

zest!life

Cover you can trust.

People you can depend on.



Gap Cover for Groups

Underwritten by Guardrisk Insurance Company Limited,

Guardrisk is an authorised Financial Services Provider
FSP Number 75

Zestlife is an authorised Financial Services Provider
FSP Number 37485

Gap Cover 2021



Gap Cover 2021

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.

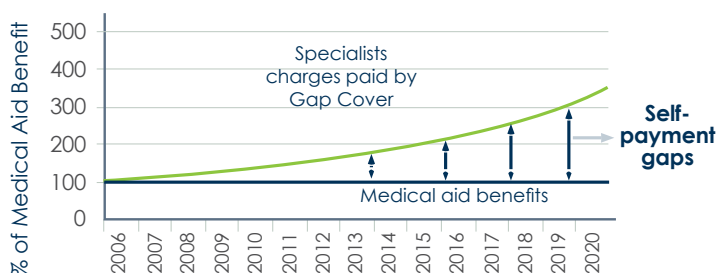
When this occurs, the medical aid member becomes liable to pay for the medical expense shortfall (self-payment gap).

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 2019/2020.
Natural Childbirth	R22 910
Caesarean Section Childbirth	R26 379
Tonsillectomy	R6 891
Hernia Repair	R42 803
Breast Cancer Surgery	R87 221
Knee Replacement Surgery	R69 127
Hip Replacement Surgery	R77 316
Spinal Surgery	R126 327
Cancer Treatment	R115 210
Heart Surgery	R149 997

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.



*Source: Zestlife Claims Register

THE SOLUTION

Protect your employees 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 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 R173 000 per calendar year.

In-hospital Cover

Shortfalls are covered on doctors and specialists charges of up to 500% of the medical scheme 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 scheme'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 scheme'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.

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 R10 500, limited to one claim per policy each year.

Emergency Room/Casualty Ward Cover

R21 000 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.

Enhanced Cancer Cover: Co-payment

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 R20 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.

In-hospital Cover

Shortfalls are covered on doctors and specialists charges of up to 300% of the medical scheme 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 scheme'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 scheme'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.

Non-network Co-payment Cover

Not applicable.

Emergency Room/Casualty Ward Cover

R21 000 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.

Enhanced Cancer Cover: Co-payment

Not applicable.

Medical Aid Cancer Limit Extender Cover

Not applicable.

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

Not applicable.

Zestlife Universal Gap Cover

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 cover is provided after the exhaustion of the medical aid annual threshold if the limit has been exceeded. No cover is provided under this benefit for intraocular lenses, breast implants or prosthesis that are not replacing a body part such as cardiac stents and orthopaedic rivets, anchors and screws.

In-hospital Dentistry Expense Shortfall Cover

Dentistry shortfalls are covered on doctor, dentist and specialist charges of up to 500% of the medical scheme 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 scheme'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

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: Lump Sum Pay-out

Lump sum cover of R30 000 in the event of first time diagnosis with cancer, stage 2 and above. This benefit also applies to stage 1 prostate cancer where the Gleason score is 8 or higher. 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 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: Lump Sum Pay-out

Not applicable.

Accidental Dentistry Cover

R20 200 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 900 for each tooth, irrespective of cover provided by the medical aid.

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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 ceases at age 65.

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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.

Trauma Counselling Cover

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Medical Aid and Gap Policy – Premium Waiver Cover

A lump sum benefit is payable equal to 12 times the policyholder's combined gap cover and medical aid premiums at the time of claim. This benefit is subject to a policy limit of R105 000 and is payable following the accidental death or accidental permanent disability of the policyholder. Cover for this benefit ceases at age 65.

Medical Aid and Gap Policy – Premium Waiver Cover

Not applicable.

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Zestlife Gap Cover offering as a compulsory versus a voluntary option

As an employer, you can provide Zestlife Gap Cover to your employees on either a compulsory or a voluntary basis. These product offerings are different in the way you provide the benefit to your employees and the premiums charged. The table below highlights the difference between the two options.

	Compulsory Gap Cover	Voluntary Gap Cover
Difference in cover	You provide Gap Cover to a defined group of employees. Individual employees are therefore not able to choose whether or not they want the cover.	You inform your employees that Gap Cover will be made available to them at a preferential premium and each employee decides whether they would like the cover. We also offer internal marketing assistance where needed*.
Paying premiums	As the employer, you pay each employee's premium and then deduct it via payroll, usually on a cost to company basis. The premium will also be lower than that of the Voluntary Gap Cover.	Premiums are collected via payroll, although individual debit orders can also be arranged.
Minimum number of employees	The minimum size for both compulsory and voluntary groups to qualify for preferential rates, versus individual rates, is 10 employees.	

**Call Centre Assistance: where there is a voluntary group option, our call centre can assist with signing clients up either on an inbound or outbound basis. This eliminates the need to complete application forms. All calls are voice recorded and stored on our system.*

Premiums and
how to sign
up for Zestlife
Gap Cover for
Corporates

PREMIUMS

Premiums are calculated based on the average age and number of employees. In order to calculate a quote, we will need the following:

- Your company name
- The number of employees
- The average age of your employees, and
- Whether the group will be joining Zestlife Gap Cover on a compulsory or a voluntary basis

HOW TO SIGN UP FOR ZESTLIFE GAP COVER CORPORATE

To implement the group scheme, you will need to complete a schedule of your employees and certain of their details, as well as a debit order authorisation form. We will provide you with these forms once a decision has been made.

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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.

PLEASE NOTE

The pre-existing condition exclusion is only applicable to a voluntary scheme and is waived for a compulsory scheme.



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-authorization from the medical aid for a procedure, or consulting a specialist without first obtaining a referral from a general practitioner, or not going for an assessment through your medical scheme's programme as required (prior to undergoing surgery) such as your scheme's back and neck programme before having spinal surgery.
- 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 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 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 and 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 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 cover options

Extended Lump Sum Cancer Cover

This is an optional policy benefit that will pay-out either R100 000 or R200 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.

Premiums on a compulsory basis

Extended Cancer Cover Amount	Monthly Premium
R100 000	R92
R200 000	R140

Premiums are valid for 2021 and may increase on 1 Jan 2022.

Premiums on a voluntary basis

Extended Cancer Cover Amount	Monthly Premium
R100 000	R92
R200 000	R140

Premiums are valid for 2021 and may increase on 1 Jan 2022.

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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.