Standard Bank

GUARDRISK
TAILORED RISK SOLUTIONS

Standard Bank
GapAssist

GapAssist 2026

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All 3 of our GapAssist options provide a financial solution to the common problem of self-payment shortfalls that medical scheme members face.

Please note that the term "GapAssist" is used as an abbreviation of Standard Bank GapAssist and unless specifically stated it applies to the Universal, Essential and Optimal policy options.

THE PROBLEM

All medical scheme members face the problem that surgeons, anaesthetists and other specialists frequently charge more than the amount covered by their medical scheme. When this occurs, the medical scheme member becomes liable to pay for the medical expense shortfall (self-payment gap).

The table contains some of the procedures that frequently result in medical expense shortfalls. These are accompanied by actual Rand amount examples paid by Gap Cover in the past year.

THE SOLUTION

Medical scheme members can insure themselves against medical expense shortfalls with the Standard Bank GapAssist option that best suits their individual, family and affordability needs.

GapAssist – Universal option offers the most comprehensive medical expense shortfall cover with extensive financial protection against a wide range of health risks. This option can be selected as individual or family cover.

GapAssist – Essential option offers affordable cover for the most frequent medical expense shortfalls, and with additional financial protection for selected health risks. This option can be selected as individual or family cover.

GapAssist – Optimal option offers high levels of cover and affordability to match the needs of single individuals younger than 35.

Examples of medical procedures that are frequently not covered in full by medical schemes.	Examples of medical expense shortfalls paid by Gap Cover in 2024/2025.
Natural Childbirth	R38 480
Caesarean Section Childbirth	R47 535
Tonsillectomy	R52 564
Hernia Repair	R73 547
Breast Cancer Surgery	R132 442
Knee Replacement Surgery	R98 173
Hip Replacement Surgery	R205 490
Ankle Surgery	R69 557
Shoulder Surgery	R82 588
Hand Surgery	R59 169
Foot Surgery	R21 186
Lung Surgery	R62 067
Brain Surgery	R51 524
Liver Surgery	R69 206
Kidney Surgery	R61 409
Intestine Surgery	R144 522
Heart Surgery	R156 496
Heart Valve Replacement Surgery	R197 500
Surgery for Fractured Arm	R53 663
Eye Surgery	R42 601
Ear Surgery	R81 053
Cancer Treatment	R173 936
Spinal Surgery	R227 263

**Source: Zestlife Gap Cover Claims Register 2024/2025*

Please note: *Gap Cover is not a medical scheme or a substitute for medical scheme membership. The cover is not the same as a medical scheme.*
It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical scheme only covers your medical treatment costs in part.
If you want to qualify for this cover, the medical scheme's part payment must be paid from the medical scheme hospital benefit or major medical benefit. To help you choose the GapAssist option that best suits your needs please study the benefits summary.

Universal, Essential and Optimal Policy Benefits

WHO IS COVERED?

GapAssist Universal and Essential *are available to individuals and families on all South African medical schemes.*

- *Individual cover is for those who don't have any medical scheme dependants.*
- *Family cover is for the main medical scheme member, spouse and family dependants including adult dependants, on the same medical scheme. Family cover also extends to a policyholder's spouse and mutual children that are registered as dependents on the spouse's medical scheme.*

GapAssist Optimal *is only available to single individuals younger than 35 who don't have any medical scheme dependants.*

Section A – Medical Expense Shortfall Cover Policy benefits in this section are subject to a combined maximum cover limit of R219 800 per individual insured per calendar year.			
Medical Expense Shortfalls Covered	**GapAssist Universal Option**	**GapAssist Essential Option**	**GapAssist Optimal Option**
In-hospital *Cover for shortfalls on doctors and specialists charges that exceed the medical scheme tariff amount.* The shortfall covered is the difference between the total costs charged by medical practitioners and the amount payable or paid by your medical scheme. This benefit covers in-hospital doctor and specialist shortfalls for a wide range of surgeries, treatments and procedures that may be required. Including in-hospital dental procedures and treatment for cancer.	✓ Up to 500% (5 times) of the medical scheme tariff	✓ Up to 300% (3 times) of the medical scheme tariff	✓ Up to 400% (4 times) of the medical scheme tariff
Pre- and Post-surgery Specialists' Consultations *Cover for shortfalls on consultation fees charged by an admitting medical practitioner prior to and following in-hospital surgery.* The shortfall covered is the difference between the admitting medical practitioner's consultation fees for pre and post-in-hospital surgery and the amount payable or paid by your medical scheme. To qualify for this benefit: - The medical scheme must pay a portion of the admitting medical practitioner fees from risk or savings benefit. - The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery. - The surgery must be conducted in a hospital's operating theatre. - Consultations relating to C-sections and diagnostic procedures such as biopsies and scopes (for example, colonoscopy and endoscopy, etc) are not covered. Cover is provided up to a maximum amount of R3 200 for each individual insured under the policy per calendar year.	✓	X	X
Out-of-hospital *Cover for shortfalls on 60 out-patient procedures including CT, PET and MRI scans.* The shortfall covered is the difference between the total costs charged by medical practitioners and the amount payable or paid by your medical scheme. This benefit covers doctor and specialist shortfalls for 60 treatments and procedures that may be required. This includes chemotherapy and radiotherapy for treatment for cancer.	✓ Up to 500% (5 times) of the medical scheme tariff	✓ Up to 300% (3 times) of the medical scheme tariff	✓ Up to 400% (4 times) of the medical scheme tariff
Allied Professionals This benefit covers the shortfall between what the Allied Professional has charged and what the medical scheme has paid for in-hospital care following an associated in-hospital procedure. This benefit provides up to a maximum of R2 500 cover per policy per calender year for Chiropractor, Clinical technologist, Genetic counsellor, Myotherapist, Occupational therapist, Orthoptist, Osteopath, Perfusionist, Physiotherapist, Podiatrist and Speech pathologist shortfalls. These shortfalls are only covered if the medical scheme covers a portion of the cost from the hospital benefit and the treatment is part of the associated procedure and the treatment by the Allied Professional occurs during the same hospital admission as recommended by the attending specialist.	✓	✓	✓

General Co-payments *Cover for co-payments imposed by medical scheme for hospital admissions, CT, PET and MRI scans and specified medical procedures.* This benefit is intended to cover co-payments imposed by medical scheme for in-hospital treatment and on the 60 out-of-hospital procedures we cover. Dentistry (in-hospital) and cancer treatment (not medicine) co-payments are covered. Penalty co-payments charged by medical schemes are not covered. No cover is provided for the penalties imposed for example, not obtaining a general practitioner referral prior to consulting with a specialist; not obtaining a pre-authorisation prior to a procedure; not following assessment criteria of medical scheme back and neck program prior to undergoing spinal surgery.	✓	✓	✓
Non-network Co-payments *Cover for co-payments charged by medical scheme when treated in a non-network hospital or by a non-network medical practitioner.* This cover is provided up to a maximum amount of R16 800 and is subject to two claims per policy per calendar year.	✓	X	✓
MRI, PET and CT Scans in Excess of Medical Scheme Sub-limit *Cover in part or in full for MRI, PET and CT scans when the medical Scheme sub-limit has been reached.* Cover is provided up to a maximum amount of R5 000 per individual claim up to a maximum of R16 000 per policy per calendar year. This benefit cannot be claimed along with a co-payment cover claim.	✓	X	✓
Casualty Facility Treatment for Injury in an Accident *Cover for treatment in a hospital casualty facility or by a GP where there is no registered hospital casualty facility within 30km radius, within 48 hours following accidental injury.* Cover is for the facility fee, medical practitioner consultation, on-site medication, ward stock, radiology and pathology, as not covered by medical scheme. Cover is provided up to a maximum amount of R26 700per policy per calendar year. This benefit does not cover casualty facility treatment for disease or illness, prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces.	✓	✓	✓
Casualty Facility Emergency Treatment *Cover for emergency treatment for children younger than 11 in a casualty facility.* Cover is for the amount less any amount paid by the medical scheme from risk benefits. It includes the facility fee, consultations, medications, ward stock radiology and pathology. Cover is provided up to a maximum amount of R2 950 per policy per calendar year. This benefit does not cover prescribed medicines for use after leaving the casualty facility, follow-up treatment, fees charged for the fitment and cost of prosthesis and devices such as crutches, limb guards, splints and braces. Elective procedures, follow-up visits, visits after 48 hours after the emergency and visits resulting in direct admittance to the hospital are not covered.	✓	✓	X
Internal Prosthesis and Artificial Joints *Cover for medical expense shortfalls and co-payments on internal prosthesis (including artificial joints)..* An internal prosthesis is a device that is placed inside a person's body during a procedure to permanently replace a body part or to improve a lost or reduced bodily function. Examples of internal prosthesis include artificial hip and knee joints and the implanted devices in spinal fusion. This benefit covers the shortfall not covered in full by medical scheme due to the annual limit being exceeded. It also covers co-payments charged by medical scheme. Cover is provided up to a maximum amount of R46 000 per policy per calendar year. This benefit does not apply where the insured is on a medical scheme option that does not include internal prosthesis cover. Breast implants, cochlear implants and neurostimulators are not covered.	✓	X	✓
Stents are up to a maximum shortfall amount of R5 000 for each individual insured under the policy per calendar year. Pacemakers are covered up to a maximum shortfall amount of R8 000 per Insured Person each calendar year. Intraocular lenses are covered up to a maximum of R6 500 per lens for each individual insured under the policy per calendar year. This benefit is limited to the costs of the actual lens and excludes ancillary materials. *A claim payment for stent, pacemakers and intraocular lenses will not reduce your overall limit of R46 000 for internal prostheses.	✓	X	X

Robotic Medical Procedures *Cover for medical expense shortfalls that arise from the use of robotic machinery in the course of in-hospital treatment.* Cover is provided up to a maximum amount of R39 500 per policy per calendar year.	✓	✓	✓
Oncology Treatment Programme Co-payments *Cover for co-payments levied by medical scheme when the annual cancer treatment limit is exceeded.* This benefit is to cover general and specialised treatment and biological drugs. Cover is subject to a maximum co-payment of 25% of the costs of treatment.	✓	X	X
Oncology Treatment in Excess of Medical Scheme Cancer Limit *Cover for continued treatment costs of cancer when a treatment cost limit is imposed and no further funding is provided by medical Scheme.* This benefit can be used for general and specialised treatment and biological drugs not covered by medical Scheme. Cover is provided for 20% of the insured's continued treatment costs.	✓	X	X
International Travel Benefit *Cover for benefits under the policy for claim events due to an accident or illness, that occurs whilst travelling outside of the borders of the Republic of South Africa.* This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.	✓	✓	✓

Section B – Health Assist Benefits

Policy benefits in this section are NOT subject to the combined maximum cover limit per individual insured per calendar year.

Health Insurance Benefit	GapAssist Universal Option	GapAssist Essential Option	GapAssist Optimal Option
Cosmetic Breast Reconstruction *Cover for cosmetic breast reconstruction of a non-affected* breast following a single mastectomy resulting from breast cancer diagnosed after the commencement date of policy.* Cover is provided for the amount not covered by medical scheme up to a maximum of R29 000 for each individual insured. This cover is not renewed after claim payment and does not extend to subsequent breast reconstruction treatment costs. Prophylactic mastectomies are excluded. *Breast reconstruction for the non-affected breast is not always covered or covered in full by medical schemes as it is cosmetic surgery.	✓	✓	X
Cancer Assist Cover *This benefit provides cover R8 000 towards the unexpected costs that may occur as a result of a first-time diagnosis of cancer minimum stage 2, local and malignant cancer. If you are subsequently diagnosed with minimum stage, 2 regional and malignant Cancer (including leukemia and Hodgkin's Disease) for the first time, then you receive a further once-off Cancer Assist benefit of R12 000.* Alternatively, a once-off benefit of R20 000 is payable on first-time diagnosis of minimum stage 2, regional and malignant cancer (including leukemia and Hodgkin's Disease). A further R15 000 benefit is payable for regional and malignant cancer, if the insured has successfully claimed the R12 000 or R20 000 benefit, and their medical scheme has spent R200 000 or more on oncology treatment within 12 months of diagnosis. Any cancer diagnosis that does not meet the minimum eligibility criteria or that is not a first-time diagnosis is excluded. All skin cancers, all cancers diagnosed and treated by primary biopsy only, and not requiring surgical, medical or radiotherapy treatment, is excluded. If after a successful stage 2 claim for local and malignant cancer, your diagnosis later becomes regional, you will not qualify to claim for the stage 2 regional and malignant cancer benefit.	✓	✓	X
Accidental Dentistry Cover *This benefit provides cover for up to R27 000 benefit for accidental tooth fractures.* *This benefit is payable at a rate of R3 900 per fractured tooth irrespective of medical scheme contribution to treatment cost.* *Tooth fracture is defined under this benefit as being the loss of 50% or more of the visible portion of a tooth and where the dental nerve is permanently damaged.* *The benefit covers accidental tooth fracture to permanent teeth (crowns and implants are excluded) due to an external injury to the mouth.* *Treatment must take place within 10 days of the accidental tooth fracture event.*	✓	✓	✓

Accidental Death and Permanent and Total Disability Cover *This benefit provides R55 000 cover for the unexpected costs that may arise in the event of accidental death or accidental permanent and total disability.* Accidental death is when an insured individual's death occurs within 12 months as a direct result of an accident. Accidental permanent and total disability is when an insured individual's disability occurs due to an accident and have been diagnosed and confirmed within one month of the accident. If an Accidental Permanent and Total Disability benefit has been paid, then no further benefit is payable on Accidental Death.	✓	✓	✓
Trauma and Bereavement Counselling Cover *This benefit provides cover for the cost of trauma and bereavement counselling required following the insured being the subject or witness of an act of violence, a traumatic accident or lose an immediate family member.* This benefit provides up to R950 per session with an overall maximum benefit of R32 000 for counselling treatment that commences within 6 months of the traumatic event and is payable for a single treatment period of up to 6 months per policy per calendar year.	✓	✓	✓
Medical Scheme and Gap Cover – Premium Waiver Cover *This benefit provides cover for the combined annual (12 months) amount of a policyholder's medical scheme and gap cover premiums following accidental death or accidental permanent disability of the policyholder.* This benefit provides cover of up to amount of R130 000.	✓	✓	✓

Monthly Premiums 2026

	GAPASSIST UNIVERSAL OPTION	GAPASSIST ESSENTIAL OPTION	GAPASSIST OPTIMAL OPTION
COVER FOR INDIVIDUALS			
Younger than 35 years old	R591 pm	R429 pm	R276 pm
Younger than 55 years old	R591 pm	R429 pm	
55 – 64 years old	R784 pm	R549 pm	
65 years and older	R930 pm	R649 pm	
COVER FOR FAMILIES			
Where all lives insured are younger than 65.	R784 pm	R549 pm	
Where one or more lives are insured as older than 65.	R930 pm	R649 pm	

Gap Cover is an annually renewable policy with premiums determined by the policyholder's age, or the eldest insured member in the case of family cover. When an insured person's age exceeds the Gap Cover age bracket under which they are covered, the policy will be moved to the next age and premium bracket from 1 January the year following. Premiums will be revised annually and be effective from 1 January each year.

Please note: Gap Cover policy premiums are not tax deductible in the same way that your medical scheme contributions are. No IT3 tax certificates can therefore be issued for this purpose.

Summary of Policy Terms and Conditions

The policy terms and conditions of the Universal, Essential and Optimal GapAssist options are contained in the summary below. For the full terms and conditions please refer to the policy document.

Pre-existing Condition Exclusion

Unique Policy Benefit: There are no general waiting periods or condition-specific waiting periods that withhold cover after the commencement date of the policy. However, no benefits are payable for a period of 12 months from the start date of cover in respect of medical conditions for which medical advice, diagnosis, care or treatment was received or would reasonably have been recommended in the 12 months before the start date of the cover.

Pregnancy before the start date of cover will be regarded as a pre-existing condition and any pregnancy and birth-related claims will be excluded for 12 months from the start date of the cover.

If a policyholder had cover under another Medical Expense Shortfall Policy with similar benefits before the start date of cover, only the unexpired part of the pre-existing conditions period from the previous policy will apply. However, the pre-existing conditions exclusion of 12 months will apply for any benefit not provided under the previous Medical Expense Shortfall Policy.

General Exclusions

No benefits will be paid for claims arising from:

- Injuries related to the use of nuclear weapons or nuclear or ionising radiation.
- Suicide, attempted suicide or intentional self-injury.
- The use of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (who is not the insured person).
- Illness or injury caused by the use of alcohol.
- Behaviour that contravenes the law of the Republic of South Africa.
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riots, strikes or the activities of locked-out workers.
- All forms of aviation except commercial aviation where you are a fare-paying passenger or a pilot or air crew on a commercial flight.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

Specific Exclusions

No benefits are payable for:

- Cosmetic surgery unless required because of illness or injury.
- Penalty co-payments imposed by medical scheme for failure to follow the rules of the medical schemes. An example of this type of penalty co-payment is the amount charged by medical scheme for not obtaining pre-authorisation prior to undergoing a medical procedure.
- Treatment for obesity or treatment required for conditions resulting from obesity.
- Elective or routine procedures and physical examinations, which are not required because of a specific medical condition that negatively impacts your health or is necessary due to poor health. This includes tests, annual check-ups, ECGs, scopes, ART (assisted reproduction therapy), elective circumcisions or any other procedure due to family history or illness or medical conditions, etc.
- Treatment for depression, mental or stress-related conditions.
- Split billing charges. These are medical practitioner and medical service provider charges, charged separately to those submitted to medical scheme.
- Claims not covered by the medical scheme.
- Private and home nursing.
- Hospital, hospice, step-down facility and Day Clinic costs.
- Medication and other materials including prosthetic products such as crutches, limb guards or braces.
- External prosthesis.
- Cancer treatment or planned procedures received outside the Republic of South Africa.
- Day-to-day medical practitioner charges.
- Breast and dental implants.
- Emergency medical transportation.
- Out-of-hospital dental procedures.
- Exploratory procedures or procedures that are paid for by your medical scheme on exception or ex gratia basis.
- Diagnosis and/or treatment for sleeping disorders.

Claims

All claims must be lodged within 180 days of the medical treatment giving rise to the claim.

Claim pay-outs are made either to the policyholder or directly to the treating doctors, specialists or medical service providers, at the insurer's discretion.

Contact us

For expert advice,
please contact Zestlife on
(021) 180 4220/0860 009 378
or email **info@zestlife.co.za**

Terms and conditions apply.
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.
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