

# NEDGROUP MEDICAL GAP INFORMATION GUIDE 2025



## NEDGROUP MEDICAL GAP COVER



**18 - 54**

Individual (R242)  
Family (R357)



**55 - 64**

Individual (R294)  
Family (R443)



**65+**

Individual (R371)  
Family (R547)

**Age Limit:** none  
**Overall Annual Limit (OAL) Per Beneficiary:**  
R213 000 per annum (Increases on 1 April 2025)

The following benefit categories form part of the aggregated OAL of **R213 000**.

Premiums are reviewed and may be adjusted annually.

Nedgroup Medical Gap Cover covers shortfalls on your medical scheme to ensure that you are not out of pocket following a health event.



### In-Hospital Benefits

#### GAP COVER

This is the shortfall when the medical scheme pays their portion (100% or 200% depending on your medical scheme option) and the service provider (specialist, anaesthetist or other doctor) charges more than the medical scheme rate. Claims are paid up to **500%** of the medical scheme rate, to a maximum of **600%** combined with the service provider's rate.

#### ROBOTIC SURGERY

The cost of hiring the robotic machinery from the hospital for specific robotic procedures. We cover up to **R25 000** per policy, **R18 000** per claim.

#### CO-PAYMENTS

The excesses or deductibles imposed by your medical scheme for specified procedures or tests, hospital admissions, scopes and scans, including co-payments charged as a percentage. **Subject to OAL.**

#### PENALTY FEE COVER

The excesses or deductibles imposed by your medical scheme for the voluntary use of a non-DSP/network facility for a planned procedure if you are required by your medical scheme to use a DSP/network facility. **R14 000** per claim, **1** claim per policy.

#### DAY HOSPITAL/CLINIC AND/OR IN-ROOM SURGICAL PROCEDURES COVER

For procedures that should be done in-hospital. This includes but is not limited to Gastrosopies, colonoscopies and wisdom teeth removal. **Subject to the OAL.**

#### PRESCRIBED MINIMUM BENEFIT (PMB) COVER

For the voluntary use of a non-DSP facility and provider for a planned PMB procedure. **Subject to the OAL.**

#### HOSPITAL ACCOUNT SHORTFALLS

Shortfall on the hospital bill, take home medication or an upgrade to a private ward. **R6 500** per policy. **R2 000** for private room upgrades. **R1 350** per claim for take home medication or shortfall on the hospital bill.

#### SUB-LIMIT ENHANCER BENEFIT

Shortfall on MRI scans, CT scans, Intraocular Lenses, Internal Prosthesis, Cochlear implants, and TAVI Valve procedure. There is no benefit if the medical scheme does not provide cover or pay their portion towards the listed procedures. **R26 500** per claim, per policy.

#### STEP-DOWN

After an accident, stroke or cancer treatment, for ongoing treatment when the medical scheme benefit has been reached. **R11 000** per policy.



### Cancer Benefit

Cancer benefits apply if cancer treatments do not form part of the legislative PMB framework.

#### CANCER CO-PAYMENT

Once the Oncology limit on certain Medical schemes has been reached and a percentage co-payment is imposed for further treatment. This percentage (usually **20%**) is reimbursed. **Subject to the OAL.**

#### CANCER BOOST

Once the Oncology limit on certain Medical Schemes has been reached and the Medical Scheme does not contribute further, the full cost of further treatment is reimbursed. **Subject to the OAL.**

#### CANCER BENEFIT - BREAST RECONSTRUCTION

After a mastectomy. Up to **500%** of the medical scheme rate for the reconstruction of the affected breast. **R27 500** for all activities related to the reconstruction of the non-affected breast if excluded by the Medical Scheme.

**A "WAITING PERIOD" IS A DEFINED PERIOD OF TIME IN WHICH A POLICYHOLDER MAY NOT CLAIM ANY, OR MAY ONLY CLAIM CERTAIN POLICY BENEFITS.**



### Out-Of-Hospital Benefits

#### PRIMARY CARE CONSULTATION

Shortfall (difference between medical scheme rate and rate the doctor charges) on consultation fee only for a GP, Dentist or Alternative Therapist [Chiropractors, Physiotherapists, Biokineticists, Occupational Therapists, Homeopaths and Audiologists]. **R5 000** per policy, **R500** per claim.

#### SPECIALIST CONSULTATION FEE BENEFIT

Shortfall (difference between medical scheme rate and rate the doctor charges) on the consultation fee only for a Specialist. **R6 500** per policy. **R1 350** per claim, **3** claims per beneficiary.

#### CASUALTY BENEFIT

All related costs for:

1. Accident and Trauma
2. Illness Benefit (**13** years and older)
3. Child Casualty Illness Benefit (**12** years and under)

**Illness is only After Hours** (18h00 to 07h00) weekdays, all day on Saturdays, Sundays, and public holidays). **R12 000** per policy. Accident & Trauma, Illness - for beneficiaries **13** years and older- limited to **R2 500** per policy, Child Casualty Illness for beneficiaries **12** and under.

#### PREVENTATIVE CARE COVER

Shortfall on procedures/diagnoses or treatments:

- Pap smear
- Cholesterol test
- Blood glucose test
- Flu vaccination
- Childhood immunisation (Dept of Health Formulary) - up to **12** years
- Bone density scans
- Prostate specific antigen tests
- Mammogram
- Contraceptive implantation only

**R8 000** per policy, **R1 250** per claim.

If benefit exhausted at the time of the claim, we pay up to **R500** pc, **2** claims, for Papsmeas, Child Immunisations (Department of health Formulary) - up to **12** years, Mammograms, Bone Density scans.

#### APPLIANCE BENEFIT

Shortfall on Hearing Aids, Wheelchairs, CPAP Machine, Humidifiers, Insulin Pump, Glucometer, Nebulisers, Mirena Device. **R7 000** per policy.

#### TRAUMA COUNSELLING

After a traumatic event like a violent crime, death of a direct family member. Cover within the first **6**-months after a traumatic event. **R8 000** per policy, **R950** per claim.



### Value-Added Benefits

The following benefits do not form part of the aggregated OAL of **R213 000**.

#### GAP PREMIUM WAIVER

**Accidental Death** or **Total and Permanent Disability** of the policyholder-Gap premiums are held as a credit for **6**-months.

#### MEDICAL SCHEME PREMIUM WAIVER

**Accidental Death** or **Total and Permanent Disability** of the policyholder-the contribution for the Medical Scheme is reimbursed up to **R5 250** per month, for **6**-months.

#### ACCIDENTAL DEATH

Principal - **R16 000**  
Adult - **R11 000**  
Child - **R6 000**

#### CANCER COVER (INITIAL DIAGNOSIS)

For the first time that Cancer is ever diagnosed (from stage **2**), except skin cancer. Lump sum of **R27 500**.

#### SIRA'GO BABY

Sirago will pay out a lump sum of **R2 000** per newborn baby, when the baby is registered on your gap policy within **90** days of birth.

#### MEDCARE

Free Medical Scheme Alternative Dispute Resolution Service (ADR). PMB claims exceeding **R9 000**.

### GENERAL WAITING PERIODS

- No general waiting period is applicable on any newly incepted policies.
- **6**-month waiting period on pre-existing conditions, diseases or illness.

### POLICY SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN PROCEDURES

- The following conditions are excluded within the first **6**-months of the inception of the policy. **50%** of benefits will be paid on claims from month **7** to **10**.
  - Myringotomy and grommets;
  - Adenoidectomy;
  - Tonsillectomy;
  - Hysterectomy (except if malignancy is proven);
  - Spinal, back, neck, and joint-related procedures (repairs, scopes, and joint replacement) except in the case of an accident. This includes treatments related to any and/or investigations such as MRI scans, CT scans, and scopes.

### SPECIFIC WAITING PERIODS APPLICABLE TO CERTAIN BENEFIT CATEGORIES AND CERTAIN CONDITIONS, AND/OR RELEVANT OPTIONS

- **3**-month waiting period on Initial Cancer Diagnosis and Accidental Death.
- **6**-month waiting period for pregnancy and confinement.
- **6**-month waiting period on Total Permanent Disability and Premium Waivers.
- **12**-month waiting period on all pre-existing cancer-related treatments.

### WAITING PERIODS ON TRANSFER APPLICATIONS

#### COVER FOR 12 MONTHS OR MORE WITH PREVIOUS PROVIDER

- **3**-month waiting period on Additional benefits that were not covered with previous provider.

#### COVER FOR 12 MONTHS OR MORE WITH PREVIOUS PROVIDER

- The balance of waiting periods imposed by previous provider and a **3**-month waiting period on Additional benefits that were not covered with previous provider.

**General policy terms, conditions and exclusions apply as per policy schedules and wording.**

**Disclaimer:** This is not a substitute for a medical scheme membership and the cover is not the same as that of a medical scheme. This is a Short-term Insurance Accident and Health policy in terms of the Short-term Insurance Act 53 of 1998. Terms and conditions apply.

### BROKER DETAILS

Information is available on the **Nedbank MyBenefits** portal or you can reach out to Manshil Gobrie from NID for information  
ManshilG@nedbankinsurance.co.za



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