



Although you already have medical cover, additional medical costs when a healthcare provider charges more than what your medical aid pays, can cause financial pressure on your family. You can close that gap with **BGAP Primary**.

MONTHLY CONTRIBUTIONS

34 YEARS AND YOUNGER	SINGLE	
B GAP PRIMARY	R238	
64 YEARS AND YOUNGER	SINGLE	FAMILY
B GAP PRIMARY	R311	R354
65 YEARS AND OLDER	SINGLE	
B GAP PRIMARY	R778	

Family rates apply when there are one or more dependants covered on your medical scheme. All registered dependants on your medical aid will be covered. Members over the age of 65 cannot add dependants.

A discounted group rate will apply to employer groups of 35 members and more.

BENEFITS

Description	Benefit
Overall Annual Limit R219 800 per person per year	
Shortfalls in medical practitioner costs in-hospital and certain out-of-hospital procedures	Covers the shortfall between what is charged, and the medical scheme pays up to 3 times the Scheme rate
Shortfalls in certain elective medical procedures performed out-of-hospital or in a day clinic	Up to 3 times the Scheme rate
In-hospital co-payments and deductibles	Covers co-payments on services rendered by Designated Service Providers

Individual underwriting: A 12-month condition-specific waiting period applies to any pre-existing conditions.

Group underwriting: Compulsory: No underwriting. Voluntary: Underwriting applies.

T's & Cs apply – All of the benefits offered are subject to the terms and conditions of the policy. A comprehensive description of the terms and conditions, as well as the exclusions are available upon request or in the policy document.