



OLD MUTUAL **GAP COVER**

At Old Mutual, we care about real people and real needs. We understand that it is vital for you and your family to have access to primary healthcare services. Unfortunately medical scheme cover is not enough to safeguard you against substantial medical expense shortfalls and co-payments that could occur during in- and some out-of-hospital procedures. This is where we step in...

Old Mutual Gap Cover is our affordable solution to boost your medical scheme cover and bridge the gap between what your medical scheme pays and what your specialists charge.

Medical service providers can charge multiple times more than the medical scheme tariff. Medical schemes may also impose co-payments and deductibles on certain procedures and scopes, for which you will be financially responsible.

FROM ONLY R200* PER FAMILY, PER MONTH, OLD MUTUAL GAP COVER PROTECTS YOU FROM MEDICAL EXPENSE SHORTFALLS AND CO-PAYMENTS.

*Please note that the policy premium is R260 should a member of the family be over the age of 60.

- Available to members of a registered medical scheme.
- One price per family, including you and 6 family members.
- Members on different medical schemes can be covered on the same Old Mutual Gap Cover policy.

Old Mutual Gap Cover – brought to you by a brand you can trust.

Contact us:

0861 482 483 or omnewbusiness@insuremed.co.za





CORE BENEFITS

COMPENSATION

- Total benefit per policy is R157 500 per beneficiary, per annum.
- All claims paid out directly to the Principal Member or the account holder.

COVERED EVENTS

- Hospitalisation for accidental harm, illness or other health incidents.
- Oncology treatment, including chemotherapy, radiotherapy or other drug regimen.
- Trauma/Casualty benefit.

IN-HOSPITAL BENEFITS

TARIFF SHORTFALLS

- Up to 500% of medical scheme tariff fee.

CO-PAYMENTS & DEDUCTIBLES

- Includes MRI, CT, PET, SPECT and ultrasound scans.
- Limited to certain diagnostic and medical procedures/treatment such as gastroscopies and colonoscopies.

SHORTFALLS FROM SUB-LIMITS

- Up to a maximum compensation limit of R44 000 per policy, per annum.

DENTAL SURGERY BENEFIT

- Up to a maximum of R5 000 per beneficiary, per annum for tariff shortfall cover and R5 000 per beneficiary for co-payment and deductible cover, for impacted wisdom teeth removal.

PENALTY CO-PAYMENT

- Penalty co-payment for the use of a non-designated hospital, covered up to a maximum compensation of R12 800, limited to one event, per family, per annum.



IN- AND OUT-OF-HOSPITAL ONCOLOGY BENEFITS

ONCOLOGY TARIFF SHORTFALLS

- Up to a maximum compensation limit of R157 500 per beneficiary, per annum.

ONCOLOGY CO-PAYMENTS

- Up to a maximum co-payment of 20%, subject to the maximum compensation limit of R157 500 per beneficiary, per annum.

ONCOLOGY SUB-LIMITS

- Up to a maximum compensation limit of R157 500 per beneficiary, per annum.

OUT-OF-HOSPITAL BENEFITS

TARIFF SHORTFALLS

- Up to 300% of medical scheme tariff fee for out-patient procedures, limited to 2 claims per beneficiary, per annum.

CO-PAYMENTS & DEDUCTIBLES

- Includes MRI, CT, PET, SPECT and ultrasound scans.
- Limited to certain diagnostic procedures such as gastroscopies and colonoscopies.

TRAUMA BENEFIT

- Casualty ward benefit related to a trauma event, limited to R5 000 per family, per annum.

EXTERNAL APPLIANCE BENEFIT

- Up to a maximum of R2 000 per annum for appliances such as crutches, knee braces, arm slings and moon boots.

BENEFIT EXTENDER

FAMILY BOOSTER

- Up to a maximum compensation limit of R12 000 (for a premature birth more than 41 days before due date).

DENTAL RECONSTRUCTION BENEFIT

- Up to a maximum compensation limit of R40 000 per incident if a beneficiary requires dental reconstruction as a result of trauma or oncology treatment.
- Applicable to events occurring after commencement of cover.

MEDICAL SCHEME CONTRIBUTION WAIVER

- Up to a maximum of 6 months (R26 400) compensation for medical scheme contributions over the policy lifetime upon death or permanent disability of the principal member of the medical scheme if they are also the principal member of this gap policy.

IMPORTANT TO NOTE

- There is a 3-month general waiting period and a 12-month waiting period on pre-existing conditions.
- Prescribed Minimum Benefits (PMBs) are excluded from cover on this policy.

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

Terms and conditions apply to all of the above. Speak to a consultant for more policy information.

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