

## LINKSAVE 2021 GAP COMPREHENSIVE INDIVIDUAL

**R360 per month**  
**Seniors: R530 per month**

### Overall Annual Limit

All sections below are subject to an aggregate annual limit of R173,000 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, up to an additional 500% of the scheme rate.

### 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 culminate 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 will enhance this limit, subject to the 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.

### **Consumables**

Consumables will be covered to a maximum of R 4 000 per annum, limited to R 500 per event for shortfalls on medicine, materials and appliances used during an in-hospital procedure or used by doctors during procedures performed in rooms that are deemed by the Medical Scheme to be 'in hospital '.

### **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.

### **Specialist Benefit**

We will cover the difference in cost between what your specialist charges for a consultation in their private rooms and the rate your medical aid plan applies to out-patient specialist consultation fees. Limited to R4 500 per policy per annum, R1 500 per consultation and 3 consultations per annum. Your medical aid must pay a portion of your specialist's consultation fee from a hospital, risk, day-to-day benefit or from your medical savings account.

#### ***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.*