



Liberty Universal Gap Cover and Liberty Essential Gap Cover.

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP 75) and a licensed non-life insurer.

Frequently Asked Questions 2025.

Please note that the term “Gap Cover” is used as an abbreviation of Liberty Gap Cover and unless specifically stated it applies to the Universal, Essential and Optimal policy options.

What is Gap Cover?

Gap Cover is a solution for the common problem of medical expense shortfalls that medical aid members face.

Gap Cover is not a medical aid or a substitute for medical aid membership and the cover is not the same as a medical aid. It's a health insurance policy that covers medical expense shortfalls that arise when your medical aid only covers part of your medical treatment costs.

Are day-to-day general practitioner (GP) consultations covered?

No, day-to-day charges for GP, specialist, optometrist, dentist and other medical practitioner visits are not covered.

Are pre- and post-surgery consultations covered?

Yes, the shortfalls on fees charged by an admitting medical practitioner for consultation before and after surgery are covered. Cover is provided up to R3 000 for each individual insured under the policy per calendar year. To qualify for cover the consultation must occur within 30 days before or after the surgery. Consultations relating to C-sections and diagnostic procedures such as biopsy's and scopes (e.g.. colonoscopy and endoscopy etc) are not covered.

What out-of-hospital procedures are covered ?

Although Gap Cover has been primarily designed to cover medical expense shortfalls and co-payments arising from in-hospital treatment and procedures, benefits are also payable on certain out-patient medical expense shortfalls.. Those covered on an out-patient basis are

<ul style="list-style-type: none"> • Arthroscopy • Bronchoscopy • Bunionectomy • Carpal Tunnel Release • Cataract removal • Cervical laser ablation • Chemotherapy or radiotherapy for the treatment of cancer • Childbirth in a non-hospital setting • Circumcision (excluding elective or religious circumcision) • Closure of Colostomy • Colonoscopy or sigmoidoscopy • Coronary angiogram • Coronary angioplasty • CT Scan – Computer Axial Tomography • Cystoscopy • Dilatation and curettage • Direct laryngoscopy • Endoscopy • Excision of skin lesions (melanoma and other malignant neoplasms of the skin) • Female surgical and non-surgical permanent sterilisation 	<ul style="list-style-type: none"> • Ganglion surgery • Gastroscopy and gastrointestinal imaging • Grommets • Hernia Repairs, limited to: <ul style="list-style-type: none"> - Inguinal Hernia - Femoral Hernia - Umbilical Hernia - Epigastric Hernia - Spigelian Hernia • Hysteroscopy • Incision and drainage of Bartholin's cyst • Ischio-rectal abscess drainage • Kidney dialysis • Marsupialisation of Bartholin's cyst • MRI – Magnetic Resonance Imaging • Myringotomy • Needle biopsy of the liver • Non-invasive haemorrhoidectomy (inclusive of sclerotherapy and band ligation) • Nuclear scans (limited to the mapping of cancer) • Oesophagoscopy • Orchidopexy • Surgical Biopsy of Breast Lump 	<ul style="list-style-type: none"> • Surgical Haemorrhoidectomy (excluding sclerotherapy or band ligation) • Lymph node biopsy • PET – Positron Emission Tomography • Prostate biopsy • Pterygium removal • Sinus surgery, limited to: <ul style="list-style-type: none"> • Frontal sinus - Functional endoscopic sinus - Bilateral function endoscopic sinus • Tonsillectomy • Trabeculectomy and trabeculoplasty • Vacuum biopsy of the breast (X-Ray stereotactic mammography-biopsy) • Varicose veins • Vasectomy
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Can Gap Cover only be used to cover medical expense shortfalls and co-payments on certain medical aids?

No, Gap Cover can be taken out to cover individuals and families on any registered South African medical aid.

Who is covered?

Universal and Essential Gap Cover are available to individuals and families on all South African medical aids.

- Individual Cover is for those who don't have any medical aid dependants.
- Family Cover is for the main medical aid member, spouse and family dependants including adult dependents, on the same medical aid. Family cover also extends to a policyholder's spouse and mutual children that are registered as dependents on the spouse's medical aid.

Optimal Gap Cover is only available to individuals younger than 35 who don't have any medical aid dependants and is not a Family Cover option.

Do policyholders on Gap Cover's individual cover (not family cover) options need to notify Zestlife when they require additional medical aid dependants to be covered by their Gap Cover policy?

Yes, Gap Cover's individual cover (not family cover) options only provide cover for the policyholder. When a policyholder who is on a Gap Cover individual cover option has a change in circumstances that requires additional cover for new or existing medical aid dependants Zestlife must be notified in order to change them to a Gap Cover family cover option.

Do I need to remain on medical aid to receive the benefits of Gap Cover?

Yes, you are only covered by Gap Cover while you are a member of a registered South African medical aid.

Who is the Insurer of Gap Cover?

Liberty Gap Cover is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP (75).

Is a medical examination required when applying for Gap Cover?

No medical examination is required.

When will cover commence?

Gap Cover policyholders select the cover commencement date. This can be any date from the 1st day of the month, following the month in which the Gap Cover application occurs.

For example when an online, by phone or paper Gap Cover application is completed and submitted on the 25 April, the policyholder can choose a cover commencement of the 1st May or any date thereafter.

Can the Gap Cover commencement date be backdated to the medical aid cover start date?

No, cover under the policy can only commence on or after the date Gap Cover application is completed and submitted. This can be any date from the 1st day of the month, following the month of Gap Cover application.

When will premium payments commence?

Gap Cover policyholders select the commencement date of cover and similarly select the day and month for first premium payment.

Are there any fees or other amounts that will be charged in addition to the Gap Cover monthly premium?

No, there are no policy fees or other charges.

When will new policyholders receive their Gap Cover policy documents?

Policy documents are prepared and sent within a week of taking out Gap Cover.

What is required from a policyholder to cancel a Gap Cover policy?

The Gap Cover policy can be cancelled by giving Zestlife 31 calendar days' written notice. Where policy cancellation takes place within 31 days following the commencement of cover, any premiums paid will be refunded.

Does the policy have a surrender value?

No, Gap Cover is not a savings or endowment policy and therefore there is no surrender value on the policy.



Will my monthly premium increase in the future?

Yes, premiums charged for Gap Cover are likely to increase every year in line with rising medical costs and increasing medical expense shortfalls and co-payments as covered under the policy. Annual Gap Cover premium increases, benefit enhancements, introduction of new benefits and any changes to policy terms and conditions are communicated to policyholders in advance and are effective from 1 January for the new calendar year.

How are claims submitted?

Policyholders can contact Zestlife by email on info@zestlife.co.za or by phone on 0860 009 378 for advice and assistance with the submission of claims. Alternatively the Gap Cover claim form and list of required claim documents are available on Zestlife's website www.zestlife.co.za/claims/. Please remember that Zestlife must be notified of claims within 6 months of the medical treatment received and completed claim form and the required support documents must be submitted to Zestlife within 12 months after the medical treatment received.

What documents will be required when making a Gap Cover claim?

A completed Gap Cover claim form, and where applicable a copy of hospital account, medical practitioner accounts and medical aid statement detailing the medical aid contribution towards hospital and medical practitioner charges. When claiming for medical aid co-payment charges, a copy of the medical aid pre-authorisation letter and proof of co-payment paid is required.

How long does will it take for the settlement of a claim?

Approximately 15 working days from receipt of a completed claim form and all required documentation.

To whom are Gap Cover claim amounts paid?

The claim amount will be paid to the Gap Cover policyholder (in which case the policyholder has the responsibility of settling the accounts with the medical practitioner or service provider) or the claim amount may be paid directly to the medical practitioner or service provider, at the discretion of the insurer. Please note that claim amounts payable directly to the policyholder cannot be paid into a business bank account or into a third party's bank account.

When changing to Liberty Gap Cover from another gap cover policy how are waiting periods applied to pre-existing health conditions?

Where a policyholder is moving from an existing gap cover policy to Liberty Gap Cover, waiting periods will only be applied to the unexpired part of the 12 month pre-existing condition waiting period. This is as determined from the commencement date of the existing gap policy and applies to shortfalls and co-payments covered under the existing gap cover policy and Liberty Gap Cover.

A 12 month pre-existing condition waiting period will however apply to any Gap Cover benefit not provided under the existing policy.

What documentation is required to replace an existing gap cover policy as provided by another insurer, with Liberty Gap Cover?

Along with a completed Liberty Gap Cover application form and Replacement Policy Advice Record the following documents are required:

- Copy of current gap policy contract and schedule confirming the policy commencement date and current benefits provided by the policy.
- Confirmation of the effective date of cancellation of current gap policy.
- Confirmation of medical aid membership and list of medical aid dependants.

Does Gap Cover, cover corrective jaw surgery also known as orthognathic surgery?

Yes, medical expense shortfalls on doctors and specialists in-hospital charges will be covered, provided:

- The treatment is not subject to the pre-existing condition exclusion within the first 12 months of cover.
- It is not deemed an elective/cosmetic procedure by the insured's medical aid.
- The medical aid covers the treatment from the insured's Major Medical Benefit (MMB).

Are medical expense shortfalls and co-payments for circumcision covered?

Yes, Gap Cover will cover medical expense shortfall charges and co-payments levied by the medical aid if the circumcision is medically required due to an underlying health condition.

However, routine and ritual circumcision is deemed an elective procedure and is therefore not covered.

Are medical expense shortfalls in respect of fees charged by allied health professionals covered?

No, cover for fees charged by allied health professionals are excluded. Examples of allied health professionals are:

- Acupuncturists
- Audiologists
- Biokineticists
- Blood products
- Chiropractors
- Clinical technologists
- Diagnostic Medical Sonographers
- Dieticians
- Nurses
- Occupational Therapists
- Physical Therapists
- Physiotherapists
- Podiatrists
- Radiographers
- Respiratory Therapists
- Scientists
- Sleep studies
- Speech Therapists
- Technologists

Are split billing charges covered by Gap Cover?

No, split billing is the practice where a medical practitioner charges a medical aid member an additional fee on top of the medical practitioner's treatment charge amount submitted to medical aid.

Are home birth medical expense shortfalls covered?

Yes, cover is provided for registered midwife charges in excess of the medical aid tariff rate or medical aid contribution to these charges. Please note this benefit does not cover doula charges and is subject to:

- Medical aid approval of home birth costs.
- Gap Cover pre-existing condition exclusion on birth related claims in the first 12 months following the insured's policy commencement date.

Does Gap Cover apply while outside the borders of South Africa?

Yes, cover applies for the first 90 consecutive days while outside the borders of South Africa. Gap Cover does not cover planned procedures and cancer treatment outside the borders of South Africa.

Are Gap Cover premiums tax deductible?

No, Gap Cover policy premiums are not tax deductible in the same way that your medical aid contributions are. No IT3 tax certificates can therefore be issued for this purpose.

Are adult dependants covered?

Yes, Gap Cover's Universal and Essential family cover options (not Optimal Gap Cover or individual cover options) do cover adult dependants that are a parent, child or sibling of the policyholder and registered on their medical aid as an adult dependant.

Does the policy cover more than one eligible spouse?

No, Gap Cover's Universal and Essential family cover options (not Optimal Gap Cover or individual cover options) do cover one spouse as registered on the policyholders' medical aid. Where the policyholder has more than one spouse the policyholder must inform Zestlife of the spouse that will be covered. This must occur in advance of any spousal Gap Cover claims.

Does Gap Cover provide a continuation of cover option for surviving family members should a policyholder pass away?

Yes, Gap Cover's Universal and Essential family cover offers the option of continued cover to the surviving spouse within 90 days following the policyholder's death.

Does Gap Cover have a maximum entry age?

There is no maximum entry age on Gap Cover's Universal and Essential options. For Optimal Gap Cover the maximum entry age is 34.

Are unmarried partners covered?

Yes, Gap Cover's Universal and Essential family options provide cover for partners that are covered on the policyholders' medical aid membership. This cover does not apply to Optimal Gap Cover Optimal and the Universal and Essential individual cover options.

Does Gap Cover pay the shortfall relating to the cost of the lens implanted during cataract removal surgery?

Yes, Gap Cover's Universal option provides a benefit for intraocular lenses up to a maximum of R6 500 per lens for each individual insured under the policy per calendar year. This benefit is limited to the costs of the actual lens and excludes ancillary materials.

For any further information or answers to questions you might have, please contact your Liberty Financial Advisor or contact Zestlife on 0860 009 378 or e-mail info@zestlife.co.za.

Legal information and disclaimer

Liberty Gap Cover is underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP Number 75) and a licensed non-life insurer. The product is administered by Zest Life Investments (Pty) Ltd, an authorised financial services provider (FSP number 37485).

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