

Liberty Medical Gap Cover



Health Solutions to fill the Gap

With the cost of medical care steadily increasing each year, it has become even more necessary to supplement your staff's medical cover. Liberty Corporate understands the importance of having health solutions in place and therefore has provided a solution by utilising the expertise of the Group.

Who is Medical Gap Cover aimed at?

Gap cover is aimed at employers who would like to provide top-up cover for their employees who are already a member of a medical aid scheme.

How does Medical Gap Cover work?

Medical scheme benefits are limited to the Medical Scheme Tariffs (MST) and medical practitioners charge considerably more than MST for in-hospital procedures. Certain medical specialists have been known to charge up to four times the MST. Medical Gap Cover can make a huge difference to you and your staff members by topping up the shortfall between what is covered by your medical aid and the actual amount charged by the medical practitioner for in-hospital procedures.

The importance of Medical Gap Cover

In 2009 alone, the top 10 Medical Gap claims received would all have experienced a greater than 30% payment shortfall irrespective of what medical scheme option the member was on at the time of claim. This reinforces the point that Medical Gap Cover will continue to offer much needed cover not only to members of entry level medical aid schemes but also to platinum class members.

The policy covers the principal member as well as all the dependants on their medical scheme subject to policy limits of:

- R200 000 per individual and;
- R2 million per family per year.

Without Medical Gap Cover, employees would be personally liable for this shortfall not covered by their medical scheme. The examples below provide an indication of shortfalls that could be experienced but will be covered by Medical Gap Cover:

Procedure	Amount charged by practitioner	Potential Shortfall Incurred (Practitioner cost minus medical scheme payout)	Gap Cover Benefit (paid directly to you)*
Natural child birth	R8 308	R5 359	R5 359
Caesarean section	R15 343	R9 548	R9 548
Appendicectomy	R19 156	R14 367	R14 367
Tonsillectomy	R7 528	R5 648	R5 648
Coronary Bypass	R43 112	R29 153	R29 153

* The Medical Gap Cover benefit is calculated as the difference between what the medical practitioner charges (up to a maximum of 4 times the Admed Tariff) and the Admed Tariff.

Waiting periods

There is a waiting period for the following procedures:

- Childbirth claims will have an effective 10 month waiting period.
- Joint replacements, arthroscopic procedures, spinal surgery including spinal fusion, nasal surgery including sinus related, cataract surgery, hysterectomy (except for cancer diagnosed after joining), dentistry related claims, all hernia repairs and all cardiac related surgery and procedures will have no benefit for the first 6 months and 50% of the normal benefit for the second 6 months. These waiting periods will not be applicable if the claim is as a result of an accident/injury that occurred after joining.

In addition, we also offer out of hospital benefits

Although Medical Gap Cover was designed primarily to cover shortfalls arising from in-hospital procedures, additional benefits are payable in the event of shortfalls arising from certain out-patient procedures.

Below are some examples of procedures that are additionally covered on an out-patient basis:

- Chemotherapy or radiotherapy for the treatment of cancer
- Kidney dialysis on an out-patient basis
- Tonsillectomy
- Grommets
- Gastroscopy
- Childbirth
- Arthroscopy
- Coronary Angiogram
- Vasectomy
- Surgical biopsy of breast lump or prostate
- Cataract removal.

Exclusions

No benefit is payable in respect of standard exclusions as defined in the policy document. There are also a number of specific exclusions that will apply such as cosmetic surgery, treatment for obesity, claims not covered by your medical scheme and private and home nursing.

Excess payable

This Medical Gap Policy provides cover with no age limit at no increased cost. In order to continue covering older members a claim excess will apply to claimants 60 years of age and older. This excess will amount to 5% of the benefit payable, subject to a minimum of R250.

Monthly premium

R140.00 per month provides cover for the Principal Member of the medical scheme and their medical scheme dependants.

To enhance the attractiveness of this product, Liberty Corporate has negotiated that where Gap Cover is offered to groups a specific quote can be provided.

	2012
Compulsory group with 5 or more members	129.00
Voluntary group with 15 or more members	134.00
All groups with 50 or more members	Special quote

For more information on these products, contact your accredited Liberty Wealth Adviser, Corporate Specialist, Client Service Consultant or visit our website at www.libertycorporate.co.za. Alternatively you can call us on 011 408 2999.

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