

## Who pays the remaining 400%?

Medical specialists, for example a surgeon performing an operation or procedure on you, could charge as much as 500% of your medical aid benefit for a certain treatment. Therefore, even if your medical aid pays 100% of its medical aid benefit for this treatment you will still have to pay 400% somehow, out of your own pocket or through claiming from a gap cover policy that you took out beforehand.

The most expensive medical services provided in South Africa are those of anaesthetists and those for treating orthopedic conditions, births, cataracts and cancer.

Since your medical aid benefits do not necessarily cover all of your costs if you are admitted to hospital, gap cover will pay hospital costs that your medical aid's prescribed minimum benefits do not pay.

Gap cover will pay for physiotherapy treatments that you need and undergo while you are still in hospital. Gap cover will also pay certain expenses once you have been discharged from hospital.

In the following instances gap cover is particularly useful: When a team of specialists are all involved in an operation on you, for example an anaesthetist, a general surgeon, an orthopedic surgeon and a reconstructive surgeon; if you intend to use the services of a medical specialist that is not included in the network of your medical aid; for visits to the casualty department of a hospital that result in your not being admitted to the hospital, and for excess payments after you have undergone MRI (magnetic resonance imaging) and CT scans that are usually very expensive.

Gap cover covers the portion of certain specified claims against your medical aid that the medical aid benefits do not pay in full.

Gap cover has become necessary because medical aid benefits have not kept pace with the prices that medical service providers and medical specialists and hospitals charge for their services.

Because medical aids do not adjust the portion that their benefits pay of the costs of a medical service provider by more than the annual inflation rate, the portion that the patient needs to pay will keep increasing even though the patient is a member of a medical aid. Thus the patient will have to pay the full costs of the service that the medical service provider provided out of their own pocket or take out a gap cover product.

Gap cover insurance policies are regulated by the Act on Short Term Insurance.

The Financial Services Council oversees gap cover insurance products.

You need to be a member of a medical aid to qualify for gap cover.

Gap cover does not cover expenses linked to obesity, alcohol or drug use, stress, dental implants, laser eye surgery, infertility treatments, bariatric or weight loss surgery, depression and anxiety, dementia and cosmetic surgery (unless the cosmetic surgery is linked to a previous oncological treatment or to correct facial injuries after a motor vehicle accident), suicide attempts and participation in a

dangerous sport like skiing, mountaineering/mountain climbing and diving. Nor does it cover medicine dispensed by or consultations with your GP. Only very few gap cover products cover dental care and if they do, an additional charge is levied. Unless you have it specified in your policy document gap cover will not pay for injuries sustained and medical procedures that the policy holder underwent if they are overseas for work.

Regardless of how good your medical aid is, you need to make provision for unforeseen medical expenses. Do not underestimate how much an operation or the diagnosis and treatment of a serious illness will cost you.