

**GENERAL RULES**

**All below benefits subject to overall annual limit of R195 000 per annum per beneficiary**

**No cover for Prescribed Minimum benefits**

**Cases that require additional intervention with the scheme will be referred to Med Claim Assist**

**Only cover will be considered once the scheme has processed accounts and scheme statement supplied**

No	Benefit	Rules/Benefits	Notes / MIP set up
1	<b>In- Hospital Specialist cover</b>	<ul style="list-style-type: none"><li>• Includes Day admissions and Maxillofacial and all Specialists as defined by the HSPCA</li><li>• Scheme must have processed the claim first</li><li>• Scheme exclusion excluded i.e. plastic surgery</li></ul>	<ul style="list-style-type: none"><li>• Check dates of specialist visits is whilst patient is in hospitals</li><li>• Pay at an additional 300% or 500% depending on Gap Option</li><li>• Use NetcarePlus rates as the base if no scheme tariff amount on the statement</li><li>• Always pay at the lessor amount claimed and 300% and 500%</li><li>• Refer to list of specialist Disciplines covered</li></ul>
2	<b>In – Hospital -Co-payments and deductibles</b>	<ul style="list-style-type: none"><li>• Includes Day Clinics</li><li>• Scheme must have processed the account</li><li>• If member paid and sent to scheme to refund and scheme rejects due to it being a deductible or co-payment refund the member if portion paid out of savings or health saver</li><li>• No cover if the deductible or co-payment is because of the use of a non-network provider – refer to benefit 3</li><li>• If the scheme paid an amount and there is a shortfall we will cover the difference. If no amount paid by the scheme for deductibles, then no recovery, i.e. if a scheme exclusion or scheme paid at agreed tariff</li><li>• Co-payment on procedures as per scheme rules covered from this benefit in full</li></ul>	

3	<b>Co-payments for voluntary use of a non-network hospital</b>	<ul style="list-style-type: none"> <li>• <b>Non Netcare – Limited to R10 600</b>, one admission per beneficiary per annum</li> <li>• <b>Netcare Hospitals (includes Akeso) – Unlimited</b>, Negotiate with Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital / Day Clinic account only</li> <li>• For non-Netcare - Member needs to pay and claim back from us once scheme has processed account</li> <li>• For Netcare the hospital will contact NetcarePlus (membership file on SAP) informing them of a co-payment, NetcarePlus will issue an auth and the hospital will bill NetcarePlus directly. For elective procedures the policyholder can contact NetcarePlus – they must supply the auth letter confirming the co-payment amount – NetcarePlus will issue an authorisation to member and Hospital and NetcarePlus will be billed directly</li> </ul>
4	<b>Specialists (out of Hospital)</b>  <b>Only for GapCare300 &amp; GapCare500</b>	<ul style="list-style-type: none"> <li>• Scheme must have paid an amount of the account even if its only R1.00 (pay up to a maximum of 300% or 500%)</li> <li>• Only Medical Specialists as defined by the HPCSA</li> <li>• No Gap cover if limits reached or savings exhausted, or member in the self-funding gap before reaching threshold – refer to benefit 5,</li> <li>• For schemes with a threshold, we apply the 300% or 500% once the threshold has been reached and the scheme pays a portion</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Specialist only</li> <li>• <b>Excluded:</b> General Practitioners, Dentists, Orthodontists, Allied Providers, Pathology, radiology, medication, optometry</li> <li>• Refer to list of specialist Disciplines covered</li> </ul>
5	<b>Additional day to day</b>  <b>Only for GapCare300 &amp; GapCare500</b>	<ul style="list-style-type: none"> <li>• <b>Limited to R20 000 per beneficiary per annum</b></li> <li>• <b>This benefit covers:</b> <ul style="list-style-type: none"> <li>○ Medical Specialist consultations in rooms</li> <li>○ Specialised Radiology – once savings exhausted and the and authorised by scheme – Must be referred by a Specialist or GP or following a hospital admission for follow up consultation</li> <li>○ Dentistry – Fillings, extractions, root canal, pulp removal, reconstructive surgery due to accident, trauma or oral cancer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Pay at 300% to 500% depending on Gap Option</li> <li>• Use NetcarePlus rates as the base if no scheme tariff amount on the statement</li> <li>• Always pay at the lessor amount claimed and 300% and 500%</li> <li>• If PMB ICD 10, refer to Medclaim Assist</li> </ul>

		<ul style="list-style-type: none"> <li>• Pathology out of hospital if savings or benefits exhausted</li> <li>• Before payment can be made for Gap portion, the member must show proof that a GP, specialist or follow up consult following admission referred them to a specialist at least one month prior to the consultation</li> <li>• No cover for patients on a hospital plan, the scheme must have a limit or pay from savings on the plan</li> </ul>	<ul style="list-style-type: none"> <li>• For pathology account, must indicate referring practice number</li> <li>• For specialist visits, can accept an invoice from a specialist where it confirms GP referral (with valid practice number) and in the same calendar year or proof of hospital admission, i.e. auth letter may be used for follow up visits</li> </ul>
6	Maternity	<ul style="list-style-type: none"> <li>• <b>Private or Semi private wards</b> <ul style="list-style-type: none"> <li>○ Depending on Hospital availability We only cover the private ward with baby in and for father to also stay we do not cover the executive room or VIP room</li> <li>○ Benefit only applies to GapCare 300 and 500</li> </ul> </li> <li>• Short fall for <b>in Hospital Specialist</b> – must be related to the delivery in the delivery admission only <ul style="list-style-type: none"> <li>○ This is paid from benefit number 1 as per above rules</li> <li>○ Up to 300% or 500% above scheme rate</li> <li>○ Benefit applies to all GapCare options</li> </ul> </li> <li>• Short fall for <b>outpatient Specialist</b> – must be related to the baby or delivery <ul style="list-style-type: none"> <li>○ This is paid from benefit number 4 as per above rules</li> </ul> </li> <li>• <b>Prenatal tests</b> <ul style="list-style-type: none"> <li>○ included in Maternity limit of R25 000 per beneficiary per annum</li> <li>○ Only when savings have been exhausted or benefit limits reached</li> <li>○ Pathology tests and Scans. Must be a medical reason to have additional scans – may require a motivation from the Gynae</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Only pay for Tariff codes related to the delivery</li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Baby Immunisations</b> <ul style="list-style-type: none"> <li>○ Only covered once savings exhausted or limits exhausted</li> <li>○ As per Government protocol up to the age of 12 years</li> <li>○ Benefit only applies to GapCare 300 and 500</li> </ul> </li> <li>• <b>Booking Fee</b> <ul style="list-style-type: none"> <li>○ Only if delivery is in a Netcare Hospital, includes baby bag which forms part of booking fee</li> <li>○ Benefit only applies to GapCare 300 and 500</li> </ul> </li> <li>• <b>Anti-Natal classes &amp; 4D ultrasound (only if included in booking fee)</b> <ul style="list-style-type: none"> <li>○ Only if delivery is in a Netcare Hospital</li> <li>○ Benefit only applies to GapCare 300 and 500</li> </ul> </li> </ul>	
7	<b>Oncology</b>	<ul style="list-style-type: none"> <li>• <b>Non-Network Oncologist consults</b> In and Out of Hospital <ul style="list-style-type: none"> <li>○ Pay at 300% to 500% depending on Gap Option</li> <li>○ Use NetcarePlus rates as the base if no scheme tariff amount on the statement</li> <li>○ Always pay at the lessor amount claimed and 300% and 500%</li> <li>○ Exclusion of scheme no Gap cover payment</li> </ul> </li> <li>• <b>Co-payments</b> <ul style="list-style-type: none"> <li>○ Pay when scheme Oncology overall or sub limit exhausted</li> <li>○ Exclusions of scheme no Gap payment</li> <li>○ Only if benefit paid out of schemes oncology benefit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Specialists Pay at 300% to 500% depending on Gap Option</li> <li>• Use NetcarePlus rates as the base if no scheme tariff amount on the statement</li> <li>• Always pay at the lessor amount claimed and 300% and 500%</li> <li>• Only medication that is oncology related i.e. chemotherapy, not analgesics, sleeping pills etc</li> </ul>

8	Emergency Departments	<ul style="list-style-type: none"> <li>• <b>Limited to R20 000 per policy per annum</b></li> <li>• Includes all costs associated with the ED visit, for example Dr account, Pathology, radiology, Medication, external medical items (e.g. moon boots, crutches)</li> <li>• Covered if scheme savings or limits exhausted</li> <li>• Covers the shortfall due to sub-limits applied by the scheme or co-payments for any tests, scans or appliances that are deemed medically necessary by the treating doctor at ED</li> <li>• Hospital Plans – <b>Emergency Booster benefit</b> applies, <b>R10 000 per policy per annum</b> in the absence of a savings or day to day benefit</li> </ul>	
9	Trauma Counselling	<ul style="list-style-type: none"> <li>• <b>Limited to R10 000 per beneficiary per annum</b></li> <li>• Pays the short falls for trauma counselling</li> <li>• Trauma must have occurred whilst a member of gap, not pre-existing</li> <li>• Covers counselling for Trauma, A victim or a witness of a violent crime, Involved in an accident, Diagnosed with a life-threatening illness or has a loved one diagnosed with a life-threatening illness, mourning the death of a loved oneNo cover for psychiatrists (Will be covered under benefits 4 &amp; 5) if not a PMB and not a scheme exclusion</li> </ul>	
10	Premium Waiver	<ul style="list-style-type: none"> <li>• <b>Limited to R5000 per month</b> for medical scheme contributions for 6 months</li> <li>• Limited to GapCare premium for 6 months</li> <li>• Accidental death or disability of main insured of gap policy (not dependent)</li> <li>• Proof required of death of main insured, for example death certificate, medical boarding</li> </ul>	<ul style="list-style-type: none"> <li>• Require a membership certificate from scheme reflecting new main member and contribution</li> </ul>
11	Charges Above Sub Limits	<ul style="list-style-type: none"> <li>• <b>Limited to R35 000 per beneficiary per annum</b></li> <li>• This benefit covers:</li> </ul>	

		<ul style="list-style-type: none"> <li>○ The additional cost incurred by the insured once the sub-limit has been reached for certain scans, procedures or prosthesis</li> <li>○ The cost of an additional 5 days in a mental health, rehabilitation</li> </ul>	
<b>12</b>	<b>Waiting Periods</b>	<ul style="list-style-type: none"> <li>• 3 month general waiting period <ul style="list-style-type: none"> <li>○ No cover unless claim is due to an accident or trauma event</li> </ul> </li> <li>• 12 month pre-existing condition waiting period <ul style="list-style-type: none"> <li>○ No cover for investigations, medical procedures, surgeries or treatments related to any illness or medical condition that was diagnosed or received advice or treatment for within 12 months before the policy's start date</li> </ul> </li> <li>• 12 month elective procedure waiting period <ul style="list-style-type: none"> <li>○ No cover for elective procedures unless a medical specialist deems it necessary</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If client is within the 3 month general waiting period, check if the claim is due to an accident or trauma event. If so, process the claim</li> <li>• Confirm ICD 10 code is not a PMB – if a PMB refer to Medclaim Assist</li> <li>• If within first 12 months of membership, check if the claim relates to a pre-existing condition. Do not process if due to a pre-existing condition</li> <li>• If claim relates to an elective procedure that is not a pre-existing condition and is within the first 12 months of membership, ensure that there is proof from the specialist that deems the procedure medically necessary prior to processing the claim</li> </ul>