



Agility Gap & CoPay is all about smarter, more efficient medical shortfall solutions. We believe in offering you flexible, relevant gap and co-payment insurance solutions that bridge the gap between your medical scheme's benefits and the real costs of quality care.

Our suite of benefits is designed to work alongside your existing medical scheme to keep you protected and enhance your total healthcare solution.

Key Benefit Highlights



Overall Annual Limit (OAL)

The Overall Annual Limit (OAL) of **R213,000** per annum is the maximum amount that can be claimed for each beneficiary, regardless of the number of family members on the policy. This means that every individual on your policy has their own R213,000 limit to use for eligible claims throughout the year.



Gap Cover

We help cover the difference between your medical scheme's rate and the private rates charged by registered medical professionals for in-patient treatment. This means you get additional financial support for hospital, step-down, or acute care services—up to a generous percentage over your scheme rate, ensuring you're not caught off guard by unexpected costs.



Procedural CoPay Cover

Procedures, scans, and treatments can add up. Our Procedural Copay Cover takes care of those co-payments for both in-patient and select out-patient procedures, including MRI, CT, and Ultrasound scans, keeping unexpected costs in check.



Penalty CoPay Cover

Some medical scheme options impose co-payments when you voluntarily make use of an out-of-network hospital. This benefit ensures that those extra fees don't derail your budget.



Prescribed Minimum Benefit (PMB) Cover

When it comes to essential care for PMB conditions, our PMB benefit provides comprehensive cover for the shortfall between your medical scheme's rate and the charges by a registered professional, ensuring you receive the care you need without compromise.



Hospital Booster Benefit

The ultimate benefit in flexible cover. When your treatment costs go beyond the annual limits set by your medical scheme, our Hospital Booster Benefit kicks in. This benefit covers extra charges, including sub-limits imposed on in-hospital procedures, robotic-assisted surgery shortfalls, and even private room upgrades.



In-hospital Treatment Shortfalls

Covering the gap between your medical scheme rate and what hospitals actually charge, this benefit focuses on resident in-patient care, including consumables and non-chargeable items – all designed to make sure you're not left with a hefty bill.



Oncology Benefits

Diagnosis Lump Sum: In the challenging moment of a primary cancer diagnosis, we provide a lump sum to help ease immediate financial burdens.

Treatment & Limits: For ongoing oncology care, our benefit covers the gap between your scheme's limits and private treatment rates – including both in-hospital and out-patient care.



Emergency Room Cover

Accidents and unforeseen illnesses can be overwhelming. Our Emergency Room benefit takes care of expenses like medications, co-payments, facility fees, and consultations. Key benefit highlights include:

1. Cover is available to all beneficiaries, irrespective of age,
2. This is a stand-alone benefit, which means that no payment is required by your medical scheme,
3. Cover is provided for: accidents, emergencies, trauma, illnesses and medical events,
4. Comprehensive cover includes cover for medications, co-payments, facility fees, and consultations at the ER facility.



Second Opinion Specialist Consultation Benefit

Sometimes, getting a second opinion is important for peace of mind. We're excited to introduce a new benefit that covers consultations for a second opinion, with no medical scheme payment required. This is available to all members, including those on hospital plans or comprehensive schemes, whether they currently have the benefit or not.

Cover is available on the following options:

Combined 400: R800 per policy per annum

Combined 500: R1 000 per policy per annum

Ultra: R1 200 per policy per annum



Out-patient Procedure Cover

Certain surgical procedures performed as out-patient can attract shortfalls. This benefit covers the difference between what your medical scheme pays and the actual private charges, giving you peace of mind during procedures that don't require an overnight stay.



Out-patient Consultation Shortfalls

Whether it's a visit to a specialist, general practitioner, dentist, physiotherapist, or even a psychologist, this benefit ensures that you're covered for the difference between the medical scheme's consultation rates and the tariff charged by your medical professional.



Maternity Benefits

Maternity Lump-Sum Benefit: Enjoy a lump sum payment after your first trimester confirmation, regardless of your medical scheme's maternity cover.

Maternity Scan Benefit: This cover addresses shortfalls in maternity scan benefits – including 2D, 3D, and 4D scans up to a stated annual benefit value.



Gap Cover & Medical Scheme Contribution Waivers

Gap Cover Premium Waiver & Medical Scheme Contribution Waiver: In the event of the death or total permanent disability of the principal policyholder, these waivers ensure that your cover remains intact for up to 12 months, easing the burden on you and your loved ones.



Trauma Counselling Benefit

After experiencing a traumatic event – whether from an accident or any unplanned incident that leaves you physically or emotionally shaken – our benefit supports you with professional counselling sessions. With limits set per incident and annually, this benefit is tailored to support mental and emotional recovery.

Benefit Overview

Agility Range: 2025	Gap 200	Gap 500	Combined 200	Combined 400	Combined 500	Ultra
Gap Cover Rate covered in addition to medical scheme rate	200%	500%	200%	400%	500%	500%
Overall Annual Limit	R213 000 per beneficiary	R213 000 per beneficiary	R213 000 per beneficiary	R213 000 per beneficiary	R213 000 per beneficiary	R213 000 per beneficiary
In-Hospital Cover						
Co-payment Cover Procedural & MRI/CT Scan Co-payments (In-and-out of Hospital)	-	R16 200 per policy	Unlimited: Up to the OAL No limit per event	Unlimited: Up to the OAL No limit per event	Unlimited: Up to the OAL No limit per event	Unlimited: Up to the OAL No limit per event
Penalty Co-payment Cover Voluntary use of non-network hospitals	-	-	-	R10 800 per claim 2x claims per policy	R17 280 per claim 4x claims per policy	R19 980 per claim 6x claims per policy
PMB Cover In-hospital treatment	R3 800 per policy	R16 200 per policy	R3 240 per policy	R32 400 per policy	R47 520 per policy	Unlimited: Up to the OAL
Hospital Booster Benefit	-	-	-	R25 920 per policy	R43 200 per policy	R113 400 per policy
Benefit Sub-limits:	-	-	-	3x claims per annum	5x claims per annum	6x claims per annum
In-hospital Sub-limit Cover - Per policy per annum	-	-	-	R25 920	R43 200	R64 800
In-hospital Robotic Surgery Cover - Per policy per annum	-	-	-	R23 760	R24 840	R37 800
Private room upgrades - Per policy per annum	-	-	-	R3 240	R6 480	R10 800
In-hospital Shortfall Cover Including Consumables	-	-	-	R8 100 per policy	R6 480 per policy	R12 960 per policy
Oncology Diagnosis Benefit Cancer Diagnosis Benefit	-	-	-	R12 960 per policy	R27 000 per policy	R32 400 per policy
Oncology Shortfall Benefit Cancer Treatment Shortfall Benefit	-	-	-	R16 200 per policy	Unlimited: Up to the OAL No per-event limit	Unlimited: Up to the OAL No per-event limit
Premature Birth Cover (>6 weeks before due date)	-	-	-			R16 200 1x claim
Out of Hospital Cover						
Emergency Room Benefit Trauma, Accident & Illness	R2 700 per policy	R3 240 per policy	R4 320 per policy	R14 040 per policy	R17 280 per policy	R21 600 per policy
Out-patient Procedure Cover In-room Procedures	-	-	R17 280 per policy R5 200 per event	R21 600 per policy R6 000 per event	R25 920 per policy	R29 160 per policy
Out-patient Consultation Shortfalls GP, Specialist, Dentist, Physio & Psychology Consultations	-	-	-	R2 700 per policy	R6 480 per policy	R12 960 per policy
Second Opinion Consultation Benefit GP & Specialist Consultations	-	-	-	R800 per policy	R1 000 per policy	R1 200 per policy
Maternity Lump-sum Benefit Cover activated after first trimester	-	-	-	R4 320 per policy	R5 400 per policy	R6 480 per policy
Maternity Scan Benefit 2D, 3D, 4D Scans (in-and-out of hospital)	-	-	-	R3 240 per policy	R4 320 per policy	R5 400 per policy
Ancillary Cover						
Gap Premium Waiver Death or disability of principal insured	12 months	12 months	12 months	12 months	12 months	12 months
Medical Scheme Contribution Waiver Death or disability of principal insured	R6 500 per policy up to 6 months	R7 560 per policy up to 6 months	R6 480 per policy up to 6 months	R12 960 per policy	R7 560 per month up to 6 months	R14 040 per month up to 6 months
Trauma Counselling	-	-	-	R6 480 per policy R1 500 per consultation	R16 200 per policy R2 160 per consultation	R29 160 per policy R2 160 per consultation
Premiums						
Premiums: Under 65						
Individual	R126	R264	R210	R337	R449	R632
Family	R138	R287	R232	R360	R498	R700
Premiums: Over 65						
Individual	R318	R524	R440	R539	R773	R1 037
Family	R345	R570	R476	R647	R835	R1 126
Maximum entry age	60 years	70 years	60 years	60 years	60 years	60 years

Note:
All benefit values are indicated per annum. Benefits as illustrated take effect 1 April 2025. 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.