

THIS IS HOW IT WORKS...

ASSESSING CLAIMS

Each **coded line** on your healthcare or service provider’s account makes up the total amount that they charge. A coded line describes the medical procedure that was performed, like a gastroscopy, or the service that was provided, like an in-hospital consultation. We assess **each** coded line to see where shortfalls are. Your medical aid must pay some of the cost of a coded line from a **hospital benefit** for us to pay a shortfall, unless your policy has a benefit with different qualifying criteria.



OUT-PATIENT SPECIALIST CONSULTATION COVER

When your medical aid pays some of the cost of a specialist’s consultation fee from a **hospital** or **day-to-day benefit**, or from your **medical savings account**, we can assist with covering the difference. We use your medical aid plan’s rate/tariff as a benchmark to assess shortfalls from.

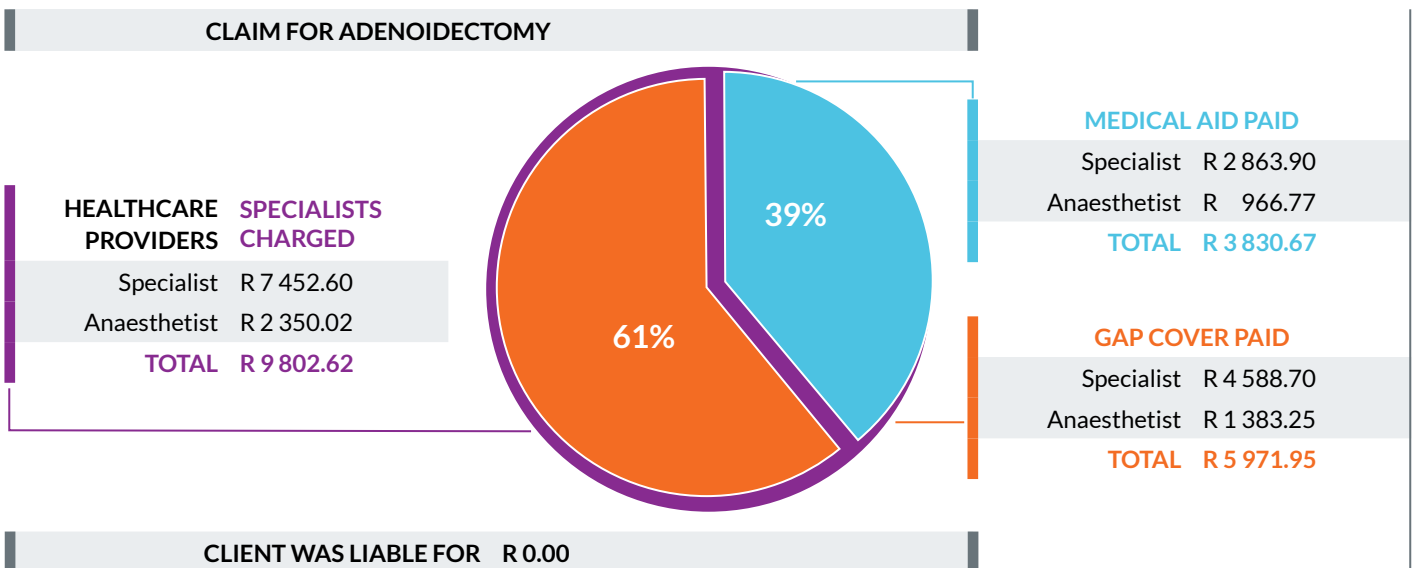
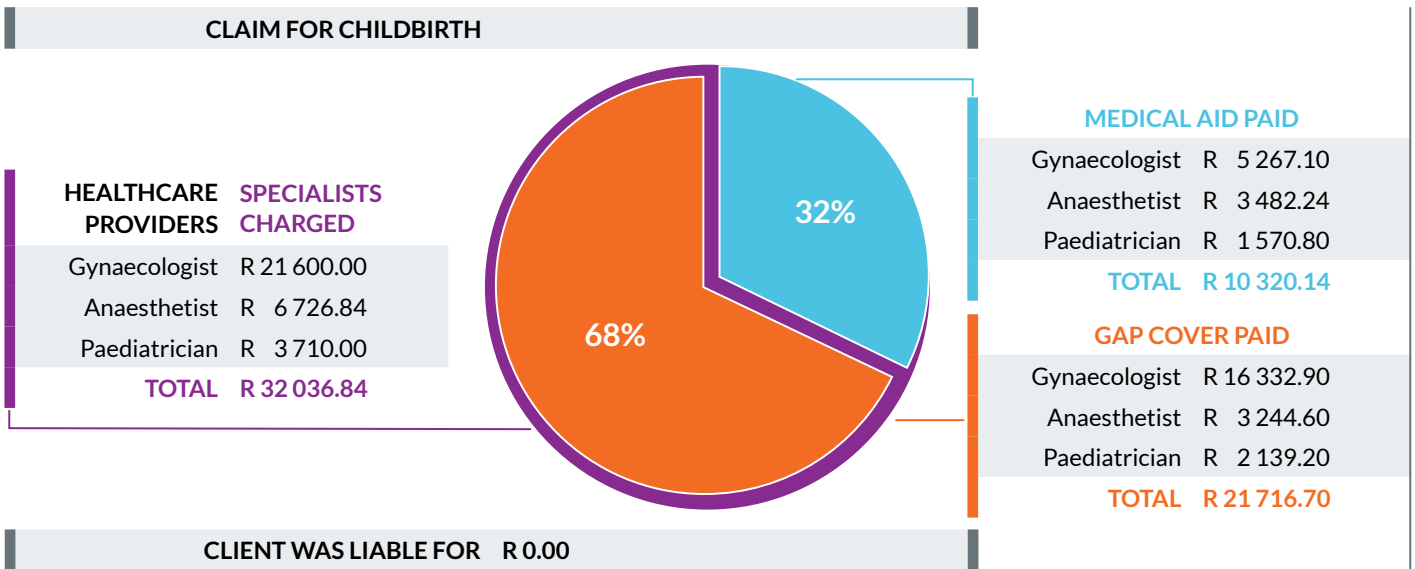
EXAMPLE 1: MEDICAL AID PAYS AN AMOUNT ABOVE THEIR RATE	
SPECIALIST CHARGES R 1 000	the rate/tariff your MEDICAL AID plan covers consultations at is R 500... but your consultation benefit limit is reached,
your MEDICAL AID then uses what’s available in your MEDICAL SAVINGS ACCOUNT . Let’s say it’s R 700...	
<p>WE’LL COVER: R 300. Why?</p> Because in this example, the total amount that your medical aid paid from your medical savings account is MORE than the rate of R 500 . Remember, we’ll cover the difference between what your specialist charged and what was paid .	

EXAMPLE 2: MEDICAL AID PAYS AN AMOUNT BELOW THEIR RATE	
SPECIALIST CHARGES R 1 000	the rate/tariff your MEDICAL AID plan covers consultations at is R 500...
but your MEDICAL AID pays only R 200 from a hospital or day-to-day benefit , and R 200 from funds available in your MEDICAL SAVINGS ACCOUNT .	
<p>WE’LL COVER: R 500. Why?</p> Because we add up what your medical aid paid , which in this example is R 400 , and only cover the difference between your medical aid plan’s rate and what your specialist charged . In this example, you’ll still have to pay R 100 to the specialist .	

EXAMPLE 3: MEDICAL AID RATE IS THE SAME AS THE AMOUNT YOUR SPECIALIST CHARGES	
SPECIALIST CHARGES R 600	the rate/tariff your MEDICAL AID plan covers consultations at is R 600... but your day-to-day benefit limit is reached,
but there’s R 200 left in your MEDICAL SAVINGS ACCOUNT that your medical aid paid the consultation fee from.	
<p>WE’LL COVER: R 0.00. Why?</p> Remember, our benefit covers the difference between what your specialist charges and your medical aid plan’s rate/tariff. In this example, the amount charged and the rate/tariff is the same = no shortfall .	

GAP COVER

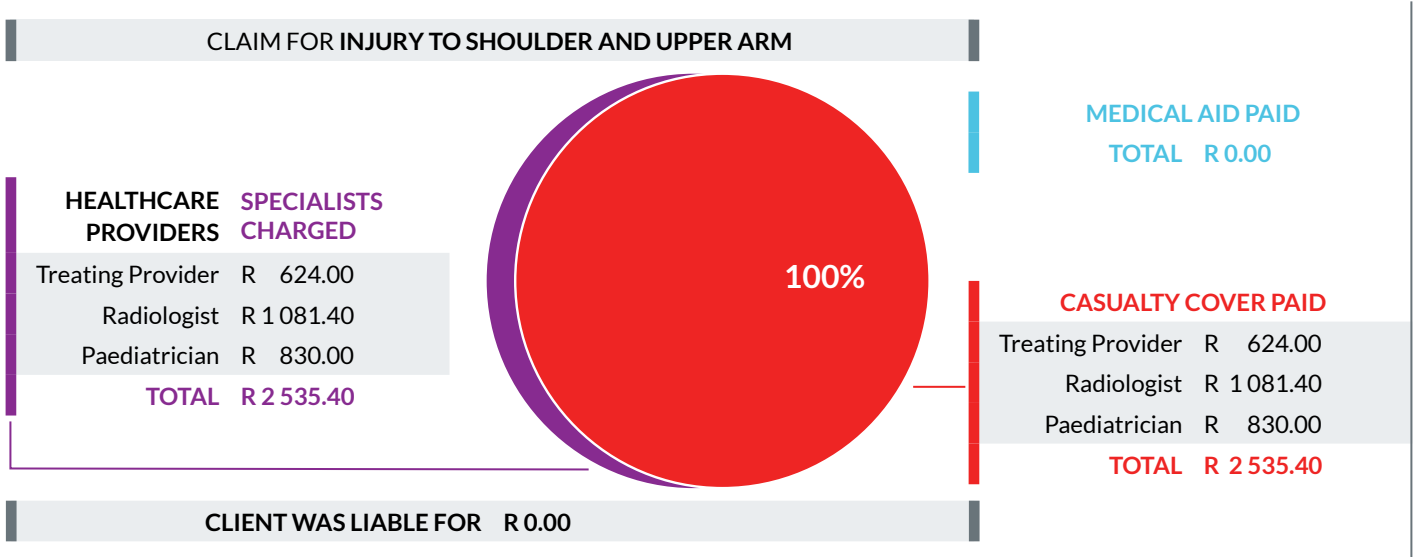
Our **Gap Cover Benefit** covers the shortfalls that exist when your doctor or specialist charges more than the amount your medical aid pays. We add an additional **200%, 300% or 500%** cover on top of what your medical aid plan gives. The below are two real-life claims covered by us.





CASUALTY COVER

It's good to know that when life happens and you need immediate medical treatment because of an accident, our benefit refunds the amount that you pay from your **own pocket**, or that your medical aid pays from your **medical savings account**.



ACCESS COVER

If your medical aid plan excludes specific medical procedures and events from cover, we'll cover the cost of your procedure or treatment subject to benefit limits.

