1. HELPFUL DEFINITIONS

Accidental Harm:	Bodily injury caused by sudden violent, unintentional, external and physical means.
Basic Dentistry:	Is defined as the following dental Treatment: cleaning, extractions (including wisdom teeth), fillings, inlays, bonding, root canal Treatment, and Treatment for pain and abscess.
Balance Billing:	A practice where a Medical Practitioner or other medical service provider charges a separately identifiable fee that is over and above the Tariff fee (or set of such fees) that relates to a Medical Procedure (or procedures), and is billed together on one statement or invoice and is not considered as a refundable Benefit by a Medical Scheme.
Deductible or Co-payment:	A defined, fixed amount specified in rands by the Insured's Medical Scheme that is subtracted from the Insured's Medical Scheme Benefit entitlement when undergoing defined Medical Procedures or Covered Events. For the purposes of this definition it explicitly excludes any Deductible or Co-payment that is specified by the Insured's Medical Scheme as a percentage of costs and not a specified rand amount (this does not apply to the 20% Oncology co-payment).
Designated Service Provider or DSP:	A medical service provider designated by a Medical Scheme as one of their preferred suppliers.
Eligible Child:	A child, including a legally adopted child, or stepchild of an Eligible Member who is an eligible dependant on the Eligible Member's Medical Scheme. In the event that the child reaches the age of 26 years the child will no longer be an Eligible Child and will therefore no longer be covered under this Policy. On the attainment by the Eligible Child of 26 years, the Eligible Child may take up a new Policy in their own capacity, within thirty (30) days of them reaching the aforementioned age, without any additional waiting periods or exclusions being applied. The above age limitation will not be applicable to a Special Needs Child, as defined in this policy, who remains a beneficiary of the Eligible Member's Medical Scheme.
Eligible Special Dependant:	A dependant who is neither the Eligible Spouse nor an Eligible Child of the Eligible Member but who is an eligible dependant on the Eligible Member's Medical Scheme and has been explicitly accepted by iWYZE for such cover under this policy. In the event that no such explicit acceptance is provided by iWYZE, such special dependants are not covered even though they are dependants of the Eligible Member's Medical Scheme.
Eligible Spouse:	The partner of the Eligible Member with whom a spousal union exists, whether by virtue of South African law or religious tenet, and who is an eligible spouse dependant on the Eligible Member's Medical Scheme. Where a person shares a home with an Eligible Member in a spousal union and has done so for at least six months, the person shall be regarded as an Eligible Spouse in terms of this policy document. Should an Eligible Member have more than one spouse who could qualify as an Eligible Spouse then that Eligible Member must make an irrevocable nomination of one (1) spouse as the Eligible Spouse. On the death of the Eligible Member the nominated Eligible Spouse may transfer the Policy of cover into their own capacity within sixty (60) days of the death of the Eligible Member without any additional waiting periods or exclusions being applied.

Family:	Collectively the Eligible Member, his Eligible Spouse, Eligible Children and/or Eligible Special Dependants as defined in this policy document.
General Waiting Period:	A period in which a policyholder is not entitled to claim any policy benefits, except for benefits directly arising from Trauma, as defined herein.
Condition-Specific Waiting Period:	A period in which a policyholder is not entitled to claim policy benefits in respect of a condition for which medical advice, diagnosis, care or treatment was recommended or received within a period of 12 months preceding the day on which cover commenced.
Hospital:	Any institution in the territory of the republic of South Africa which, in the opinion of iWYZE Gap Cover, meets all of the following criteria: • provides diagnostic and therapeutic facilities for surgical and medical diagnosis, Treatment and care of sick or injured persons by or under the supervision of medical practitioners; • provides 24 (twenty four) hour nursing services to sick or injured persons within the aforementioned facilities; • is not a day clinic or unattached operating theatre; • is not an institution that primarily cares for persons who are mentally retarded, blind, deaf, mute or in any other way physically handicapped; • is not a convalescent home or home for the elderly; • is not a place of rest or recuperation; • is not an institution that primarily treats people for drug addiction, alcoholism, eating disorders or any other form of addictive behaviour; • is not a health hydro or alternative therapy clinic or other similar establishment; • is not a step-down facility; and • is not an institution that primarily treats people for mental health disorders.
Hospital Episode:	The period of time between admission to hospital for an Insured until the time of discharge from hospital of the same Insured person for the same Covered Event.
Hospital Network:	A list of hospitals specified by the Insured Member's Medical Scheme, as the Designated Service Provider of one or more benefit options of the Medical Scheme.
Illness:	Any somatic disease or sickness which manifests in an Insured but is not a disease or sickness which is of such a nature as to be incapable of diagnosis by objective evidence or which even though capable of diagnosis by such evidence has not been diagnosed as such.
Medical Practitioner:	A qualified Medical Practitioner, who is registered with the Health Professions Council of South Africa and is authorised to practice in the Republic of South Africa.
Medical Procedure:	Any procedure defined under the National Health Reference Price List (NHRPL). It includes follow ups after the procedure by the Medical Practitioner that performed the procedure, while you are still admitted in hospital. In the event that any procedure or operation is not listed, iWYZE will calculate, at their sole discretion, an appropriate Benefit to be paid to the Eligible Member.
Multiple:	The percentage cover of the Tariff of the Benefit option of the Eligible Member's Medical Scheme, which may differ for different Benefit categories of that Benefit option, and which constitutes a key component of the Benefit calculation as defined in the Benefit Schedule.
National Health Reference Price List or NHRPL:	The Benefit Tariff set annually by the Department of Health as a guideline for charges by medical service providers or any replacement of the NHRPL affected by a change in law or statute or the generally accepted industry equivalent thereof.
Penalty:	Any co-payment, deductible, exclusion or reduction, applied against the benefits of an Insured's Medical Scheme, that would otherwise not have been applied had the authorisation rules of that Medical Scheme been adhered to or the benefits had been attained from the Designated Service Provider or Hospital Network of that Medical Scheme Benefit option.

Permanent Disability:	Any accidental harm or physical illness that renders a person permanently unable to work in their own or other occupation for which they are suited by training, education or experience.
Policy Exclusion:	The list of services, conditions or events in the Policy which are excluded at all times from cover.
Premature Birth:	The natural or surgically assisted birth of one or more infants by an Insured that occurs more than 41 days before the originally expected natural birth date. For the purpose of this clause, the originally expected natural birth date is accepted as being 40 weeks from date of conception and will be verified by the clinical records of the mother's attending physician.
Special Needs Child:	Any child, including a legally adopted child or stepchild, of the Insured who, by virtue of either a physical or mental disability, is unable to financially support themselves and remains reliant on the Insured for support and care.
Tariff:	Either the NHRPL Tariff or a specific Tariff registered by a Medical Scheme to determine the rate at which its benefits are payable.
Trauma:	Accidental Harm to an Insured Person that gives rise directly to an Insured Event.
Treatment:	Any form of diagnosis, Treatment or care provided by a Medical Practitioner during a Covered Event for the purpose of treating or monitoring the medical condition of an Insured Person.

2. iWYZE GAP COVER INCLUDES

COVERED EVENTS

2.1 iWYZE compensates for the undernoted Covered Events:

a) Accidental Harm, Illness or other health incident that causes an Insured to be admitted to a Hospital and to undergo Treatment or Medical Procedures during the Hospital Episode;

b) oncology treatment including chemotherapy, radiotherapy or other drug regimen, approved by an Insured's Medical Scheme, that is administered to an Insured for the purposes of treating a tumour, growth or other body tissue that has cancer (malignant neoplasm);

c) an Insured receives a kidney dialysis for the Treatment of acute or chronic renal failure; and/or

d) accidental harm that directly causes an Insured to receive emergency medical Treatment at the outpatient casualty or Trauma ward of a Hospital.

3. CORE BENEFITS

3.1 The Core Benefits are deemed as separate events and may qualify for coinciding yet distinct benefits, as the case may be.

3.2 The headings below are for reference purposes only and will not form part of any Benefit definition.

IN-HOSPITAL BENEFITS

TARIFF SHORTFALLS

3.3 Benefits relating to this clause will only be compensated in respect of services occurring during a Hospital Episode that are rendered and charged for by an individual Medical Practitioner.

3.4 The benefit payable is equal to "A" minus "B" where;

a) "A" is equal to the actual cost for Treatment of an Insured, limited to a maximum of 5 (five) times the Tariff plus the Benefit, and

b) "B" is equal to the greater of;

- the Tariff multiplied by the Multiple; and
- the actual Benefit compensated by the Medical Scheme.

CO-PAYMENTS & DEDUCTIBLES

3.5 Benefits relating to this clause will only be compensated in respect of the defined diagnostic procedures listed in Table 1 and which occur during a Covered Event.

3.6 The Benefit payable is equal to the fixed value Deductible or Co-Payment amount, as defined in the rules of the Insured member's Medical Scheme, and relating to the defined diagnostic procedure listed in Table 1.

Table 1 - Defined Diagnostic Procedure

- Cystourethroscopy, colonoscopy, proctoscopy, sigmoidoscopy, gastroscopy, cystoscopy or hysteroscopy.
- CT scan, MRI Scan or PET scan.

3.7 Benefits relating to this clause will only be compensated in respect of the defined Medical Procedures listed in Table 2 and which occur during a Hospital Episode.

3.8 The Benefit payable is equal to the fixed value Deductible or Co-Payment amount, as defined in the rules of the Insured Member's Medical Scheme, and relating to the defined Medical Procedure listed in Table 2.

Table 2 - Defined Medical Procedures

- Conservative back and neck Treatment, myringotomy, tonsillectomy, adenoidectomy, face joint injections, arthroscopy, functional nasal procedures, non-malignant hysterectomy, laparoscopy, endometrial ablation, hernia repair, varicose vein surgery, percutaneous radio frequency ablations, rhizotomies, confinement, circumcision, hymenectomy, Nissen fundoplication, spinal fusion or major joint replacement.

SHORTFALLS FROM SUB-LIMITS

3.9 Benefits relating to this clause will only be compensated in respect of a service, provided during a Hospital Episode, where the charges relating to the service supplied has exceeded a relevant Benefit sub-limit of the member's Medical Scheme Benefit option.

3.10 The Benefit payable is equal to the charged amount less the amount compensated by the Eligible Member's Medical Scheme subject to a maximum of R44 000 (forty four thousand rand) per event or medical condition.

PENALTY CO-PAYMENT

3.11 iWYZE pays a fixed value Penalty co-payment or deductible, as defined in this policy, for the voluntary use by an Insured Person of a Hospital that is not part of a Hospital Network, as defined in the policy.

3.12 This is subject to a maximum of 1 (one) such event per Family per annum and a maximum Compensation limit of R12 800 (twelve thousand eight hundred rand) for that event.

3.13 Any other liability arising against an Insured from a Penalty, as defined, that is not a fixed value Penalty co-payment defined in the rules of the Eligible Member's Medical Scheme, remains an exclusion.

IN- AND OUT-OF-HOSPITAL ONCOLOGY BENEFITS

ONCOLOGY TARIFF SHORTFALLS

3.14 Benefits relating to this clause will only be compensated in respect of Oncology and related Treatment, that has been approved by the Insured's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during a Covered Event.

3.15 The benefit compensated is equal to "A" minus "B", where:

a) "A" is equal to the actual cost for Treatment of an insured, limited to a maximum of 5 (five) times the tariff plus the Benefit,

b) and "B" is equal to the greater of:

- the Tariff multiplied by the Multiple; and
- the actual Benefit compensated by the Medical Scheme.

ONCOLOGY CO-PAYMENTS

3.16 Benefits relating to this clause will only be compensated in respect of Oncology and related Treatment, that has been approved by the Insured's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during a Covered Event.

3.17 The Benefit payable is equal to the Co-Payment applied once related costs have exceeded the specific threshold defined by the Medical Scheme.

3.18 This is subject to a maximum Co-Payment of 20%, subject to the overall maximum Compensation limit.

ONCOLOGY SUB-LIMITS

3.19 Benefits relating to this clause will only be compensated in respect of Oncology and related treatment, that has been approved by the Insured's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during a Covered Event.

3.20 Benefits relating to this clause will only be compensated in respect of services, where the charges relating to the services supplied, have exceeded the Benefit sub-limit that applies to Oncology treatment of the member's Medical Scheme Benefit option.

3.21 The benefits payable is equal to the charged amount, less the amount compensated by the Eligible Member's Medical Scheme, subject to the overall maximum Compensation limit per Family member per annum.

OUT-OF-HOSPITAL BENEFITS

TARIFF SHORTFALLS

3.22 Benefits relating to this clause will only be compensated in respect of the defined out-patient procedures or treatment listed in Table 3 to that rendered and charged for by an individual Medical Practitioner.

3.23 The Benefit payable is equal to "A" minus "B" where:

a) "A" is equal to the actual cost of treatment of an Insured, limited to a maximum of 5 (five) times the Tariff plus the Benefit, and

b) "B" is equal to the greater of:

- the Tariff multiplied by the Multiple, and
- the actual Benefit compensated by the Medical Scheme.

Table 3 - Defined Out-Patient Procedures/Treatment

- Cystourethroscopy, colonoscopy, proctoscopy, sigmoidoscopy, gastroscopy, cystoscopy or hysteroscopy.
- Surgical extraction of wisdom teeth.
- Home births.
- Dialysis Treatment.

ACCIDENTAL CASUALTY

3.24 Benefits relating to this clause will only be compensated in respect of emergency out-patient services that are a direct result of Accidental Harm and are provided within a casualty ward of a Hospital.

3.25 The Benefit payable is equal to the actual cost of the services, less any amount compensated by the member's Medical Scheme from risk pool benefits, subject to a maximum Compensation limit of R12 800 (twelve thousand eight hundred rand) per event.

3.26 No benefit is payable under this clause for services that are related to an Illness or that are not delivered within a casualty ward of a Hospital as defined.

4. BENEFIT EXTENDER

FAMILY BOOSTER

4.1 A lump sum Benefit of R12 000 (twelve thousand rand) is compensated when a Premature Birth, as defined, occurs.

DENTAL RECONSTRUCTION BENEFIT

4.2 Benefits relating to this clause will only be compensated in the event of dental reconstruction surgery being required as a direct result of Accidental Harm or from Oncology Treatment that occurred after the start date of this policy.

4.3 The Benefit payable is equal to the charged amount less the amount compensated by the Eligible Member's Medical Scheme, subject to a maximum Compensation limit of R40 000 (forty thousand rand) per event or medical condition.

MEDICAL SCHEME CONTRIBUTION WAIVER

4.4 The following lump sum Benefit is compensated upon the death or Permanent Disability of the Principal Member of the Medical Scheme only:

a) The Benefit compensated is equal to the monthly Medical Scheme contribution applicable after the qualifying event above, multiplied by 6 (six) and subject to a maximum Compensation limit of R26 400 (twenty-six thousand four hundred rand) over the Policy lifetime.

5. COMPENSATION

5.1 The maximum Compensation limit payable for all Core Benefits including the Benefit Extender, will be limited to R150 000 (One hundred and fifty thousand rand) per Family member per annum.

6. iWYZE GAP COVER EXCLUDES

6.1 iWYZE Gap Cover does not compensate for any of the following:

6.1.1 Any claim that is excluded or rejected by the Eligible Member's Medical Scheme.

6.1.2 Any claim that does form part of the registered benefits of the Eligible Member's Medical Scheme but has been compensated on an ex-gratia basis.

6.1.3 External prosthesis.

6.1.4 Any appliances including, but not limited to, wheelchairs, beds or convalescing equipment.

6.1.5 All dental procedures including, but not limited to, crowns, bridges, dental implant related procedures, orthographic surgery, temporomandibular joint ("TMJ") surgery, labial frenectomy, bone augmentations, bone or tissue regeneration. This exclude Basic Dentistry as defined.

6.1.6 Harvesting and/or preserving of human tissues, including but not limited to stem cell regeneration.

6.1.7 Abortion, attempted abortion or any complications related thereto unless treatment is, in the sole opinion of iWYZE, of a non-elective nature.

6.1.8 Breast augmentation.

6.1.9 Gastroplasty, lipectomy or otoplasty.

6.1.10 Any Treatment or Medical Procedure related to obesity.

6.1.11 Cosmetic surgery except in the case where reconstructive cosmetic surgery is necessitated, in the sole opinion of iWYZE, as a direct result of Trauma or other essential non-elective Treatment of Medical Procedure.

6.1.12 Gender reversal procedures.

6.1.13 Therapeutic massage therapists.

6.1.14 Rehabilitation, frail care or hospice services.

6.1.15 Step-down facilities.

6.1.16 To-take-out (TTO) medicines.

6.1.17 Any expenses incurred as a result of an injury in a motor vehicle accident that are subsequently recoverable by the relevant Insured Person from the Road Accident Fund.

6.1.18 Any expenses incurred as a result of an injury on duty that are subsequently recoverable by the relevant Insured Person from the Workmans' Compensation Fund.

6.1.19 Any Co-payment or Deductible applied by the Eligible Member's Medical Scheme against the benefits to be received or compensated out from the Medical Scheme, unless specifically included by this policy.

6.1.20 Any Penalty, as defined in this Policy Document, applied by the Eligible Member's Medical Scheme, unless specifically included by this policy.

6.1.21 Any fee charged by a Medical Practitioner, Hospital or other medical service provider that constitutes Split Billing as described in this policy. This exclusion does not apply to Balance Billing, also defined in this policy.

6.1.22 Any criminal act or attempted criminal act by an Insured which will include the submission of any fraudulent information or the use of any fraudulent means to obtain any Benefit under this Policy;

6.1.23 Any Treatment or Medical Procedure for infertility.

6.1.24 Expenses incurred for transport charges or for services rendered whilst being transported in any vehicle, vessel or craft whether or not such vehicle, vessel or craft is specifically designed for the purposes of medical emergency transport.

6.1.25 Any act by an Insured that wilfully exposed the Insured to danger (except where such act was necessitated in order to save human life).

6.1.26 Any Treatment or Medical Procedure that, in the sole opinion of iWYZE, is of such a nature that it is not considered to be medically necessary, or where alternative conservative Treatment would provide a similar outcome, or is of such a nature that there is no likely improvement in the medical condition of the Insured patient.

6.1.27 Any procedure or examination where there is no objective indication of impairment in normal health.

6.1.28 The consumption of any drug or narcotic, whether legal or illegal, unless legally described by and taken in accordance with the instructions of a Medical Practitioner.

6.1.29 The failure of an Insured Person to follow any medical advice given by a Medical Practitioner.

6.1.30 Any incident, illness, Accidental harm or event directly or indirectly caused by the continuous and excessive consumption of alcohol or where the insured suffers from alcoholism.

6.1.31 Any incident, illness, Accidental harm or event directly or indirectly attributable to the member having a blood alcohol contents exceeding the statutory limit.

6.1.32 Any additional costs incurred as a result of confinement in a private Hospital ward (except where medically necessary).

6.1.33 Any Treatment or Medical Procedure unless such Treatment occurred during the period of a Covered Event.

6.2 Participation or attempted participation by an Insured Person in any of the following:

a) defence force, police force, medical rescue service, firefighting service, correctional service facility or the disarming of explosives;

b) aviation activities where any medical expense incurred in relation to such activities are insured by any other party (excludes fare-paying passengers in a licensed passenger carrying aircraft);

c) hazardous sport such as all forms of motorised/jet racing or motorised/jet aerobatics, whether by land, sea or air; mountaineering, trekking or hiking above an altitude of 4 000 (four thousand) metres; and hunting shooting or deploying firearms in any manner other than for self-defense purposes. These sports are excluded regardless of whether these activities are performed privately, socially, during practice sessions, while participating in organised events or as an amateur or a professional; and

d) form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft).

6.3 Your attempted suicide, intentional self-injury or reckless exposure to danger.

6.4 iWYZE reserves the right to amend the above policy exclusions from time to time.

7. SPECIAL CONDITIONS

AGE OF INSURED PERSONS

7.1 To be accepted for cover, you must be older than 18 years unless you are registered as the Principal Member or a member on a Medical Scheme.

7.2 If you cancel your policy with us or your policy lapses after the age of 60, you will not be able to reinstate your cover with us.

WAITING PERIODS

7.3 iWYZE will apply Waiting Periods to the cover of an Insured as outlined below:

a) During the first 3 (three) months of membership, a General Waiting Period, as defined herein, shall apply.

b) During the first 12 (twelve) months of membership, a Condition-Specific Waiting Period, as defined herein, shall apply.

7.4 Waiting periods shall be applied to the cover of the relevant Insured Person, from the time that such Insured Person's cover commences under this policy.

7.5 In the event that an Insured Person under this policy previously had a gap policy, the period of the Condition-Specific Waiting Period above shall be reduced by the expired portion of the Condition-Specific Waiting Period served under such previous policy.

7.6 In the event that there is no unexpired portion of the Condition-Specific Waiting Period of such previous policy, the Condition-Specific Waiting Period of this policy will be waived. Such waiver only applies if the break in cover between the two policies is 90 (ninety) days or less.

7.7 iWYZE reserves the right to waive the General and Condition-Specific Waiting Period for the Eligible Member based upon pre-determined criteria. Any such waiver applied will be indicated on the policy schedule of the Eligible Member.

MEDICAL EXAMINATION

7.8 Payment of any Benefit is conditional on the Insured supplying such medical evidence as is required for iWYZE to adequately assess the validity of the claims or for an Insured to undergo any medical examination if requested and compensated for by iWYZE.

IMPORTANT

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

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