

# CompliMed®

...for the GAP in your medical aid



2024



***We believe Gap Cover is essential for every medical aid member in South Africa. We have seen the negative impact a medical expense shortfall can have on individuals and families, and exist to make Gap Cover as affordable, accessible and convenient as possible.***

***By achieving this, we provide our clients with peace of mind and necessary help in times of need.***

Since the early 2000's the name CompliMed® has become synonymous with Gap Cover in South Africa. Starting off as an original product provider and administrator, we distributed our range of Gap Cover products through healthcare brokers country-wide.

Although a lot may have changed since then, one thing has remained - We say what we do and do what we say without over-complicating things for ourselves or our clients. We have achieved this by creating a website with the facility for you to view products, communicate with us, apply for cover and submit your future claims online. We believe life is better when it's kept simple.

## OUR PARTNERS

Turnberry Management Risk Solutions (Pty) Ltd  
Lombard Insurance Company Limited  
Travel Insurance Consultants (TIC)  
Santam Ltd

(Underwriting Manager and Administrator)  
(Insurer of short term insurance products)  
(Product provider of travel insurance)  
(Insurer of travel insurance)

**Please note that 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.**

Disclaimer: This document is a summary for information purposes only and does not supersede the Policy terms and conditions. In the event of any discrepancy, the Policy terms and conditions will prevail.

# LEGACY SERIES

**Monthly premium: R414pm per family for under 65yrs**

**Monthly premium: R592pm per family for 65yrs +**



## In-hospital benefits

### MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 600% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

### CO-PAYMENT COVER

Subject to the Overall Annual Limit

### NON-DSP HOSPITAL PENALTY COVER

R15 500 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

### SUB-LIMIT COVER

R41 000 per admission per insured. Subject to the Overall Annual Limit

### TRAUMA RECOVERY COVER

Provides cover for when the Medical Scheme has imposed a sub-limit on a step-down facility for physical rehabilitation as a result of an accident which occurred while on the Policy. Limited to R5000 per admission per insured and R10 000 per family per annum. Subject to the Overall Annual Limit

## Out-of-hospital benefits

### CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

### CO-PAYMENTS FOR SCOPES

R5000 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

### SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R41 000 per event per insured. Subject to the Overall Annual Limit

### CASUALTY BENEFIT FOR ACCIDENTS

R16 500 per event per insured. Subject to the Overall Annual Limit

### CASUALTY BENEFIT FOR ILLNESS

R4 000 per event. Limited to 3 claims per family per annum. Subject to OAL. Treatment is restricted to between the hours of 6pm - 6am Mondays to Fridays, Saturdays, Sundays and Public Holidays

## In-hospital and out-of-hospital benefits

### TRADITIONAL CANCER COVER

Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Subject to the Overall Annual Limit.

### BIOLOGICAL CANCER DRUG COVER

Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary found on page 4 and the Overall Annual Limit.

### MRI AND CT SCAN COVER

Provides cover for MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R7000 per event and 2 claims per family per annum. Subject to the Overall Annual Limit

### TRAUMA CARE COVER

Covers the cost of trauma counseling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, a victim of a violent crime or experienced the death of an immediate family member. Limited to R2500 per consultation and R8000 per family per annum. Subject to the Overall Annual Limit

### INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R11 000 per claim. Subject to the Overall Annual Limit.

**Overall Annual Limit (OAL) is  
R198, 660 per insured per annum**



## BREAST CANCER PREVENTION COVER

Increase the Medical Aid rate up to 600% for a Prophylactic Mastectomy. Subject to clinical entry criteria and the Overall Annual Limit.

## BREAST CANCER RECONSTRUCTION COVER

Increase the Medical Aid rate up to 600% for a breast reconstruction post mastectomy due to cancer for the affected breast. Reconstruction of the unaffected breast for the purpose of symmetry, when there is no benefit on the Insured person's Medical Scheme is limited to R27 000 per insured person, per lifetime. Subject to the Overall Annual Limit.

## INVESTIGATIVE TREATMENT

Scopes for Screening purposes will be limited to 1 every 5 years, per insured person and R7 500. Subject to the Overall Annual Limit.

## Added benefits

### CANCER DIAGNOSIS BENEFIT

Once off payment for first diagnosis of Cancer based on the stage at time of diagnosis:

Stage 1	R5 000	Stage 2	R15 000
Stage 3	R25 000	Stage 4	R30 000

### MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R6 600 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme Contribution Payer

### GAP PREMIUM WAIVER

Pays the premium of your Legacy Series Policy for 12 months in the event of death or permanent and total disability as a result of an accident of the Contribution Payer

### PERSONAL ACCIDENT BENEFIT

R32 000 per insured on the Policy in the event of accidental death or permanent and total disability

### CRITICAL ILLNESS BENEFIT

R12 500 per insured on the Policy in the event of death due to a critical illness (excludes cancer)

### INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

Legacy Series is the umbrella sheltering your entire family. It offers a vast range of benefits to cater for unforeseen medical expense shortfalls and provides comprehensive cancer benefits.



## In-hospital dental cover

### MEDICAL EXPENSE SHORFALL COVER

Increases the medical aid rate up to 600% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

### CO-PAYMENT COVER

Subject to the Overall Annual Limit.

### SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R54 000 per family per annum. Subject to the Overall Annual Limit.

### SUB-LIMIT COVER

R32 500 per admission per insured for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit.

### BASIC DENTAL MEDICAL EXPENSE SHORFALL COVER FOR CHILDREN

Increases the Medical Aid rate up to 600% for basic dentistry for children up to and including 12 years old. Limited to R4 500 per family per annum. Subject to the Overall Annual Limit





# EXTENDED FAMILY COVER

The “Family” means the Principal Insured person and the eligible spouse, and eligible children, who have not attained the age of 26 years unless mentally or physically disabled and unable to earn any form of income. Any dependants falling under this definition are included at no additional cost.

If you have extended family or an additional dependant registered on your Medical Scheme and they do not qualify in terms of our definition of a “Family” as per the definition above, you may add them onto your Policy. The cost per each additional extended family member or dependant is detailed below.

Product	Ages 26 - 64 (incl) Rate per person	Ages 65 - 79 (incl) Rate per person	Ages 80+ Rate per person
Legacy Series	R151pm	R489pm	R623pm

## Easy to claim

- 1 Submit your claim online:  
[www.complimed.co.za/claims](http://www.complimed.co.za/claims)
- 2 The following documents will be required to accompany your online claim:
  - a) Medical Scheme claim statement that includes details of all health providers being claimed for.
  - b) Copy of Health provider invoices being claimed for
  - c) Copy of Hospital account
- 3 Claim will be assessed in terms of the benefits provided by the selected Policy
- 4 Should we require any further documentation, an email will be sent to you advising you of the outstanding requirements
- 5 Once a claim has been assessed, valid claims will be paid directly to the Policyholder. Valid claims are settled within 10 working days provided that all required documents are received.

Online Claim submission:  
[www.complimed.co.za/claims](http://www.complimed.co.za/claims)

**Please note, all these documents are required with every claim as each document contains relevant information required to process the claim. You have 5 months to provide written notice from the date of treatment of a pending claim. Outstanding documentation needs to be submitted within 90 days from the date, outstanding documentation is requested by Turnberry.**

# FORMULARY AND WAITING PERIODS

## Biological Cancer Drugs

The lists below provide the Biological Cancer Drugs covered under Premier.

### LIST OF DRUGS

Herceptin	Faslodex	Avastin
Mylotarg	Velcade	Erbitux
Nexavar	Tarceva	Sutent
Gleevec	Alimta	Fludara
Sprycel	Zevalin	Mabthera

## Waiting Periods

### New Business

- A 3-month general waiting period applies to all benefits (except in the event of an accident, which occurred while on the Policy). In the event the commencement date of the Policy is the same as the commencement date of the Medical Scheme, no 3-month general waiting period will apply to Medical Expense Shortfall Cover (increasing the medical aid rate up to 600%)
- A 10-month waiting period on pregnancy/childbirth
- A 12-month waiting period on investigations, treatment or surgery for:  
hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of an accident, which occurred while on the Policy), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus

## Existing Policy Transfers

Waiting period concessions will apply should your existing policy be in force for a period of 12 months and longer.







# TRAVEL ASSIST

International travel cover through TIC is offered as an added-value to all Legacy Series Policyholders upon request.

The cover ensures end-to-end emergency assistance by air, land or sea. Notification of travel must be given to Turnberry on 011 677 9891 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). You will then be issued with a travel certificate.

## Benefits and Conditions

- 90 days cover per trip
- No limit on the number of times a person travels per annum
- R5 000 000 medical expenses cover
- No excess for in-hospital cost
- Evacuation and repatriation anywhere in the world
- Compassionate emergency visit
- Medical expenses cover for specified sporting activities
- Medical assistance and advice 24 hours a day, 7 days a week
- Dental: R10 000, excess of R350
- Quarantine Expenses of R3 000 per day up to a maximum of R30 000, excess of R500
- No pre-existing conditions covered
- Excess of R350 per claim for persons 0 - 69 years of age and R1 000 excess for persons over the age of 70 years for all out-of-hospital treatment

## Top up cover

	excl. USA	incl. USA
1-14 Days	R565	R780
15-30 Days	R1 100	R1 520
31 - 60 Days	R1 615	R2 240
61 - 90 Days	R2 135	R2 965

*The above rates are per person traveling.*



*Top up cover available to Policyholders under the age of 69 years.*

Additional top up	Cover
Additional cover for medical and related expenses	R15 000 000
Daily Hospital Cash Benefit	R 7 000 (R500 per day)
Medical expenses relating to pre-existing medical conditions (in-hospital only)	R750 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
International journey postponement	R10 000 (R500 excess)
International journey cancellation	R20 000 (R500 excess)
International journey curtailment	R20 000 (R500 excess)
International journey extension	R20 000 (R500 excess)
International journey postponement	R10 000 (R500 excess)
Missed connection	R20 000 (R500 excess)
Replacement airfare	R20 000 (R500 excess)
Travel delay	R3 000 (minimum of 6hrs)
Personal liability	R2 000 000
Weather Conditions	R10 000 (R500 excess)
Denied Visa	R15 000 (R500 excess)
Hijack & Hostage	R 37 500 (R750 per day)
Legal Expenses	R10 000
Luggage	R20 000 (R350 excess)
Single item limit	R5 000
Cash and documents	R2 500
Luggage delay	R2 000 (minimum of 6hrs)
Car Rental Excess Waiver	R5 000 (R500 Excess)



# Exceptions

Turnberry shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
  2. LASIK or Lasik (laser-assisted in situ keratomileusis) surgery or any type of refractive surgery for correcting myopia, hyperopia, and astigmatism;
  3. Investigations, treatment or surgery for obesity its sequela or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an insured event otherwise insured. For the purpose of this exception cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
  4. Routine physical or any procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or X-ray examinations except in the course of a disability established by prior call or attendance of a Medical practitioner;
  5. Suicide, attempted suicide or intentional self-injury;
  6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a Medical Practitioner (other than the Insured person) or drug addiction;
  7. An event directly attributable to the Insured person having an alcohol content exceeding the legal limit or the Insured person suffering from alcoholism or any illness caused by the use of alcohol;
  8. Participation in:
    - a. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike, or the activities of locked-out workers
    - b. Aviation other than as a passenger
    - c. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
  9. Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility;
  10. No benefits are payable which should be provided by the Medical Scheme, this exception includes ward fees, theatre fees, medicines, appliances and other hospital expenses;
  11. No benefits shall be payable in the event of fraudulent submission by the claimant;
  12. No benefits shall be payable in the event the insured did not pre-authorise, make use of a Designated Service Provider (this is not applicable to the Non-DSP Hospital Penalty Cover on Premier, Optimal and Synergy) or any condition set by the Insured's Medical Scheme;
  13. No benefits shall be payable in the event there is no benefit for the treatment and/or the condition or if it is excluded and/or declined by the Insured's Medical Scheme (including split billing) or if the Medical Scheme pays less than tariff for benefits associated with costs incurred above Medical Aid rate;
  14. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or as an out-patient (as defined);
  15. The table of benefits applies in the territory of the RSA and no benefits are payable for expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft;
  16. No ward fee benefits shall be payable in respect of any additional costs incurred as a result of confinement to a private ward if such confinement to a private ward was requested by the Insured person;
  17. Treatment resulting from failure to carry out the instructions of a Medical Practitioner;
  18. Treatment for the Casualty Illness Benefit when treatment was not received between the hours of 18:00-06:00 Mondays-Fridays, Saturdays, Sundays and Public Holidays;
  19. Injuries arising from professional sport or any other recreational activity which is not commonly recognised as a sport and/or involves uncontrolled competition, unusual skill or violent activity and is generally considered to be inherently dangerous for the emergency casualty benefit (as defined in the Policy document) provided in a hospital out-patient emergency facility;
- ADDITIONAL EXCEPTIONS APPLICABLE ONLY TO LEGACY SERIES**
20. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payments and sub-limits;
  21. Co-payments and Sub-limits are covered for dentistry except for investigations, treatment or surgery related to dental implants, except in the event for reconstructive maxillofacial surgery as a result of oral cancer or an accident (which occurred/ was diagnosed while on the Policy) and will be limited to R50 000 per policy per annum. No benefit is payable while an Insured person is within a waiting period;
  22. Benefit 1 (Private Rate Cover) for dentistry is limited to impacted wisdom teeth, orthognathic surgery, and/ or reconstructive maxillofacial surgery as a result of an accident while on the Policy and oral cancer (which was diagnosed while on the Policy). No benefit is payable while an Insured person is within a waiting period;
  23. Basic Dental Medical Expense Shortfall Cover for children will only be covered for children up to (and including) 12 years of age.
  24. No benefits shall be payable for gender reassignment treatment and/or surgery or the reversal thereof.
- ADDITIONAL EXCEPTION APPLICABLE TO TRAUMA RECOVERY COVER**
25. The step down facility must be authorised and paid from the Medical Scheme's Risk Benefit (i.e. not from day to day benefits).

# CONTACT US

# CompliMed®

...for the GAP in your medical aid

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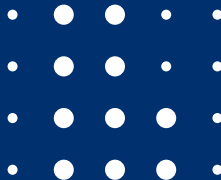
Website:

[www.complimed.co.za](http://www.complimed.co.za)

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UNDERWRITER



LOMBARD

(FSP no.1596)



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Contact CompliMed on 032 815 2969 or visit the website  
[www.complimed.co.za](http://www.complimed.co.za)

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