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Gap Cover Cancer Benefit Guide 2024

Zestlife Gap Cover provides cover for cancer treatment shortfalls, co-payments and limit excesses as well as a diagnosis benefit and optional extended cancer cover.

Please note: This guide is a supplement to the Zestlife Gap Cover brochure. The intention of this guide is to provide information on the cancer cover provided by the Zestlife Gap Cover policy. For a full and accurate understanding this guide must be read in conjunction with the Zestlife Gap Cover brochure. Gap Cover is not a medical aid or a substitute for medical aid membership and the cover is not the same as a medical aid. To qualify for this cover, you have to be a member of a South African medical aid.

The table below contains the benefits provided for the treatment of cancer.

Each individual insured under the policy is covered for R212 500 per calendar year for Medical Expense Shortfalls. This annual limit applies to all Medical Expense Shortfalls in total, including Cancer Treatment Expense Shortfalls.

BENEFIT	GAP COVER OPTION		
	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>CANCER TREATMENT MEDICAL EXPENSES SHORTFALLS COVERED</p>			
<p>In-hospital</p> <p>Cover for medical expenses shortfalls on doctor and specialist charges that exceed the medical aid tariff amount.</p> <p>The shortfall covered is the difference between doctor and specialist charges less the medical aid tariff or contribution to these charges (whichever is the greater of these 2 amounts).</p> <p>This benefit covers in-hospital doctor and specialist shortfalls for a wide range of cancer surgery, treatments, and procedures.</p>	<p>✓</p> <p>Up to 500% (5 times) of the medical aid tariff.</p>	<p>✓</p> <p>Up to 300% (3 times) of the medical aid tariff.</p>	<p>✓</p> <p>Up to 400% (4 times) of the medical aid tariff.</p>
<p>Pre and Post-surgery Specialists' Consultations</p> <p>Cover for medical expenses shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery.</p> <p>The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre and post in-hospital surgery less the higher of the amount paid by your medical aid or one times the medical aid tariff.</p> <p>To qualify for this benefit:</p> <ul style="list-style-type: none"> • The medical aid must pay a portion of the admitting medical practitioner fees from risk or savings benefit. • The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery. • The surgery must be conducted in a hospital's operating theatre. <p>Cover is provided up to a maximum amount of R2 800 for each individual insured under the policy per calendar year.</p>	<p>✓</p>	<p>X</p>	<p>X</p>

BENEFIT	GAP COVER OPTION		
	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>CANCER TREATMENT MEDICAL EXPENSES SHORTFALLS COVERED</p> <p>Out-of-hospital Cover for medical expenses shortfalls on certain listed out-patient procedures including CT, PET, MRI scans, liver biopsies, lymphatic biopsies, prostate biopsies, surgical breast lump biopsy, hysteroscopy, chemotherapy, and radiotherapy.</p> <p>The shortfall covered is the difference between doctor, oncologist, and other medical specialist charges less the medical aid tariff or contribution to these charges (whichever is the greater of these 2 amounts).</p>	<p>✓</p> <p>Up to 500% (5 times) of the medical aid tariff.</p>	<p>✓</p> <p>Up to 300% (3 times) of the medical aid tariff.</p>	<p>✓</p> <p>Up to 400% (4 times) of the medical aid tariff.</p>
<p>General Cancer Co-payments Cover for co-payments imposed by medical aid for hospital admissions, CT, PET and MRI scans and specified medical procedures are covered.</p> <p>This benefit is intended to cover co-payments imposed by medical aid for in-hospital treatment and for out-of-hospital chemotherapy and radiotherapy for the treatment of cancer.</p> <p>Penalty co-payments charged by medical aids are not covered. No cover is provided for the penalties imposed e.g. not obtaining a general practitioner referral prior to consulting with a specialist; not obtaining a pre-authorisation prior to a procedure; not following assessment criteria of medical aid back and neck program prior to undergoing spinal surgery.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Non-network Co-payments Cover for co-payments charged by medical aid when receiving cancer treatment in a non-network hospital or by a non-network medical practitioner.</p> <p>This cover is provided up to a maximum amount of R12 400 and subject to one claim per policy per calendar year.</p>	<p>✓</p>	<p>X</p>	<p>✓</p>
<p>MRI, PET and CT Scans in Excess of Medical Aid Sub-limit Cover in part or in full for MRI, PET and CT scans when the medical aid sub-limit has been reached.</p> <p>Cover is provided up to a maximum amount of R3 400 for each individual insured under the policy per calendar year.</p> <p>This benefit cannot be claimed along with a co-payment cover claim.</p>	<p>✓</p>	<p>X</p>	<p>✓</p>
<p>Robotic Medical Procedures Cover for medical expense shortfalls that arise from the use of robotic machinery in the course of in-hospital cancer treatment.</p> <p>Cover is provided up to a maximum amount of R35 00 per policy per calendar year.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Oncology Treatment Programme Co-payments Cover for co-payments levied by medical aid when the annual cancer treatment limit is exceeded.</p> <p>This benefit is to cover general and specialised treatment and biological drugs.</p> <p>Cover is subject to a maximum co-payment of 25% of the costs of treatment.</p>	<p>✓</p>	<p>X</p>	<p>X</p>
<p>Oncology Treatment in Excess of Medical Aid Cancer Limit Cover for continued treatment costs of cancer when a treatment cost limit is imposed and no further funding is provided by medical aid.</p> <p>This benefit can be used for general and specialised treatment and biological drugs not covered by the medical aid.</p> <p>Cover is provided for 20% of the insured's continued treatment costs.</p>	<p>✓</p>	<p>X</p>	<p>X</p>

CANCER TREATMENT MEDICAL EXPENSES SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>Cosmetic Breast Reconstruction</p> <p>Cover for cosmetic breast reconstruction of a non-affected* breast following a single mastectomy resulting from breast cancer diagnosed after the commencement date of policy.</p> <p>Cover is provided for the amount not covered by medical aid up to a maximum of R24 000 for each individual insured.</p> <p>This cover is not renewed after claim payment and does not extend to subsequent breast reconstruction treatment costs.</p> <p>*Breast reconstruction for the non-affected breast is not always covered or covered in full by medical aids as it is cosmetic surgery.</p>	✓	X	X
Policy benefits in this section are NOT subject to a combined maximum cover limit per individual insured per calendar year.			
ENHANCED CANCER COVER	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
<p>Unexpected Cost Cover</p> <p>This benefit provides R30 000 to cover the unexpected costs which may arise in the event of first-time diagnosis of cancer.</p> <p>This benefit applies to first-time diagnosis of stage II regional cancer and stage I prostate cancer where the Gleason score is 8 or higher.</p> <p>Cover is provided only for first-time diagnosis of cancer of the insured and where the diagnosis occurs after the insured has been covered for a minimum of 12 months under the policy. The benefit is provided where diagnosis is made by a medical practitioner, supported by clinical evidence and a confirmed ICD 10 code (International Classification of Diseases Code).</p> <p>Payment of this benefit is subject to registration on the medical aid oncology treatment program.</p> <p>This benefit is provided as single claim cover for each person insured and does not cover subsequent cancer diagnosis.</p> <p>The Zestlife Gap Cover Policy defines cancer as: The presence of one or more malignant tumours that have invaded normal tissue. Hodgkin's disease and leukaemia are included in this definition. All skin tumours (including but not limited to, Basal Cell Carcinoma and Melanoma) and/or in situ carcinomas (cancers that are contained and have not spread to normal tissue) are excluded.</p>	✓	X	X

Pre-existing Condition Exclusion

No general 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.

Additional Extended Cancer Cover

This is an optional policy benefit. If you or any of your dependents insured under the policy are diagnosed with cancer for the first time, we will pay you the Extended Cancer Cover benefit of R120 000 or R240 000 to cover the unexpected costs which may arise as a result of the diagnosis. This covers the policyholder and medical aid dependants insured under the policy.

When applying for this cover, policyholders will be required to answer an underwriting question that relates to previous diagnosis or treatment of cancer. This cover 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.

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.