

# Gap Cover

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# Presentation will be based on:

- What is Gap Cover?
- Who can be on the Gap Cover?
- Can Someone replace Medical aid with Gap Cover?
- Which providers can we use?
- Our Recommended provider

# What is Gap Cover

- A Gap cover pays the difference between what the doctors charge in Hospital. There are types of Gap cover Options.

## Who can be on the Gap Cover?

- A normal person, individual or someone who is under the Registered Medical aid, as an individual or under employer group.
- It can be a single member or family

# Can Someone replace Medical aid

- No- this product can not replace the medical aid
- This is the insurance for medical aid, it gives someone peace of mind knowing that what ever is not covered by their scheme, gap cover will cover depending on their option.

# Which providers can we use?

Daberistic is contracted with the following providers for Gap Cover.

- Complimed
- Liberty Gap Cover
- Stratum Benefits
- Sirago

# Our Recommended provider

- Based on our experience and the efficient service, we recommend Sirago to our clients.
- When dealing with claims and processing of queries and new business they always make us part of their team.

# Who is Sirago

- Sirago underwriting Managers Pty Ltd, they are the registered FSP, offering a variety of Financial products tailored for the unique requirements of the South African Market.

## What Products do they offer?

- Basic Gap Cover
- Gap Plus Cover
- Gap Cover
- Ultimate gap cover

# What makes the ultimate gap cover

- Gap cover
- Co-pay cover
- Admission fee cover
- Penalty fee cover
- Out-patient cover
- Emergency Room Cover
- PMB Cover
- Cancer Cover- Initial diagnosis
- Cancer Benefit
- Specialist Out-Patient Consultations
- Hospital Account Shortfalls
- Additional Care Cover
- Sub-limit Enhancer

# Gap cover

- Gap Cover- this benefit covers the difference between the medical scheme rate paid and the private rates charged a registered Medical Professional for in-hospital treatment
- Gap cover will settle up to 500% of your Medical Scheme rate.
- NB: This benefit will not exceed a total of 600% of the medical aid Scheme rate.

# Co-Pay and Admin and Penalty fee cover

- Co-payment- this benefit cover a fixed amount
- Co-payment are excesses payable for specified procedure or tests
- Admission Fee- are the amount payable before you are admitted to a treatment facility, like Clinic or Hospital
- Co payment is unlimited
- Admission fee is unlimited
- Penalty Fee- this benefit covers up to a maximum amount of R6 000 per insured per incident
- There is maximum of 2 claims per insured person payable per annum.

# PMB Cover

- This cover is not available for emergency or involuntary PMB Treatment, as this is regulated by Medical schemes Act 131 of 1998 and it must be paid in full by the Medical Scheme.
- However this benefit will be available to cover gap, co-pay and admin fee components for the use of a non- Designated service provider for Prescribed Minimum Benefit treatment
- There is no limit capped

# Cancer Cover and Cancer Benefit

- Cancer Cover- this benefit pays a lump sum of R10 000 upon the initial diagnosis
- Cancer Benefit- There is an overall annual limit of R400 000 per policy that applies to this section of cover
- Cancer cover incorporates co-payment cover benefit for co-payment and biological drugs as per formulary and is limited to rand value-R400 000
- Treatment for any cancers which have been previously diagnosed have to be in remission for a minimum of 3 years either prior to the policy inception or during cover.
- Cancer benefit has the broad benefits, to know more benefit, please liaise with me.

# Out-Patient and Emergency Treatment

- The out-patient- this will benefit will cover the gap component for any out-patient surgical procedure that would normally be performed on an in-patient basis
- The out-patient surgery will be unlimited
- Emergency treatment- when someone visit the emergency room in a medical emergency as a result of an accident or trauma incident only.
- There is an overall annual limit of R6 000 per policy that applies to this section for accident and trauma cover only.

# Specialist Out-Patient Consultation

- Specialist out-patient consultation- this benefit cover the gap component above scheme tariff for out-patient consultation fee with medical aid
- The specialist consultation fee gap claim will cover up to maximum amount R1 000 per insured per incident.
- A maximum of 3 claims per insured person will be payable per annum, there is an overall annual limit of R5 000 per policy that applies to this section of cover
- NB: To have this benefit you must be on medical option that has day-to day, Savings

# Hospital Account Shortfall

- Hospital account shortfall- This benefit covers the hospitalisation account shortfall incurred when the medical scheme short pays your hospital facility account.
- The hospital account shortfall claim will be covered up to a maximum amount of R1 000 per insured person. A maximum of 3 claims per insured person will be payable per annum. An overall annual limit of R5 000 per policy applies to this section of cover

# Additional Cover

- Additional cover- this benefit will cover the gap cover component for any of the following listed procedures, diagnoses or treatment
  - Pap smear
  - Cholesterol test
  - Blood Glucose
  - Cholesterol test
  - Childhood immunisation ( As per required by the department of health)
  - Bone density scans
  - Prostate specific antigen tests
  - Mammogram
  - Contraceptive device implantation
- Only 1 claim per procedure per beneficiary will be payable per annum, the additional care cover gap claim will cover up to a maximum amount R1,000 per insured per incident
- There is overall annual limit of R5 000 per policy that applies to this section of cover

# Value Added Benefit

- These benefits form part of standard policy product premium
- Sublimit enhance of R100 000 per annum, sublimit of R20 000 per incident
- Sublimit enhancer applies when exceeding the benefit limit imposed by the medical scheme on internal prosthesis/MRI and CT scans
- It provides with further cover when you become liable to settle a portion of your internal prosthesis or MR and CT Scan
- NB: This cover is not available when the sub-limit or annual limit is reached at the time of the event and if the medical scheme does not contribute any portion towards this benefit.
- Health premium waiver- only in the event of death and or Disability
- R3 500 per month for 6 months

- Accidental death- R10 000 premium principal insured and R10 000 for an adult dependent R5 000 child dependant per policy per life

## WHY Choose ultimate gap cover

- There is no maximum entry age
- It covers for in-hospital optometry and dentistry
- It covers the anaesthetist, Gynaecologist. Radiology, pathology and other registered Medical Professionals

- Family option covers all dependents on your medical scheme
- It can be used with any medical aid scheme
- A stated benefit is paid straight into your account
- They can process the claim within few hours

## Premiums

Individual R215+ R15 Broker fee= R230

Family R245 + R15 Broker Fee= R260

THANK You!

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