



2024

Gap Cover

Your journey to quality healthcare starts here.



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.

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

## Features of Bloom Gap Cover

### 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

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

### AFFORDABLE PREMIUMS

Starting at just R229 for Gap<sup>MAX</sup> and R204 for Gap<sup>CORE</sup>, you get industry leading protection at 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

### 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 <sup>Ω</sup>	Benefit Amounts and Limits	
		Gap <sup>MAX</sup>	Gap <sup>CORE</sup>
	Overall Annual Limit (OAL) for Gap Cover Benefits <sup>†</sup>	R198,660 pppa	R198,660 pppa
Tariff Shortfalls	We cover medical specialists for treatment or surgery provided in hospital	Benefit Enhancement up to 600% Subject to OAL	Benefit Enhancement up to 500% Subject to OAL
	We cover medical oncologists for treatment provided in or out of hospital		
	We cover medical specialists for out-patient procedures that would attract a co-payment if performed in hospital		
	We cover gynaecologist or GP consultations during the 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester of pregnancy	R650 per consult R2,600 per pregnancy	R425 per consult R1,700 per pregnancy
Oncology Co-Payments <sup>#</sup>	We cover the 20% co-payment applied after reaching the oncology threshold	Subject to OAL	Subject to OAL
	We cover the 25% and 50% co-payments applied to approved precision medicines	R16,500 per claim   Subject to OAL	R13,500 per claim   Subject to OAL
	If your medical scheme approves ex-gratia benefits for oncology medicines, we will provide additional cover for your portion of the costs	R16,500 per claim Subject to OAL	R13,500 per claim Subject to OAL
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	Subject to OAL	Subject to OAL
	We cover other upfront payments (including robotic surgery)	R24,000 per event	R15,000 per event
	We cover upfront payments for voluntary use of non-network hospital/day clinic	R19,000 per event   max 2 pa	R13,000 per event   max 1 pa
Limit Extender	We cover shortfalls when a sub-limit applies to internal prosthetic devices	R68,000 per event	R46,000 per event
	We cover shortfalls when a sub-limit applies to MRI/CT/PET scans, endoscopes and intra-ocular lenses	R7,500 per event	R6,200 per event

<sup>Ω</sup> - Policy benefits are only paid where a shortfall exists between the medical scheme benefit and the charged amount | <sup>†</sup> The collective statutory limit for all gap cover benefit categories is R198,660 per person per annum (pppa) - this limit will increase by CPI as from 1 April 2024 | <sup>#</sup> - Oncology Cover includes shortfalls on treatment with biological and precision medicines. Precision medicines are targeted therapies and immunotherapies based on genomic sequencing |

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# Your Extender Cover A QUICK SUMMARY

Benefit Category	Extender Cover Benefit Description	Benefit Amounts and Limits	
		Gap <sup>MAX</sup>	Gap <sup>CORE</sup>
<b>Casualty Cover</b>	Cover for emergency treatment at a casualty facility resulting from an accident	R18,000 per event   max 2 pa	R14,000 per event   max 2 pa
	If the accident was a sports injury, we will also cover shortfalls on rehabilitation consultations	R720 per consult   max 6 pe	R500 per consult   max 6 pe
<b>Travel Cover</b>	Cover for the excess on your international travel insurance for medical emergencies	R3,600 per departure	R2,600 per departure
<b>Cancer Diagnosis</b>	For a first lifetime cancer diagnosis made after inception of the policy and waiting periods <sup>†</sup>	<b>Stage 1</b> – R7,000 <b>Stage 2</b> – R20,000 <b>Stage 3</b> – R30,000 <b>Stage 4</b> – R50,000	<b>Stage 1</b> – R5,000 <b>Stage 2</b> – R15,000 <b>Stage 3</b> – R25,000 <b>Stage 4</b> – R40,000
	If after diagnosis you upgrade your medical scheme benefit option at the first upgrade opportunity, we will provide a waiver for the additional contributions <sup>‡</sup>	R4,400 pm for 12 Months	R4,400 pm for 12 Months
<b>Extra Cover</b>	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 = R170 per day Tier 2 = R1,700 per day	Tier 1 = R110 per day Tier 2 = R1,100 per day
	For a premature Birth that is 42 Days or more earlier than the expected due date	R22,000 per event	R16,000 per event
<b>Accident Cover <sup>¥</sup></b>	In the event of accidental death or permanent disability caused by an accident If the event was a direct result of a proven crime, an additional benefit is payable	R34,000 pppa R34,000 pppa	R28,000 pppa R28,000 pppa
<b>Waiver Cover</b>	In the event of accidental death or permanent disability of the principal member or spouse, we will cover the cost of the medical scheme contributions and gap cover premiums	R8,000 pm - medical aid 100% on policy	R5,800 pm - medical aid 100% on policy

<sup>†</sup> - Applies to a cancer diagnosis of stage 2 or higher – skin cancers are excluded except melanomas – benefit ceases at age 65 | <sup>‡</sup> - If no upgrade is undertaken, no benefit is payable. The upgrade must be to the richest benefit option on the scheme or other benefit option agreed to with the underwriter. 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 | <sup>¥</sup> - Limited to a maximum benefit for two insureds per event |



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# Your Cover EXPLAINED

## GAP COVER

### 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 shortfall 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 random limit on internal prosthetic devices (eg, 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

### MATERNITY COVER

We cover tariff shortfalls on consultations with a gynaecologist during the 2nd and 3rd trimester and gynaecologist or paediatrician consultations 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 any 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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# Your Medical Second OPINION EXPLAINED



Medical Second Opinion (MSO) is an international service offering from our business partner, Mediguid 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 illness occurs.

Mediguid 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 Bloom members. The qualifying criteria to activate a review are as follows:

- Availability of a local and recent diagnosis
- You have served your policy's 3 month waiting period (if applicable)
- The condition is not acute, requiring immediate treatment
- An in-person evaluation is not required (eg mental condition)

Once you have activated a MSO with us, a case manager will be assigned to you to assist in collating all your relevant medical records and then uploading these to the WLMRC you have chosen to have the MSO review done. Your results will then be reviewed and assessed by a multi-disciplinary team at the WLMRC, where after they will provide you with a comprehensive written report outlining any changes they have made to the initial diagnosis and their recommendation on the best treatment plan.

You will then be free to either discuss this with your local physician or to consult with a new physician - the choice will be up to you.

Mediguid 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.mediguid.com](http://www.mediguid.com). If you are a Bloom member and wish to activate a MSO, please contact us on [www.cinagi.co.za/contact/](http://www.cinagi.co.za/contact/)

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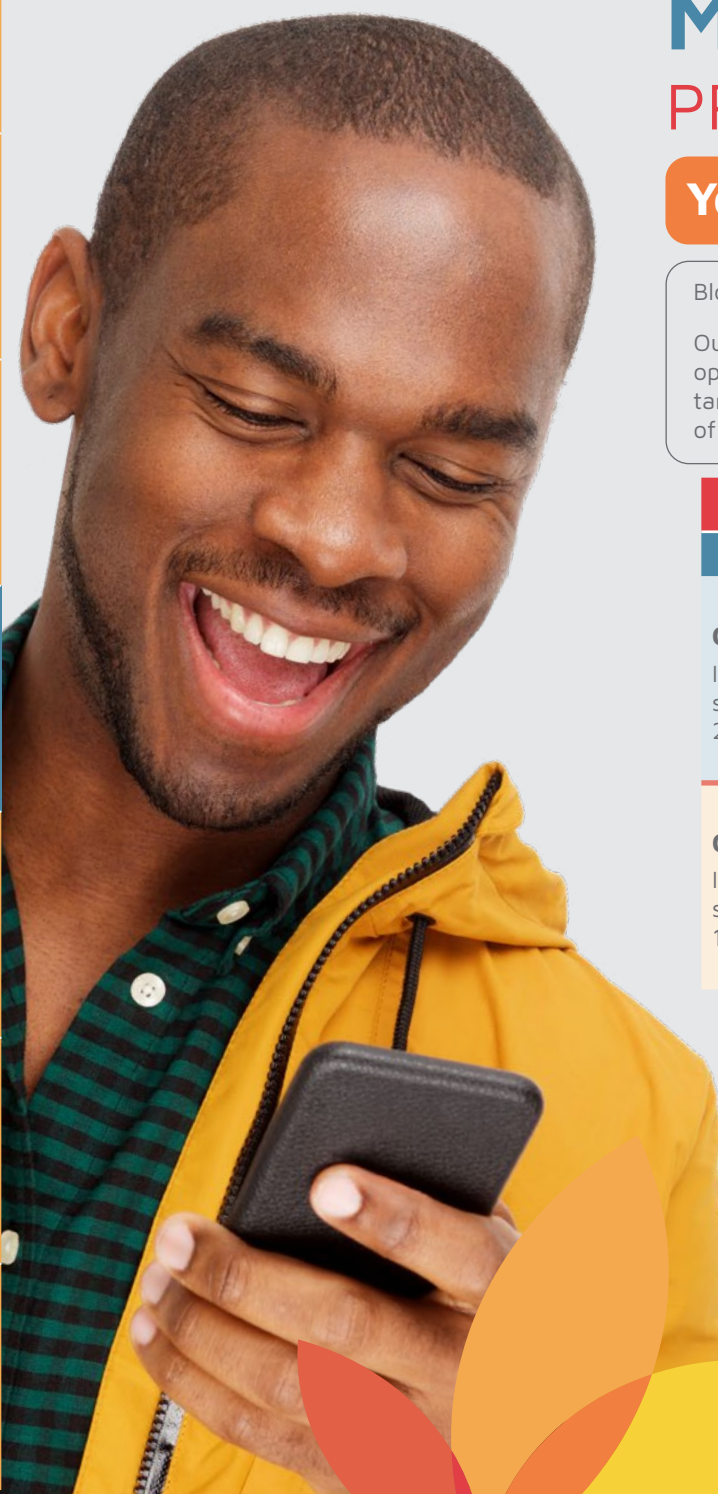
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# Monthly Premiums

## PRIVATE INDIVIDUALS - 1 JANUARY 2024

### Your Monthly Premiums Explained

Bloom 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 premiums will apply to your cover. If the in-hospital medical specialist cover is at 100% of scheme tariff, then the CPL-100 premiums will apply.

PRIVATE INDIVIDUALS		Gap <sup>MAX</sup>			Gap <sup>CORE</sup>		
Cover	Entry Age	Principal	Adult	Child	Principal	Adult	Child
<b>CPL-200</b> If your medical scheme cover is 200%	< 30	229	149	64	204	133	57
	30-39	244	167	64	217	149	57
	40-49	267	189	64	238	168	57
	50-64	338	250	64	301	223	57
	65+	714	506	64	637	451	57
<b>CPL-100</b> If your medical scheme cover is 100%	< 30	289	199	98	258	177	87
	30-39	305	216	98	272	192	87
	40-49	324	233	98	289	208	87
	50-64	461	331	98	411	295	87
	65+	823	588	98	734	525	87

### 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 Bloom 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 per family
- 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



Bloom Gap 2024 | Underwritten by Infniti Insurance Limited, a licensed non-life insurer and an authorised financial services provider (FSP No.35914).



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# Member Portal

For queries relating to premiums or benefits, contact Bloom on:  
087 688 2500 | [customer.services@bloom.insure](mailto:customer.services@bloom.insure)

All other query types are handled by your policy administrator, Cinagi. For these queries, such as submitting claims, or using the claim optimiser or policy queries, please use the Cinagi member portal. To access the Cinagi 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 you 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 dependants.

**UPGRADE YOUR GAP COVER POLICY** – if you are on the Gap<sup>CORE</sup> policy, you can upgrade to the Gap<sup>MAX</sup> policy which provides you with enhanced cover.

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

Please visit [www.cinagi.co.za/contact/](http://www.cinagi.co.za/contact/) to Access Our Digital Contact Channels



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# 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 Bloom 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 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

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insurance

## 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 Cover applies only to care at a casualty facility within 12 hours of an accident, and excludes appliances, prosthetics, specialised radiology 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

**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 Bloom Gap Cover – please read the policy document for full details or visit [www.Bloom.co.za](http://www.Bloom.co.za) for more information.**





Website: <https://bloom.insure> | Email Address: [customer.services@bloom.insure](mailto:customer.services@bloom.insure) | Call Number: 087 688 2500

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