



MONTHLY PREMIUM

R230
PER FAMILY



An Authorized Financial Services Provider
FSP Number 35914

Up to **500%** over and above 100% of medical scheme rate for in-hospital, doctor, and specialist fees.

In hospital doctor and specialist fee	Up to R 157 000 per person insured, per annual period of insurance or 500% cover above medical scheme rate limited to R50 000 per event
In hospital co-payment and deductibles and Out of hospital co-payment for MRI and CT Scans	R5 000 per event limited to R40 000 per family per year
Cancer Cover	We will only pay up to R 150 000 per person insured, per annual period of insurance for any treatment related to or as a result of cancer, subject to the overall annual limit of this gap policy. The amount of R150 000 includes any 20% co-payment above the medical scheme's sub-limit.
Sub-Limit benefit - for in-hospital, internal prosthesis	Up to R10 000 per person insured, per annual period of insurance
Musculoskeletal conditions	Limited to R 30 000 per family per year for all providers, (unless as a result of an accident)
In hospital dentistry and maxillo-facial surgery	R6 500 per event to a maximum of R10 000 per family per year
Care of children under 18 years	R6 000 per family per year
Accommodation and travel expenses	R10 000 per family per year subject to R900 per day for accommodation. Hospitalisation must be more than 50km away from permanent residence

FAMILY MEMBER ACCOMMODATION AND TRAVEL EXPENSES:

In the event that you or any member of your family are hospitalised more than 50km from your permanent home, we will pay up to **R10 000** in any one annual period of insurance for your family member to travel to the hospital, as well as for accommodation nearby subject to a maximum of R900 per night.

CARE OF CHILDREN UNDER 18

If you or your spouse are hospitalised and neither of you are able to care for your children under the age of 18, we will pay up to **R6 000** in any one annual period of insurance for a family member to travel to your home and care for your children or for your children to travel to the home of a family member or friend.

CO-PAYMENT COVER:

Up to **R40 000** per family per annual period of insurance for the following:

- In hospital procedures
- Out patient MRI, Scopes and CT Scans
- Hospitalisation pre-admin co-payment for any procedure including dental procedures

CANCER COVER:

We will only pay up to **R 150 000** per person insured, per annual period of insurance for any treatment related to or as a result of cancer, subject to the overall annual limit of this gap policy.

(The amount includes any 20% co-payment above the medical scheme's sub-limit).

POLICY WAITING PERIODS:

There is a General waiting period of 3 months and a Condition Specific waiting period of 6 months.

WE WILL NOT PAY A CLAIM FOR or caused by any of the following conditions for the first 6 months from inception of your policy with us and for the following 6 months we will only pay 50% of the benefit:

- **Pre-existing Conditions or re-occurrence of a pre-existing condition or illness unless you have advised us in writing and we have agreed to waive this exclusion for that condition or illness only.**
- **Hysterectomy** (unless a life-saving emergency)
- **Arthroscopic procedures** (unless as a result of an accident)
- **Musculoskeletal conditions** - Limited to R 30 000 per family per year for all providers, (unless as a result of an accident)
- **Spinal surgery including spinal fusion** (unless as a result of an accident)
- **Dentistry** limited to **R6 500** per insured to a maximum of **R10 000** per family (unless as a result of an accident)
- **Nasal surgery** (unless as a result of an accident)
- **Cataract surgery**
- **Hernia operations** (unless a life-saving emergency)
- Account where **your medical aid has declined authorisation for in hospital treatment** will not be paid
- **Shortfall on hospital accounts, appliances, external prosthesis/robotic surgery, computerised appliances** are specifically excluded

We will not pay a claim for or caused by pregnancy or childbirth for the first 10 months from inception of your policy with us.



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INSURED EVENTS AND EXTENSIONS TO COVER:

WE WILL PAY FOR the following insured events in respect of the people insured by this policy:

1. Hospitalisation.
2. Medical or surgical procedures or treatment that are performed in a hospital.
3. In hospital Doc and Spec Provider claims only – No Hospital Bills.
4. The following surgical or medical procedures performed on an out-patient basis:
 - (a) Anthroscopy
 - (b) Bronchoscopy
 - (c) Bunionectomy
 - (d) Carpal tunnel release
 - (e) Cataract removal
 - (f) Cervical laser ablation
 - (g) Chemotherapy
 - (h) Childbirth
 - (i) Closure of colostomy
 - (j) Colonoscopy
 - (k) Coronary angiogram
 - (l) Coronary angioplasty
 - (m) Cystoscopy
 - (n) Dilatation and curettage
 - (o) Direct laryngoscopy
 - (p) Entroscopy
 - (q) Frontal, functional endoscopic or bilateral endoscopic sinus surgery
 - (r) Ganglion surgery
 - (s) Gastroscopy
 - (t) Grommets
 - (u) Hysteroscopy
 - (v) Incision and drainage or marsupilisation of Bartholin's cyst
 - (w) Inguinal, femoral, umbilica, epigastric or spigelian hernia repair
 - (x) Ischio-rectal abscess drainage
 - (y) Kidney dialysis
 - (z) Liver needle biopsy
 - (aa) Lymph node biopsy
 - (bb) Myringotomy
 - (cc) Oesophagoscopy
 - (dd) Orchidopexy
 - (ee) Prostate biopsy
 - (ff) Pterygium removal
 - (gg) Surgical biopsy of breast lump
 - (hh) Surgical haemorrhoidectomy
 - (ii) Tonsillectomy
 - (jj) Trabeculectomy
 - (kk) Tubal ligation
 - (ll) Vasectomy

We may, at our option, agree to additional out-patient procedures.

We do **NOT** pay for scheme exclusions.

This is **NOT** a medical scheme and the cover is not equivalent to that of a medical scheme.

This is **NOT** a substitute for medical scheme membership.

This document does not form part of your policy wording and should be read in conjunction with your policy wording. If there is any conflict between this document and the policy wording, the policy wording will apply.