

PPS GAP COVER 2022

THE PROBLEM

All medical aid members face the problem that surgeons, anaesthetists and other specialists frequently charge more than the amount covered by the medical aid.

When this occurs, the medical aid member becomes liable to pay for the medical expense shortfall (self-payment).

The table below contains some common procedures that incur medical expense shortfalls. Also listed are the Rand amounts that are not covered by medical aids and would ordinarily require to be paid by the member. These amounts are based on actual gap cover claims paid.

Examples of medical procedures that are frequently not covered in full by medical aids

Examples of medical expense shortfalls paid by PPS Gap Cover in 2020/2021

NATURAL CHILDBIRTH	R26 151.92
CAESAREAN SECTION CHILDBIRTH	R37 824.58
TONSILLECTOMY	R62 444.81
HERNIA REPAIR	R44 435.00
BREAST CANCER SURGERY	R78 252.00
KNEE REPLACEMENT SURGERY	R49 928.23
HIP REPLACEMENT SURGERY	R62 501.83
ANKLE SURGERY	R45 354.01
SHOULDER SURGERY	R55 370.54
HAND SURGERY	R31 583.17
FOOT SURGERY	R40 677.12
LUNG SURGERY	R31 583.17
BRAIN SURGERY	R89 271.36
LIVER SURGERY	R26 630.54
KIDNEY SURGERY	R32 409.47
INTESTINE SURGERY	R32 893.86
HEART SURGERY	R123 284.00
HEART VALVE REPLACEMENT SURGERY	R169 517.51
SURGERY FOR FRACTURED ARM	R50 106.64
EYE SURGERY	R42 635.87
EAR SURGERY	R46 522.28
CANCER TREATMENT	R115 210.00
SPINAL SURGERY	R126 327.00

THE SOLUTION

Medical aid members can insure themselves against medical expense shortfalls with PPS Gap Cover.



PPS Gap Cover is not a medical aid or a substitute for medical aid. It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical aid only covers your medical treatment and procedure costs in part.

Underwritten by Guardrisk Insurance Company Limited. Guardrisk is a Licensed Insurer and Authorised Financial Services Provider. FSP no. 75. Zestlife is an Authorised Financial Services Provider. FSP no. 37485.

PPS GAP COVER BENEFIT SUMMARY

Who's Covered?

- Cover is available to members of Profmed medical scheme. Cover can be taken out for the whole family or for individuals.
- Family cover includes the main member and all members of their family listed as medical aid dependants. Where spouses have their own separate Profmed membership they are both covered under the same PPS Gap Cover policy.
- Individual cover is for medical aid members who are the only person covered by Profmed medical scheme membership.
- There are no maximum entry age restrictions for family members or individuals and cover continues for as long as they are covered by Profmed medical scheme.



SECTION A: MEDICAL EXPENSE SHORTFALL COVER

All individuals and family members are covered up to a medical expense shortfall limit of R182 700 per year.

In-hospital Cover

Shortfalls are covered on doctor and specialist charges of up to 500% of the medical scheme tariff (MST). The shortfall cover amount provided is calculated as: doctor and specialist charges (limited to 5 times MST) less the greater of either the medical scheme's payment towards to these costs or the MST.

Medical Aid Co-payment Cover

Full cover for co-payments not covered by medical aids for hospital admissions (as may apply to Profmed Savvy members when using a non-network hospital), scans and certain surgical procedures.

Emergency Room/Casualty Ward Cover

R22 100 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, items such as crutches, neck braces, knee and ankle guards, post-treatment and recuperative devices are not covered by this benefit.

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

Cosmetic breast reconstruction cover of up to R23 000. This cover is to be paid towards the costs of surgical breast reconstruction of the non-affected breast, in the event of a single mastectomy resulting from breast cancer.

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 an 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 the internal prosthesis in full because the medical aid annual limit has been exceeded or where the medical aid charges a co-payment or where a co-payment is not covered by the medical aid.

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 prostheses 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, cochlear implants and pacemakers are however specifically excluded.

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.

Out-of-hospital Cover

This policy benefit covers the shortfalls on doctor and specialist out-of-hospital treatment charges for any of the ±350 procedures approved by the policy. Out-of-hospital medical expense shortfall cover is calculated as: (the combined doctor and specialist charges up to but not exceeding 5 times the medical aid tariff amount) less (the greater of either the medical aid's payment towards these charges or the stipulated medical aid tariff amount for these charges).

Out-of-hospital treatment includes:

- 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
- Cystoscopy
- Dilatation and curettage
- Direct laryngoscopy
- Endoscopy Ganglion surgery
- Female sterilisation (permanent)
- Gastroscopy
- Grommets
- Hernia repairs, limited to:
 - Inguinal hernia
 - Femoral hernia
 - Umbilical hernia
 - Epigastric hernia
 - Spigelian hernia
- Hysteroscopy
- Incision and drainage of Bartholin's cyst
- Ischio-rectal abscess drainage
- Kidney dialysis
- Lymph node biopsy
- Marsupialisation of Bartholin's cyst
- MRI scan
- Myringotomy
- Needle biopsy of the liver
- Oesophagoscopy
- Orchidopexy
- PET scan
- Prostate biopsy
- Pterygium removal
- Surgical biopsy of breast lump
- Surgical hemorrhoidectomy (excluding sclerotherapy or band ligation)
- Sinus surgery, limited to:
 - Frontal sinus
 - Functional endoscopic sinus
 - Bilateral function endoscopic sinus
- Tonsillectomy
- Trabeculectomy and trabeculoplasty
- Tubal ligation
- Varicose veins
- Vasectomy

In-hospital Dentistry Expense Shortfall and Co-payment Cover

Dentistry shortfalls are covered on doctor, dentist and specialist charges of up to 500% of the medical scheme tariff (MST). The shortfall cover amount provided is calculated as: doctor and specialist charges (limited to 5 times MST) less the greater of either the medical aid's payment towards these costs or the MST. Non-DSP (Designated Service Provider) co-payments levied by the medical aid for dental hospital admissions and procedures are covered subject to a maximum of R11 000 and limited to one claim per policy each year.

SECTION B: 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 programme. This cover excludes skin cancer and only applies to the first-time diagnosis of cancer after the commencement of cover and after completion of the 12-month waiting period.

MONTHLY PREMIUMS

GAP COVER

COVER FOR INDIVIDUALS		COVER FOR FAMILIES	
Younger than 55	R384 pm	Where all lives insured are younger than 65	R475 pm
55-64 years old	R475 pm	Where one or more lives insured are older than 65	R587 pm
65 years and older	R587 pm		

An over-65 premium applies if the main medical scheme member or any of their dependants are 65 years at commencement of their cover. Premiums are valid for 2022. Prices to increase 1 January 2023.

SUMMARY OF POLICY TERMS AND CONDITIONS

Waiting Periods

- No general or condition-specific waiting periods apply. However, no benefits are payable 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 cover under the PPS Gap policy, a policyholder had cover under another gap cover policy, then the pre-existing condition waiting period will only be applied to the unexpired period 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 gap cover policy.

General Exclusions

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any recreational drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Illness or injury caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- An aviation accident, except if it's a commercial flight and the claimant is a fare-paying passenger.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

Specific Exclusions

- Cosmetic surgery unless required due to illness or injury.
- Penalty co-payments imposed by medical schemes for not following the rules of the scheme. An example of this type of penalty co-payment is the amount not covered by medical aids for not obtaining pre-authorisation prior to undergoing a medical procedure.
- Pre- and post-hospitalisation doctor and specialist charges.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, contraception-related treatments, fertility and ART (assisted reproduction therapy) and elective circumcisions.
- Treatment of depression, mental or mental stress-related conditions.

- Claims not covered by the medical scheme.
- Private and home nursing.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical aid.
- Hospital charges.
- Medication and other materials.
- External prostheses.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- When travelling abroad, treatment for accident and illness is not covered after 90 consecutive days outside the Republic of South Africa.
- Day-to-day medical practitioner costs.
- Breast and dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Treatment costs for services rendered by allied health care professionals, such as but not limited to dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, physiotherapists, diagnostic medical sonographers, physical therapists, radiographers and respiratory therapists.

Extended Cancer Cover

- This is an optional policy benefit. If you or any of your dependants insured under the policy are diagnosed with cancer for the first time, we will pay you the Extended Cancer Cover benefit of R100 000 or R200 000, depending on the cover purchased by the policyholder, to cover the unexpected costs which may arise as a result of the diagnosis. This covers the policyholder and medical aid dependants insured under the policy. When applying for this cover, policyholders will be required to answer an underwriting question that relates to previous diagnosis or treatment of cancer.
- This cover has a 12-month pre-existing condition exclusion and a six-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65th birthday.

EXTENDED CANCER COVER AMOUNT	MONTHLY PREMIUM
R100 000	R92 pm
R200 000	R150 pm

Premiums are valid for 2022. Prices may increase 1 January 2023.

Insurer Details

PPS Gap Cover is underwritten by Guardrisk Insurance Company Limited, a Licensed Non-life Insurer and Authorised Financial Services Provider. FSP no. 75. Administered by Zestlife, an Authorised Financial Services Provider. FSP no. 37485.



CLAIMS

No claim form is needed. PPSHA, Profmed's administrator, will submit a claims file to Zestlife after each payment run and this will initiate the claims process on your behalf. Zestlife will contact you if more information and/or documents are needed.

CONTACT US

For further information and advice, please contact Zestlife on 021 180 4220 / 0860 009 378 or at gap@zestlife.co.za.



FOR PROFESSIONALS
SINCE 1941