



OLDMUTUAL

# FREQUENTLY ASKED QUESTIONS

Old Mutual Gap Cover



DO GREAT THINGS

Version 12/2021

# GENERAL

**Old Mutual Gap Cover provides cover for the difference in the amount charged by a Registered Medical Professional and the Medical Scheme Rate for services rendered.**

## 1. WHAT IS OLD MUTUAL GAP COVER?

Old Mutual Gap Cover provides cover for the difference in the amount charged by a Registered Medical Professional and the Medical Scheme Rate for services rendered both in- and out-of-hospital as defined under the policy. The maximum amount that will be paid towards this shortfall is calculated as 5 times (or 500%) of the medical scheme tariff (subject to the annual limit of **R174 000** per beneficiary, per annum). However, if you belong to a group network option and a non-designated service provider was used, you will only be compensated at a maximum of 1 times (100%) of the medical scheme rate on all in- and out-of-hospital shortfalls. Tariff shortfalls on maxillofacial and back and spinal surgery will also only be covered at a maximum of 100% of the medical scheme rate.

## 2. WHAT IS THE AGREED MEDICAL SCHEME RATE?

**The Council of Medical Schemes has specific codes for procedures and each code has a specific rate, which is used as a guideline by medical schemes.**

## 3. IS OLD MUTUAL GAP COVER A MEDICAL SCHEME?

No, it is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

## 4. WHY DO I NEED GAP COVER?

There is often a shortfall between what a medical scheme pays and the actual cost of a procedure or treatment because service providers are entitled to charge more than the Medical Scheme Rate. The shortfall then becomes the member's responsibility and he/she will, therefore, need to have additional cover under these circumstances. Some Hospital and Comprehensive Medical Plans offer cover at 100%, 150% or 200% of Medical Scheme Rates for hospitalisation only, while the actual costs could be more than 500% of Medical Scheme Rates. Gap Cover will cover the difference between what your medical scheme will pay and the actual cost of in-hospital doctors' bills up to a maximum of 500% of Medical Scheme Rates.

## 5. WHO CAN APPLY FOR OLD MUTUAL GAP COVER?

Old Mutual Gap Cover is available to individuals who are members of a registered South African medical scheme and meet the requirements of a Principal Member (please ask a consultant to assist you with the definition of a Principal Member). Members on different medical schemes can be covered on the same Old Mutual Gap Cover policy.

## 6. DO I HAVE TO GO FOR A MEDICAL EXAMINATION TO QUALIFY?

No, cover is available immediately (subject to the relevant waiting periods as listed in the policy documentation). However, underwriting may be applied at claim stage.

## 7. WHEN WILL I RECEIVE MY POLICY DOCUMENTS?

Your policy documentation will be emailed/sent via post to you within 1 (one) day of the activation of your policy, depending on the preferred method of communication that you selected.

## 8. WHEN WILL THE POLICY COME INTO EFFECT?

Cover will start on the 1st day of the calendar month after which your first premium is received. Terms and conditions apply.

## 9. WHICH COMPANIES ARE INVOLVED IN OLD MUTUAL GAP COVER?

Old Mutual Gap Cover is a product underwritten by Old Mutual Insure Limited, a licensed FSP and Non-Life Insurer, Registration Number 1970/006619/06.



# COVER

## 10. IS THERE AN ANNUAL LIMIT ON MY POLICY?

Yes, the total benefit per policy is limited to **R174 000** per beneficiary, per annum.

## 11. WHAT ARE THE CORE BENEFITS?

- In-hospital Benefits
- In-and Out-of-hospital Oncology Benefits
- Out-of-hospital Benefits
- Benefit Extender

## 12. WHAT IS COVERED?

- Hospitalisation for accidental harm, illness or other health incidents.
- Oncology treatment, including chemotherapy, radiotherapy or other drug regimens, approved by the family member's medical scheme.
- Any additional costs incurred as a result of childbirth in a hospital ward (except where medically necessary), subject to a 12-month pregnancy waiting period).
- Accidental harm resulting in emergency medical treatment at the out-patient casualty or trauma ward of a hospital.

## 13. WHAT ARE THE POLICY EXCLUSIONS?

Please ask a consultant to provide you with information on the standard policy exclusions.

## 14. WHAT ARE THE WAITING PERIODS?

- During the first 12 months of membership, a pre-existing condition waiting period applies.
- During the first 3 months of membership, a general waiting period applies.
- During the first 12 months of membership, a pregnancy waiting period applies.

Please note the 3 months general waiting period, 12 months pre-existing condition waiting period and 12 months pregnancy waiting period apply to an Insured Person from the time that such person's cover commences under the policy (to run concurrently if two or more waiting periods are applicable to an insured family member).

The policy also covers any additional costs incurred as a result of childbirth in a Hospital ward (except where medically necessary), subject to a 12-month Pregnancy Waiting Period).

## 15. IS A NEW SPOUSE COVERED UNDER THE OLD MUTUAL GAP COVER POLICY?

Yes, your new spouse or life partner will be covered on the policy. Normal underwriting will apply. Please note that dependant registration is required and will not be backdated.

## 16. SHOULD I COMMUNICATE ANY CHANGES TO MY OWN OR MY DEPENDANTS' DETAILS; AND WHAT PROCESS DO I NEED TO FOLLOW TO MAKE THESE CHANGES TO MY POLICY?

Yes, any changes must be communicated to the Insurer (email [customercare@omgap.co.za](mailto:customercare@omgap.co.za) or call **0860 111 023**) within 30 days of the change. Please attach a copy of your updated medical scheme membership certificate as confirmation of changes in respect of your dependants. Make sure that the Insurer agrees to the change telephonically or in writing and that the change will apply from the date and time agreed.

## 17. WHO IS COVERED BY THIS POLICY?

Cover is provided at one price per family for you as the Policyholder and six family members, including your Spouse and/or Dependent Children (up to 26 years of age) provided that they are active members of a medical scheme and dependants on your Old Mutual Gap policy. (Ask a consultant to assist you with the definitions of Spouse and Dependent Children).

## 18. IS A NEWBORN BABY COVERED UNDER THE OLD MUTUAL GAP COVER POLICY?

Yes, newborn babies are covered from birth with no waiting periods, provided the baby is registered on the policy within 90 days from date of birth. Should the baby be registered more than 90 days after birth, waiting periods will apply.





## 19. WHAT IS DEEMED TO BE AN INCIDENT OR COVERED EVENT?

Please ask a consultant for the specific definition of a Covered Event. A typical example of an incident or Covered Event will be: You are a medical scheme member who suffers from persistent migraines and your medical practitioner requests an MRI (a co-payment applies as an out-patient). The MRI indicates bleeding on the brain and you are immediately admitted into hospital for treatment. While receiving treatment, a second MRI (as an inpatient) is done (a co-payment applies) which confirms that you need an operation. The co-payments for both MRI scans and will be seen as one Covered Event.

## 20. DOES MY GAP COVER POLICY COVER CO-PAYMENTS AND DEDUCTIBLES?

Yes, your co-payments and deductibles are covered as part of the policy (for more information ask a consultant).

## 21. WHAT ARE THE COVER BENEFITS FOR CO-PAYMENTS AND DEDUCTIBLES?

Cover is provided for procedural co-payments and deductibles (the excesses imposed in terms of your medical scheme rules) for procedures performed as an in-patient or an out-patient, including MRI, CT, and PET scan (a full list of the defined procedures is available from a consultant). Benefits also include additional cover for a co-payment and deductible charged when using a non-designated hospital, limited to R15 000 per family, per annum.

## 22. ARE DAY-TO-DAY SERVICES COVERED UNDER THIS POLICY?

No, normal visits to your general practitioner or specialist, and auxiliary services on a day-to-day basis are not part of your Old Mutual Gap Cover policy benefit.

## 23. WHAT IS A PRESCRIBED MINIMUM BENEFIT?

Prescribed Minimum Benefits (PMBs) is a set of defined benefits to ensure all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable. Prescribed Minimum Benefits fall under the Medical Schemes Act, according to which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- life-threatening emergency medical condition;
- a limited set of 270 medical conditions (defined in the Diagnosis and Treatment Pairs); and
- 27 chronic conditions (defined in the Chronic Diseases List).

## 24. DOES THIS POLICY COVER PRESCRIBED MINIMUM BENEFITS (PMBs)?

No, the Old Mutual Gap Cover policy does not include benefits for PMB claims.



## OLD MUTUAL GAP COVER IS OUR AFFORDABLE SOLUTION TO BOOST YOUR MEDICAL SCHEME COVER

### COST

#### 25. WHAT IS THE COST OF THE OLD MUTUAL GAP COVER POLICY?

From only R240\* per family, per month, Old Mutual Gap Cover protects you from medical expense shortfalls and co-payments. (\*Please note the policy premium is R315 should a member of the family be over the age of 60).

#### 26. ARE PREMIUM INCREASES APPLICABLE?

Yes, a premium increase may be applied on an annual basis, effective from 1 January each year. All premiums are inclusive of VAT at the standard rate.

#### 27. WILL THERE BE ADDITIONAL COSTS?

No, there are no extra fees added to your monthly premium. However, a non-refundable recollection fee of R50,00 will be charged for each failed premium collection as a result of insufficient funds in your account, cancelled debit orders and where incorrect banking details have been provided.

#### 28. WHEN WILL THE FIRST PREMIUM BE DEBITED?

The first premium will be debited prior to the first month of cover, on whichever debit date the account holder selected during the sales process (i.e. the 1st, 15th, 25th or the last working day of the month).

#### 29. WILL MY OLD MUTUAL GAP COVER PREMIUM AND MEDICAL SCHEME CONTRIBUTION BE DEBITED TOGETHER?

No, Old Mutual Gap Cover is a separate insurance product underwritten and administered by a different company.

#### 30. WHAT HAPPENS IF THE DEBIT ORDER DATE FALLS ON A WEEKEND OR PUBLIC HOLIDAY?

The premium will be collected on the last working day prior, or the first working day thereafter. We will make use of a bank-approved debit order collection process, as per your agreed mandate, to collect your premium.



# CLAIMS

All claim payments are made directly to the debit order account details registered on the policy. For security purposes, should the bank details for payment of claims differ from the debit order account details listed on the policy, proof of bank details must be provided with your claim.

## 31. WHEN CAN I SUBMIT A CLAIM?

It is advisable to submit the Old Mutual Gap Cover claim as soon as your medical scheme has paid their portion of the account, but no later than six months after the medical scheme payment was made. The Policyholder must obtain a claim number from the Insurer to confirm that the claim has been registered. If a claim number is not obtained, it means that there is no record of the claim.

## 32. WHICH DOCUMENTS ARE REQUIRED FOR THE SUBMISSION OF THE OLD MUTUAL GAP COVER CLAIM?

- a completed claim form (included in the policy documentation or available on request – [claims@omgap.co.za](mailto:claims@omgap.co.za) / 0860 111 023);
- detailed copies of all relevant doctors' accounts;
- a clear copy of the Hospital account;
- a detailed medical scheme claims statement reflecting the shortfall to the doctor; and
- copies of your medical scheme authorisation confirmation and medical scheme membership certificate.

## 33. TO WHOM WILL THE CLAIM BENEFIT BE PAID OUT?

All claim payments are made directly to the debit order account details registered on the policy.

## 34. WILL NEW WAITING PERIODS BE IMPOSED ON MY OLD MUTUAL GAP COVER POLICY WHEN I CHANGE FROM ONE MEDICAL SCHEME TO ANOTHER?

No, although the Old Mutual Gap Cover policy runs in conjunction with a medical scheme, the Gap Cover waiting periods will not be affected when changing medical schemes.

## 35. CAN I CLAIM FOR CO-PAYMENTS ON GENERAL PRACTITIONERS' CONSULTATIONS AND MEDICATION?

No, even though co-payments on medication and doctors' consultations are not covered, the Old Mutual Gap Cover policy does provide cover for specified co-payments on procedures and scans performed in- and out-of-hospital.





## CANCELLATIONS

### 36. WHAT PROCESS MUST I FOLLOW TO CANCEL THE POLICY?

The Principal Member may cancel this policy at any time by giving the Insurer 30 days written notice thereof (email: [customercare@omgap.co.za](mailto:customercare@omgap.co.za)).

### 37. WHEN WILL AN OLD MUTUAL GAP COVER POLICY BE CANCELLED AUTOMATICALLY?

The policy will automatically be cancelled when two consecutive premiums have not been received, as the policy and all benefits will be suspended; or when a stop order was requested by the account holder. If the Insurer has never received a single premium payment from you, non-payment will result in an automatic cancellation with effect from the

Cover Start Date. If any fraudulent act is committed by an Insured Person the Insurer reserves the right to immediately cancel the policy and/or to institute legal proceedings against the Insured Person to recover any losses.

### 38. CAN AN OLD MUTUAL GAP COVER POLICY BE REINSTATED?

No, you will need to complete a new application.

### 39. WHEN DOES THE OLD MUTUAL GAP COVER POLICY END?

The policy will be terminated when the policyholder cancels the policy in writing or when the policyholder allows the policy to lapse.

#### IMPORTANT:

**This FAQ document is for information purposes only and does not replace the policy terms and conditions. The policy wording supersedes any marketing documentation. All benefits will be compensated against the policy wording only. Please refer to your policy document for all conditions of cover or contact us for clarification.**

**Should you have any further queries or wish to take up this product, please call us on 0860 111 023.**



**0860 111 023**

**[www.oldmutual.co.za](http://www.oldmutual.co.za)**

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