



Standard Bank



**Standard Bank
GapAssist**



Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP No. 75) and a licensed non-life insurer. Zest Life Investments (PTY) Limited t/a "Zestlife" is an Authorised Financial Services Provider FSP Number 37485.

Terms and conditions apply.

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.

GapAssist 2025

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All 3 of our GapAssist options provide a financial solution to the common problem of self-payment shortfalls that medical aid members face.

Please note that the term “GapAssist” is used as an abbreviation of Standard Bank GapAssist and unless specifically stated it applies to the Universal, Essential and Optimal policy options.

THE PROBLEM

All medical scheme members face the problem that surgeons, anaesthetists and other specialists frequently charge more than the amount covered by their medical scheme. When this occurs, the medical aid member becomes liable to pay for the medical expense shortfall (self-payment gap).

The table contains some of the procedures that frequently result in medical expense shortfalls. These are accompanied by actual Rand amount examples paid by Gap Cover in the past year.

THE SOLUTION

Medical scheme members can insure themselves against medical expense shortfalls with the Standard Bank GapAssist option that best suits their individual, family and affordability needs.

GapAssist – Universal option offers the most comprehensive medical expense shortfall cover with extensive financial protection against a wide range of health risks. This option can be selected as single individual or family cover.

GapAssist – Essential option offers affordable cover for the most frequent medical expense shortfalls, and with additional financial protection for selected health risks. This option can be selected as single individual or family cover.

GapAssist – Optimal option offers high levels of cover and affordability to match the needs of single individuals younger than 35.

Examples of medical procedures that are frequently not covered in full by medical aids.	Examples of medical expense shortfalls paid by Gap Cover in 2023/2024.
Natural Childbirth	R36 163
Caesarean Section Childbirth	R50 036
Tonsillectomy	R9 329
Hernia Repair	R37 965
Breast Cancer Surgery	R42 534
Knee Replacement Surgery	R55 990
Hip Replacement Surgery	R61 198
Ankle Surgery	R53 831
Shoulder Surgery	R93 080
Hand Surgery	R48 620
Foot Surgery	R52 660
Lung Surgery	R42 955
Brain Surgery	R117 586
Liver Surgery	R23 692
Kidney Surgery	R40 940
Intestine Surgery	R55 629
Heart Surgery	R192 000
Heart Valve Replacement Surgery	R150 327
Surgery for Fractured Arm	R41 307
Eye Surgery	R40 171
Ear Surgery	R124 033
Cancer Treatment	R135 507
Spinal Surgery	R120 357

*Source: Zestlife Gap Cover Claims Register 2023/2024

Please note: Gap Cover is not a medical aid or a substitute for medical aid membership. The cover is not the same as a medical aid. It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical scheme only covers your medical treatment costs in part. If you want to qualify for this cover, the medical aid's part payment must be paid from the medical aid hospital benefit or major medical benefit. To help you choose the GapAssist option that best suits your needs please study the benefits summary.

Universal, Essential and Optimal Policy Benefits

WHO IS COVERED?

GapAssist Universal and Essential are available to individuals and families on all South African medical aids.

- Individual cover is for those who don't have any medical aid dependants.
- Family cover is for the main medical aid member, spouse and family dependants including adult dependants, on the same medical aid. Family cover also extends to a policyholder's spouse and mutual children that are registered as dependents on the spouse's medical aid.

GapAssist Optimal is only available to single individuals younger than 35 who don't have any medical aid dependants.

Section A – Medical Expense Shortfall Cover			
Policy benefits in this section are subject to a combined maximum cover limit of R230 000 per individual insured per calendar year.			
Medical Expense Shortfalls Covered	GapAssist Universal Option	GapAssist Essential Option	GapAssist Optimal Option
<p>In-hospital</p> <p>Cover for shortfalls on doctors and specialists charges that exceed the medical aid tariff amount.</p> <p>The shortfall covered is the difference between doctors and specialists charges less the medical tariff or contribution to these charges (whichever is the greater of these 2 amounts).</p> <p>This benefit covers in-hospital doctor and specialist shortfalls for a wide range of surgery, treatments and procedures that may be required. Including in-hospital dental procedures and treatment for cancer.</p>	✓ Up to 500% (5 times) of the medical aid tariff	✓ Up to 300% (3 times) of the medical aid tariff	✓ Up to 400% (4 times) of the medical aid tariff
<p>Pre- and Post-surgery Specialists' Consultations</p> <p>Cover for shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery.</p> <p>The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre and post-in-hospital surgery less the higher of the amount paid by your medical aid or one times the medical aid tariff.</p> <p>To qualify for this benefit:</p> <ul style="list-style-type: none"> - The medical aid must pay a portion of the admitting medical practitioner fees from risk or savings benefit. - The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery. - The surgery must be conducted in a hospital's operating theatre. - Consultations relating to C-sections and diagnostic procedures such as biopsies and scopes (for example, colonoscopy and endoscopy, etc) are not covered. <p>Cover is provided up to a maximum amount of R3 000 for each individual insured under the policy per calendar year.</p>	✓	X	X
<p>Out-of-hospital</p> <p>Cover for shortfalls on over 50 out-patient procedures including CT, PET and MRI scans.</p> <p>The shortfall covered is the difference between doctors and specialist charges less the medical tariff or contribution to these charges (whichever is the greater of these 2 amounts).</p> <p>This benefit covers doctor and specialist shortfalls for over 50 treatments and procedures that may be required. This includes chemotherapy and radiotherapy for treatment for cancer.</p>	✓ Up to 500% (5 times) of the medical aid tariff	✓ Up to 300% (3 times) of the medical aid tariff	✓ Up to 400% (4 times) of the medical aid tariff
<p>General Co-payments</p> <p>Cover for co-payments imposed by medical aid for hospital admissions, CT, PET and MRI scans and specified medical procedures.</p> <p>This benefit is intended to cover co-payments imposed by medical aid for in-hospital treatment and on the over 50 out-of-hospital procedures we cover.</p> <p>Dentistry (in-hospital) and cancer treatment (not medicine) co-payments are covered.</p> <p>Penalty co-payments charged by medical aids are not covered. No cover is provided for the penalties imposed for example, not obtaining a general practitioner referral prior to consulting with a specialist; not obtaining a pre-authorisation prior to a procedure; not following assessment criteria of medical aid back and neck program prior to undergoing spinal surgery.</p>	✓	✓	✓
<p>Non-network Co-payments</p> <p>Cover for co-payments charged by medical aid when treated in a non-network hospital or by a non-network medical practitioner.</p> <p>This cover is provided up to a maximum amount of R16 000 and is subject to two claims per policy per calendar year.</p>	✓	X	✓
<p>MRI, PET and CT Scans in Excess of Medical Aid Sub-limit</p> <p>Cover in part or in full for MRI, PET and CT scans when the medical aid sub-limit has been reached.</p> <p>Cover is provided up to a maximum amount of R3 700 for each individual insured under the policy per calendar year.</p> <p>This benefit cannot be claimed along with a co-payment cover claim.</p>	✓	X	✓

<p>Casualty Facility Treatment for Injury in an Accident</p> <p><i>Cover for treatment in a hospital casualty facility within 48 hours following accidental injury.</i></p> <p>Cover is for the facility fee, medical practitioner consultation, on-site medication, ward stock, radiology and pathology, as not covered by medical aid.</p> <p>Cover is provided up to a maximum amount of R25 400 per policy per calendar year.</p> <p>This benefit does not cover casualty facility treatment for disease or illness, prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.</p>	✓	✓	✓
<p>Casualty Facility Emergency Treatment</p> <p><i>Cover for after-hours emergency treatment for children younger than 11 in a casualty facility.</i></p> <p>Cover is for the facility fee, medical practitioner consultation, on-site medication, ward stock, radiology and pathology, as not covered by medical aid, after-hours Monday to Friday between 6pm and 7am and all day on Saturdays, Sundays and Public Holidays.</p> <p>Cover is provided up to a maximum amount of R2 800 per policy per calendar year.</p> <p>This benefit does not cover prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.</p>	✓	✓	X
<p>Internal Prosthesis and Artificial Joints</p> <p><i>Cover for medical expense shortfalls and co-payments on internal prosthesis (including artificial joints)..</i></p> <p>Internal prosthesis are devices placed inside a person's body to replace a body part or to improve a lost or reduced bodily function. Examples of internal prosthesis include artificial hip and knee joints and the implanted devices in spinal fusion.</p> <p>This benefit covers the shortfall not covered in full by medical aid due to the annual limit being exceeded. It also covers co-payments charged by medical aid.</p> <p>Cover is provided up to a maximum amount of R44 000 per policy per calendar year.</p> <p>This benefit does not apply where the insured is on a medical aid option that does not include internal prosthesis cover.</p> <p>Breast implants, cochlear implants and pacemakers are not covered.</p>	✓	X	✓
<p>Stents are up to a maximum shortfall amount of R3 700 for each individual insured under the policy per calendar year.</p> <p>Intraocular lenses are covered up to a maximum of R6 500 per lens for each individual insured under the policy per calendar year. This benefit is limited to the costs of the actual lens and excludes ancillary materials.</p> <p>*A claim payment for stents and intraocular lenses will not reduce your overall limit of R44 000 for internal prostheses.</p>	✓	X	X
<p>Robotic Medical Procedures</p> <p><i>Cover for medical expense shortfalls that arise from the use of robotic machinery in the course of in-hospital treatment.</i></p> <p>Cover is provided up to a maximum amount of R37 600 per policy per calendar year.</p>	✓	✓	✓
<p>Oncology Treatment Programme Co-payments</p> <p><i>Cover for co-payments levied by medical aid when the annual cancer treatment limit is exceeded.</i></p> <p>This benefit is to cover general and specialised treatment and biological drugs.</p> <p>Cover is subject to a maximum co-payment of 25% of the costs of treatment.</p>	✓	X	X
<p>Oncology Treatment in Excess of Medical Aid Cancer Limit</p> <p><i>Cover for continued treatment costs of cancer when a treatment cost limit is imposed and no further funding is provided by medical aid.</i></p> <p>This benefit can be used for general and specialised treatment and biological drugs not covered by medical aid.</p> <p>Cover is provided for 20% of the insured's continued treatment costs.</p>	✓	X	X
<p>Cosmetic Breast Reconstruction</p> <p><i>Cover for cosmetic breast reconstruction of a non-affected* breast following a single mastectomy resulting from breast cancer diagnosed after the commencement date of policy.</i></p> <p>Cover is provided for the amount not covered by medical aid up to a maximum of R27 500 for each individual insured.</p> <p>This cover is not renewed after claim payment and does not extend to subsequent breast reconstruction treatment costs.</p> <p>*Breast reconstruction for the non-affected breast is not always covered or covered in full by medical aids as it is cosmetic surgery.</p>	✓	✓	X
<p>International Travel Benefit</p> <p><i>Cover for benefits under the policy for claim events due to an accident or illness, that occurs whilst travelling outside of the borders of the Republic of South Africa.</i></p> <p>This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.</p>	✓	✓	✓

Section B – Health Insurance Cover

Policy benefits in this section are NOT subject to the combined maximum cover limit per individual insured per calendar year.

Health Insurance Benefit	GapAssist Universal Option	GapAssist Essential Option	GapAssist Optimal Option
<p>Enhanced Cancer Cover</p> <p><i>This benefit provides cover for the unexpected costs which may arise in the event of first-time diagnosis of cancer.</i></p> <p>This benefit applies to first-time diagnosis of stage II regional cancer and stage I prostate cancer where the Gleason score is 8 or higher. Cover is excluded for skin tumours/cancer.</p> <p>Cover is provided only for first-time diagnosis of cancer of the insured and where the diagnosis occurs after the insured has been covered for a minimum of 12 months under the policy. The benefit is provided where diagnosis is made by a medical practitioner, supported by clinical evidence and a confirmed ICD 10 code (International Classification of Diseases Code). Payment of this benefit is subject to registration on the medical aid oncology treatment program.</p> <p>This benefit is provided as single claim cover for each person insured and does not cover subsequent cancer diagnosis.</p>	<p>✓</p> <p>R30 000 benefit</p>	<p>✓</p> <p>R10 000 benefit</p>	<p>X</p>
<p>Accidental Dentistry Cover</p> <p><i>This benefit provides cover for up to R25 700 benefit for accidental tooth fractures.</i></p> <p><i>This benefit is payable at a rate of R3 700 per fractured tooth irrespective of medical aid contribution to treatment cost.</i></p> <p><i>Tooth fracture is defined under this benefit as being the loss of 50% or more of the visible portion of a tooth and where the dental nerve is permanently damaged.</i></p> <p><i>The benefit covers accidental tooth fracture to permanent teeth (crowns and implants are excluded) due to an external injury to the mouth.</i></p> <p><i>Treatment must take place within 10 days of the accidental tooth fracture event.</i></p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Accidental Death and Permanent Disability Cover</p> <p><i>This benefit provides R50 000 cover for the unexpected costs that may arise in the event of accidental death or accidental permanent disability.</i></p> <p>Accidental death is when an insured individual's death occurs within 48 hours as a direct result of an accident.</p> <p>Accidental permanent disability is when an insured individual's disability occurs due to an accident and have been diagnosed and confirmed within one month of the accident.</p> <p>Cover for accidental permanent disability ends when insured individuals turn 65.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Trauma Counselling Cover</p> <p><i>This benefit provides cover for the cost of trauma counselling required following the insured being the subject or witness of an act of violence or traumatic accident.</i></p> <p>This benefit provides up to R900 per session with an overall maximum benefit of R30 300 for counselling treatment that commences within 6 months of the traumatic event and is payable for a single treatment period of up to 6 months.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Medical Aid and Gap Cover – Premium Waiver Cover</p> <p><i>This benefit provides cover for the combined amount of medical aid and gap cover premiums following accidental death or accidental permanent disability of the policyholder.</i></p> <p>This benefit provides an amount of 12 times the combined medical aid and gap cover premiums, up to a maximum of R122 400.</p> <p>The benefit ceases at age 65.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>

Monthly Premiums 2025

	GAPASSIST UNIVERSAL OPTION	GAPASSIST ESSENTIAL OPTION	GAPASSIST OPTIMAL OPTION
COVER FOR INDIVIDUALS			
Younger than 35 years old	R537 pm	R397 pm	R253 pm
Younger than 55 years old	R537 pm	R397 pm	
55 – 64 years old	R700 pm	R499 pm	
65 years and older	R838 pm	R592 pm	
COVER FOR FAMILIES			
Where all lives insured are younger than 65.	R700 pm	R499 pm	
Where one or more lives are insured as older than 65.	R838 pm	R592 pm	

An over-65 premium applies if the main medical scheme member or any of their dependants are 65 years or older at commencement of their cover. Premiums will be revised annually and be effective from 1 January each year.

Please note: Gap Cover policy premiums are not tax deductible in the same way that your medical aid contributions are. No IT3 tax certificates can therefore be issued for this purpose.

Summary of Policy Terms and Conditions

The policy terms and conditions of the Universal, Essential and Optimal GapAssist options are contained in the summary below. For the full terms and conditions please refer to the policy document.

Pre-existing Condition Exclusion

Unique Policy Benefit: There are no general waiting periods or condition-specific waiting periods that withhold cover after the commencement date of the policy. However, no benefits are payable for a period of 12 months from the start date of cover in respect of medical conditions for which medical advice, diagnosis, care or treatment was received or would reasonably have been recommended in the 12 months before the start date of the cover.

Pregnancy before the start date of cover will be regarded as a pre-existing condition and any pregnancy and birth-related claims will be excluded for 12 months from the start date of the cover.

If a policyholder had cover under another Medical Expense Shortfall Policy with similar benefits before the start date of cover, only the unexpired part of the pre-existing conditions period from the previous policy will apply. However, the pre-existing conditions exclusion of 12 months will apply for any benefit not provided under the previous Medical Expense Shortfall Policy.

General Exclusions

No benefits will be paid for claims arising from:

- Injuries related to the use of nuclear weapons or nuclear or ionising radiation.
- Suicide, attempted suicide or intentional self-injury.
- The use of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (who is not the insured person).
- Illness or injury caused by the use of alcohol.
- Behaviour that contravenes the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riots, strikes or the activities of locked-out workers.
- All forms of aviation except commercial aviation where you are a fare-paying passenger or a pilot or air crew on a commercial flight.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

Specific Exclusions

No benefits are payable for:

- Cosmetic surgery unless required because of illness or injury.
- Penalty co-payments imposed by medical aids for failure to follow the rules of the medical aid. An example of this type of penalty co-payment is the amount charged by medical aids for not obtaining pre-authorisation prior to undergoing a medical procedure.
- Treatment for obesity or treatment required for conditions resulting from obesity.
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, contraception-related treatments, ART (assisted reproduction therapy) and elective circumcisions.
- Treatment for depression, mental or stress-related conditions.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical aid.
- Claims not covered by the medical aid.
- Private and home nursing.
- Hospital charges.
- Medication and other materials including prosthetic products such as crutches, limb guards or braces.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- Day-to-day medical practitioner charges.
- Breast and dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Treatment costs for services rendered by allied health care professionals, such as but not limited to dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, physiotherapists, diagnostic medical sonographers, physical therapists, radiographers and respiratory therapists.

Claims

All claims must be lodged within 180 days of the medical treatment giving rise to the claim.

Claim pay-outs are made either to the policyholder or directly to the treating doctors, specialists or medical service providers, at the insurer's discretion.

Contact us

For expert advice,
please contact Zestlife on
(021) 180 4220/0860 009 378
or email info@zestlife.co.za



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GMS-26251 – 10/2024