

zestlife

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People you can depend on.



Universal Gap Cover and Essential Gap Cover 2022

Zestlife offers two Gap Cover policy options, **Universal Gap Cover** offers top of the range Gap insurance with high levels of cover across all major treatment cost shortfalls. **Essential Gap Cover** is a competitively priced Gap insurance that is suitable for medical aid members seeking cover for the most frequent treatment cost shortfalls at an affordable premium.

Frequently Asked Questions

Who is covered? (Applicable to both Gap Cover policy options)

Cover is available to members of all South African registered medical aids.

Cover applies to the main medical aid member and all their family members listed as medical aid dependants. The policyholder's legally married spouse and child dependants will also qualify for cover even if they are registered on the spouse's own medical aid.

Single medical aid members under the age of 55, as the only life insured on the policy, qualify for a lower monthly premium. These members on the lower rate need to notify Zest Life Investments (Pty) Ltd ('Zestlife') if their circumstances change, and that they require other dependants to also be covered by their Gap policy. Additional dependents will not be covered until Zestlife has been notified.

An over-65 premium applies if the main medical aid member or any of the dependants are 65 years or older.

There is no maximum entry age and cover continues without a maximum expiry age.

Gap Cover is not a medical scheme or a substitute for medical scheme cover. It's a health insurance policy that covers medical expense shortfalls that arise when your medical scheme only covers part of your medical treatment costs.

What does the Universal Gap Policy cover?

A. MEDICAL EXPENSE SHORTFALL COVER

The policy covers doctors and specialists treatment charge shortfalls that are not covered in full by your medical aid. Cover is also provided for medical aid co-payments that are levied. Together these are known as the Medical Expense Shortfall Cover.

In the 2022 calendar year all individuals insured have Medical Expense Shortfall Cover of R182 700. This is the current maximum permitted Medical Expense Shortfall Cover under the South African Health Insurance regulations. This limit will be increased in line with the regulations on the 1st of January each year.

- 1. 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 amount.



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2. 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 amount.

3. 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 benefit is available to policyholders who are on medical aid options that provide internal prosthesis cover under the major medical benefit. This benefit will cover the shortfall if the medical aid does not cover the cost of internal prosthesis in full because the medical aid annual limit has been exceeded or where the medical aid charges a co-payment.

An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a loss or reduction in bodily function. Examples of internal prosthesis include joint replacements and spinal fusions.

Stents are covered but limited to a maximum shortfall amount of R3 000 for each individual insured under the policy, per calendar year.

Intraocular lenses, breast implants and pacemakers are however specifically excluded.

4. Co-payments 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; and not following assessment criteria by the medical aid's back and neck program prior to undergoing spinal surgery.

5. Non-DSP Co-payment Cover: Up to R11 000 each year for each policy (one claim per year) is provided to cover the co-payment when using a hospital or medical practitioner outside of the medical aid's approved Designated Service Provider (DSP) network.

6. MRI, PET and CT scan Sub-limit Cover: This benefit will pay in part or in full for the cost of MRI, PET and CT scans when the insured's medical aid sub-limit for these scans has been reached. The benefit will cover the cost of MRI, PET and CT scans in part or full subject to a maximum payment of R3 000 per individual insured under the policy per calendar year. MRI, PET or CT scans for treatment not covered under this policy are excluded e.g. the policy has a specific exclusion for non-essential cosmetic surgery not required due to illness or injury. In this instance and for other specific and general exclusions under the policy, this benefit would not apply. This benefit cannot be claimed along with the Medical Aid Co-Payment Cover benefit.

7. Additional Cancer Cover: In addition to the Gap and Co-payment benefits that cover the shortfalls on cancer treatment, additional cancer specific cover is also provided.

7.1. Cover for the co-payment as levied by medical aids when member's total annual cancer treatment limit is exceeded. This cover is subject to a maximum co-payment of 25% which can be used to cover general treatment and the costs of biological drugs and specialised treatment. This benefit is paid subject to registration on the medical aid's cancer treatment programme.

7.2. Where a cancer treatment cost limit is imposed and where no further treatment is funded by the medical aid, this benefit will subsidise 20% of the ongoing treatment costs. This benefit can be used to cover general treatment and the costs of biological drugs and other specialised treatments.

7.3. Up to R23 000 cover is provided for cosmetic breast reconstruction, for surgical costs that are not covered by the medical aid for breast reconstruction of a non-affected breast in the event of a single mastectomy resulting from cancer. This cover applies to cancer diagnosed after the commencement of cover and after completion of the 12 month waiting period. Any subsequent reconstructions or replacements required after the first one are not covered.

- 8. In-hospital Dentistry Expense Shortfall Cover:** This benefit covers in-hospital dental treatment as covered by the policyholder's medical aid and is calculated as follows: combined dentists, doctors and specialists charges, limited to 5 times Medical Scheme Tariff (MST) less the greater of either the medical scheme's contribution to these costs or the Medical Scheme Tariff amount.
- 9. Emergency Room Cover:** R22 100 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. This benefit will include the facility fee, consultations, medications, ward stock, radiology and pathology. Prescribed medication obtained after leaving the emergency room and subsequent follow ups to the emergency room and the cost of any prosthetic products such as crutches, limb guards or braces or any fees charged by prosthetists or orthotists, will not be covered.
- 10. 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.

B. HEALTH INSURANCE COVER

The items listed as 11,12,13,14 and 15 are covered under the Universal Gap Cover policy but are not subject to the overall regulated Medical Expense Shortfall limit of R182 700 per individual per calendar year.

- 11. Enhanced Cancer Cover:** The Enhanced Cancer Cover benefit of R30 000 is to cover the unexpected costs which may arise in the event of first-time diagnosis of cancer, stage II and above. This benefit also applies to stage I prostate cancer where the Gleason score is 8 or higher. Payment of this benefit is subject to confirmed cancer diagnosis with an ICD 10 C code (International Classification of Diseases Code); and the person insured under the policy registering on their medical aid's oncology treatment program. This cover excludes skin cancer and only applies to the first-time diagnosis of cancer after the commencement of cover and after completion of a 12-month waiting period.
- 12. Accidental Dentistry Cover:** Accidental tooth fracture cover, for tooth fractures caused from an external blow to the mouth. This is provided per individual per calendar year. This cover is payable at a rate of R3 000 per tooth, irrespective of cover provided by the medical aid. This benefit will pay

up to R21 200 per policy per calendar year.

- 13. Accidental Death and Permanent Disability Cover:** This benefit of R50 000 is to cover the unexpected costs that may arise in the event of accidental death or accidental permanent disability of anyone insured by the policy. Accidental permanent disability cover ceases for all lives insured under the policy at age 65.
- 14. Trauma Counselling Cover:** Cover of R750 per session is provided following any individual insured under the policy being subject or 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.
- 15. Medical Aid and Gap Policy - Premium Cover:** A benefit of 12 times the policyholder's combined monthly gap policy premium and medical aid premium will be paid to cover the cost or loss incurred following the accidental death or accidental permanent disability of the policyholder. This benefit is subject to a policy limit of R105 000. Cover for this benefit ceases at age 65.

What does the Essential Gap Policy cover?

A. MEDICAL EXPENSE SHORTFALL COVER

The policy covers doctors' and specialists' treatment charge shortfalls that are not covered in full by your medical aid. Cover is also provided for medical aid co-payments that are levied. Together these are known as the Medical Expense Shortfall Cover.

In the 2022 calendar year all individuals insured have Medical Expense Shortfall Cover of R182 700. This is the current maximum permitted Medical Expense Shortfall cover under the South African Health Insurance regulations. This limit will be increased in line with the regulations on the 1st of January each year.

- 1. 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 amount.
- 2. 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 amount.

3. **Co-payments 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; and not following assessment criteria by the medical aid's back and neck program prior to undergoing spinal surgery.
4. **Emergency Room Cover:** R22 100 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. This benefit will include the facility fee, consultations, medications, ward stock, radiology and pathology. Prescribed medication obtained after leaving the emergency room and subsequent follow ups to the emergency room and the cost of any prosthetic products such as crutches, limb guards or braces or any fees charged by prosthetists or orthotists, will not be covered.
5. **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.
6. **Accidental Dentistry Cover:** Accidental tooth fracture cover, for tooth fractures caused from an external blow to the mouth. This is provided per individual per calendar year. This cover is payable at a rate of R3 000 per tooth, irrespective of cover provided by the medical aid. This benefit will pay up to R21 200 per policy per calendar year.
7. **Accidental Death and Permanent Disability Cover:** This benefit of R50 000 is to cover the unexpected costs that may arise in the event of accidental death or accidental permanent disability of anyone insured by the policy. Accidental permanent disability cover ceases for all lives insured under the policy at age 65.
8. **Trauma Counselling Cover:** Cover of R750 per session is provided following any individual insured under the policy being subject or 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.
9. **Medical Aid and Gap Policy - Premium Cover:** A benefit of 12 times the policyholder's combined monthly gap policy premium and medical aid premium will be paid to cover the cost or loss incurred following the accidental death or accidental permanent disability of the policyholder. This benefit is subject to a policy limit of R105 000. Cover for this benefit ceases at age 65.

B. HEALTH INSURANCE COVER

The items listed as 6,7,8 and 9 are covered under the Essential Gap Cover policy but are not subject to the overall regulated Medical Expense Shortfall limit of R182 700 per individual per calendar year.

Questions applicable to both Universal and Essential Gap Cover

Are day-to-day general practitioner (GP) consultations covered by the Gap Cover policy?

No. Day-to-day services such as GP, specialists, optometry and dentist visits are not covered. These include specialist consultations not billed as part of the hospital or out-of-hospital procedures such as pre- and post-procedure consultations.

What out-of-hospital procedures are covered under the Gap Cover policy?

Although Gap Cover has been primarily designed to cover shortfalls and co-payments arising from in-hospital treatment and procedures, benefits are also payable in the event of shortfalls and/or co-payments arising from certain out-patient treatment and procedures. Those covered on an out-patient basis are:



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| <ul style="list-style-type: none"> • Arthroscopy • Bronchoscopy • Bunionectomy • Carpal Tunnel Release • Cataract removal • Cervical laser ablation • Chemotherapy or radiotherapy for the treatment of cancer • Childbirth in a non-hospital setting • Closure of Colostomy • Colonoscopy or sigmoidoscopy • Coronary angiogram • Coronary angioplasty • CT Scan – Computer Axial Tomography • CT Scan – Computer Axial Tomography • Cystoscopy • Dilatation and curettage • Direct laryngoscopy • Endoscopy • Female surgical and non-surgical permanent sterilisation | <ul style="list-style-type: none"> • Ganglion surgery • Gastroscopy and gastrointestinal imaging • Grommets • Hernia Repairs, limited to: <ul style="list-style-type: none"> - Inguinal Hernia - Femoral Hernia - Umbilical Hernia - Epigastric Hernia - Spigelian Hernia • Hysteroscopy • Incision and drainage of Bartholin's cyst • Ischio-rectal abscess drainage • Kidney dialysis • Marsupialisation of Bartholin's cyst • MRI – Magnetic Resonance Imaging • Myringotomy • Needle biopsy of the liver • Oesophagoscopy • Orchidopexy • Surgical Biopsy of Breast Lump | <ul style="list-style-type: none"> • Surgical Haemorrhoidectomy (excluding sclerotherapy or band ligation) • Lymph node biopsy • PET – Positron Emission Tomography • Prostate biopsy • Pterygium removal • Sinus surgery, limited to: <ul style="list-style-type: none"> - Frontal sinus - Functional endoscopic sinus - Bilateral function endoscopic sinus • Tonsillectomy • Trabeculectomy and trabeculoplasty • Varicose veins • Vasectomy |
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Do I need to remain a member of a medical aid to qualify for Gap Cover?

Yes, you can only enjoy cover under this policy for as long as you remain a member of a South African registered medical aid.

What is an adult dependant?

An adult dependant is either a parent, child or sibling of the policyholder that is registered on their medical aid as an adult dependant. Adult dependants are covered under both the Universal and Essential Gap policies.

Must the details of medical aid dependants be provided when taking out cover? And must the policyholder notify the insurer of any dependants that should be removed from or added to the list of dependants insured under the policy?

No, at the time of the claim, confirmation will be required to prove that they were dependants of your medical aid and therefore insured under the policy. The only exception is if you are on the premium applicable to single persons younger than 55 years and you add a dependant to your medical aid. In this case you need to notify us, otherwise your dependants on your medical aid or a qualifying spouse on his/her own medical aid will not be covered.

Does the policy cover more than one eligible spouse?

If you have more than one eligible spouse/partner, then you must nominate the spouse/partner that will be covered. If you do not nominate a spouse/partner, then not one of the spouses/partners will be covered.

What happens if as the policyholder I pass away before my spouse?

Your spouse can continue the cover should they elect to do so, provided they inform Zestlife in writing within 90 days.

Is Gap Cover only valid on a specific medical aid?

No, these policy options can be taken out to cover individuals on any South African registered medical aid.

What cover exclusions exist for Gap Cover?

The list of exclusions includes the standard insurance exclusions such as sickness or injury that is caused from nuclear weapons or material, injury from an accident while over the legal alcohol limit, active participation in war, police duty and civil commotion. Then there are a number of specific exclusions such as cosmetic surgery, treatment for obesity, cancer treatment or planned procedures received outside of South Africa and any event not covered by your medical aid. It is however worth studying the full list of exclusions which appears in the policy document.



What waiting periods are applied by Gap Cover?

There is no 3-month general waiting period or condition specific waiting periods. However no benefits can be claimed 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 Zestlife Gap Cover a policyholder had cover under another Medical Expense Shortfall Policy, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period from the previous policy. The pre-existing condition waiting period will however apply for the full period of 12 months for any benefit not provided under the previous Medical Expense Shortfall Policy.

Which internal prosthesis' will be covered by the policy?

An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a loss or reduction in bodily function. Examples of internal prosthesis include joint replacements and spinal fusions. Stents are covered but limited to a maximum shortfall amount of R3 000 for each individual insured under the policy, per calendar year. Intraocular lenses, breast implants and pacemakers are however specifically excluded.

Which Insurer underwrites this policy?

Your Zestlife Gap Cover policy is underwritten by Guardrisk Insurance Company Limited (FSP number 75) (collectively referred to as "Guardrisk").

Will I be required to go for a medical examination to qualify for the policy?

There are no medicals required when applying for this policy and cover is effective from the 1st day of the month following application or from a future date.

Does this policy have a surrender value?

There is no savings or endowment portion and there is therefore no surrender value on the policy.

Should I wish to cancel the policy how would I go about doing so?

The policy may be cancelled at any time by giving 31 days written notice and informing Zestlife accordingly.

Will my premium increase each year?

Yes it is likely to increase every year. The premium amount will be reviewed every year and policyholders will be notified in advance of any increases which will be made effective on 1 January. The policy terms and conditions are also reviewed annually and changes are effective from 1 January every year.

Is there a policy fee attached to this policy?

There is absolutely no additional policy fee, the costs incurred for administration is covered in your premium.

When will premium payments commence?

The first premium will be debited on a day of your choice.

When will I receive my policy documents?

Your policy documents will be sent to you within 1 week of taking out this cover.

When does the policy terminate?

There is no specific age limit that gives rise to this policy terminating however if the policyholder allows the policy to lapse, due to non-payment of premiums or when the policyholder cancels the policy, it will terminate. Please be aware however that cover for certain benefits cease at age 65.

What is the oldest age that an individual can apply for the cover?

There is no maximum entry age.

How do I submit a claim?

This can be done by contacting Zestlife who will advise you of the documents that will be required to complete a claim. Alternatively you can obtain the claim form and information from our website at <https://www.zestlife.co.za/customer-services/> or contact us on 021 180 4220. Please remember that Zestlife needs to be notified within 6 months of the medical treatment received and all claim related documents required needs to be submitted within 12 months.



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What are the documents that I need to submit with a Gap Cover claim?

You need to submit the completed claim form along with copies of your hospital account, doctors' accounts and detailed medical aid statement reflecting payment to the hospital and doctors. When you are claiming for reimbursement of a co-payment, a copy of the medical aid pre-authorisation letter and proof of co-payment paid is also required.

To whom is the benefit paid to?

Benefits will either be paid to you as the policyholder (in which case you are responsible for settling the accounts with the medical practitioner or service provider) or directly to the medical practitioner or service provider, at the discretion of the insurer. Note that benefits payable directly to the policyholder cannot be paid into a business bank account or into a third party's bank account. The benefit paid is net of any discount received/negotiated.

How long does it take to pay a claim?

Approximately 15 working days from receipt of a completed claim form and all required documentation.

I have an existing Gap policy with another insurer. If I cancel it and take out your policy, how will this affect me?

Replacing your existing gap cover with Zestlife Gap Cover will not negatively impact you in any way. The pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period from the previous policy. The pre-existing condition waiting period will, however, apply for the full period of 12 months for any benefit not provided under your previous policy.

I have a Gap cover with another Gap provider for 5 years and I need an operation that requires an upfront co-payment to be paid. If I take out your policy, will you cover the co-payment?

Yes, if your previous policy covered upfront co-payments this will be covered. However if your previous policy didn't cover upfront co-payments the

12 month pre-existing waiting period will apply before qualifying for co-payment cover under the policy.

What documentation is required to replace an existing Gap policy?

We require the following documents to be provided together with the completed Gap application form:

- Copy of client's current Gap policy contract and schedule confirming the policy commencement date and current benefits provided by the policy.
- Confirmation of the client's effective date of cancellation of current policy.
- Confirmation of medical aid membership and list of medical aid dependants.
- Completion of Zestlife's Replacement Policy Advice Record.

My medical aid started last month, can I backdate my Gap cover to coincide with my medical aid cover start date?

This is a risk policy and cover can only start from the current date or a future date after the application is received as the policy is designed to cover you for future unforeseen events.

Does the policy cover corrective jaw surgery also known as orthognathic surgery?

The shortfall will be covered, provided:

- The surgery was not treated as an elective/ cosmetic procedure by the medical aid and was covered and paid by the medical aid from the MMB.
- The in-hospital treatment is not subject to the pre-existing condition exclusion within the first 12 months of cover.
- No consumables, medicines, materials, appliances, equipment, dental implants, are covered by the Gap policy as this is not a doctor's service charge for performing the procedure.

My 3 month old son is going in for a circumcision and the doctor does not charge medical aid rates. Will Gap cover the shortfall?

Routine and ritual circumcision is an elective procedure and the shortfalls are therefore not covered.



Is my partner covered under my Gap policy?

Yes, but only if he/she is covered on your medical aid and you are on a family cover (not individual) option. If your partner to whom you are not legally married, has his/her own medical aid, then your partner will have to take out their own Gap policy.

Why can't Zestlife not automatically adjust the policy premium for a member on the single premium rate for under the age of 55, when they get dependants?

We do not have access to a client's medical aid membership information, therefore we are not aware of any changes to a client's dependant details. It remains the clients responsibility to notify us if they are the only person covered on the medical aid and they qualify for the reduced premium, or if they have added dependants and need family cover.

Will Gap cover the costs if my wife has a home birth?

This out-of hospital procedure is covered, so the shortfall on the charges in excess of the medical aid tariff rate for the midwife/nurse will be covered by Gap Cover. This is provided that the claim is not subject to the 12 month pre-existing condition exclusion applicable to the first 12 months of cover.

Does Gap cover shortfalls in respect of fees charged by allied health professionals?

No, cover for fees charged by allied health professionals are excluded. Examples of allied health professionals are:

- Acupuncturists
- Audiologists
- Biokineticists
- Blood products
- Chiropractors
- Clinical technologists
- Diagnostic Medical Sonographers
- Dieticians
- Nurses
- Occupational Therapists
- Physical Therapists
- Physiotherapists
- Podiatrists
- Radiographers
- Respiratory Therapists
- Scientists
- Sleep studies
- Speech Therapists
- Technologists

I have been diagnosed with skin cancer and have reached the medical aid's oncology treatment limit. If a 20% co-payment is levied for further treatment, will Gap cover this co-payment?

Yes. Gap Cover will cover the co-payment on the continued treatment costs, provided that the supporting medical aid statements indicate that your annual limit has been reached and that a co-payment is levied by the scheme and due by you as the member.



My wife is due to give birth next month and the gynecologist has advised that we must pay a R4 000 co-payment for the birth. Will my Gap Cover policy cover this co-payment?

No. Gap Cover only covers co-payments levied by the medical aid in terms of the scheme option plan rules and not additional payments charged by a specialist. Split billing costs are not covered by Gap Cover. If the R4 000 is included in the doctor's service procedure tariff rates and billed to the medical aid, Gap Cover will be able to cover it as a tariff shortfall.

My wife and I are going to Australia for a month, are we covered by Gap Cover?

You are covered by Gap Cover for the first 60 consecutive days whilst travelling overseas if you require medical care in a hospital if you get sick or due to an accident. Planned procedures abroad and cancer treatment will however not be covered.

Will I receive a IT3 tax certificate for my Gap Cover contributions?

Gap Cover policy premiums are not tax deductible in the same way that your medical aid contributions are. No IT3 tax certificates can therefore be issued for this purpose.

What would happen if I miss a premium payment?

If you miss a premium you have 31 days to pay the outstanding premium. If you pay by debit order and we are unable to collect your premium by the due date, we will try to deduct 1.5 times your monthly premium during the next monthly debit order run. If the outstanding premium is not paid within 31 days or we are again unable to collect your outstanding premium, we will cancel your policy and your cover will end as at midnight on the day before your outstanding premium was due.