

Turnberry Gap Cover 2025 Product Brochure

Navigating the way



INSURER



LOMBARD
(FSP NO.1596)

Turnberry
GAP COVER
NAVIGATING THE WAY
(FSP.no. 36571)

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You navigate through your life creating experiences.

During the tough times, you need a partner that will be by your side navigating you to safety. This is why the iconic watchful Turnberry Lighthouse, situated on the point of the Turnberry Golf Course, Scotland; rises out of the darkness to carefully guide vessels to safety, inspired us. Much like its steady and constant beam of light that shows ships their safe passage away from danger, our products aim to help our clients journey through life by helping them deal with medical expense shortfalls and co-payments that usually arise when you or one of your dependants is hospitalised.

Turnberry navigates the way through medical expense shortfalls, allowing you to create experiences in life.

You have a partner. **Turnberry. Navigating the way.**

Founded in 2001, Turnberry is an authorised financial services provider (FSP no. 36571) and specialises in Health and Accident Insurance, Travel Insurance and Funeral Cover. Turnberry Health and Accident Insurance products are available to clients on all open Medical Schemes and most Closed Schemes, but are independently provided and are therefore transferable in the event of a change in the client's Medical Scheme.

OUR PARTNERS

Lombard Insurance Company Limited
Travel Insurance Consultants (TIC)
a division of Santam Limited

(Insurer of short term insurance products)
(Product provider of travel insurance)

We offer
DIFFERENT PRODUCTS
to suit a range of
DIVERSE NEEDS

*Our mission is to
offer our clients
security and
assurance, especially
during those times
when they need us
most.*

Our products are
COMPATIBLE
with all registered open Medical Schemes
and most closed schemes in SA

We offer unsurpassed
SERVICE EXCELLENCE

QUICK CLAIMS turnaround

CONTACT US

TO CONTACT US
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Website:	www.turnberry.co.za		

Please note that 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.

Disclaimer: This document is a summary for information purposes only and does not supersede the Policy terms and conditions. In the event of any discrepancy, the Policy terms and conditions will prevail.



WHAT IS GAP COVER?

Medical Expense shortfalls are a reality. Don't be burdened with unexpected medical fees when your doctor charges more than the medical aid rate for in-hospital treatment, or the hospital charges co-payments for operations.

Gap cover is a short-term insurance product that helps protect you from medical expense shortfalls, which happen when your doctor charges more than the medical aid rate for in-hospital treatment, or the hospital charges co-payments for operations. These unanticipated expenses can leave you with an unexpected financial burden that you will have to pay for out of pocket. With rampant medical inflation and the cost of medical procedures constantly increasing, this could easily run into hundreds of thousands of Rands.

As medical aids are under constant pressure to balance benefits with affordable contributions, they have had to resort to creative strategies to attempt to maximise coverage. This means that co-payments now exist where previously there were none, and members are now being restricted to using certain providers at certain networks, with penalties applied if patients go outside of these networks.

Gap cover should be part of your financial planning no matter your age or life stage. It is never too early to start thinking about your financial future, because the sooner you start the more time you have to plan, save and invest. Effective financial planning is essential whether you are in your 20s, your 80's or any age in between, and this does not just mean having retirement annuities in place. With the rising cost of medical treatment and increasing shortfalls in medical aid cover, medical expenses can easily become a burden, and while you are typically young and healthy earlier in life, accidents happen and the older you get, the more likely you are to need costly medical treatment. Gap cover has become a vital part of a comprehensive financial planning toolset, no matter what your current age or life stage is.

[FOR MORE
INFORMATION
CLICK HERE](#)



NAVIGATING THE WAY





Polyp of nasal cavity

Amount Charged:
R244 267,83

Medical aid Paid:
R115 782,40

Turnberry paid
R128 485,43



Other fusion of spine lumbar region

Amount Charged:
R189 212,88

Medical aid Paid:
R63 477,80

Turnberry paid
R125 735,08



Cardiomyopathy - unspecified

Amount Charged:
R187 369,13

Medical aid Paid:
R62 785,92

Turnberry paid
R124 583,21



Other cervical disc displacement

Amount Charged:
R164 779,20

Medical aid Paid:
R45 161,75

Turnberry paid
R119 617,45



Acute ischaemic heart disease - unspecified

Amount Charged:
R185 136,19

Medical aid Paid:
R70 129,07

Turnberry paid
R115 007,12



Lumbar and other intervertebral disc disorders with radiculopathy

Amount Charged:
R170 317,17

Medical aid Paid:
R56 449,82

Turnberry paid
R113 867,35



Malignant neoplasm connective and soft tissue - unspecified

Amount Charged:
R181 159,20

Medical aid Paid:
R76 426,14

Turnberry paid
R104 733,06



Spinal stenosis cervicothoracic region

Amount Charged:
R198 578,40

Medical aid Paid:
R95 986,40

Turnberry paid
R102 592,00

Lifetime Claims per Client

Individual claims can be substantial, potentially involving significant financial costs and emotional stress. They are also rarely limited to a single instance per client. Often, one claim can lead to a cascade of additional claims, compounding the overall impact. For example, an initial claim might uncover further issues and trigger related claims. The cumulative effect of these claims can be overwhelming and extremely costly for the client.

Client 1
Lifetime Claims
R529 598,61

Client 2
Lifetime Claims
R450 224,52

Client 3
Lifetime Claims
R437 464,33

Client 4
Lifetime Claims
R398 585,02

Client 5
Lifetime Claims
R395 882,08

HOW DOES IT WORK?

Co-payment Cover

A co-payment or deductible is an upfront amount that needs to be paid to the:



before undergoing certain procedures, as specified by your Medical Scheme. When you experience a co-payment for a procedure or scan (as specified by your Medical Scheme) you would need to pay for the co-payment up-front and then claim the amount back from your Turnberry Policy (provided that the plan you selected offers co-payment cover).

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✓	✓	✓

Non-DSP Hospital Cover

Should you choose to go to a hospital or day clinic outside of your Medical Scheme's Hospital Network/ Designated Service Providers, you would be liable for a portion of the account, as specified by your Medical Scheme.

Example: Henry's Medical Scheme stipulates that he needs to go to hospital X, if he chooses to go to another hospital he would need to pay the first R8 700 of the hospital account. Henry chooses to go to hospital Y and pays the R8 700 and then claims it back from his Turnberry Premier Policy.

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✓	✗	✗

Medical Expense Shortfall Cover

A Medical Expense Shortfall is the difference between what medical service providers (e.g. Doctors, basic and specialised Radiology, Pathology, Specialists, Consumables) charge and what Medical Schemes pay for the treatment performed in hospitals and day clinics, provided that it is paid from the Hospital Benefit or risk benefit of the Medical Scheme.



Medical Expense Shortfall Cover includes cover for:

Specialists, Basic and specialised Radiology, Physiotherapy, Consumables (e.g. plasters, cotton wool etc), Pathology, Prescribed Minimum Benefits

Premier	Optimal	Synergy	Launch	Med-Extend
= 600%	= 500%	= 500%	= 350%	= 300%

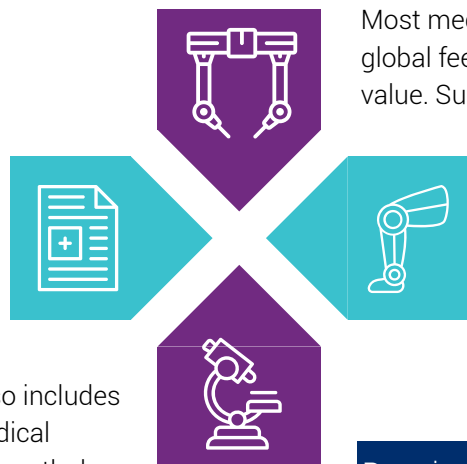
Sub-limit Cover

SUB-LIMIT COVER

When a Medical Scheme will only pay for a certain procedure, prosthetic device or scan up to a specified limit, this is a sub-limit.

PATHOLOGY

Turnberry's sub-limit cover also includes cover for pathology if your medical scheme has an annual limit for pathology.



ROBOTIC SURGERY

Most medical schemes fund for robotic surgery up to a global fee, where all the treatment is capped at a rand value. Sub-limit cover, assists in these instances

INTERNAL PROSTHESIS

Includes but not limited to: prosthetic hips, intraocular lenses, stents, cochlear implants, heart valves, screws, rods, cages used in surgery, hernia mesh, pacemakers

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✓	✗	✗

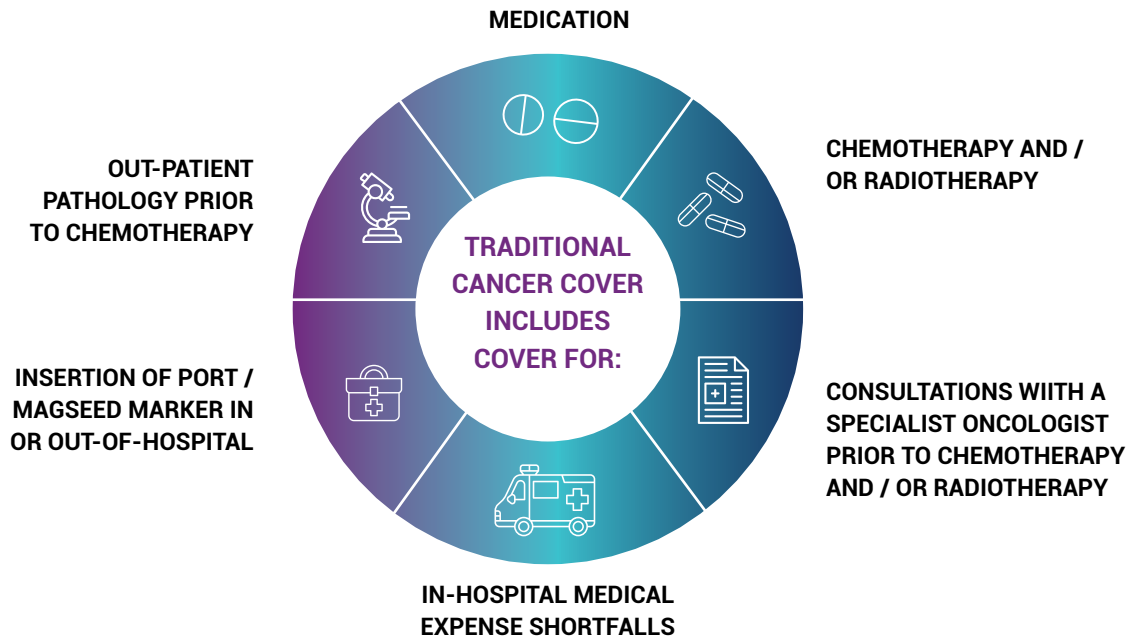
Traditional Cancer Cover

If you have depleted your cancer benefit on your Medical Scheme, you may become liable for co-payments or the full cost of any further cancer treatment, as specified by your Medical Scheme.

Example 1: Johan who has lung cancer has finished his R250 000 cancer benefit available to him on his Medical Scheme and now he is liable for the full cost of his cancer treatment. Johan still needs to undergo chemotherapy sessions. Luckily, he has a Turnberry Premier Policy and he can submit the costs of his further chemotherapy sessions to Turnberry.

Example 2: Deon has finished his R250 000 cancer benefit available to him on his Medical Scheme and still needs to undergo chemotherapy. His Medical Scheme will pay for 80% of the account for his chemotherapy. Deon is glad he listened to his Financial Advisor and took out a Turnberry Optimal Policy, now he can submit the account to Turnberry.

Premier	✓
Optimal 20% co-payment	✓
Synergy	✗
Launch	✗
Med-Extend	✗



Biological Cancer Drug Cover

When you require treatment with Biological Cancer Drugs your Medical Scheme may only pay for them up to a certain limit. The following Drugs are covered on Premier and Optimal only:

Herceptin	Faslodex	Avastin
Mylotarg	Velcade	Erbix
Nexavar	Tarceva	Sutent
Gleevec	Alimta	Fludara
Sprycel	Zevalin	Mabthera

Innovative Cancer Cover

Recently the development of new cancer drugs have become available e.g. Immunotherapy.

It is important to note that there has to be a benefit from the medical scheme.

The Innovative Cancer Cover will provide R12 000 cover per claim for these new high cost cancer drugs.

These drugs are extremely high cost and are not fully funded by medical schemes leaving members out-of-pocket.

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✗	✗	✗

Premier	Optimal	Synergy	Launch	Med-Extend
✓	✓	✗	✗	✗

PREMIER

Monthly premium: R673 per family for under 65yrs

Monthly premium: R968 per family for 65yrs+

Monthly premium: R496 per individual for under 65yrs

Monthly premium: R677 per individual for 65yrs+



In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 600% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

NON-DSP HOSPITAL PENALTY COVER

R16 500 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R43 000 per admission per insured, **including Robotic Surgeries**. Subject to the Overall Annual Limit

TRAUMA RECOVERY COVER

Provides cover for when the Medical Scheme has imposed a sub-limit on a step-down facility for physical rehabilitation as a result of an accident which occurred while on the Policy. Limited to R6 000 per admission per insured and R10 000 per family per annum. Subject to the Overall Annual Limit

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 600% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

SUB-LIMIT COVER

R34 000 per admission per insured for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R6 000 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R43 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R18 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R5 000 per event. Limited to 3 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R55 000 per family per annum. Subject to the Overall Annual Limit

BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN

Increases the Medical Aid rate up to 600% for basic dentistry for children up to and including 12 years old. Limited to R5 000 per family per annum. Subject to the Overall Annual Limit

In-hospital and out-of-hospital benefits

TRADITIONAL CANCER COVER

Pays for treatment in a private facility, including sub-limits, deductibles or co-payments related to cancer treatment. Subject to the Overall Annual Limit

BIOLOGICAL CANCER DRUG COVER

Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary (see pg 15) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R12 000 per claim. Subject to the Overall Annual Limit

MRI AND CT SCAN COVER

Provides cover for MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R8 000 per event and 2 claims per family per annum. Subject to the Overall Annual Limit

INVESTIGATIVE TREATMENT

Scopes for Screening purposes will be limited to 1 every 5 years, per insured person and R8 500. Subject to the Overall Annual Limit.

TRAUMA CARE COVER

Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, a victim of a violent crime or experienced the death of an immediate family member. Limited to R3 000 per consultation and R8 000 per family per annum. Subject to the Overall Annual Limit

BREAST CANCER PREVENTION COVER

Increases the Medical Aid rate up to 600% for a Prophylactic Mastectomy. Subject to clinical entry criteria and the Overall Annual Limit

BREAST CANCER RECONSTRUCTION COVER

Increases the Medical Aid rate up to 600% for a breast reconstruction post mastectomy due to cancer for the affected breast. Reconstruction of the unaffected breast for the purposes of symmetry, when there is no benefit on the Insured person's Medical Scheme is limited to R29 000 per insured person, per lifetime. Subject to the Overall Annual Limit

For waiting periods please refer to page 15

Added benefits

CANCER DIAGNOSIS BENEFIT

Once off payment for first diagnosis of Cancer based on the stage at time of diagnosis:

Stage 1	R7 500	Stage 2	R18 000
Stage 3	R25 000	Stage 4	R30 000

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R7 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme Contribution Payer

GAP PREMIUM WAIVER

Pays the premium of your Premier Policy for 12 months in the event of death or permanent and total disability as a result of an accident of the Contribution Payer

PERSONAL ACCIDENT BENEFIT

R34 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R13 500 per insured on the Policy in the event of death due to a critical illness (excludes cancer)

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)



**Premier is
the umbrella**

sheltering your entire family. It offers a vast range of benefits to cater for unforeseen medical expense shortfalls and provides comprehensive cancer benefits.

OPTIMAL

Monthly premium: R510 per family for under 65yrs

Monthly premium: R736 per family for 65yrs+



In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 500% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to Overall Annual Limit

NON-DSP HOSPITAL PENALTY COVER

R13 500 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R33 000 per admission per insured, limited to R72 000 pfpa, **including Robotic Surgeries**. Subject to the Overall Annual Limit

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS

Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES

R6 000 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R33 000 per event per insured. Limited to R72 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R12 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R5 000 per event. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 500% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

SUB-LIMIT COVER

R24 000 per admission and R50 000 per family per annum for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R24 000 per admission and R50 000 per family per annum. Subject to the Overall Annual Limit

BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN

Increases the Medical Aid rate up to 500% for basic dentistry for children up to and including 12 years old. Limited to R4 000 per family per annum. Subject to the Overall Annual Limit

In-hospital and out-of-hospital benefits

TRADITIONAL CANCER COVER

Co-payment cover for traditional cancer treatment limited to 20% per admission. Subject to the Overall Annual Limit

BIOLOGICAL CANCER DRUG COVER

Provides cover for Biological Cancer Drugs when the Medical Scheme imposes a sub-limit. Subject to the formulary (see pg 15) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R12 000 per claim. Subject to the Overall Annual Limit

MRI AND CT SCAN COVER

Covers the cost of MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R7 000 per event and 2 claims per family per annum. Subject to the Overall Annual Limit

TRAUMA CARE COVER

Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, has been a victim of a violent crime or experienced the death of an immediate family member. Limited to R3 000 per consultation and R7 000 per family per annum. Subject to the Overall Annual Limit

BREAST CANCER PREVENTION COVER

Increases the Medical Aid rate up to 500% for a Prophylactic Mastectomy. Subject to clinical entry criteria and the Overall Annual Limit

BREAST CANCER RECONSTRUCTION COVER

Increases the Medical Aid rate up to 500% for a breast reconstruction post mastectomy due to cancer for the affected breast. Reconstruction of the unaffected breast for the purposes of symmetry, when there is no benefit on the Insured person's Medical Scheme is limited to R22 000 per insured person, per lifetime. Subject to the Overall Annual Limit

INVESTIGATIVE TREATMENT

Scopes for Screening purposes will be limited to 1 every 5 years, per insured person and R6 500. Subject to the Overall Annual Limit.

For waiting periods please refer to page 15

Optimal provides a broad array of benefits

Enhancing your medical aid by up to 500% of medical aid rates – all at a family-friendly price. By providing cover in the area of oncology, as well as several other value-adds, Optimal has become one of Turnberry's most-popular Gap Cover products.

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R7 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme Contribution Payer

GAP PREMIUM WAIVER

Pays the premium of your Optimal Policy for 12 months in the event of death or permanent and total disability as a result of an accident of the Contribution Payer

PERSONAL ACCIDENT BENEFIT

R19 500 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R9 500 per insured on the Policy in the event of death due to a critical illness (excludes cancer)

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)





SYNERGY

Monthly premium: R441 per family for under 65yrs
Monthly premium: R628 per family for 65yrs+

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER
Increases the Medical Aid rate up to 500% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

CO-PAYMENT COVER
Subject to the Overall Annual Limit

NON-DSP HOSPITAL PENALTY COVER
R10 500 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER
R33 000 per admission per insured, limited to R72 000 pfpa, **including Robotic Surgeries**. Subject to the Overall Annual Limit

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Out-of-hospital benefits

CO-PAYMENTS FOR MRI, CT AND PET SCANS
Subject to the Overall Annual Limit

CO-PAYMENTS FOR SCOPES
R6 000 per event. Limited to 2 claims per insured per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS
R33 000 per event per insured. Limited to R72 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS
R12 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS
R4 000 per event. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit. Treatment is restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

In-hospital and out-of-hospital benefits

MRI AND CT SCAN COVER
Covers the cost of MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R5 500 per event and 1 claim per family per annum. Subject to the Overall Annual Limit

TRAUMA CARE COVER
Covers the cost of trauma counselling consultations with a registered healthcare provider after a member has been diagnosed with a critical illness, has been a victim of a violent crime or experienced the death of an immediate family member. Limited to R3 000 per consultation and R6 000 per family per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 15

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R7 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer

GAP PREMIUM WAIVER

Pays the premium for your Synergy Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer

PERSONAL ACCIDENT BENEFIT

R13 500 per insured on the Policy, in the event of accidental death or permanent and total disability

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 500% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN

Increases the Medical Aid rate up to 500% for basic dentistry for children up to and including 12 years old. Limited to R3 000 per family per annum. Subject to the Overall Annual Limit

CO-PAYMENT COVER

Subject to the Overall Annual Limit

SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS

Covers the cost of dental implants for reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Limited to R24 000 per admission and R50 000 per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R24 000 per admission and R50 000 per family per annum for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit



Synergy offers a healthy spectrum of benefits at a very attractive price.

It ensures you and your family are covered for the most common types of claims, covers medical expense shortfalls of up to 500%, and caters for the likes of sub-limits, casualty benefits and co-payments.

MED-EXTEND

Monthly premium: R398 per family for under 65yrs

Monthly premium: R562 per family for 65yrs+

Benefits

IN-HOSPITAL PROCEDURES FUNDED BY YOUR MEDICAL SCHEME

Increases the Medical Aid rate up to 300%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

DEFINED PROCEDURES EXCLUDED BY YOUR MEDICAL SCHEME

Med-Extend will assist in paying for Defined Procedures that have been excluded by your Medical Scheme up to a specified rand value, as listed below. Subject to the Overall Annual Limit

CO-PAYMENT COVER

R6 500 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R7 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer

GAP PREMIUM WAIVER

Pays the premium for your Med-Extend Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENT AND ILLNESS

R4 500 per family per annum. The Casualty Benefit for Illness will be restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

MRI AND CT SCAN COVER

Covers the cost of MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R5 500 per event and 1 claim per family per annum. Subject to the Overall Annual Limit

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 300% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

MedBoost

MedBoost provides a lump sum benefit pay-out when you need to undergo a Defined Procedure and have been claim free for a number of years. The MedBoost pay-out would depend on the number of consecutive claim free years you have had as per the table provided.

Number of claim free years	MedBoost pay-out
3 years	R3 500
4 years	R4 500
5 years	R5 500
5+ years	R6 500

For waiting periods please refer to page 15

Defined Procedures	Benefit
Arthroscopic surgery	R75 000
Back or neck surgery	R75 000
Bunion surgery	R22 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R95 000
Dental procedures for impacted teeth for children younger than 18 years	R22 000
Dental procedures for reconstructive surgery required due to an accidental event	R95 000
Functional nasal surgery	R32 000
Joint replacement surgery	R65 000
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R36 000
Non-Cancerous breast conditions	R28 000
Oesophageal reflux and hiatus hernia surgery	R70 000
Removal of varicose veins	R28 000
Skin disorders (including benign growths and lipomas)	R28 000
Endoscopic procedures	R8 500



Med-Extend has been designed to assist clients with **medical expense shortfalls** for Specialists and with covering Defined Procedures that have been excluded on their specific Medical Scheme option.



LAUNCH

Monthly premium: R169 per family for under 65yrs

Monthly premium: R294 per family for 65yrs+

This launches you into the world of Gap Cover, offering essential benefits and covering medical expense shortfalls for Specialists up to 350% of medical aid rate. Launch is one of the most price-effective Gap Cover solutions on the market.

In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 350% (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

CO-PAYMENT COVER

R4 000 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENTS

R7 000 per event per insured. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R7 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme Contribution Payer

GAP PREMIUM WAIVER

Pays the premium of your Launch Policy for 12 months in the event of death or permanent and total disability as a result of an accident of the Contribution Payer

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

In-hospital dental cover

MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 350% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

FORMULARY AND WAITING PERIODS

Waiting Periods

- A 3-month general waiting period applies to all benefits (except in the event of an accident, which occurred while on the Policy). In the event the commencement date of the Policy is the same as the commencement date of the Medical Scheme, no 3-month general waiting period will apply to Medical Expense Shortfall Cover
- A 10-month waiting period on pregnancy/childbirth
- A 12-month waiting period on investigations, treatment or surgery for:
hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of an accident, which occurred while on the Policy), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus

Biological Cancer Drugs

The lists below provide the Biological Cancer Drugs covered under Premier and Optimal

LIST OF DRUGS

Herceptin	Faslodex	Avastin
Mylotarg	Velcade	Erbix
Nexavar	Tarceva	Sutent
Gleevec	Alimta	Fludara
Sprycel	Zevalin	Mabthera



FOR MORE
INFORMATION
CLICK HERE



NAVIGATING THE WAY



EXTENDED FAMILY COVER

The "Family" means the Principal Insured person and the eligible spouse, and eligible children, who have not attained the age of 26 years unless mentally or physically disabled and unable to earn any form of income. Any dependants falling under this definition are included at no additional cost.

If you have extended family or an additional dependant registered on your Medical Scheme and they do not qualify in terms of our definition of a "Family" as per the definition above, you may add them onto your Policy. The cost per each additional extended family member or dependant is detailed below.

Product	Ages 26 - 64 (incl) Rate per person	Ages 65 - 79 (incl) Rate per person	Ages 80+ Rate per person
Premier	R174	R562	R716
Optimal	R163	R459	R587
Synergy	R162	R454	R580
Launch	R40	R69	R105
Med-Extend	R150	R566	R722



Exceptions

Turnberry shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
 2. LASIK or Lasik (laser-assisted in situ keratomileusis) surgery or any type of refractive surgery for correcting myopia, hyperopia, and astigmatism;
 3. Investigations, treatment or surgery for obesity its sequela or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an insured event otherwise insured. For the purpose of this exception cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
 4. Routine physical or any procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or X-ray examinations except in the course of a disability established by prior call or attendance of a Medical practitioner;
 5. Suicide, attempted suicide or intentional self-injury;
 6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a Medical Practitioner (other than the Insured person) or drug addiction;
 7. An event directly attributable to the Insured person having an alcohol content exceeding the legal limit or the Insured person suffering from alcoholism or any illness caused by the use of alcohol;
 8. Participation in:
 - a. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike, or the activities of locked-out workers
 - b. Aviation other than as a passenger
 - c. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
 9. Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility;
 10. No benefits are payable which should be provided by the Medical Scheme, this exception includes ward fees, theatre fees, medicines, appliances and other hospital expenses;
 11. No benefits shall be payable in the event of fraudulent submission by the claimant;
 12. No benefits shall be payable in the event the insured did not pre-authorise, make use of a Designated Service Provider (this is not applicable to the Non-DSP Hospital Penalty Cover on Premier, Optimal and Synergy) or any condition set by the Insured's Medical Scheme;
 13. No benefits shall be payable in the event there is no benefit for the treatment and/or the condition or if it is excluded and/or declined by the Insured's Medical Scheme (including split billing) or if the Medical Scheme pays less than tariff for benefits associated with costs incurred above Medical Aid rate;
 14. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or as an out-patient (as defined);
 15. The table of benefits applies in the territory of the RSA and no benefits are payable for expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft;
 16. No ward fee benefits shall be payable in respect of any additional costs incurred as a result of confinement to a private ward if such confinement to a private ward was requested by the Insured person;
 17. Treatment resulting from failure to carry out the instructions of a Medical Practitioner;
 18. Treatment for the Casualty Illness Benefit when treatment was not received between the hours of 18:00-06:00 Mondays-Fridays, Saturdays, Sundays and Public Holidays;
 19. Injuries arising from professional sport or any other recreational activity which is not commonly recognised as a sport and/or involves uncontrolled competition, unusual skill or violent activity and is generally considered to be inherently dangerous for the emergency casualty benefit (as defined in the Policy document) provided in a hospital out-patient emergency facility;
- ADDITIONAL EXCEPTIONS APPLICABLE ONLY TO PREMIER, OPTIMAL AND SYNERGY OPTIONS
20. Psychiatric conditions including but not limited to depression, insanity, mental and or stress related conditions for co-payments and sub-limits;
 21. Co-payments and Sub-limits are covered for dentistry except for investigations, treatment or surgery related to dental implants, except in the event for reconstructive maxillofacial surgery as a result of oral cancer or an accident (which occurred/ was diagnosed while on the Policy) and will be limited to R50 000 per policy per annum. No benefit is payable while an Insured person is within a waiting period;
 22. Benefit 1 (Private Rate Cover) for dentistry is limited to impacted wisdom teeth, orthognathic surgery, and/ or reconstructive maxillofacial surgery as a result of an accident while on the Policy and oral cancer (which was diagnosed while on the Policy). No benefit is payable while an Insured person is within a waiting period;
 23. Basic Dental Medical Expense Shortfall Cover for children will only be covered for children up to (and including) 12 years of age.
 24. No benefits shall be payable for gender reassignment treatment and/or surgery or the reversal thereof.
- ADDITIONAL EXCEPTION APPLICABLE TO TRAUMA RECOVERY COVER
25. The step down facility must be authorised and paid from the Medical Scheme's Risk Benefit (i.e. not from day to day benefits);
ADDITIONAL EXCEPTION APPLICABLE TO MED-EXTEND
 26. For the Defined Procedures listed on the Policy no benefit shall be payable unless the Defined Procedure has been fully declined by the Insured person's Medical Scheme.



TRAVEL ASSIST

International travel cover through TIC is offered as an added-value to Turnberry Policyholders upon request.

The cover ensures end-to-end emergency assistance by air, land or sea. Notification of travel must be given to Turnberry on 011 677 9891 at least 48 hours prior to departure, during the hours 08h00 to 16h00 Monday to Friday (excluding public holidays). You will then be issued with a travel certificate.

Benefits and conditions

- 90 days cover per trip
- No limit on the number of times a person travels per annum
- R5 000 000 medical expenses cover
- No excess for in-hospital cost
- Evacuation and repatriation anywhere in the world
- Compassionate emergency visit
- Medical expenses cover for specified sporting activities
- Medical assistance and advice 24 hours a day, 7 days a week
- Dental: R10 000, excess of R350
- Quarantine Expenses of R3 000 per day up to a maximum of R30 000, excess of R500
- No pre-existing conditions covered
- Excess of R350 per claim for persons 0 - 69 years of age and R1 000 excess for persons over the age of 70 years for all out-of-hospital treatment



Top up cover available to Policyholders under the age of 69 years.

Top up cover

	excl. USA	incl. USA
1 - 14 Days	R565	R785
15 - 30 Days	R1 100	R1 520
31 - 60 Days	R1 615	R2 240
61 - 90 Days	R2 140	R2 965

The above rates are per person traveling.

Additional top up	Cover
Additional cover for medical and related expenses	R15 000 000
Daily Hospital Cash Benefit	R 7 000 (R500 per day)
Medical expenses relating to pre-existing medical conditions (in-hospital only)	R750 000
Accidental death	R250 000
Accidental permanent and total disablement	R1 000 000
International journey postponement	R10 000 (R500 excess)
International journey cancellation	R20 000 (R500 excess)
International journey curtailment	R20 000 (R500 excess)
International journey extension	R20 000 (R500 excess)
International journey postponement	R10 000 (R500 excess)
Missed connection	R20 000 (R500 excess)
Replacement airfare	R20 000 (R500 excess)
Travel delay	R3 000 (minimum of 6hrs)
Personal liability	R2 000 000
Weather Conditions	R10 000 (R500 excess)
Denied Visa	R15 000 (R500 excess)
Hijack & Hostage	R 37 500 (R750 per day)
Legal Expenses	R10 000
Luggage	R20 000 (R350 excess)
Single item limit	R5 000
Cash and documents	R2 500
Luggage delay	R2 000 (minimum of 6hrs)
Car Rental Excess Waiver	R5 000 (R500 Excess)

Client Testimonials

THERE WHEN I NEEDED THEM THE MOST

What a great experience when submitting my claim. Turnberry was there when I needed them most. The assistance I received was more than I expected. I would recommend Turnberry to anyone who showed interest.

PEACE OF MIND

My experience was good. Turnberry Staff assisted me a professional manner with much empathy and patience. I WAS MOST IMPRESSED HOW MY CLAIM WAS HANDLED. For peace of mind of self and family, it's a must. DONT DELAY. I have no hesitation in recommending Turnberry Gap Cover.

HAVE TO HAVE IT!

No nonsense and honest! Quick and easy claim process. Not optional you HAVE to have it! Highly recommend to family and friends.

EXCELLENT SERVICE

The Turnberry Broker has been nothing but supportive throughout my whole claim. Definitely a must. I had a partial hip replacement and not even 3 weeks later needed a full hip replacement. I was not disappointed with the claim submission / payment. Excellent service.

PROFESSIONALISM

My experience with support was absolutely phenomenal! From the receptionist who answered the call to explain the process, to the actual claim assistant who processed and explained things to me in detail. I must be honest and explain the simplicity of Turnberry gap cover. The professional manner in which the claims' assessors conduct themselves. I have already recommended your gap cover to 12 of my family members. Service - EXCELLENT!!

PAID OUT TIMEOUSLY

Cover for birth-related shortfall of R22k paid out timeously. Waiting period for pregnancy claims is 10 months so plan ahead, and partner can be added to existing policy at no additional cost.

10 OUT OF 10 !

I hereby want to thank you for the excellent service of Turnberry Gap Cover. With every call that I have made to Turnberry I was served with patience, kindness and friendliness and every one that I have spoken to assisted me with any query. I will highly recommend anybody to make use of the Turnberry Gap Cover. Out of 10 I will surely give Turnberry 10.

PROMPT AND EFFICIENT

I received the usual prompt and efficient service as always. Would definitely recommend due to my personal dealings with the company. Work in a medical practice and so have exposure to various GAP insurers. Turnberry are by far the most efficient in my working environment.

WHAT A GREAT EXPERIENCE

What great experience I had with Turnberry. They were so professional and most of all so speedy to settle my claim. Very seldom does one get this kind of service, I can really recommend them with a good heart.

CLAIM PROCESS SO SIMPLE

Turnberry Gap Cover offers excellent gap cover at a cost which will not break the bank. The claims process is simple, and the payout happens within 10 days. Would HIGHLY recommend their services.

IMPECCABLE SERVICE

I joined Turnberry in December 2023. When my husband suddenly fell ill in May 2024 there was a number of accounts from the hospital and doctors that was not covered by my medical aid. I contacted Turnberry, and a staff member took me step by step through the entire process of submitting my documentation and claim form online to Turnberry. The process is very user friendly. With the high rates charged by specialists, Gap cover is a must even if you have a medical aid fund. I would recommend Turnberry to anybody that is considering Gap cover. Their service is impeccable and from my experience they definitely rate a 10!

TOP OF THE GAME

Turnberry are at the top of the game; service is great and every person considering Gap cover should put Turnberry at the top of the list for choice.

HASSLE-FREE CLAIM SUBMISSION

My claims were processed hassle-free. I want to thank Turnberry for the efficient way in which this claim was dealt with, well done to all.

GREAT GAP COVER

Absolutely amazing experience with Turnberry! Professional, always accessible consultants and claims assessors who know what they are doing! I would recommend them to anyone looking for a good gap cover!

CLAIM FINALISED IN 2 DAYS

This was my first claim. What a surprise - the amount I've claimed, was paid into my bank account within 2 days - excellent service!!! Well done.

FRIENDLY, PROFESSIONAL – GLAD I SWITCHED

Turnberry Cap Cover finalized my claim without any issues. Whenever I called, I was dealt with in a friendly and professional manner. The claim application was done online and the whole process was quick and efficient. I am glad I switched to Turnberry.

HIGHLY RECOMMENDED

I have had 3 interactions with Turnberry and on all account was I helped without any issues at all. 1st time I supplied them with a quote to understand if it would be covered in which they responded in a timely fashion. 2nd and 3rd time I claimed and both was handled extremely fast without any issues at all. I would really recommend them to anyone.



FOR MORE
INFORMATION
CLICK HERE

EASY TO CLAIM

Turnberry claim form

You can get the claim form under documents on our website.

You can also access the online claim form at <https://turnberry.co.za/claim-form/> (this can be completed and submitted online).

Requirements

A list of the requirements appears on the Claim form as well.

Should we require any further documentation, an email will be sent to you and your broker advising you of the outstanding requirements.

Turnberry Claims

Please submit the following to claims@turnberry.co.za



Invoices

All doctors invoices and/or statements

Hospital accounts

Please request a detailed invoice from the hospital's accounts department that includes date of admission, date of discharge and the ICD-10 codes and Procedure codes

Medical Aid Remittance/ Claim Statement

This statement from the Medical Aid will reflect the invoiced amount(s) for the service providers, the amounts paid and/or rejected by the Medical Aid.

Please note all claims are assessed in terms of the Benefits provided by the Policy and the Policy Terms and Conditions. Once a claim is admitted, the claimed amount is paid directly to the Policyholder who must settle outstanding amounts with the service providers. Provided that all requirements are received valid claims are settled within 10 working days.

All these documents are required with every claim as each document contains relevant information required to process the claim. You have 5 months to provide written notice from the date of treatment of a pending claim. Outstanding documentation needs to be submitted within 90 days from the date, outstanding documentation is requested by Turnberry. Please do not hesitate to contact Turnberry should you have any queries.

[CLICK HERE TO COMPLETE ONLINE CLAIM FORM](#)





CORPORATE GROUP GAP COVER

PREMIER GROUP OPTION

OPTIMAL GROUP OPTION

SYNERGY GROUP OPTION

LAUNCH GROUP OPTION

MED-EXTEND GROUP OPTION

*Rates are subject to change due to the demographics of a groups



RATES DEPENDENT ON GROUP DEMOGRAPHICS

- Ave age
- Medical aid option
- Voluntary or compulsory
- Nature of business
- Current claims report/NLR



TAILOR MAKE A PRODUCT FOR GROUPS OF 500+



GROUPS - 20+ MEMBERS FOR 2025



FAVOURABLE UNDERWRITING (WAITING PERIODS) dependent on size of group. To be discussed.



ELECTRONIC TAKE-ON

Employee benefits form an influential part in the corporate talent attraction and retention strategy, and companies can leverage these contributions to differentiate their employee value proposition (EVP). As such, many businesses have started to offer Employee Assistance Programmes (EAP) to cater to physical, financial and mental health, along with the more common medical aid, pension and provident funds. However, while screening is offered as part of EAP, and medical aid pays for a portion of medical expenses, the reality is that the shortfalls between what medical aid pays and what medical procedures cost is widening all the time. Adding gap cover into the employee benefit basket is cost effective and can make a real difference in employees' lives – and productivity – today as well as in the future.

THE TRUE COST

With the gap between medical aid payments and the cost of procedures growing, as well as new treatments coming in that are not fully covered by medical schemes, many people cannot afford the co-payment or shortfalls that will result from having necessary treatments and procedures. These shortfalls can run into tens of thousands of rands, sums that most people simply do not have available to them. Often in these instances, people will try and treat problems that require surgical intervention with conservative means, which in turn results in increased sick leave as they take time off when they are in pain or unwell. Their well-being also suffers because of ongoing pain and suffering from

not being able to seek the right treatment. When they cannot avoid surgery any longer, the payments can put them into significant financial difficulty. They may have to take loans from the bank, or microloans from the business, make payment arrangements with doctors, and in general deal with considerable stress at a time when their health should be the focus.

PEACE OF MIND AND FINANCIAL WELL-BEING

The addition of gap cover to benefits is an affordable way for corporates to make a real, tangible difference to their employees' health and financial well-being. With gap cover in place, those who need medical treatments or surgical interventions can seek the care they need without fear of massive financial repercussions. Co-payments and shortfalls are covered up to the Overall Annual Limit (OAL), providing peace of mind and allowing people to prioritise their health. In the case of unexpected illness or injury, the added stress of having to pay for these shortfalls is reduced.

THE BENEFITS OF GROUP GAP COVER

Corporates have access to group gap cover for their employees, which has a number of benefits over private gap cover, including preferential rates and reduced waiting periods. Value-added benefits include access to trauma counselling, additional cancer cover and a lump sum pay-out on first cancer diagnosis, depending on the plan, all of which can help with both financial and mental well-being.

LOMBARD INSURANCE COMPANY LIMITED



Turnberry Management Risk Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP no. 36571). Underwritten by Lombard Insurance Company Limited, an Authorised Services Provider (FSP no 1596) an Insurer conducting non-life insurance business.

Lombard Insurance Company Limited, started in 1990 by the visionary George Lombard as a niche insurer operating specifically in guarantee markets, has developed into a multifaceted business that provides diversified insurance and related solutions to the business market.

Lombard values the entrepreneurial spirit – it's how we started in 1990 and how we've grown our businesses. Finding unique offerings and solutions, reacting to situations at critical moments, changes in the market and new opportunities – even in and from the most unexpected places and businesses – is core to what makes us leaders in specialist insurance. With more than R5.2 billion in assets (as at June 2021) and an A+ rating from Global Credit Ratings for our claims-paying ability, Lombard Insurance Company Limited is financially solid and poised for growth.

TURNBERRY MANAGEMENT RISK SOLUTIONS (PTY) LTD

Turnberry, founded in 2001, offers a range of products best suited to your needs, providing unsurpassed service, while at the same time helping you to avoid the potential financial burden of exorbitant medical expense shortfalls.

During the tough times, you need a partner that will be by your side navigating you to safety. This is why the iconic watchful Turnberry Lighthouse, situated on the point of the Turnberry Golf Course, Scotland; rises out of the darkness to carefully guide vessels to safety, inspired us. Much like its steady and constant beam of light that shows ships their safe passage away from danger, our products aim to help our clients journey through life by helping them deal with shortfalls and co-payments that usually arise when you or one of your dependents is hospitalised. Turnberry navigates the way through medical expense shortfalls, allowing you to create experiences in life.

You have a partner.

Turnberry. Navigating the way.



**You navigate through
life creating experiences
Turnberry will give you peace of mind.**

Product Comparison 2025

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

	PREMIER R673 per family for under 65yrs R968 per family for 65yrs+ R496 per individual for under 65yrs R677 Individual for 65yrs+	OPTIMAL R510 per family for under 65yrs R736 per family for 65yrs+	SYNERGY R441 per family for under 65yrs R628 per family for 65yrs+	LAUNCH R169 per family for under 65yrs R294 per family for 65yrs+	MED-EXTEND R398 per family for under 65yrs R562 per family for 65yrs+
In-hospital benefits					
MEDICAL EXPENSE SHORTFALL COVER	600%	500%	500%	350%	300%
CO-PAYMENT COVER	OAL	OAL	OAL	R4 000 per admission. 1 claim pfpa	R6 500 per admission. 2 claims pfpa
NON-DSP HOSPITAL PENALTY COVER	R16 500 per admission. 2 claims pfpa	R13 500 per admission. 1 claim pfpa	R10 500 per admission. 1 claim pfpa	-	-
SUB-LIMIT COVER	R43 000 per admission	R33 000 per admission. R72 000 pfpa	R33 000 per admission. R72 000 pfpa	-	-
TRAUMA RECOVERY COVER	R6 000 per admission. R10 000 pfpa	-	-	-	-
DEFINED PROCEDURES	-	-	-	-	Refer to page 13
MEDBOOST	-	-	-	-	Refer to page 12

In-hospital and out-of-hospital benefits

TRADITIONAL CANCER COVER	OAL	20% co-payment cover	-	-	-
BIOLOGICAL CANCER DRUGS	OAL	OAL	-	-	-
INNOVATIVE CANCER DRUG COVER	R12 000 per claim	R12 000 per claim	-	-	-
MRI AND CT SCAN COVER	R8 000 per event. 2 claims pfpa	R7 000 per event. 2 claims pfpa	R5 500 per event. 1 claim pfpa	-	R5 500 per event. 1 claim pfpa
TRAUMA COUNSELLING COVER	R3 000 per consult. R8 000 pfpa	R3 000 per consult. R7 000 pfpa	R3 000 per consult. R6 000 pfpa	-	-
BREAST CANCER PREVENTION COVER	600%	500%	-	-	-
BREAST CANCER RECONSTRUCTION COVER	Affected Breast 600%. Unaffected breast R29 000 per lifetime	Affected Breast 500%. Unaffected breast R22 000 per lifetime	-	-	-
SCREENING SCOPES	Limited to 1 every 5 years, per insured person and R8 500. Subject to the OAL	Limited to 1 every 5 years, per insured person and R6 500. Subject to the OAL	-	-	-

Out-of-hospital

CO-PAYMENTS FOR MRI, CT AND PET SCANS	OAL	OAL	OAL	OAL	-	-
CO-PAYMENTS FOR SCOPES	R6 000 per event, 2 claims per insured	R6 000 per event, 2 claims per insured	R6 000 per event, 2 claims per insured	R6 000 per event, 2 claims per insured	-	-
SUB-LIMIT COVER FOR MRI, CT AND PET SCANS	R43 000 per event	R33 000 per event. R72 000 pfpa	R33 000 per event. R72 000 pfpa	R33 000 per event. R72 000 pfpa	-	-
CASUALTY BENEFIT FOR ACCIDENTS	R18 000 per event	R12 000 per event	R12 000 per event	R12 000 per event	R7 000 per event	R4 500 / 1 pfpa
CASUALTY BENEFIT FOR ILLNESS	R5 000 per event. 3 claims pfpa	R5 000 per event. 2 claims pfpa	R5 000 per event. 2 claims pfpa	R4 000 per event. 2 claims pfpa	-	-

In-hospital dental benefits

MEDICAL EXPENSE SHORTFALL COVER	600%	500%	500%	500%	350%	300%
BASIC DENTAL MEDICAL EXPENSE SHORTFALL COVER FOR CHILDREN	R5 000 pfpa for children up to and incl 12 yrs	R4 000 pfpa for children up to and incl 12 yrs	R4 000 pfpa for children up to and incl 12 yrs	R3 000 pfpa for children up to and incl 12 yrs	-	-
CO-PAYMENT COVER	OAL	OAL	OAL	OAL	-	-
SUB-LIMIT COVER	R34 000 per admission	R24 000 per admission. R50 000 pfpa	R24 000 per admission. R50 000 pfpa	R24 000 per admission. R50 000 pfpa	-	-
SUB-LIMIT AND CO-PAYMENT COVER FOR DENTAL IMPLANTS	R55 000 pfpa	R24 000 per admission. R50 000 pfpa	R24 000 per admission. R50 000 pfpa	R24 000 per admission. R50 000 pfpa	-	-

Added benefits (not subject to OAL)

FIRST DIAGNOSIS OF CANCER BENEFIT	Stage1 - R7 500 Stage 2 - R18 000 Stage 3 - R25 000 Stage 4 - R30 000	-	-	-	-	-
MEDICAL SCHEME CONTRIBUTION WAIVER	R7 500 / 6 months	R7 500 / 6 months	R7 500 / 6 months	R7 500 / 6 months	R7 500 / 6 months	R7 500 / 6 months
GAP PREMIUM WAIVER	12 months	12 months	12 months	12 months	12 months	12 months
PERSONAL ACCIDENT BENEFIT	R34 000 per insured	R19 500 per insured	R19 500 per insured	R13 500 per insured	-	-
DEATH DUE TO CRITICAL ILLNESS (excludes cancer)	R13 500 per insured	R9 500 per insured	R9 500 per insured	-	-	-
ACCESS TO INTERNATIONAL TRAVEL COVER	R5 million	R5 million	R5 million	R5 million	R5 million	R5 million

INSURER
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LOMBARD
(FSP no.1596)


Turnberry
GAP COVER
NAVIGATING THE WAY
(FSP no. 36571)

Turnberry Management Risk Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP no. 36571). Underwritten by Lombard Insurance Company Limited, an authorised Services Provider (FSP no. 1596) an Insurer conducting non-life insurance business

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to Apply Now
and Get Cover**

Contact Turnberry on 011 677 9891 or
visit the website www.turnberry.co.za

