



AUH

2019 - GAP RANGE

FOR INDIVIDUALS - MAXIMUM ENTRY AGE 70

WHAT IS GAP COVER?

Gap cover is a short-term insurance product designed to assist you with covering the shortfalls that may arise during a hospital admission for a medical or surgical procedure due to the doctors and specialists charging a higher rate than what your medical scheme pays, or when you are required to pay a co-payment or upfront cost for a procedure. Although Gap cover does not cover out-of-hospital procedures, it does cover certain listed procedures performed in the doctor's room. You must be a member of a registered South African medical scheme to qualify for Gap cover; however, the policy is not linked to your medical scheme.

WHO CAN JOIN, AND WHO IS COVERED?

All natural persons who are members of a registered South African medical scheme can join. Cover will be available for you (Main member) and your spouse (or life partner), even when you are not on the same medical scheme. Child dependants must be registered on either your or your Spouse's medical scheme. Extended Family dependants must be registered on Main member's medical scheme. The Gap Cover principal member does not have to be the main member on the medical scheme membership. The maximum age at date of joining is 70 actual age.

Members who are 71 and older may choose to take the AUH Gap Seniors Range

CONTACT CENTRE



0860 100 296



claimsadmin@africanunity.co.za



086 609 2061



African Unity Benefit Solutions: 1st Floor, Kent House, 1 Neptune Road, Westville, 3630

CORE BENEFITS

Overall Annual Limit (OAL) of **R157 000 per Insured Person** applies to the Core benefits.

Tariff shortfalls: Unlimited cover for the tariff shortfalls on doctors and specialist accounts on authorised in-hospital procedures (includes a list of selected procedures done in doctors rooms, refer to your policy document for a comprehensive list) as a result of the medical practitioner charging more than the medical scheme reimbursement rate. The benefit includes in-hospital shortfalls for x-rays, specialised radiology like MRI, CT and PET scans, pathology, physiotherapy as well as shortfalls on all dental procedures except for dental implants.

Standard co-payments: Unlimited cover for the standard co-payments or upfront deductibles imposed by your medical scheme on authorised in-hospital procedures, including MRI and CT scans done on an outpatient basis. Cover excludes co-payments due to you not following the medical scheme rules in respect of the use of network providers or pre-authorisations.

Non-DSP co-payments: The policy will cover 2 (two) co-payments per policy per year where the medical scheme charged a co-payment for the use of a non-designated service provider.

Oncology co-payment cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs, as a result of co-payments imposed by your medical scheme after you have reached your scheme's oncology benefit limit.

Oncology sub-limit cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs after you have reached the limit imposed on your oncology treatment by your medical scheme.

Sub-limitation cover: The policy will cover shortfalls on surgical procedures or the shortfall on an internal prosthesis above a sub-limitation in terms of the Medical Scheme rules.

Maternity Booster: The policy will cover the cost of the levy or booking fee charged by your service provider to book a maternity event.

Consumables cover: This benefit covers the shortfalls on medicine, materials and internal appliances on the doctor's account during an in-hospital procedure where the cost is greater than the scheme reimbursement rate. (This excludes external prosthesis and appliances for example: crutches, blankets, boots and braces). Shortfall must be on the doctor's account and not the hospital account.

Accidental Emergency Casualty cover: Covers all the costs incurred in a registered hospital emergency casualty unit following an accidental injury (physical injuries or wounds resulting from external force requiring immediate treatment). Cover excludes emergency casualty admissions paid from the in-hospital risk portion of your medical scheme.

Accident/Trauma related Dental implant benefit: Although the cost related to normal dental implants is not covered under your policy, the policy will cover the cost of dental implants due to an accident/trauma or cancer related reconstructive surgery.

Step down facility benefit: The policy will pay a once off lump sum benefit when a member spends a minimum of 10 consecutive days in a Step down or subacute facility where they require rehabilitation for a medical, post-surgical, post-trauma, neurological, orthopaedic, musculo-skeletal and other conditions.

ADDITIONAL BENEFITS

Accidental death and disability benefit: The policy will pay a once off lump sum benefit following the accidental death or total and permanent disability of the main member, eligible spouse, child and all eligible extended family dependants registered on Gap cover policy

Medical scheme premium waiver: The policy will cover your medical scheme contributions for a period of 6 months following the death or total and permanent disability of the main member on the Medical Scheme and who is a registered dependant on the Gap cover policy, provided that the insured is younger than 66 (sixty-six) years (age attained).

Gap cover premium waiver: The policy will cover your Gap Policy premiums for 6 months in the event of death, permanent disability or forced retrenchment of the principal insured member provided that the principal insured person is younger than 66 (sixty-six) years (age attained).

LISTED PROCEDURE ENHANCER

Listed procedure cover: A benefit equal to the cost of in-hospitalisation and associated medical expenses (as defined) relating to one of the below mentioned listed procedures less the cover provided by the Medical Scheme option:

- In-hospital management of Dentistry, limited to impacted teeth or reconstructive plastic surgery due to an accident that occurs during the period of cover
- Functional nasal surgery
- Surgery for oesophageal reflux and hiatus hernia
- Knee and shoulder surgery
- Back and neck treatment or surgery
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and Processors
- Correction of Hallux Valgus (Bunion) and Tailor's Bunion (Bunionette)
- Removal of varicose veins
- Skin disorders, including benign growths and lipomas



















ONCOLOGY SUPPLEMENTARY - MONTHLY PREMIUM = R 100,00

Oncology co-payment cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs, as a result of co-payments imposed by your medical scheme after you have reached your scheme's oncology benefit limit.

Oncology sub-limit cover: The policy will cover the shortfalls on Chemotherapy or Radiotherapy, basic and specialised radiology, pathology, specialist consultations and biological cancer drugs after you have reached the limit imposed on your oncology treatment by your medical scheme.

Dread Disease - Cancer: A stated benefit of **R25,000** which is payable on the first time diagnosis of any form of cancer that requires treatment on your medical scheme's oncology program. This is only due and payable if the Insured Person is younger than 66 years of age

This policy may only be purchase as an additional policy attached to any of the Gap products offered under the AUH range

CORE BENEFITS	GAP	GAP PLUS	GAP SELECT	LPE
MONTHLY PREMIUM	R 330,00	R 415,00	R 480,00	R 340,00
TARIFF SHORTFALLS	Limited to 500% or 5x over and above tariff	Limited to 500% or 5x over and above tariff	Limited to 500% or 5x over and above tariff	Limited to 500% or 5x over and above tariff
STANDARD CO-PAYMENTS		No limit on the number of claims per year	No limit on the number of claims per year	
NON-DSP CO-PAYMENTS		2 event – R 8, 000 per policy pa.	2 event – R 10, 000 per policy pa.	
ONCOLOGY	Yes – Subject to overall annual policy limit	Yes – Subject to overall annual policy limit	Yes – Subject to overall annual policy limit	
SUB LIMITATION COVER			Limited to R 45, 000 per policy pa.	
MATERNITY BOOSTER			1 event limited to R 2, 500 per policy per annum.	
CONSUMABLES COVER	Limited to R 5, 500 per policy pa.	Limited to R 5, 500 per policy pa.	Limited to R 5, 500 per policy pa.	
CASUALTY COVER	Limited to R 12, 000 per policy pa.	Limited to R 12, 000 per policy pa.	Limited to R 15, 000 per policy pa.	Limited to R 12, 000 per policy pa.
DENTAL IMPLANTS	Limited to R 10, 000 per member pa.	Limited to R 10, 000 per member pa.	Limited to R 15, 000 per member pa.	
STEP DOWN FACILITY	Limited to R 7, 500 – 1 event per member pa.	Limited to R 7, 500 – 1 event per member pa.	Limited to R 10, 000 – 1 event per member pa.	
LISTED PROCEDURES				Limited to scheme rate and R 75, 000 per family pa.
ADDITIONAL BENEFITS				
DREAD DISEASE: CANCER	R 12, 500 once off payment on 1st time diagnosis	R 12, 500 once off payment on 1st time diagnosis	R 35, 000 once off payment on 1st time diagnosis	
ACCIDENTAL DEATH AND DISABILITY	R 15, 000 – principal member, R 8, 000 - any other insured.	R 15,000 – principal member, R 8, 000 - any other insured.	R 15, 000 – principal member, R 8, 000- any other insured.	R 15,000 – principal member, R 8 000 - any other insured.
MEDICAL SCHEME PREMIUM WAIVER	Maximum of R 4, 000pm limited to 6 months	Maximum of R 4, 000pm limited to 6 months	Maximum of R 4, 500pm limited to 6 months	Maximum of R 4, 000pm limited to 6 months
GAP COVER PREMIUM WAIVER	Limited to 6 months	Limited to 6 months	Limited to 6 months	Limited to 6 months

POLICY EXCLUSIONS

- Co-payments as a result of non-compliance with the Medical Scheme rules relating to the use of network providers and Designated Service Providers (DSP) unless specific cover has been provided in the policy.
- Shortfalls or co-payments as a result of not following your Medical Scheme's pre-authorisation and/or referral procedures.
- Any costs related to consultations or services provided on an out-patient basis, or outside of the hospitalisation dates except where provision for out-patient treatment has been made as per the defined events.
- Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
- An event directly attributable to the insured person having an alcohol content exceeding eighty (80) milligrams per one hundred (100) millilitres of blood.
- Participation in active military duty police duty police reservist duty civil commotion labour disturbances, riots, strikes, the activities of locked out workers or war.
- Investigations treatment surgery for obesity its sequelae or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an insured event otherwise insured.
- Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility.
- 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.
- Any cost related psychiatric or psychological condition (as defined) or emotional or nervous conditions including, but not limited to depression, insanity, mental health, alcohol or drugs related conditions.
- Outpatient dentistry, orthodontic, prosthodontic, cosmetic dentistry or dental implants, other than dental implants relating to an accident, trauma or cancer related reconstructive surgery.
- Emergency casualty admissions that was not an emergency (as defined) or not done in a registered hospital emergency unit or where the cost of such admission has been paid from the in-hospital risk portion of the medical scheme.
- Any procedure or code not covered or declined or paid as an exception by the medical scheme unless specific cover has been provided in the policy.
- All costs related to ward fees, theatre fees and other hospital expenses including materials and medication on the hospital account.
- No benefits are payable for ward fees, theatre fees or other hospital expenses unless specific cover has been provided in the policy.
- Any cost or shortfall due to you exceeding your benefit limit on your medical scheme unless specific cover has been provided in the policy.
- Any costs related to (TTO) medication (To-Take-Out) dispensed for after care and external appliances (as defined).
- Interest on overdue accounts and discounts negotiated with a service provider where reimbursement of a claim will enrich the insured person.
- Cancer treatment costs and biological medication not approved by your medical scheme as part of your initial or ongoing oncology treatment plan.

WAITING PERIODS

1) THREE month general waiting period, unless due to an accident

2) TEN month maternity & child birth specific waiting period

3) SIX month procedure specific waiting period, unless due to an accident, for the following:

- Joint surgery
- Nasal and Sinus surgery
- Tonsillectomy
- Adenoidectomy
- Grommets
- Endoscopic and Arthroscopic procedures
- Hernia repairs
- Hysterectomy
- Cardiac surgery
- Spinal surgery
- Dentistry and Cataract procedures

This specific waiting period is applicable where medical advice, diagnosis, care or treatment was recommended or received for the condition within a period of 12 months preceding the day on which the policy was entered into.

4) Previously diagnosed cancer, within a period of 12 months preceding the date of inception, will be regarded as a pre-existing condition and Oncology Cover will be excluded for 12 months.



Disclaimer: This brochure is merely a summary of the policy's key benefits, features and contributions. Full details are available directly from the Administrator and will be subject to the Master Policy Document. This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership

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