



Universal GAP Plus Cover Plan Summary of Cover - 2024



Benefits

This Policy may only be marketed to persons who belong to a Medical Scheme.

Hospital Gap Plus Cover

Underwriters will cover in-hospital service provider costs, which qualify under the Scheme Rate, which are not covered to their full extent by the member's Medical Scheme.

These shortfalls shall be covered up to a maximum of 5 times the ruling Scheme Rate.

In order for benefits to be payable the Insured must be hospitalised and the benefits must qualify in terms of the Insured's Medical Scheme and the Policy terms and conditions.

In order to illustrate this aspect the following applies:

- a) An Insured may not elect to upgrade bed facilities from a General Ward to a Private Ward/ Room and expect the Policy to cover such costs.
- b) An Insured may not be hospitalised for treatment not authorised by their Medical Scheme and expect the Policy to cover such costs.
- c) Costs in excess of the Medical Scheme Sub-limits are also not covered by the Policy. These may include restrictions to items such as physiotherapy, pathology, radiology or organ transplant.

In addition the following benefits shall be included in cover:

- The Gap on any chemotherapy or radiotherapy for the treatment of non PMB cancer on an out-patient basis
- The Gap on non PMB kidney dialysis on an out-patient basis
- The Gap on certain out-patient surgical procedures

Benefits are limited to R198 660 per insured per annum.

Additional Benefits Automatically Included

Hospital Co-payments

Underwriters will cover a hospital co-payment as reflected by the Insured's Medical Scheme Option.

This Insured benefit shall be restricted to the co-payment required by the Insured's Medical Scheme Option.

Penalty Co-payments

We will cover a single co-payment imposed by your Medical Scheme for the use of a non-DSP. Limited to one penalty co-payment per family per annum and a maximum of up to R10,000.

Dental Surgery Co-payment Restrictions

These benefits are restricted to the following levels, subject to the procedure being authorised by the Insured's Medical Scheme Option:

Benefit	Procedure
R 3 200	Dental treatment in a private hospital persons 13 years and younger
R 8 200	Dental treatment in a private hospital persons older than 13 years
R 1 450	Dental treatment in a day clinic persons 13 years and younger
R 5 300	Dental treatment in a day clinic persons older than 13 years

Premium Waiver

In the event the principal member is unable to work for a period of more than 30 days due to an accident, the underwriters shall pay the monthly Medical Scheme membership fee for each month (paid up to a maximum benefit of R10 000/month), or part thereof, that the principal member is unable to work up to a maximum of 12 months.

Body Repatriation

In the event an Insured dies, due to an accident, underwriters shall pay for the cost of transporting the body of the deceased Insured to the normal place of residence (within the borders of RSA) up to a maximum cost of R20 000 (per policy).

Trauma Counselling

In the event an Insured is directly involved in an act of violence, underwriters shall pay a stated benefit of R700 per counselling session undertaken by the Insured up to a maximum of R5 000 per Insured p.a.

1. An act of violence will include assault, robbery, attempted rape and shall include a motor vehicle accident in which another party dies.
2. This act of violence must be reported to the Police and a case number obtained.

Motor Hijack

In the event an Insured is directly involved in the forceful hijacking of a motor vehicle, and/or threat thereof, the underwriters shall pay a lump sum of R5 000 (per policy).

Cataract Benefit

In the event an Insured is diagnosed with a cataract, resulting in surgery to insert an intra-ocular lens implant, the underwriters will pay a fixed benefit of R2 800.

Internal Prosthesis Benefit

In the event an Insured is authorised by the Insured's Medical Scheme to have an Internal Prosthesis device fitted & the cost of such device exceeds the ruling Medical Scheme limit, Insurer's shall pay an additional benefit, for the cost of the fitment of such device, up to a maximum of R56 000 – per Insured.

Casualty/Emergency Room Facility Benefit

In the event an Insured is injured and as a result requires necessary and immediate medical treatment from a Casualty/Emergency Room Facility, Insurers will pay a fixed benefit of R1 900.

Out-Of-Hospital Benefit – MRI/CT Scans

In the event an Insured is authorised by the Insured's Medical Scheme to have a MRI/CT scan subject to a co-payment, Insurers shall pay a fixed benefit of R4 500.

Preventative Care Benefit

In the event the insured has undergone any one of the following preventative care procedures we will pay a fixed benefit of R2 000 - PAP smears, mammograms, HIV tests, bone density scans and prostate screening. Maximum one Preventative Care claim per policy per annum.



Crisis Assistance Facility (additional R12.11 p.m.)

In the event the Insured is involved in an incident resulting in the utilisation of the Trauma Counselling, Hijack Benefit or the Body Repatriation Benefit, the Insured is able to call the 24 hour call centre for assistance and advice.

Trauma Counselling Service

- Telephone counselling
- Referrals to trained professionals

Hijack Benefit Service

- Arrangement of pre-paid cell phone if stolen
- Arrange hire car if car stolen
- Arrange pre-loaded credit card – if stolen
- Arrange a locksmith – if keys stolen
- Arrange a security guard – if hijacked at home

Body Repatriation (Accident only) Service

- Arrange repatriation of body
- Assistance with funeral arrangements
- Assistance in applying for Death Certificate
- Referral to undertakers
- Referral to counselling services for support and advice

Premiums

- The premiums are inclusive of broker commission in line with current legislation.
- Premiums payable by the Employer by way of a debit order will require the completion of a Company Debit Order Form
- Large Corporate clients may elect to pay premiums by way of EFT (minimum monthly premium must exceed R7 500 to qualify)

Universal Gap Plus Cover Plan:

This option covers the applicable in-hospital costs up to a maximum of 5 times the Scheme Rate. The additional benefits of Premium Waiver, Body Repatriation, Motor Hijack and Hospital Co-payments are included.

	Younger than 65	Older than 65
Universal Gap Plus Cover Plan Premium	R323.89	R664.89
Crisis Assistance Facility Fee	R12.11	R12.11
Universal Marketing fee	R10.09	R10.09
Total premium	R346.09	R687.09

Claims

Hospital Universal Gap Plus Cover (including co-payment benefit)

Where the Insured person has received pre-authorisation from their Medical Scheme for in-hospital treatment which is not excluded in terms of the Universal Gap Plus Cover Plan exclusions, a claim form should be submitted for assessment of benefits.

In order to submit a claim for benefits, the Insured is required to:

- Complete a Claim Form.
- Submit a copy of their Medical Aid Remittance Advice illustrating the shortfall including any co-payment.
- Submit copies of the Hospital account, as well as the accounts for the in-hospital attending medical practitioners.
- Regarding a co-payment claim - submit a copy of the receipt for the payment of the co-payment.

Premium Waiver

The principal member is required to submit proof of Medical Scheme membership fees, plus proof of medically necessary absence from work due to an accident (provision on a month to month basis), and an Accident Report Form.

Body Repatriation

Police Report regarding the accident, certified copy of the Death Certificate, and proof of normal residence within the borders of RSA, and invoices of necessary expenses incurred to transport the body to the residence are to be supplied.

Trauma Counselling

- Police report confirming that the case has been registered and indicating a case number
- Trauma counselling report and associated accounts

Motor Hijack

- Proof of the forceful hijacking, and/or threat thereof, to be supplied by the Police authorities

Internal Prosthesis

- Copy of Medical Scheme Statement reflecting the Prosthesis cost as well as the total cost of the Prosthesis and copy of the Hospital account

Out-Of-Hospital – MRI/CT Scans

- Copy of receipt for the co-payment value

Casualty/Emergency Room Facility

- Copy of Casualty/Emergency Room Facility account

Payments will be made directly into the Insured's bank account

Underwriting Criteria

Voluntary groups/persons shall have a 12 month pre-existing condition exclusion, a 12 month waiting period for maternity and a 30 day waiting period for all other benefits.

There is no maximum age of entry, however premiums differ for those maximum age 65 and those older than age 65. See your application form for details. Compulsory groups in excess of 35 employees shall be considered for the waiver of pre-existing exclusions and waiting periods.

Please note: this is a summary only – full Policy documents apply and are available on request.

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