



LIBERTY

**Liberty Gap Cover
Corporate Groups 2020**



ADVICE INSURE INVEST

Liberty Group Limited - Reg. no 1957/002788/06 is a registered Long Term Insurer and an Authorised Financial Service Provider (FAIS no 2409)

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).

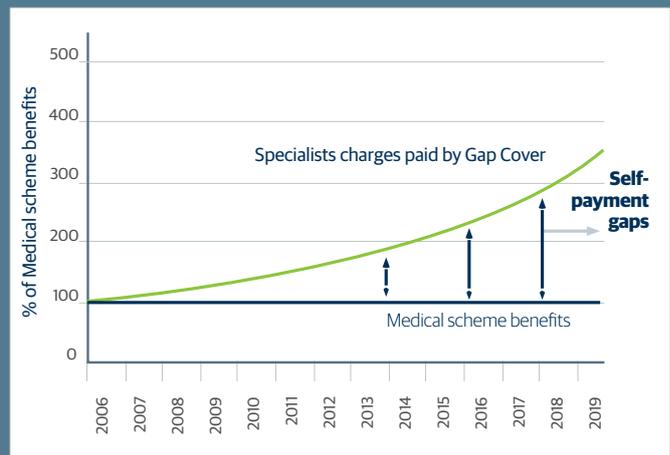
The table below shows some common medical procedures that lead to medical expense shortfalls. The Rand amounts are the portion of the costs that are not covered by the

| Examples of Medical Procedures | Medical Expense Shortfall Amount |
|--------------------------------|----------------------------------|
| Natural Childbirth | R22 910 |
| C-Section Childbirth | R26 379 |
| Hernia Repair | R42 803 |
| Breast Cancer Surgery | R87 221 |
| Hip Replacement Surgery | R77 316 |
| Spinal Surgery | R126 327 |
| Cancer Treatment | R115 210 |
| Heart Surgery | R149 997 |

medical scheme and usually require payment by the member. These amounts are based on actual Gap Cover claims paid in 2019.

The continued growth in the self-payment gap means that medical schemes now pay less than half of the average total specialist fees, leaving members to pay the shortfall amount.

The graph below shows how the self-payment gap has grown since 2006 and how this trend is expected to grow into the future.



The Solution

Protect your employees against medical expense shortfalls with Liberty's comprehensive Gap Cover options.

Liberty Universal Gap Cover offers the most *comprehensive medical expense shortfall cover* along 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*, along with additional financial protection for selected health risks.

Both of these options are available to main members and dependants of all South African registered medical schemes.

The cover offered by these policies can be further enhanced by taking our **Extended Cancer** and/or **Extended Dentistry Cover** 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 and/or procedure 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 Gap Cover is underwritten by Guardrisk Insurance Company Limited (FSP number 75), administered by Zest Life Investments (Pty) Ltd, an authorised Financial Services Provider (FSP number 37485).

Liberty Universal Gap Cover

Liberty Essential Gap Cover

"High levels of cover for treatment cost shortfalls."

"Affordable cover for the most frequent treatment cost shortfalls."

Who's Covered

Cover is available to individuals and families on any South African medical scheme without 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.

Who's Covered

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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 R165 000 per 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.

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 R10 000, limited to one claim per policy each year.

Emergency Room/Casualty Ward Cover

Cover for R20 000 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.

Enhanced Cancer Cover: Co-payment

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 R20 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.

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.

Non-network Co-payment Cover

Not applicable.

Emergency Room/Casualty Ward Cover

Cover for R20 000 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.

Enhanced Cancer Cover: Co-payment

Not applicable

Medical Scheme Cancer Cover Limit Extender

Not applicable.

Enhanced Cancer Cover: Cosmetic Breast Reconstruction

Not applicable.

Liberty Universal Gap Cover

(continued)

Liberty Essential Gap Cover

(continued)

SECTION A - MEDICAL EXPENSE SHORTFALL COVER (continued)

Internal Prosthesis and Artificial Joint Cover

Cover of up to R35 000 for each policy each year is provided for co-payments and shortfalls on the cost of internal prostheses such as artificial joints after the exhaustion of the medical scheme specified limit or threshold. This benefit does not cover intraocular lenses or prostheses that are not replacing a body part.

Internal Prosthesis and Artificial Joint Cover

Not applicable.

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.

In-hospital Dentistry Expense Shortfall Cover

Not applicable.

Robotic Medical Procedure Cover

Cover of up to R30 000 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.

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SECTION B - HEALTH INSURANCE BENEFITS

Enhanced Cancer Cover: Lump Sum Pay-out

Lump sum cover of R30 000 in the event of first-time diagnosis with stage 2 cancer. Payment of this benefit is subject to registration on the medical scheme's oncology treatment programme. This is a fixed benefit payment that is not reliant on verification of actual treatment costs. This cover excludes skin cancer and applies to cancer diagnosed after the commencement of cover and after completion of the 12-month waiting period (see policy terms and conditions).

Enhanced Cancer Cover: Lump Sum Pay-out

Not applicable.

Accidental Dentistry Cover

R19 250 accidental tooth fracture cover due to an external blow to the mouth is provided per individual per year. This cover is payable at a rate of R2 750 for each tooth, irrespective of cover provided by the medical scheme.

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Accidental Death and Permanent Disability Cover

A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. The accidental permanent disability cover ceases at age 65.

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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 policy limit of R25 000 over a period of 6 months.

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 policy limit of R25 000 over a period of 6 months.

Medical Scheme and Gap Policy - Premium Waiver Cover

A lump sum benefit is payable equal to 12 times the policyholder's combined Gap cover and medical scheme premiums at the time of the claim. This benefit is subject to a policy limit of R100 000 and is payable following the accidental death or accidental permanent disability of the policyholder. Cover for this benefit ceases at age 65.

Medical Scheme and Gap Policy - Premium Waiver Cover

Not applicable.

Liberty Gap Cover offering as a compulsory versus a voluntary option

As an employer, you can provide Liberty Gap Cover to your employees on either a compulsory or a voluntary basis. These product offerings are different in the way you provide the benefit to your employees and the premiums charged. The table below highlights the difference between the two options.

| | Compulsory Gap Cover | Voluntary Gap Cover |
|------------------------------------|---|---|
| Difference in cover | You provide Liberty Gap Cover to a defined group of employees. Individual employees are therefore not able to choose whether or not they want the cover. | You inform your employees that Liberty Gap Cover will be made available to them at a preferential premium and each employee decides whether they would like the cover. We also offer internal marketing assistance where needed*. |
| Paying premiums | As the employer, you pay each employee's premium and then deduct it via payroll, usually on a cost to company basis. The premium will also be lower than that of the Voluntary Liberty Gap Cover. | Premiums are collected via payroll, although individual debit orders can also be arranged. |
| Minimum number of employees | The minimum size for both compulsory and voluntary groups to qualify for preferential rates, versus individual rates, is 10 employees. | |

* Call Centre Assistance: where there is a voluntary group option, our call centre via Zestlife can assist with signing clients up either on an inbound or outbound basis. This eliminates the need to complete application forms. All calls are voice recorded and stored on our system.

Premiums and how to sign up for Liberty Gap Cover for Corporates

Premiums

Premiums are calculated based on the average age and number of employees. In order to calculate a quote, we will need the following:

- Your company name
- The number of employees
- The average age of your employees, and
- Whether the group will be joining Liberty Gap Cover on a compulsory or a voluntary basis

How to sign up for Liberty Gap Cover Corporate

To implement the group scheme, you will need to complete a schedule of your employees and certain of their details, as well as a debit order authorisation form. We will provide you with these forms once a decision has been made.

Summary of policy terms and conditions

The following is a summary of the policy terms and conditions that apply to both Liberty Gap Cover options. For a full explanation of definitions, benefits, terms and conditions, please refer to the policy document, which is available on request.

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. Examples of these penalties are amounts due as a result of not obtaining pre-authorisation from the medical scheme for a procedure, or as a result of consulting a specialist without first obtaining a referral from a General Practitioner (GP).
- 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 and contraception-related treatments.
- Treatment for depression, mental or stress-related conditions.
- Claims not covered by the medical scheme.
- Private and home nursing.
- Hospital charges.
- Medication and other materials.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa. This exclusion does not apply to treatment arising from accident or illness while travelling for a period of less than 60 consecutive days.
- Day-to-day medical practitioner costs.
- 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, scientists and technologists.

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 Cover Options

Extended Cancer Cover

This is an optional policy benefit that will pay out either R100 000 or R200 000 in the event of the first-time diagnosis of cancer. 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 has a 12-month pre-existing condition exclusion and a six-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65th birthday.

Premiums on a compulsory basis

| Extended Cancer Cover Amount | Monthly Premium |
|------------------------------|-----------------|
| R100 000 | R92 |
| R200 000 | R140 |

Premiums on a voluntary basis

| Extended Cancer Cover Amount | Monthly Premium |
|------------------------------|-----------------|
| R100 000 | R92 |
| R200 000 | R140 |

**Premiums are valid for 2020. Prices may increase from 1 January 2021.*

Extended Dentistry Cover

Extended Dentistry Cover offers optional lump sum cover for emergency, accidental and specialised dentistry and can be added to either Liberty Gap Cover options. This cover insures the policyholder and their medical scheme dependants for all the conditions and fixed pay-out amounts listed in the table below.

| Insured condition or event | Likely treatment | Cover |
|---|--|--|
| Impacted wisdom tooth (teeth in the process of eruption that are not impacted are excluded) | Surgical tooth removal | R1 000 for each tooth |
| Periodontitis (severe infection of the gums where the attachment of the tooth to the gum is broken down) | Gum surgery | R1 750 for each event |
| Jaw fracture | Surgery | R16 500 for each event |
| Dental emergency (dental pain or infection that requires immediate treatment for relief) | Emergency root canal, temporary crown, temporary filling | R1 250 for each tooth |
| Accidental tooth fracture (50% of the visible tooth is lost due to an accident resulting in permanent nerve damage) | Crown, splinting, bridge | R4 500 for each tooth |
| Severely decayed or damaged tooth (two thirds of the tooth is lost due to decay or trauma) | Crown | R3 250 for each tooth (A maximum of two teeth are covered in 12 months) |
| Impaired chewing due to loss of tooth/teeth (teeth can be lost due to infection or trauma, 2nd and 3rd molar positions are excluded) | Removable denture | R5 500 for each jaw bone (Paid once for each upper or lower jaw every 24 months) |
| Reduced dental stability due to tooth loss (tooth is lost resulting in adjacent teeth potentially changing position causing the bite to become unstable). Can only claim for teeth lost after the Extended Dentistry Cover starting date and which is not as a result of a condition that existed prior to this start date. | Implant or bridge | R10 000 for each tooth Limited to one claim in 12 months |

This cover has a 12-month pre-existing condition exclusion, a six-month upfront waiting period from the date of commencement of cover, and ceases at age 65.

Premiums on a compulsory basis

| | |
|--------------------------|----------------|
| Extended Dentistry Cover | R251 per month |
|--------------------------|----------------|

Premiums on a voluntary basis

| | |
|--------------------------|----------------|
| Extended Dentistry Cover | R258 per month |
|--------------------------|----------------|

**Premiums are valid for 2020. Prices may increase from 1 January 2021.*

About Liberty Health

At Liberty Health we recognise that your health is your greatest asset, and your wellbeing is crucial to living a fulfilled life. We bring you solutions to make healthcare affordable and protect you from unplanned expenses. Because no single provider can meet the needs of today's diverse healthcare markets; we bring the best providers in each field together to create a comprehensive solution for you. We deliver a range of healthcare solutions for a variety of needs. These include medical cover and risk products that complement and supplement any medical scheme cover – because we know that with the increasing cost of healthcare, very few people can afford to take the chance of not being covered when things inevitably go wrong.

Our clients are people just like you: people who want us to make medical cover manageable and to help them make the most of their health. If you are looking for a healthcare solution that meets your needs with the least amount of hassle, we invite you to get in touch with us or speak to your Financial Adviser about us.

Our business is built around providing you with the best products, administration and service in your hour of greatest need. We believe partnerships are an essential ingredient for excellence.

Providing healthcare solutions in South Africa and in 26 other countries across Africa, our business partnerships and services span healthinsurance, information technology systems, employee wellness programmes, medical risk management and healthcare administration.

The insights we have from being involved in multiple aspects of the healthcare industry enable us to provide you with the best solutions.

What we offer you

- Easy to understand, affordable medical cover that is sustainable over the long term
- A solution that suits your individual needs
- Quality healthcare solutions and medical insurance to protect you and your family when things go wrong

CONTACT US

For expert advice, please contact your Liberty Adviser,
or call us on (021) 180 4220 / 0860 009 378, or e-mail info@zestlife.co.za

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"). Both products are administered by Zest Life Investments (Pty) Ltd, an authorised Financial Services Provider (FSP number 37485).

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