



GAP Cover



2026



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 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 R261, you get industry leading protection at competitive premiums



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



WELNICITI SAVINGS

Wellniciti offers discounts on a wide range of primary care healthcare providers as well as everyday grocery items at our selected retail partner.

Visit www.wellniciti.co.za/savings for more details



INSTACLAIM - SOUTH AFRICA'S FIRST "60-MINUTE" GAP COVER CLAIMS PROCESS

Groundbreaking innovation in the insurance industry where qualifying gap cover claims are paid within 60 minutes of submission.



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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.



Bloom Gap 2025 | Underwritten by Infiniti Insurance Limited, a licensed non-life insurer and an authorised financial services provider (FSP No.35914).

YOUR GAP COVER

A QUICK SUMMARY



BENEFIT CATEGORY	GAP COVER BENEFIT DESCRIPTION ^Ω	2026 BENEFIT AMOUNTS AND LIMITS
		Gap ^{MAX}
Overall annual limit (OAL) per insured person [*]		R219,800
Tariff Shortfalls	We cover medical specialists for treatment or surgery provided in hospital	Total Cover Enhancement
	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 gynaecologist and/or paediatrician consultations from the 2nd trimester to 90 days post-delivery	R730 per consultation R2,900 per pregnancy
Oncology Co-Payments [#]	We cover the 20% co-payment after reaching the oncology threshold	100% Cover
	We cover co-payments on approved precision medicines	R18,300 per claim
	We cover co-payments applied on ex-gratia benefits for precision medicines	
Upfront Payments	We cover the upfront payment applied as a fixed rand value to MRI/CT/PET scans, in-hospital endoscopes, in-hospital basic dentistry and defined procedures	100% Cover
	We cover other upfront payments (including robotic surgery)	R27,000 per event
	We cover upfront payments for voluntary use of a non-network hospital or clinic	R21,000 per event Max 2 pppa
Limit Extender	We cover shortfalls when a sub-limit applies to an internal prosthetic device	R73,000 per event
	We cover shortfalls when a sub-limit applies to MRI/CT/PET scans, endoscopes or intra-ocular lenses	R8,600 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 **R219,800** per insured person per annum. This limit will automatically increase from **1 April 2026** in line with CPI | [#] - All oncology cover categories include treatment using new generation biologicals/immunotherapies (i.e. precision medicines) | Unless specified otherwise, benefit categories are subject to the Overall Annual Limit of R219,800 per insured person |

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YOUR EXTENDER COVER

A QUICK SUMMARY



BENEFIT CATEGORY	EXTENDER COVER BENEFIT DESCRIPTION	2026 BENEFIT AMOUNTS AND LIMITS
		Gap ^{MAX}
Casualty Cover	We cover emergency treatment at a casualty facility resulting from an accident We cover emergency after hours illness treatment in a casualty ward for children under 12	R20,000 per event R3,600 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	R820 per consult Max 6 per event
Travelling Abroad	We cover the excess on your international travel insurance for medical emergencies	R4,200 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 [*]	R5,200 pm for 12 Months
Extra Cover	For an admission resulting from an accident and the admission is 3 days or longer We will pay a daily lump sum: Tier 1 from day 1 to 7 and Tier 2 from day 8 to 28	Tier 1 = R180 per day Tier 2 = R1,800 per day
	We pay a lump sum for a birth that is 42 days or more premature	R22,000 per event
Accident 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, this benefit doubles [‡]	R24,000
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	R8,600 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. To qualify as a 'first lifetime diagnosis' there must have been no previous form of cancer, including skin and in-situ | ^{*} - 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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LOYALTY SAVINGS HEALTH

Designed to put extra money in your pocket with discounts on a wide range of primary healthcare providers.

Exclusive to gap cover clients, start saving now by registering at www.wellniciti.co.za/savings.

For more information visit www.wellniciti.co.za/savings or contact Wellniciti's administrator, Cinagi at www.cinagi.co.za/contact/

HOW DOES IT WORK



Once you have registered you will receive a login and password where you can view a range of primary care service providers to book a consult with, such as GP's, pharmacists, dentists, optometrists, physiotherapists, etc



Select your preferred service provider and book a suitable and available time for your consultation. You will need to make payment of the discounted fee on the online payment portal to secure your appointment.



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Wellniciti is a separate loyalty product sold and administered by Cinagi. The cost of Wellniciti, which is automatically included in all gap cover products, is included in the total monthly benefit cost. Limits, terms and conditions apply. For more details visit www.wellniciti.co.za/savings



LOYALTY SAVINGS RETAIL

Designed to put extra money in your pocket with savings on a wide range of everyday grocery items at our selected retail partners, Shoprite, Checkers and Checkers Hyper.

Exclusive to gap cover clients, start saving now by registering at www.wellniciti.co.za/savings

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"SAVE
HUNDREDS
EVERY MONTH
ON YOUR
SHOPPING"

HOW DOES IT WORK



Once you have registered, you will receive a login and password, where you can view a wide range of everyday grocery items such as food, cleaning material, toiletries and more on which you can redeem savings coupons



Select your savings coupons by adding them to your "Basket" #



Once you are finished, click "Checkout" and all your redeemed savings coupons will be added together and sent to you as a 16-digit code via SMS



Before paying, present the 16-digit code(s) to the cashier and your total saving will be deducted from your grocery bill *

- a maximum of 5 savings coupons can be redeemed per product per month

* Note that a single 16-digit code is issued for all coupons that attract the same savings value. It is possible to receive up to 4 different 16-digit codes per shopping trip.

Once codes are issued, they are valid for one calendar month.

DOUBLE UP ON SAVINGS - The above coupon savings are applied over and above any in-store promotions that may be on offer in your selected store



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Wellniciti



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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 shortfalls for oncology. Across all 3 categories, we include cover for modern biologicals and immunotherapies (i.e. precision medicines) 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 precision 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

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, scans, 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 receive a first lifetime diagnosis 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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Monthly Costs

PRIVATE INDIVIDUALS - 1 JANUARY 2026

YOUR MONTHLY COSTS EXPLAINED

The cost of gap cover is 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 offers a lower monthly cost 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 costs will apply to your cover. If the in-hospital medical specialist cover is at 100% of scheme tariff, then the CPL-100 costs will apply.

PRIVATE INDIVIDUALS		Gap ^{MAX}		
Cover Pay Level	Entry Age	Principal	Adult	Child
CPL-200 If your medical scheme cover is 200%	< 30	261	172	73
	30-39	276	190	73
	40-49	301	213	73
	50-64	379	282	73
	65+	790	561	73
CPL-100 If your medical scheme cover is 100%	< 30	334	230	112
	30-39	350	249	112
	40-49	372	268	112
	50-64	526	375	112
	65+	933	662	112



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 monthly costs 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 the adult rates
- Child dependents will be charged child rates until they turn 27 and a maximum of two children will be charged per family
- From 27 years all children are charged adult rates
- The Entry Age category is determined by the oldest person covered under your policy
- The above rates include VAT, broker commission and administration fees
- Rates are adjusted on 1 January of each year in line with medical inflation
- Debit order deductions are made in advance on the 1st working day of each month
- Wellniciti Savings is a separate loyalty product sold and administered by Cinagi
- The rates shown above include the fee for Wellniciti Savings, which is automatically included in all gap cover products



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MEMBER SERVICE PORTAL

For queries relating to premiums or benefits, contact Bloom on: 087 688 2500 | 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 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

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.

CLAIM OPTIMISER DIRECT PAYMENT

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.

INSTACLAIM CLAIMS PROCESSING

CINAGI LAUNCHES SOUTH AFRICA'S FIRST "60-MINUTE" GAP COVER CLAIMS PROCESS

InstaClaim is our fully digital AI powered claims service that makes it possible for qualifying claims to be processed within under 60 minutes and paid instantly into your bank account.

The unique InstaClaim service is 100% digital, requiring no paperwork, and aims to provide almost immediate claim refunds for clients who have already paid upfront for their medical expenses.

The combination of our Claim Optimiser and InstaClaim services aims to ensure that members are never out of pocket when it comes to medical claims.

Cinagi's innovation not only enhances customer experience but also positions us as the leader in redefining how insurance serves South Africans.

Please visit
www.cinagi.co.za/contact
to Access Our Digital Contact
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OUR TERMS & CONDITIONS EXPLAINED

MONTHLY BENEFIT COST

- If you add beneficiaries to your medical scheme you must notify us immediately to ensure that they are registered and that the correct benefit cost are applied
- 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)
- Wellniciti Savings is a separate loyalty product sold and administered by Cinagi
- The monthly benefit cost shown on your member schedule includes the fee for Wellniciti Savings, which is automatically included in all Cinagi products

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



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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, obesity including related modifier codes, infertility and sleep studies
- 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)
- Any claim that arises from a medical service provider and/or medical scheme not complying with prevailing legislation
- 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 emergency 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 6am 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^{MAX} – please read the policy document for full details or contact us at www.cinagi.co.za/contact for more information.



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