

FREQUENTLY ASKED **QUESTIONS**

OLD MUTUAL **GAP COVER**



1. IS THERE AN ANNUAL LIMIT ON MY POLICY?

Yes, the total benefit per policy is limited to R157 500 per beneficiary, per annum.

2. WHAT IS OLD MUTUAL GAP COVER?

Old Mutual Gap Cover provides cover for the difference in the amount charged by a Registered Medical Professional and the Medical Scheme Rate for services rendered while admitted in hospital. The maximum amount that will be paid towards this shortfall is calculated as 5 times (or 500%) of the medical scheme tariff or 1 (100%) times the medical scheme tariff (subject to the annual limits above).

3. IS OLD MUTUAL GAP COVER A MEDICAL SCHEME?

No, it 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.

4. WHY DO I NEED GAP COVER?

There is often a shortfall between what a medical scheme pays and the actual cost of a procedure or treatment because service providers are entitled to charge more than the Medical Scheme Rate. The shortfall then becomes the member's responsibility and he/she will therefore need to have additional cover under these circumstances.

Some Hospital and Comprehensive Medical Plans offer cover at 100%, 150% or 200% of Medical Scheme Rates for hospitalisation only, while the actual costs could be more than 500% of Medical Scheme Rates.

Gap Cover will cover the difference between what your medical scheme will pay and the actual cost of in-hospital doctor's bills up to a maximum of 500% of Medical Scheme Rates.

Listed on the following page are four common medical procedures, with the combined charges of the specialist and anaesthetist opposite each. The third column illustrates the payment shortfall an individual on a standard, 100% of Medical Scheme Rate, scheme option would experience.

Procedure:	Amount charged by practitioner:	Potential shortfall incurred (Payable by Gap Cover):
Colonoscopy	R 14 510	R 4 805
Back Fusion	R 105 302	R 68 188
Shoulder Operation	R 19 082	R 11 958
Joint replacement	R 46 661	R 23 597

5. DOES MY GAP COVER POLICY COVER CO-PAYMENTS AND DEDUCTIBLES?

Yes, your co-payments and deductibles are covered as part of the policy (for more information ask a consultant).

EXAMPLES OF LISTED CO-PAYMENTS

Scheme name:	Procedure:	Listed co-payment:
Scheme A	Gastroscopy in hospital	R 4 250
Scheme B	Gastroscopy in hospital	R 4 500
Scheme A	MRI/CT scans out of hospital	R 3 350
Scheme B	MRI/CT scans in and out of hospital	R 2 500
Scheme A	Removal of impacted wisdom teeth in-hospital	R 6 200
Scheme B	Removal of impacted wisdom teeth in-hospital	R 1 500

6. WHICH COMPANIES ARE INVOLVED IN OLD MUTUAL GAP COVER?

Old Mutual Gap Cover is a product underwritten by Old Mutual Insure, and administered by Insuremed Administrators (Pty) Ltd.

7. WHAT IS THE AGREED MEDICAL SCHEME RATE?

The Council of Medical Schemes has specific codes for procedures and each code has a specific rate, which is used as a guideline by medical schemes.

8. WHAT ARE THE COVER BENEFITS FOR CO-PAYMENTS & DEDUCTIBLES?

Cover is provided for procedural co-payments and deductibles (the excesses imposed in terms of your medical scheme rules) for procedures performed as an in-patient or an out-patient, including MRI, CT, PET, SPECT and Ultrasound Scans (a full list of the defined procedures is available from a consultant). Benefits also include additional cover for a co-payment and deductible charged when using a non-designated hospital, limited to R12 800 per family, per annum.

9. ARE DAY-TO-DAY SERVICES COVERED UNDER THIS POLICY?

No, normal visits to your general practitioner or specialist, and auxiliary services on a day-to-day basis are not part of your Old Mutual Gap Cover policy benefit.

10. DOES THIS POLICY COVER PRESCRIBED MINIMUM BENEFITS (PMBs)?

No, the Old Mutual Gap Cover policy does not include benefits for PMB claims.

11. WHAT IS A PRESCRIBED MINIMUM BENEFIT?

Prescribed Minimum Benefits (PMBs) is a set of defined benefits to ensure all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable.

Prescribed Minimum Benefits fall under the Medical Schemes Act, according to which 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 (defined in the Diagnosis and Treatment Pairs); and
- 25 chronic conditions (defined in the Chronic Diseases List).

12. WHAT ARE THE WAITING PERIODS AND POLICY EXCLUSIONS?

Please ask a consultant to provide you with information on the waiting periods and the list of standard policy exclusions.

13. WHAT IS THE COST OF THE OLD MUTUAL GAP COVER POLICY?

Please refer to the option premiums as indicated in the brochure or ask a consultant.

14. ARE PREMIUM INCREASES APPLICABLE?

Yes, a premium increase may be applied on an annual basis, effective from 1 January each year.

15. WILL THERE BE ADDITIONAL COSTS?

No, intermediary and administration costs are included in your monthly premium.

16. WHEN WILL THE FIRST PREMIUM BE DEBITED?

The first premium will be debited prior to the first month of cover, whichever date the account holder has selected on the application form (i.e. the 1st, 5th, 15th or the 25th of the month).

17. WILL MY OLD MUTUAL GAP COVER PREMIUM AND MEDICAL SCHEME CONTRIBUTION BE DEBITED TOGETHER?

No, Old Mutual Gap Cover is a separate insurance product, administered by a different company.

18. WHAT HAPPENS IF THE DEBIT ORDER DATE FALLS ON A WEEKEND OR PUBLIC HOLIDAY?

A debit order will be deducted on the next working day.

19. WHO CAN APPLY FOR OLD MUTUAL GAP COVER?

Old Mutual Gap Cover is available to individuals who are members of a registered South African medical scheme and meet the requirements of an Eligible Member (please ask a consultant to assist you with the definition of an Eligible Member). Members on different medical schemes can be covered on the same Old Mutual Gap Cover policy.

20. DO I HAVE TO GO FOR A MEDICAL EXAMINATION TO QUALIFY?

No, cover is available immediately (subject to the relevant waiting periods as listed in the policy documentation). However, underwriting may be applied at claim stage.

21. WHO IS COVERED BY THIS POLICY?

Cover is provided for you, and up to six additional family members (eligible spouse and/or eligible children) registered on your medical scheme as well as your Old Mutual Gap Cover policy. Dependants who are not registered on your policy will not enjoy cover. (Ask a consultant to assist you with the definition of an Eligible Member).

22. IS A NEWBORN BABY COVERED UNDER THE OLD MUTUAL GAP COVER POLICY?

Yes, newborn babies are covered from birth with no waiting periods, provided the baby is registered on the policy within 90 days from date of birth. Should the baby be registered more than 90 days after birth, waiting periods will apply.

23. IS A NEW SPOUSE COVERED UNDER THE OLD MUTUAL GAP COVER POLICY?

Yes, your new Eligible Spouse or life partner will be covered on the policy. Normal underwriting will apply. Please note that dependant registration is required and will not be backdated.

24. WHEN WILL I RECEIVE MY POLICY DOCUMENTS?

Your policy documents will be emailed to you within 1 (one) day of activation of your application, provided that the application form was completed in full and no additional information is required.

25. WHEN WILL THE POLICY COME INTO OPERATION?

Cover will commence on the 1st day of the calendar month after which your first premium is received. Terms and conditions apply.

26. WHEN CAN I SUBMIT A CLAIM?

It is advisable to submit the Old Mutual Gap Cover claim as soon as your medical scheme has paid their portion of the account, but not later than 4 (four) months after the end of the Covered Event. (Please ask a consultant for the specific definition of a Covered Event.)

27. WHICH DOCUMENTS ARE REQUIRED FOR THE SUBMISSION OF THE OLD MUTUAL GAP COVER CLAIM?

A completed claim form, available on request from the Administrator (omservice@insuremed.co.za/0861 482 584) or as a download on www.insuremed.co.za, must be accompanied by detailed copies of all relevant doctors' accounts, a clear copy of the Hospital account, detailed medical scheme claims statement reflecting the shortfall to the doctor, a copy of your medical scheme authorisation confirmation and a copy of the medical scheme membership certificate.

28. TO WHOM WILL THE CLAIM BENEFIT BE PAID OUT?

All claim payments are made directly to the debit order account details registered on the policy. For security purposes, should the bank details for payment of claims differ from the debit order account details listed on the policy, proof of bank details must be provided with your claim.

29. SHOULD I COMMUNICATE ANY CHANGES TO MY OWN OR MY DEPENDANTS' DETAILS; AND WHAT PROCESS DO I NEED TO FOLLOW TO MAKE THESE CHANGES TO MY POLICY?

Yes, any changes must be communicated to the Administrator (omservice@insuremed.co.za/0861 482 584) within 30 days of the change. Please attach a copy of your updated medical scheme membership certificate as confirmation of changes in respect of your dependants. Kindly contact the Administrator for assistance with any other changes.

30. WILL NEW WAITING PERIODS BE IMPOSED ON MY OLD MUTUAL GAP COVER POLICY WHEN I CHANGE FROM ONE MEDICAL SCHEME TO ANOTHER?

No. Although the Old Mutual Gap Cover policy runs in conjunction with a medical scheme, the Gap Cover waiting periods will not be affected when changing medical schemes.

31. WHEN DOES THE OLD MUTUAL GAP COVER POLICY END?

The policy will be terminated when the Eligible Member cancels the policy in writing or when the Eligible Member allows the policy to lapse.

32. WHAT PROCESS MUST I FOLLOW TO CANCEL THE POLICY?

To cancel the policy, the Administrator must be given 30 (thirty) days' notice to cancel the policy. (A cancellation form is available for download on www.insuremed.co.za)

33. WHEN WILL AN OLD MUTUAL GAP COVER POLICY BE CANCELLED AUTOMATICALLY?

It will be cancelled automatically once 2 (two) consecutive premiums have not been received, as the policy and all benefits will be suspended or when a stop order was requested by the account holder.

34. CAN AN OLD MUTUAL GAP COVER POLICY BE REINSTATED?

Yes, within 3 (three) months from the date of cancellation. If the policy is cancelled for a period longer than 3 (three) months, a new application form must be completed.

35. WHAT IS DEEMED TO BE AN INCIDENT OR COVERED EVENT?

A typical example of an incident or Covered Event will be:

You are a medical scheme member who suffers from persistent migraines and your medical practitioner requests an MRI (co-payment of R3 350 applies as an out-patient). The MRI indicates bleeding on the brain and you are admitted into hospital for treatment. While receiving treatment, a second MRI (as an in-patient) is done (co-payment of R3 350 applies) which confirms that you need an operation. The co-payments for both MRI scans and will be seen as one Covered Event.

36. CAN I CLAIM FOR CO-PAYMENTS ON GENERAL PRACTITIONERS' CONSULTATIONS AND MEDICATION?

No. Even though co-payments on medication and doctors' consultations are not covered, the Old Mutual Gap Cover does provide cover for specified co-payments on procedures and scans performed in- and out-of-hospital.

Should you have any further queries or wish to take up this product, please call us on 0861 482 483.