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Cover you can trust.

People you can depend on.

Gap Cover

GUARDRISK

TAILORED RISK SOLUTIONS

Underwritten by Guardrisk Insurance Company Limited, an authorised financial services provider (FSP No. 75) and a licensed non-life insurer. Zestlife is an authorised financial services provider (FSP No. 37485).

Gap Cover 2027 v1

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What happens when your medical aid does not pay your treatment costs in full?

Surgeons, anaesthetists and other specialists may charge more than the amount covered by your medical scheme. **When that happens, the difference can become your responsibility, a self-payment gap.**

Examples of medical procedures that are frequently not covered in full by medical schemes.	Examples of top medical expense shortfalls paid by Zestlife Gap Cover in 2025/2026.
Caesarean Section Childbirth	R47 535
Tonsillectomy	R52 564
Hernia Repair	R73 547
Breast Cancer Surgery	R132 442
Heart Surgery	R156 496
Heart Valve Replacement Surgery	R197 500
Cancer Treatment	R173 936
Spinal Surgery	R227 263

Examples of claims paid by Zestlife Gap Cover in the past year sourced from the 2025/2026 Zestlife claims register.

Which Gap Cover option is best for you?

Zestlife Universal Gap Cover

Most comprehensive protection

Medical expense shortfall cover of up to an additional 500% of the Medical Scheme Tariff with extensive financial protection against a wide range of health risks.
From R633 pm

Zestlife Essential Gap Cover

Affordable cover

For the most frequent medical expense shortfalls, and additional financial protection for selected health risks.
From R455 pm

Zestlife Optimal Gap Cover

Under 42 year olds

High levels of cover and affordability to match the needs of families and single individuals younger than 42.
From R293 pm

YOUR MEDICAL AID
Pays according to your scheme rules, tariff and available benefits.

THE SHORTFALL
A specialist or provider charges more than the amount your scheme pays.

YOUR GAP COVER
Can help cover eligible shortfalls, subject to the policy terms, limits and exclusions.

PLEASE NOTE

Gap Cover is not a medical scheme or a substitute for medical scheme membership. The cover is not the same as a medical scheme. It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical scheme only covers your medical treatment costs in part. To qualify for this cover the medical scheme's part payment must be paid from the medical scheme hospital benefit or major medical benefit. To assist you in choosing the Gap Cover option that best suits your needs please study the benefits summary, or for further assistance and expert advice, please contact Zestlife or your Zestlife appointed Financial Advisor.

Universal, Essential and Optimal Policy Benefits

Who is Covered?

Zestlife Gap Cover is available to individuals and families on all South African medical schemes.
Optimal Gap Cover is available to families and single individuals younger than 42.

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

SECTION A - MEDICAL EXPENSE SHORTFALL COVER

Policy benefits in this section are subject to a combined maximum cover limit of R230 800 per individual insured per calendar year.

MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
In-hospital Cover for shortfalls on doctors and specialist charges that exceed the medical scheme tariff amount. The shortfall covered is the difference between the total costs charged by medical practitioners and the amount payable or paid by your Medical Scheme. This benefit covers in-hospital doctor and specialist shortfalls for a wide range of surgeries, treatments and procedures that may be required. Including in-hospital dental procedures and treatment for cancer.	✓ Up to an additional 500% (5 times) of the medical scheme tariff.	✓ Up to 300% (3 times) of the medical scheme tariff.	✓ Up to 400% (4 times) of the medical scheme tariff.
Pre and Post-surgery Specialists' Consultations Cover for shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery. The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre and post in-hospital surgery and the amount payable or paid by your medical scheme. To qualify for this benefit: • The medical scheme must pay a portion of the admitting medical practitioner fees from risk or savings benefit. • The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery. • The surgery must be conducted in a hospital's operating theatre. Cover is provided up to a maximum amount of R3 400 for each individual insured under the policy per calendar year. Consultations relating to C-sections and diagnostic procedures such as biopsy's and scopes (e.g. colonoscopy, gastroscopy and endoscopy etc) are not covered.	✓	X	X
Out-of-hospital Cover for shortfalls on 60 out-patient procedures including CT, PET and MRI scans. The shortfall covered is the difference between the total costs charged by medical practitioners and the amount payable or paid by your medical scheme. This benefit covers doctor and specialist shortfalls for 60 treatments and procedures that may be required. This includes chemotherapy and radiotherapy for treatment for cancer.	✓ Up to an additional 500% (5 times) of the medical scheme tariff.	✓ Up to 300% (3 times) of the medical scheme tariff.	✓ Up to 400% (4 times) of the medical scheme tariff.

MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
Allied Professionals This benefit covers the shortfall between what the Allied Professional has charged and what the medical scheme has paid for in-hospital care following an associated in-hospital procedure. This is limited to R2 600 per policy per year. Allied professional shortfalls covered are: Chiropractors, Clinical technologists, Genetic counsellors, Myotherapists, Occupational therapists, Orthoptists, Osteopaths, Perfusionist, Physiotherapists, Podiatrists and Speech pathologists. These shortfalls are only covered if the medical aid covers a portion of the cost from the hospital benefit and the treatment is part of the associated procedure. The treatment by the Allied Professional needs to be in-hospital and has to be recommended by the attending specialist.	✓	X	X
General Co-payments Cover for co-payments imposed by medical schemes for hospital admissions, CT, PET and MRI scans and specified medical procedures. This benefit is intended to cover co-payments imposed by medical schemes for in-hospital treatment and on the 60 out-of-hospital procedures we cover. Dentistry (in-hospital) and cancer treatment (not medicine) co-payments are covered. Penalty co-payments charged by medical schemes are not covered. No cover is provided for the penalties imposed e.g. not obtaining a general practitioner referral prior to consulting with a specialist; not obtaining a pre-authorisation prior to a procedure; not following assessment criteria of medical scheme back and neck program prior to undergoing spinal surgery.	✓	✓	✓
Non-network Co-payments Cover for co-payments charged by medical scheme when treated in a non-network hospital or by a non-network medical practitioner. This cover provides for two claims with a maximum of R16 800 per claim per policy per calendar year.	✓	X	✓
First Night Home Recovery Benefit Covers the shortfall for one post-hospital support service, such as a nurse or carer following surgery, of up to R1 000 per event, subject to a limit of R3 000 per policy per calendar year. **To qualify for this benefit:** The medical scheme must pay a portion of the support services costs from risk or savings benefit. The support service needs to be provided within 24 hours from being discharged from hospital.	✓	X	X

MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
MRI, PET and CT Scans and Scopes in Excess of Medical Scheme Sub-limit Cover in part or in full for MRI, PET and CT scans and scopes when the medical scheme sub-limit has been reached. Cover is provided up to a maximum amount of R5 200 per individual claim up to a maximum of R16 800 per policy per calendar year. This benefit cannot be claimed along with a co-payment cover claim.	✓	X	✓
Casualty Facility Treatment for Injury in an Accident Cover for treatment in a hospital casualty facility or by a GP where there is no registered hospital casualty facility within 30km radius, within 48 hours following accidental injury. Cover is for the facility fee, medical practitioner consultation, on site medication, ward stock, radiology and pathology, as not covered by the medical scheme. Cover is provided up to a maximum amount of R28 000 per policy per calendar year. This benefit does not cover casualty facility treatment for disease or illness, prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.	✓	✓	✓
Casualty Facility Emergency Treatment Cover for emergency treatment for children younger than 11 in a casualty facility. Cover is for the amount less any amount paid by the medical aid from risk benefits. It includes the facility fee, consultations, medications, ward stock radiology and pathology. Cover is provided up to a maximum amount of R3 100 per policy per calendar year. This benefit does not cover prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces. Elective procedures, follow-up visits, visits after 48 hours after the emergency and visits resulting in direct admittance to the hospital are not covered.	✓	✓	X
Child Development Screening Cover Child development screening benefit for children younger than 11, provides up to R2 000 per policy per calendar year for developmental screenings including ADHD, speech impairment, dyslexia and autism assessment by a specialist. The shortfall covered is the difference between the medical specialist consultation fees for the screening and the amount payable or paid by your medical scheme. To qualify for this benefit the medical scheme must pay a portion of the fees from risk or savings benefit.	✓	X	X

MEDICAL EXPENSE SHORTFALLS COVERED	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
Internal Prosthesis and Artificial Joints Cover for medical expense shortfalls and co-payments on internal prosthesis (including artificial joints). An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a lost or reduced bodily function. Examples of internal prosthesis include artificial hip and knee joints and the implanted devices in spinal fusion. This benefit covers the shortfall not covered in full by the medical scheme due to the annual limit being exceeded. It also covers co-payments charged by medical schemes. Cover is provided up to a maximum amount of R48 300 per policy per calendar year. This benefit does not apply where the insured is on a medical scheme option that does not include internal prosthesis cover. Breast implants, cochlear implants and neurostimulators are not covered.	✓	X	✓
Stents are covered up to a maximum shortfall amount of R5 300 for each individual insured under the policy per calendar year. Pacemakers are covered up to a maximum shortfall amount of R8 400 per insured person per calendar year. Intraocular lenses are covered up to a maximum of R6 800 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. *A claim payment for stents, intraocular lenses and pacemakers will not reduce your overall limit of R48 300 for internal prostheses.	✓	X	X
Robotic Medical Procedures Cover for medical expense shortfalls that arise from the use of robotic machinery in the course of in-hospital treatment. Cover is provided up to a maximum amount of R41 500 per policy per calendar year.	✓	✓	✓
Oncology Treatment Programme Co-payments Cover for co-payments levied by medical schemes when the annual cancer treatment limit is exceeded. This benefit is to cover general and specialised treatment and biological drugs. Cover is subject to a maximum co-payment of 25% of the costs of treatment.	✓	X	X
Oncology Treatment in Excess of Medical Scheme Cancer Limit Cover for continued treatment costs of cancer when a treatment cost limit is imposed and no further funding is provided by medical scheme. This benefit can be used for general and specialised treatment and biological drugs not covered by the medical scheme. Cover is provided for 20% of the insured's continued treatment costs.	✓	X	X
International Travel Benefit Cover for benefits under the policy for claim events due to an accident or illness, that occur whilst travelling outside of the borders of the Republic of South Africa. This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.	✓	✓	✓

SECTION B - HEALTH ASSIST BENEFITS

Policy benefits in this section are NOT subject to a combined maximum cover limit per individual insured per calendar year.

HEALTH ASSIST BENEFITS	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
Cancer Assist Cover Cover of R8 000 towards the unexpected costs that may occur as a result of a first-time diagnosis of cancer minimum stage 2, local and malignant cancer. If you are subsequently diagnosed with minimum stage 2, regional and malignant Cancer (including leukemia and Hodgkin's Disease) for the first time, then you receive a further once-off Cancer Assist benefit of R12 000. Alternatively, a once-off benefit of R20 000 is payable on first-time diagnosis of minimum stage 2, regional and malignant cancer (including leukemia and Hodgkin's Disease). A further R15 000 benefit is payable for regional and malignant cancer, if the insured has successfully claimed the R12 000 or R20 000 benefit, and their medical scheme has spent R200 000 or more on oncology treatment within 12 months of diagnosis. Any cancer diagnosis that does not meet the minimum eligibility criteria or that is not a first-time diagnosis is excluded. All skin cancers, all cancers diagnosed and treated by primary biopsy only, and not requiring surgical, medical or radiotherapy treatment, is excluded.	✓	✓	X
Accidental Dentistry Cover This benefit provides cover for up to R28 400 for accidental tooth fracture. This benefit is payable at a rate of R4 100 per fractured tooth irrespective of medical scheme contribution to treatment cost. Tooth fracture is defined under this benefit as being the loss of 50% or more of the visible portion of a tooth and where the dental nerve is permanently damaged. The benefit covers accidental tooth fracture to permanent teeth (crowns and implants are excluded) due to an external injury to the mouth. Treatment must take place within 10 days of the accidental tooth fracture event.	✓	✓	✓
Accidental Death and Permanent and Total Disability Cover This benefit provides R55 000 cover for the unexpected costs that may arise in the event of accidental death or accidental permanent and total disability. Accidental death is when an insured individual's death occurs within 12 months as a direct result of an accident. Accidental permanent and total disability is when an insured individual's disability occurs due to an accident and have been diagnosed and confirmed within one month of the accident. If an Accidental and Total Disability benefit has been paid, then no further benefit is payable on Accidental Death.	✓	✓	✓

HEALTH ASSIST BENEFITS	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
Violent Crimes Assist Benefit This benefit is paid in addition to the Accidental Death and Permanent and Total Disability Cover benefit and provides a once off payment of R55 000 for death or permanent total disability arising from violent crime. Accidental death by violent crime is when the insured individual's death occurs within 12 months as a direct result of a violent crime. Accidental permanent and total disability is when an insured individual's disability occurs due to a violent crime that has been diagnosed and confirmed within one month of the accident. This benefit will be capped at legislated limits if the death relates to a minor.	✓	✓	✓
Neonatal Intensive Care (NICU) Benefit This new benefit provides a once off payment of R7 500 towards costs if a newborn is admitted to NICU care for three or more consecutive days.	✓	X	X
Cosmetic Breast Reconstruction Cover for cosmetic breast reconstruction of the non-affected* breast following a single mastectomy resulting from breast cancer diagnosed after the commencement date of policy. Cover is provided for the amount not covered by the medical scheme up to a maximum of R40 000 for each individual insured. This cover is not renewed after claim payment and does not extend to subsequent breast reconstruction treatment costs. Prophylactic mastectomies are excluded. *Breast reconstruction for the non-affected breast is not always covered or covered in full by medical aids as it is cosmetic surgery.	✓	✓	X
Trauma and Bereavement Counseling Cover This benefit provides cover for the cost of trauma and bereavement counselling required following the insured being the subject or witness of an act of violence or traumatic accident or loss of an immediate family member. This benefit provides up to R1 000 per session with an overall maximum benefit of R33 600 for counselling treatment that commences within 6 months of the traumatic event and is payable for a single treatment period of up to 6 months per policy per calendar year.	✓	✓	✓
Medical Scheme and Gap Cover - Premium Waiver Cover This benefit provides cover for the combined annual (12 months) amount of a policyholder's medical scheme and gap cover premiums following accidental death or accidental permanent disability of the policyholder. This benefit provides cover of up to R136 500.	✓	✓	✓
Medical Scheme Upgrade Contribution Waiver: This benefit provides cover for the increase in a policyholder's Medical Scheme premium where an option upgrade is approved outside the normal Medical Scheme option upgrade period. This benefit covers the increased premium from the effective date of the upgrade until the end of the calendar year. This benefit provides cover of up to R30 000 per policy per calendar year.	✓	X	X

MONTHLY PREMIUMS 2027	Universal Gap Cover	Essential Gap Cover	Optimal Gap Cover
COVER FOR INDIVIDUALS			
Younger than 42	R633 pm	R455 pm	R293 pm
Younger than 55	R633 pm	R455 pm	
55 – 64	R851 pm	R589 pm	
Older than 65	R996 pm	R685 pm	
COVER FOR FAMILIES			
Where all lives insured are younger than 42.	R851 pm	R589 pm	R495 pm
Where all lives insured are younger than 65.	R851 pm	R589 pm	
Where one or more lives insured are older than 65.	R996 pm	R685 pm	

PLEASE NOTE

Premiums will be revised annually and be effective from 1 January each year.

Gap Cover is an annually renewable policy with premiums determined by the policyholder's age, or the eldest insured member in the case of family cover. When an insured person's age exceeds the Gap Cover age bracket under which they are covered, the policy will be moved to the next age and premium bracket from 1 January the year following.

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

Know what your Gap Cover does and doesn't cover.

The policy terms and conditions of the Universal, Essential and Optimal Gap Cover options are contained in the summary below. For the full terms and conditions please refer to the policy document.

No general waiting periods	There are no general or condition-specific waiting periods that withhold cover after commencement. However, the 12-month pre-existing condition exclusion applies to conditions for which medical advice, diagnosis, care or treatment was received or would reasonably have been recommended in the preceding 12 months.
Pregnancy	Pregnancy existing before the start date is treated as a pre-existing condition and pregnancy/birth-related claims are excluded for 12 months from commencement.
Medical scheme payment required	To qualify for a medical expense shortfall cover claim, the medical scheme's part payment must be paid from the medical scheme hospital benefit or major medical benefit.
Claims	Claims must be lodged within 180 days of the medical treatment giving rise to the claim.
Changing Gap Cover?	If prior to the start date of cover a policyholder had cover under another Medical Expense Shortfall Policy with similar benefits, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition period from the previous policy. The pre-existing condition exclusion will however apply for the full period of 12 months for any benefit not provided under the previous policy and for any insured person not covered under the previous policy.

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Policy Exclusions

GENERAL EXCLUSIONS

No benefits will be paid for claims arising from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Illness or injury caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- All forms of aviation except commercial aviation where you are a fare paying passenger or a pilot or air crew on a commercial flight.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

SPECIFIC EXCLUSIONS

No benefits are payable for:

- Cosmetic surgery unless required due to illness or injury.
- Penalty co-payments imposed by medical schemes for not following the rules of the medical scheme. An example of this type of penalty co-payment is the amount charged by medical aids for not obtaining pre-authorisation prior to undergoing a medical procedure.
- Medication and other materials including prosthetic products such as crutches, limb guards or braces.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- Treatment for obesity or treatment that is required as a result of obesity.
- Elective or routine procedures and physical examinations, which are not required because of a specific medical condition that negatively impacts your health or is necessary due to poor health. This includes tests, annual check-ups, ECG's, scopes, ART (assisted reproduction therapy), elective circumcisions or any other procedure due to family history or illness or medical conditions, etc.
- Treatment for depression, mental or stress-related conditions.
- Claims not covered by the medical scheme.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical scheme.
- Hospital, hospice, step-down facility and Day Clinic costs.
- Day-to-day medical practitioner charges.
- Breast or dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical scheme on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Home and private nursing, except as specifically provided for under the First Night Home Recovery Benefit.

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CLAIMS

All claims must be lodged within 180 days of the medical treatment giving rise to the claim. The claim form can be found on www.zestlife.co.za.

Claim pay-outs are either made to the policyholder or directly to the treating doctors, specialists or medical service providers, at the insurer's discretion.

Extended Cancer Cover

Extended Cancer Cover

This is an optional policy benefit. If you or any of your dependents insured under the policy are diagnosed with cancer for the first time, we will pay you the Extended Cancer Cover benefit of R136 000 or R272 000 to cover the unexpected costs which may arise as a result of the diagnosis. This covers the policyholder and medical scheme dependants insured under the policy. When applying for this cover, policyholders will be required to answer an underwriting question that relates to previous diagnosis or treatment of cancer.

This cover excludes skin cancer and has a 12-month pre-existing condition exclusion and a 6-month upfront waiting period from the date of commencement of cover. Cover continues until the insured's 65th birthday.

Extended Cancer Cover Amount	Monthly Premium
R136 000	R130
R272 000	R216

Premiums are valid for 2027 and may increase on 1 Jan 2028.

CONTACT US

For expert advice, please contact Zestlife on
(021) 180 4220 / 0860 009 378 or **e-mail info@zestlife.co.za**
or **visit www.zestlife.co.za to apply online today.**

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