

LINKSAVE 2019 GAP COMPREHENSIVE INDIVIDUAL

R300 per month
Seniors: R440 per month

Overall Annual Limit

All sections below are subject to an aggregate annual limit of R150,000 per insured person.

Tariff Shortfalls

Enhancing your doctors' costs for in-patient and/or out-patient procedures [as defined] from your Medical Scheme Aid reimbursement rate [100%, 200% or 300% of scheme tariff], up to maximum 500% of scheme tariff. Subject to an overall annual limit.

Co-Payments/Deductibles

Medical Aid schemes have specified co-payments or deductibles applied to listed procedures that the member is required to pay. Comprehensive Individual will reimburse the defined co-payment/deductible amount. Subject to an overall annual limit.

Sub-Limits

Medical Aid options often place limits on certain procedures/events, e.g. internal prosthetics. Gap Comprehensive will enhance your cover for defined sub-limits. Subject to overall annual limit.

Casualty Benefit

In the event of accidental, trauma-related or crime-related injuries which culminates in treatment received in a Hospital Out-Patients/Casualty unit by an insured member, Gap Comprehensive Individual will provide an annual limit of R6 000, further limited to R 2 000 per event.

Cancer Diagnosis Benefit

Gap Comprehensive will provide a R 15 000 cash payment on first diagnosis provided the client is on a registered oncology programme.

Cancer Treatment

Most Medical Schemes place limits on their payment of cancer treatment such as Chemotherapy, Radiation & Cancer Biological drugs. Linksave Comprehensive Individual will enhance this limit to R 150 000.00 per annum. Subject to an overall annual limit.

Medical Aid Assist & Premium Waiver

In the event of the total and permanent disability of the principal member on the policy, Linksave will provide a maximum amount of R2 000 per month for a period of 4 months to assist with medical aid premiums for the insured on the Gap Policy. The member will enjoy free Gap Comprehensive cover for a period of 6 months as well, provided that the insured member remains insured on the Medical Aid.

Non-DSP Hospital Co-Payment

If the member voluntarily chooses to use a hospital or day clinic outside the medical scheme's designated network, a co-payment up to R 8 500 per insured per annum will be available for the penalty applied by the medical scheme.

Hospital Consumables

Consumables will be covered to a maximum of R 2 000 per annum, limited to R 500 per event for shortfalls on medicine, materials and appliances used during an in-hospital procedure.

Maternity Benefit

A benefit of fifty percent (50%) of additional cost of a private room in the maternity ward, limited to R 2 500 per delivery.

Specialised Dentistry

Dental room cover for Root Canal and/or Surgical Extractions has also been included. Maximum of R 3 000 per person per annum. Benefit does not include consultation fee.

Accidental Death

R30 000 in the event of accidental death of the principal member.

Please note:

Please note that the information contained in the document is for information purposes only. Please refer to your policy document for a full list of definitions, benefits, limitations and exclusions.

This is not a Medical Scheme and cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.