TOTALRISKADMINISTRATORS

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

www.totalrisksa.co.za

2018

GAP COVER

DON'T **STRESS!**
THE **GAP** IS COVERED.

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OUR WEBSITE

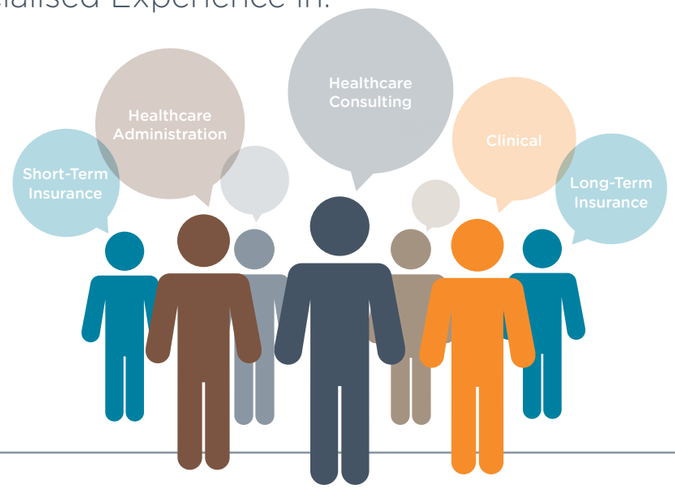
www.totalrisksa.co.za

- Extensive content about each of our products
- Information about us and our clients
- An online application process
- An online claim process
- A broker contact process
- FAQ page
- TRA TV - product videos
- Blogs containing educational material
- A gallery
- Contact details
- Compliance forms
- Access to our social media pages:

OUR TEAM

TRA has specialist staff with years of insurance, clinical and healthcare administration experience, so there's really no need to stress! This GAP is indeed Covered.

Specialised Experience in:



Our Gap Cover product range is underwritten by Auto & General Insurance Company Limited

auto & general
car | home | business | life insurance

Auto & General Insurance Company Limited - Registration No 1973/016880/06 | FSP No 16354

GAP COVER

Like most people, you have a medical aid to give you peace of mind that if you need medical care for any reason – be it through accident or illness – your bills will be taken care of. After all, who needs to add financial worry to the stress of being hospitalised?

And... like most people, you probably assume that if you have a medical aid, then you're 100% covered. Unfortunately, this is not always true – which is why you need gap cover to ensure that you don't receive a huge hospital bill if there's a shortfall between what the doctors charge and what your medical aid will pay.

All of our 2018 Gap Cover Policies:

- Provide benefits for members and their dependants (spouse and/or child/children) who are covered on one policy of a registered medical aid scheme. Members and their dependants can only be on two different medical aids and one Gap Cover Policy if they are legally married, or common law partners verified by submission of an affidavit confirming 12 months of co-habitation.
- Have no entry age limit.
- Allow immediate benefits for all policyholders except for a limited list of specific conditions and/or procedures. (There is no general 3 month waiting period!)
- May provide immediate cover for many procedures including: All emergency procedures, sterilisations, vasectomies, tonsillectomies, appendectomies, gall bladder removal or procedures and conditions not specifically excluded where a medical aid has failed to meet its full obligation.
- Cover Prescribed Minimum Benefits (PMBs) where a medical aid has failed to meet its obligations in this regard (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 scheme membership.**
- Are subject to the aggregate gap cover annual limit of R150 000 per insured person per annum. (This limit may change due to regulatory amendment).
- All of our 2018 product options offer the following TRA ASSIST (powered by ER24 ASSIST) benefits:
  - Home Drive
  - Panic Button
  - Nurse Line

CORPORATE / GROUP BUSINESS

We welcome the opportunity to quote on any corporate or group business and we are able to offer tailored and discounted products based on size and demographics. Intermediaries/brokers should contact us directly to discuss these opportunities.

Terms and Conditions Apply. Errors and Omissions Excepted.

*All products are subject to an aggregate annual limit of R150 000 per insured person per annum. (This limit may be subject to regulatory amendment).

WHICH PRODUCT SHOULD I CHOOSE?

- I am on a registered medical aid and I want to be sure that if service providers charge above scheme tariff for authorised in-hospital procedures, **including for oncology**, then this shortfall will be covered up to the maximum percentage, regardless of the number of times per year this cover is needed.*
- I am on a registered medical aid that may not provide full cover of Prescribed Minimum Benefits and I want this shortfall covered.*
- I am on a registered medical aid and the option I'm on requires a member co-payment for certain procedures performed in-hospital. I want cover for this co-payment and will use my medical aid's designated service provider network.*
- I am on a registered medical aid and the option I'm on requires a member co-payment for certain procedures performed in-hospital. I want cover for this co-payment and WILL NOT use my medical aid's designated service provider network.*
- I am on a registered medical aid and the option I'm on has sub-limits for prostheses costs and MRI/CT/PET scans as part of the hospitalisation benefit. I want additional cover should these specific limits be reached.*
- I am on a registered medical aid and I want to know that charges above an annual scheme limit on oncology treatment will be covered up to an additional R120 000.*

BASIC COVER 200	VITAL COVER PLUS	SUPER COVER PLUS	ABSOLUTE COVER PLUS
Premium per policy per month			
- Individuals = R99 - Families = R150 - Over 65+ years (age of main insured - for individuals and/or families) = R300	- Individuals and/or families = R165 - Over 65+ years (age of main insured - for individuals and/or families) = R250	- Individuals and/or families = R210 - Over 65+ years (age of main insured - for individuals and/or families) = R315	- Individuals and/or families = R345 - Over 65+ years (age of main insured - for individuals and/or families) = R415

I HAVE A CLAIM! HOW DOES EACH OPTION COVER IT?

*GAP COVER OR ONCOLOGY GAP COVER CLAIM:	*CASUALTY UNIT CLAIM	*CO-PAYMENT CLAIM:	*CO-PAYMENT CLAIM:	*SUB-LIMIT COVER CLAIM	*ONCOLOGY EXTENDER CLAIM
• PMB's or NON PMB's • IN NETWORK or OUT OF NETWORK		• PMB's or NON PMB's • IN NETWORK	• PMB's or NON PMB's • OUT OF NETWORK	• (MRI/CT/PET SCANS OR PROSTHESES ONLY)	

Errors and Omissions Excepted. Terms and Conditions apply. This infographic does not constitute advice. Consult your intermediary for advice regarding product choice. The products reflected above are not medical aids. They are not the same as medical aids. They are not substitutes for medical aids. TRA (Total Risk Administrators Pty Ltd) is an authorised financial services provider | FSP No 40815. Products underwritten by Auto & General Insurance Company Limited - Registration No 1973/016880/06 I FSP No 16354.

Terms and Conditions Apply. Errors and Omissions Excepted.

DEFINITIONS

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.

EMERGENCY MEDICAL CONDITION
An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

GAP COVER AND / OR ONCOLOGY GAP COVER CLAIM
A claim for 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.

CASUALTY UNIT CLAIM
- A claim for costs related to treatment received while in a hospital casualty unit
- The treatment is related to an emergency, immediately required, is of an external nature or came about due to an external force and/or impact with something or someone.
- Your medical aid has processed this account and paid their share of the claim, even if this amount is zero.

CO-PAYMENT CLAIM
- A claim for the upfront 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 or any penalties charged.

SUB-LIMIT CLAIM
A claim for the shortfall on a service provider account that is not covered because you have reached a sub-limit for Prostheses, MRI / CT / PET Scans imposed by your medical aid and this is directly related to an authorised hospitalisation event.

IN NETWORK
Use of your medical aid's designated provider network for hospitalisation. This normally results in the member not paying anything out of their own pocket.

OUT OF NETWORK
The voluntary use of providers that are NOT part of your medical aid's designated provider network for hospitalisation. This may result in the member having to pay additional amounts out of their own pockets.

Premium per policy per month

- Individuals = R99
- Families = R150
- Over 65+ years (age of main insured - for individuals and/or families) = R300

BASICCOVER200

Basic Cover 200 is our entry level product which is sufficient in providing for Gap Cover, Casualty cover and Oncology Gap.

Benefits:

*Annual Limit: The Basic Gap, Casualty and Oncology Gap benefits are subject to the aggregate gap cover annual limit of R150 000 per insured person per annum. (This limit may change due to regulatory amendment).

Basic Cover 200*

- The Basic Cover 200 option covers up to **200%** above medical aid scheme tariff. This means that if your service provider charges anything up to 2 times what your medical aid will cover, TRA will provide for this gap, subject to the annual limit.*

Casualty*

Sometimes emergencies occur and you need to rush to casualty.

- Your medical aid does not always cover the total costs in full. Whether payment comes from your medical scheme savings account or day-to-day benefit, the gap will be covered.
- Sometimes the medical aid will not account for anything regarding this casualty visit, leaving you to cover the bill in full. This benefit will cover you for up to **R2 750** per policy per annum (subject to the annual limit*) EVEN IF YOUR MEDICAL AID COVERS NOTHING.

Oncology Gap*

Unfortunately, cancer statistics show that cancer diagnoses are increasing dramatically every year.

- With an early start to treatment, one can recover. But, the costs for cancer treatments are rising too. Specialists are also charging more than medical aids are obliged to cover, creating a substantial gap.
- You will receive up to an aggregate of **R150 000*** per insured person per annum to assist where your service provider has charged more than the rate at which your medical aid reimburses, provided it is treatment which has been approved by your medical aid, and it is within your annual scheme limit.

Policy Extender

- We often hear of cases where one of our policyholders passes away, leaving their loved ones to pick up the pieces. They are left with the challenge to make sure that the gap cover they were used to is funded for a period of time.
- This benefit will provide for your gap cover contributions for a period of 6 months after the death of the original policyholder.

TRA ASSIST powered by ER24 ASSIST

- Benefits: Home Drive, Panic Button, Lifestyle & Rewards, Nurse Line (see more details on page 17).

***Subject to the aggregate gap cover annual limit of R150 000 per insured person per annum.**

Terms and Conditions Apply. Errors and Omissions Excepted.

Premium per policy per month

- Individuals and/or families = R165
- Over 65+ years (age of main insured - for individuals and/or families) = R250

VITALCOVERPLUS

Vital Cover Plus is our second entry level product, which is sufficient in providing for Gap Cover, Casualty cover and Oncology Gap.

Benefits:

*Annual Limit: The Basic Gap, Casualty and Oncology Gap benefits are subject to the aggregate gap cover annual limit of R150 000 per insured person per annum. (This limit may change due to regulatory amendment).

Basic Gap*

- The Vital Cover Plus option covers up to **700%** above medical aid scheme tariff. This means that if your service provider charges anything up to 7 times what your medical aid will cover, TRA will provide for this gap, subject to the annual limit.*

Casualty*

Sometimes emergencies occur and you need to rush to casualty.

- Your medical aid does not always cover the total costs in full. Whether payment comes from your medical scheme savings account or day-to-day benefit, the gap will be covered.
- Sometimes the medical aid will not account for anything regarding this casualty visit, leaving you to cover the bill in full. This benefit will cover you for up to **R5 000** per policy per annum (subject to the annual limit*) EVEN IF YOUR MEDICAL AID COVERS NOTHING.

Oncology Gap*

Unfortunately, cancer statistics show that cancer diagnoses are increasing dramatically every year.

- With an early start to treatment, one can recover. But, the costs for cancer treatments are rising too. Specialists are also charging more than medical aids are obliged to cover, creating a substantial gap.
- You will receive up to an aggregate of **R150 000*** per insured person per annum to assist where your service provider has charged more than the rate at which your medical aid reimburses, provided it is treatment which has been approved by your medical aid, and it is within your annual scheme limit.

Accidental Death

- Accidents happen!! Unfortunately, some severe accidents may even result in death. The situation is made worse if that person was the main breadwinner. Costs can run into the thousands and often funds are tied up to an estate.
- This benefit will provide an amount of **R3 000** in the event of death of the insured and / or spouse, and **R1 500** in the event of the death of the dependant, caused by violent, accidental, external, or visible means.

Policy Extender

- We often hear of cases where one of our policyholders passes away, leaving their loved ones to pick up the pieces. They are left with the challenge to make sure that the gap cover they were used to is funded for a period of time.
- This benefit will provide for your gap cover contributions for a period of 6 months after the death of the original policyholder.

TRA ASSIST powered by ER24 ASSIST

- Benefits: Home Drive, Panic Button, Lifestyle & Rewards, Nurse Line (see more details on page 17).

***Subject to the aggregate gap cover annual limit of R150 000 per insured person per annum.**

Terms and Conditions Apply. Errors and Omissions Excepted.

Premium per policy per month

- Individuals and/or families = R210
- Over 65+ years (age of main insured - for individuals and/or families) = R315

SUPERCOVERPLUS

Super Cover Plus is our mid-range product which provides Gap Cover, Casualty cover and Oncology Gap as standard benefits, and also provides important Co-Payment cover.

Benefits:
Annual Limit: The Basic Gap, Casualty, Oncology Gap & Co-payments benefits are subject to the aggregate gap cover annual limit of R150 000 per insured person per annum. (This limit may change due to regulatory amendment).

Basic Gap*

- The Super Cover Plus option covers up to **700%** above medical aid scheme tariff. This means that if your service provider charges anything up to 7 times what your medical aid will cover, TRA will provide for this gap, subject to the annual limit.*

Casualty*

- Sometimes emergencies occur and you need to rush to casualty.
- Your medical aid does not always cover the total costs in full. Whether payment comes from your medical scheme savings account or day-to-day benefit, the gap will be covered.
- Sometimes, your medical aid will not account for anything regarding this casualty visit, leaving you to cover the bill in full.
- This benefit will cover you for up to **R7 500** per policy per annum (subject to the annual limit*) EVEN IF YOUR MEDICAL AID COVERS NOTHING.

Oncology Gap*

- Unfortunately, cancer statistics show that cancer diagnoses are increasing dramatically every year.
- With an early start to treatment, one can recover. But, the costs for cancer treatments are rising too. Specialists are also charging more than medical aids are obliged to cover, creating a substantial gap.
- You will receive up to an aggregate **R150 000*** per insured person per annum to assist where your service provider has charged more than the rate at which your medical aid reimburses, provided it is treatment which has been approved by your medical aid, and it is within your annual scheme limit.

Co-Payment*

- These days most medical aid schemes insist that members pay an upfront amount for certain diagnostic and endoscopic procedures like gastroscopies and colonoscopies.
- This amount is known as a co-payment or deductible.
- This benefit will cover you for up to **R50 000** per policy per annum (subject to the annual limit*) for co-payment or deductible costs imposed by your medical aid, provided you make use of your medical aid's designated service provider network.
- **NO** cover is provided where a policyholder voluntarily chooses to make use of a service provider that is not part of their medical aid's service provider network.

Accidental Death

- Accidents happen!! Unfortunately, some severe accidents may even result in death. The situation is made worse if that person was the main breadwinner. Costs can run into the thousands and often funds are tied up to an estate.
- This benefit will provide an amount of **R4 000** in the event of death of the insured and / or spouse, and **R2 000** in the event of the death of the dependant, caused by violent, accidental, external, or visible means.

Policy Extender

- We often hear of cases where one of our policyholders passes away leaving their loved ones to pick up the pieces. They are left with the challenge to make sure that the gap cover they were used to is funded for a period.
- This benefit will provide for your gap cover contributions for a period of 6 months after the death of the original policyholder.

TRA ASSIST powered by ER24 ASSIST

- Benefits: Home Drive, Panic Button, Lifestyle & Rewards, Nurse Line (see more details on page 17).

***Subject to the aggregate gap cover annual limit of R150 000 per insured person per annum.**

Premium per policy per month

- Individuals and/or families = R345
- Over 65+ years (age of main insured - for individuals and/or families) = R415

ABSOLUTECOVERPLUS

Absolute Cover Plus is our flagship product which provides Gap Cover, Casualty cover, Oncology Gap and Co-Payment cover as standard benefits, and also provides Sub-Limit cover, as well as an Oncology Extender benefit.

Benefits:
*Annual Limit: The Basic Gap, Casualty, Oncology Gap, Co-Payment cover, Sub-Limit cover and Oncology Extender benefit are subject to the aggregate gap cover annual limit of R150 000 per insured person per annum. (This limit may change due to regulatory amendment).

Basic Gap*

- The Absolute Cover Plus option covers up to **700%** above medical aid scheme tariff. This means that if your service provider charges anything up to 7 times what your medical aid will cover, TRA will provide for this gap, subject to the annual limit.*

Casualty*

- Sometimes emergencies occur and you need to rush to casualty.
- Your medical aid does not always cover the total costs in full. Whether payment comes from your medical scheme savings account or day-to-day benefit, the gap will be covered.
- Sometimes, your medical aid will not account for anything regarding this casualty visit, leaving you to cover the bill in full.
- This benefit will cover you for up to **R15 000** (subject to the annual limit*), EVEN IF YOUR MEDICAL AID COVERS NOTHING.

Oncology Gap*

- Unfortunately, cancer statistics show that cancer diagnoses are increasing dramatically every year.
- With an early start to treatment, one can recover. But, the costs for cancer treatments are rising too. Specialists are also charging more than medical aids are obliged to cover, creating a substantial gap.
- You will receive up to an aggregate of **R150 000*** per insured person per annum to assist where your service provider has charged more than the rate at which your medical aid reimburses, provided it is treatment which has been approved by your medical aid, and it is within your annual scheme limit.

Oncology Extender*

- As previously mentioned, cancer treatment costs are rising and some medical aids impose annual oncology limits to curb these costs.
- In addition, they may cover further costs above the limit but with the member having to contribute a share or percentage.
- This benefit will provide cover up to **R120 000** (subject to the annual limit*), for oncology costs once the member has reached their oncology limit imposed by their medical aids.

Co-Payment*

- These days most medical aid schemes insist that members pay an upfront amount for certain diagnostic and endoscopic procedures like gastroscopies and colonoscopies.
- This amount is known as a co-payment or deductible.

- The amount of times and total you can claim from this Co-Payment benefit is UNLIMITED **(subject to the annual limit*),** provided you make use of your medical aid's designated service provider network.
- Where a policyholder voluntarily chooses to make use of a service provider that is NOT part of their medical aid's designated service provider network, this benefit will be limited to 2 co-payment or deductible events per policy per annum, to a combined maximum of **R12 000**, subject to the annual limit*.

Sub-Limit*

- These days most medical aid schemes impose a sub-limit on in-hospital prostheses costs and some even limit the monetary amount that is available for MRI and CT scans. In both cases, members may be out of pocket and will have to cover these costs themselves.
- Prosthesis sub-limit: This benefit provides an amount of up to **R30 000** per event and up to a maximum of **R90 000** per policy per annum, subject to the annual limit*.
- MRI / CT / PET scans sub-limit: This benefit provides for **2 MRI or CT scans** per policy per annum and up to **R4 000** per scan, subject to the annual limit*.
- No other sub-limits are included in this benefit.

Accidental Death

- Accidents happen!! Unfortunately, some severe accidents may even result in death. The situation is made worse if that person was the main breadwinner.
- Costs can run into the thousands and often funds are tied up to an estate.
- This benefit will provide an amount of **R5 000** in the event of death of the insured and / or spouse, and **R2 500** in the event of the death of the dependant, caused by violent, accidental, external, or visible means.

Policy Extender

- We often hear of cases where one of our policyholders passes away leaving their loved ones to pick up the pieces. They are left with the challenge to make sure that the gap cover they were used to is funded for a period.
- This benefit will provide for your gap cover contributions for a period of 6 months after the death of the original policyholder.

TRA ASSIST powered by ER24 ASSIST

- Benefits: Home Drive, Panic Button, Lifestyle & Rewards, Nurse Line (see more details on page 17).

***Subject to the aggregate gap cover annual limit of R150 000 per insured person per annum.**

Gap Cover Examples

TONSILLECTOMY AND ADENOIDECTOMY				
Attending Doctor	Private Rate	Medical Aid Tariff	* Gap Cover	Your Share
Ear, Nose and Throat Surgeon	R 8 311.30	R 2 599.52	R 5 711.78	NIL
Specialist Anaesthesiologist	R 3 056.75	R 1 012.19	R 2 044.56	NIL
TOTAL	**R 11 368.05**	**R 3 611.71**	**R 7 756.34**	**NIL**

*** Cover provided by all 4 Gap products.**

PARTIAL KNEE REPLACEMENT				
Attending Doctor	Private Rate	Medical Aid Tariff	* Gap Cover	Your Share
Orthopaedic Surgeon	R 54 818.59	R 17 009.47	R 37 809.12	NIL
Specialist Anaesthesiologist	R 10 369.46	R 6 319.08	R 4 050.38	NIL
TOTAL	**R 65 188.05**	**R 23 328.55**	**R 41 859.50**	**NIL**

*** Cover provided by all 4 Gap products.**

OBSTETRIC CARE/CHILDBIRTH - C SECTION (PMB EXAMPLE)				
Attending Doctor	Private Rate	Medical Aid Tariff	* Gap Cover	Your Share
Gynaecologist	R 22 511.83	R 6 516.05	R 15 995.78	NIL
Specialist Anaesthesiologist	R 16 866.41	R 5 242.85	R 11 623.56	NIL
TOTAL	**R 39 378.24**	**R 11 758.90**	**R 27 619.34**	**NIL**

*** Cover provided by all 4 Gap products.**

VASECTOMY				
Attending Doctor	Private Rate	Medical Aid Tariff	* Gap Cover	Your Share
Uorologist	R 2 248.40	R 1 024.21	R 1 224.19	NIL
Specialist Anaesthesiologist	R 13 310.00	R 4 409.53	R 8 900.47	NIL
TOTAL	**R 15 558.40**	**R 5 433.74**	**R 10 124.66**	**NIL**

*** Cover provided by all 4 Gap products.**

PROSTHESES SUB-LIMIT EXAMPLES THAT MAY BE IMPOSED BY YOUR MEDICAL AID	
Pacemaker	R45 100
Hip Replacement	R41 800
Stent	R25 300
Knee Replacement	R39 050

*** Cover provided by Absolute Cover Plus only.**

ONCOLOGY EXTENDER			
Oncology Treatment	Medical aid Limit	Oncology Extender	Your Share
R264 000	R220 000	R44 000	NIL

*** Cover provided by Absolute Cover Plus only.**

HIATUS HERNIA REPAIR				
Attending Doctor	Private Rate	Medical Aid Tariff	* Gap Cover	Your Share
Surgeon	R 10 539.85	R 7 112.36	R 3 427.49	NIL
Specialist Anaesthesiologist	R 8 064.64	R 3 231.8	R 4 832.84	NIL
TOTAL	**R 18 604.49**	**R 10 344.16**	**R 8 260.33**	**NIL**

*** Cover provided by all 4 Gap products.**

CO-PAYMENT EXAMPLES THAT MAY BE IMPOSED BY YOUR MEDICAL AID	
Endoscopic Procedures	R2750
Hysterectomy	R6930
Colonoscopy	R3850
Laparoscopic Procedures	R3300

*** Cover provided by Super Cover Plus and Absolute Cover Plus only.**

ONCOLOGY GAP: BREAST CANCER TREATMENT				
Attending Doctor	Private Rate	Medical Aid Tariff	* Gap Cover	Your Share
Plastic and Reconstructive Surgeon	R 36 357.95	R 12 035.99	R 24 321.96	NIL
Specialist Anaesthesiologist	R 22 390.50	R 12 483.46	R 9 907.04	NIL
TOTAL	**R 58 748.45**	**R 24 519.45**	**R 34 229.00**	**NIL**

*** Cover provided by all 4 Gap products.**

***Subject to Product Option Benefits and Imposed Waiting Periods.**
***Subject to the aggregate gap cover annual limit of R150 000 per insured person per annum.**
(This may change due to regulatory amendment).

GAP COVER: The Important Information

WHEN CAN YOU CLAIM?

GENERAL WAITING PERIOD

There is no general three (3) month waiting period.
The following waiting periods are specific to policies commencing from 1st January, 2018:

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
- Recurrent hernia repair/s
- Endoscopic procedures e.g. Colonoscopy, Gastroscopy
- Pregnancy and childbirth
- 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
- Nasal and sinus
- Cardiac (relating to the heart)
- Dentistry (unless due to accidental trauma)
- Cataracts and / or eye laser surgery
- 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
- Varicose veins
- Robotic surgery for Prostatectomy

These conditions may be reviewed for appeal at medical management discretion within the first 10 months of membership.

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 (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.

WHEN ARE YOU NOT COVERED UNDER YOUR GAP POLICY?

- WHEN YOU HAVE REACHED THE ANNUAL AGGREGATE LIMIT OF R150 000 PER INSURED PERSON PER ANNUM. (Except for the Accidental Death and Policy Extender Benefits). (This limit is subject to regulatory amendment).
- Where your medical aid does not pay their portion of an account - except for the Casualty benefit.
- Where your medical aid covers some or all of an account using funds from your savings account and/or you pay some or all of an account yourself because you are in a self-payment gap - except for the Casualty benefit.
- Where you have not been admitted into hospital. We only cover service providers that treat you whilst in hospital and where their related charges exceed medical aid tariff/s. The only exceptions are charges from casualty units and these will be covered under the casualty benefit.

- Where the dates of a claim are before or after the period you were admitted to hospital.
- Where your hospital charges theatre and ward fees over and above medical aid rates.
- MRI, CT and PET scans where your medial aid does not pay any portion of the account.
- Where the hospital charges for medication that is not part of an authorised procedure or that is taken home when being discharged.
- Where you have been charged a co-payment or deductible by your medical aid because you did not adhere to your medical aid rules OR you chose to see a doctor or hospital that is not on your Scheme's network. This is dependent on product option choice.
- Where the claim is below R100.
- NB WHERE YOU HAVE BEEN CHARGED ANY PENALTY BY YOUR MEDICAL AID BECAUSE YOU DID NOT ADHERE TO YOUR MEDICAL AID RULES or YOU CHOSE A DOCTOR OR HOSPITAL THAT IS NOT ON YOUR SCHEME'S NETWORK.

CO-PAYMENT COVER

- Where you have been charged a co-payment or deductible by your medical aid because you did not adhere to your medical aid rules OR you chose to see a doctor or hospital that is not on your Scheme's network. This is dependent on product choice.
- Where your provider charges a separate fee (split billing) which you need to pay upfront and which cannot be claimed back from your medical aid.

SUB-LIMIT COVER

- Where your medical aid sub-limit applies to any items besides MRI and CT or PET scans and internal prostheses.
- Where your medical aid sub-limit is used up and your medical aid does not contribute any amount towards this account.

CASUALTY COVER

- Where the treatment is not an emergency / immediately required, is of an internal nature or did not come about due to an external force and/or impact with something or someone.
- Where your medical aid covers casualty costs as part of a hospital benefit.
- Where the hospital charges for medication that is not part of an authorised procedure or that is taken home when being discharged.

ONCOLOGY COVER

- Where your medical aid covers some or all of an account using funds from your savings account and/or you pay some or all of an account yourself because you are in a self-payment gap.
- Where your medical aid does not authorise treatment or biological medication as part of an approved oncology treatment plan.

ACCIDENTAL DEATH COVER

- Where death does not occur within twelve (12) months of the incident.
- Where death is caused, complicated or attributed to any of the following:
  - AIDS (Acquired Immune Deficiency Syndrome)
  - HIV (Human Immunodeficiency Virus) or any venereal diseases
  - Use or suspected use of drugs or intoxicating liquor
  - Any self-inflicted event, including suicide or attempted suicide
  - Any wrongful or illegal action by the Insured, including active participation in any riotous or such- like behaviour
- Death while the Insured person is:
  - engaged in any form of military or police duties including reservist duties
  - working in any mining or tunnelling operation
  - involved in any form of racing, other than by foot on solid ground
  - mountain climbing where the use of ropes is required, winter sport involving snow or ice, big game hunting, steeple chasing, potholing, surfing and bungee jumping, hang-gliding, aerial suspension, skydiving, parachuting or any other pastime involving similar and exceptional high risk
  - participating in any form of professional sport
  - motorcycling, either as a rider or passenger

- driver or passenger in any open-top type vehicle (including convertibles, trailers, and open-back vehicles) or fibre glass constructed vehicles; flying, other than as an ordinary passenger in a commercial aircraft licensed to carry passengers
- Non-compliance with Policy terms and obligations or not responding to our request for:
  - medical examination for the Insured
  - release of medical records and information
  - a post-mortem examination or documents relating thereto, including death certificates
  - identification certificates

PRESCRIBED MINIMUM BENEFIT CONDITIONS (PMB'S)

In terms of the Medical Aid Schemes Act of 1998 (Act number 131 of 1998) and its regulations, all medical schemes have to cover the costs related to diagnosis, treatments and care of:

- any life-threatening emergency medical condition
- a defined set of 270 diagnoses and
- 27 chronic conditions

These conditions and their treatments are known as the Prescribed Minimum Benefits (PMB's). All medical schemes in South Africa have to include PMB's in the health plans they offer to their members.

There are, however, certain requirements that a member must meet before he or she can benefit from the PMB's, as follows:

- the condition must be part of the list of defined PMB conditions.
- the treatment needed must match the treatments in the defined benefits on the PMB list.
- members must use the scheme's designated healthcare service providers.

PMB's are covered on the 'Plus' and 'Basic Cover 200' product options only, and for non-emergencies only.

ELIGIBILITY

- A dependant in this Policy must also be a dependant of the Policyholder and covered by a registered medical aid scheme that may or may not be the same scheme. Members and their dependants can only be on two different medical aids and one Gap Cover Policy if they are legally married, or common law partners verified by submission of an affidavit confirming 12 months of co-habitation.
- There is no entry age limit.
- Policyholder dependants may be added or removed from this Policy.
- Dependants (excluding 'spouse') need to take out their own Gap Policy if 21 years of age (25 in the case of an unmarried full-time student).

ALL CLAIMS - MANUAL AND AUTOMATIC PROCESSES

IT REMAINS THE POLICYHOLDER'S RESPONSIBILITY TO ENSURE THAT TRA RECEIVES CLAIMS WITHIN THREE (3) MONTHS FROM THE DATE THE CLAIM WAS PROCESSED AND PAID BY THE MEDICAL AID SCHEME. PLEASE ALSO ENSURE THAT WE HAVE THE CORRECT BANKING DETAILS INTO WHICH THE CLAIM MUST BE PAID.

CLAIMS - MANUAL PROCESS

Policyholders need to submit the following:

- Claim from the Service Provider.
- First TWO (2) pages of the hospital account showing the admission and discharge dates of the hospital event.
- The Medical Aid statement showing the payment of the Service Provider claim and reason for short payment.

Claim documents can be emailed to **claims@totalrisksa.co.za** or submitted online via our website **www.totalrisksa.co.za**.

Alternatively, TRA may be contacted directly on **+27 (11) 372 154**0. One of our highly qualified and friendly claims specialists will gladly assist.

CLAIMS - AUTOMATIC PROCESS

TRA receives claims submitted by selected medical aid schemes on behalf of the Policyholder. Should your medical aid company have such an agreement with TRA, it is not necessary for the Policyholder to submit their claim to TRA. TRA will receive an electronic version of the claim and will process said claim within seven (7) working days of receipt thereof.

CO-PAYMENT AND SUB-LIMIT CLAIMS MUST ALWAYS BE SUBMITTED MANUALLY BY THE POLICYHOLDER.

THE CORRECTNESS OF STATEMENTS MADE TO THE INSURER

The Insurer relies on the truth, completeness and correctness of all statements submitted. If the benefits granted, or reinstatement thereof has been obtained through any misrepresentation or concealment, this Policy shall be void and monies paid in respect thereof shall be forfeited.

Should any benefits have been paid out on the basis of the information provided by the Scheme to the Insurer and such information subsequently proves to be incorrect in any material respect, the Insurer shall have the right to take such steps as may be required to put it in the position it would have been in if the correct information had been provided in the first instance.

PREMIUM PAYMENT

All premiums are payable monthly in advance. The period of grace allowed for non-payment of premiums is 30 days after the month in which the premium was due. If the premiums are not paid within the period of grace, the Policy will lapse. If premiums in whole or in part are in arrears, then no claim shall be payable.

Where payment is to be made to or by the Insurer it shall be made in the currency of the Republic of South Africa.

Where payment is to be made to the Insurer, proof of such payment must be submitted to the Insurer and the Policy number must be used as a reference. (Phone 011 372 1540 for details).

LIABILITY OF THE INSURER

The liability of the Insurer, unless otherwise agreed with the Insured, shall be limited to the benefits actually purchased by the premiums received according to the rates in force in respect of benefits agreed on under this Policy at the time of purchase.

TERMINATION OR ALTERATION

Cover shall cease: -

1. At 24h00 hours on the last day of cover on which the premium has been paid. If a premium is not paid when due or if a premium debit is dishonoured, unless the Insured can prove to the satisfaction of the Insurer that this was an error by his paying agent.
2. In respect of minor children at the end of the calendar month in which he/she gets married or attains the age of twenty-one years, twenty-five if full time student.
3. Once the Insured (or his legal representative) has given one (1) month's written notice to terminate this Policy, or once the Insurer has provided at least two (2) months written notice to the Insured of any such alteration or termination. Upon receipt of this notice, all the benefits will be cancelled forthwith and all subsequent premiums paid will be refunded.
4. Upon the death of the main member, the Policy may be terminated. A new main-member who will be responsible for payment of premiums can be nominated or the Policy can be terminated.
5. The Insurer must be advised of any new dependants to be added to the Policy. The Insurer must be supplied with a current medical aid certificate showing the new dependant. Cover may be altered by the Insurer upon giving at least one (1) month's written notice of any possible changes to the Policy.

This Policy cannot be reinstated, under any circumstances, after Policy termination as described above.

JURISDICTION

The Policy shall be subject to the laws of the Republic of South Africa whose courts shall have sole jurisdiction to the exclusion of the courts of any other country.

GENERAL GAP COVER POLICY LIMITATIONS

Notwithstanding all exclusions, including pre-existing conditions and waiting periods applicable to the Policyholder and/or his Medical Aid Scheme or Employer Scheme, TRA shall not be liable for hospitalisation, bodily injury, sickness or disease, directly or indirectly caused by, related to or in consequence of:

1. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war.
2. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this

exception combustion shall include any self-sustaining process of nuclear fission.

3. a. Mutiny, military or usurped power, martial law or state of siege or any other event or cause which determines the proclamation or maintenance of martial law or state of siege.
   b. Insurrection, rebellion or revolution.
4. Hospitalised psychiatric care is limited to 14 days per annum.
5. Cost of operations, treatments and procedures for cosmetic purposes.
6. Costs incurred for the treatment of obesity and health holidays.
7. The purchase of bandages, aids, patent foods (including baby foods), contraceptives, slimming preparations as advertised to the public, domestic and biochemical remedies.
8. Investigations, treatments, surgery for obesity or its sequelae or cosmetic surgery other than as a result of an insured event otherwise insured.
9. Participation in civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
10. Participation in any form of race or speed test (other than on foot or in non-mechanically propelled water craft on inland or coastal waters).
11. The cost of any treatment which is recoverable from another party.
12. Expenses incurred by a Policyholder or Dependant in the case of wilfully self-inflicted injuries, professional sport, speed contests and speed trials.
13. Travelling expenses.
14. Cost of treatment for infertility.
15. Cost of artificial insemination.
16. Services rendered by persons not registered with the SA Medical and Dental Council, SA Nursing Council or the Health Professions Council of South Africa.
17. Benefits for the following shall be limited to R200.00 per annum - alcoholism, narcotism, venereal disease, AIDS, breast reduction, otoplasty and surgery performed at the same time as cosmetic surgery - for each of the seven (7) prescribed services.
18. In illness of a protracted nature, the Insurer may nominate a specialist of its choice in consultation with the attending practitioner.
19. Bionic ear implants, breast reconstruction and nasal reconstruction are limited to R1000.00 per case.
20. Expenses incurred by a Policyholder or Dependants charged by either hospital, nursing home, unattached operating theatres and day clinics for:
    a. Accommodation (general / private ward); or
    b. Theatre fees; or
    c. Drugs, medicines and materials; or
    d. Intensive care.
21. Benefits for spectacles, lenses and contact lenses.
22. Dental implants.
23. Any benefits and dental treatment in hospital for individuals over the age of 12 years unless authorised by the medical aid scheme.
24. Any ex-gratia payment approved by the medical aid scheme.
25. Any procedure performed without a Policyholder being admitted to hospital unless specified in the policy document.
26. Claims for external prosthesis that are not approved by the Scheme unless specified in the policy document.

GAP COVER NOTICE

This Gap Cover Policy is not a medical aid scheme and the cover is not the same as that of a medical aid scheme. This Gap Cover Policy is not a substitute for medical aid scheme membership.

HOW LONG DO YOU TAKE TO REFUND THE GAP COVER PORTION?

- Valid and approved claims are processed and paid every Saturday.

DOES TRA PAY SERVICE PROVIDERS DIRECTLY?

- With the proposed amended legislation, TRA will be able to pay the doctors directly. This will only be implemented once the new regulations become law. In the interim, claims will be refunded into the policyholder's nominated bank account for them to then settle the outstanding amount directly with the doctor.

DESIGNATED SERVICE PROVIDERS (DSP'S)

- Designated Service Providers (DSP's) and Network Providers are specified groups of providers contracted to a medical scheme to render specified services at an agreed rate.

WHERE CAN I UPDATE MY PERSONAL DETAILS?

- You can e-mail us at **membership@totalrisksa.co.za**

TRA powered by ER24 ASSIST

Trigger Number: 087 135 1241

TRA is excited to partner with **ER24 Assist** in offering the following benefits to all of our GAP COVER policyholders, irrespective of option choice:

HOME DRIVE

Home Drive is a designated driver service that will ensure that members are safe after a night out, with us taking them home safely.

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

BENEFITS

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

OPERATING HOURS

Bookings are open until 01h00, seven days a week.

PEAK PERIODS & PUBLIC HOLIDAYS

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

ADDITIONAL CHARGES

If you exceed the number of total covered trips, you may continue to use the service at your own expense. If your trip exceeds 50km, payment for the additional distance will be billable directly to the policyholder.

CANCELLATIONS

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

PANIC BUTTON

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

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

NURSE LINE

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

- Emergency medical advice.
- Assessment of symptoms and referral to the most appropriate healthcare professional.
- Knowledge on all aspects of healthcare including homecare remedies with scheduled follow-up assessment calls if required.
- Explained medical terms, results of tests and information relating to medication.
- Counselling for chronic ailments and diseases to minimise the impact of these conditions on daily life.
- Telephonic trauma debriefing and referral to a trauma counsellor where necessary.
- Access to a pre-recorded audio health library for information on a range of medical topics.

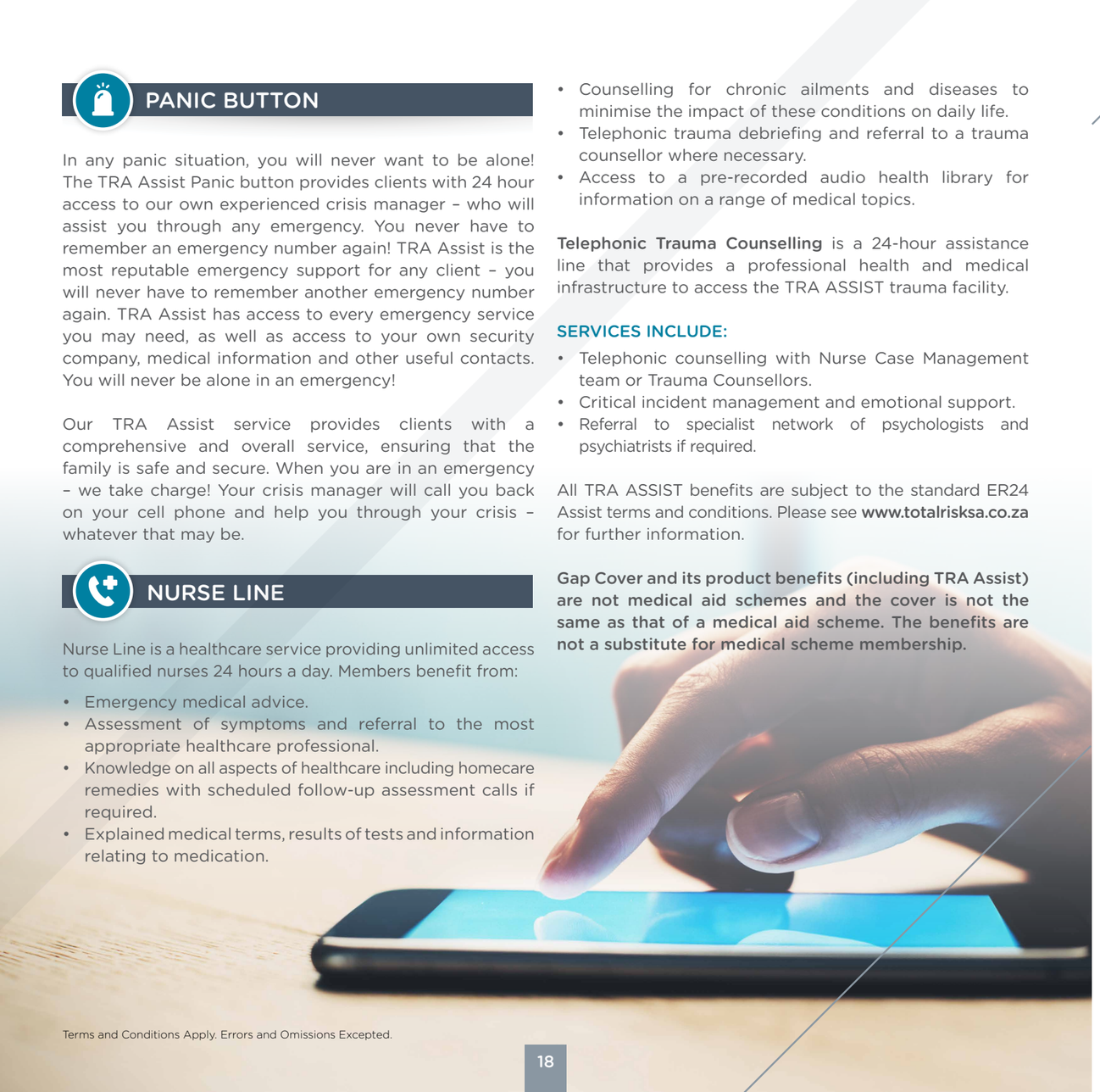
Telephonic Trauma Counselling is a 24-hour assistance line that provides a professional health and medical infrastructure to access the TRA ASSIST trauma facility.

SERVICES INCLUDE:

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

All TRA ASSIST benefits are subject to the standard ER24 Assist terms and conditions. Please see **www.totalrisksa.co.za** for further information.

Gap Cover and its product benefits (including TRA Assist) are not medical aid schemes and the cover is not the same as that of a medical aid scheme. The benefits are not a substitute for medical scheme membership.



Terms and Conditions Apply. Errors and Omissions Excepted.

THE LEGAL AND COMPLIANCE SIDE

PROTECTION OF PERSONAL INFORMATION POLICY

TRA collects, stores and uses the personal information provided by an individual. Personal information is collected only when an individual knowingly and voluntarily submits information. Personal Information may be required to provide an individual with further services or to answer any requests or enquiries relating to this service.

It is TRA's intention that this policy will protect an individual's personal information from being prejudiced in any way and this policy is consistent with the privacy laws applicable in South Africa. TRA will not, without an individual's consent, share information with any other third parties, for any purposes whatsoever.

TRA will not reveal any personal information to anyone unless:

- It is compelled to comply with legal and regulatory requirements or when it is otherwise allowed by law.
- It is in the public interest.
- TRA needs to do so to protect their rights.

Any questions relating to TRA's privacy policy or the treatment of an individual's personal data may be addressed to **info@totalrisksa.co.za.**

TREATING CUSTOMERS FAIRLY (TCF) POLICY

TRA's overriding business culture and ethos is that our "customers" – being our policyholders and intermediary network – come first.

This product has been created to meet the requirements of our clients. We will at all times deliver on customer service and customer expectations by enforcing the principles of Treating Customers Fairly (TCF). The TCF principles ensure we apply fairness to all client experiences relating to new business, policy terms, service and claims processes. The TCF framework has 6 outcomes which are:

1. You are confident that Your fair treatment is key to our culture.
2. Products and services are designed to meet Your needs.
3. We will communicate clearly, appropriately and on time during the lifespan of Your policy.
4. We provide advice that is suitable to Your needs and circumstances.
5. Our products and services meet Your standards and deliver to expectations.
6. There are no unreasonable barriers to access our services, or to lodge a claim or to lodge any complaints.

COMPLAINTS POLICY

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted to us in writing to **complaints@totalrisksa.co.za**. Alternatively, please ensure that where the complaint is delivered by hand or by any other means, that you retain proof of delivery.

The following procedure will be followed:

Complaint has to be in writing » Logged in complaints register, receipt confirmed and management informed » Complaint investigated. Policyholder informed within 5 days. » If not resolved satisfactorily, policyholder may refer to CEO » If still not resolved, policyholder must refer to Ombud within 6 months » FAIS Ombud deals with claims below R800 000 only

FAIS Ombud
PO Box 74571, Lynnwood Ridge, 0040
T: 012 470 9080 / F: 012 348 3447 / W: www.faisombud.co.za

Terms and Conditions Apply. Errors and Omissions Excepted.

DON'T STRESS

TRA

TOTALRISKADMINISTRATORS

THE GAP IS COVERED

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

Physical Address: 16 Jersey Drive, Longmeadow Business Estate East, Longmeadow, Edenvale, 1609

Postal Address: PO Box 1181, Parklands, 2121

T: 011 372 1540 I **F:** 011 372 1579