

THE GAP



Volume 4, Issue 1

INSIDER

INSIGHTS | INNOVATION | PROTECTION

SWEET-SMELLING ADDICTION:

Vaping on the rise among
youth, despite health risks

WEIGHT LOSS INJECTIONS:

Do the benefits
outweigh the risks?



A DIAGNOSIS. A DECISION. A DIFFERENT FUTURE.

WARREN GATES' JOURNEY BACK TO HEALTH.





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6 Uber or Home Drive trips per year.



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FROM THE EDITOR

Sometimes it takes a wake-up call to initiate meaningful change. Case in point: TRA's Warren Gates was aware that his lifestyle choices could be affecting his health, but it was only after receiving a frightening diagnosis, that he found the impetus to make substantial changes. Our exclusive interview with Warren - A Diagnosis. A Decision. A Different Future. - is a poignant account of one man's determination to turn things around by adopting healthier food choices along with a dedicated exercise programme, in a bid to save his life.

Losing weight and maintaining a healthier lifestyle is the goal for millions of people, who might be tempted to resort to more drastic measures to shed those kilos. Our Opinion piece raises the issue of weight loss injections and whether the benefits of taking them

outweigh the risks. This is not the first time The Gap Insider has tackled the subject, but as these drugs and their novelty does not appear to be waning, the information being provided by health experts on weight loss injections, bears repeating. Should you take them? What do you need to know before you decide?

Enjoy our final issue for 2026, which, as usual, is jam-packed with news and useful advice from those in the know.

Liana

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A Diagnosis. A Decision. A Different Future.

How one frightening diagnosis became the beginning of a healthier, happier life.

WARREN GATES, head of of TRA's Communication, Training and Public Relations team, turned his health around, losing 13kg and reducing his HbA1c from 10.9% to 5.3%.



A diagnosis can feel like a full stop. For Warren Gates, it became a turning point.

After years of overlooking the warning signs, a routine blood test revealed an HbA1c of 10.9% and a Type 2 diabetes diagnosis that forced him to take a hard look at his health. What followed was not a story of quick fixes or perfection, but one of consistency, accountability and learning to understand his own body. In this candid conversation with Liana Shaw, Warren shares how he transformed fear into action, lost 13 kilograms, brought his HbA1c down to 5.3% and, most importantly, regained a sense of control over his future.

We know that you're part of the team at The Gap Insider, but many people know you as the host of The Inside TRAQ podcast. This time, though, you're on the other side of the questions. Why?

Because statistics don't change lives. Stories do. Every episode of our podcast we talk about healthcare, prevention and living well.

Then I realised something. I'd been sitting on my own story. If sharing it convinces just one person to have a blood test they were putting off, or helps someone who's just been diagnosed believe there's still a bright future ahead, then it's worth telling.

Take us back to the beginning. What happened?

Like many people, I ignored the subtle signs. I was overweight. I was tired more often than I should have been. Life was busy. Work was demanding. I convinced myself everything was normal.

This all came to a head when I experienced severe chest pains while at the office. I immediately went to see my GP and she checked my vitals and ran a battery of tests.

There were many things that could be causing the chest pains however she finally put it down to stress overload and I was ordered to take some medication and relax. Simple enough but my follow up visit gave me the shock I wasn't expecting. The blood tests had revealed a scary truth:

My HbA1c was 10.9%. My blood glucose had climbed to levels that finally couldn't be ignored. Hearing the words "You have Type 2 diabetes" felt like someone had quietly rewritten the rest of my life without asking permission.

What was going through your mind?

Fear. Not dramatic fear. Quiet fear. The kind that sits with you at three in the morning.

You immediately think about everything you've ever heard. Blindness. Kidney disease. Heart attacks. Amputations. You don't hear possibilities. You hear endings.

I remember thinking, "How did I let this happen?" There's guilt. There's shame. There's frustration.

You wonder if you've somehow failed yourself. Those emotions don't often appear in medical textbooks. But they are very real.

When did things begin to change?

The day I accepted something important. I couldn't change yesterday. But I had complete control over today.

That became my philosophy. Not forever. Not twenty kilograms. Not six months.

Just today. Today's breakfast. Today's walk. Today's medication. Today's decision. Repeat that enough times and something extraordinary starts happening.

People often expect transformation to happen quickly. Was that your experience?

Not at all. There were great days. There were frustrating days. Days when my sugar behaved beautifully. Days when it didn't.

There were hypoglycaemic episodes. Meals I regretted. Celebrations where I chose to indulge strategically. Moments where the scale refused to move. The important thing is this: Perfection was never the goal. Consistency was.

Your readers may be surprised to hear that you measured almost everything.

I became fascinated by my own body. Every glucose reading wasn't a mark out of ten. Every weigh-in told me something. It was feedback. I learned which foods worked for me. Which ones didn't.

I learned that sleep mattered. Stress mattered. Exercise mattered. I even rediscovered an old lesson. Coffee and dark chocolate together... still trigger my migraines!

It became less about restriction and more about understanding.

And the results?

They're honestly beyond what I hoped. My HbA1c dropped from 10.9% to 5.3%. I lost around 13 kilograms. I came off one of my diabetes medications.

My blood sugars became numbers I once thought belonged to somebody else. I started doing my parkruns again. Recently I recorded my fastest time in 10 years. The greatest victory wasn't on the scale. It was realising I had my future back.

“A diagnosis is information. It is not a sentence. You are not broken. You are not alone.”

“ Perfection was never the goal. Consistency was. ”



Has this journey changed you beyond your physical health?

Completely. This wasn't just about diabetes. It was about learning to value myself enough to make better decisions.

To stop seeing food as comfort. To stop believing I was too busy to look after my health. I also learned something unexpected.

People want honesty. When I shared parts of my journey, people started telling me theirs. Suddenly I wasn't "the guy with diabetes." I was just another human trying to become healthier.

If someone has just received the same diagnosis you did, what would you say to them?

Take a deep breath. A diagnosis is information. It is not a sentence. You are not broken. You are not alone. Most importantly... You have time to change the story.

Start small. Know your numbers. Ask questions. Take your medication if prescribed. Walk. Celebrate small victories. Forgive the occasional setback. Then wake up tomorrow...and do it again.

What does success look like now?

It isn't a particular number on the scale. Success is knowing that I'm likely to watch my children grow older.

Travel more. Host more podcasts. Play more golf. Walk more parkruns. Laugh more. Live longer.

Diabetes didn't take those things away. Ironically, it reminded me why they matter.

Closing Reflection

Diabetes changed my life. Not because it ended something. Because it began something. It forced me to pause. To listen. To choose differently. If you're reading this while waiting to book that blood test, book it. If you've just been diagnosed, don't give up. If you're already walking this road, keep walking. One healthy choice rarely changes a life. Thousands of them do.

Thank You

I have to thank my support team who have been with me on my journey. Family, friends, colleagues, doctors and loved ones - You know who you are!

“Diabetes wasn't the end of Warren's story. It was the chapter where he decided to become the author.”

KNOW YOUR NUMBERS

Your HbA1c result shows your average blood glucose over the past 2–3 months. Small changes today, big results tomorrow.

HbA1c	What it means
BELOW 5.7%	Normal range
5.7–6.4%	Prediabetes range
6.5%+	Diabetes range*

*A diagnostic result generally needs confirmation unless unequivocal symptoms are present.

THE INSIDE TRAQ 2026

DIABETES

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DOC AVRON SAYS... DID YOU KNOW?

Diabetes doesn't always announce itself.

Type 2 diabetes can develop gradually, and symptoms may be mild or go unnoticed. That's one reason routine blood tests are so important.

Your HbA1c is a bit like your glucose "report card".

Unlike a finger-prick reading, which tells you what your glucose is doing at that moment, HbA1c gives an indication of your average blood glucose over roughly the previous three months.

The magic number is 6.5%.

An HbA1c of 6.5% or higher falls within the diagnostic range for diabetes. 5.7% to 6.4% falls within the prediabetes range. Diagnosis usually needs confirmation with another abnormal test unless there are clear symptoms.

Prediabetes does not mean diabetes is inevitable.

It means blood glucose is higher than normal and the risk of developing Type 2 diabetes is increased. Lifestyle changes can help prevent or delay progression.

Movement really is medicine.

Regular physical activity helps with blood-glucose management, cardiovascular health and weight control. WHO recommends adults aim for at least 150 minutes of moderate physical activity per week.

You don't have to become a marathon runner.

Walking counts. Regular moderate activity can make a meaningful contribution to preventing and managing Type 2 diabetes.

Diabetes isn't simply about eating too much sugar.

Type 2 diabetes develops through a complex interaction of insulin resistance and risk factors that can include genetics, excess body weight and physical inactivity. Reducing it to "you ate too much sugar" is both inaccurate and unhelpful.

Good diabetes care is about more than glucose.

Blood pressure and cholesterol matter too. So do regular checks of the eyes, kidneys and feet, because diabetes can affect blood vessels and nerves throughout the body.

Early diagnosis matters.

The longer diabetes remains undiagnosed and untreated, the greater the opportunity for complications to develop. Knowing your numbers allows you and your healthcare team to act earlier. And perhaps the most important fact of all...

Diabetes is manageable.

With appropriate nutrition, physical activity, medication where necessary, monitoring and regular medical care, people living with diabetes can live long and healthy lives.

KNOW YOUR NUMBERS. KNOW YOUR RISK. TAKE ACTION.



Ask Dr Avron ...

Send your comments,
thoughts and questions to
Dr Avron Urison at
askdravron@totalrisksa.co.za

Please note that this is for general health-related questions or topics only. Dr Avron cannot answer your personal health queries, or give medical advice/consults; please consult your personal practitioners for this. Disclaimer: Questions submitted to The Gap Insider will be reviewed by our Chief Medical Officer. While all will receive a private response, not all questions will be published. Policyholders will be asked to confirm whether they are comfortable with their question being featured in the magazine, either with their name, anonymously, or not at all. Only questions with clear written consent will be considered for publication. All submissions and responses will be handled in accordance with the Protection of Personal Information Act (POPIA), and due regard will be given to the sensitivity of personal medical information. We are committed to maintaining strict confidentiality and will not disclose any personal details without your explicit permission.



THE SWEET- SMELLING ADDICTION

**VAPING ON THE RISE AMONG
YOUTH, DESPITE HEALTH RISKS**

The prevalence of teen vaping, particularly among learners, is rising at an alarming rate despite repeated health warnings. This, according to a recent pilot study that included 5 583 pupils from grades eight to 12 at nine quintile-five public and private schools in Gauteng, Western Cape and Kwazulu-Natal and reported in BusinessLive.

The study found the prevalence of teenagers who had vaped in the past 30 days rose from 6.2% in grade eight to 26.5% in grade 12, a sharp rise that has the health authorities voicing concerns.

FLAVOURED VAPES RISING IN POPULARITY

According to The Conversation, flavoured vapes are becoming highly popular among South Africa's youth because they mask the harsh taste of nicotine with appealing, sweet, fruity, or beverage-like options (sweet profiles like grape ice, mango peach, and dessert blends replace the bitter taste of traditional tobacco). Sleek designs, aggressive social media marketing, peer pressure, and the perception that they are less harmful than cigarettes, are also major contributors to their growing appeal.

Aside from the sensory appeal of vapes, many young South Africans use vaping as a coping mechanism for anxiety, depression and daily stress. Social Acceptance also plays a role, while the vapes' ability to mimic tech gadgets or USB drives, makes them easy to carry and conceal.

Interestingly, some adult smokers and parents view flavoured vapes as a cleaner alternative or an effective quitting tool. But is this accurate?

VAPES VERSUS CIGARETTES, HOW DO THEY COMPARE?

Generally, a smoker absorbs between 1 milligram and 2mg of nicotine from a single cigarette. This is because although there is between 8mg and 20mg of nicotine, only a fraction is actually inhaled (generally thought to be about a 10th). This, according to The Guardian.

Of course, this is dependent on brand, strength of the filter and each individual person and how much is lost in the smoke. Similarly, an e-cigarette, much like the regular variety, has differing levels of nicotine depending on the brand.

John Hopkins Medicine cautions that much like smoking conventional cigarettes, e-cigarettes expose the body to addictive nicotine, toxic heavy metals like lead and nickel, cancer-causing chemicals, and ultrafine particles that harm the lungs, heart and developing brain.

In addition, inhaling heated solvents and flavourings through vaping damages the lung tissue, causing irreversible lung injury. What is more, aerosols worsen existing asthma and increase chronic bronchitis risks alongside spiking adrenaline levels and raising blood pressure, with regular

exposure proven to cause blood vessel stiffness and higher heart attack risks.

Even more alarming, vaping can result in an individual developing EVALI – a severe, sometimes fatal lung condition tied to vaping products. Popcorn lung – another serious, chronic condition that causes irreversible scarring of the small airways, has also been conclusively linked to vaping.

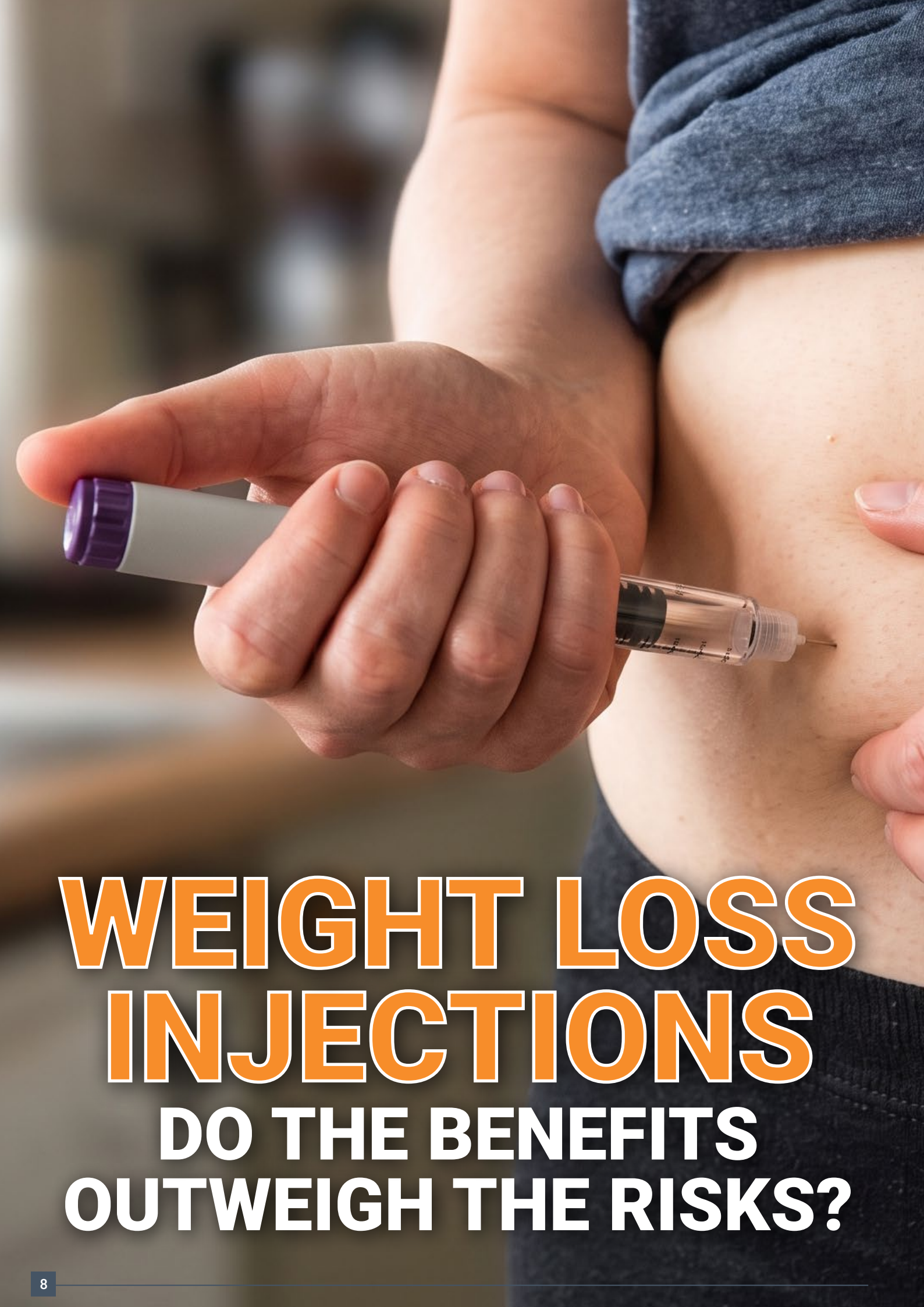
Despite the documented risks, according to Sage Journal, parents can mistakenly believe that flavoured vapes are healthier due to misleading fruit and candy flavourings, aggressive harm-reduction marketing and the absence of harsh tobacco smoke.

Public health groups like the Bhekisisa Centre for Health Journalism report these misconceptions are so deep that some parents actively buy e-cigarettes as gifts or alternatives to keep their children away from traditional smoking.

GOVERNMENT TO INTRODUCE GREATER RESTRICTIONS

In an effort to clamp down on teen vaping, the Control of Tobacco Products and Electronic Delivery Systems Bill was tabled in parliament in September, proposing greater restrictions on smoking in public places, the introduction of plain packaging and picture warnings, the banning of vending machine sales, prohibition of point of sale advertising, and for the first time, the regulation of e-cigarettes and other new-generation products.

“ Flavoured vapes may mask the harsh taste of nicotine, but they also mask the serious health risks behind their sweet and appealing flavours. **”**



WEIGHT LOSS INJECTIONS

DO THE BENEFITS OUTWEIGH THE RISKS?



Weight loss injections do not appear to be losing their novelty. Quite the opposite. With a growing number of people continuing to seek effective ways to shed those unwanted kilos, weight loss injections may seem to be a quick and easy fix. The perception held by many is that these injections miraculously do all the work for you and do not require any lifestyle changes to be effective, but this could not be further from the truth. Moreover, they do not come without health risks.

Medicines in this family (Wegovy, Saxenda, Ozempic and Mounjaro etc.) are used to treat obesity and/or type 2 diabetes, depending on the specific product and indication, and were not designed to act as a fast weight loss solution.

So, what should you know before considering treatment? First, we need to understand that these medicines work with hormones that control blood sugar, appetite and digestion. GLP-1 medicines copy a natural hormone released after eating and help to release insulin when blood sugar is high, reduce glucagon, slow digestion and keep people fuller for longer. Mounjaro (in particular), contains tirzepatide and works on two pathways: GIP and GLP-1.

Additionally, their benefits may extend beyond weight loss. In suitable patients, they can improve blood sugar control, blood pressure, cholesterol, waist size and fatty-liver disease. Some also reduce the risk of major heart problems, while certain people with type 2 diabetes may gain kidney protection.

“ These medicines were not designed as a quick cosmetic solution — they can provide meaningful benefits when prescribed for the right patient and used under medical supervision. **”**



Researchers are further studying possible effects on inflammation, nerves and the brain, including Alzheimer's and Parkinson's disease, but although this is promising, it is not yet a proven treatment use.

Medical experts further caution that these medicines are not automatically muscle-protective, claiming rapid weight loss can reduce muscle as well as fat, making enough protein and resistance exercise important.

“ The ultimate goal should be better health and quality of life, rather than simply achieving a lower number on the scale. ”

COULD YOU BE A SUITABLE CANDIDATE?

Notably, weight-loss injections have changed how doctors treat obesity and type 2 diabetes. Treatment is generally considered for adults with a BMI of 30 or more, or 27 or more with a weight-related condition such as high blood pressure, sleep apnoea or type 2 diabetes.

However, as these medicines are not intended as a quick cosmetic solution to lose only a few kilograms, weight-loss injections are not necessarily appropriate for all individuals. Which is why medical practitioners warn that each person should be assessed individually.

As with most medicines, weight-loss injections come with their own common set of side effects, which include nausea, vomiting, diarrhoea, constipation, stomach discomfort and reduced appetite. Medical professionals add that these side effects could be made worse when treatment starts or the dose increases, and may affect commuting, meetings or physical work. More serious problems include dehydration, gallstones, pancreatitis and kidney injury. Severe or persistent abdominal pain, particularly with repeated vomiting, requires prompt medical assessment.

WEIGHT-LOSS INJECTIONS AVAILABLE IN SOUTH AFRICA

In South Africa, Wegovy and Saxenda are registered for chronic weight management. Ozempic also contains semaglutide but is registered mainly for type 2 diabetes rather than as the dedicated weight-loss brand. Mounjaro is also available.

Another possible future option – currently in Phase 3 trials – is Retatrutide, which acts on three pathways – GIP, GLP-1 and glucagon. Although results are encouraging, it is not yet approved by the South African Health Products Regulatory Authority (SAHPRA), or available for routine prescribing.

BEWARE OF ONLINE AND COMPOUNDED PRODUCTS

Popular medicines sold online as ‘retatrutide’, ‘Reta’ or ‘GLP-3’ should be considered carefully, caution medical experts, as should cheaper injections being offered from compounding pharmacies, clinics and social-media sellers.

‘Compounded’ does not automatically mean approved, safe or equivalent to the original medicine, SAHPRA warns, claiming that many of these products are unregistered, counterfeit and unlawfully compounded semaglutide and tirzepatide.

Instead, they advise that people only use a SAHPRA-registered medicine prescribed by a registered healthcare professional and supplied in its original packaging by a licensed pharmacy.

In addition, they advise to avoid unlabelled syringes, home-mixed powders, unusually cheap products and injections sold through WhatsApp or social media.

WILL MEDICAL SCHEMES PAY?

Medical cover varies by scheme, option, diagnosis, formulary and pre-authorisation rules. Many schemes do not routinely pay when the medicine is used only for weight loss, although some may cover qualifying members with type 2 diabetes.

Also, bear in mind that payment from a medical savings account is not the same as full scheme funding.

Health professionals recommend that before starting, you ask your scheme in writing whether the medicine, dose, pharmacy and related consultations are covered.

The long-term cost, which may be several thousand rand a month, should also be considered.

IN CONCLUSION

These medicines can provide meaningful benefits when prescribed for the right patient and used under medical supervision. However, they work best as part of a longer-term plan including healthy eating, physical activity, enough protein and regular follow-ups.

The ultimate goal should be better health and quality of life, as opposed to a lower number on the scale.

5 THINGS TO CHECK BEFORE STARTING A GLP-1 MEDICINE



1. IS IT RIGHT FOR YOU?

A healthcare professional should confirm that you meet the medical criteria and check your health history, current medicines and treatment goals.

2. CAN YOU MANAGE THE SIDE EFFECTS?

Nausea, vomiting, diarrhoea, constipation and reduced appetite are common, especially when treatment starts or the dose increases.

3. IS THE PRODUCT LEGITIMATE?

Use only a SAHPRA-registered medicine prescribed by a registered healthcare professional and supplied by a licensed pharmacy in its original packaging.

4. WHAT WILL YOUR MEDICAL SCHEME PAY?

Ask for written confirmation of cover, pre-authorisation requirements, approved pharmacies, co-payments and whether payment will come from your medical savings account.

5. CAN YOU AFFORD IT LONG TERM?

Treatment may cost several thousand rand a month and often needs to continue. Include consultations, blood tests and nutritional support in your budget.

**Information courtesy of Dr. Avron Urison, Chief Medical Officer at TRA.*



The Affordable **Medical Aid Option:** Hospital Plan and Gap Cover

As medical aid premiums continue to put pressure on household budgets, many South Africans are looking for more affordable ways to maintain meaningful private healthcare protection. A hospital plan paired with gap cover could offer a practical middle ground — providing cover for major in-hospital expenses and helping to protect against potentially significant specialist tariff shortfalls, without the cost of comprehensive medical aid.

A hospital plan is one of the medical aid options in South Africa, regulated under the Medical Schemes Act, with the catch that it has limited cover, mostly only for in-hospital costs (and possibly for PMB and chronic care benefits). That means you still qualify for gap cover with a hospital plan, exactly as you would with comprehensive medical aid. Pairing the two often costs less per month than full comprehensive cover, while still protecting you against the in-hospital tariff shortfalls that can put households into debt.

South African medical aid contributions rose between 6.8% and 9.9% across the major open schemes for 2026, according to BusinessTech, comfortably above the 3.3% inflation ceiling recommended by the Council for Medical Schemes. For households watching their budgets, a hospital plan paired with gap cover has become a viable middle ground, between dropping cover entirely and staying on a full comprehensive plan.

WHY PAIR A HOSPITAL PLAN WITH GAP COVER?

The case for the combination starts with cost. Comprehensive medical aid for a single adult on a top-tier plan can run from R4,500 to R9,000 or more per month in 2026, depending on the scheme and plan. A hospital plan with the same scheme typically costs a fraction of that, since it strips out day-to-day GP visits, dental, optometry and most chronic medication.

The catch with a hospital-only approach is the specialist tariff shortfall. When you are admitted to hospital, your anaesthetist, surgeon and other specialists often charge between 200% and 500% of scheme tariff. Your hospital plan only pays up to its set tariff rate. The rest comes from your pocket unless you have gap cover in place.

Gap cover sits on top of any registered medical scheme and pays that shortfall up to a defined percentage of tariff. Both hospital plans and comprehensive plans qualify. TRA's gap cover, for example, pays up to 700% of scheme tariff on authorised in-hospital procedures.

IS A HOSPITAL PLAN MEDICAL AID? HOW BOTH WORK WITH GAP COVER

Yes, a hospital plan is a registered medical aid product under South African law. Most South Africans assume the only path to private healthcare protection is a comprehensive medical aid plan, but the reality is broader. Two products legally pair to give you strong hospital cover without the comprehensive medical aid premium.

A hospital plan covers your in-hospital costs at the scheme's tariff rate. That typically includes hospital ward fees, theatre fees, prescribed medication during admission and authorised specialist consultations during your stay. Discovery's KeyCare plans, for example, cover in-hospital specialist services up to 100% of the Discovery Health Rate.

Gap cover then pays the difference between that scheme tariff and what your specialist actually charges.

Both products work together because a hospital plan that is a benefit option within a registered medical aid scheme, remains subject to the Medical Schemes Act 131 of 1998. However, some products marketed as 'hospital plans' are health insurance policies rather than medical scheme benefits and are not medical schemes.

That distinction matters because gap cover providers, including TRA, require you to be a member of a registered medical scheme before they will issue a policy. Your proper hospital plan satisfies that rule the same way a comprehensive plan does.

HOSPITAL PLAN VS HOSPITAL CASH PLAN: THE CRUCIAL DISTINCTION

This is where many South Africans get caught out. A hospital plan and a hospital cash plan sound similar but

“ For households watching their budgets, a hospital plan paired with gap cover has become a viable middle ground, between dropping cover entirely and staying on a full comprehensive plan. ”

are different products under different regulators.

A hospital plan is a registered medical aid scheme that only pays for in-hospital costs. It is regulated by the Council for Medical Schemes and falls under the Medical Schemes Act. It pays scheme tariffs on your hospital bills directly to the hospital and specialists. It qualifies you for gap cover.

A hospital cash plan, sometimes marketed as health insurance, pays a fixed cash amount per day in hospital. It is regulated under short-term insurance legislation, not the Medical Schemes Act. It does not qualify you for gap cover, because gap cover requires medical scheme membership under the Demarcation Regulations.

Not sure which one you have? Check whether your provider is listed on the Council for Medical Schemes register. A listed scheme means you have a hospital plan and can apply for gap cover. An unlisted provider means you have a health insurance product, and gap cover will not accept your application.

WHAT A HOSPITAL PLAN AND GAP COVER COMBINATION COVERS

When you combine a hospital plan with gap cover, you get strong protection for the events that lead to the largest medical bills. Each product plays a defined role.

WHAT DOES A HOSPITAL PLAN COVER?

Your hospital plan pays for authorised in-hospital procedures up to the scheme's tariff rate. That includes hospital admission fees, theatre fees, anaesthetics and

approved chronic conditions covered under Prescribed Minimum Benefits (PMBs). Most hospital plans also cover the 270 PMB conditions specified in the Medical Schemes Act regardless of plan tier.

Gap cover pays the shortfall when the specialist's actual bill exceeds the scheme tariff. TRA's comprehensive gap cover benefits include up to 700% of scheme tariff on authorised procedures, co-payment cover, prostheses sub-limit shortfalls up to R71,663 per event (for TRA's Absolute Cover Plus product option) and approved oncology treatment costs that exceed your scheme's oncology limit.

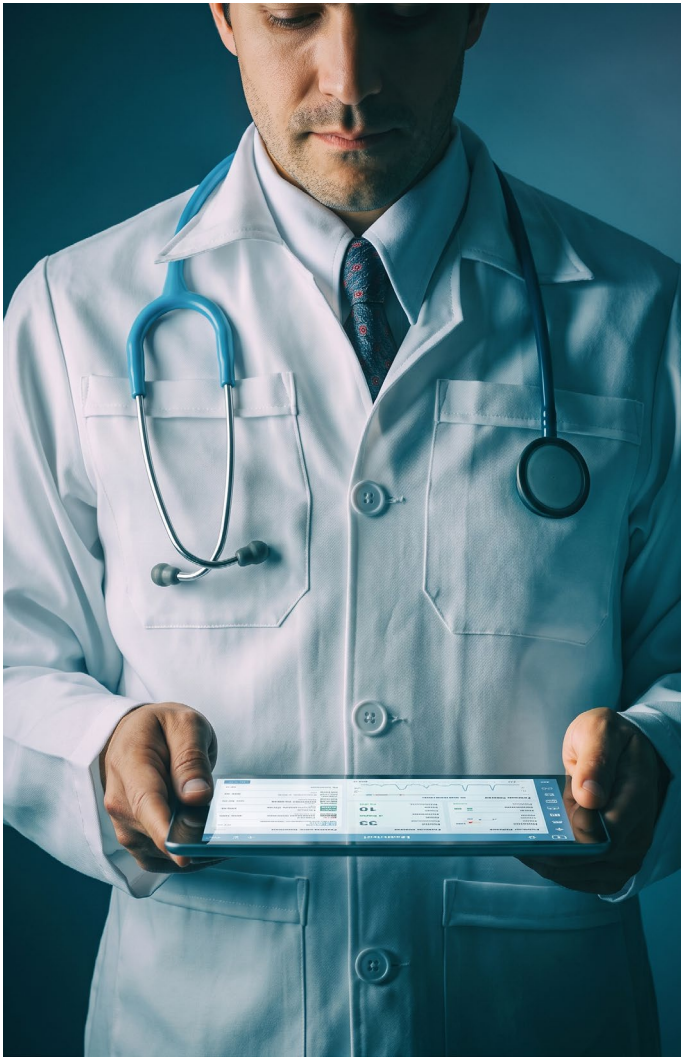
WHAT YOU DO NOT GET FROM THIS COMBINATION

Three things to budget for separately when you pair a hospital plan with gap cover:

- Day-to-day GP visits and acute medicine outside of hospital
- Chronic medication, unless your hospital plan includes PMB chronic cover for your specific condition
- Routine dental and optometry, outside of in-hospital dental cover where applicable

Many hospital plan members keep a discretionary monthly budget of around R500 to R1,000 for these items, depending on family size and chronic medication needs. Some also use a low-cost primary healthcare





insurance product alongside their hospital plan to handle GP visits at a network practice.

THE AFFORDABILITY MATHS: HOSPITAL PLAN VS COMPREHENSIVE MEDICAL AID

The premium difference between a comprehensive medical aid plan and a hospital plan paired with gap cover often runs to several thousand rand per month for a family. Here is how the indicative monthly numbers compare for an adult principal in 2026, drawing on published 2026 scheme literature and TRA's 2026 monthly premiums:

Bonitas's new digital hospital plan BonCore is priced

at R1,275 per beneficiary for 2026, according to BusinessTech. Pair that with TRA's Basic Cover 300 gap cover at R99 per month and your combined monthly cost lands at around R1,374 for an individual, against comprehensive medical aid premiums of R7,500 and up. The annual saving on premium alone can exceed R70,000.

That math is what makes the cheapest hospital plan plus gap cover combination interesting for healthy adults who rarely visit a GP but want protection against the major financial risk of an unplanned hospital admission.

WHO BENEFITS MOST FROM THIS COMBINATION

A hospital plan paired with gap cover is not the right answer for everyone, but it suits several distinct groups well.

Young, healthy professionals typically benefit because their day-to-day medical needs are low. They visit a GP once or twice a year and rarely need anything beyond an antibiotic prescription. Paying R7,000 per month for comprehensive cover they barely use does not make sense when R1,400 to R2,000 in combined hospital plan and gap cover premiums protects against the only large risk on the table.

Couples and small families with no chronic conditions also fit. Comprehensive plans add value for households burning through specialist visits and chronic medication. Without those use patterns, the additional premium becomes pure overhead.

Households downgrading from comprehensive cover for affordability reasons make up a growing segment of TRA's policyholders. According to BusinessTech, many households are cutting back on cover or downgrading their plans under financial pressure. Moving to a hospital plan and adding gap cover lets them keep meaningful protection without the comprehensive premium.

However, many individuals and families still benefit from more than a hospital plan. If you are planning on having babies and young kids who might need specialist visits, allied professionals appointments etc., and don't forget casualty visits; or you require any chronic care or

Cover Layer	Approx Monthly Cost (Adult Principal, 2026)
Comprehensive medical aid (e.g. Discovery Classic Comprehensive equivalent)	R7,500 to R9,500
Mid-tier hospital plan (e.g. Bonitas BonCore)	R1,275 per beneficiary
Entry-level hospital plan (e.g. Discovery KeyCare Plus, network restricted; covers some day-to-day benefits)	R1,961, R2, 695 or R3, 980 (depending on income)
TRA Basic Cover 300 gap cover (individual policy)	R99
TRA Vital Cover Plus gap cover (under 65)	R394
TRA Super Cover Plus gap cover (under 65)	R417

“The annual saving on premium alone can exceed R70,000... that math is what makes the cheapest hospital plan plus gap cover combination interesting for healthy adults who rarely visit a GP.”

are heading that way, just a hospital plan is likely not for you. Speak to your broker/intermediary for more detailed planning analyses based on your specific needs.

HOSPITAL PLAN FOR PENSIONERS AND RETIREES

Retirees on hospital plans may use gap cover heavily. They face higher hospitalisation rates and higher specialist bills than younger members, often with multiple procedures over a five-year period. TRA's gap cover policies have no maximum entry age limit, which makes the product accessible at the stage of life when it matters most. Pensioner premiums on TRA's mid-tier and top-tier policies sit between R591 and R846 per month for 2026, depending on the plan selected.

COMMON CONCERNS ABOUT HOSPITAL PLAN AND GAP COVER

A few questions come up repeatedly when households consider the combination. Here are the practical answers.

How does gap cover work with a hospital plan? Gap cover only pays once your medical aid/hospital plan has processed and paid its portion of the bill. The hospital and specialists submit claims to your hospital plan first. Whatever shortfall remains between the scheme tariff and the actual bill, gap cover might settle. The full mechanic is documented in TRA's gap cover FAQs.

Will gap cover pay if my hospital plan rejects a claim? No. Gap cover only tops up an underlying claim that your medical aid paid. When your hospital plan declines the claim outright, gap cover has nothing to top up. Always get pre-authorisation from your hospital plan before any procedure to avoid this.

Are there waiting periods on TRA gap cover with a hospital plan? TRA does not apply a general three-month waiting period. A 10-month waiting period applies to specific

procedures including scopes, joint replacements and childbirth. A 6-month pre-existing condition waiting period applies, and a 9-month cancer waiting period applies when cancer was diagnosed before your policy start date.

Read the full information about waiting periods on our 2026 brochure – [HERE](#).

Can I add my spouse and children to one gap cover policy?

Yes, gap cover provides benefits for your entire family, as long as they are covered on one policy of a registered medical aid scheme (or are proven married/common law partners on two different medical aid schemes).

What if I want to upgrade to comprehensive cover later? Both the medical scheme and gap cover policy can be adjusted at the scheme's annual renewal window. Gap cover continues to work with whichever registered medical scheme you hold, so a medical plan upgrade does not require a new gap cover application.

Does gap cover pay for casualty visits if I have a hospital plan? TRA's policies include casualty unit benefits for accident-related visits, ranging from R3,640 on Basic Cover 300 to R24,255 on Absolute Cover Plus per policy per annum. Casualty visits unrelated to accidents are generally not covered, unless it is for children under the age of 8 during emergency hours.

HOW TO GET STARTED WITH TRA GAP COVER

Three steps move you from interest to active cover.

First, confirm your hospital plan is registered with the Council for Medical Schemes. A hospital plan on the register qualifies; a hospital cash plan does not.

Second, review TRA's four policy tiers against your expected medical use. Basic Cover 300 suits members on entry-level or network-restricted hospital plans, while Vital Cover Plus and Super Cover Plus suit members wanting higher tariff shortfall cover and co-payment protection.

Absolute Cover Plus is TRA's top-tier policy for members wanting full oncology and prostheses cover.

If you need more information, you can contact TRA. If you need more advice, you need to speak to your broker or intermediary. Finally, if you are comfortable with the information, you can complete an online application form.

TRA processes claims three times per week, and policies include access to the TRA Assist mobile app – with a 24/7 emergency line, trauma counselling and Home Drive trips.

A hospital plan paired with gap cover could give you real protection against the financial risk that brings most South Africans into a medical billing crisis: an unexpected hospital admission with specialist accounts running well above the scheme tariff. The combined monthly premium often lands well below comprehensive medical aid, leaving budget room for the day-to-day healthcare you can pay cash for.

Get the help you need on the TRA SUPPORT WHATSAPP LINE



How do I access the TRA Support Line?

Accessing the TRA Support Line is quick and easy:

1. **Save the number:** Add 079 942 3914 to your phone contacts and save it as TRA Support Line.
2. **Open WhatsApp:** Search for the TRA Support Line contact in WhatsApp.
3. **Start a chat:** Simply send the word "Hi" to get started.

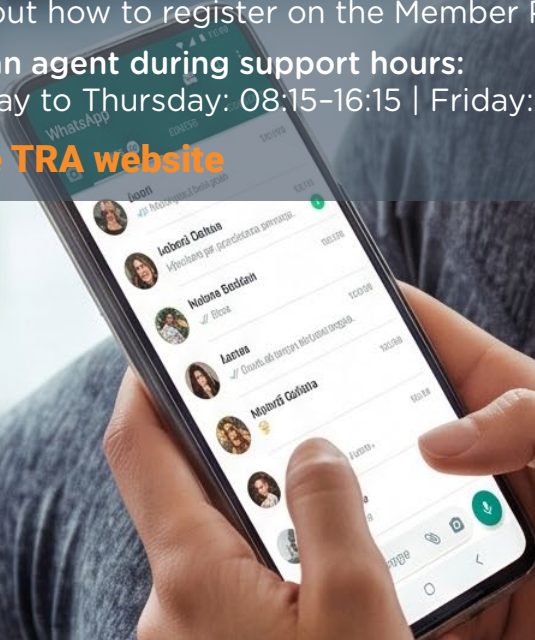
Once connected, you can:

- View your latest member claim statement
- Access your Gap Cover Policy Document
- Read the How to Claim guide
- Find out how to register on the Member Portal

Chat to an agent during support hours:

- Monday to Thursday: 08:15-16:15 | Friday: 08:15-15:15

Visit the TRA website



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Choosing the Right Medical Option

Choosing a medical scheme option should involve more than comparing monthly contributions. Your healthcare needs, expected day-to-day expenses and potential out-of-pocket costs all influence whether an option will provide appropriate protection.

Toward the end of each year, South Africa's medical schemes announce their benefit changes and contribution increases for the coming year. Existing members are also given an opportunity to review their cover and, in accordance with the rules of their scheme, select a different benefit option for the new benefit year. The applicable deadlines differ between schemes.

This annual option-selection period should not be confused with joining a medical scheme. Applications to join an open medical scheme are not confined to the end of

the year, although waiting periods, late-joiner penalties and other lawful conditions may apply. For existing members, however, the year-end review is an important opportunity to check whether their current option still suits their healthcare needs and financial circumstances.

START WITH YOUR HEALTHCARE NEEDS

The right starting point is an honest assessment of your present health, your family's health risks and the healthcare services you are likely to use during the coming year.



Consider ongoing medicine, specialist consultations, planned procedures, hospitalisation risk, dental and optical needs, maternity requirements and the needs of children or older dependants.

Prevention also matters. Many benefit options provide screening, vaccinations and preventative-care benefits outside the ordinary day-to-day limit. Members who understand and use these benefits may identify health risks earlier while preserving other available benefits.

Provider preference should form part of the assessment. Some members value the freedom to continue seeing a practitioner who knows their medical history, while others are comfortable using a defined provider network in return for a lower contribution.

Neither approach is automatically better; the question is whether the arrangement is practical for the member and the family.

WHY THE CHEAPEST OPTION MAY COST MORE AFTER CLAIMS

Financial pressure may tempt households to cancel cover or move to a lower-cost option. A reduced monthly contribution can provide immediate relief, but the member's underlying healthcare needs do not necessarily decrease when the level of cover changes.

A lower-cost option may provide limited cover for routine day-to-day healthcare or introduce tighter provider networks, co-payments, procedure-specific limits or



“ A lower monthly contribution may offer immediate savings, but the wrong option can leave you paying more when you actually need healthcare. ”

medicine formularies. If the member needs services that fall outside those arrangements, the resulting out-of-pocket costs can erode—or even exceed—the contribution saving.

The more useful comparison is therefore the total potential cost of healthcare. This includes the monthly contribution, likely day-to-day expenses, predictable medicine costs and the financial exposure that could arise from hospital treatment or specialist care.

MEDICAL SAVINGS ACCOUNTS AND INSURED PRIMARY HEALTHCARE

Medical savings accounts and primary healthcare insurance are sometimes confused because both can provide access to day-to-day services. They are, however, fundamentally different products operating within different regulatory frameworks.

A medical savings account forms part of certain registered medical scheme options. A portion of the member's contribution is allocated to an individual savings account from which qualifying expenses may be paid, subject to the scheme's rules. Depending on the option, these expenses may include general practitioner and specialist consultations, dental and optical services, and prescribed medicine.

Primary healthcare insurance generally provides a defined set of benefits, such as a specified number of general

practitioner consultations, basic dental or optical services, medicine, pathology or radiology benefits.

These products may improve access to private primary healthcare, but they are not registered medical schemes and do not provide the same statutory protection or comprehensive package of Prescribed Minimum Benefits.

Consumers should establish exactly what type of product they are considering, what benefits it provides, what it excludes and how claims are paid.

A defined primary healthcare insurance product should not be assessed as though it were equivalent to medical scheme membership.

A PRACTICAL COMPARISON BEFORE YOU CHOOSE

Before selecting or changing a benefit option, compare:

- the total monthly contribution for every person covered;
- hospital, specialist and day-to-day benefits;
- provider networks and access to suitable facilities near home or work;
- chronic medicine formularies and authorisation requirements;
- co-payments, deductibles, sub-limits and scheme tariff levels;
- preventative-care benefits that sit outside ordinary day-to-day cover; and
- likely out-of-pocket costs based on the family's actual healthcare use.

Where possible, members should consult a Council for Medical Schemes-accredited healthcare broker or other appropriately authorised adviser. The adviser should explain the differences between options and help the member consider both routine expenses and less predictable healthcare risks.

CHOOSE COVER FOR YOUR NEEDS AND YOUR BUDGET

The most appropriate medical scheme option is not necessarily the cheapest or the most comprehensive. It is the option that provides a sustainable balance between affordability, access to healthcare, expected use and protection against potentially significant out-of-pocket costs.

If you have gap cover, review that policy at the same time. Gap cover is a separate insurance product; it does not replace medical scheme membership and does not cover every healthcare expense or shortfall. Its benefits remain subject to the policy terms, exclusions, limits and applicable regulatory requirements.

A considered decision now can make it easier to access appropriate care and reduce the likelihood of financial pressure when a healthcare event occurs.

“The right medical aid option isn't necessarily the cheapest or the most comprehensive – it's the one that balances your healthcare needs, affordability and financial protection.”





Network Limits & Gap Cover

A lower medical scheme contribution can come with provider restrictions, co-payments, medicine formularies and procedure-specific limits. Before changing options, members should understand how these provisions could affect both their access to care and their gap-cover protection.

Selecting a medical scheme option involves more than comparing a schedule of benefits. The way an option manages healthcare—through provider networks, authorisation requirements, treatment protocols, formularies and financial limits—can materially affect what a member pays and where treatment is received.

These arrangements can help contain contributions and healthcare costs. The important question is whether the rules are clearly understood and suitable for the member before a change is made.

NETWORK OPTIONS AND BROADER PROVIDER CHOICE

Network options direct members to contracted hospitals, pharmacies, doctors or other healthcare providers. A defined

network allows a scheme to negotiate agreed tariffs and coordinate services for a more predictable group of patients.

A network does not automatically mean inferior healthcare. It can offer good value when qualified providers are reasonably accessible. Problems arise when a preferred practitioner falls outside the network, the nearest facility is inconvenient or non-emergency care is obtained from a non-designated provider without understanding the financial consequences.

Options offering broader provider choice generally cost more because they provide greater flexibility. Some members may value continuity with a practitioner who knows their medical history; others may prefer the contribution saving offered by a network. Members should check the actual provider list rather than relying only on the option's marketing description.

CO-PAYMENTS DEDUCTIBLES AND PROCEDURE-SPECIFIC LIMITS

Medical scheme options may apply co-payments, deductibles and procedure-specific sub-limits to manage utilisation and financial sustainability. These provisions can differ materially between options and may leave the member responsible for a fixed amount, a percentage of the account or costs above a stated limit.

Additional exposure may apply when a member uses a non-network hospital, does not obtain authorisation, chooses a provider who charges above the scheme tariff or undergoes a procedure with a defined sub-limit. The member should establish both the circumstances that trigger the charge and the amount that could be payable.

It is particularly important to examine benefits for procedures that may involve substantial specialist, prosthesis or hospital costs. A general statement that a procedure is covered does not, by itself, explain the applicable tariff, network, authorisation or sub-limit.

CHRONIC MEDICINE FORMULARIES

Medicine costs are an important consideration for anyone receiving ongoing treatment. Medical schemes use formularies and clinical protocols to manage costs while providing access to clinically appropriate medicine. A formulary may require the use of a generic or preferred medicine that meets the applicable quality, safety and efficacy requirements.

Before changing options, members should check whether their current medicine appears on the new option's formulary, whether a designated pharmacy must be used and whether fresh authorisation or clinical information will be required. A member who chooses a non-formulary medicine without an approved clinical exception may face a co-payment or may have to fund the difference.

ONCOLOGY PROTOCOLS AND SPECIAL NETWORKS

Cancer treatment can involve substantial costs. Medical schemes therefore commonly apply clinical treatment protocols, designated providers and oncology networks.

Members should understand these arrangements before treatment is needed, including authorisation requirements, approved treatment plans, provider networks and any financial limits.

Prescribed Minimum Benefits provide important statutory protection for qualifying conditions. When members follow the scheme's required treatment protocols, medicine formulary and Designated Service Provider arrangements, qualifying PMB care must generally be funded in full.

Co-payments may arise where a member voluntarily uses a non-designated provider or chooses medicine

outside the formulary without an approved clinical exception. Members should also ask how emergencies and situations in which a designated provider is unavailable are handled.

WHAT A MEDICAL SCHEME CHANGE MEANS FOR GAP COVER

Changing a medical scheme or benefit option can alter the co-payments, deductibles and tariff shortfalls a member may face. A gap-cover policy should therefore be reviewed when the medical scheme details change.

Gap cover may provide additional financial protection against qualifying co-payments and tariff shortfalls, but it does not cover every expense. Benefits are governed by the policy wording, exclusions, waiting periods, benefit limits and applicable regulatory requirements. It also does not replace medical scheme membership.

Members who use an adviser should ask for the medical scheme option and gap-cover policy to be reviewed together. Those who do not use an adviser should contact their medical scheme and gap-cover provider directly before the change takes effect. The gap-cover provider should be given the new scheme and option details so that the member can understand how the existing policy will respond.

At Total Risk Administrators, clear onboarding and ongoing communication are intended to help policyholders understand their cover, membership requirements, claims process and the information required when their medical scheme details change.

QUESTIONS TO ASK BEFORE SWITCHING

Before finalising a move, ask:

- Are my preferred hospitals, doctors, specialists and pharmacies in the network?
- What happens if I voluntarily use a provider outside the network?
- Which procedures attract co-payments, deductibles or sub-limits?
- At what tariff will specialists and other providers be reimbursed?
- Are my chronic medicines on the formulary and where must I obtain them?
- Which authorisations or treatment protocols apply to planned or ongoing care?
- How will the change affect my existing gap-cover policy?

The contribution remains important, but it should be considered alongside the rules that determine access, choice and out-of-pocket exposure.

Understanding those rules before switching is far easier than discovering them during a hospital admission or major course of treatment.



CREATINE:

10 THINGS TO KNOW

Creatine is made naturally by the body and is also found in meat and fish. Creatine monohydrate is the best-studied supplement form. It helps provide rapid energy to muscle and brain cells, which is why researchers are also studying its possible role in healthy ageing.

1. IT IS NOT A STEROID.

Creatine is a naturally occurring compound that helps muscles and the brain produce rapid energy.

2. IT CAN IMPROVE STRENGTH AND TRAINING QUALITY.

The strongest evidence is for improved strength, power and repeated high-intensity performance, especially when combined with resistance exercise.

3. IT MAY HELP PRESERVE MUSCLE AS WE AGE.

When combined with resistance training, creatine can support lean muscle, strength and everyday function, which may help limit age-related muscle loss and frailty.

4. IT MAY SUPPORT MEMORY AND ATTENTION.

Some research suggests benefits for memory, attention and thinking speed, particularly in older adults, vegetarians, and people who are sleep-deprived or under mental strain. The evidence is promising but not conclusive.

5. CLAIMS ABOUT BRAIN PROTECTION ARE STILL EMERGING.

Creatine helps brain cells meet their energy needs, but it has not been proven to prevent dementia, Alzheimer's disease or Parkinson's disease.

6. BENEFITS FOR BONES AND FALLS MAY BE INDIRECT.

By supporting muscle strength and activity, creatine may help people remain mobile and steady. Research on direct bone-density benefits remains mixed.

7. IT MAY SUPPORT RECOVERY.

Some studies suggest less exercise-related muscle

damage and improved recovery. However, creatine does not replace sleep, protein, hydration or sensible training.

8. THE USUAL DOSE IS STRAIGHTFORWARD.

For most healthy adults, 3-5 g of creatine monohydrate a day is commonly used. A loading phase is optional; taking it consistently matters more than the time of day.

9. CHOOSE A SIMPLE PRODUCT AND MENTION IT BEFORE BLOOD TESTS.

Look for 100% creatine monohydrate from a reputable manufacturer. Creatine may raise blood creatinine and make estimated kidney function appear lower, even when the kidneys are not damaged.

10. CHECK SAFETY, EXPECTATIONS AND COST.

A 1-2 kg increase in water weight can occur and is not body fat. Seek medical advice if you have kidney disease, are pregnant, take regular medicines or have abnormal kidney tests. Medical schemes generally do not cover routine supplements.

The strongest evidence for creatine monohydrate is its ability to support strength, muscle and exercise performance.

It may also benefit some aspects of cognition and healthy ageing, but claims about direct brain or bone protection are not yet proven. It works best alongside resistance exercise, adequate protein, good sleep and hydration.

Important: This is general information and does not replace personal medical advice. Speak to a healthcare professional before using creatine if you have kidney disease, take regular medication, are pregnant, or have unexplained abnormal kidney-test results.



Because even the best runners trip!

**Relax, we've got
your medical
shortfalls covered.**

GET GAP COVER NOW!

Scan the QR Code and join within 7 minutes



www.totalrisksa.co.za



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OUR WINNER
OF THE OURA RING 4

Valued at R6 500



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In our previous issue, we asked you to **TAKE PART** in our surveys. **Here are the results.**

Do you think that private healthcare funding has become unaffordable?

YES **94.44%** I DON'T KNOW **1.86%** NO **3.7%**

Have you or someone you know had to cancel or downgrade medical aid cover because it was too expensive?

YES **94.44%** NO **5.56%**



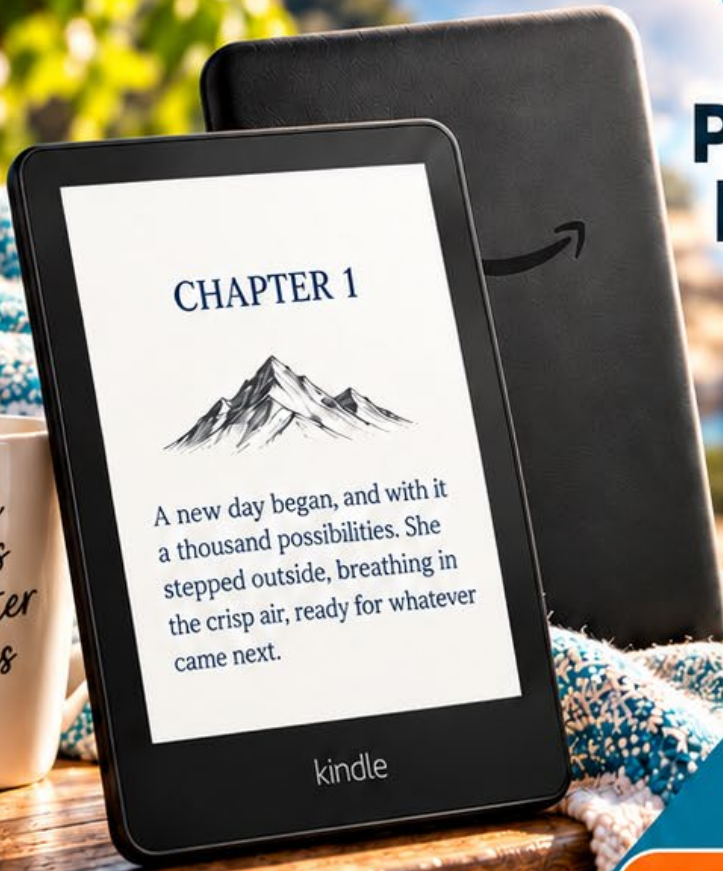
YOU'RE THE WINNER!

Smiles all round as the latest winner in our Digimag reader survey, Hendrihette Mayhew, receives her R1000 Dischem voucher from our Head of Communications, PR and Training, Warren Gates. Make sure to enter next time!!



WIN

an Amazon Kindle
Paperwhite Signature
Edition (Gen 12) 32GB



To enter, go to

www.totalrisksa.co.za/care

and answer the following question:

Did you know that
TRA's Gap Cover
starts from only
R99 per month?*

What is the lowest monthly
premium for TRA's Gap Cover?



Powered by:



www.totalrisksa.co.za

Click [HERE](#) to read the terms and conditions.

*Under-65 individual (non-family) rate on Basic Cover 300.

HOW DOES TRA COVER CASUALTY TREATMENT?

ACCIDENTS ONLY • INCLUDING SPORTS-RELATED INJURIES

SIMPLE COVER. REAL SUPPORT.

*Cover is regulated.
Experience isn't!*

FOR A
HEALTHIER
TOMORROW



CASUALTY TREATMENT

WHAT'S COVERED?

1

ACCIDENTS

Treatment at a casualty / ER unit linked to a hospital is covered for accidents only, including sports-related injuries.

2

CHILDREN UNDER 8 ONLY

They may attend for any treatment during the following times:



MON-FRI
7pm – 7am



WEEKEND
Fri 7pm –
Mon 7am



PUBLIC HOLIDAY
All day



YOUR BENEFITS

ANNUAL LIMITS

Per policy per annum

BASIC COVER 300



R3 640

VITAL COVER PLUS



R9 700

SUPER COVER PLUS



R14 335

ABSOLUTE COVER PLUS



R24 255



CONTINUITY OF CARE

FOLLOW-UP CONSULTATION

1 follow-up consultation per policy per annum at an ER unit

Accident-related only. Initial treatment must have taken place in a hospital-linked casualty / ER unit following an accident.

*More
for what
matters*

PEOPLE
HEALTHIER
BRIGHTER
TOGETHER

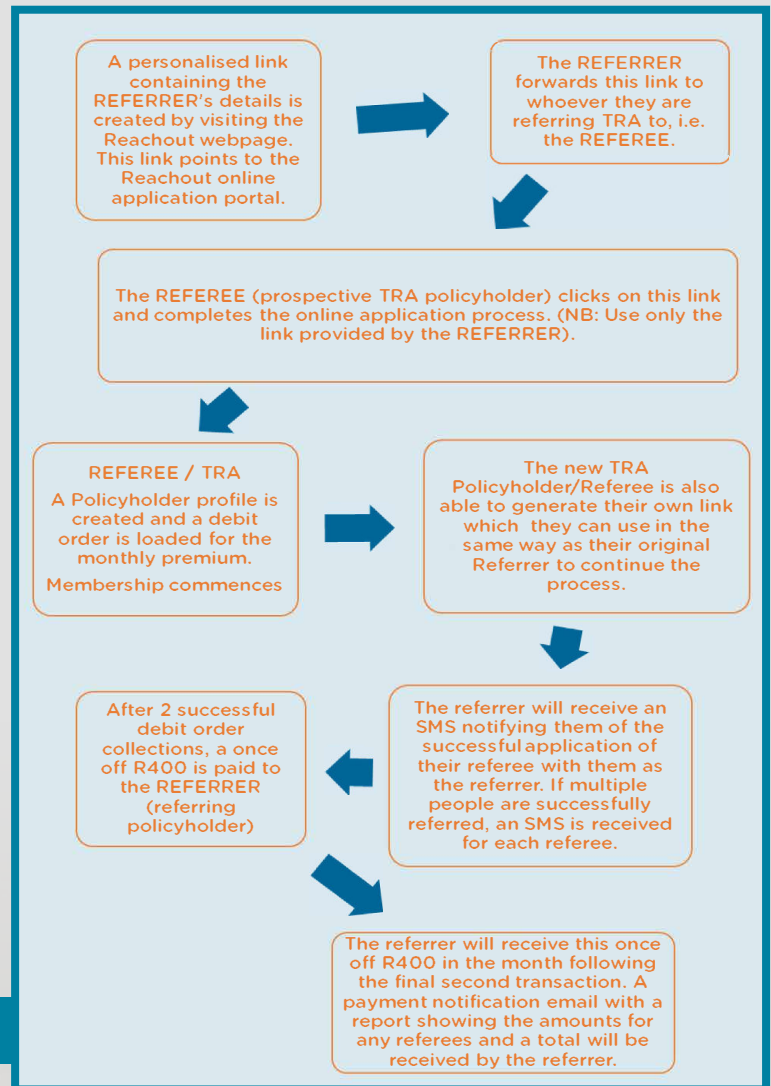
REFER AND EARN!

TRA "REACHOUT" REFERRAL PROGRAM - Our Gap Cover policyholders, **who are not registered with brokers**, are reminded of the **REACHOUT** campaign, whereby you can refer TRA to your family, friends and colleagues and if they sign up you will receive a once-off payment of **R400 per referral**.

Remember, you will be helping those near and dear to you to be covered for those unbudgeted in-hospital shortfalls.

Click HERE for further information on the Reachout webpage. A personalised referral link has also been emailed to you previously, but should you not be able to access this link, please contact membership@totalrisksa.co.za or call (011) 372-1540 for assistance.

Terms and conditions apply.



HOW IT WORKS >>>





COMPLIANCE CORNER

And just like that, 2026 is quickly drawing to a close. However, it is never too late to get your compliance house in order.

Herewith, a few important reminders:
FSCA Levies will increase by 3.2%.

- The FIC has officially issued Directive 12, requiring certain accountable institutions to submit their Risk Management and Compliance Programme (RMCP) to the FIC by the following deadlines, and thereafter on an ongoing basis:
 - Credit providers: 9 October 2026
 - High-value goods dealers and Crypto Asset Service Providers: 31 October 2026
 - Any changes to the RMCP for accountable institutions in the Directive must be uploaded within 10 days.
- With the Conduct of Business Return still in draft, now is a good opportunity to get your client database in order. This will ensure that, when you are required to complete the questionnaire, you have all the necessary client information readily available. While some form of customer relationship management tool can be useful, even a well-maintained Excel spreadsheet can be sufficient.

If you require assistance, please reach out to compliance@nfsgroup.co.za

Brought to you by  NFS GROUP



NEWSFLASH!

National Treasury recently released their demarcation press release which contains, amongst others, the legislated figures applicable to the maximum amount we can cover per insured person per annum. This figure is R226 881.

[CLICK HERE TO READ MORE](#)

ON A LIGHTER NOTE...

Doctor: "There's good news and bad news. The bad news is, you have partial short-term memory loss."

Patient: "Oh no, Doctor. What's the bad news?"

Doctor: "Which do you want first, the good news or the bad news?"

Patient: "Give me the good news."

Doctor: "I'm sorry, but you only have five minutes to live."

Patient: "Five minutes?! Is there anything I can do?"

Doctor: "Boil an egg?"

Patient: "Doctor, my throat is sore."

Doctor: "Go to the window and stick out your tongue."

Patient: "Will that make me feel better?"

Doctor: "No, I just hate my neighbor."

Patient: "Doctor, are the test results ready yet? I'm dying of curiosity!"

Doctor: "Actually, not only from curiosity."

Doctor: "You're losing a lot of blood and need an infusion. What's your blood type?!"

Patient: "B positive."

Doctor: "I'm trying, but you've lost a lot of blood."



5 minutes

That's all you
need to sign up
for reliable
gap cover.

Starting from R99pm.

*T's and C's Apply.



