westerngap

shortfall cover

Western Gap - Gap Plus

What is Gap Cover?

Gap cover is a short term insurance product that helps you cover certain cost shortfalls that your Medical Scheme does not cover.

Why Choose Gap Cover?

The high cost of Specialist Treatments and above-inflation increases means that more people are at risk of being left behind and excluded from the quality Medical care they need and deserve.

Western Gap gives you the freedom to choose whichever Doctor or Specialist will give you the best care, regardless of your Medical Scheme, regardless of rates.

We have you covered for the best care, without the stress of having to worry about additional bills.

Benefits:

Medical Related Benefits

Other Benefits

This brochure should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.

Medical Related Benefits

Healthcare Service	Benefit	Limit
Overall Annual Limit	Over and above the specific limits on Benefits as indicated below, the Medical Related Benefits will be limited to R172 000 per Insured Party (as defined) in aggregate.	Included.
Tariff Shortfalls	Benefits relating to this clause will only be paid in respect of services occurring whilst as an in-patient and/or outpatient (as stated in the defined event) and charged for by an individual Medical Practitioner. Tariff Shortfalls Example Mr. S is on a Medical Scheme – plan A which covers him to a maximum of 100% of the Medical Scheme rate. This means that the Medical Scheme will pay all expenses at the defined Medical Scheme rate towards Mr. S' Treatment costs. The Medical Scheme rate for a total colonoscopy is R2000 (100%). This means that the maximum that the Medical Scheme will pay is R2000 (100%) The Specialist performing the procedure charged R12 000 which is six times the Medical Scheme Tariff (600%) The maximum Benefit payable by this Policy for this procedure is therefore: R12 000 – Fee charged by the Specialist LESS R2 000 – Benefit paid by the Medical Scheme = R10 000 – Your gap cover Benefit.	Included. Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to an additional five times (500%) that of the Medical Scheme Tariff. There is no limit on the Rand amount or number of claims allowed Per Annum.
Standard Co-Payments and Deductibles	The requirement in the rules of the Medical Scheme (as defined) that the Policyholder contributes in the form of a standard Co-Payment or an upfront Deductible amount for the cost of a Medical or Surgical Procedure regardless of the cost of such procedure for Treatment received whilst as an in-patient and/or out-patient (as stated in the defined event) not related to the use of a non-Designated Service Provider (DSP) or not following the rules of the Medical Scheme relating to pre-authorisations.	Included. No overall limit applies to charges for standard Co-Payments and/or Deductibles charged in terms of the Medical Scheme rules. Limited to the Overall Annual Limit.

Medical Related Benefits

Healthcare Service	Benefit	Limit
Penalty Co-payments and Deductibles	The requirement in the rules of the Medical Scheme (as defined) that the Policyholder contributes in the form of a Penalty Co-Payment for the cost of a Medical or Surgical Procedure regardless of the cost of such procedure for Treatment received whilst as an in-patient and/or outpatient (as stated in the defined event) related to the use of a non-Designated Service Providers (DSP).	Included. Charges in the form of Penalty Co-Payment charged in terms of the Medical Scheme rules for the use of a non-Designated Service Provider (DSP) will be limited to two events and a maximum of R9 500 per Policy Per Annum.
Consumables	Charges above the Medical Scheme Tariff related to 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. Shortfalls must be on the Doctor's account and not the Hospital account.	Included. The cost for medicine, materials and appliances used during an in-Hospital procedure above the Medical Scheme Tariff not met by the Medical Scheme shall be limited to R6 240 per Insured Party Per Annum.
Oncology Co-Payments and Sub Limits	A Benefit equal to charges above a sub-limitation, a Co-Payment or a Deductible imposed by the Medical Scheme on chemotherapy or radiotherapy, basic and specialised radiology, pathology, Specialist consultations and Biological Cancer Drugs for Treatment received whilst as an in-patient and/or out-patient after you have reached your Scheme's oncology Benefit limit, provided that such medical Treatment is for the Treatment of cancer.	Included.
Step Down Facility	A stated Benefit for admission as an in-patient to a Step Down or Sub-Acute Recovery Facility provided that such admission results in a certain length of stay prescribed in the limitations section of this Policy.	Included. The stated Benefit for admission in a Step Down or Sub-Acute Recovery Facility is limited to R8 100 or one event per Insured Party Per Annum provided that such admission results in a length of stay of three consecutive days or more.

western
Rethink Insurance

westerngap 2021
shortfall cover

Medical Related Benefits		
Healthcare Service	**Benefit**	**Limit**
Dental Reconstruction Benefit	Charges for the cost above the Medical Scheme Tariff not met by the Medical Scheme for Treatment received whilst as an in-patient, related to dental implants during reconstructive surgery due an Accident, Trauma or cancer.	Included. Charges related to dental implants during reconstructive surgery due an Accident, Trauma or cancer will be limited to R11 000 per Insured Party Per Annum.
Accidental Casualty	Following an Emergency due to an Accident (as defined), all costs incurred for any investigations Treatment, and/or surgery in a registered Hospital Emergency unit.	Included. Any Benefits provided for Accidental Emergency Treatment provided in a registered hospital emergency unit, shall be limited to R12 900 per Policy Per Annum.
Innovative Medicines	Approval for any innovative drugs will be required by your Medical Scheme.	Included. A value equal to the lesser of 25% of the total drug cost or R10 000 as it relates to Innovative Medicines.
Other Benefits		
Accidental Death and Disability Benefit - Policyholder	In the event of the death due to an Accident or Total and Permanent Disability of the Policyholder, a stated Benefit as per the Benefit limit prescribed in this Policy will be payable to the Insured Party.	Included. The stated Benefit due on the death, due to an Accident or Total and Permanent Disability, of the Policyholder will be limited to R15 600 per Policy Per Annum.
Accidental Death and Disability Benefit - Dependants	In the case of the death due to an Accident or Total and Permanent Disability of any Dependant covered under the Policy, a stated Benefit as per the Benefit limit will be payable.	Included. This will be limited to R10 550 for any Dependant per Policy Per Annum.

This brochure should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.

kaelo

Other Benefits		
Oncology-First Time Diagnosis	The stated Benefit for the first-time diagnosis of any form of cancer that requires Treatment on your Medical Schemes oncology programme will be limited per Insured Party per lifetime as prescribed, and is only available to Insured Parties that have not previously been diagnosed with any form of cancer that required Treatment.	Included. The stated Benefit for the first-time diagnosis of any form of cancer that requires Treatment on your Medical Scheme's oncology programme will be limited to R13 520 per Insured Party per lifetime, and is only available to Insured Parties that have not previously been diagnosed with any form of cancer that required Treatment and provided that the Insured Party is younger than 66 years (at time of claim).
Contribution Waiver	In the event of the death or Total and Permanent Disability to the Medical Scheme Main Member (as defined) a Benefit equal to the monthly Premium of the Medical Scheme contribution, provided that the Policyholder is younger than a certain age.	Included. The Medical Scheme contribution cover is limited to the actual monthly Premium of the Medical Scheme contribution but limited to an amount of R4 500 per month. The Benefit will be paid for a period of six months. The actual cost of the Medical Scheme Premium will be calculated taking into account only the members registered on the Medical Scheme Membership as at the time of the event and provided that the Policyholder is younger than 66 years (at time of claim).
Contribution Waiver	In the event of the death or Total and Permanent Disability or forced retrenchment of the Policyholder, Policy Premiums will be waived provided that the Policyholder is younger than a certain age.	Included. The Policy Premiums will be waived for a period of six months from date of event provided that the Policyholder is younger than 66 years (at time of claim).

How to

HOW TO SUBMIT A CLAIM:

Understand **Submit** **Notified**

This brochure should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.