PPS GAP COVER 2026

THE PROBLEM

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

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

The table below contains some of the procedures that frequently result in medical expense shortfalls. These are accompanied by actual Rand amount examples paid by PPS Gap Cover in the past year (Source: 2024/2025 Zestlife claims register).

Examples of medical procedures that are frequently not covered in full by medical schemes	Examples of medical expense shortfall claims paid by Gap Cover in 2024/2025.
NATURAL CHILDBIRTH	R38 480
CAESAREAN SECTION CHILDBIRTH	R47 535
TONSILLECTOMY	R52 564
HERNIA REPAIR	R73 547
BREAST CANCER SURGERY	R132 442
KNEE REPLACEMENT SURGERY	R98 173
HIP REPLACEMENT SURGERY	R205 490
ANKLE SURGERY	R69 557
SHOULDER SURGERY	R93 080
HAND SURGERY	R59 169
FOOT SURGERY	R21 186
LUNG SURGERY	R62 067
BRAIN SURGERY	R51 524
LIVER SURGERY	R69 206
KIDNEY SURGERY	R61 409
INTESTINE SURGERY	R144 522
HEART SURGERY	R156 496
HEART VALVE REPLACEMENT SURGERY	R197 500
SURGERY FOR FRACTURED ARM	R53 663
EYE SURGERY	R42 601
EAR SURGERY	R81 053
CANCER TREATMENT	R173 936
SPINAL SURGERY	R227 263

THE SOLUTION

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

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

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP no. 75) and licensed non-life insurer.

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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 scheme dependants. Where spouses who are legally married have their own separate Profmed membership they are both covered under the same PPS Gap Cover policy.
- Individual cover is for medical scheme 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

Benefits covered under this policy, listed in section A are subject to a combined maximum cover limit of R219 800 per individual insured, per calendar 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 the difference between the total costs charged by medical practitioners and the amount payable or paid by your Medical Scheme.

Medical Scheme Co-payment Cover

Co-payments imposed by medical schemes for hospital admissions, scans and medical procedures are covered. Cover is not available for penalty co-payments, e.g. not obtaining pre-authorisation or not following other protocol requirements.

Non-network Co-payment Cover

Full cover for co-payments charged by medical aids for using a non-network hospital or provider. This cover is subject to a maximum of R16 800 and limited to two claims per calendar year.

Casualty Facility Treatment for Accidental Injury Cover

R26 700 cover per calendar year for treatment in a hospital's casualty ward or by a GP where there is no registered hospital casualty facility within 30km radius, within 48 hours following accidental injury. Fees charged for the fitment and cost of prosthesis and devices such as crutches, neck braces, knee and ankle guards, post-treatment and recuperative devices are not covered under this benefit.

Casualty Facility Emergency Treatment

Cover for emergency treatment for children younger than 11 in a casualty facility. Cover is for the facility fee, medical practitioner consultation, on sight medication, ward stock, radiology and pathology, as not covered by medical scheme, and the amount payable or paid by your medical scheme. Cover is provided up to a maximum amount of R2 950 per policy per calendar year.

This benefit does not cover prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.

Oncology Treatment in Excess of Cancer Limit: Co-payment Cover

Cover for co-payments levied by medical scheme when the annual cancer treatment limit is exceeded. This benefit is to cover general and specialised treatment and biological drugs. Cover is subject to a maximum co-payment of 25% of the costs of treatment.

Oncology Treatment in Excess of Cancer Limit: Contribution to Costs Cover

Cover for continued treatment costs of cancer when a medical scheme treatment cost limit is imposed and no further funding is provided by medical scheme. Cover is provided for 20% of the insured's continued treatment costs. This benefit can be used for general and specialised treatment and biological drugs not covered by your medical scheme.

Pre- and Post-surgery Specialists' Consultations

Cover for shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery. The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre- and post in-hospital surgery and the amount payable or paid by your medical scheme.

To qualify for this benefit:

- The medical scheme must pay a portion of the admitting medical practitioner fees from risk or savings benefit.
- The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery.
- The surgery must be conducted in a hospital operating theatre.

Cover is provided up to a maximum amount of R3 200 for each individual insured under the policy per calendar year.

Consultations relating to C-sections and diagnostic procedures such as biopsy's and scopes (e.g. colonoscopy and endoscopy etc) are not covered.

Allied Professionals

This benefit covers the shortfall between what the Allied Professional has charged and what the medical scheme has paid for in-hospital care following an associated in-hospital procedure. This is limited to R2 500 per policy per year. Allied professional shortfalls covered are: Chiropractors, Clinical technologists, Genetic counsellors, Myotherapists, Occupational therapists, Orthoptists, Osteopaths, Perfusionist, Physiotherapists, Podiatrists and Speech pathologists.

These shortfalls are only covered if the medical scheme covers a portion of the cost from the hospital benefit and the treatment is part of the associated procedure and the treatment by the Allied Professional is in hospital and is recommended by the attending specialist.

Internal Prosthesis and Artificial Joint Cover

Cover for up to R46 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 scheme options that provide internal prosthesis cover under the major medical benefit. This benefit will cover the shortfall if the medical scheme does not cover the cost of the internal prosthesis in full because the medical scheme annual limit has been exceeded or where the medical scheme 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 prostheses include joint replacements and spinal fusions.

Stents are covered but limited to a maximum shortfall amount of R5 000 for each individual insured under the policy, per calendar year.

Pacemakers are covered up to a maximum shortfall amount of R8 000 per Insured Person each calendar year.

Intra-ocular lenses are covered up to a maximum of R6 500 per lens for each individual insured under the policy per calendar year. This benefit is limited to the costs of the actual lens and excludes ancillary materials.

A claim payment for stents, pacemakers and intra-ocular lenses will not reduce your overall limit of R46 000 for internal prostheses.

Breast implants, cochlear implants and neurostimulators are however specifically excluded.

International Travel Benefit

Cover for benefits under the policy for claim events due to an accident or illness, that occur whilst travelling outside of the borders of the Republic of South Africa.

This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.

Robotic Medical Procedure Cover

Cover of up to R39 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.

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 the difference between the total costs charged by medical practitioners and the amount payable or paid by the medical scheme. Non-DSP (Designated Service Provider) co-payments levied by the medicalscheme for dental hospital admissions and procedures are covered subject to a maximum of R16 800 and limited to two claims per calendar year.

MRI, PET and CT Scans in Excess of Medical Scheme Sub-limit

This policy covers the shortall for MRI, PET and CT scans when the medical scheme sub-limit has been reached.

Cover is provided up to a maximum amount of R16 800 and subject to two claims per policy per calendar year.

This benefit cannot be claimed along with a co-payment cover claim.

Out-of-hospital Cover

This policy benefit covers the shortfalls on doctor and specialist out-of-hospital treatment charges for any of the 60 procedures approved by the policy. Out-of-hospital medical expense shortfall cover is calculated the total costs charged by medical practitioners and the amount payable or paid by your medical scheme.

Out-of-hospital treatment includes:

- Cardiovascular
  - Coronary angioplasty
  - Coronary angiogram
- Ear, nose, throat
  - Adenoidectomy
  - Direct laryngoscopy
  - Grommets
  - Myringotomy
  - Sinus surgery, limited to:
    - Frontal sinus
    - Functional endoscopic sinus surgery
    - Bilateral function endoscopic sinus surgery
  - Tonsillectomy
- Dermatologic
  - Skin grafts
  - Excision of skin lesions (melanoma and other malignant neoplasms of the skin)
- General surgery
  - Hernia repairs, limited to:
    - Inguinal hernia
    - Femoral hernia
    - Umbilical hernia
    - Epigastric hernia
    - Spigelian hernia

- Lymph node biopsy
- Needle biopsy of the liver
- Surgical biopsy of breast lump
- Vacuum biopsy of the breast (X-Ray stereotactic mammography-biopsy)

• Gastro-intestinal
- Closure of colostomy
- Colonoscopy (due to medical necessity)
- Endoscopy (due to medical necessity)
- Gastroscopy and gastrointestinal imaging
- Sigmoidoscopy
- Ischiorectal abscess drainage
- Laparoscopy
- Oesophagoscopy
- Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation)

• Gynaecology
- Cervical laser ablation
- Dilatation and curettage
- Female surgical and non-surgical permanent
- sterilisation
- Hysteroscopy
- Incision and drainage of Bartholin's cyst
- Marsupialisation of Bartholin's cyst
- Laparoscopy
- Tubal ligation

• Obstetrics
- Childbirth in a non-Hospital setting

• Oncology
- Chemotherapy
- Radiotherapy

• Ophthalmology
- Cataract removal
- Laser eye surgery
- Pterygium removal
- Trabeculectomy

• Orthopaedic
- Arthroscopy
- Bunionectomy
- Carpal tunnel release
- Ganglion surgery

• Radiology
- Computer Axial Tomography (CAT) scan
- Magnetic Resonance Imaging (MRI) scan
- Nuclear radiology
- Positron Emission Tomography (PET) scan
- Varicose vein removal

• Renal
- Kidney dialysis

• Respiratory
- Bronchoscopy

• Urology
- Circumcision (due to medical necessity)
- Cystoscopy
- Orchidopexy
- Prostate biopsy
- Vasectomy

SECTION B: HEALTH ASSIST BENEFITS

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 applies to first-time diagnosis of stage II regional cancer and 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 scheme'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.

Cosmetic Breast Reconstruction

Cover for cosmetic breast reconstruction of a non-affected* breast following a single mastectomy resulting from breast cancer diagnosed after the commencement date of policy. Cover is provided for the amount not covered by medical scheme up to a maximum of R29 000 for each individual insured.

This cover is not renewed after claim payment and does not extend to subsequent breast reconstruction treatment costs. Prophylactic mastectomies are excluded.

*Breast reconstruction for the non-affected breast is not always covered or covered in full by medical schemes as it is cosmetic surgery.

MONTHLY PREMIUMS 2026

GAP COVER

COVER FOR INDIVIDUALS	
Younger than 35 years old	**R276 pm**
35-54 years old	**R493 pm**
55-64 years old	**R618 pm**
65 years and older	**R775 pm**

COVER FOR FAMILIES	
Where all lives insured are younger than 65	**R618 pm**
Where one or more lives insured are older than 65	**R775 pm**

Premiums will be revised annually and be effective from 1 January each year. Gap Cover is an annually renewable policy with premiums determined by the policyholder's age, or the eldest insured member in the case of family cover. When an insured person's age exceeds the Gap Cover age bracket under which they are covered, the policy will be moved to the next age and premium bracket from 1 January the year following. Gap Cover policy premiums are not tax deductible in the same way that your medical scheme contributions are. No IT3 tax certificates can therefore be issued for this purpose.

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.
- All forms of aviation except commercial aviation where you are a fare paying passenger or a pilot or air crew on a commercial flight.
- 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 scheme for not obtaining pre-authorisation prior to undergoing a medical procedure.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations, which are not required because of a specific medical condition that negatively impacts your health or is necessary due to poor health. This includes tests, annual check-ups, ECGs, scopes, ART (assisted reproduction therapy), elective circumcisions or any other procedure due to family history or illness or medical conditions, etc.
- 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 scheme.
- Hospital, hospice, step-down facility and Day Clinic costs.
- Medication and other materials including prosthetic products such as crutches, limb guards or braces.
- External prostheses.
- Cancer treatment or planned procedures received 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 scheme on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.

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 R132 000 or R264 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 scheme 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
R132 000	**R124 pm**
R264 000	**R206 pm**

Premiums are valid for 2026. Prices may increase 1 January 2027.

Insurer Details

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP no. 75) and licensed non-life insurer. Administered by Zestlife, an authorised financial services provider (FSP no. 37485).

GUARDRISK
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CLAIMS

Please notify Zestlife when you want to lodge a gap claim. Email info@zestlife.co.za and provide the patient name, incident date and service provider names. PPSHA, Profmed's Administrator, will provide medical scheme claim payment transactions to Zestlife on your behalf to make your claims experience more efficient. You will not need to provide supporting documentation, such as medical scheme statements and provider invoices. Zestlife will contact you if more information and/or documents are required.

CONTACT US

Advice and new applications:

1. Contact Profmed New Business at degree@profmed.co.za or on 0800 334 733.
2. Alternatively Chat to your Financial Advisor or contact Zestlife on 021 180 4220 | 0860 009 378 or email **info@zestlife.co.za**.

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