

HEALTHGAP 2026 Product Brochure

Navigating the way

LOMBARD
(FSP no.1596)

Turnberry
GAP COVER
NAVIGATING THE WAY
(FSP no. 36571)



HEALTHGAP 500

HEALTHGAP 500 is designed specifically for clients on Genesis MED-200 and MED-200 Plus. Tailored for individuals / families seeking a wider range of cover, this Gap Cover solution offers affordable protection from costly medical shortfalls. With a focus on simplicity, value, and peace of mind, HEALTHGAP 500 helps you confidently navigate your healthcare journey— knowing you're covered when it counts most

Pricing Incl Vat	Individual	Family
Under 65 yrs	R350	R500
65+ yrs	R600	R750

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 500% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR INTERNAL PROSTHESIS

Limited to R40 000 per family per annum. Subject to the Overall Annual Limit

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R8 200 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme Contribution Payer

GAP PREMIUM WAIVER

Pays the premium of your Premier Policy for 12 months in the event of death or permanent and total disability as a result of Contribution Payer

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover. Notification of travel required 48 hours prior to departure from RSA

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENTS

R10 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R6 000 per event. Limited to 3 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

In-hospital and out-of-hospital benefits

CO-PAYMENT COVER FOR MRI AND CT SCANS

Co-payment cover for MRI and/or CT scans. Limited to R8 400 per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI AND CT SCANS

Limited to R36 000 per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR SCOPES

Limited to R10 000 per event and 3 events per family per annum. Subject to the Overall Annual Limit

TRAUMA CARE COVER

Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, has been a victim of a violent crime or experienced the death of an immediate family member. Limited to R3 300 per consultation and R8 500 per family per annum. Subject to the Overall Annual Limit

TRADITIONAL CANCER COVER

Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Subject to the Overall Annual Limit

WAITING PERIODS

- A 3-month general waiting period applies to all benefits (except in the event of an accident, which occurred while on the Policy). In the event the commencement date of the Policy is the same as the commencement date of the Medical Scheme, no 3-month general waiting period will apply to Medical Expense Shortfall Cover
- A 10-month waiting period on pregnancy/childbirth
- A 12-month waiting period on investigations, treatment or surgery for:
hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of an accident, which occurred while on the Policy), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus



FOR MORE
INFORMATION
[CLICK HERE](#)

A circular photograph of three young women smiling and posing together outdoors. One woman is wearing a straw hat, and another is wearing a yellow shirt. They are all wearing jeans and smiling broadly.

NAVIGATING THE WAY



WHO IS COVERED?

HealthGap 500: The Principal Insured Person, their spouse, and their natural, adopted, or foster children up to 26 years of age, provided that the children are listed on the Principal Insured Person's Medical Scheme membership may be covered under the family premium.

If you have an additional Adult Dependant registered on your Medical Scheme you may add them onto your Policy. The cost per each additional Adult Dependant is detailed below:

Product	Ages 26 - 64 (incl) Rate per person	Ages 65 - 79 (incl) Rate per person	Ages 80+ Rate per person
HealthGap 500	R189	R600	R781





EASY TO CLAIM

Turnberry claim form

You can get the claim form under documents on our website.

You can also access the online claim form at <https://turnberry.co.za/claim-form/> (this can be completed and submitted online).

Requirements

A list of the requirements appears on the Claim form as well.

Should we require any further documentation, an email will be sent to you and your broker advising you of the outstanding requirements.

Turnberry Claims

Please submit the following to claims@turnberry.co.za



Invoices

All doctors invoices and/or statements

Hospital accounts

Please request a detailed invoice from the hospital's accounts department that includes date of admission, date of discharge and the ICD-10 codes and Procedure codes

Medical Aid Remittance/ Claim Statement

This statement from the Medical Aid will reflect the invoiced amount(s) for the service providers, the amounts paid and/or rejected by the Medical Aid.

Please note all claims are assessed in terms of the Benefits provided by the Policy and the Policy Terms and Conditions. Once a claim is admitted, the claimed amount is paid directly to the Policyholder who must settle outstanding amounts with the service providers. Provided that all requirements are received valid claims are settled within 10 working days.

All these documents are required with every claim as each document contains relevant information required to process the claim. You have 5 months to provide written notice from the date of treatment of a pending claim. Outstanding documentation needs to be submitted within 90 days from the date, outstanding documentation is requested by Turnberry. Please do not hesitate to contact Turnberry should you have any queries.

[CLICK HERE TO COMPLETE ONLINE CLAIM FORM](#)

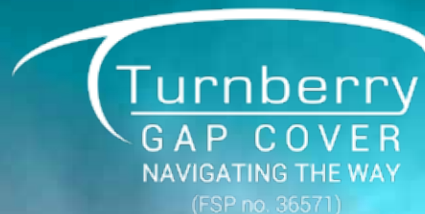


Exceptions

Turnberry shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
2. LASIK or Lasik (laser-assisted in situ keratomileusis) surgery or any type of refractive surgery for correcting myopia, hyperopia, and astigmatism;
3. Investigations, treatment or surgery for obesity its sequela or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an insured event otherwise insured. For the purpose of this exception cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
4. Routine physical or any procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or X-ray examinations except in the course of a disability established by prior call or attendance of a Medical practitioner;
5. Suicide, attempted suicide or intentional self-injury;
6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a Medical Practitioner (other than the Insured person) or drug addiction;
7. An event directly attributable to the Insured person having an alcohol content exceeding the legal limit or the Insured person suffering from alcoholism or any illness caused by the use of alcohol;
8. Participation in:
 - a. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike, or the activities of locked-out workers
 - b. Aviation other than as a passenger
 - c. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
9. Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility;
10. No benefits are payable which should be provided by the Medical Scheme, this exception includes ward fees, theatre fees, medicines, appliances and other hospital expenses;
11. No benefits shall be payable in the event of fraudulent submission by the claimant;
12. No benefits shall be payable in the event the insured did not pre-authorise, make use of a Designated Service Provider (this is not applicable to the Non-DSP Hospital Penalty Cover on Premier, Optimal and Synergy) or any condition set by the Insured's Medical Scheme;
13. No benefits shall be payable in the event there is no benefit for the treatment and/or the condition or if it is excluded and/or declined by the Insured's Medical Scheme (including split billing) or if the Medical Scheme pays less than tariff for benefits associated with costs incurred above Medical Aid rate;
14. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or as an out-patient (as defined);
15. The table of benefits applies in the territory of the RSA and no benefits are payable for expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft;
16. No ward fee benefits shall be payable in respect of any additional costs incurred as a result of confinement to a private ward if such confinement to a private ward was requested by the Insured person;
17. Treatment resulting from failure to carry out the instructions of a Medical Practitioner;
18. Treatment for the Casualty Illness Benefit when treatment was not received between the hours of 18:00-06:00 Mondays-Fridays, Saturdays, Sundays and Public Holidays;
19. Injuries arising from professional sport or any other recreational activity which is not commonly recognised as a sport and/or involves uncontrolled competition, unusual skill or violent activity and is generally considered to be inherently dangerous for the emergency casualty benefit (as defined in the Policy document) provided in a hospital out-patient emergency facility;
20. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payments and sub-limits;
21. Benefit 1 (Private Rate Cover) for dentistry is limited to impacted wisdom teeth, orthognathic surgery, and/or reconstructive maxillofacial surgery as a result of an accident while on the Policy and oral cancer (which was diagnosed while on the Policy). No benefit is payable while an Insured person is within a waiting period;
22. No benefits shall be payable for gender reassignment treatment and/or surgery or the reversal thereof.

INSURER
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Turnberry Management Risk Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP no. 36571). Underwritten by Lombard Insurance Company Limited, an authorised Services Provider (FSP no. 1596) an Insurer conducting non-life insurance business

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Contact Turnberry on 011 677 9891 or
visit the website www.turnberry.co.za

