

# PPS GAP COVER 2025

## THE PROBLEM

All medical aid members face the problem that surgeons, anaesthetists and other specialists frequently charge more than the amount covered by the medical aid.

When this occurs, the medical aid member becomes liable to pay for the medical expense shortfall (self-payment).

The table below contains some of the procedures that frequently result in medical expense shortfalls. These are accompanied by actual Rand amount examples paid by PPS Gap Cover in the past year (Source: 2023/2024 Zestlife claims register).

### Examples of medical procedures that are frequently not covered in full by medical aids

### Examples of medical expense shortfalls paid by Gap Cover in 2023/2024

NATURAL CHILDBIRTH	R36 163
CAESAREAN SECTION CHILDBIRTH	R50 036
TONSILLECTOMY	R9 329
HERNIA REPAIR	R37 965
BREAST CANCER SURGERY	R42 534
KNEE REPLACEMENT SURGERY	R55 990
HIP REPLACEMENT SURGERY	R61 198
ANKLE SURGERY	R53 831
SHOULDER SURGERY	R93 080
HAND SURGERY	R48 620
FOOT SURGERY	R52 660
LUNG SURGERY	R42 955
BRAIN SURGERY	R117 586
LIVER SURGERY	R23 692
KIDNEY SURGERY	R40 940
INTESTINE SURGERY	R55 629
HEART SURGERY	R192 000
HEART VALVE REPLACEMENT SURGERY	R150 327
SURGERY FOR FRACTURED ARM	R41 307
EYE SURGERY	R40 171
EAR SURGERY	R124 033
CANCER TREATMENT	R135 507
SPINAL SURGERY	R120 357

## THE SOLUTION

Medical aid members can insure themselves against medical expense shortfalls with PPS Gap Cover.



PPS Gap Cover is not a medical aid or a substitute for medical aid and the cover is not the same as a medical aid. It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical aid only covers your medical treatment and procedure costs in part.

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

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# PPS GAP COVER BENEFIT SUMMARY

## Who's Covered?

- Cover is available to members of Profmed medical scheme.
- Cover can be taken out for the whole family or for individuals.
- Family cover includes the main member and all members of their family listed as medical aid dependants. Where spouses who are legally married have their own separate Profmed membership they are both covered under the same PPS Gap Cover policy.
- Individual cover is for medical aid members who are the only person covered by Profmed medical scheme membership.
- There are no maximum entry age restrictions for family members or individuals and cover continues for as long as they are covered by Profmed medical scheme.



## SECTION A: MEDICAL EXPENSE SHORTFALL COVER

**Benefits covered under this policy, listed in section A are subject to a combined maximum cover limit of R230 000 per individual insured, per calendar year.**

### In-hospital Cover

Shortfalls are covered on doctor and specialist charges of up to 500% of the medical scheme tariff (MST). The shortfall cover amount provided is calculated as: doctor and specialist charges (limited to 5 times MST) less the greater of either the medical scheme's payment towards these costs or the MST.

### Medical Aid Co-payment Cover

Co-payments imposed by medical aids for hospital admissions, scans and medical procedures are covered. Cover is not available for penalty co-payments, e.g. not obtaining pre-authorisation or not following other protocol requirements.

### Non-network Co-payment Cover

Full cover for co-payments charged by medical aids for using a non-network hospital or provider. This cover is subject to a maximum of R16 000 and limited to two claims per calendar year.

### Casualty Facility Treatment for Accidental Injury Cover

R25 400 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged for the fitment and cost of prosthesis and devices such as crutches, neck braces, knee and ankle guards, post-treatment and recuperative devices are not covered under this benefit.

### Casualty Facility Emergency Treatment

Cover for after-hours emergency treatment for children younger than 11 in a casualty facility. Cover is for the facility fee, medical practitioner consultation, on sight medication, ward stock, radiology and pathology, as not covered by medical aid, after-hours Monday to Friday between 18h00 and 07h00 and all-day on Saturdays, Sundays and public holidays. Cover is provided up to a maximum amount of R2 800 per policy per calendar year.

This benefit does not cover prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.

### Oncology Treatment in Excess of Cancer Limit: Co-payment Cover

Cover for co-payments levied by medical aid when the annual cancer treatment limit is exceeded. This benefit is to cover general and specialised treatment and biological drugs. Cover is subject to a maximum co-payment of 25% of the costs of treatment.

### Oncology Treatment in Excess of Cancer Limit: Contribution to Costs Cover

Cover for continued treatment costs of cancer when a medical aid treatment cost limit is imposed and no further funding is provided by medical aid. Cover is provided for 20% of the insured's continued treatment costs. This benefit can be used for general and specialised treatment and biological drugs not covered by your medical aid.

### Pre- and Post-surgery Specialists' Consultations

Cover for shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery. The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre- and post in-hospital surgery less than the higher of the amount paid by your medical aid or one times the medical aid tariff.

To qualify for this benefit:

- The medical aid must pay a portion of the admitting medical practitioner fees from risk or savings benefit.
- The admitting medical practitioner

consultation must occur within a period of 30 days before or after surgery.

- The surgery must be conducted in a hospital operating theatre.

Cover is provided up to a maximum amount of R3 000 for each individual insured under the policy per calendar year.

Consultations relating to C-sections and diagnostic procedures such as biopsies and scopes (e.g. colonoscopy and endoscopy etc) are not covered.

### **Enhanced Cancer Cover: Cosmetic Breast Reconstruction**

Cover is provided for the amount not covered by medical aid up to a maximum of R27 500 for each individual insured. This cover is to be paid towards the costs of surgical breast reconstruction of the non-affected breast, in the event of a single mastectomy resulting from breast cancer.

### **Internal Prosthesis and Artificial Joint Cover**

Cover for up to R44 000 per policy per calendar year is provided for medical expense shortfalls and co-payments on the cost of an internal prosthesis. This benefit is available to policyholders who are on medical aid options that provide internal prosthesis cover under the major medical benefit. This benefit will cover the shortfall if the medical aid does not cover the cost of the internal prosthesis in full because the medical aid annual limit has been exceeded or where the medical aid charges a co-payment.

An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a loss or reduction in bodily function. Examples of internal prostheses include joint replacements and spinal fusions.

Stents are covered but limited to a maximum shortfall amount of R3 700 for each individual insured under the policy, per calendar year.

Intra-ocular lenses are covered up to a maximum of R6 500 per lens for each individual insured under the policy per calendar year. This benefit is limited

### **Out-of-hospital Cover**

This policy benefit covers the shortfalls on doctor and specialist out-of-hospital treatment charges for any of the over 50 procedures approved by the policy. Out-of-hospital medical expense shortfall cover is calculated as: (the combined doctor and specialist charges up to but not exceeding 5 times the medical aid tariff amount) less (the greater of either the medical aid's payment towards these charges or the stipulated medical aid tariff amount for these charges).

#### **Out-of-hospital treatment includes:**

- 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
- Circumcision (excluding elective or religious circumcision)
- Closure of colostomy
- Colonoscopy or sigmoidoscopy
- Coronary angiogram
- Coronary angioplasty
- CT scan
- Cystoscopy
- Dilatation and curettage
- Direct laryngoscopy
- Endoscopy
- Excision of skin lesions (melanoma and other malignant neoplasms of the skin)
- Female sterilisation (permanent)
- Ganglion surgery

to the costs of the actual lens and excludes ancillary materials.

A claim payment for stents and intra-ocular lenses will not reduce your overall limit of R44 000 for internal prostheses.

Breast implants, cochlear implants and pacemakers are however specifically excluded.

### **International Travel Benefit**

Cover for benefits under the policy for claim events due to an accident or illness, that occur whilst travelling outside of the borders of the Republic of South Africa.

This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.

### **Robotic Medical Procedure Cover**

Cover of up to R37 600 per policy per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.

### **In-hospital Dentistry Expense Shortfall and Co-payment Cover**

Dentistry shortfalls are covered on doctor, dentist and specialist charges of up to 500% of the medical scheme tariff (MST). The shortfall cover amount provided is calculated as: doctor and specialist charges (limited to 5 times MST) less the greater of either the medical aid's payment towards these costs or the MST. Non-DSP (Designated Service Provider) co-payments levied by the medical aid for dental hospital admissions and procedures are covered subject to a maximum of R16 000 and limited to two claims per calendar year.

### **MRI, PET and CT Scans in Excess of Medical Aid Sub-limit**

This policy covers the shortfall for MRI, PET and CT scans when the medical aid sub-limit has been reached.

Cover is provided up to a maximum amount of R3 700 for each individual insured under the policy per calendar year. This benefit cannot be claimed along with a co-payment cover claim.

- Gastroscopy
- 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
- Lymph node biopsy
- Marsupialisation of Bartholin's cyst
- MRI scan
- Myringotomy
- Needle biopsy of the liver
- Non-invasive haemorrhoidectomy (inclusive of sclerotherapy and band ligation)
- Nuclear scans (limited to the mapping of cancer)
- Oesophagoscopy
- Orchidopexy
- PET scan
- Prostate biopsy
- Pterygium removal
- Surgical biopsy of breast lump
- Surgical hemorrhoidectomy (excluding sclerotherapy or band ligation)
- Sinus surgery, limited to:
  - Frontal sinus
  - Functional endoscopic sinus
  - Bilateral function endoscopic sinus
- Tonsillectomy
- Trabeculectomy and trabeculoplasty
- Tubal ligation
- Vacuum biopsy of the breast (X-Ray stereotactic mammography-biopsy)
- Varicose veins
- Vasectomy

## SECTION B: ENHANCED CANCER COVER

The Enhanced Cancer Cover benefit of R30 000 is to cover the unexpected costs which may arise in the event of first-time diagnosis of cancer, stage II and above. This benefit applies to first-time diagnosis of stage II regional cancer and stage I prostate cancer where the Gleason score is 8 or higher. Payment of this benefit is subject to confirmed cancer diagnosis with an ICD-10 C code (International Classification of Diseases Code), and the person insured under the policy registering on their medical aid's oncology treatment programme. This cover excludes skin cancer and only applies to the first-time diagnosis of cancer after the commencement of cover and after completion of the 12-month waiting period.

## MONTHLY PREMIUMS 2025

### GAP COVER

COVER FOR INDIVIDUALS		COVER FOR FAMILIES	
Younger than 35 years old	<b>R253 pm</b>	Where all lives insured are younger than 65	<b>R567 pm</b>
35-54 years old	<b>R452 pm</b>		
55-64 years old	<b>R567 pm</b>	Where one or more lives insured are older than 65	<b>R711 pm</b>
65 years and older	<b>R711 pm</b>		

*An over-65 premium applies if the main medical scheme member or any of their dependants are 65 years at commencement of their cover. Premiums will be revised annually and be effective from 1 January each year.*

## SUMMARY OF POLICY TERMS AND CONDITIONS

### Waiting Periods

- No general or condition-specific waiting periods apply. However, no benefits are payable 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 cover under the PPS Gap policy, a policyholder had cover under another gap cover 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 gap cover policy.

## General Exclusions

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any recreational drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Illness or injury caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- All forms of aviation except commercial aviation where you are a fare paying passenger or a pilot or air crew on a commercial flight.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

## Specific Exclusions

- Cosmetic surgery unless required due to illness or injury.
- Penalty co-payments imposed by medical schemes for not following the rules of the scheme. An example of this type of penalty co-payment is the amount not covered by medical aids for not obtaining pre-authorisation prior to undergoing a medical procedure.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, contraception-related treatments, ART (assisted reproduction therapy) and elective circumcisions.
- Treatment of depression, mental or mental stress-related conditions.
- Claims not covered by the medical scheme.
- Private and home nursing.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical aid.
- Hospital charges.
- Medication and other materials.
- External prostheses.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- Day-to-day medical practitioner costs.
- Breast and dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Treatment costs for services rendered by allied health care professionals, such as but not limited to dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, physiotherapists, diagnostic medical sonographers, physical therapists, radiographers and respiratory therapists.

## Extended Cancer Cover

- This is an optional policy benefit. If you or any of your dependants insured under the policy are diagnosed with cancer for the first time, we will pay you the Extended Cancer Cover benefit of R120 000 or R240 000, depending on the cover purchased by the policyholder, to cover the unexpected costs which may arise as a result of the diagnosis. This covers the policyholder and medical aid dependants insured under the policy. When applying for this cover, policyholders will be required to answer an underwriting question that relates to previous diagnosis or treatment of cancer.
- This cover has a 12-month pre-existing condition exclusion and a six-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65<sup>th</sup> birthday.

EXTENDED CANCER COVER AMOUNT	MONTHLY PREMIUM
R120 000	R112 pm
R240 000	R186 pm

*Premiums are valid for 2025. Prices may increase 1 January 2026.*

### Insurer Details

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP no. 75) and licensed non-life insurer. Administered by Zestlife, an authorised financial services provider (FSP no. 37485).



## CLAIMS

Please notify Zestlife when you want to lodge a gap claim. Email [info@zestlife.co.za](mailto: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.



# CONTACT US

### Advice and new applications:

1. Contact Profmed New Business at [degree@profmed.co.za](mailto:degree@profmed.co.za) or on 0800 334 733.
2. Alternatively Chat to your Financial Advisor or contact Zestlife on 021 180 4220 | 0860 009 378 or email [info@zestlife.co.za](mailto:info@zestlife.co.za).



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