



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

TOTALRISKADMINISTRATORS

www.totalrisksa.co.za

## 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>	300%	700%	700%	700%
<b>PRESCRIBED MINIMUM BENEFITS</b>	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>	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>	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>	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>	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>	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>	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 GASTROSCOPES</b>	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>	No Benefit	No Benefit	Up to R6 000 per policy per annum	Up to R12 000 per policy per annum

ONCOLOGY:	BASIC COVER 300	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
<b>ONCOLOGY GAP BENEFIT</b>	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>	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>	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>	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>	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>	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>	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>	9 months	9 months	9 months	9 months
<b>TRA ASSIST (powered by ituASSIST)</b>				
<b>HOME DRIVE</b>	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>	Included	Included	Included	Included
<b>MEDICAL HEALTH AND TRAUMA COUNSELLING LINE</b>	Included	Included	Included	Included
<b>SUBMIT CLAIM</b>	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

This high-level summary of TRA's product range constitutes an overview of services and benefits relative to your policy which should be read together with both your policy and policy schedule alike. Familiarisation of all documentation is important when entering into an agreement with both the Insurer and UMA. All relative documentation can be found on TRA's website: [www.totalrisksa.co.za](http://www.totalrisksa.co.za)

## 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.**