ELIXI



Manage medical expenses shortfall with Elixi Gap Cover

ELIXI EXECUTIVE SINGLE PLUS

Did you know that medical practitioners are not limited to how much they can charge above medical scheme rates?

As a compliment to your registered medical scheme, Elixi Gap Cover offers you peace of mind by providing medical expenses shortfall cover from 101% up to a maximum of 600% of the medical practitioner's cost for in-hospital procedures and specified outpatient procedures.

A description of your Elixi Executive Single Plus benefits has been provided in this brochure, and a full list of benefits can be found in your policy wording.

This is NOT a medical scheme and will not be a substitute for medical scheme membership. The cover is not the same as that of a medical scheme. It fills the GAP between what is covered by your medical scheme, and the actual amount charged by your medical practitioner for in-hospital procedures.

Insurer - Guardrisk Insurance Company Limited is a licenced non-life insurer and an authorised Financial Services Provider (FSP 75).
Tel: 011 669 1000 / www.guardrisk.co.za
Intermediary – Cubix Solutions (Pty) Ltd is an authorised financial services provider (FSP 42788).
Underwriting Manager – Ambledown Financial Services (Pty) Ltd is an authorised financial services provider (FSP 10287).

GUARDRISK
TAILORED RISK SOLUTIONS

Waiting Periods:

The benefits are subject to waiting periods and applicable limits. These are outlined in full in the policy wording which you are required to read and understand. This document is not your policy wording.

- The only time we would not apply the 3 month general waiting periods is:
    - Claims qualifying as an accident in terms of the policy definition,

      Or
    - If the client changes GAP cover policies with similar benefits offered by different product providers with the same insurer.
- An insured incident where an insured person has received treatment or advice 12 months prior to the inception of the policy, is excluded for the first 12 months of the policy.
- Benefit upgrades: A 3 month general waiting period and 12 month pre-existing clause will apply to the additional benefits obtained when a member upgrades cover. The existing benefits enjoyed prior to the upgrade will not be subjected to the waiting periods mentioned, proving the original waiting periods have expired.



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Elixi Executive Single Plus Benefits



GAP COVERAGE

This plan covers medical expenses shortfall from 101% up to an additional 600% of the medical practitioner cost for in-hospital procedures and specified outpatient procedures.

Cover is limited up to an additional six times the medical scheme tariff but does not provide for additional costs of prosthesis, materials and medication. It covers the services provided by specialists, general practitioners and medical professionals during the period of hospitalisation.



CASUALTY BENEFIT

If you receive emergency medical treatment in a hospital casualty unit, this benefit will cover the treatment costs, where such costs were not met by the medical scheme.

Limited to R11,000 in the aggregate per insured person per annum.

"***Emergency***" means the sudden and, at the time, unexpected onset of a health condition requiring immediate medical treatment and/or operation, whereby if the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or death.



SUB-LIMITATION

You will be covered for charges above any sublimitation or deductible imposed by the medical scheme for in-hospital procedures and treatment.

The medical scheme sets sub-limits on medical scheme benefits. These limits can be set per procedure type in order to manage exposure.

E.g. Your medical scheme covers R5 000 for your hip prosthesis, the total cost is R8 000 therefore you will be liable for the R3 000 but you can then claim for the R3 000 from the sub-limitation benefit.



CO-PAYMENT

If you are required to pay an upfront fee, before medical assistance is administered (e.g. MRI scan), this benefit will cover that cost.

"***Co-Payment***" means a stated amount imposed as a co-payment or deductible by a medical scheme. A co-payment or deductible must be indicated in the rules of the medical scheme as approved by the council for medical schemes.

A co-payment or deductible as a result of an agreement between a member and a medical scheme will not qualify for benefits in terms of this policy.

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GUARDRISK TAILORED RISK SOLUTIONS

ONCOLOGY

This benefit provides for cancer treatment in a private facility subject to the Medical Scheme rules in the form of a co-payment or deductible applied after the sub-limitation imposed by the Medical Scheme for Cancer treatment. Treatment includes in-hospital expenses, chemicals, medication and out-patient radiotherapy or chemotherapy however treatment excludes the cost of specialist's consultations.

Extended Cancer Treatment Cover includes Biological Cancer Drugs, Immunotheraphy, Hormone Therapy, Targeted Therapy (including Small Molecule Drugs), Photodynamic Therapy.

HOSPITAL EXCESS COVER

Covers the amount which exceeds the limitations applicable under the medical scheme option and/or charges above the hospital limitation.

Hospital Excess Cover is subject to a minimum excess of R200,000.

PREMIUM WAIVER (only applicable to non-senior members)

In the event of accidental death and total or permanent disability due to an accident of the principal member of the medical scheme, the benefit will pay the medical scheme premiums at the time of the incident for six months within the stated limitations.

This benefit will commence on the first day of the following month from the date of the incident.

The Premium Waiver benefit terminates at the earlier of the member reaching the benefit expiry age of sixty-five. Claims submitted before the benefit expiry age will be assessed and paid, but claims after the benefit expiry age will not be accepted. The Premium Waiver benefit is not available on the Senior package.

To access any of the above benefits, please call us on 0860 333 343.
Visit www.flexi.co.za for a list of general exceptions.

All Gap Cover benefits above are subject to the overall limit of R226,881 per insured person per annum.



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GUARDRISK TAILORED RISK SOLUTIONS

Value Added Protection Services (VAPS)

Powered by HELP ME!

Crisis Centre

State-of-the-art crisis management centre, available 24 hours a day, 7 days a week. Provides expert crisis assistance and emergency co-ordination for all services as well as public services.

Call a GP or Nurse

The 24 hour GP helpline is staffed by medical professionals and provides medical advice and assistance to ELIXI members. Members will be able to discuss a number of medical related matters including: medical advice, second opinion, guidance on drug regime and telephonic follow up after diagnosis and treatment.

C5 HIV Prevention Programme

In the event that an ELIXI policy holder is exposed to HIV through a trauma or assault, the member will have access to: 24 hour telephonic HIV advice and counseling line, emergency evacuation to HIV treatment facility (ER24 only), medical consultation, 3 day starter pack, 25 day antiretroviral HIV treatment including, sexually transmitted disease therapy and pathology tests.

Trauma Counselling

In the event that an ELIXI member is involved in a traumatic event or is witness to a traumatic event the member will have access to: unlimited telephonic counselling, referral to a qualified counsellor, and face to face counselling with a qualified counsellor limited to R3 000 per event.

Household Assistance

This service will provide ELIXI members with a callout and up to one hour's labour (initial fault only), for emergency events that relate to plumbing, electrical faults, faults with essential appliances, damage to external windows, and emergencies where a locksmith is required.

To access these benefits, please call the Crisis Centre on 0861 444 442



PLAN PRICING PER MONTH (INCLUDING VAT)

	Executive Single Plus	Executive Single Plus Senior
Commission	R79.95	R101.70
Admin Fee	R15.16	R20.23
Binder Fee	R86.60	R115.60
Risk Premium	R251.30	R340.47
VAPs	R136.00	R137.00
Total Premium	R569.00	R715.00

*The premiums are guaranteed for a year and normally renewed annually in January.
* There is also a once-off activation fee for VAPs of R60.00

CONTACT DETAILS

CUSTOMER SERVICES: 0860 333 343 |

EMAIL: client.services@cubix.co.za | www.elixi.co.za |

Insurance benefits detailed in this document are subject to a cell captive relationship between Guardrisk Insurance Company Limited(Cell Insurer) and Vida Product Services (Pty)Ltd(Cell Owner), as a result of a shareholder and subscription agreement concluded between the Cell Insurer and the Cell Owner, whereby the Cell Owner is entitled to share in the profits and losses generated by the insurance business. Cubix operates as an Non Mandatory intermediary (NMI) operating on behalf of the Cell Insurer and Cell Owner.Therefore, this is an arrangement whereby Guardrisk shares equity with Vida Product Services (Pty) Ltd through a shareholding arrangement and provides Vida Product Services (Pty) Ltd a vehicle through which to write the Vida Product Services (Pty) Ltd insurance risks.

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