PPS GAP COVER 2024

FREQUENTLY ASKED QUESTIONS

1. WHO IS COVERED?

Cover is only available to members of Profmed medical scheme. Cover applies to the main medical aid member and all their family members registered as medical aid dependants. The policyholder's legally married spouse and child dependants will also qualify for cover even if they are registered on the spouse's separate membership with Profmed medical aid.

Single medical aid members under the age of 55, as the only life insured on the policy, qualify for a lower monthly premium. These members on the lower rate need to notify Zestlife (the product administrator) if their circumstances change, and that they require other dependants to also be covered by their gap policy. Additional dependants will not be covered until Zestlife has been notified.

An over-65 premium applies if the main medical aid member or any of the dependants are 65 years or older.

There is no maximum entry age and cover continues without a maximum expiry age.

This is not a medical aid scheme, nor is the cover the same as a medical aid scheme. This policy is not a substitute for a medical scheme membership.

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP no. 75) and licensed non-life insurer.

Product administered by Zestlife. Zestlife is an authorised financial services provider, FSP no. 37485.

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2. ARE DAY-TO-DAY GENERAL PRACTITIONER (GP) CONSULTATIONS COVERED BY THE PPS GAP COVER POLICY?

No. Day-to-day services such as GPs, specialists, optometrists and dentist visits, are not covered.

3. ARE PRE- AND POST-SURGERY CONSULTATIONS COVERED BY THE PPS GAP COVER POLICY?

Yes. The shortfall on fees charged by an admitting medical practitioner for consultation before and after surgery are covered. Cover is provided up to R2 800 for each individual insured under the policy per calendar year. To qualify for cover the consultation must occur within 30 days before or after the surgery.

4. WHAT OUT-OF-HOSPITAL PROCEDURES ARE COVERED UNDER THE PPS GAP COVER POLICY?

Although gap cover has been primarily designed to cover shortfalls and co-payments arising from in-hospital treatment and procedures, benefits are also payable in the event of shortfalls and/or co-payments arising from certain out-patient treatment and procedures.

- Arthroscopy
- Bronchoscopy
- Bunionectomy
- Carpal tunnel release
- Cataract removal
- Cervical laser ablation
- Chemotherapy or radiotherapy for the treatment of cancer
- Childbirth in a non-hospital setting
- Closure of colostomy
- Colonoscopy or sigmoidoscopy
- Coronary angiogram
- Coronary angioplasty
- CT scan (Computer Axial Tomography)
- Cystoscopy
- Dilatation and curettage
- Direct laryngoscopy
- Endoscopy
- Female surgical and non-surgical permanent sterilisation
- Ganglion surgery
- Gastroscopy and gastrointestinal imaging
- Grommets
- Hernia repairs, limited to:

- Inguinal Hernia
  - Femoral Hernia
  - Umbilical Hernia
  - Epigastric Hernia
  - Spigelian Hernia
- Hysteroscopy
- Incision and drainage of Bartholin's cyst
- Ischio-rectal abscess drainage
- Kidney dialysis
- Marsupialisation of Bartholin's cyst
- MRI scan (Magnetic Resonance Imaging)
- Myringotomy
- Needle biopsy of the liver
- Oesophagoscopy
- Orchidopexy
- Surgical biopsy of breast lump
- Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation)
- Lymph node biopsy
- PET scan (Positron Emission Tomography)
- Prostate biopsy
- Pterygium removal
- Sinus surgery, limited to:
  - Frontal sinus
  - Functional endoscopic sinus
  - Bilateral function endoscopic sinus
- Tonsillectomy
- Trabeculectomy and trabeculoplasty
- Varicose veins
- Vasectomy

5. WHAT IS AN ADULT DEPENDANT?

An adult dependant is either a parent, child or sibling of the policyholder that is registered on their medical aid as an adult dependant. Adult dependants are covered under the policy.

6. MUST THE POLICYHOLDER NOTIFY THE INSURER OF ANY DEPENDANTS THAT SHOULD BE REMOVED OR ADDED TO THE LIST OF DEPENDANTS INSURED UNDER THE POLICY?

Yes or No, depending on your policy option.

Family cover option policyholders don't need to inform the insurer of medical aid dependants that are added or removed from their medical aid.

Individual cover option policyholders do need to notify Zestlife to extend the cover to additional medical aid dependents. This will require the policyholder to move to a family cover option.

7. DOES THE POLICY COVER MORE THAN ONE SPOUSE?

The family cover options only provide cover for one spouse. Policyholders with more than one spouse as medical aid dependants, are required to notify Zestlife of their nominated spouse for cover under the policy.

8. DOES COVER CONTINUE FOR THE SURVIVING SPOUSE AND DEPENDANTS IF THE POLICYHOLDER PASSES AWAY?

The surviving spouse and family members can continue the cover should they elect to do so, provided they inform Zestlife in writing within 90 days and remain a member of Profmed medical scheme.

9. WHAT COVER EXCLUSIONS EXIST FOR PPS GAP COVER?

The list of exclusions includes the standard insurance exclusions, such as sickness or injury that is caused from nuclear weapons or material, injury from an accident while over the legal alcohol limit, active participation in war, police duty and civil commotion. There are also a number of specific exclusions, such as cosmetic surgery, treatment for obesity, cancer treatment or planned procedures received outside of South Africa and any event not covered by your medical aid. It is worth studying the full list of exclusions, which appears in the policy document.

10. WHAT WAITING PERIODS ARE APPLIED BY PPS GAP COVER?

There is no 3-month general waiting period or condition-specific waiting periods. However, no benefits can be claimed for a period of 12 months from the start date of cover in respect of medical conditions for which, in the 12 months before the start date of the cover, medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

Pregnancy before the start date of cover will be regarded as a pre-existing condition and any pregnancy and birth-related claims will be excluded for 12 months from the start date of the cover.

If, prior to the start date of PPS Gap Cover, a policyholder had cover under another Medical Expense Shortfall Policy, then the pre-existing condition waiting period will only be applied to the unexpired period of the pre-existing condition waiting period from the previous policy. The pre-existing condition waiting period will, however, apply for the full period of 12 months for any benefit not provided under the previous Medical Expense Shortfall Policy.

11. WHICH INSURER UNDERWRITES THIS POLICY?

Your PPS Gap Cover policy is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised (FSP no. 75).

12. WHO ADMINISTERS THIS POLICY?

Your PPS Gap Cover policy is administered by Zestlife (FSP no. 37485) and can be contacted on 021 180 4220 at info@zestlife.co.za.

13. WILL I BE REQUIRED TO GO FOR A MEDICAL EXAMINATION TO QUALIFY FOR THE POLICY?

There are no medicals required when applying for this policy and cover is effective from the 1st day of the month following application or from a future date.

14. DOES THIS POLICY HAVE A SURRENDER VALUE?

There is no savings or endowment portion and there is therefore no surrender value on the policy.

15. HOW CAN I CANCEL THE POLICY?

The policy can be cancelled by giving Zestlife 31 calendar days' written notice. Where policy cancellation takes place within 31 days following the commencement of cover, any premiums paid will be refunded.

16. WILL MY PREMIUM INCREASE EACH YEAR?

Yes. Premiums are likely to increase every year in line with rising medical costs and increasing medical expense shortfalls and co-payments as covered under the policy. Annual premium increases, benefit enhancements, introduction of new benefits and any changes to policy terms and conditions are communicated to policyholders in advance and are effective from 1 January for the new calendar year.

17. IS THERE A POLICY FEE ATTACHED TO THIS POLICY?

There is absolutely no additional policy fee. The costs incurred for administration is covered in your premium.

18. WHEN WILL PREMIUM PAYMENTS COMMENCE?

Your first premium will be debited in the first month of the activation of your policy. You can choose the day of the month that your debit order will be deducted.

19. WHEN WILL I RECEIVE MY POLICY DOCUMENTS?

Your policy documents will be sent to you within 1 week of taking out this cover.

20. WHEN DOES THE POLICY TERMINATE?

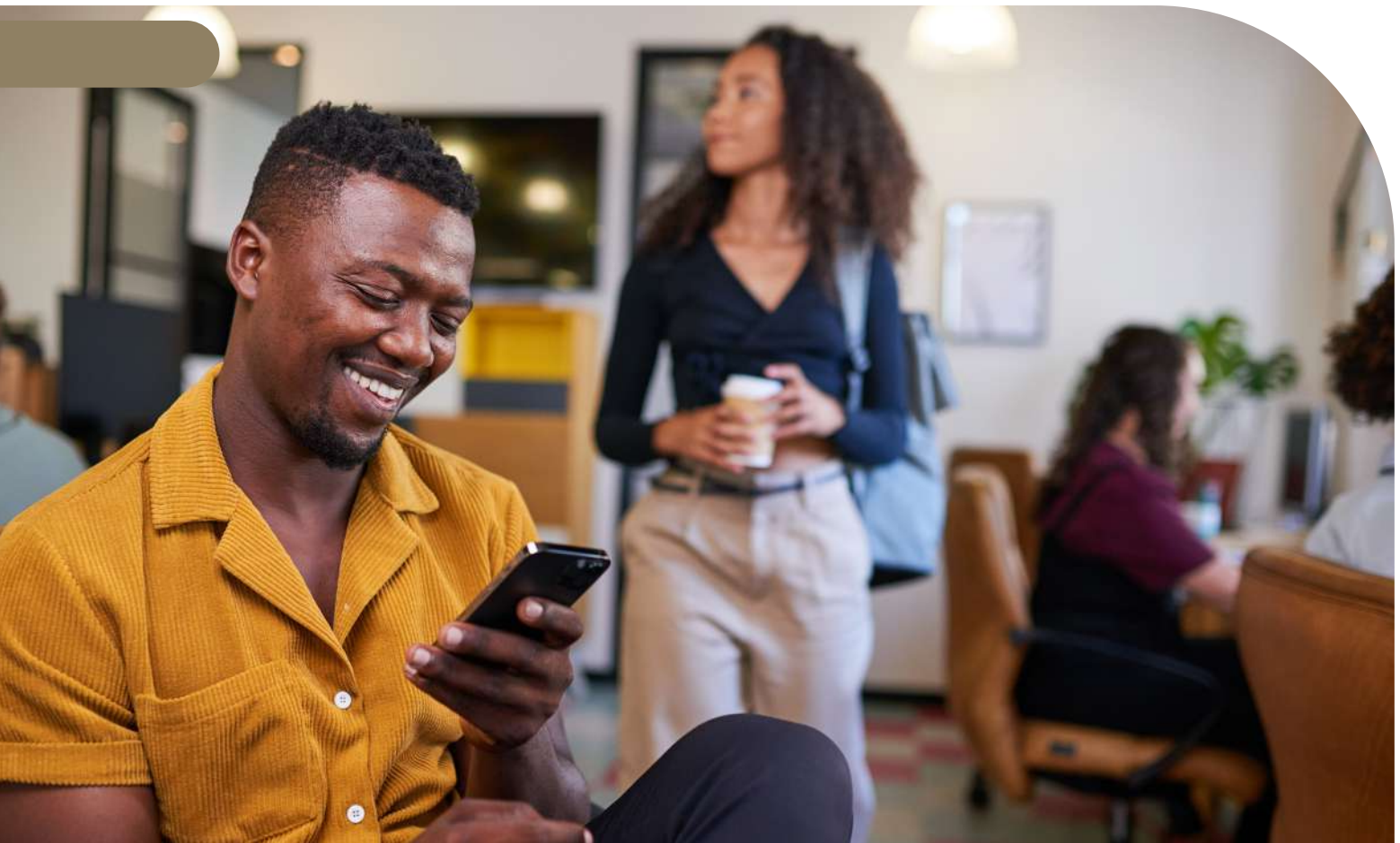
There is no specific age limit that gives rise to this policy terminating. However, if the policyholder allows the policy to lapse, due to non-payment of premiums or when the policyholder cancels the policy, it will terminate.

21. WHAT IS THE OLDEST AGE THAT AN INDIVIDUAL CAN APPLY FOR THE COVER?

There is no maximum entry age.

22. TO WHOM IS THE BENEFIT PAID?

Benefits will either be paid to you as the policyholder (in which case you are responsible for settling the accounts with the medical practitioner or service provider) or directly to the medical practitioner or service provider, at the discretion of the insurer. Note that benefits payable directly to the policyholder cannot be paid into a business bank account or into a third party's bank account. The benefit paid is net of any discount received/negotiated.



23. SHOULD I NOTIFY SOMEONE IF I NEED TO LODGE A GAP CLAIM?

Please notify Zestlife when you want to lodge a gap claim. Email info@zestlife.co.za and provide the patient name, incident date and service provider names. PPSHA, Profmed's Administrator, will provide medical scheme claim payment transactions to Zestlife on your behalf to make your claims experience more efficient. You will not need to provide supporting documentation, such as medical aid statements and provider invoices. Zestlife will contact you if more information and/or documents are required.

24. HOW LONG DOES IT TAKE TO PAY A CLAIM?

Claims are paid in approximately 10 days from receipt of all documentation.

25. WHEN CHANGING TO PPS GAP COVER FROM ANOTHER GAP COVER POLICY HOW ARE WAITING PERIODS APPLIED TO PRE-EXISTING HEALTH CONDITIONS?

Where a policyholder is moving from an existing gap cover policy to PPS Gap Cover, waiting periods will only be applied to the unexpired part of a 12-month pre-existing condition waiting period. This is as determined from the commencement date of the existing gap policy and applies to shortfalls and co-payments covered under the existing gap cover policy and PPS Gap Cover.

A 12-month pre-existing condition waiting period will however apply to any Gap Cover benefit not provided under the existing policy.

26. WHAT DOCUMENTATION IS REQUIRED TO REPLACE AN EXISTING GAP POLICY?

We require the following documents to be provided together with the completed PPS Gap Cover application form:

- Copy of client's current gap policy contract and schedule confirming the policy commencement date and current benefits provided by the policy.
- Confirmation of the client's effective date of cancellation of current policy.
- Confirmation of medical aid membership and list of medical aid dependants.
- Completion of Replacement Policy Advice Record.

27. CAN THE PPS GAP COVER COMMENCEMENT DATE BE BACKDATED TO THE MEDICAL AID COVER START DATE?

No, cover under the policy can only commence on a date after the PPS Gap Cover application is completed and submitted. This can be any date from the 1st day of the month, following the month of the PPS Gap Cover application.

28. DOES THE POLICY COVER CORRECTIVE JAW SURGERY, ALSO KNOWN AS ORTHOGNATHIC SURGERY?

The shortfall will be covered, provided:

- The surgery was not treated as an elective/ cosmetic procedure by the medical aid and was covered and paid by the medical aid from the Major Medical Benefit (MMB).
- The in-hospital treatment does not relate to a pre-existing condition exclusion within the first 12 months of cover.
- Consumables, medicines, materials, appliances, equipment, dental implants are not covered as these are not a doctor's service charge for performing the procedure.

29. ARE MEDICAL EXPENSE SHORTFALLS AND CO-PAYMENTS FOR CIRCUMCISION COVERED?

Yes, PPS Gap Cover will cover medical expense shortfall charges and co-payments levied by the medical aid if the circumcision is medically required due to an underlying health condition. However, routine and ritual circumcision is deemed an elective procedure and is therefore not covered.

30. IS MY PARTNER COVERED UNDER MY PPS GAP COVER POLICY?

Yes, but only if your partner is covered on your medical aid and you are on a family cover (not individual) option. If your partner to whom you are not legally married has their own medical aid, then your partner will have to take out their own gap policy.

31. DOES PPS GAP PAY FOR HOME BIRTHS?

This out-of-hospital procedure is covered, so the shortfall on the charges in excess of the medical aid tariff for the midwife/nurse will be covered by PPS Gap Cover. This is provided that the claim is not subject to the 12-month pre-existing condition exclusion applicable to the first 12 months of cover.

32. ARE SPLIT BILLING CHARGES COVERED BY PPS GAP COVER?

No. Split billing is the practice where a medical practitioner charges a medical aid member an additional fee on top of the medical practitioner's treatment charge amount submitted to medical aid.

33. DOES THE GAP POLICY COVER SHORTFALLS IN RESPECT OF FEES CHARGED BY ALLIED HEALTH PROFESSIONALS?

No. Cover for fees charged by allied health professionals are excluded. Examples of allied health professionals are:

- Acupuncturists
- Audiologists
- Biokineticists
- Chiropractors
- Clinical technologists
- Diagnostic medical sonographers
- Dieticians
- Nurses
- Occupational therapists
- Physical therapists
- Physiotherapists
- Podiatrists
- Radiographers
- Respiratory therapists
- Scientists
- Sleep studies
- Speech therapists
- Technologists

34. DOES PPS GAP COVER PAY THE SHORTFALL RELATING TO THE COST OF THE LENS IMPLANTED DURING CATARACT REMOVAL SURGERY?

Yes. PPS Gap Cover provides a benefit for intra-ocular lenses up to a maximum of R6 000 per lens for each individual insured under the policy per calendar year. This benefit is limited to the costs of the actual lens and excludes ancillary materials.

35. WILL PPS GAP PAY FOR CO-PAYMENTS CHARGED WHEN USING A NON-NETWORK HOSPITAL?

Yes. PPS Gap Cover will cover the non-network hospital co-payment, subject to a maximum of R12 400 and limited to one claim per policy each year.

36. DOES PPS GAP COVER APPLY WHILE OUTSIDE THE BORDERS OF SOUTH AFRICA?

Yes, cover applies for the first 90 consecutive days while outside the borders of South Africa. PPS Gap Cover does not cover planned procedures and cancer treatment outside the borders of South Africa.

37. WILL I RECEIVE AN IT3 TAX CERTIFICATE FOR MY PPS GAP COVER CONTRIBUTIONS?

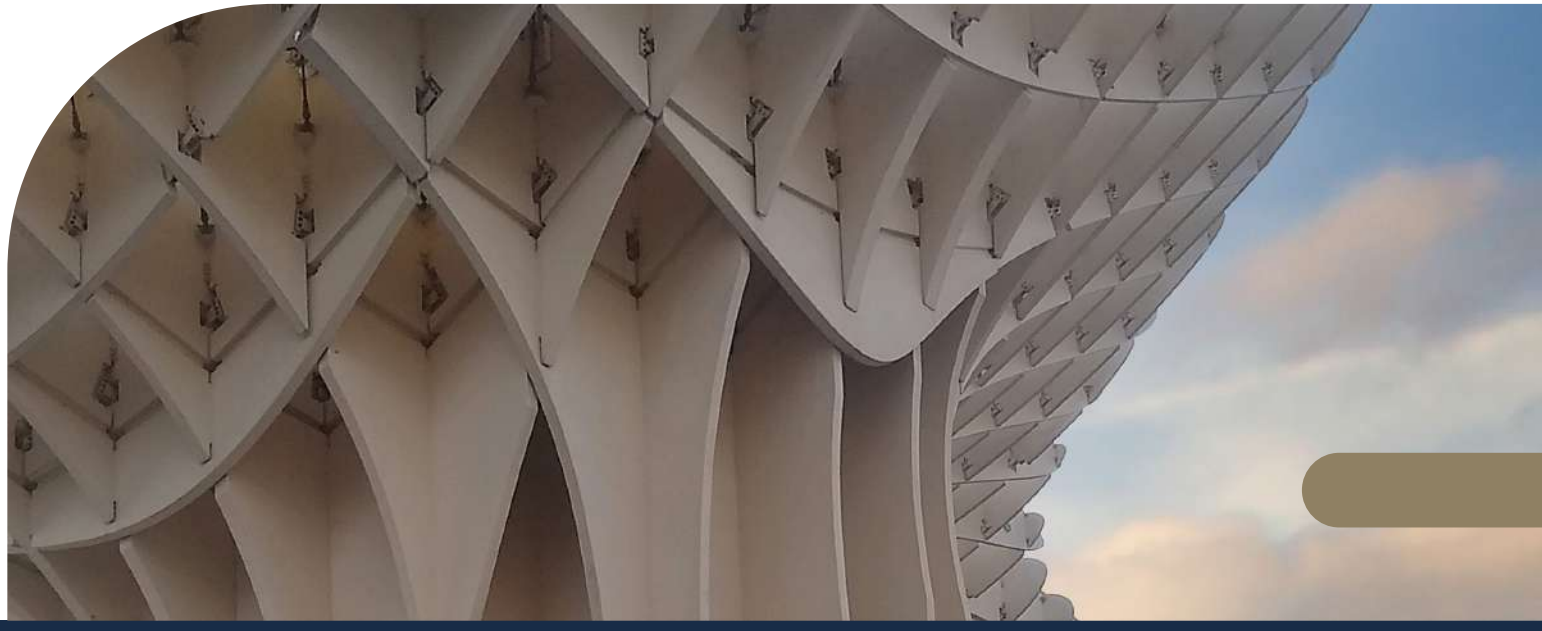
Gap cover policy premiums are not tax deductible in the same way that your medical aid premiums are. No IT3 tax certificates can therefore be issued for this purpose.

38. WHAT WOULD HAPPEN IF I MISS A PREMIUM PAYMENT?

If you miss a premium you have 31 days to pay the outstanding premium. If you pay by debit order and we are unable to collect your premium by the due date, we will try to deduct 1.5 times your monthly premium during the next monthly debit order run. If the outstanding premium is not paid within 31 days or we are again unable to collect your outstanding premium, we will cancel your policy and your cover will end at midnight on the day before your outstanding premium was due.

39. HOW DO I SIGN UP FOR PPS GAP COVER?

Contact Profmed New Business at **degree@profmed.co.za** or on 0800 334 733.



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