

BASIC Cover PLUS 2026



TOTALRISKADMINISTRATORS

www.totalrisksa.co.za

Total Risk Administrators (Pty) Ltd
(TRA) an authorised financial services
provider FSP No 40815

DON'T STRESS! THE GAP IS COVERED.

In today's healthcare environment, unexpected medical expenses can place a financial strain on families, even with comprehensive medical scheme coverage.

TRA Basic Cover Plus is an affordable, essential gap cover solution that bridges the gap between what your medical scheme pays and the actual cost of critical medical treatments.

Product Information Sheet

BASIC Cover PLUS 2026

The following benefits ARE subject to the AGGREGATE ANNUAL LIMIT of R219 845 per insured person. This amount is calculated annually according to the prescribed table under Regulation 7.2(1) of Regulation 7.2(2) - Policy benefits escalation, in terms of the Short-term Insurance Act, 1998 (Act No. 53 of 1998). This amount will be increased on 1 April 2026 by the official CPI as published by Statistics South Africa (as defined in the Statistics Act, 1999 (Act No. 6 of 1999)). Click [HERE](#) to see a table showing the latest limit amount.

GAP COVER: The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for authorised procedures e.g. childbirth. The cover is limited to a percentage of the original scheme tariff (subject to the shortfall being paid from the In-Hospital or Major Medical Benefit). In-hospital tariff shortfalls ONLY.	100% Unlimited but subject to the aggregate annual limit per insured person
PRESCRIBED MINIMUM BENEFITS: A set of defined benefits, as per the Medical Schemes Act, in terms of which all medical schemes have to cover the costs related to the diagnosis, treatment and care of: any emergency medical condition; a limited set of 270 medical conditions; and 27 chronic conditions.	Covered Subject to medical aid review
CO-PAYMENT BENEFIT (In Network only): The co-payment or procedural deductibles incurred during hospital admissions that your medical aid charges you for certain in-hospital procedures.	R7 875 per policy per annum
DENTAL BENEFIT: The shortfall that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for authorised dental procedures performed in hospital or in doctor's rooms and paid from the in-hospital or major medical benefit only. The cover is limited to a percentage of the original scheme tariff, as follows: - Adults and dependants over 18 years of age: Treatment of impacted wisdom teeth, extractions, apicectomies or loss of teeth due to oncology or trauma ONLY. - Dependants up to 18 years of age: Any procedure or treatment.	Unlimited but subject to the aggregate annual limit per insured person
MATERNITY PRIVATE WARD BENEFIT (for childbirth): The shortfall between the General Ward Rate and the Private Ward Rate for hospitalisation where an admission to a Private Ward occurred.	R1 050 per day 3 consecutive days

Value added products are NOT subject to the Aggregate Annual Limit

ACCIDENTAL DEATH COVER: A lump sum payout for death due to an accident.	Insured R6 300 / Dependant R3 150
TRA ASSIST (powered by MobiMed)	✓
HOME DRIVE: A designated driver service including "Own Vehicle" OR "Uber" services.	6 trips (max 50km within radius of city centre)
PANIC BUTTON: 24-hour access to a crisis manager who will guide you through an emergency. Includes Roadguard: A security assistance service offered to clients that might find themselves next to the road due to a breakdown.	✓
MEDICAL HEALTH AND TRAUMA COUNSELLING LINE: Unlimited access to qualified nurses 24 hours a day for telephonic emergency medical advice, assessment of symptoms, explanation of medical terms, etc.	✓
SUBMIT CLAIM: Submit your claims documents via the mobile app.	✓
TRAVEL BENEFIT: All TRA Gap Cover policyholders, under the age of 71, have access to the benefit of comprehensive travel insurance, the cost of which is covered by TRA provided that you remain a TRA Gap Cover policyholder and ensure that premium payments thereunder are up to date. The said travel insurance is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer, and administered by Hepstar Financial Services (Pty) Ltd, both being registered Financial Services Providers. Click HERE for full details. Should you plan to travel and have any enquiries about the cover or wish to request the documentation confirming cover, please contact Hepstar Financial Services (Pty) Ltd on +27 (0)86 144 4548 or email info@hepstar.com You also qualify to buy a top-up plan by clicking HERE to increase your medical and baggage related cover, as well as add cover for trip cancellation, pre-existing medical conditions, missed connections and more.	- Emergency Medical and Related expenses R1 000 000 - Medical Evacuation, Repatriation, or Transportation to a Medical Centre Actual expense covered when arranged by Hepstar Financial Services - Personal Accident Cover Death: R25 000 - Permanent Disability: up to R25 000 - Theft or Accidental Damage during trip R 5 000 - Single item limit: R 1 500 - Theft, Damage or loss by Airline R5 000 - Single item limit: R 1 500 - Baggage Delay (more than 4 hours) R500 - Baggage Delay (more than 24 hours) R1 000
TRAVEL BENEFIT: eSIM 20% voucher	✓

Errors and Omissions Excepted | Terms and Conditions apply | This infographic does not constitute advice | Consult your intermediary for advice regarding product choice | The products reflected above are not medical aid schemes | They are not the same as medical aid schemes | They are not substitutes for medical aid schemes | TRA (Total Risk Administrators Pty Ltd) is an authorised financial services provider - FSP No 40815

Auto&General

Underwritten by: Auto&General Insurance Company Limited
A licensed non-life Insurer & Financial Services Provider - Reg No 1973/016880/06

AGE AT ENTRY OF OLDEST BENEFICIARY	Single	Family
0 – 30 years	R63	R161
31 – 40 years	R117	R198
41+ years	R296	R351

GAP COVER

The Important Information

All of our 2026 Gap Cover Policies:

- Provide benefits for a policyholder and their spouse and those financially dependent on them (child/children and/or aged parents) who are covered on one policy of a registered medical aid scheme. **Subject to proof of membership and the premium being based on the age of the oldest beneficiary.** Members and their dependants can also be on two different medical aids and one Gap Cover Policy but only if they are legally married, or common law partners verified by submission of an affidavit confirming 12 months of cohabitation.
- Have no entry age limit.
- May allow for immediate benefits for all policyholders except for a limited list of specific conditions and/or procedures (**there is no general 3 month waiting period**).
- Cover Prescribed Minimum Benefits (PMB's) where a medical aid scheme has failed to meet its obligations in this regard (Subject to medical aid scheme review and for non-emergencies only).
- **Are not medical aid schemes. The cover is not the same as that of a medical aid scheme. The cover is not a substitute for a medical aid scheme membership.**

NB: Refer to the policy document for the complete list of terms and conditions.

WHEN CAN YOU CLAIM?

We have payment runs three times a week, making us well known for our great claims turnaround time!

General Waiting Period

There is no general three (3) month waiting period. The following waiting periods commence from the Join Date of the Gap Cover Policy:

10 Month Condition Specific Waiting Period

No claims may be submitted within the first 10 months of membership for any Gap Cover policy if they relate to any of the following conditions:

- Head, neck and spinal procedures e.g. Laminectomy
- All types of hernia procedures
- Endoscopic procedures e.g. Colonoscopy, Gastroscopy
- Pregnancy and childbirth (including caesarean delivery)
- Gynaecological conditions e.g. Hysterectomy
- Joint replacement (including Arthroplasty, Arthroscopy, Metatarsal Osteotomy) but excluding treatment due to accidental trauma
- Inability to walk / move without pain
- Any renal, liver, kidney and bladder conditions
- Cardiac (relating to the heart)
- Dentistry (unless due to accidental trauma or oncology)
- Cataracts and / or eye laser surgery (including all eye and lens procedures)
- Neurological conditions and procedures
- Organ transplants (including cochlear implants)
- Reconstructive surgery as a result of an incident or condition that occurred prior to membership (including skin grafts)
- Mental health or psychiatric conditions (including depression)
- Varicose veins
- Oesophagitis, Gastroenteritis and Gastro-Intestinal Disorders
- Male genital system (including prostatectomy)
- Carpal Tunnel Syndrome
- Any Ear, Nose and Throat procedures (including nasal, sinus, tonsil and adenoid procedures)

- Diabetes and related complications
- Respiratory conditions e.g. COPD; Cystic Fibrosis (excluding viral conditions e.g. bronchitis)

All claims for these conditions received within the waiting period will be reviewed by medical management to identify pre-existing conditions.

Pre-Existing Medical Condition/s Waiting Period

NO claims relating to any pre-existing condition/s that may lead to hospitalisation (excluding cancer: see above) will be covered within the first six (6) months of membership. The insurer reserves the right to request any clinical information from a Policyholder's doctor should a claim in this period indicate, and/or relate to, a pre-existing condition. **All claims for these conditions received within the waiting period will be reviewed by medical management to identify pre-existing conditions.**

