



LIBERTY

In it with you



Liberty Gap Cover 2022.

Underwritten by Guardrisk Insurance Company Limited, a Licensed Insurer and Authorised Financial Services Provider FSP 75

Liberty Medical Premium Waiver 2022.

Underwritten by Guardrisk Life Limited, a Licensed Insurer and Authorised Financial Services Provider FSP 76

Liberty Gap Cover.

For all medical scheme members that face the problem of increasing self-payment gaps, we have the solution.

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 scheme member becomes liable to pay the medical expense shortfall (self-payment gap).

The table below shows some common medical procedures that lead to medical expense shortfalls. The Rand amounts are the portion of the costs that are not covered by the medical scheme and usually require payment by the member. These amounts are based on actual Gap Cover claims paid in 2020/2021.

Examples of Medical Procedures	Examples of Medical Expense Shortfalls
Natural Childbirth	R26 151.92
Caesarean Section Childbirth	R37 824.58
Tonsillectomy	R62 444.81
Hernia Repair	R44 435.00
Breast Cancer Surgery	R78 252.00
Knee Replacement Surgery	R49 928.23
Hip Replacement Surgery	R62 501.83
Ankle Surgery	R45 354.01
Shoulder Surgery	R55 370.54
Hand Surgery	R31 583.17
Foot Surgery	R40 677.12
Lung Surgery	R20 639.91
Brain Surgery	R89 271.36
Liver Surgery	R26 630.54
Kidney Surgery	R32 409.47
Intestine Surgery	R32 893.86
Heart Surgery	R123 284.00
Heart Valve Replacement Surgery	R169 517.51
Surgery for Fractured Arm	R50 106.64
Eye Surgery	R42 635.87
Ear Surgery	R46 522.28
Cancer Treatment	R115 210.00
Spinal Surgery	R126 327.00

The Solution

Medical scheme members can insure themselves against medical expense shortfalls with Liberty's comprehensive Gap Cover options.

Liberty Universal Gap Cover offers *comprehensive medical expense shortfall cover* with additional financial protection for a wide range of health risks.

Liberty Essential Gap Cover offers affordable medical expense shortfall cover for the *most frequent shortfalls*, and additional financial protection for selected health risks.

Both of these options cover main members and dependants of all South African registered medical schemes.

Extended Cancer Cover and **Medical Scheme Premium Waiver Cover** can be added to enhance both policy options.

Please note: Gap Cover is not a medical scheme or a substitute for medical scheme cover. It's a health insurance policy that covers medical expense shortfalls that arise when your medical scheme only covers part of your medical treatment costs.

To qualify for this cover, the medical scheme's part payment must be paid from the medical scheme's hospital benefit or major medical benefit.

To assist in choosing the Liberty Gap Cover option that best suits your needs, please study the summary of benefits to follow. If you require further assistance and advice, please contact your Liberty Financial Adviser.

Liberty Universal Gap Cover.

“High levels of cover for treatment cost shortfalls.”

Who's Covered

Cover is available to individuals and families on all South African medical schemes and is not subject to maximum entry age restrictions.

Individual Cover is for those who don't have any medical scheme dependants.

Family Cover is for main members and their family dependants as recorded by their medical scheme. Cover will also extend to spouses that have their own separate medical scheme membership.

Liberty Essential Gap Cover.

“Affordable cover for the most frequent treatment cost shortfalls.”

Who's Covered

Cover is available to individuals and families on all South African medical schemes and is not subject to maximum entry age restrictions.

Individual Cover is for those who don't have any medical scheme dependants.

Family Cover is for main members and their family dependants as recorded by their medical scheme. Cover will also extend to spouses that have their own separate medical scheme membership.

Section A - Medical Expense Shortfall Cover

All individuals and family members are covered up to a medical expense shortfall limit of R182 700 per calendar year.

In-hospital Cover

Shortfalls are covered on doctors' and specialists' charges of up to 500% of the Medical Scheme Tariff (MST). The shortfall cover amount provided is calculated as: doctors' and specialists' charges (limited to 5 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.

Out-of-hospital Cover

Cover is provided for ±50 out-patient procedures including CT, PET and MRI scans. The shortfall cover amount provided is calculated as: doctors' and specialists' charges (limited to 5 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.

Medical Scheme Co-payment Cover

Co-payments charged by medical schemes for hospital admissions, scans and medical procedures are covered. Penalty co-payments charged by medical schemes are not covered e.g. no cover is provided for the penalties charged by medical schemes for not obtaining: a general practitioner referral prior to consulting with a specialist; a pre-authorisation from the medical scheme prior to a procedure; not following assessment criteria by the medical scheme's back and neck program prior to undergoing spinal surgery.

Non-network Co-payment Cover

Full cover for co-payments charged by medical schemes for using a non-DSP (Designated Service Provider) hospital or provider. This cover is subject to a maximum of R11 000, limited to one claim per policy each year.

MRI, PET and CT scan Sub-Limit Cover

This benefit will pay in part or in full for the cost of MRI, PET and CT scans when the insured's medical scheme sub-limit for these scans has been reached. The benefit will cover the cost of MRI, PET and CT scans in part or full subject to a maximum payment of R3 000 per individual insured under the policy per calendar year. MRI, PET or CT scans for treatment not covered under this policy are excluded e.g. the policy has a specific exclusion for non-essential cosmetic surgery not required due to illness or injury. In this instance and for other specific and general exclusions under the policy, this benefit would not apply. This benefit cannot be claimed along with the Medical Scheme Co-Payment Cover benefit.

Emergency Room/Casualty Ward Cover

Cover for R22 100 per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, and for items such as crutches, neck braces, knee and ankle guards, post treatment and recuperative devices are not covered by this benefit.

In-hospital Cover

Shortfalls are covered on doctors' and specialists' charges of up to 300% of the Medical Scheme Tariff (MST). The shortfall cover amount provided is calculated as: doctors' and specialists' charges (limited to 3 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.

Out-of-hospital Cover

Cover is provided for ±50 out-patient procedures including CT, PET and MRI scans. The shortfall cover amount provided is calculated as: doctors' and specialists' charges (limited to 3 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.

Medical Scheme Co-payment Cover

Co-payments charged by medical schemes for hospital admissions, scans and medical procedures are covered. Penalty co-payments charged by medical schemes are not covered e.g. no cover is provided for the penalties charged by medical schemes for not obtaining: a general practitioner referral prior to consulting with a specialist; a pre-authorisation from the medical scheme prior to a procedure; not following assessment criteria by the medical scheme's back and neck program prior to undergoing spinal surgery.

Non-network Co-payment Cover

Not applicable.

MRI, PET and CT scan Sub-Limit Cover

Not applicable.

Emergency Room/Casualty Ward Cover

Cover for R22 100 per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, and for items such as crutches, neck braces, knee and ankle guards, post treatment and recuperative devices are not covered by this benefit.

Liberty Universal Gap Cover.

(continued)

Cancer Treatment Programme: Co-payment Cover
Co-payments levied by medical schemes when the annual cancer treatment limit is exceeded will be covered. This cover can be used for general and specialised treatment and biological drugs, and is subject to a maximum co-payment of 25% of the costs of treatment.
Medical Scheme Cancer Cover Limit Extender
When a medical scheme imposes a cancer treatment cost limit, cover is provided for 20% of the continued treatment costs. This cover can be used for general and specialised treatment and biological drugs.
Enhanced Cancer Cover: Cosmetic Breast Reconstruction
Cosmetic breast reconstruction cover of up to R23 000. This cover is to be paid towards the costs of surgical breast reconstruction of the non-affected breast, in the event of a single mastectomy resulting from breast cancer.
Internal Prosthesis and Artificial Joint Cover
Cover for up to R37 000 per policy per calendar year is provided for medical expense shortfalls and co-payments on the cost of internal prosthesis. This benefit is available to policyholders who are on medical scheme options that provide internal prosthesis cover under the major medical benefit. This benefit will cover the shortfall if the medical scheme does not cover the cost of internal prosthesis in full because the medical scheme annual limit has been exceeded or where the medical scheme charges a co-payment. An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a loss or reduction in bodily function. Examples of internal prosthesis include joint replacements and spinal fusions. Stents are covered but limited to a maximum shortfall amount of R3 000 for each individual insured under the policy, per calendar year. Intraocular lenses, breast implants, cochlear implants and pacemakers are however specifically excluded.
In-hospital Dentistry Expense Shortfall Cover
Dentistry shortfalls are covered on doctor, dentist and specialist charges of up to 500% of the Medical Scheme Tariff (MST). The shortfall cover amount provided is calculated as: doctors and specialists' charges (limited to 5 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.
Robotic Medical Procedure Cover
Cover of up to R31 500 per policy, per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.

Liberty Essential Gap Cover.

(continued)

Cancer Treatment Programme: Co-payment Cover
Not applicable.
Medical Scheme Cancer Cover Limit Extender
Not applicable.
Enhanced Cancer Cover: Cosmetic Breast Reconstruction
Not applicable.
Internal Prosthesis and Artificial Joint Cover
Not applicable.
In-hospital Dentistry Expense Shortfall Cover
Not applicable.
Robotic Medical Procedure Cover
Cover of up to R31 500 per policy, per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.

Section B - Health Insurance Benefits

Enhanced Cancer Cover
The Enhanced Cancer Cover benefit of R30 000 is to cover the unexpected costs which may arise in the event of first-time diagnosis of cancer, stage II and above. This benefit also applies to stage I prostate cancer where the Gleason score is 8 or higher. Payment of this benefit is subject to confirmed cancer diagnosis with an ICD 10 C code (International Classification of Diseases Code); and the person insured under the policy registering on their medical scheme's oncology treatment program. This cover excludes skin cancer and only applies to the first-time diagnosis of cancer after the commencement of cover and after completion of the 12-month waiting period.

Enhanced Cancer Cover
Not applicable.

Accidental Dentistry Cover

Total cover of up to R21 200 for accidental tooth fracture due to an external blow to the mouth. This benefit will apply to permanent teeth (crowns and implants are excluded) where at least 50% of the visible portion of the tooth is lost and where the dental nerve is permanently damaged due to accident. This benefit is payable at a rate of R3 000 per fractured tooth, irrespective of the cover provided by medical scheme.

Accidental Death and Permanent Disability Cover

This benefit of R50 000 is to cover the unexpected costs that may arise in the event of accidental death or accidental permanent disability of anyone insured by the policy. Accidental permanent disability cover ceases for all lives insured under the policy at age 65.

Trauma Counselling Cover

Cover of R750 per session for counselling is provided following any individual insured under the policy being subject or witness to an act of violence or traumatic accident. Counselling must commence within 6 months of the traumatic event and will be covered to a maximum of R25 000 over a single 6 month period.

Medical Scheme and Gap Policy – Premium Waiver Cover

A benefit of 12 times the policyholder's combined monthly gap policy premium and medical scheme premium will be paid to cover the cost or loss incurred following the accidental death or accidental permanent disability of the policyholder.

This benefit is subject to a policy limit of R105 000. Cover for this benefit ceases at age 65.

Accidental Dentistry Cover

Total cover of up to R21 200 for accidental tooth fracture due to an external blow to the mouth. This benefit will apply to permanent teeth (crowns and implants are excluded) where at least 50% of the visible portion of the tooth is lost and where the dental nerve is permanently damaged due to accident. This benefit is payable at a rate of R3 000 per fractured tooth, irrespective of the cover provided by medical scheme.

Accidental Death and Permanent Disability Cover

This benefit of R50 000 is to cover the unexpected costs that may arise in the event of accidental death or accidental permanent disability of anyone insured by the policy. Accidental permanent disability cover ceases for all lives insured under the policy at age 65.

Trauma Counselling Cover

Cover of R750 per session for counselling is provided following any individual insured under the policy being subject or witness to an act of violence or traumatic accident. Counselling must commence within 6 months of the traumatic event and will be covered to a maximum of R25 000 over a single 6 month period.

Medical Scheme and Gap Policy – Premium Waiver Cover

A benefit of 12 times the policyholder's combined monthly gap policy premium and medical scheme premium will be paid to cover the cost or loss incurred following the accidental death or accidental permanent disability of the policyholder.

This benefit is subject to a policy limit of R105 000. Cover for this benefit ceases at age 65.

Monthly Premiums.

*Liberty Universal Gap Cover.

Cover for Individuals	
Younger than 55 years old	R447 per month
55-64 years old	R566 per month
65 years and older	R650 per month
Cover for Families	
Where all lives insured are younger than 65	R566 per month
Where one or more lives insured are older than 65	R650 per month

**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 are valid for 2022 and are subject to change from 1 January 2023.*

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

*Liberty Essential Gap Cover.

Cover for Individuals	
Younger than 55 years old	R333 per month
55-64 years old	R418 per month
65 years and older	R477 per month
Cover for Families	
Where all lives insured are younger than 65	R418 per month
Where one or more lives insured are older than 65	R477 per month

Summary of policy terms and conditions.

The policy terms and conditions of the Universal and Essential Gap Cover 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 can be claimed for a period of 12 months from the start date of cover in respect of medical conditions, for which in the 12 months before the start date of the cover, medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

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 prior to the start date of Liberty Gap Cover, a policyholder had cover under another Medical Expense Shortfall Policy with similar benefits, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition period from the previous policy. The pre-existing condition exclusion will, however, apply for the full period of 12 months for any benefit not provided under the previous Medical Expense Shortfall Policy.

General exclusions

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Any illness or injury caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking 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, riot, strike or the activities of locked out workers.
- Aviation accident, except on a commercial flight as a fare-paying passenger.
- 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 due to illness or injury.
- Penalty co-payments imposed by medical schemes for not following the rules of the scheme. 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.

- Pre- and post-hospitalisation doctor and specialist charges.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs, contraception-related treatments, fertility and ART (assisted reproduction therapy) and elective circumcisions.
- Treatment for depression, mental or stress-related conditions.
- Claims not covered by the medical scheme.
- Private and home nursing.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical scheme.
- Hospital charges.
- Medication and other materials.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- When travelling abroad, treatment for accident and illness is not covered after 60 consecutive days outside the Republic of South Africa.
- Day-to-day medical practitioner costs.
- Breast and dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical scheme 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. The claim form can be found on www.zestlife.co.za. Payment of claims are made to either the policyholder or directly to the treating doctors, specialists or medical service providers, at the insurer's discretion.

Extended Optional Benefits.

Extended Cancer Cover

This is an optional policy benefit. If you or any of your dependents insured under the policy are diagnosed with cancer for the first time, we will pay you the Extended Cancer Cover benefit of R100 000 or R200 000 to cover the unexpected costs which may arise as a result of the diagnosis. This covers the policyholder and medical scheme dependants insured under the policy. This cover can be taken out with either Liberty Gap Cover options. When applying for this cover, policyholders will be required to answer an underwriting question that relates to previous diagnosis or treatment of cancer. This cover excludes skin cancer and has a 12-month pre-existing condition exclusion and a 6-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65th birthday.

*Extended Cancer Cover Amount	*Monthly Premium
R100 000	R92.00
R200 000	R150.00

**Premiums are valid for 2022 and may increase from 1 January 2023.*

Medical Premium Waiver Cover

The Liberty Medical Premium Waiver policy provides cover that will continue to pay your medical scheme and Liberty Gap Cover premiums in the event of your death or permanent disability. This cover is an additional **stand-alone policy** that **enhances** and extends the **Medical Scheme and Gap Policy – Premium Waiver Cover** that is embedded in the Liberty Universal Gap Cover policy.

The Medical Scheme and Gap Policy – Premium Waiver Cover only applies and is embedded in the Universal Gap Cover option

and will only pay out in the event of accidental death or accidental permanent disability. This embedded benefit covers your costs and losses in respect of your ongoing medical scheme and Liberty Gap Cover premiums for a period of 12 months. The extended Medical Premium Waiver policy however pays out on death and permanent disability, whether caused by accident or natural causes and will pay your costs and losses incurred to cover your medical scheme and Liberty Gap Cover premiums. These costs and losses will be paid up to a maximum amount of R9 800 per month, for your selected period of either 24 or 60 months. This benefit is payable in addition to any benefits paid to you under the Liberty Universal Gap Cover policy. This standalone medical scheme and gap cover premium waiver cover can be taken out on both the Liberty Universal and Liberty Essential Gap Cover options..

In the first 12 months, no cover will be provided should a claim arise from a medical condition that existed in the 12 months prior to the policy commencement date. The policy also applies general exclusions, e.g., claims resulting from suicide, intentional self-inflicted injury or participation in acts of war or crime. In the case of a permanent disability claim, the benefit will be paid after a 30-day assessment period and will be paid for the insured period or until the policyholder's recovery, whichever occurs first. Cover is available up to age 60 for new policyholders and ceases for existing policyholders at age 70.

*Medical Premium Waiver Cover Period	*Monthly Premium
24 months	R211
60 months	R372

**Premiums are valid for 2022 and are subject to change from 1 February 2023.*

Contact us

For more details about benefits, definitions, guarantees, fees, tax, limitations, charges, premiums/contributions or other conditions and associated risks, please contact your Liberty Financial Adviser, or call us on (021) 180 4220 / 0860 009 378, or e-mail info@zestlife.co.za

To apply for cover online, please visit: <http://tinyurl.com/LibertyGap>

Legal information and disclaimer

Liberty Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP number 75). Liberty Medical Premium Waiver is underwritten by Guardrisk Life Limited (FSP number 76) (collectively referred to as "Guardrisk"). Guardrisk is a Licensed Insurer and Authorised Financial Services Provider. Both products are administered by Zest Life Investments (Pty) Ltd, an Authorised Financial Services Provider (FSP number 37485).

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