided after the exhaustion of the medical aid annual threshold or limit has been exceeded. No cover is provided under this benefit for intraocular lenses or prosthesis that are not replacing a body part such as cardiac stents.

In-hospital Dentistry Expense Shortfall Cover

In-hospital Dentistry Expense Shortfall Cover **is calculated as:** (combined dentist and specialist charges up to but not exceeding 5 times the medical aid tariff) **less** (the greater of either the medical aid's contribution towards these charges, or the medical aid's stipulated tariff amount for these charges).

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.

Zestlife Essential Gap Cover

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

No policy benefits apply.

Internal Prosthesis and Artificial Joint Cover

No policy benefits apply.

In-hospital Dentistry Expense Shortfall Cover

No policy benefits apply.

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.

SECTION B - HEALTH INSURANCE BENEFITS

Enhanced Cancer Cover: Lump Sum Pay-out

Lump sum cover of R30 000 in the event of first time diagnosis with stage 2 cancer. Payment of this benefit is subject to registration on the medical aid's oncology treatment program. This is a fixed benefit payment that 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.

Accidental Dentistry Cover

R19 250 accidental tooth fracture cover due to an external blow to the mouth is provided per individual per year. This cover is payable at a rate of R2 750 for each tooth, irrespective of cover provided by the medical aid.

Accidental Death and Permanent Disability Cover

A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. The accidental permanent disability cover ends at age 65.

Trauma Counselling Cover

Trauma counselling cover of R750 per session, 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. This benefit is subject to a policy limit of R25 000 per year.

Medical Aid and Gap Policy – Premium Waiver 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.

Enhanced Cancer Cover: Lump Sum Pay-out

No policy benefits apply.

Accidental Dentistry Cover

No policy benefits apply.

Accidental Death and Permanent Disability Cover

A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. The accidental permanent disability cover ends at age 65.

Trauma Counselling Cover

Trauma counselling cover of R750 per session, 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. This benefit is subject to a policy limit of R25 000 per year.

Medical Aid and Gap Policy – Premium Waiver Cover

No policy benefits apply.



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MONTHLY PREMIUMS

ZESTLIFE UNIVERSAL GAP COVER		ZESTLIFE ESSENTIAL GAP COVER	
COVER FOR INDIVIDUALS		COVER FOR INDIVIDUALS	
Younger than 55 years old	R363 pm	Younger than 55 years old	R274 pm
55-64 Years old	R458 pm	55-64 Years old	R344 pm
65 Years and older	R521 pm	65 Years and older	R393 pm
COVER FOR FAMILIES		COVER FOR FAMILIES	
Where all lives insured are younger than 65.	R458 pm	Where all lives insured are younger than 65.	R344 pm
Where one or more lives insured are older than 65.	R521 pm	Where one or more lives insured are older than 65.	R393 pm

**An over-65 premium applies if the main medical scheme member or any of their dependants are 65 years at commencement of their cover. Premiums are valid for 2019. Prices to increase 1 Jan 2020.*

Summary of policy terms and conditions

The following is a summary of the policy terms and conditions that apply to both Zestlife Gap Cover options. For a full explanation of definitions, benefits and terms and conditions, please refer to the policy document which is available on request.

WAITING PERIODS AND PRE-EXISTING CONDITION EXCLUSION

No general or condition specific waiting periods apply. 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 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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Summary of policy terms and conditions

(Continued)

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. 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.
- 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, vasectomies and contraception-related treatments.
- Treatment for depression, mental or stress-related conditions.
- Claims not covered by the medical aid.
- Private and home nursing.
- Hospital charges.
- Medication and other materials.
- External prosthesis.
- Cancer treatment outside of the borders of South Africa.
- Day-to-day medical practitioner charges.
- 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 dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, scientists and technologists.

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 <https://www.zestlife.co.za/customer-services/>.

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.

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Extended cover options

Extended Lump Sum Cancer Cover

This is an optional policy benefit that will pay-out either R75 000 or R175 000 in the event of the first-time diagnosis of cancer. 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 six-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65th birthday.

Extended Lump Sum Cancer Cover Amount	Monthly Premium
R 75 000	R69
R175 000	R132

Premiums are valid for 2019. Prices may increase 1 Jan 2020.

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Extended Dentistry Cover

Extended Dentistry Cover offers optional lump sum cover for emergency, accidental and specialised dentistry and can be added to either Zestlife Gap Cover options. This cover insures the policyholder and their medical aid dependants for all the conditions and fixed pay-out amounts listed in the table below.

INSURED CONDITION	LIKELY TREATMENT	COVER AMOUNT
Impacted wisdom tooth (teeth in the process of eruption that are not impacted are excluded)	Surgical Tooth Removal	R1 000 for each tooth
Periodontitis (severe infection of the gums where the attachment of the tooth to the gum is broken down)	Gum Surgery	R1 750 for each event
Jaw Fracture	Surgery	R16 500 for each event
Dental Emergency (dental pain or infection that requires immediate treatment for relief)	Emergency Root Canal, temporary crown, temporary filling	R1 250 for each event
Accidental Tooth Fracture (50% of the visible tooth is lost due to accident resulting in permanent nerve damage)	Crown, splinting, bridge	R4 500 for each tooth
Severely decayed or damaged tooth (Two thirds of the tooth is lost due to decay or trauma)	Crown	R3 250 for each tooth A maximum of 2 teeth are covered in 12 months
Impaired chewing due to loss of tooth / teeth (Teeth can be lost due to infection or trauma, 2nd and 3rd molar positions are excluded)	Removable Denture	R5 500 for each jaw Paid once for each upper or lower jaw for each 24 months
Reduced dental stability due to tooth loss (Tooth is lost resulting in adjacent teeth potentially changing position causing the bite to become unstable) Can only claim for teeth lost after the Extended Dentistry Cover starting date and which is not as a result of a condition that existed prior to this start date.	Implant or Bridge	R10 000 for each tooth Limited to one claim in 12 months

This cover has a six-month upfront general waiting period from the date of commencement of cover, a 12-month pre-existing condition exclusion and cover ceases at age 65.

Extended Dentistry Cover	Monthly Premium
	R262

Premiums are valid for 2019. Prices may increase 1 Jan 2020.

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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 cover will only cover your ongoing medical aid and Zestlife Gap Cover premiums for a period of 12 months.

The Medical Premium Waiver policy however pays out on death and permanent disability, whether caused by accident or natural causes and will pay your actual medical aid and Zestlife Gap Cover premiums up to a maximum amount of R7 500 per month, for a period of either 24 or 60 months.

The Medical Premium Waiver policy benefit will continue for 24 or 60 months after the initial 12 month benefit that is covered under the Zestlife Universal Gap Cover policy has been used.

This cover can be taken out as extended cover for 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 to age 60 and ends at age 70.

Extended Medical Premium Waiver Cover	Maximum Monthly Benefit Payment	Monthly Premium
24 Month Cover Period	R7 500	R178
60 Month Cover Period	R7 500	R312

**Premiums are valid for 2019. Prices to increase 1 Jan 2020.*

CONTACT US

For expert advice, please contact

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e-mail info@zestlife.co.za or visit www.zestlife.co.za to apply online today.