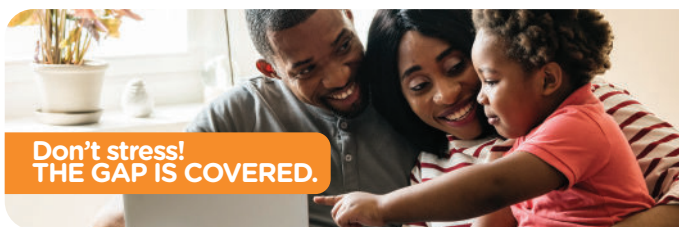




TOTALRISKADMINISTRATORS

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Don't stress!
THE GAP IS COVERED.

Gap Cover

FROM ONLY

R99 p/m

2023

GAP COVER | In-Hospital Medical Shortfall Cover

THE FOLLOWING BENEFITS ARE SUBJECT TO AN **AGGREGATE ANNUAL LIMIT OF R185 837** 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 2023 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.

Product	Basic Cover 300	Vital Cover Plus	Super Cover Plus	Absolute Cover Plus
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 in-hospital procedures. The cover is limited to a percentage of the original scheme tariff.	300%	700%	700%	700%
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	Covered, subject to medical aid review	Covered, subject to medical aid review	Covered, subject to medical aid review
CASUALTY UNIT BENEFIT <ul style="list-style-type: none"> 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 R3 000 per policy per annum	Up to R8 000 per policy per annum	Up to R12 000 per policy per annum	Up to R20 000 per policy per annum
CO-PAYMENT BENEFIT: (In Network) The co-payment or deductible that your medical aid charges you for certain in-hospital procedures, e.g. a gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy . <ul style="list-style-type: none"> The co-payment or deductible that your medical aid charges you for certain procedures performed in the doctor's rooms e.g. a gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy 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 shortfall or designated service provider arrangements. 	No Benefit	Up to R12 000 per policy per annum	Up to R55 000 per policy per annum	Unlimited but subject to the aggregate annual limit per insured person per annum
CO-PAYMENT BENEFIT: (Out of Network i.e. Voluntary use of a non-designated service provider) <ul style="list-style-type: none"> 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 shortfall 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
CO-PAYMENT BENEFIT: Out of Hospital MRI/CT/PET scans 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 R11 000	2 scans per policy per annum. Unlimited but subject to the aggregate annual limit per insured person per annum
SUB-LIMIT BENEFIT: Internal Prostheses The shortfall 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 the aggregate annual limit per insured person per annum. Up to R30 000 per event
SUB-LIMIT BENEFIT: MRI / CT / PET Scans The shortfall 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 300	2 MRI / CT / PET scans per policy per annum up to R5 500 per scan
SUB-LIMIT: COLONOSCOPIES AND GASTROSCOPIES The shortfall 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 300 per event	Up to R20 000 per insured person per annum. Up to R5 500 per event
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: <ul style="list-style-type: none"> 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 per annum	Unlimited but subject to the aggregate annual limit per insured person per annum	Unlimited but subject to the aggregate annual limit per insured person per annum	Unlimited but subject to the aggregate annual limit per insured person per annum
GLOBAL FEE BENEFIT 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 R11 000 per policy per annum	Up to R22 000 per policy per annum

Oncology	Basic Cover 300	Vital Cover Plus	Super Cover Plus	Absolute Cover Plus
ONCOLOGY GAP BENEFIT The shortfall 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).	Unlimited but subject to the aggregate annual limit per insured person per annum	Unlimited but subject to the aggregate annual limit per insured person per annum	Unlimited but subject to the aggregate annual limit per insured person per annum	Unlimited but subject to the aggregate annual limit per insured person per annum
ONCOLOGY CO-PAYMENT BENEFIT: (In Network) <ul style="list-style-type: none"> 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 shortfall 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 R12 000 per policy per annum	Up to R55 000 per policy per annum	Unlimited but subject to the aggregate annual limit per insured person per annum
ONCOLOGY CO-PAYMENT BENEFIT: (Out of Network i.e. voluntary use of a non-designated service provider) <ul style="list-style-type: none"> 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 shortfall 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
ONCOLOGY EXTENDER BENEFIT 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 R33 000 per policy per annum	Unlimited but subject to the aggregate annual limit per insured person per annum
ONCOLOGY "NEW-TECH" BENEFIT We cover the shortfall / co-payment on new technology oncology treatment (specifically Keytruda®, Xalkori®, Tagrisso®, Yervoy®, Zelboraf®, Imbruvica®). Subject to a medical aid authorised treatment plan and designated service providers being utilised.	No Benefit	No Benefit	Up to R7 500 per policy per annum	Up to R15 000 per policy per annum
ONCOLOGY GAP BENEFIT: BREAST RECONSTRUCTION SURGERY The shortfall 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 R16 500 per beneficiary per life of the policy	Up to R33 000 per beneficiary per life of the policy
MATERNITY PRIVATE WARD BENEFIT The shortfall 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

THE FOLLOWING BENEFITS ARE NOT SUBJECT TO THE AGGREGATE ANNUAL LIMIT.

Product	Basic Cover 300	Vital Cover Plus	Super Cover Plus	Absolute Cover Plus
ACCIDENTAL DEATH COVER Insured / Spouse Dependant	R6 000 R3 000	R9 000 R4 500	R18 000 R 6 000	R30 000 R 9 000
POLICY EXTENDER The full gap cover premium is covered in the case of the accidental death of the main policyholder.	12 months	12 months	12 months	12 months
MEDICAL AID CONTRIBUTION WAIVER Provides cover towards a policyholder's medical aid contribution in the case of the accidental death of the main policyholder. Cover is limited to the lower of the actual medical aid contribution or the maximum amount allowed.	No Benefit	6 months. Up to a max. of R4 000 per month	6 months. Up to a max. of R5 000 per month	6 months. Up to a max. of R6 000 per month

TRA ASSIST (powered by eAssist)

HOME DRIVE A designated driver service including "Own Vehicle" OR "Uber" services.	6 trips per policy per annum. Limited to a 50km radius.	6 trips per policy per annum. Limited to a 50km radius.	6 trips per policy per annum. Limited to a 50km radius.	6 trips per policy per annum. Limited to a 50km radius.
PANIC BUTTON 24-hour access to a crisis manager who will guide you through an emergency.	Included	Included	Included	Included
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. Now includes a COVID-19 CARE LINE.	Included	Included	Included	Included
SUBMIT CLAIM Submit your claims documents via the mobile app.	Included	Included	Included	Included

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)11 929 3185 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.

Benefits include but are not limited to:

Emergency Medical and Related expenses: R600 000. Excess R500.

COVID-19 Extension: Emergency inpatient or outpatient treatment due to COVID-19 R600 000. Excess R500.

Medical evacuation, repatriation or transportation to a medical centre - FULL COST covered when arranged by Hepstar Financial Services.

Hospital Cash benefit R500 per day (max R3 000).

Inconvenience Cover: Baggage Cover: R5 000 for theft, damage or loss by travel supplier.

MONTHLY PREMIUMS

Product	Basic Cover 300	Vital Cover Plus	Super Cover Plus	Absolute Cover Plus
Under 65's (Based on the age of the oldest Beneficiary) premium per policy per month		R275	R300	R535
Premium per Individual per policy per month	R99			
Premium per Family per policy per month	R180			
Over 65's (Based on the age of the oldest Beneficiary) premium per policy per month	R360	R410	R435	R660



Gap Cover
FROM ONLY
R99 p/m



TOTALRISKADMINISTRATORS

Total Risk Administrators (Pty) Ltd (TRA)
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FSP No 40815

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