

CLAIMS

Hospital Gap Plus/Premier Cover

Where you have received pre-authorisation from your Medical Scheme for in-hospital treatment which is not excluded in terms of the GAP Plus/Premier Cover Plan exclusions, a claim form should be submitted for assessment of benefits.

To submit a claim for benefits, you are required to:

- Complete a claim form (available from your broker).
- Submit a copy of your medical remittance advice illustrating the shortfall including any co-payment.
- Submit copies of the hospital account, as well as the accounts for the in-hospital attending Medical Practitioners.
- Regarding a co-payment claim – submit a copy of the receipt for the payment of the co-payment, or
- Copy of Co-Payment Claim Assist Benefit Forms

Additional information is required if the claim is related to the following benefits:

Premium Waiver

The applicant member must submit proof of Medical Scheme membership fees, proof of medically necessary absence from work due to an accident (on a month to month basis), and an Accident Report Form.

Body Repatriation

Police report regarding the accident, certified copy of the death certificate, and proof of normal residence within the borders of South Africa, and invoices of necessary expenses incurred to transport the body to the residence are to be supplied.

Trauma Counselling

Police report and case number, Trauma counseling report and associated accounts.

Motor Hijack

Proof of the forceful hijacking, and/or threat thereof, to be supplied by the police authorities.

Internal Prosthesis

Copy of Medical Scheme statement reflecting the prosthesis cost as well as the total cost of the prosthesis and copy of the Hospital account.

Out-Of-Hospital Benefit – MRI/CT Scans

Copy of the Medical Scheme statement for the co-payment value.

Casualty/Emergency Room Facility Benefit

Copy of the Casualty/Emergency room facility account.

Preventative Care Benefit

Copy of the qualifying invoice.

WE DO THE HEAVY LIFTING SO YOU DON'T HAVE TO



HEALTH & ACCIDENT

GAP PLUS / GAP PREMIER
CO-PAYMENT COVER PLAN
2026

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Underwriting Criteria

Voluntary groups or persons have a 12 month pre-existing condition exclusion, a 12 month waiting period for maternity and a 1 month waiting period for all other benefits. Compulsory groups in excess of 35 employees are considered for the waiver of pre-existing exclusions and waiting periods.

Please note: this is a summary only – full policy documents apply and are available on request.

Administrated by Health & Accident Underwriting Managers (Pty) Ltd (FSP 376)
on behalf of GENRIC Insurance Company Limited (FSP43638), an Authorised
Financial Services Provider and non-life insurer.

WITH OVER 20 YEARS EXPERIENCE, WE ARE THE PARTNER OF CHOICE PROVIDING BESPOKE SOLUTIONS TO THE BROKER MARKET.

This product may only be marketed to persons who belong to a Medical Scheme and it is designed to assist with Medical Practitioner costs resulting from in-hospital treatment that have not been paid to their full extent by the Medical Scheme (subject to the parameters of the elected GAP option).

Hospital Gap Plus/Premier Cover

- We will cover in-hospital doctor and Medical Practitioner costs, which qualify under the scheme rate, which are not covered to their full extent by the Member's Medical Scheme. These shortfalls will be covered up to a maximum of five times the ruling scheme rate subject to the Gap policy terms and conditions.
- We will cover a benefit equal to charges above the sub-limit imposed by Medical Scheme for the necessity of chemotherapy or radiotherapy for the treatment of non-PMB cancer and kidney dialysis for the treatment of non-PMB kidney failure.

The following examples would not qualify for benefits:

- You may not upgrade bed facilities from a general ward to a private ward/room.
- You may not be hospitalised for treatment not authorised by your Medical Scheme.
- Costs in excess of the medical sub-limits are also not covered by the policy. These may include restrictions to items such as physiotherapy, pathology or organ transplant.

BENEFITS AUTOMATICALLY INCLUDED:

Hospital Co-payments

We will cover a hospital co-payment/upfront payment as defined by your Medical Scheme option. Your benefit will be restricted to the co-payment required by your Medical Scheme option.

Penalty Co-payments

We will cover a single co-payment imposed by your Medical Scheme for the use of a non-DSP. Limited to one penalty co-payment per family per annum and a maximum of up to **R15,000**.

Cataract Benefit

In the event you are diagnosed with a cataract resulting in surgery to insert an intraocular lens implant we will pay a fixed benefit of R2,800.

Dental Surgery Co-payment Restrictions

These benefits are restricted to the following levels, subject to the procedure being authorised by your Medical Scheme:

Benefit	Procedure
R3,350	Dental treatment in a private hospital (13 years and younger)
R8,650	Dental treatment in a private hospital (older than 13 years)
R1,500	Dental treatment in a day clinic (13 years and younger)
R5,550	Dental treatment in a day clinic (older than 13 years)

Premium Waiver

If the applicant member is unable to work for a period of more than 30 days due to an accident, we will pay the monthly Medical Scheme membership fee for each month (max benefit R 10,000), or part thereof, that the applicant member is unable to work up to a maximum of 12 months.

Body Repatriation

In the event the applicant member dies due to an accident we will pay for the cost of transporting the body of the deceased to the normal place of residence (within the borders of South Africa) up to a maximum cost of R20,000 (per policy).

Trauma Counselling

If you are directly involved in an act of violence, we will pay a stated benefit of R750 per counselling session up to a maximum of R5,000 p.a.

- An act of violence will include assault, robbery, attempted rape and will include a motor vehicle accident in which another party dies.
- This act of violence must be reported to the police and a case number obtained.

Motor Hijack

In the event you are directly involved in the forceful hijacking of a motor vehicle, and/or threat thereof, we will pay a fixed benefit of R5,000 (per policy). The hijacking must be reported to the police and a case number obtained.

Internal Prosthesis Benefit

Should you be authorised to have an internal prosthesis device fitted and the cost exceeds the ruling Medical Scheme limit, we will pay an additional benefit up to a maximum of R60,000 per insured/annum.

Out-Of-Hospital MRI/CT Scans Benefit

If you are authorised by your medical scheme to have a MRI/CT scan subject to a co-payment, we will pay a benefit of R4,800 per event.

Casualty/Emergency Room Facility Benefit

When immediate medical treatment is necessitated by an accident, is not fully covered by the Insured's medical scheme or your Medical Scheme does not provide cover and you become liable to pay the cost of the casualty event, we will pay a fixed benefit for eligible expenses incurred during a visit to a registered hospital casualty unit. Benefits are subject to Casualty Level definitions and annual limits as defined in this policy. See policy wording for definitions.

Preventative Care Benefit

In the event the insured has undergone any one of the following preventative care procedures we will pay a fixed benefit of **R2,000 - mammograms, bone density scans and prostate screening; R1000 - PAP smears & HIV tests**. Maximum one Preventative Care claim per policy per annum.

Crisis Assistance Facility (additional R12.11 p.m.)

If you are involved in an incident resulting in the utilisation of the Trauma Counselling, Hijack Benefit or the Body Repatriation Benefit, you are able to call the 24 hour call centre for assistance and advice.

PREMIUMS

Broker commission is paid in line with current legislation.

- Premiums payable by the employer by way of a debit order will require the completion of a company debit order form.
- Corporate clients may elect to pay premiums by way of EFT (minimum monthly premium must exceed R7,500 to qualify).

Gap Plus Co-Payment Cover Plan

Oldest member max. 65 - R369.89 p.m.

Oldest member > 65 - R826.89 p.m.

This option covers the applicable in-hospital costs from two times the scheme rate up to a maximum of five times the scheme rate. The additional benefits of Hospital Co-payments, Premium Waiver, Body Repatriation, Trauma Counselling, Motor Hijack, Internal Prosthesis, Out-Of-Hospital MRI/CT scan, Cataract, Casualty/Emergency Room Facility and Preventative Care are included.

Gap Premier Co-Payment Cover Plan

Oldest member max. 65 - R436.89 p.m.

Oldest member > 65 - R896.89 p.m.

This option covers the applicable in-hospital costs from one times the scheme rate up to a maximum of five times the scheme rate. The additional benefits of Hospital Co-payments, Premium Waiver, Body Repatriation, Trauma Counselling, Motor Hijack, Internal Prosthesis, Out-Of-Hospital MRI/CT scans, Cataract, Casualty/Emergency Room Facility and Preventative Care are included.

Policy Benefits are limited to **R219,845.96** or any other higher amount which may be published by the regulator during the year.

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