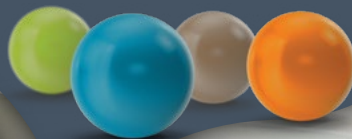


# Why TRA?

5 OUTSTANDING REASONS  
TO BE SELLING A TRA GAP COVER POLICY

01 Product



05 Service



04 Technology



02 Broker Assistance



03 TRA ASSIST



**TRA**

TOTALRISKADMINISTRATORS

# Why TRA?

5 OUTSTANDING REASONS  
TO BE SELLING A TRA GAP COVER POLICY

## 01 Product



- Comprehensive Range
- Value for Money



## 02 Broker Assistance

- Broker Portal
- Training Academy
- Reporting

## 05 Service

- Remote Office
- Call Centres
- Specialist Teams
- Communication



## 04 Technology

- Interactive Website
- Member Portal
- Mobile App



## 03 TRA Assist

- Video
- Information Sheet



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01 Product



02 Broker Assistance



05 Service

Broker Bulletins

Whatsapp:

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**TRA**

TOTALRISKADMINISTRATORS

04 Technology



03 TRA Assist



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# Why TRA?

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01 Product



05 Service



04 Technology  
Mobile App



02 Broker Assistance



03 TRA Assist



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# GAP COVER

## In-Hospital Medical Shortfall Cover



GAP COVER  
FROM **R99**  
PER MONTH

**2021**

**THE FOLLOWING BENEFITS ARE SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R171 000 PER INSURED PERSON**  
This limit may be subject to regulatory amendment. Sub-limits may apply.

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
<b>GAP COVER:</b> The <b>shortfall</b> that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for authorised in-hospital procedures. The cover is limited to a percentage of the original scheme tariff.	300%	700%	700%	700%
<b>PRESCRIBED MINIMUM BENEFITS:</b> 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	Covered, subject to medical aid review	Covered, subject to medical aid review	Covered, subject to medical aid review
<b>CASUALTY UNIT BENEFIT:</b> • Accidents only. • Children under the age of 8 ONLY - May be admitted for any treatment at a casualty unit linked to a hospital between the hours of 7pm to 7am from Monday to Friday, from 7pm on a Friday until 7am on a Monday, and all day on a public holiday.	Up to R2 750 per policy per annum	Up to R7 500 per policy per annum	Up to R10 000 per policy per annum	Up to R20 000 per policy per annum
<b>CO-PAYMENT BENEFIT: (In Network)</b> • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures, e.g. a <b>gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy</b> . • The co-payment or deductible that your medical aid charges you for certain procedures performed in the doctor's rooms e.g. a <b>gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy</b> BUT which have been authorised and paid from the In-Hospital or Major Medical benefit. • This co-payment or deductible is NOT related to the scheme tariff and service provider charge <b>shortfall</b> or designated service provider arrangements.	No Benefit	Up to R10 000 per policy per annum	Up to R50 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum
<b>CO-PAYMENT BENEFIT: (Out of Network i.e. Voluntary use of a non-designated service provider)</b> • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. • This co-payment or deductible is NOT related to the scheme tariff and service provider charge <b>shortfall</b> or designated service provider arrangements.	No Benefit	No Benefit	No Benefit	2 Co-payments per policy per annum up to a combined limit of R15 000
<b>CO-PAYMENT BENEFIT: Out of Hospital MRI/CT/PET scans</b> The co-payment or deductible that your medical aid charges you for MRI / CT / PET scans BUT which have been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	No Benefit	1 MRI / CT / PET scan per policy per annum up to R10 000	2 scans per policy per annum. Unlimited but subject to R171 000 per insured person per annum
<b>SUB-LIMIT BENEFIT: Internal Prostheses</b> The <b>shortfall</b> on a service provider account that is not covered because you have reached the sub-limit for Internal Prostheses imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	Up to R5 000 per policy per annum	Up to R10 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum. Up to R30 000 per event
<b>SUB-LIMIT BENEFIT: MRI / CT / PET Scans</b> The <b>shortfall</b> on a service provider account that is not covered because you have reached the sub-limit for MRI / CT / PET scans imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	No Benefit	1 MRI / CT / PET scan per policy per annum up to R3 000	2 MRI / CT / PET scans per policy per annum up to R4 000 per scan
<b>SUB-LIMIT: COLONOSCOPIES AND GASTROSCOPIES</b> The <b>shortfall</b> on a service provider account that is not covered because you have reached the sub-limit for Colonoscopies and Gastroscopies imposed by your medical aid AND which has been authorised and paid from the In-Hospital or Major Medical benefit.	No Benefit	No Benefit	Up to R12 000 per policy per annum. Up to R3 000 per event	Up to R20 000 per insured person per annum. Up to R4 000 per event
<b>GLOBAL FEE BENEFIT:</b> Where a global fee has been negotiated between a medical aid and service providers for a specific procedure e.g. robotic surgery (which includes ALL costs related to that procedure) and service providers charge amounts in excess of this global fee (not related to a tariff rate, co-payment or sub-limit).	No Benefit	No Benefit	Up to R6 000 per policy per annum	Up to R12 000 per policy per annum
<b>ONCOLOGY:</b>	<b>BASIC COVER 300</b>	<b>VITAL COVER PLUS</b>	<b>SUPER COVER PLUS</b>	<b>ABSOLUTE COVER PLUS</b>
<b>ONCOLOGY GAP BENEFIT:</b> The <b>shortfall</b> that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for medical aid approved oncology treatment plans. (NB: Subject to: the gap cover percentage; and medical aid approved treatment plan being covered up to scheme tariff and within annual scheme oncology limit).	Up to an aggregate of R171 000 per insured person per annum	Up to an aggregate of R171 000 per insured person per annum	Up to an aggregate of R171 000 per insured person per annum	Up to an aggregate of R171 000 per insured person per annum
<b>ONCOLOGY CO-PAYMENT BENEFIT: (In Network)</b> • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment is NOT related to the scheme tariff and service provider charge <b>shortfall</b> or designated service provider arrangements. • For claims where the medical aid will only pay a percentage for the approved treatment and the policyholder needs to pay the remaining percentage of the account. • All costs to be within the annual scheme oncology limit.	No Benefit	Up to R10 000 per policy per annum	Up to R50 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum
<b>ONCOLOGY CO-PAYMENT BENEFIT: (Out of Network i.e. voluntary use of a non-designated service provider)</b> • The co-payment or deductible that your medical aid charges you for certain in-hospital procedures. This co-payment is NOT related to the scheme tariff and service provider charge <b>shortfall</b> or designated service provider arrangements. • For claims where the medical aid will only pay a percentage for the approved treatment and the policyholder needs to pay the remaining percentage of the account. • All costs to be within the annual scheme oncology limit.	No Benefit	No Benefit	No Benefit	2 Co-payments per policy per annum up to a combined limit of R15 000
<b>ONCOLOGY EXTENDER BENEFIT:</b> Includes ANY approved costs above annual scheme oncology limit but subject to the medical aid scheme covering up to this limit.	No Benefit	No Benefit	Up to R30 000 per policy per annum	Unlimited but subject to R171 000 per insured person per annum
<b>ONCOLOGY GAP BENEFIT: BREAST RECONSTRUCTION SURGERY</b> The <b>shortfall</b> that arises after your medical aid has processed your account and is due to service providers charging above scheme tariff for medical aid approved oncology related breast reconstruction surgery, including the unaffected breast. (NB: Subject to: the gap cover percentage; and medical aid approved treatment plan being covered up to scheme tariff and within the annual scheme oncology limit).	No Benefit	No Benefit	Up to R10 000 per policy per annum	Up to R20 000 per policy per annum
<b>MATERNITY PRIVATE WARD BENEFIT:</b> The <b>shortfall</b> between the General Ward Rate and the Private Ward Rate, for hospitalisation for childbirth, where an admission to a Private Ward occurred.	No Benefit	No Benefit	No Benefit	Limited to a maximum of R1 000 per day, for a total of 3 consecutive days
<b>COVID-19 ISOLATION HOTEL BENEFIT:</b> The <b>shortfall</b> that arises due to an admission into a Covid-19 Isolation Hotel, based on testing positive for Covid-19.	No Benefit	Up to R300 per day for a maximum of 10 days	Up to R600 per day for a maximum of 10 days	Up to R900 per day for a maximum of 10 days



THE FOLLOWING BENEFITS ARE NOT SUBJECT TO AN AGGREGATE ANNUAL LIMIT OF R171 000 PER INSURED PERSON  
(Sub-limits may apply)

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
<b>ACCIDENTAL DEATH COVER</b> Insured / Spouse Dependant	R5 000 R2 500	R7 500 R3 750	R10 000 R5 000	R15 000 R7 500
<b>POLICY EXTENDER</b> The full gap cover premium is covered in the case of the <b>accidental</b> death of the main policyholder.	9 months	9 months	9 months	9 months
<b>TRA ASSIST (powered by ituASSIST)</b>				
<b>HOME DRIVE</b> A designated driver service including "Own Vehicle" OR "Uber" services.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.	6 free trips per policy per annum. Limited to a 50km radius.
<b>PANIC BUTTON</b> 24-hour access to a crisis manager who will guide you through an emergency.	Included	Included	Included	Included
<b>MEDICAL HEALTH AND TRAUMA COUNSELLING LINE</b> Unlimited access to qualified nurses 24 hours a day for telephonic emergency medical advice, assessment of symptoms, explanation of medical terms, etc. Now includes a COVID-19 CARE LINE.	Included	Included	Included	Included
<b>SUBMIT CLAIM</b> Submit your claims documents via the mobile app.	Included	Included	Included	Included

MONTHLY PREMIUMS

PRODUCT	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
<b>Under 65's</b> (Based on the age of the oldest Beneficiary) premium per policy per month		R235	R265	R480
Premium per Individual per policy per month	R 99			
Premium per Family per policy per month	R165			
<b>Over 65's</b> (Based on the age of the oldest Beneficiary) premium per policy per month	R330	R350	R380	R585

**GAP COVER: The Important Information**

**All of our 2021 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.**
- Are subject to the aggregate gap cover annual limit of R171 000 per insured person per annum. (This limit may change due to regulatory amendment).
- All of our 2021 product options offer the following TRA ASSIST (powered by ituASSIST) benefits:
  - Home Drive (including Uber services)
  - Panic Button
  - Medical Health and Trauma Counselling Line. Now includes a COVID-19 CARE LINE
- **NB:** Refer to the policy document for the complete list of terms and conditions.

**WHEN CAN YOU CLAIM?**

➤ We have payment runs twice 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 (including stimulators) 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, 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 (including stimulators)
- 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

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

**CANCER DIAGNOSIS WAITING PERIOD**

If a Policyholder is diagnosed with any form of cancer prior to membership, all related claims will be subject to a nine (9) month waiting period. If a Policyholder has previously been diagnosed with cancer and is currently in remission, the Policyholder needs to advise the insurer by way of medical evidence that the remission period has been for two (2) or more consecutive years.

**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.**



**Assist Number: 087 135 1241**

TRA has partnered with **ituASSIST** to provide a mobile app which has exciting services available to all GAP COVER policyholders, irrespective of option choice. If a policyholder does not want to or cannot download the app, they can still utilise these services by using the **Assist Number** above.

The app is available to the main policyholder, who can also invite their dependants who are OVER THE AGE OF 18 YEARS OLD. Please note that only the main policyholder will be able to modify the profile details on the app. You should add as much information as possible under your profile, in order to make the most of the services provided to you.

**! NB:** For the app to work to its full potential, leave your cell phone's GPS location service on. **For each of the benefits, once the request has been submitted, a TRA Assist agent will make contact to provide assistance for the service you require.**

The following TRA Assist services are available from 1 January 2021:



## HOME DRIVE

### OWN VEHICLE

A designated driver service that will ensure that members are safe after a night out, with them being taken home safely in their own vehicle. A pair of drivers will arrive and one will drive with the client as the other follows. Generally, if the client is a female, a female driver will drive with her.

Drivers are equipped with a cell phone application to determine the exact location, as well as the personal information and destination to where the client needs to be transported to. Home Drive will safely transport clients within a 50km radius of city centres in Durban, Johannesburg, Pretoria, Cape Town, Port Elizabeth, East London, George and Nelspruit.

### BENEFITS

- Access to 6 free trips per policy per annum.
- Available to each member and up to a maximum of two of their guests that can be collected from a single pickup point and transported to a single drop-off point.
- In the event where you own a larger vehicle and can seat more than 2 guests, additional passengers will be accommodated for, provided there are seatbelts for all the passengers in your car.



### OPERATING HOURS

The service can only be utilised from 18h00 until 03h00. The last available booking time is 01h00 (peak periods) or 02h00 (off peak periods).



### PEAK PERIODS & PUBLIC HOLIDAYS

Please try to book 48 hours in advance where possible and up to no less than 2 hours in advance in case of last minute arrangements. **Peak period times are Thursday evenings to Sunday mornings as well as public holidays (the night before and on the day) and in some instances major public events that occur within the service area, for example sporting events and concerts.**



### ADDITIONAL CHARGES

If you exceed the number of total covered trips, you may continue to use the service at your own expense (±R450 cash per additional trip). If your trip exceeds 50km, payment for the additional distance will be ±R10 per KM. The user should agree that they will pay these amounts and they need to pay them to the driver on collection or they cannot utilise the service.



### CANCELLATIONS

Bookings can be cancelled up until 60 minutes before the arranged collection time. Any booking cancelled within 60 minutes of the collection time will be deducted from your total covered trips or billed at the full rate.

### UBER SERVICE

- If you do not have your own vehicle that you want driven, an Uber can be dispatched to your location.
- The same GPS settings as with your own vehicle apply.
- **! NB:** The total radius allowed for a single trip is 50kms.
- **! NB:** Trip locations: Only in locations where Uber South Africa is currently available.
- The Uber service falls within the same Home Drive benefits, forming part of the 6 free trips per policy per annum.
- 3 Uber services are available:  
Uber X - 1 trip deducted per one way request.  
Uber Black - 2 trips deducted per one way request.  
Uber Van - 3 trips deducted per one way request.
- **! NB:** After 6 trips, the user may use the **Own Vehicle** service at their own expense (see above) or will need to make other arrangements themselves.
- Bookings - should be tried to be made in advance as last minute arrangements are not guaranteed, but you should be able to book a trip more spontaneously than with your **Own Vehicle**.
- The **Uber Service** can be utilised at any time, seven days a week.
- **! NB:** For both services (**Own Vehicle** and **Taxi Service**) which fall under the Home Drive service, the driver/s might leave after 10-15 minutes if you are not present for collection and have not communicated with them as to why you may not be ready for collection as arranged.





## PANIC BUTTON

In any panic situation, you will never want to be alone! The TRA Assist Panic button provides clients with 24-hour access to our own experienced crisis manager – who will assist you through an emergency. TRA Assist is the most reputable emergency support for any client – you will never have to remember another emergency number again. TRA Assist has access to every emergency service you may need, as well as access to your own security company, medical information and other useful contacts. You will never be alone in an emergency!

Our TRA Assist service provides clients with a comprehensive and overall service, ensuring that the family is safe and secure. When you are in an emergency – we take charge! Your crisis manager will call you back on your cell phone and help you through your crisis – whatever that may be.



## MEDICAL HEALTH AND TRAUMA COUNSELLING LINE

### MEDICAL ADVICE LINE

ituASSIST nurses will be available 24 hours a day to provide general medical assistance in confidence. This is an advisory and information service, as a telephonic conversation does not permit an accurate diagnosis. This service is inclusive of referrals to medical practitioners.

We create a critical link between you and your medical queries, ensuring that professional guidance from a qualified nurse is just a phone call away.

### BENEFITS:

Medical Health Line is a healthcare service providing unlimited access to qualified nurses 24 hours a day. Members benefit from:

- Emergency medical advice.
- Assessment of symptoms and referral to the most appropriate healthcare professional.
- Knowledge on all aspects of healthcare including home care remedies with scheduled follow-up assessment calls, if required.
- Explained medical terms, results of tests and information relating to medication.
- Counselling for chronic ailments and diseases to minimise the impact of these conditions on daily life.

### SERVICE:

- Supporting the individual after the traumatic experience and facilitating post-traumatic growth.
- Physical well-being, with a focus on diet, exercise and sleep, such as during pregnancy, caring for children and the elderly.
- Medical well-being, with a focus on medical symptoms (headaches, stomach pains, etc.) and their causes, and advice on home care treatment or when to contact a health professional or facility.
- Chronic condition support, helping individuals to understand their condition and the lifestyle changes required to live optimally with their illness.
- Chronic conditions may include, but are not limited to: diabetes, HIV and AIDS, chronic respiratory illness, cancer and coronary heart disease.
- All calls are responded to by a team of accredited, multi-disciplinary and multilingual health and well-being professionals (psychologists, social workers, registered nurses, biokineticists and dieticians).
- 24/7 access to telephonic health and well-being information, advice and self-help tools.



## TRAUMA COUNSELLING

- The promotion of emotional well-being and critical incident support services are an essential component of EMS. ituASSIST has a professional trauma counselling service.
- Our Counsellors are based in and around the Urban hubs of South Africa. Top 5 reasons for calling our team are death, armed robbery, threatened suicide, hijacking, and shooting incidents. The regions with the highest incidence rates include Johannesburg, Cape Town and Durban.

Services Include:

- Telephonic counselling with Nurse Case Management team or Trauma Counsellors.
- Face-to-face trauma counselling with our specialist Trauma Counselling team.
- Critical incident management and emotional support
- Referral to specialist network of psychologists and psychiatrists if required.



## COVID-19 CARE LINE

As part of the Medical Health and Trauma Counselling Line, you can have access to trained professionals and nurses, who are available to provide medical advice and support regarding COVID-19, as well as support to the individual after the traumatic experience of being tested positive for the novel Coronavirus. This may include psychological telephonic counselling, referral to medical care, hospital care, treatment and diagnostic regimes.



## SUBMIT CLAIM

- Now submitting a claim is easy on the mobile app (this service cannot be supported with just a phone call).
- Simply take pictures on your cell phone of the claims documents required (as stipulated on the app in the submit claim section); and once in 'submit claim' on the app, follow the instructions to upload these pictures from your gallery onto the app and submit. Your documents for your claim are sent directly to our claims department and completing the claim form itself is optional.
- Once submitted, our claims department will get back to you as soon as possible.
- Alternatively, please send claims and follow-up queries to [claims@totalrisksa.co.za](mailto:claims@totalrisksa.co.za).



## UPDATING DETAILS

If a TRA main policyholder updates their details i.e. medical aid information, email address etc. on their app profile, these modified details will be sent to our membership department for them to action these relevant updates on our internal administration system, so that TRA has the latest available details for you. Alternatively, please send any updates or corrections to [membership@totalrisksa.co.za](mailto:membership@totalrisksa.co.za).



**NB:** All TRA Assist benefits are subject to the standard ituASSIST terms and conditions. Please see [www.totalrisksa.co.za](http://www.totalrisksa.co.za) for further information. These services are subject to change from the time of the distribution of this document/wording. Please double check when you utilise the service that you are getting what you may require at the time. TRA Assist is not a medical aid scheme and the cover is not the same as that of a medical aid scheme. The benefits are not a substitute for medical scheme membership. The use of this app does not imply or represent a commitment, in any way, to cover any costs associated with medical (or any other) claims arising from the use of this app/service.