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iWYZE GAP COVER

OLD MUTUAL

iWYZE is underwritten by **Old Mutual Insure Limited**. Reg No: 1970/006619/06. VAT No: 4460101019. Authorised Financial Services Provider (FSP 12).

Terms & Conditions apply.
*Cover benefits, limits and maximum compensation limit applicable from 1 January 2020.

The diagram features a central green circle with the text "iWYZE GAP COVER". Six dotted lines radiate from this central circle to six surrounding colored circles, each representing a page of the document. The circles are: a pink circle at the top left (Page 1), an orange circle at the top right (Page 2), an orange circle further right (Page 3), an orange circle at the bottom right (Page 4), an orange circle at the bottom (Page 5), and a blue circle at the bottom left (Page 6). The background of the entire page is a light gray with a faint, large-scale pattern of concentric hexagons. A stethoscope is visible in the background, its silver tubing and black earpieces partially obscured by the diagram's elements.

PAGE 1
Cover Criteria

PAGE 2
Core Benefits

PAGE 3
In-hospital
Benefits

PAGE 4
Oncology and
Out-of-hospital
Benefits

PAGE 5
Benefit
Extender


PAGE 6
Exclusions and
Important
Information

**iWYZE
GAP
COVER**

BOOST YOUR MEDICAL SCHEME COVER

iWYZE Gap Cover is the wise solution, designed to bridge the 'gap' between what your medical scheme pays and what your preferred specialists charge for consultations, treatment and procedures.

- Available to members of a registered medical scheme.
- Cover applies to the member, spouse and children (up to 26 years of age).
- One price per family, which includes you and 6 family members.
- Members on multiple medical schemes can be covered under a single iWYZE Gap Cover policy.
- A spouse, who is a dependant on their partner's medical scheme, can take out an iWYZE Gap Cover policy and the family will be covered.

A photograph of a young child, likely a toddler, wearing a green long-sleeved shirt and blue denim overalls. The child is smiling and looking towards the camera. They are being held by two adults, whose hands and legs are visible. The background is a blurred indoor setting, possibly a home or a play area.

“ Make the wise choice and make iWYZE your partner in health! ”

WHAT ARE THE **CORE BENEFITS***?

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



WHAT IS **COVERED**?

- Hospitalisation for accidental harm, illness or other health incidents.
- Oncology treatment, including chemotherapy, radiotherapy or other drug regimen.
- Kidney dialysis for the treatment of acute or chronic renal failure.
- Accidental harm resulting in emergency medical treatment at the out-patient casualty or trauma ward of a hospital.

WHAT IS THE **MAXIMUM COMPENSATION LIMIT***?

The total maximum compensation limit payable for all benefits, including the Benefit Extender cover provided by iWYZE Gap Cover, will be limited to **R164 500 per family member, per annum.**

IN-HOSPITAL BENEFITS

TARIFF SHORTFALLS

- Up to 500% of the medical scheme tariff fee.
- Up to a maximum compensation limit of 100% of the medical scheme tariff fee for shortfalls where a non-designated service provider was used on a group network option.
- Up to a maximum compensation limit of 100% of the medical scheme tariff fee for shortfalls on maxillofacial and back and spinal surgery.

Shortfalls are the difference between what specialists charge and what your medical scheme pays for these services, often resulting in large gaps which you will need to pay.

CO-PAYMENTS & DEDUCTIBLES

- Includes MRI, CT and PET scans.
- Limited to certain diagnostic and medical procedures/treatment such as gastroscopies and colonoscopies.

A co-payment or deductible is a fixed, upfront fee, payable by the member on hospital admission and applies to defined surgical procedures, basic in-patient dentistry and certain diagnostic services.

SHORTFALLS FROM SUB-LIMITS

- Up to a maximum compensation limit of R44 000 per beneficiary per event.
- Cover for services or devices which include, but are not limited to internal prostheses, MRI/CT/PET scans, cornea or lens transplants, pacemakers and cochlear implants.

Shortfalls from sub-limits occur when your medical scheme imposes a rand limit, known as a sub-limit, on certain treatment or prosthetic devices.

DENTAL BENEFIT

- Up to a maximum of R5 000 per policy, per annum for tariff shortfalls and co-payments, respectively, for dental surgery performed in a hospital or day clinic under general sedation.
- Limited to two events per policy, per annum.

Includes basic dental treatment (cleaning, extractions, fillings, inlays, bonding, root canal treatment, and treatment for pain and abscess) and surgical extraction of wisdom teeth.

PENALTY CO-PAYMENT

- Up to a maximum of one event per family, per annum and a maximum compensation limit of R12 800 per event.

You will have to pay a penalty co-payment or deductible for the voluntary use of a hospital that is not part of your medical scheme's hospital network.

IN- AND OUT-OF-HOSPITAL ONCOLOGY BENEFITS

ONCOLOGY TARIFF SHORTFALLS

- Up to a maximum compensation limit of 500% of the medical scheme tariff fee.

ONCOLOGY CO-PAYMENTS

- Subject to a maximum co-payment of 20%, up to a maximum compensation limit of R164 500 per member, per annum.

ONCOLOGY SUB-LIMITS

- Covers the charges relating to services supplied that have exceeded the oncology sub-limits.

Oncology involves simultaneous treatment from different doctors who charge above medical scheme rates which creates large shortfalls. This can be for oncologists, biological medicines, chemotherapy, radiotherapy, radiology, specialised scans and pathology.

OUT-OF-HOSPITAL BENEFITS

TARIFF SHORTFALLS

- Up to 500% of medical scheme tariff fee to cover surgical procedures/treatment and medical expense shortfalls received as an out-patient.
- Limited to certain diagnostic and medical procedures/treatment.
- Up to a maximum compensation limit of 100% of the medical scheme tariff fee for shortfalls where a non-designated service provider was used on a group network option.

Shortfalls are the difference between what specialists charge and what your medical scheme pays for these services, often resulting in large gaps which you will need to pay.

CO-PAYMENTS & DEDUCTIBLES

- Includes MRI, CT and PET scans.
- Limited to certain diagnostic and medical procedures/treatment such as gastroscopies and colonoscopies.

A co-payment or deductible is a fixed, upfront fee, payable by the member on hospital admission and applies to procedures and certain diagnostic services.

ACCIDENTAL CASUALTY

- Up to a maximum compensation limit of R12 800 per policy, per annum.
- Covers the actual cost of the services delivered in the casualty ward, less any amount paid by your medical scheme from risk pool benefits (i.e. not from medical savings).

The accidental casualty benefit is for emergency out-patient treatment in a hospital casualty ward as a direct result of accidental harm, such as bodily injury caused by sudden violent, unintentional, external and physical means.

EXTERNAL APPLIANCE BENEFIT

- Covers the purchase of external appliances up to a maximum of R2 000 per policy, per annum.

External appliance benefit includes and is limited to crutches, knee braces, arm slings and moon boots.



BENEFIT EXTENDER

FAMILY BOOSTER

- Up to a maximum compensation limit of R12 000 (for a premature birth more than 41 days before due date).

DENTAL RECONSTRUCTION BENEFIT

- Up to a maximum compensation limit of R40 000 per policy, per annum if a beneficiary requires dental reconstruction as a result of trauma or oncology treatment.
- Applicable to events occurring after commencement of cover.

MEDICAL SCHEME CONTRIBUTION WAIVER

- Up to a maximum of 6 months (R26 400) over the policy lifetime.
- If the principal member of the medical scheme dies or becomes permanently disabled, iWYZE Gap Cover will cover the medical scheme contribution, if they are also the principal member of this gap policy.
- Subject to the availability of the overall annual limit.

STEP-DOWN FACILITY BENEFIT

- Up to a maximum lump sum of R5 000 payable in the event that the principal member on the medical scheme, who is also the principal member on the iWYZE Gap Cover policy, spends a minimum of 10 consecutive days in a step-down or sub-acute facility.
- Limited to one event per policy, per annum.
- Subject to the overall annual limit.

The Benefit Extender was designed to assist with additional benefits (over and above the core benefits) for certain medical events. These benefits can be used entirely at your discretion.



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EXCLUSIONS

In order to ensure the long term sustainability of iWYZE Gap Cover certain exclusions apply. We list the main exclusions below – if you want full details, please refer to your policy document or contact the iWYZE team on **0860 93 94 93** for a copy thereof.

- Prescribed Minimum Benefits (PBMs) as defined in the Medical Schemes Act, No. 131 of 1998.
- Day-to-day claims, unless specified.
- Claims not approved by, or excluded by or paid as an ex-gratia by your medical scheme.
- Co-payment/deductible that is not a fixed rand amount (excludes oncology co-payments).
- Any penalty co-payment, deductible or limitation applied to your medical scheme
- benefits for non-adherence to rules or authorisation procedures (unless specified in these benefits).
- Specialised Dentistry including, but not limited to, implants, crowns, bridges, orthognathic surgery (this does not apply to basic in-hospital dentistry, such as wisdom extractions or fillings for young children).
- Claims that are older than four months.

IMPORTANT TO NOTE

iWYZE will apply the following waiting periods to the cover:

- During the first 3 months of membership, a general waiting period applies.
- During the first 12 months of membership, a pre-existing condition waiting period applies. Check your Policy Schedule or contact us to confirm.

iWYZE Gap Cover 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.

Make the wise choice, contact the iWYZE team on
0860 93 94 93 or at **sales@iwyzegap.co.za** today
and take up an iWYZE Gap Cover policy to secure your medical expense shortfalls!

This brochure 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.

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