



Cinagi

2025 | Gap **SELECT**
CORPORATE

UNDERWRITTEN BY

 **Bryte**

 **Infiniti**
insurance

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 **Gap**SELECT

IN-HOSPITAL COVER

Comprehensive protection against shortfalls in your medical scheme 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

Cover for upfront payments or deductibles on diagnostic and surgical procedures

OUTPATIENT BENEFITS

Additional cover for the shortfalls on GP, Dentist and Specialist consultations when your medical scheme benefit is not enough

FUNERAL COVER

In the event of the passing of any insured under this policy, a funeral benefit is paid to assist in the costs of a burial or memorial service

TRAVEL COVER

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

CLAIM OPTIMISER

Don't be out of pocket - our Claim Optimiser will guarantee upfront payments to providers, meaning no out-of-pocket costs for you



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

Your Gap Cover

A QUICK SUMMARY

BENEFIT CATEGORY	GAP COVER BENEFIT DESCRIPTION ^Ω	BENEFIT AMOUNTS AND LIMITS
		Gap ^{SELECT}
Overall annual limit (OAL) per insured person *		R210,500
Tariff Shortfalls	We cover medical specialists for treatment or surgery provided in hospital	Cover enhancement up to 600%
	We cover medical oncologists for treatment provided in or out of hospital	
	We cover medical specialists for out-patient procedures that would otherwise attract a co-payment if such procedure was performed in hospital	
	We cover out-patient medical specialist consultations [¥]	R6,000 pppa
	We cover out-patient consultations with general practitioners and dentists [¥]	
	We cover gynaecologist and/or paediatrician consultations from the 2nd trimester to 90 days post-delivery [§]	R8,000 pppa
	We cover medicines, materials & appliances on in-patient doctor accounts	R30,000 pppa
We cover dental reconstruction from an accident, trauma or cancer		
Oncology Co-Payments [#]	We cover the 20% co-payment applied after reaching the oncology threshold	100% Cover
	We cover co-payments on approved precision medicines	R17,500 per claim
	We cover co-payments applied on ex-gratia benefits for precision medicines	R17,500 per claim
Upfront Payments	We cover fixed rand value upfront payments for MRI/CT/PET scans, in-hospital endoscopes, in-hospital basic dentistry and defined medical procedures	100% Cover
	We cover other upfront payments (including robotic surgery)	R26,000 per event
	We cover upfront payments for voluntary use of a non-network hospital or clinic	R20,000 per event Max 2 pa
Limit Extender	We cover shortfalls when a sub-limit applies to internal prosthetic devices	R70,000 per event
	We cover shortfalls when a sub-limit applies to MRI/CT/PET scans, endoscopes and intra-ocular lenses	R8,200 per event

| Ω - For all Gap Cover Benefits, claims can only be paid where a shortfall exists between the medical scheme benefit and the charged amount | * - The statutory overall annual limit (OAL) for all Gap Cover Benefits is R210,500 per insured person per annum. This limit will automatically increase from 1 April 2025 in line with CPI | # - All oncology cover categories include treatment using new generation biologicals/immunotherapy (i.e. precision medicines) | pppa = per policy per annum | | ¥ - Medical scheme must pay a portion of the costs in order to qualify for a benefit - Specialists up to R950 per consultation and 2 per insured pa - GP/Dentists: up to R500 per consultation and 2 per insured pa | § - Medical scheme must pay a portion of costs in order to qualify for a benefit - Up to R700 per consultation and R2,800 per pregnancy | Unless specified otherwise, benefit categories are subject to the Overall Annual Limit of R210,500 per insured person |

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Your Extender Cover

A QUICK SUMMARY

BENEFIT CATEGORY	EXTENDER COVER BENEFIT DESCRIPTION	BENEFIT AMOUNTS AND LIMITS
		Gap ^{SELECT}
Casualty Cover	Cover for emergency treatment at a casualty facility resulting from an accident We cover emergency after hours illness treatment at a casualty facility for a child under 12 years old	R19,000 per event R3,400 per event Max 2 pppa
	If the accident was a sports injury, we will also cover shortfalls on rehabilitation consultations at a physiotherapist/biokineticist/chiropractor	R780 per consult Max 6 per event
Travelling Abroad	We cover the excess on your international travel insurance for medical emergencies	R4,000 per departure
Cancer Diagnosis	We will pay a once-off lump sum on a first lifetime diagnosis that is made after policy inception and the expiry of all waiting periods ‡	Stage 1 – R7,000 Stage 2 – R20,000 Stage 3 – R30,000 Stage 4 – R50,000
	If after diagnosis you upgrade your medical scheme benefit option at the first opportunity, we will provide a waiver for the additional medical scheme contributions *	R4,800 pm up to 12 Months
Extra Cover	For an admission resulting from an accident and where the admission is 3 days or longer Daily Lump Sum Payable: Tier 1 pays from day 1 to 7 and Tier 2 pays from day 8 to 28	Tier 1 = R180 per day Tier 2 = R1,800 per day
	We will pay a daily lump sum for a sub-acute facility for an admission of 3 days or more	R720 per day R14,400 pppa
	We pay a lump sum for a birth that is 42 days or more premature	R22,000 per event
Accident & Funeral Cover	In the event of accidental death or permanent disability caused by an accident If the event is a direct result of a proven crime, above benefit doubles †	R24,000
	Funeral cover benefit covers all causes of death (see page 6 for more details)	Up to R10,000
Waiver Cover	In the event of accidental death or permanent disability of the principal member or spouse, we will cover the medical scheme contributions and gap cover premiums for 6 months	R8,400 pm - medical aid 100% on policy
Trauma Cover	If an insured is a witness to or a victim of a violent crime, we will cover sessions with a counselling therapist	R1,000 per session Max R11,000 pppa

‡ - Skin cancer is excluded (except melanomas of stage 2 or more) and benefit ceases at age 65 | * - If no upgrade is undertaken, no benefit is payable. To qualify, the upgrade must be to the richest benefit option on the scheme or other benefit option as agreed upon by Cinagi. If the member downgrades within 12 months of upgrading, the monthly benefit ceases at the time of the downgrade. Upgrading is subject to the rules of the medical scheme | † - max 2 insured persons per event | pm = per month | pppa = per policy per annum |



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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 additional cover to pay for these shortfalls

ONCOLOGY CO-PAYMENT COVER

We cover 3 different categories of shortfalls for oncology. Across all 3 categories, we include cover for modern biological and precision drugs approved by your medical scheme:

- The 20% co-payment applied on all oncology costs
- The 25% or 50% co-payments applied on Precision Cancer Medicines
- Co-payments applied to medicines approved as an ex-gratia benefit by your medical scheme

UPFRONT PAYMENTS

If your medical scheme has fixed-value upfront payments on MRI/CT/PET 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 co-payments applied as a percentage of medical costs and where you voluntarily make use of a non-network hospital or day clinic

LIMIT EXTENDER

Should your medical scheme impose a rand limit on internal prosthetic devices (e.g. joint replacements, spinal fusions, pacemakers, etc), we will provide additional cover per procedure. Additional cover is also provided for sub-limits on MRI/CT/PET scans, endoscopes and lens implants

OUT-PATIENT CONSULTATIONS

We cover tariff shortfalls on consultations for specialists, GPs and dentists as well as with a gynaecologist or paediatrician from the 2nd trimester up to 90 days after birth

EXTENDED COVER

CASUALTY COVER

For an emergency caused by an accident, we will cover you for x-rays, blood tests, medicines and fees of attending doctors at a casualty facility

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

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 for the first time after joining and expiry of all waiting periods, we will pay you a once-off lump sum to assist with any associated non-medical costs. We will also cover the cost of the additional medical scheme contributions if you upgrade your medical scheme option

EXTRA COVER

If you are admitted to hospital for 3 days or more after an accident we will pay you a lump sum per day for up to 28 days. If you have a baby that is born 42 days or earlier than your original expected due date, we will pay you a lump sum

ACCIDENT COVER

For accidental death/permanent disability of an insured a lump sum is payable - if caused by crime the benefit doubles

WAIVER PROTECTOR

Pays your medical scheme and gap cover for 6 months on accidental death/permanent disability of main member or spouse



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Funeral Cover

EXPLAINED

Automatically included in this policy are the funeral cover benefits shown below. These benefits are provided to assist families with the cost of arranging a burial or memorial service.

The same insured lives that are covered under the gap cover component of this policy will also be insured under the funeral cover – please see your policy schedule for details.

INSURED	BENEFIT
Principal Member	R10,000
Spouse	R10,000
Children 14 – 21 years	R10,000
Children 6 – 13 years	R5,000
Children 0 – 5 (incl still born)	R2,500

Children are covered to age 21 (twenty-one) unless studying and financially dependent, then we extend the cover to age 26 (twenty-six).

THE FOLLOWING ADDITIONAL BENEFITS ARE AUTOMATICALLY INCLUDED:

GROCERY COVER - an additional 10% of the applicable funeral cover benefit is paid via EFT to assist the family with immediate living costs.

REPATRIATION SERVICE - This is a service that allows for the transport of the deceased member's body back to a funeral home closest to the place of burial in South Africa.

The transport is provided via road or air, from anywhere in South Africa, Lesotho, Swaziland, Zimbabwe, Botswana, Namibia, or Mozambique south of the -22 degree latitude line. If the insured was deceased in South Africa, their remains must be more than 150km from the place of burial in order to qualify for the repatriation service.

This service is limited to a maximum of R20,000 per claim event.

ADDITIONAL SERVICES - the funeral cover provides the following services to the family:

- If the death occurred in South Africa, the repatriation service also allows for the transportation arrangements for a single relative to accompany the mortal remains to the funeral home and overnight accommodation for the relative.
- Assistance and advice on claims procedures is provided.
- Legal support to assist with the interpretation of the Will and the management of the necessary documentation.
- Advice on matters such as obtaining a death certificate and cross-border documentation.

- Referral to a pathologist if any autopsy is required.
- Referral to a reputable funeral parlor, tombstone supplier and providers of other funeral services such as catering and transport.

How is a child defined?

A child is defined as an unmarried person who is financially dependent on the employee and is described as:

- A child born of the main member.
- A dependent stepchild of the member.
- A foster child of the member.
- A child, legally adopted by the member.
- A stillborn child, being a child that has had at least 26 weeks of intra-uterine existence but showed no sign of life after complete birth. Stillborn shall exclude the intentional termination of the life of the child.
- A grandchild, being a child of the member's children, where both the child's parents are deceased, or the child is dependent on the member.

How is a spouse defined?

A spouse is defined as the person with whom the member is joined in marriage and includes:

- A marriage or union in accordance with the Marriage Act, 1961, the Recognition of Customary Marriages Act, 1998, or the Civil Union Act, 2006, or the tenets of a religion; or
- A person living with the member in the manner of a spouse, living in a relationship of mutual dependence with the member, and running and sharing a common household with the member.
- Common-law and same sex-partners are included in the definition of spouse.
- The member must nominate their spouse in writing within three months of the inception of the policy or entering the policy as a new member after the commencement date. A member can change the spouse Benefit at any time thereafter on marriage, divorce or death, but must do so in writing within three months of the marriage, divorce or death.
- If a member has more than one spouse, then the spouse that qualifies first for a benefit is the spouse the member married first, or the spouse that the member nominated.

All funeral cover benefits cease once an insured reaches age 65. Waiting periods may apply to this cover - please see your policy schedule for details.



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All funeral cover benefits outlined above are underwritten by Bryte Life Co Ltd. For full details on all terms and conditions please [click here](#).

Member Portal

To ensure efficient, quick and user-friendly client servicing, Cinagi has developed a bespoke digital member portal for all clients. To access the portal, please [click here](#).

Through this member portal you can undertake the following administrative services:

SUBMIT A CLAIM – Claiming is a quick and simple online process. You will require the following information/documents to submit your claim:

- The relevant account from the doctor or provider
- The claims statement from the medical scheme showing how they have processed and paid for the above account – this can be downloaded from your medical scheme’s website/portal
- If your claim relates to a hospital admission, we will need the first 2-3 pages of the hospital account showing the admission/discharge dates, ICD-10 codes, patient name, etc

CLAIM OPTIMISER – if you are required to pay an upfront payment before being admitted to hospital, we have developed the Claim Optimiser, which guarantees the payment directly to the hospital. This means that you do not need to make any out-of-pocket payments and we will pay the provider directly on your behalf. Please note that this service is not available if your policy is still subject to a waiting period and you will need to contact us at least 72 hours before your admission to activate the Claim Optimiser.

UPDATE YOUR DETAILS – you can update any of your personal details here such as contact details, debit order details, your medical scheme cover and the addition/removal of policy dependents.

GET A COPY OF YOUR POLICY – you can download a copy of your policy document and/or a confirmation of your cover with us.

Visit www.cinagi.co.za/gapcover for more information

Please visit www.cinagi.co.za/contact to Access Our Digital Contact Channels



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MONTHLY PREMIUMS

- If you add beneficiaries to your medical scheme you must notify us immediately to ensure that they are registered on your policy
- You and your dependants that are registered on either your medical scheme or your spouse's medical scheme (or both where applicable) are covered under this policy
- 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
- A 12-month waiting period applies on any claims relating directly or indirectly to:
 - Any pre-existing medical condition you or any of your dependants had at the policy inception, or
 - Any advice, diagnosis, care or treatment you or any of your dependants received or was recommended to receive within the 12 month period prior to the policy inception
- Waiting periods apply to new dependants 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 or reduced based on eligibility criteria - please refer to your Policy Schedule that we issued to you when you joined to see what waiting periods apply to your cover



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GAP COVER EXCLUSIONS

- Gap Cover can only cover shortfalls on medical costs. Where a medical scheme excludes treatment, gap cover cannot provide any cover
- 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, deductible or limitation applied to the medical scheme benefits as a penalty for non-adherence to the medical scheme rules or voluntary use of a non-network provider
- 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 Accident Cover applies only to emergency treatment at a casualty facility within 12 hours of an accident, and excludes appliances, prosthetics and any subsequent treatment after the initial visit to the casualty facility.
- Shortfalls on hospital accounts, day clinics, step-down facilities or diagnostic services (pathology and radiology), other than co-payments/upfront payments shown on the benefit schedule
- Casualty Illness Child Cover applies only to emergency treatment for a child younger than 12 at a casualty facility after hours (Mon-Fri between 6pm and 8am plus any hours of a weekend or public holiday) - excludes appliances, prosthetics and any subsequent treatment after the initial visit to the casualty facility

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This brochure is a summary of Cinagi Gap Select – please read the policy document for full details or contact us at www.cinagi.co.za/contact for more information.



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Cinagi (Pty) Ltd is an authorised financial services provider (50104) and underwriting manager. Non-life policies are underwritten by Infiniti Insurance Ltd, an insurer licensed to conduct non-life insurance business and an authorised financial services provider (35914). Funeral cover is underwritten by Bryte Life Co Ltd, an insurer licensed to conduct life insurance business and an authorised financial services provider (17705).