

# THIS IS HOW IT WORKS...

## ASSESSING CLAIMS

Each **coded line** on your healthcare or service provider’s account makes up the total amount that they charge. A coded line describes the medical procedure that was performed, like a gastroscopy, or the service that was provided, like an in-hospital consultation. We assess **each** coded line to see where shortfalls are. Your medical aid must pay some of the cost of a coded line from a **hospital** or **risk benefit** for us to pay a shortfall, unless your policy has a benefit with different qualifying criteria.



## OUT-PATIENT SPECIALIST CONSULTATION COVER

When your medical aid pays some of the cost of a specialist’s consultation from a **hospital**, **risk**, or **day-to-day benefit** or from your **medical savings account**, we can assist with covering the difference. We use your medical aid plan’s rate (tariff) as a benchmark to assess shortfalls from.

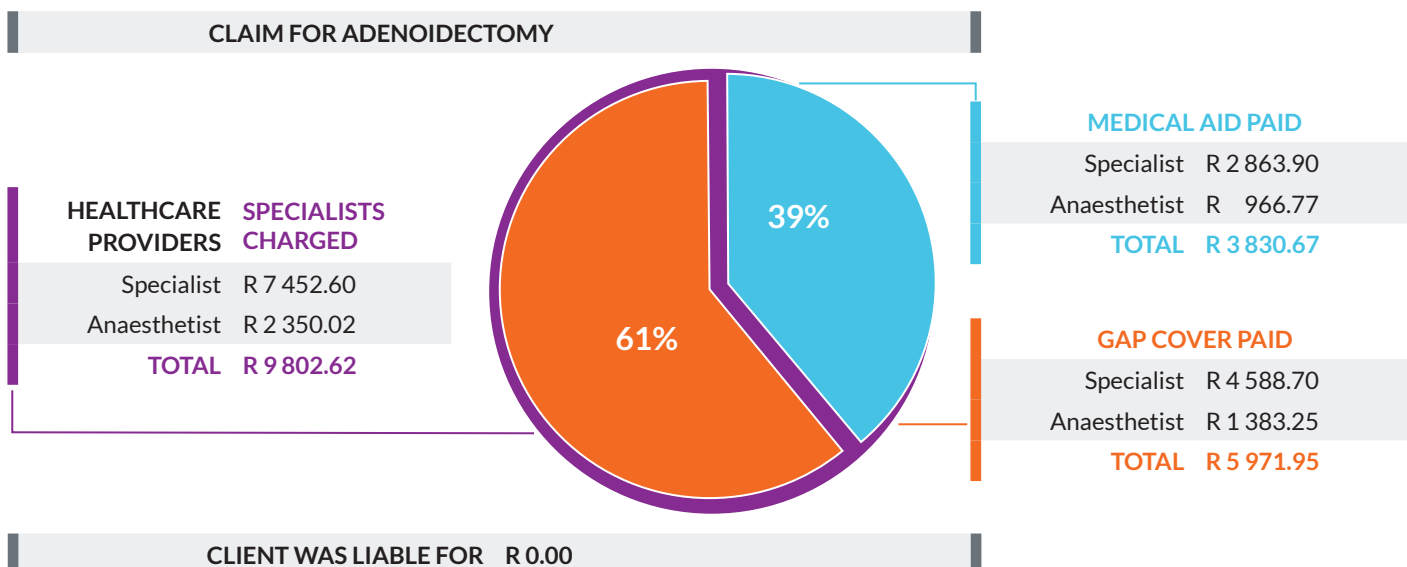
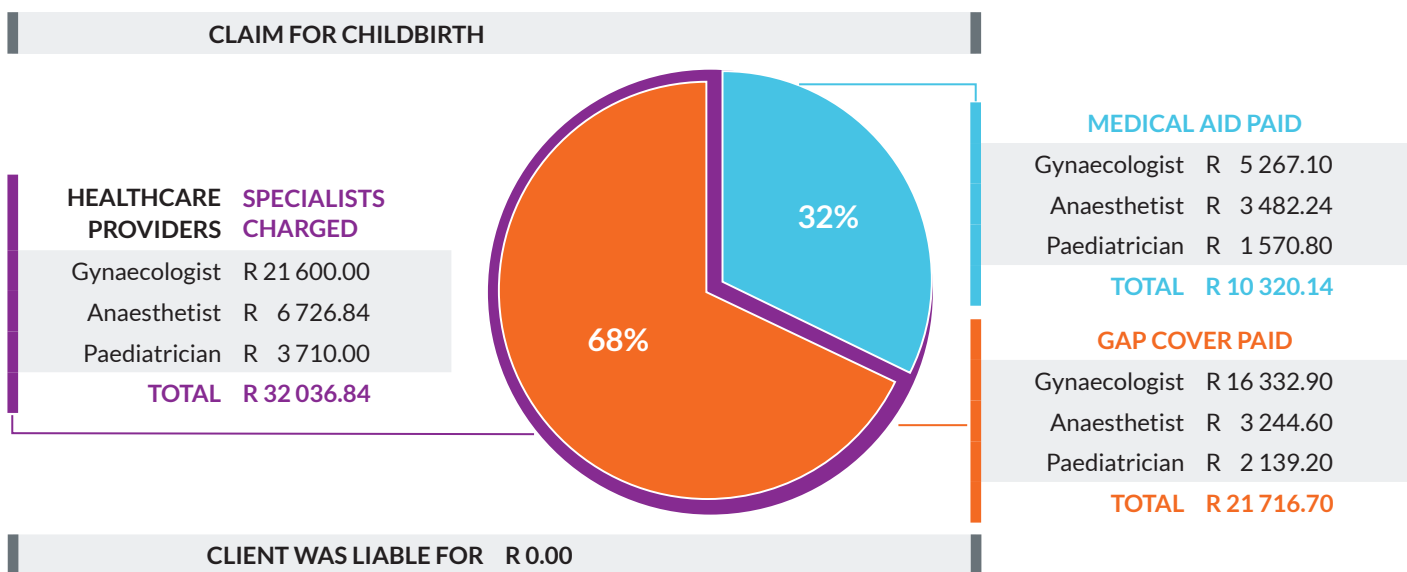
<b>EXAMPLE 1: MEDICAL AID PAYS AN AMOUNT ABOVE THEIR RATE</b>	
<b>SPECIALIST CHARGES R 1 000</b>	the rate/tariff your <b>MEDICAL AID</b> plan covers consultations at is <b>R 500...</b> but your consultation benefit limit is reached,
your <b>MEDICAL AID</b> then uses what’s available in your <b>MEDICAL SAVINGS ACCOUNT</b> . Let’s say it’s <b>R 700...</b>	
<b>WE’LL COVER: R 300.</b> Why? Because in this example, the total amount that your medical aid paid from your medical savings account is <b>MORE</b> than the <b>rate</b> of <b>R 500</b> . Remember, we’ll <b>cover the difference</b> between what your <b>specialist charged</b> and <b>what was paid</b> .	

<b>EXAMPLE 2: MEDICAL AID PAYS AN AMOUNT BELOW THEIR RATE</b>	
<b>SPECIALIST CHARGES R 1 000</b>	the rate/tariff your <b>MEDICAL AID</b> plan covers consultations at is <b>R 500...</b>
but your <b>MEDICAL AID</b> pays only <b>R 200</b> from a <b>risk benefit</b> , and <b>R 200</b> from funds available in your <b>MEDICAL SAVINGS ACCOUNT</b> .	
<b>WE’LL COVER: R 500.</b> Why? Because we add up what your <b>medical aid paid</b> , which in this example is <b>R 400</b> , and only cover the <b>difference</b> between your <b>medical aid plan’s rate</b> and what your <b>specialist charged</b> . In this example, <b>you’ll still have to pay R 100 to the specialist</b> .	

<b>EXAMPLE 3: MEDICAL AID RATE IS THE SAME AS THE AMOUNT YOUR SPECIALIST CHARGES</b>	
<b>SPECIALIST CHARGES R 600</b>	the rate/tariff your <b>MEDICAL AID</b> plan covers consultations at is <b>R 600...</b> but your day-to-day benefit limit is reached,
but there’s <b>R 200</b> left in your <b>MEDICAL SAVINGS ACCOUNT</b> that your medical aid uses to pay the consultation fee.	
<b>WE’LL COVER: R 0.00.</b> Why? Remember, our benefit <b>covers the difference</b> between what your specialist charges and your medical aid plan’s rate/tariff. In this example, the <b>amount charged</b> and the <b>rate/tariff is the same = no shortfall</b> .	

**GAP COVER**

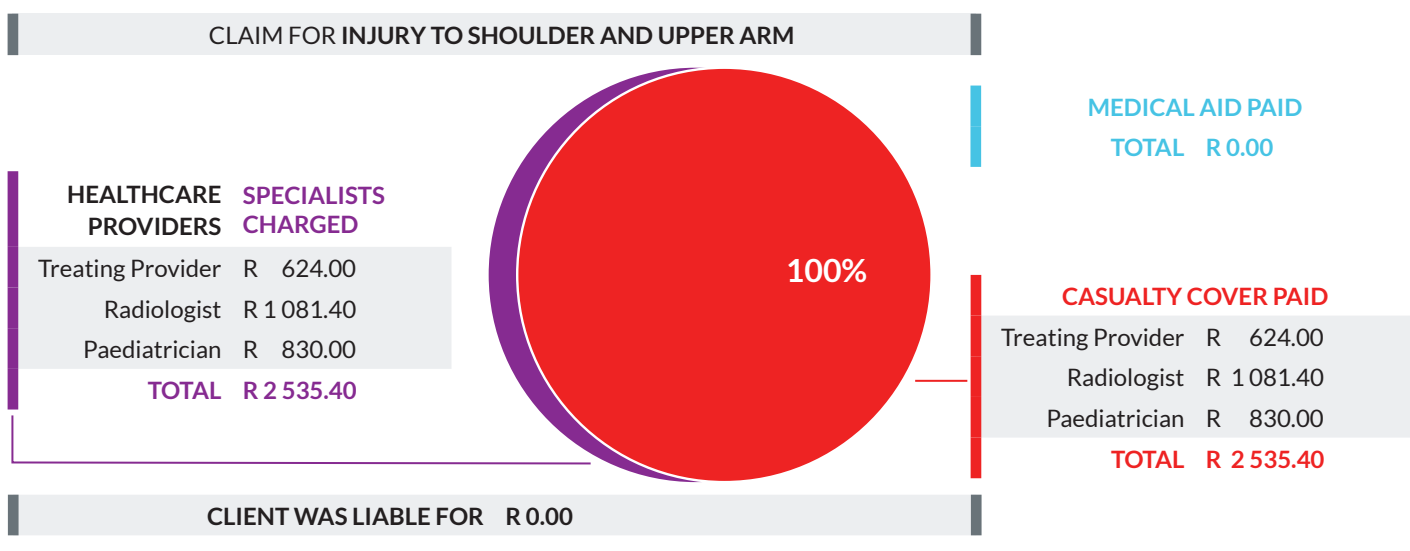
Our **Gap Cover** benefit covers the shortfalls that exist when your doctor or specialist charges more than the amount your medical aid pays. We add an additional **300%** or **500%** cover on top of what your medical aid plan gives. The below are two real-life claims covered by us.





**CASUALTY COVER**

It's good to know that when life happens and you need immediate medical treatment because of an accident, our benefit refunds the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**.



**ACCESS COVER**

If your medical aid plan excludes specific medical procedures and events from cover, we'll cover the cost of your procedure or treatment subject to benefit limits.

