

# Cinagi



Underwritten by



## 2021

**Gap Cover**  
Medical Expense Shortfall Solutions for  
Corporates and Private Individuals



Although you and your family have medical scheme cover, unexpected medical costs can arise when your medical scheme only refunds you a portion of what your doctors have charged you for treatment.

Cinagi Gap Cover is the industry leading solution giving you comprehensive financial protection against these unforeseen medical costs.

## Features of Cinagi Gap Cover

### ◆ In-Hospital Cover

Comprehensive protection against shortfalls in your medical scheme cover - 500% tariff cover for medical specialists and surgeons

### ◆ Oncology Cover

Our oncology cover offers you the most comprehensive industry-leading protection against oncology co-payments and tariff shortfalls

### ◆ Casualty Cover

Provides cover for emergency treatment at a casualty facility for accidents plus an additional rehabilitation benefit for sports injuries

### ◆ Upfront Payments

Full cover for upfront payments or deductibles on diagnostic and surgical procedures

### ◆ Affordable Premiums

Starting from just R140 per month, Cinagi Gap Cover gives you industry leading cover at highly competitive premiums

### ◆ Medical Second Opinion

When serious illness strikes you have access to a second opinion from the world's leading medical minds to make sure you have the right diagnosis and treatment plan

### ◆ Travel Cover

We will cover the excess payable on your travel insurance policy for claims on medical emergencies whilst travelling internationally

**Cinagi**  
has gone  
green

We are committed to doing our bit for a more sustainable future, so we have implemented paperless online processes to apply for cover or to submit a claim - and our offices are now also powered by energy from the sun

This gives you market leading cover that is kinder to our planet

This policy 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

This brochure is a summary of Cinagi Gap Cover – please read the policy document for full details or visit [www.cinagi.co.za](http://www.cinagi.co.za) for more information

# Your Cover - A Quick Summary

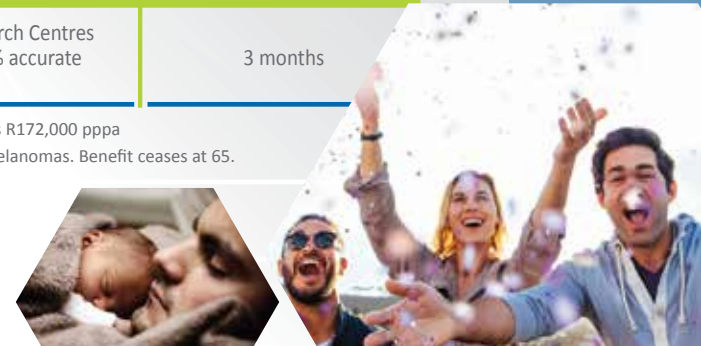
	BENEFIT CATEGORY	BENEFIT DESCRIPTION	BENEFIT LIMITATIONS <sup>Ω</sup>	WAITING PERIODS
Gap Cover	Tariff Shortfalls	500% enhancement of your medical scheme tariff for in-hospital or oncology treatment *	Unlimited	3-Month General and 12-Month Condition Specific
	Oncology	We cover the 20% co-payment after reaching the oncology threshold on your medical scheme †	Unlimited	
	Upfront Payments	We cover an upfront payment that is a fixed rand value and applied to endoscopes, scans, in-patient basic dentistry and other defined approved procedures by your medical scheme	Unlimited	See Terms & Conditions for more details
		We cover a fixed value upfront payment for use of a non-network hospital or day clinic	Up to R10,000 (max 1 claim pa)	
	Limit Plus	We provide extra cover when benefit limits apply on internal prosthetic devices	Up to R38,000 per procedure	
Extender Cover	Casualty Cover ----- Sports Cover	Cover for emergency treatment at a casualty facility resulting from an accident  If the accident was a sports injury, we will also cover shortfalls on rehabilitation consultations	Up to R12,500 per event Up to R420 per consult (max 6)	None
	Travel Cover	Cover for the excess on your international travel insurance for approved medical emergencies	R2,100 per event	3 months
	Cancer Diagnosis	For a first-lifetime cancer diagnosis first made after the waiting period ‡	R29,000 Once-Off Benefit	3 months
	Hospital Cover	For an accident or a premature birth (42 days or earlier), where the admission is 3 days or longer. Tier 1 pays from day 1 - 7 and Tier 2 pays from day 8 – 28	Tier 1 = R105 per day Tier 2 = R1,050 per day	Prem Birth - 12 months Accident - None
	Accident Cover	Lump sum payable in the event of death or permanent disability caused by an accident	R25,000 - Adults / R12,500 - Children	None
	Waiver Cover	In the event of accidental death or permanent disability of the principal member of the medical scheme, we will cover the cost of your medical scheme and gap cover for up to 6 months	Up to R5,200 pm – medical scheme Full premium on gap policy	None
	SERVICE CATEGORY	DESCRIPTION		
	Medical Second Opinion	If you are diagnosed with a serious illness, Mediguide International's global panel of World Leading Medical Research Centres gives you access to the world's top medical minds for a diagnosis review. This ensures that your diagnosis is 100% accurate and your treatment plan is optimally structured for you to achieve the best possible health outcome		3 months

\* - Covers individual practitioners only. Excludes charges from institutional providers | Ω The overall statutory limit for Gap Cover Benefits is R172,000 pppa

† Excludes all other types of oncology related co-payments | ‡ Only applies to a cancer diagnosis of stage 2 or higher. All skin cancers are excluded except melanomas. Benefit ceases at 65.

**PREMIUM FREEZE**

We are freezing our 2020 premiums until 30 April 2021



# Your Cover Explained

## Gap Cover Benefits

### Specialist Cover

If you are admitted to hospital or receive care for approved oncology treatment, your medical scheme may only refund you a portion of what your specialists and surgeons charge for their services. When this happens, we will provide cover of 500% of the medical scheme tariff to pay for these shortfalls

### Oncology Cover

Once you have reached the oncology threshold set by your medical scheme, we will cover the 20% oncology co-payment that your scheme applies on further treatment. You are covered for co-payments on traditional chemotherapy treatments or modern biological drugs that have been approved by your medical scheme

### Upfront Payments

If your medical scheme has fixed-value upfront payments on scans, in-hospital endoscopes, in-hospital basic dentistry or defined approved surgical procedures, we will cover these in full. We also provide you with cover for one fixed-value upfront payment per annum up to R10,000 should you voluntarily make use of a non-network hospital or day-clinic

### Limit Plus

Should your medical scheme impose a rand limit on internal prosthetic devices (eg joint replacements), we will provide additional cover of up to R38,000 per procedure

## Extender Cover

### Casualty Cover

Following an accidental injury, we will cover you for x-rays, blood tests, medicines and fees of attending doctors at a casualty facility up to R12,500 per event

### Sports Cover

If your treatment at a casualty facility was the result of a sports accident, we will also cover shortfalls on follow-up rehabilitation consultations for physiotherapy or chiropractic treatment up to a maximum of R420 per consultation (Max of 6 consults within 6 weeks of the initial incident)

### Travel Cover

Covers the excess payable on your international travel insurance for medical emergencies while travelling outside the country

### Cancer Diagnosis

If you are diagnosed with cancer (stage 2+) for the first time after joining, we will pay you a once-off lump sum of R29,000

### Hospital Cover

If you are admitted to hospital for 3 days or more after an accident or for a birth that is premature by 42 days or more, you get R105 per day from days 1 to 7 and R1,050 per day from days 8 to 28

### Accident Cover

For death or permanent disability of an insured a lump sum of R25,000 (insured >21 yrs) or R12,500 (insured <21 yrs) is payable

### Waiver Protector

Pays your medical scheme (max R5,200pm) and gap cover for 6 months on accidental death/permanent disability of main member



## Your Medical Second Opinion Explained

Medical Second Opinion (MSO) is an international service offering from our business partner, Mediguide USA, that provides a potentially life-altering service by supporting you in making the most informed decisions possible about your diagnosis and treatment options for serious illnesses.

Diagnostic errors on serious illnesses occur more frequently than is readily acknowledged. This is not unique to SA but an international phenomenon, recognised through several new scientific studies.

MSO ensures that diagnostic mistakes are minimised, offering the best possible health outcome for you and your family when major ailments occur.

Mediguide was established in 1997 and their global network of World Leading Medical Research Centres (WLMRC) ensures that you can access the world's leading medical minds for a second opinion review when you are faced with a serious medical condition.

This potentially life-altering service is automatically available to all Cinagi members. The qualifying criteria to activate a review are as follows:

- ◆ Availability of a local and recent diagnosis
- ◆ Your policy started at least 3-months prior to the initial diagnosis
- ◆ The condition is not acute, requiring immediate treatment
- ◆ An in-person evaluation is not required (eg mental condition)

Your medical tests and reports are reviewed by a multi-disciplinary team of top international specialists at the WLMRC of your choice, ensuring an accurate diagnosis and the optimal treatment plan. Once you have received your comprehensive written review from the WLMRC, you can discuss this in-depth report with your local physician and decide on the best treatment options available to you.

Mediguide serves millions of lives in more than 50 countries worldwide and is recognised internationally as the world leader in their field. For more information please visit [www.mediguide.com](http://www.mediguide.com). If you are a Cinagi member and wish to activate a MSO, please contact us on [www.cinagi.co.za/contact/](http://www.cinagi.co.za/contact/).



# PREMIUM FREEZE

We are freezing our 2020 premiums until 30 April 2021

## Your Monthly Premiums Explained

Cinagi premiums are structured on the entry age of the oldest person joining the policy as well as the family size.

Our integrated Cover Pay Level (CPL) structure also recognises if you are on a richer medical scheme benefit option. If your benefit option covers medical specialists for in-hospital treatment at 200% or more of scheme tariff, then the CPL-200 policy will apply to your cover. If the in-hospital medical specialist cover is at 100% of scheme tariff, then the CPL-100 policy will apply.

Private Individuals				
Cover Pay Level (CPL)	Entry Age Category	Monthly Premiums		
		Principal	Adult	Child
CPL-200 If your in-hospital medical scheme cover is 200% +	< 30	R140	R90	
	30 – 39	R150	R100	
	40 – 49	R160	R110	R40
	50 – 64	R190	R140	
	65 +	R300	R210	
CPL-100 If your in-hospital medical scheme cover is 100%	< 30	R190	R130	
	30 – 39	R200	R140	
	40 – 49	R210	R150	R60
	50 – 64	R280	R200	
	65 +	R420	R300	

### Important Notes

- The Cover Pay Level (CPL) is the percentage of the medical scheme tariff level at which your benefit option covers in-hospital medical specialists
- Your premium and benefit calculations depend on the CPL
- Only your spouse and/or children are eligible as dependents on this policy and you must all be covered under the same medical scheme membership
- You or your spouse can be the principal member on your Cinagi policy
- A spouse dependent will be charged adult premiums
- Child dependents will be charged child premiums until they turn 24 and a maximum of two children will be charged

- From 24 years all children are charged adult premiums
- The Entry Age Category is determined by the oldest person covered under your policy
- Premiums include VAT, broker commission and administration fees
- Premiums are adjusted on 1 January of each year in line with medical inflation
- Premiums are deducted in advance by debit order on the 1st working day of each month
- Corporate group schemes are underwritten on a group basis – premiums are available on request

# Our Terms & Conditions Explained

## Monthly Premiums

- If you change medical schemes or upgrade/downgrade your benefit option, you must notify us immediately to ensure that you are on the correct Cover Pay Level. Your premium may change depending on your new Cover Pay Level
- If you add beneficiaries to your medical scheme you must notify us immediately to ensure that they are registered and that the correct premiums are applied
- The Entry Age Category is based on the oldest person on your policy at the time of inception - once on cover you remain in the same category
- If you later add a dependent to your policy that is in an Entry Age Category that is higher than the current Entry Age Category, then the new Entry Age Category will apply to the policy from the date that the new dependent is added
- A maximum of two children will be charged per policy until they are 24 years old
- Adult premiums will apply to all child dependents from age 24 onwards – the higher premium will automatically apply from the month after they turn 24
- To qualify for benefits under this policy, you and your dependants must be registered on the same medical scheme membership where either you or your spouse are the principal member
- Once any dependent on your policy comes off either your or your spouse's medical scheme membership, they will no longer be covered under this policy (they have the option of applying for their own Cinagi policy at such stage)

## Waiting periods

- A 3-month general waiting period applies on all claims except for accidents
- A 12-month waiting period applies on all claims directly or indirectly related to the treatment of scopes (which include minimally invasive scopes, endoscopies, arthroscopies and hysteroscopies), endometrial ablations, hysterectomy, pregnancy and childbirth, cholecystectomy, wisdom teeth, dental treatment, cataracts, reflux surgery, tonsillectomy, grommets, adenoidectomy, nasal procedures, hernia procedures, joint replacements and spinal surgery
- If you or any of your dependants have a pre-existing medical condition when you apply for cover, or received advice, diagnosis, care or treatment within 12 months of joining, any claims relating directly or indirectly to that condition will be excluded for the first 12 months of cover
- Waiting periods apply to new dependents added to your policy after inception
- If you previously had a gap cover policy with similar benefits, with less than 90 days between the time you ended that policy and activated your policy with us, a 3-month general waiting period and/or the unexpired portion of any previous 12-month waiting period will apply
- Waiting periods for corporate groups may be waived based on eligibility criteria

## Exclusions

- Any claim excluded by your medical scheme or where the hospital admission or treatment was not approved by your medical scheme
- Any claim for which your medical scheme has limited the benefit or imposed co-payments because the scheme does not recognise the clinical efficacy or validity of the related procedure or treatment
- Any claim for specialised dentistry or elective maxillofacial surgery, eg bridges, implants, frenectomy, orthognathic surgery, etc. (This does not apply to basic in-hospital dentistry, such as wisdom teeth extractions or fillings for young children)
- Any co-payment for oncology treatment other than the 20% co-payment applied once oncology costs have reached pre-defined thresholds of your benefit option
- Any penalty co-payment, deductible or limitation applied to the medical scheme benefits for non-adherence to the medical scheme rules
- Any claim relating to weight-loss or bariatric surgery
- Any claim submitted more than 4 months after date of treatment
- Claims not recognised as medically necessary or paid as an ex-gratia / concession
- Experimental, unproven or unregistered treatments, medicines or practices
- Any claim that is incurred outside of South Africa (excl Travel Cover)
- Casualty Cover applies only to care at a casualty facility within 12 hours of an accident, and excludes appliances, materials, prosthetics, specialised radiology and any subsequent treatment after the initial visit to the casualty facility.

This policy 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.

This brochure is a summary of Cinagi Gap Cover – please read the policy document for full details or visit [www.cinagi.co.za](http://www.cinagi.co.za) for more information.

Cinagi is an authorised financial services provider (FSP 50104). Underwritten by Infiniti Insurance Ltd, a licensed non-life insurer and an authorised financial services provider (FSP 35914).



# Cinagi

Gap Cover  
Medical Expense Shortfall Solutions for  
Corporates and Private Individuals

Underwritten by



Cinagi is an authorised financial services provider (FSP 50104)  
Underwritten by Infiniti Insurance Limited a licensed non-life insurer  
and an authorised financial services provider (FSP No.35914).