

CLAIMS

Hospital Gap Plus/Premier Cover

Where you have received pre-authorisation from your medical scheme for in-hospital treatment which is not excluded in terms of the GAP Plus/Premier Cover Plan exclusions, a claim form should be submitted for payment of benefits.

To submit a claim for benefits, you are required to:

- Complete a claim form (available from your broker).
- Submit a copy of your medical remittance advice illustrating the shortfall including any co-payment.
- Submit copies of the hospital account, as well as the accounts for the in-hospital attending specialists.
- Regarding a co-payment claim – submit a copy of the receipt for the payment of the co-payment.

Additional information is required if the claim is related to the following benefits:

Premium Waiver

The applicant member must submit proof of medical membership fees, proof of medically necessary absence from work due to an accident (on a month to month basis), and an Accident Report Form.

Body Repatriation

Police report regarding the accident, certified copy of the death certificate, and proof of normal residence within the borders of South Africa, and invoices of necessary expenses incurred to transport the body to the residence are to be supplied.

Trauma Counselling

- Police report and case number.
- Trauma counselling report and associated accounts.

Motor Hijack

Proof of the forceful hijacking, and/or threat thereof, to be supplied by the police authorities.

Internal Prosthesis

Copy of medical statement reflecting the prosthesis cost as well as the total cost of the prosthesis and copy of the specialist account.

Out-Of-Hospital Benefit – MRI/CT Scans

Copy of the receipt for the co-payment value.

Casualty/Emergency Room Facility Benefit

Copy of the Casualty/Emergency room facility account.

Claims must be submitted within 180 days of the date of hospitalisation.

Payments will be made directly into your bank account.

**WE DO THE
HEAVY LIFTING
SO YOU DON'T
HAVE TO**

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Underwriting Criteria

Voluntary groups or persons have a 12 month pre-existing condition exclusion, a 12 month waiting period for maternity and a 30 day waiting period for all other benefits. Compulsory groups in excess of 35 employees are considered for the waiver of pre-existing exclusions and waiting periods. Please note: this is a summary only – full policy documents apply and are available on request.



HEALTH & ACCIDENT

**GAP PLUS / GAP PREMIER
COMBINATION CO-
PAYMENT COVER PLAN
2018**

Underwritten by Health & Accident Underwriting Managers (Pty) Ltd (FSP 376)
on behalf of Short Term Insurer Compass Insurance Co Ltd

WITH OVER 20 YEARS EXPERIENCE, WE ARE THE PARTNER OF CHOICE PROVIDING BESPOKE SOLUTIONS TO THE BROKER MARKET.

This product may only be marketed to persons who belong to a medical scheme and it is designed to assist with Specialists costs resulting from in-hospital treatment that have not been paid to their full extent by the medical scheme (subject to the parameters of the elected GAP option).

Hospital Gap Plus/Premier Cover

- We will cover in-hospital doctor and specialist costs, which qualify under the scheme rate, which are not covered to their full extent by the Member's medical scheme. These shortfalls will be covered up to a maximum of five times the ruling scheme rate subject to the Gap policy terms and conditions.
- We will cover a benefit equal to charges above the sub-limit imposed by the medical scheme for the necessity of chemotherapy or radiotherapy for the treatment of non-PMB cancer and kidney dialysis for the treatment of non-PMB kidney failure.

The following examples would not qualify for benefits:

- You may not upgrade bed facilities from a general ward to a private ward/room.
- You may not be hospitalised for treatment not authorised by your medical scheme.
- Costs in excess of the medical sub-limits are also not covered by the policy. These may include restrictions to items such as physiotherapy, pathology or organ transplant.

Policy benefits are limited to R 150,000 per insured person per annum.

ADDITIONAL BENEFITS AUTOMATICALLY INCLUDED: Hospital Co-payments

- We will cover a hospital co-payment/upfront payment as defined by your medical scheme option. Your benefit will be restricted to the co-payment required by your medical scheme before treatment is authorised.

Dental Surgery Co-payment Restrictions

These benefits are restricted to the following levels, subject to the procedure being authorised by your medical scheme option:

Benefit	Procedure
R 2 200	Dental treatment in a private hospital (13 years and younger)
R 5 650	Dental treatment in a private hospital (older than 13 years)
R 1 000	Dental treatment in a day clinic (13 years and younger)
R 3 650	Dental treatment in a day clinic (older than 13 years)

Premium Waiver

- If the applicant member is unable to work for a period of more than 30 days due to an accident, we will pay the monthly medical membership fee for each month, or part thereof, that the applicant member is unable to work up to a maximum of 12 months.

Body Repatriation

- In the event a member dies due to an accident we will pay for the cost of transporting the body of the deceased to the normal place of residence (within the borders of South Africa) up to a maximum cost of R 20 000 (per policy).

Trauma Counselling

- If you are directly involved in an act of violence, we will pay a stated benefit of R400 per counselling session up to a maximum of R 5 000 p.a.
 - An act of violence will include assault, robbery, attempted rape and will include a motor vehicle accident in which another party dies.
 - This act of violence must be reported to the police and a case number obtained.

Motor Hijack

In the event you are directly involved in the forceful hijacking of a motor vehicle, and/or threat thereof, we will pay a lump sum of R 5 000 (per policy). The hijacking must be reported to the police and a case number obtained.

Internal Prosthesis Benefit

Should you be authorised to have an internal prosthesis device fitted and the cost exceeds the ruling medical scheme limit, we will pay an additional benefit up to a maximum of R 40 000 – per insured.

Out-Of-Hospital Benefit

If you are authorised by your medical scheme to have a MRI/CT scan subject to a co-payment, we will pay a benefit of R 3 100.

Casualty/Emergency Room Facility Benefit

In the event that you are injured and as a result require medical treatment from a casualty/emergency room facility, we will pay a fixed benefit of R1 200.

Crisis Assistance Facility (additional R12.00 p.m.)

If you are involved in an incident resulting in the utilisation of the Trauma Counselling, Hijack Benefit or the Body Repatriation Benefit, you are able to call the 24 hour call centre for assistance and advice.

PREMIUMS

Premiums <R300 are inclusive of 20% broker commission; More than R300 inclusive of 15% broker commission.

- Premiums payable by the employer by way of a debit order will require the completion of a company debit order form.
- Corporate clients may elect to pay premiums by way of EFT (minimum monthly premium must exceed R7 500 to qualify).

Combo Gap Plus Cover Plan

Oldest member max. 65 - R175.00 p.m.

Oldest member >65 - R394.00 p.m.

This option covers the applicable in-hospital costs from two times the scheme rate up to a maximum of five times the scheme rate. The additional benefits of Hospital Co-payments, Premium Waiver, Body Repatriation, Trauma Counselling, Motor Hijack, Internal Prosthesis, Out-Of-Hospital MRI/CT scan and Casualty/Emergency Room Facility are included.

Combo Gap Premier Cover Plan

Oldest member max. 65 - R207.00 p.m.

Oldest member > 65 - R426.00 p.m.

This option covers the applicable in-hospital costs from one times the scheme rate up to a maximum of five times the scheme rate. The additional benefits of Hospital Co-payments, Premium Waiver, Body Repatriation, Trauma Counselling, Motor Hijack, Internal Prosthesis, Out-Of-Hospital MRI/CT scans and Casualty/Emergency Room Facility are included.



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