

FREE



HOW TO CHOOSE A GAP COVER



Please note that the information in this publication is meant as an **introduction to the topic**, and should not be considered as accurate until confirmed by the insurer or your broker. Benefits, policies and regulations change regularly. **Always** speak to a broker before starting or changing an insurance or medical aid product.



OCTOBER 2025

Welcome!

You're reading *the* resource to help you make informed decisions about your gap cover.



I'm *thrilled* this guide found its way to you.

Choosing the right health cover is *ridiculously* complicated, so I hope our Guides at least help you have **informed conversations** with your broker, partner or friends.

When you are ready to do more research, please use our award-winning site, rehealth.co.za. There, you can view *all* the open medical aid plans, compare them for every benefit, get pricing, match to a gap cover and more. The site is **free**, does not require registration, gives you instant information and I *promise* nobody from my team will ever call to sell you an extended warranty :-).

Also: **join our newsletter, Boost!** We share medical aid hacks, wellness-info specific to us South Africans and lots of exclusive deals to help you keep your family healthy, for less. (rehealth.co.za/join)

Lastly, **please send me** your medical aid experiences - good and bad. I always learn something new from our community, and I can pass the info onto others. eved@rehealth.co.za

Wishing you good health, always

Eve D

Eve Dmochowska
eved@rehealth.co.za

Free downloads!



GAP COVER 101

View and compare medical aid benefits: rehealth.co.za

How it works

Gap cover works hand in hand with your **medical aid** to pay the portion of medical bills that your scheme does not cover.

A gap cover is **not a stand alone** product, and you need to be a member of a medical aid to make use of it.

There is an **annual limit** of the maximum amount a gap cover can pay out per year. It increases every April, and is currently **R210,580** per person per year.

There are also **sublimits** for certain procedures, which are set by the insurer.

What's Paid?

Gap cover pays for shortfalls for in-hospital procedures and treatments. Sometimes a procedure is performed outside of a hospital, or does not require a hospital stay, but is still honoured by gap cover. Good examples are **MRI scans**, home births, and hernia repairs. Not all gap covers will pay these out-of-hospital claims, but many do.

Almost without exception, gap cover **does not pay for every-day** out of hospital consults like visits to your GP, dentist appointments or medicine. (Exceptions: *Netcare Plus, Stratum for some benefits*)

Waiting Periods

When you first join a gap policy, you will likely have a 3 month general waiting period during which no claims will be paid. Some insurers impose a 10 or 12 month waiting period for certain procedures. If you transfer gap covers, this may be waived.

Some gap covers will pay claims arising from accidents during the first 3 months (Example: Ambledown), and some don't have a waiting period at all (Example: Zest)

Pre-existing Conditions:

There is usually a 12 month waiting period for pre-existing conditions. If you are moving from one gap policy to another, these waiting periods can often be waived or reduced. Waiting periods are usually "carried over" from one gap cover to another. You don't have to start from scratch.



SOME PROVIDERS

- Ambledown (ambledown.co.za)
- Dischem (dischem.co.za)
- Discovery (discovery.co.za)
- Kaelo (kaelo.co.za)
- Momentum (momentum.co.za)
- Netcare Plus (netcare.co.za)
- Oneplan (oneplan.co.za)
- Stratum (stratum.co.za)
- Totalrisk (totalrisksa.co.za)
- Turnberry (turnberry.co.za)
- Zest (zest.co.za)

Age Limits:

Gap covers **can exclude members** over a certain age (usually 65 or 75). The age limit usually applies to age at the *start* of the policy...the policy does not get cancelled once you reach the threshold age.

Most insurers have different (higher) rates for older members.

Family Membership:

Policies are usually quoted as "Individual" if there is only one person on the medical aid, or as "Family" if there are any dependants. You do not pay per person.

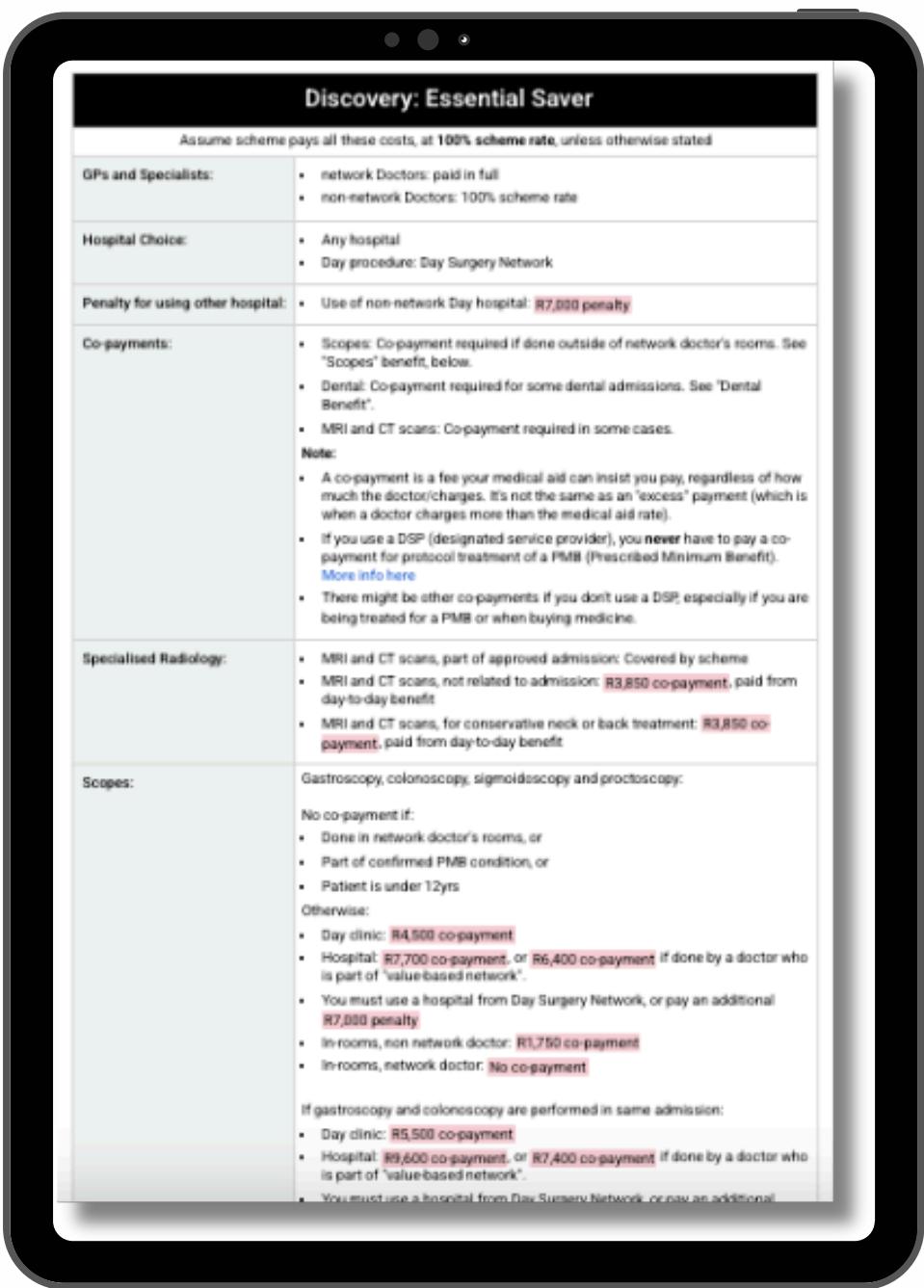
Children are only covered on the family plan up to a certain age - usually 21-26yrs. Once your child reaches the "adult" age, they will need their own gap cover.

Tip: Family members can belong to different medical aids but still have one gap.

HOW REHEALTH CAN HELP YOU:

View all the plan benefits!

We list *all* the medical aid benefits, for *all* the open plans so you can quickly see what cover you have. (**Tip:** Find your plan code in our *Medical Aid Guide*, and use it on rehealth.co.za/code for quick access)



GAP COVER 101

View and compare medical aid benefits: rehealth.co.za

Gap Benefits



Gap covers exist to bridge the gap between what doctors charge and what medical aid pays, mostly for **in-hospital treatment and procedures**.

Tip: for most medical aid shortfalls due to **out-patient** services like consults, dentistry and GP visits, you need a **primary care** insurance product, not a gap cover. We have guides available on rehealth.co.za to help you!

Scheme Rate Shortfall

Most medical aid plans pay doctors at 100% scheme rate (see our *Medical Aid Guide* for more info). But unless the doctors have a contract with the scheme, they are free to charge **whatever they want**. In fact, many doctors charge anything from 2x to 8x the scheme rate, and expect you to pay the difference out of pocket.

A gap product **can cover that difference**, up to a pre-determined limit. Most gap covers will pay at least 2x scheme rate, and some go as high as paying the full 8x.

Tip: If your medical plan has **strict restrictions on what hospitals you can use, and it guarantees full payment of doctor's account, you might not need this benefit. You can choose a cheaper gap cover that does not offer it** (Example: Ambledown Guardian).

Co-payments and sublimits

Almost every medical aid plan has some combination of co-payments and sublimits for certain procedures. For example: most *Discovery Health* plans charge a co-payment for some dental admissions; *Bestmed Beat 1* has a sublimit of R20,000 per family and R2,600 co-payment for MRIs. You can avoid these with a gap cover benefit that pays the co-payments, or increases the sublimits.

Tip: Co-payment and Sublimits are usually two separate benefits on a gap cover. Only choose both if you actually need both!

Non-network Penalties

If you are on a Network medical aid plan, you often have the option of using a hospital outside your network, but you need to **pay a penalty**. For example, *Discovery Health Delta Saver* plans charge **R10,700** penalty and *Momentum Custom Associate* plans charge **30%** of the hospital account as a penalty if you use a hospital outside the network.

Some gaps cover one or two of these penalties per year, either in full or in part. This benefit can be per person or per policy.

Note that these network penalties are different from the penalties imposed for **not following protocol** eg. not authorising a procedure before admission. Those type of protocol penalties are *never* paid for by a gap cover.

Tip: *Netcare Plus* gap cover pays **unlimited** penalties for admission to *NetcarePlus Network* hospitals.

Emergencies

Emergency ER visits are rarely negotiable, yet always expensive. And although medical aid will pay for these if they result in a hospital admission or end up being a PMB, sometimes ER visits are serious but not *that* serious. For those situations, there are gap covers that will cover the bills, including consults, x-rays and treatment.

There are 3 common types of gap cover ER benefits:

- Accident only: this covers accidental

injury only eg. fractured leg or a deep flesh wound

- **Illness:** this covers non-accident cases, eg. pain to chest, asthma attack, persistent vomiting
- **Cover for Children only:** this usually covers children's visits to the ER outside of usual GP hours ie. in the evenings and over weekends, for accidents and/or illness. Usually limited by age. (Example: Kaelo)

ER benefits usually have a sublimit (around R2,000-R11,000).

 **Tip:** When choosing a cover, check whether the ER benefit is **per person or per family**, as this makes a huge difference!

Cancer/Oncology

Medical schemes have to pay the full cost of any PMB condition, and most cancers are PMBs (see our [Medical Aid Guide](#) for a full explanation on this).

However, when you get more comprehensive treatment than the PMB level of care, most medical schemes impose a limit, and/or might require a co-payment. For example, Discovery Health Comprehensive plans require a 20% co-payment for non-PMB care, when you reach the R400,000 oncology limit and Medihelp MedAdd has a R260,000 per family sublimit for non-PMB oncology.

In addition, there might be specific sublimits or exclusions (eg. Bonitas limits brachytherapy to R60,680 on most plans). You might also have a co-payment if you don't use the required service provider.

A good gap cover can help you with any of those scenarios.

- Can pay the co-payments or increase the sublimit.
- Some gap products cover innovative oncology medicines (usually your medical aid needs to offer this benefit too) (Example: Kaelo, Ambledown)
- “Payout on first diagnosis”. Some gap covers will pay out a once-off lump

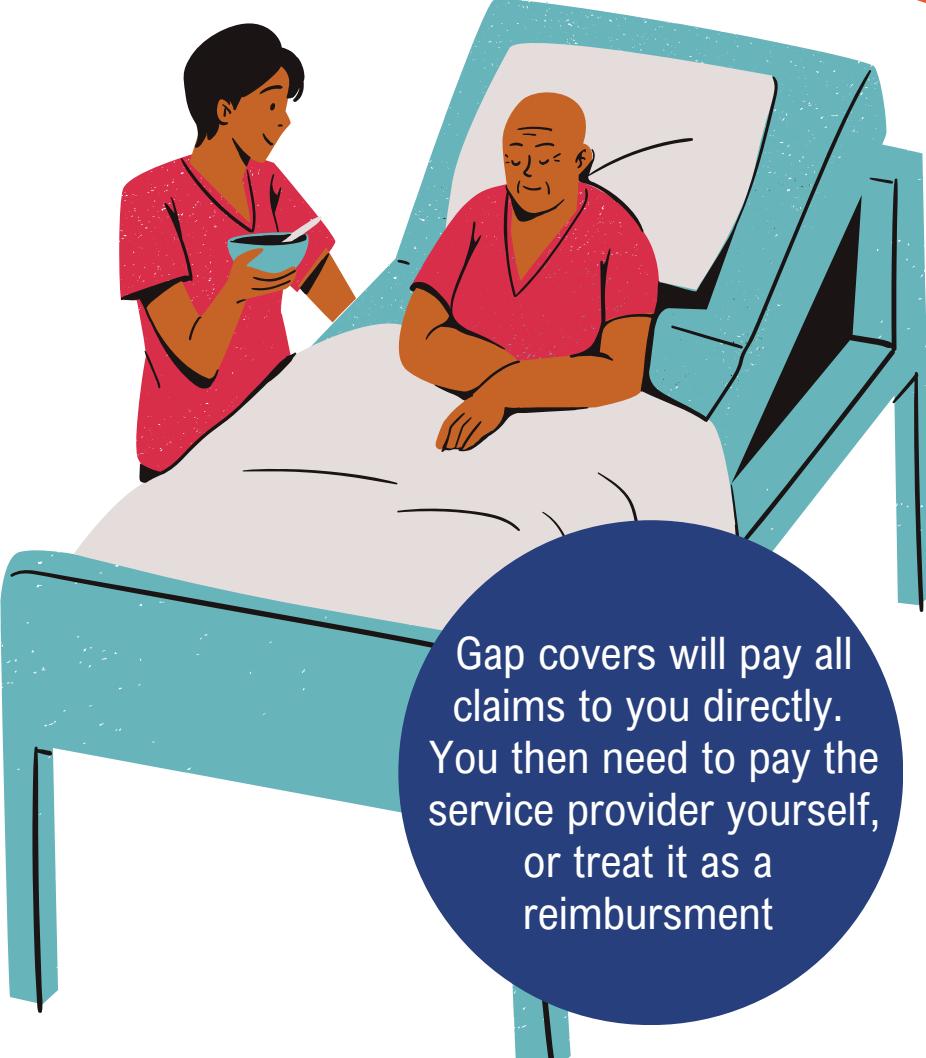
sum on the first diagnosis of cancer. Usually limited by age, and some cancers are excluded. (This pay-out does not fall into the overall R210,000 annual limit for gap covers). (Example: Ambledown, Stratum)

 **Tip:** If you have a cancer diagnosis prior to signing up with a gap cover, you will most likely have a 12 month waiting period. But the sooner you start, the sooner the waiting period will be over!

Premium Wavers

If you die or are disabled, some gap insurers will pay a lump sum, and/or pay your family's medical aid and gap cover premiums for 6 months.

These benefits are not subject to, and do not count towards the usual R210,000 annual payout limit.



Gap covers will pay all claims to you directly. You then need to pay the service provider yourself, or treat it as a reimbursement

Dental Procedures

The way dental procedures are dealt with by medical schemes is complicated! They have different rules for wisdom tooth extractions, specialized dentistry (eg. implants), reconstruction surgery (trauma or illness), and admissions for young children. Many dental admissions that are not PMBs **require co-payments, and have strict sublimits**.

But be careful. Gap insurers also have many rules for dental procedures, so make sure that the gap cover you choose plays nice with your medical aid plan.

Some procedures might be fully excluded by a gap cover (common with specialized dentistry), but included for reconstruction dental surgery due to accident or illness, or for child admissions.

GAP COVER 101

View and compare medical aid benefits: rehealth.co.za

Bonus Benefits



As the gap covers evolve, so do the benefits that they offer.

Insurers are getting creative in what they cover, and benefits can include **many extra add-ons** that extend well beyond unpaid in-hospital medical bills.

No product offers all of these, so you need to read the marketing brochure carefully, or ask your broker.

Pre and post surgery consultations
(but for this to apply, medical aid usually needs to pay something towards the cost, from either risk or savings)
Example: Zestlife

Upgrades to a private room
This can be for any procedure, or specific to maternity
Example: Totalrisk, Netcare Plus

Preventative-care allowance, eg Pap Smears or mammograms.
Example: Stratum

Take home medicine,
If your medical aid (eg. Discovery Health) does not pay for it

Help with the admin
Help you with complicated medical aid claims

International medical care
Cover for medical costs while travelling outside of South Africa, Does not apply to planned procedures or cancer treatment.
Example: Zestlife

Travel insurance
Cover for lost luggage, etc
Example: Turnberry, Stratum

Trauma counselling
Access to help lines or in-person consults following a traumatic event eg. violent crime or death of a loved one
Example: Zestlife

Hospital booster
Cash payout for every day you spend in hospital after an accident
Example: Kaelo

Product discounts
20% off certain items at Dischem, for an extra monthly payment
Example: Dischem Gap, Kaelo

Day to day maternity benefits
Extra cover for consults, scans, and high risk pregnancies
Example: Netcare Plus

Day to day costs
Very rare benefit for shortfalls on day-to-day specialists
Example: Netcare Plus, Stratum

Breast reconstruction costs
Medical aid often does not pay for the non-cancerous breast reconstruction as it's seen as cosmetic procedure
Example: Stratum, Turnberry, Total Risk

Shhhhh!

We tell you things the medical schemes don't want you to know

Our weekly newsletter is **full of secrets and hacks** to get the most out of your medical aid.

PLUS: Wellness news, tips, deals, stories and more...



rehealth.co.za/join



GAP COVER 101

View and compare medical aid benefits: rehealth.co.za

Watch out!



In theory, gap covers literally cover the gap between what your doctor charges, and what the medical aid pays. In practice, things are of course **not that simple**, and the **fine print** can get a bit tricky.

Aside from the clearly stated exclusions, there are some non-benefits that might slip through the cracks if you do not read your policy document carefully. Two issues seem to cause the most problems for policy holders:

Out of Hospital Procedures

In order to save costs, medical aid schemes are encouraging procedures to be done outside the hospitals. This is common for scopes, for example. But many gap covers *only* pay towards a claim if the **procedure is done in-hospital**. So watch out for that.

Required Contribution from Medical Aid

If a medical aid declines a claim because you do not have that benefit on your plan, gap cover will (almost) never pay either. But sometimes medical aid recognises a procedure or service as legitimate but cannot pay any portion of the claim because you have no more funds or

benefit available. This is common with MRI scans, for example, where medical plans often have a strict limit.

The question for your gap cover is: if the medical aid does not pay anything due to **lack of funds**, will your gap cover pay the full claim? **Very often the answer is a surprising "no".**

To complicate matters even further, some gaps require the payment from medical aid to have come from risk, not savings.

Let's **look at an example** for how this can play out: Assume you have a R10,000 benefit for MRIs, with a R2,500 co-payment per scan, and a gap cover that pays co-payments and shortfalls.

Case 1

You need a minor MRI that costs R4,000 plus the co-payment. Medical aid pays the R4,000 claim, and gap cover pays your co-payment.

You then need a major MRI that costs R13,000. Medical aid pays out the balance of your benefit (R6,000) and gap cover pays the R7,000 shortfall as well as co-payment

Case 2

Let's reverse the sequence now: start with the major MRI that costs R13,000. Medical aid pays R10,000 towards the claim, and gap cover pays your R3,000 shortfall and co-payment.

Then you have the MRI that costs R4,000. Medical aid does not pay, because there is no more benefit available. Gap cover **also does not pay**, because medical aid did not pay. You're R4,000+R2,500 out of pocket!

Other possible Exclusions:

- ✗ **Hospital fees, consumables, blood transfusions**
(Some exceptions: some Stratum gaps)
- ✗ **Services of allied professionals** such as dieticians or biokineticists
- ✗ **Out of hospital procedures.** A lot of products are adding this as a standard benefit now, but don't assume unless it's stated.
- ✗ **Procedures not authorised** by medical aid schemes (such as cosmetic surgery). Cancer related breast reconstruction is a possible exception.
- ✗ **Procedures excluded by medical aid scheme.** Some exceptions: there are gap products designed to cover procedures specifically excluded by your plan.
- ✗ Procedures where there is **no remaining medical aid benefit**. (See example).
- ✗ Procedures where medical aid contribution is paid **from your medical savings account**.
- ✗ **Procedures excluded by gap cover policy** (Read the policy document!)
- ✗ Procedures falling into gap cover **waiting period**.
- ✗ **Avoidable penalties**, such as for not pre-authorising a procedure.

GAP COVER 101

View and compare medical aid benefits: rehealth.co.za

How to save money



You can often save a lot of money by choosing a medical aid plan with co-payments, sublimits and networks and pairing it with a good gap cover.

In fact, pairing a lower-level medical aid plan with a gap cover often gives you better in-hospital benefits than a high priced medical aid plan on its own.

Let's look at some examples, where we just a network plan over a non-network plan. Assume a family of 2 adults and 2 young children.

DISCOVERY HEALTH EXAMPLE

Classic Core	R9,456/m
Essential Core Delta	R6,406/m
Savings	R3,050/m
Savings	R36,600/yr
Gap Cover	R550/m
Gap Cover	R6,600/yr
Final Savings in premiums:	R30,000/yr

MOMENTUM HEALTH EXAMPLE

Custom (any, chronic)	R10,183/m
Custom (Any, chronic) Network	R8,462/m
Savings	R1,721
Savings	R20,652/yr
Gap Cover	R550/m
Gap Cover	R6,600
Final Savings in premiums:	R14,052/yr

BONITAS EXAMPLE

Standard	R13,346/m
Primary Select	R7,122/m
Savings	R6,224/m
Savings	R74,688/yr
Gap Cover	R550/m
Gap Cover	R6,600
Final Savings in premiums:**	R68,088/yr

✗ Keep in mind that there is a payout cap of R210,000 per person for a gap policy

✗ Gap cover usually pays only 1-2 non-network payments per **family** per year

✓ You have much higher cover for scheme rate shortfalls **with** gap cover option

✓ The gap cover option can also give you extended benefits, like extended oncology cover, co-payments, and increased sublimits etc.

** Some benefits are lower on the cheaper plan, but these differences are often covered by gap cover anyway!

HOW REHEALTH CAN HELP YOU:

Compare any 2 plans

Instantly compare any 2 medical aid plans side by side for *every* benefit, as well as costs and savings accounts. Make informed decisions about your plan. (No registration, no forms, and no calls!)

In Hospital Procedures

	Essential Saver	BonSave
	 Discovery Health	 Bonitas
non-Network Specialists:	<ul style="list-style-type: none"> 100% scheme rate 	<ul style="list-style-type: none"> 100% scheme rate
Network Specialists:	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered in full
non-Network GPs:	<ul style="list-style-type: none"> 100% scheme rate 	<ul style="list-style-type: none"> 100% scheme rate
Network GPs:	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered in full
Hospital Choice:	<ul style="list-style-type: none"> Any hospital Day procedure: Day Surgery Network 	<ul style="list-style-type: none"> Network hospital Day procedure: Day network hospital
Penalty for using other hospital:	<ul style="list-style-type: none"> Use of non-network Day hospital: R7,000 penalty 	<ul style="list-style-type: none"> Use of non-network long stay hospital: 30% penalty Use of non-network Day Hospital: R5,170 penalty
Specialised Radiology:	<ul style="list-style-type: none"> MRI and CT scans, part of approved admission: Covered by scheme MRI and CT scans, not related to admission: R3,850 co-payment, paid from day-to-day benefit MRI and CT scans, for conservative neck or back treatment: R3,850 co-payment, paid from day-to-day benefit 	<ul style="list-style-type: none"> MRI and CT Scans: R30,430 per family, in and out of hospital R1,860 co-payment, unless PMB

GAP COVER 101

View and compare medical aid benefits: rehealth.co.za

Gap Cover FAQs

Q: Is there an overall limit to how much I can claim?

Yes, and it is set by the regulator.

Currently, the limit is **R210,000** per person although this limit usually gets increased slightly every year in April. Some benefits, like premium waivers and payouts on death **do not fall into this limit**.

There are also **sublimits** for various claims. These limits can be per year, or per event and per person or per family. *Example:* Ambledown 100 limits ER visits to R11,000 per person per year. Sublimits are still subject to overall limit of R210,000 unless otherwise stated.

Q: Who can be on my policy?

Gap covers do not **automatically** cover everyone on your medical aid plan.

Although each gap product has its own rules, generally a gap covers main member, spouse, and dependant children, as defined by the gap "**family unit**" rules.

Just because a medical scheme recognises your adult child as a dependant (eg. because they are studying), does not mean that the gap will automatically apply the same rules.

Most gaps consider children as dependants up to age 21, and extend that up to age 26 or 27 if they are full time students. Adult children or children on their own medical plan **need their own gap cover**.

If you have your elderly **parents** on your medical aid plan, they will almost always **need their own separate** gap policy.

Tip! You and your spouse **can be on separate medical aids** plans but still be covered by one gap policy. This is useful if you and your spouse are on different plans due to employer rules, for example.

Q: Are there age limits?

Unlike medical aid schemes, Gap covers are allowed to deny membership based on age. Those that do can limit membership to a **certain age group** (most often 65yrs and younger), and some charge a **premium for older** members.

Some gap covers are available specifically to a **younger age group**, to account for lower health risk and thus lower premiums. *Example:* Stratum has lower premiums for under 35yr olds.

Q: Is there a perfect gap cover for every medical aid plan?

That's subjective, and depends on your needs and risk level, but the answer is probably "yes". Also, **some gaps are designed for specific medical aid plans**. *Example:* Ambledown LPE policy is designed for Keycare plans that exclude certain procedures. Discovery Insure gap plans are designed specifically for Discovery Health medical aid plans.

Q: When can you change gap covers?

At any time.

You just need to give the required **notice** (usually 31 days), and be aware of any waiting periods on the new cover. You can **keep your old cover while the new one is activated or during your waiting period**.

Q: Can you belong to more than one gap cover?

There's nothing in law that says you cannot, but your gap cover rules might not allow it.

Either way, even if you do belong to more than one gap cover you **cannot "double-claim" for the same medical event**. That is known as "enriching" yourself, and is not legal.

On the other hand, if you are switching gap covers and your new cover imposes a 3 month general waiting period, you might want to **keep the old cover** during that time.

Reminder: you cannot belong to more than one **medical aid** at the same time!



HOW REHEALTH CAN HELP YOU:

Find a new plan by price!

There are over 200 medical aid plans!
On rehealth.co.za you can find a new one by price,
to match your wallet and save time.

The smartphone screen displays the rehealth.co.za website. At the top, there is a navigation bar with links for MEDICAL AID, PMBS, GAP COVER, HEALTH INSURANCE, PET INSURANCE, and DOCTORS AND SERVICES DIRECTORY. Below the navigation bar, a search bar is visible with a magnifying glass icon and the placeholder text "Search here".

Medical aid that costs R2,000 – R3,000pm for main member:

January 15, 2025

Medshield MediPhila:

	Main	Adult	Child
2025 cost:	R 2,004	R 2004	R 519

Day-to-Day Benefit:

Savings:	None	None	None
Fund:	R4,500 per family		

Hospital Choice: Network

Child rates: Child rates for Under 21yrs, or students under 28 yrs; Pay for all children under 21yrs

[View all benefits for this plan](#)

Discovery Essential Smart:

	Main	Adult	Child
2025 cost:	R 2,021	R 2,021	R 2,021

Day-to-Day Benefit:

rehealth.co.za/guides



rehealth
CO.ZA
healthcare options, in your hands