



Gap Cover in South Africa A Concise Guide

Overview

Gap Cover is a short-term insurance product that addresses a critical healthcare financing challenge in South Africa. While medical aid schemes are legally required to cover certain medical expenses, they typically reimburse healthcare providers at predetermined rates. These are called the Medical Scheme Rates and are based on the historical National Health Reference Price List. However, private healthcare providers often charge significantly more. These private tariffs are sometimes 300%–600% above scheme rates. Gap Cover bridges this financial shortfall, protecting patients from substantial out-of-pocket expenses for in-hospital procedures, specialist fees, co-payments, and oncology treatments amongst others.

Regulation and Eligibility

Unlike medical schemes, Gap Cover is regulated as a non-life insurance product under the Financial Sector Conduct Authority (FSCA) and governed by the Short-term Insurance Act (1998). Annual payout limits apply. These are approximately R219,845 per beneficiary in 2026. To obtain Gap Cover, individuals must be members of a registered South African medical aid scheme. The application process requires a medical aid membership certificate, banking details, and disclosure of pre-existing conditions. Waiting periods typically include 3 months for general coverage and up to 12 months for pre-existing conditions.



Claims Process

Gap Cover operates differently from medical aid claims. Doctors do not claim directly from Gap Cover providers. Instead, patients submit documentation including the doctor's detailed invoice with ICD-10 diagnostic codes, the medical aid statement showing the shortfall, and any relevant hospital pre-authorization letters. Ordinarily the Gap Cover provider reimburses the patient, who then pays the healthcare provider.

Benefits

Gap Cover offers substantial advantages for medical aid members. It provides financial protection against high specialist charges, co-payments, penalties and hospital shortfalls that exceed medical aid coverage. Many plans include oncology coverage for innovative treatments, chemotherapy co-payments, and radiation therapy shortfalls. Beyond basic coverage, some plans offer lifestyle benefits such as accident assistance, trauma counselling and certain premium waivers during hospitalization. Importantly, Gap Cover is significantly more affordable than comprehensive medical aid upgrades, with premiums starting around R99 per month. This provides peace of mind, allowing patients to focus on recovery rather than financial strain.

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Disadvantages and Limitations

Gap Cover has important limitations that potential buyers must understand. It is not a substitute for medical aid membership but rather a supplementary product. These are some disadvantages to be borne in mind when buying Gap Cover:

- Annual payout limits restrict total benefits, and lengthy waiting periods, especially for pre-existing conditions, may delay coverage when needed most.
- Policies often limit coverage amounts for specific procedures and exclude day-to-day medical expenses like GP visits.
- The claims process requires patients to manage paperwork and temporarily finance shortfalls before reimbursement.
- Some policies impose age restrictions or exclude certain pre-existing conditions entirely.
- Additionally, policies may restrict choice of medical providers or require use of specific networks. The administrative burden of claim requirements can add complexity during already stressful medical situations.

Common Gap Cover Definitions

- Gap Cover: Short-term insurance that pays the difference between what healthcare providers charge and what medical aid schemes reimburse.
- Shortfall: The amount patients owe out-of-pocket when provider charges exceed medical aid reimbursement rates.
- Medical Scheme Rate (MSR): The predetermined tariff at which medical aid schemes reimburse healthcare providers.
- Co-payment: A fixed amount or percentage of medical costs that patients must pay directly, even with medical aid coverage.
- Pre-existing Condition: Any medical condition diagnosed or treated before obtaining Gap Cover, often subject to extended waiting periods.
- Waiting Period: The time after purchasing Gap Cover before benefits become available (typically 3–12 months).
- Annual Payout Limit: The maximum amount Gap Cover will pay per beneficiary in a calendar year.
- ICD-10 Codes: International Classification of Diseases diagnostic codes required for medical claims.
- FSCA: Financial Sector Conduct Authority, the regulator overseeing Gap Cover as short-term insurance.
- Oncology Cover: Coverage for cancer treatment shortfalls, including chemotherapy, radiation, and innovative medicines.



HealtMan SAPPF – Simplified Gap Cover Provider Comparison 2026

	Benefit	Admed (2 plans)	Ambledown (7 plans)	Dls-Chem (2 plans)	Discovery (2 plans)	Liberty (3 plans)	Momentum (2 plans)	Sirago (6 plans)	Stratum (3 plans)	TRA (2 plans)
Premiums	Overall Annual Limit (OAL)	R219,800 pd pa	R219,845 pd pa	R210,580 pd pa (2025 policy document)	R219,846 pd pa	R219,800 pd pa	R219,800 pd pa	R223,000 pd pa (from 1 April 2026)	R219,845 pd pa	R219,845 pd pa
	Specialist Tariff Shortfall Cover Level	300% - 500%	200% - 600%	500 - 600%	100% - 500%	300% - 500%	300% - 1200%	200 to 600% (BMI included)	300% - 500%	300% - 700%
	Monthly Premium – Individual	R296 – R884	-	R219 - R551	R53 - R1241	R429 – R930	R282 – R809	R150 – R973	R275 – R858	R99 - R846
	Monthly Premium – Family	R500 - R620	R269 - R999	Based on number of additional dependents (R90 - 304 per beneficiary per month)	R153 - R2,339	R549 – R930	R420 – R736	R475 – R1150	R352 – R1,049	R99 - R847
	Waiting Period	3 months general; 12 months pre-existing	3 months general; 12 months pre-existing	3 months general; 12 months pre-existing	3 months general; 12 months pre-existing	No general waiting; 12 months pre-existing	3 months general; 12 months pre-existing	3 months general; 10 months pre-existing	3 months general; 12 months pre-existing	No general waiting. 10 months condition-specific
	Scheme Restriction	Any registered medical scheme	Any registered medical scheme	Any registered medical scheme	Discovery Health Medical Scheme members only	Any registered medical scheme	Momentum Medical Scheme members only	Any registered medical scheme	Any registered medical scheme	Any registered medical scheme
In Hospital	Co-payment Cover	General co-payments covered	Co-payment up to R15,000 pp pa	R7,500 - R15,000	Scopes & scans co-payments included	General co-payments covered	Covered – subject to OAL	R5,000 – R15,000	Subject to OAL	R0 - subject to AOL
	Penalty / Non-Network Co-payment	R0 - R16,800 (non-DSP, 2 per policy pp pa)	-	R19,660 per event (2 per family pp pa)	-	R0 - R16,800 (non-network, 2 claims pp pa)	-	R10,000 – R16,000	R10,500 – R32,000	R0 - R17,640
	Sub-limit: Internal Prosthesis	R0 - R46,000 pp pa (stents R5,000; IOLs R6,500; pacemakers R8,000)	R0 to subject to OAL	R34,000 - R68,370	-	R0 - R46,000 pp pa (stents R5,000; pacemakers R8,000; IOLs R6,500)	R35,000 pp pa (stents R8,000 sub-limit)	R26,000 and upward	R20,000 – R40,000	R0 - R71,663
	Sub-limit: Specialised Radiology (MRI/CT)	R0 - R16,000 pp pa	R0 to subject to OAL	-	-	R0 - R5,000/claim; R16,000 pp pa	-	R0 - R5,000	R4,000 – R6,000	R0 - R6,615
	Robotic Surgery	R0 - R39,500 pp pa	R0 to subject to OAL	-	-	R39,500 pp pa	Up to 300% (R12,000 co-payment cover)	R13,000 – R40,000 subject to OAL	R0 - R10,000 pp pa	R0 - R26,460
	Private Ward Benefit	-	-	-	R0 - Included	-	-	R1,200 – R2000	R0 - R3,500 pp pa	R0 - R6,615
	Step-Down / Sub-Acute Facility	-	-	-	-	-	-	R0 – R15,000	R0 - R10,000	R0 - R12,000
Out of Hospital	Specialist Tariff Shortfall	300% - 500%	-	0% - 600% of scheme tariff	Out-of-hospital expenses covered	0% - 500%	Up to 300%	R4,500 to R7,000 pd pa	-	300% - 700%
	Trauma Counselling	R950/session (max R30,000 pa)	-	-	-	R950/session; R32,000 max pp pa	R800/session, up to R30,000 pp pa	R4,000 – R10,000	R5,000 – R10,000	Included
	Emergency Department Benefit	R26,700 pp pa	Casualty up to R11,000 pp pa	R0 - R19,550 per event	-	R26,700 pp pa	Up to R24,000	R5,000 – R10,000	R6,000 – R15,000	R3,640 - R24,255
	Child Emergency Department Benefit	R2,950 pp pa	-	R3,200 per event (<12, 2 events pp pa)	-	R2,950 pp pa	Up to R5,000	R2,000 – R4,000	R2,000 – R15,000	R3,640 - R24,255
	Scopes Co-payments	-	-	R0 - Subject to OAL	Scopes & scans co-payments covered	-	-	-	R4,000 – R7,000	R525 - R5,250
	Oncology Shortfall (In-Hospital)	Covered – subject to OAL	Included – oncology shortfall cover	0% - 500%, subject to OAL	R0 - R110,000	Covered – subject to OAL	Covered – subject to OAL	R35,000 – R100,000	Subject to AOL	Covered – subject to OAL
Cancer	Cancer Assist	R8,000 (local) / R20,000 (regional) / +R15,000 (scheme >R200k)	Dread Disease up to R50,000	R0 - R15,000 (Stage 2+)	-	R8,000 (local) / R20,000 (regional) / +R15,000 (scheme >R200k)	R8,000 (local) / R20,000 (regional) / +R15,000 (scheme >R200k)	R10,000 – R40,000	R15,000 – R30,000 - First Time Diagnosis Benefit	R0 - Subject to OAL
	Oncology Co-payment Cover	Oncology co-payments covered (20%)	-	0% to oncology co-payments covered (20%)	-	Oncology co-payments covered up to 20%.	Covered up to 20%	Subject to OAL	Subject to AOL	R0 - Subject to OAL
	Oncology Sub-limits	-	-	R0 - Subject to OAL	R85,000 – R110,000	-	-	-	-	-
	Breast Reconstruction	R0 - R29,000 pp pa	-	-	-	R29,000 pp pa	R15,000 pp pa	Up to 500% and R40,000 for unaffected breast	R0 - R30,000 pp pa	R0 - R38,588
	Innovative / New Oncology Medicines	Oncology extender 20%	-	R0 to R14,600 or 25% pp pa	-	Oncology extender 25%	-	R15,000 to R24,000 Subject to OAL	R50,000 - R60,000 Subject to AOL	R0 - R18,191
	Gap Cover Premium Waiver	Up to R130,000	-	Up to 6 months gap premium waiver	-	R130,000 total	R36,000 lump sum	6 months – accidental death or TPD	12 months policy premium waiver in top tier	12 months coverage
Value-Added	Family Booster / Baby Benefit	-	-	R15,900 pp pa (Family Booster)	R7,500 – R15,000	-	R2,500 per newborn (Baby Bump)	R1,500 – R2,750	-	Up to R20,000 (premature birth)
	Medical Scheme Premium Waiver	Up to R130,000	-	R35,500 / 6 months	-	R130,000 total	-	R4,000 – R6,000 for 6-months	6 months, up to R4,500 pm in top tier	R0 - R7,275
	Accidental Death Benefit	R55,000	-	R28,000 - R30,000	-	R55,000	Up to R55,000	R9,000 – R20,000	R5,000 – R25,000	R4,400 - R33,000
	Travel Insurance	-	-	Only on Comprehensive plan	Travel extender included	Travel insurance included	-	-	Travel insurance included in top tier	Travel insurance included

pd = per dependant | pc = per claim | pm = per month | pp = per policy | pppa = per policy per annum | OAL = Overall Annual Limit | TPD = Total Permanent Disability

HealthMan and SAPPF are used publically available resources to draw up the comparison. These public resources are continuously updated. It remains the sole responsibility of the patient to seek out accurate and up-to-date resources when purchasing gap cover. HealthMan and SAPPF are not responsible for any errors in this document.

Gap Cover Providers are not medical aid schemes. The cover is not the same as that of a medical aid scheme. The cover is not a substitute for a medical aid scheme membership.