



Guard yourself against medical
expense shortfalls during
hospitalisation

2024
Medgap
cover policy

NEWSLETTER

Gap Cover Product Launch 2024

As of 1 January 2024, Medihelp members will no longer enjoy the seamless claims process as Medihelp has terminated the seamless agreement. Existing MedGap for HealthPrint members will still enjoy the discounted rate in 2024. New members on Medihelp who join from 1 January 2024 will be on the Standard MedGap rate. Notification will be sent to all existing Medihelp members.

Our message for 2024 is one of affordability. In terms of how many of our members are being negatively impacted by South Africa's current financial climate, more than ever, members need protection from unforeseen expenses, and medical expenses are at the top of that list.

A recent article highlighted that many policyholders were cancelling important insurance policies simply because they were not able to afford them.

We had to strike a balance between keeping our rates affordable but also ensuring members get the best value out of their current benefits. We have taken into account what benefits are important to our members through utilization.

With that in mind, we only enhanced certain benefits where we saw high utilization. We also believe that we offer a comprehensive set of benefits on our Supreme options.

As part of our journey to offer our members an improved service experience, we changed systems to streamline our service and accommodate our membership growth. This was a challenging but essential change for us to ensure that we can continue to take care of our current members and accommodate our future members.



Premium increase for **2024**

Individuals **6,7%**

Employer Groups **7,9%**

*each employer will be rated based
on their claims experience*

Overall increase
7,3%



Our benefit enhancements for 2024

We are pleased to present our benefits and enhancements to current benefits effective 01 January 2024:

Increase in the Shortfall benefit cap

Our Shortfall benefit cap will increase from R185 000 to R190 000 (per insured person, per year).

NON-DSP cover (Supreme Gap)

The limit on our Non-DSP cover has had a substantial increase from R5 500 to R10 000 and the limit of 2 per policy per year will remain unchanged.

Sub-Limit benefit (Supreme Gap)

The Sub-Limit benefit has increased from R12 000 to R14 000 per policy per year.

Casualty benefit enhancement (Supreme Gap)

The overall limit on our casualty benefit will increase from R22 000 to R23 000 and the limit for emergency-only treatment has increased from R3 500 to R4 000. We have also increased the 'emergency only' age limit for children from 6 years to 7 years. Our anytime visiting hours to a casualty ward remains unchanged.

Cancer Assist benefit (Supreme Gap)

We have increased the first payment of R5 000 to R8 000. This payment is for members that have a first time cancer diagnosis and it is local.

Baby Bump benefit (Supreme Gap)

The limit of R2 000 has been increased to R2 500 for the confirmation of pregnancy.

Benefit for shortfalls in medical practitioner costs

Covers the shortfall between the medical practitioner charge and the medical scheme payment, up to 3x the amount paid by the medical scheme for in-hospital and certain out-of-hospital procedures.

Medical Expense Shortfalls for Allied Professionals

Covers the shortfall between what the allied professional has charged and what your medical scheme has paid for in hospital care following an associated in-hospital procedure. This is paid up to 3 times the amount paid by your medical scheme towards in-hospital shortfalls and is limited to R2 500 per policy per year.

Robotic procedures shortfall benefits

Cover the shortfalls charges by medical practitioners. This cover is up to 3 times the amount paid by your medical scheme.

Robotic co-payment benefit

Covers robotic assisted surgeries which your medical scheme has levied a co-payment for. This cover pays up to R12 000 per policy per year.

Benefit for co-payments applied by medical scheme for certain procedures

Covers co-payments which a medical scheme levies for approved in-hospital or out-of-hospital procedure which members need to pay upfront and out of their own pockets.

Non-DSP co-payment benefit

Pays a limit of R10 000 per policy per annum for any non-designated service provider you use that is not on your medical scheme option and the limit of 2 per claims policy per year.

Benefit for co-payments on oncology treatment programmes / Oncology extender benefit

Covers the co-payment (including biological drugs and specialised medication) of up to 20% that medical schemes impose on members once they have reached their oncology treatment benefit limit for the year.

OR

Covers the first 20% of cost (including biological drugs and specialised medication) of each treatment paid by members after they have reached their oncology treatment benefit limit and no further benefit is available from the medical scheme for that year.

Benefit for shortfalls in internal prosthesis costs

Pays the shortfall in internal prosthesis costs up to R35 000 per family per year. An internal prosthesis replaces a body part, with an

exception of pacemakers and stents with a sub-limit of R8 000 which aggregates to the R35 000 limit.

Sub-limit benefit

Pays up to R14 000 per policy per annum when you have exhausted your medical scheme limit for cover of MRI/CT scans and scopes.

Casualty benefit

Covers up to R23 000 of the costs paid by members for casualty visits due to an emergency and an accident. This benefit is limited to 5 casualty visits per family per year, however 3 of these visits may be due to an emergency only, for a dependent that is 7 years old or under on the date of the claim event. The benefit for this claim is limited to R4 000. oncology benefit limit is reached in the same year. Benefit is payable once per insured per lifetime.



Assist Benefits 2024

Cancer assist benefit

Pays a once-off lump sum benefit of R8 000 if an insured is diagnosed with minimum stage II, local and malignant cancer for the first time while covered on the policy OR

Pays R20 000 for first-time diagnosis of at least stage 2, regional and malignant cancer. Pays an additional R15 000 if the medical scheme oncology benefit limit is reached in the same year. Benefit is payable once per insured per lifetime.

Accident assist benefit

Pays R55 000 if an insured dies or becomes permanently and totally disabled as a result of an accident while covered on the policy. Benefit is payable once per insured per lifetime. This benefit assists in covering the unexpected costs which may arise as a result of the accident. The death benefit will reduce if death relates to a minor.

Violent crime benefit

The value of the Accident Assist benefit will be doubled if the claim event is due to a violent crime. This benefit assists in covering the unexpected costs which may arise as a result of the violent nature of the incident. If accidental death relates to a minor, the total benefit paid for both will be reduced in accordance with legislation.

Breast reconstruction benefit for non-affected breast

Provides assistance cover of R15 000 per policy per year should the insured be diagnosed with breast cancer and requires a cosmetic breast reconstruction for the non-affected breast due to a mastectomy.

Premium waiver benefit

R6 000 (per month for 6 months) will be paid if the premium payer dies or becomes permanently and totally disabled as a result of an accident. The full R36 000 will be paid upfront to assist the family in covering the cost of their monthly medical scheme and gap cover premiums.

Trauma and bereavement counselling benefit

Pays a fixed amount of R800 per counselling session and up to R30 000 per family per year, for trauma counselling as a result of being a victim of, or witness to, an act of violence or a traumatic accident and bereavement counselling for the loss of an immediate family member.

Baby bump benefit

Pays a fixed amount of R2 500 upon diagnosis of pregnancy by a medical practitioner.