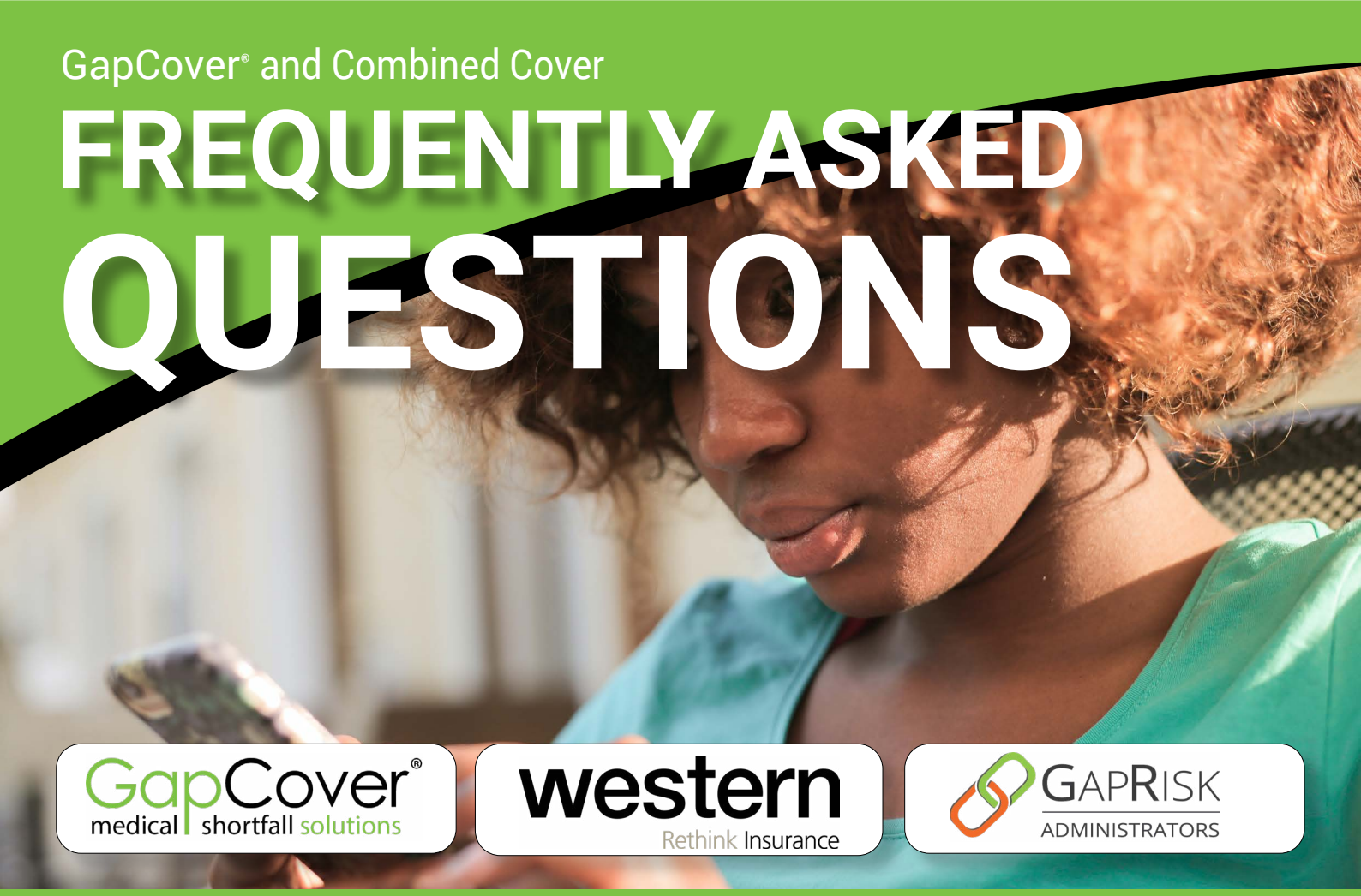
GapCover® and Combined Cover

FREQUENTLY ASKED QUESTIONS



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.

WHAT IS GAPCOVER®?

GapCover® provides cover for the difference in the amount charged by a Registered Medical Professional and the Medical Scheme Tariff paid from risk for services rendered while admitted in hospital. The maximum amount that will be paid towards this shortfall is calculated at 5 times (or 500% of) the medical scheme tariff defined by your medical scheme; less the amount payable or actually paid by your medical scheme or 1 times the medical scheme tariff, whichever is the higher, limited to R198 660 per beneficiary per annum.

WHY DO I NEED GAPCOVER®

There is often a shortfall between what a medical scheme pays and the actual cost of a procedure or treatment, because service providers are entitled to charge more than the medical scheme rate. The shortfall then becomes the member's responsibility and he/she will therefore need to have additional cover under these circumstances.

Some Hospital and Comprehensive Medical Plans offer cover at 100%, 150% or 200% of medical scheme rates for hospitalisation only, while the actual costs could be more than 500% of medical scheme rates.

GapCover® will cover the difference between what your medical scheme will pay and the actual cost of in-hospital doctor's bills up to a maximum of 500% of medical scheme rates.

Listed below are four common medical procedures, with the combined charges of the specialist and anaesthetist opposite each. The third column illustrates the payment shortfall an individual on a standard, 100% of MSR (medical scheme rate), scheme option would experience.

Procedure	Amount charged by practitioner	Potential shortfall incurred (Payable by GapCover*)
Colonoscopy	R17 764.99	R13 131.49
Back Fusion	R87 633.53	R65 675.32
Shoulder Operation	R56 450.88	R42 317.19
Joint Replacement	R102 673.15	R74 284.70

These are just a few examples of the many different treatments and operations covered by GapCover®.

*The GapCover® benefit is calculated at 5 times (or 500% of) the medical scheme tariff, defined by your medical scheme; less the amount payable or actually paid by your medical scheme or 1 times the medical scheme tariff, whichever is the higher. But it's important to know that GapCover® cannot replace your medical scheme.

CAN I USE GAPCOVER® IN CONJUNCTION WITH ANY MEDICAL SCHEME?

Yes, this policy can be used in conjunction with any registered South African medical scheme.

DOES MY GAPCOVER® POLICY AUTOMATICALLY COVER CO-PAYMENTS?

No, you will need to move to the Combined Cover option that includes cover for co-payments. (Refer to the GapCover application form.)

WHAT IS THE DIFFERENCE BETWEEN GAPCOVER® AND COMBINED COVER PRODUCTS?

GapCover® will cover the difference between what your medical scheme will pay and the actual cost of inhospital doctors' bills up to a maximum of 500% of medical scheme rates. Combined Cover is a combination of GapCover and cover for procedural co-payments and hospital admission fees (the excesses imposed in terms of your medical scheme rules) for procedures performed as an in-patient or an out-patient, including Specialised Radiology such as MRI and CT Scans subject to the overall annual limit and limited to R17 500 per event. This benefit also includes additional cover up to R17 000 for the co-payment charged when using a non-DSP Hospital, limited to one event per calendar year, per policy.

EXAMPLES OF LISTED CO-PAYMENTS

Scheme	Procedure	Listed Co-Payment
Scheme A	Gastroscopy in hospital	R6 330
Scheme B	Gastroscopy in hospital	R9 550
Scheme A	MRI / CT Scans out of hospital	R3 250
Scheme B	MRI / CT Scans in and out of hospital	R4 400
Scheme B	Hospital admission fee	R1 950
Scheme A	Dental procedures in hospital	R6 250
Scheme B	Dental procedures in hospital	R8 950

WHICH COMPANIES ARE INVOLVED IN GAPCOVER®?

GapCover® is a product underwritten by Western National Insurance Company Limited, and administered by GapRisk Administrators.

WHAT IS THE MEDICAL SCHEME AGREED RATE?

The Council of Medical Schemes has specific codes for procedures and each code has a specific rate, which is used as a guideline by medical schemes.

ARE MAXIMUM ANNUAL LIMITS APPLICABLE TO GAPCOVER?

The maximum benefit payable per policy is R198 660 per beneficiary per annum on the GapCover® option.

ARE DAY-TO-DAY SERVICES COVERED UNDER THIS POLICY?

No, normal visits to your GP or specialist, and auxiliary services on a day-to-day basis are not part of your GapCover® policy benefit unless otherwise specified in the policy wording.

DOES THIS POLICY COVER PRESCRIBED MINIMUM BENEFITS (PMBS)?

This GapCover® policy does not include benefits for PMB claims.

WHAT IS A PMB?

Prescribed Minimum Benefits (PMB) are a set of defined benefits to ensure all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected, provided that they follow the Scheme Rules and make use of their Designated Service Provider (DSP). The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable. PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- a limited set of 270 medical conditions (defined in the Diagnosis Treatment Pairs);
- and 27 chronic conditions (defined in the Chronic Diseases List).

WHAT ARE THE POLICY EXCLUSIONS?

Please contact your consultant for a list of the standard policy exclusions.

ARE PREMIUM INCREASES APPLICABLE?

Yes, a premium increase may be applied on an annual basis.

WILL THERE BE ADDITIONAL COSTS?

No, intermediary and administration costs are included in your monthly premium.

WHEN WILL THE FIRST PREMIUM BE DEBITED?

The first premium will be debited within the first month of cover.

WILL THE GAPCOVER® PREMIUM BE DEBITED TOGETHER WITH THE MEDICAL SCHEME CONTRIBUTION?

No, GapCover® is a separate insurance product administrated by a different company.

WHAT HAPPENS IF THE DEBIT-ORDER DATE FALLS ON A WEEKEND OR PUBLIC HOLIDAY?

A debit order will be deducted on the next working day.

WHO CAN APPLY FOR GAPCOVER® AND COMBINED COVER?

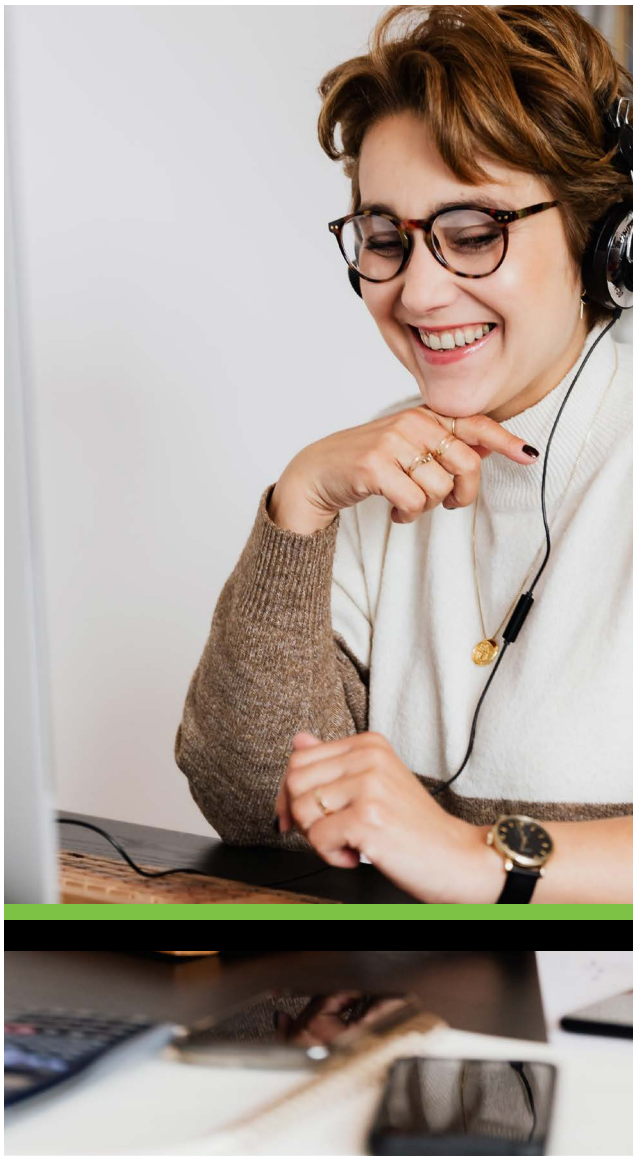
GapCover® and Combined Cover is available to individuals who are members of a registered South African medical scheme.

WHAT IS THE MAXIMUM AGE AT WHICH AN INDIVIDUAL CAN APPLY FOR GAPCOVER®?

GapCover® does not have an age restriction.

DO I HAVE TO GO FOR A MEDICAL EXAMINATION TO QUALIFY?

No medical examination required.



WHO IS COVERED BY THIS POLICY?

Cover is provided for you, your spouse or life partner and all children registered as child dependents (up to age 26) on your medical scheme as well as your GapCover® policy. Dependents who are not registered on your policy, will not enjoy cover.

IS A NEWBORN BABY COVERED UNDER THE GAPCOVER® POLICY?

Newborn babies are covered from birth with no waiting periods, provided the baby is registered on the policy within 90 days from date of birth. Should the baby be registered more than 90 days after birth, waiting periods will apply.

IS A NEW SPOUSE COVERED UNDER THE GAPCOVER® POLICY?

Yes, your new spouse or life partner can be covered on the policy. Normal underwriting will apply. Please note that dependent registrations is required and will not be backdated.

CAN I ADD MORE THAN ONE SPOUSE TO THE GAPCOVER® POLICY?

No, GapCover® allows for only 1 (one) spouse or life partner to be registered as a dependent.

WHEN WILL I RECEIVE MY POLICY DOCUMENTS?

Your policy documents will be emailed to you within 1 (one) week of registration of your application, provided that the Application form was completed in full and no additional information is required. Documents can be posted on request.

WHEN WILL I START ENJOYING THE COVER UNDER THE POLICY, I.E. WHEN WILL THE POLICY COME INTO OPERATION?

Cover will commence on the 1st day of the month for which your first premium is received. Terms and conditions apply.

WHEN CAN I SUBMIT A CLAIM?

It is advisable to submit the GapCover® claim as soon as your medical scheme has paid their portion of the account, but not later than 4 months from the medical scheme payment date.

WHAT DOCUMENTS ARE REQUIRED FOR THE SUBMISSION OF A GAPCOVER®CLAIM?

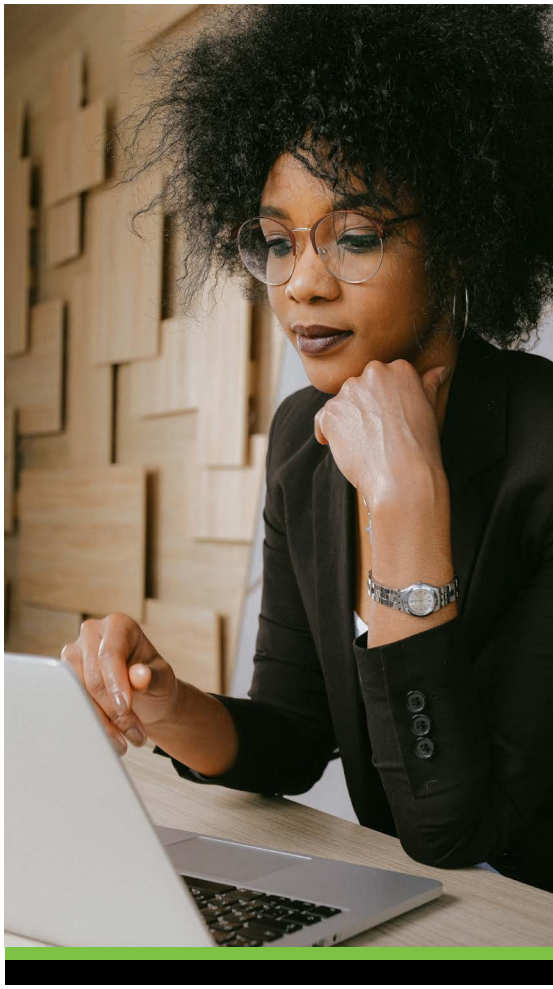
A completed claim form, available on request or via the website (www.gapcover.co.za), must be accompanied by detailed copies of all relevant doctors' accounts, a clear copy of the Hospital account, detailed Medical Scheme claims statement reflecting processing and payment of the applicable accounts, a copy of your medical scheme authorisation confirmation and a copy of the medical scheme membership certificate.

TO WHOM WILL THE CLAIM BENEFIT BE PAID OUT?

All claim payments are made directly to the debit order account details. For security purposes, should the bank details for payment of claims differ from the debit order account details, proof of bank details must be provided with your claim in the form of a bank statement.

SHOULD MY OR ANY OF MY DEPENDENTS' DETAILS CHANGE, SHOULD IT BE COMMUNICATED AND WHAT PROCESS DO I NEED TO FOLLOW TO CHANGE IT ON MY GAPCOVER® POLICY?

Yes, any changes must be communicated to GapCover® via email (admin@gaprisk.co.za) within 30 days of the change. (Please attach a copy of your updated medical scheme membership certificate as confirmation of changes in respect of your dependents). Kindly contact the Administrator for assistance with any other changes. In the event that your child reaches the age of 26 years, the child will no longer be covered under this policy (unless the child is registered as a special dependent).



HOW DO I REGISTER MY CHILD AS A SPECIAL DEPENDENT?

To register your child as a special dependent, we will require a doctor's letter, confirming that your child is permanently dependent on you due to a physical or mental disability.

WILL NEW WAITING PERIODS BE IMPOSED ON MY GAPCOVER® POLICY WHEN I CHANGE FROM ONE MEDICAL SCHEME TO ANOTHER?

No. Although the GapCover® policy runs in conjunction with a medical scheme, the GapCover® waiting periods will not be affected when changing medical schemes.

WHEN DOES THE GAPCOVER® POLICY END?

The policy will be terminated when the principal member cancels the policy in writing or when the principal member allows the policy to lapse.

WHAT PROCESS MUST I FOLLOW TO CANCEL THE POLICY?

To cancel the policy, the Administrator must be given 1 (one) calendar month's notice to cancel the policy. (A cancellation form is available on request.)

WHEN WILL A GAPCOVER® POLICY BE CANCELLED AUTOMATICALLY?

It will be cancelled automatically once 3 (three) consecutive premiums have not been received, as the policy will then be three months in arrears.

CAN A GAPCOVER® POLICY BE REINSTATED?

Yes, within 3 months from date of cancellation. If the policy is cancelled for a period longer than 3 months, a new application form must be completed.

CAN I CLAIM FOR CO-PAYMENTS ON GP/ SPECIALIST VISITS AND MEDICATION?

No. Combined Cover provides cover for specified co-payments on procedures and scans performed in- and out-of hospital. Co-payments on medication and doctors' consultations are not covered.

WHAT IS DEEMED TO BE AN INCIDENT OR EVENT?

You are a medical scheme member who suffers from stomach pain. Upon admission to hospital the medical practitioner requests a CT scan (co-payment of R2 500 applies). The CT scan indicates no definitive diagnosis and you are sent for a gastroscopy and colonoscopy (R4 500 procedural co-payment applies). A follow up CT was requested (co-payment of R2 500 applies) which confirms no further treatment is required. The co-payments for both CT scans as well as the procedural co-payment will be seen as one event.

WHAT UNDERWRITING WILL BE APPLIED TO NEW POLICIES?

A 3 month general waiting period shall apply in respect of all claims received in this period unless the claim is as a result of an accident. A 12 month pre-existing condition waiting period shall apply in respect of all pre-existing conditions.

Any previous cover with similar benefits may be taken into consideration when calculating your waiting periods.