

Turnberry Gap Cover 2027 Product Brochure

Navigating the way



INSURER



LOMBARD
(FSP no.1596)

CONTENTS

What is gap cover?	02
Case Studies	03
How does it work?	04
Premier	06
Optimal	08
Dynamic	10
Synergy	12
Med-Extend	14
Launch	16
Formulary and	
Waiting periods	17
Who is Covered?	18
Exceptions	19
Claims Process	20
Lombard Partnership	21
Corporate Group Gap Cover	22
2027 Product Comparison	24

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

Underwritten by Lombard Insurance Company Limited, an Authorised Services Provider (FSP no 1596) an Insurer conducting non-life insurance business.

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

We offer
DIFFERENT PRODUCTS
to suit a range of
DIVERSE NEEDS

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
CLICK ON THE LINK



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Claims:	claims@turnberry.co.za	Travel Insurance:	gordenes@turnberry.co.za
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?

Gap Cover is short-term insurance designed to help protect you against certain medical expense shortfalls not fully covered by your medical scheme. These may include co-payments, sub-limits and specialist fees charged above the scheme rate. As healthcare costs continue to rise and medical scheme benefits become more restricted, Gap Cover provides an important layer of financial protection. It helps reduce the impact of unexpected medical expenses, giving you greater confidence and peace of mind when you need it most.

Why Gap Cover Matters

Medical aid may not cover every healthcare expense in full. Specialists can charge above medical scheme rates, while co-payments, sub-limits and network restrictions may leave you responsible for unexpected out-of-pocket costs. Gap Cover provides an additional layer of short-term insurance protection against certain medical expense shortfalls. It helps reduce the financial impact of treatment costs that are not fully covered by your medical scheme.

Unexpected medical events can happen at any stage of life. With the right Gap Cover in place, you can focus on accessing the care you need, with greater confidence that your financial wellbeing is protected. At Turnberry, our purpose is to provide reassurance, security and support when it matters most.

**FOR MORE
INFORMATION
CLICK HERE**



CLIENT TESTIMONIALS



I WAS SO VERY HAPPY AND IMPRESSED WITH YOUR SERVICE!

My claim was processed speedily and professionally. After an operation, it is wonderful not having to concern oneself with the additional admin. I really appreciate TURNBERRY for taking care of the gap cover for me.

I definitely chose the right gap cover and have informed my friends about your service too.

TURNBERRY IS MY BEST COMPANY!!

We've been with Turnberry Gap Cover for quite a few years now. They've always been amazing, paying very promptly! They obviously only pay what your medical aid doesn't cover for in-hospital only. The last few years my Wife and I have been hospitalised often, and they've never rejected a claim.

They've paid more than my medical aid has paid, at a fraction of the cost!

I WAS "WOWED" WITH THE OUTSTANDING CUSTOMER SERVICES FROM TURNBERRY from step 1 Pre-Op claims discussions to the final post-op payments. Your staff has an extended knowledge and educate one as we go – very informative and long-lasting memory of the way forward. I am very pleased with the overall core value of Turnberry. YOU are there when mostly needed in difficult and chaotic times. Awesome Quality experience. Take it especially in our high cost of living where you as a patient does not know what will be charged additionally and 500% of cost then Turnberry steps in. 100% of all claims paid successfully by MediHelp and then the gap cover by Turnberry. Also for that amount that was paid out to me for less than R400 a month is the BEST special ever!!



Endometriosis

Amount Charged:
R107 555,30

Medical aid Paid:
R18 610,50

Turnberry paid
R88 944,75



Delivery by emergency caesarean section

Amount Charged:
R39 780,00

Medical aid Paid:
R5 902,70

Turnberry paid
R29 513,50



Sprain and strain involving cruciate ligament of the knee

Amount Charged:
R69 464,44

Medical aid Paid:
R16 197,50

Turnberry paid
R53 266,94



Malignant neoplasm Larynx

Amount Charged:
R187 295,70

Medical aid Paid:
R33 483,60

Turnberry paid
R147 736,10



Chronic tonsillitis

Amount Charged:
R35 852,56

Medical aid Paid:
R11 221,90

Turnberry paid
R24 630.66



Deviated nasal septum

Amount Charged:
R74 999,80

Medical aid Paid:
R20 363,60

Turnberry paid
R54 636,20



Dislocation of shoulder joint

Amount Charged:
R59 241,38

Medical aid Paid:
R16 132,60

Turnberry paid
R43 108,78



[VIEW MORE
CASE STUDIES](#)

Lifetime Claims per Client

Medical claims are not always once-off events. An initial diagnosis or procedure can reveal further complications, resulting in additional treatment, follow-up procedures and a series of related claims. As these costs accumulate, the financial pressure can become overwhelming—adding further stress during an already difficult time. Without adequate protection, the combined impact on your health, recovery and financial wellbeing can be significant. Turnberry Gap Cover provides valuable financial support when medical expenses escalate, helping you focus on your recovery with greater confidence and peace of mind.

Client 1
Lifetime Claims
R704 891.07

Client 2
Lifetime Claims
R580 597.45

Client 3
Lifetime Claims
R560 693.72

Client 4
Lifetime Claims
R497 117.45

Client 5
Lifetime Claims
R483 473.07

HOW DOES IT WORK?

Co-payment Cover

Certain medical procedures or scans require an upfront payment—known as a co-payment or deductible—before treatment can take place. These costs are determined by your medical scheme and can apply at hospitals, radiologists, or day clinics.

With Turnberry's Co-Payment Cover (available on selected plans), you can claim back these out-of-pocket expenses, ensuring you're not left financially exposed when undergoing approved procedures.

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

Non-DSP Hospital Cover

If you choose to receive treatment at a hospital or day clinic that is **not part of your Medical Scheme's Designated Service Provider (DSP) network**, you may be responsible for a portion of the bill, as defined by your scheme.

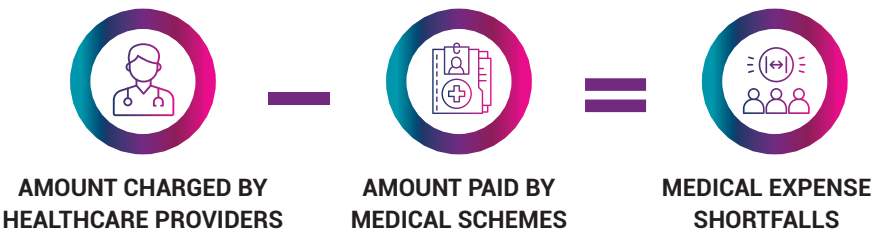
For example, if your medical scheme requires you to use Hospital X but you opt for Hospital Y instead, you may need to pay a set amount upfront. With Turnberry's Gap Cover (available on selected plans), this cost can be claimed back, helping you access care where it suits you best.

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

Medical Expense Shortfall Cover

A medical expense shortfall occurs when the amount charged by healthcare providers—such as doctors, specialists, radiologists, or pathologists—exceeds what your medical scheme covers from its hospital or risk benefit.

These shortfalls often arise during treatment in hospitals or day clinics and can result in significant out-of-pocket costs. Turnberry's Gap Cover helps bridge this gap, giving you financial protection when your medical scheme funding falls short.



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	Dynamic	Synergy	Launch	Med-Extend
= 600%	= 500%	= 500%	= 500%	= 350%	= 300%

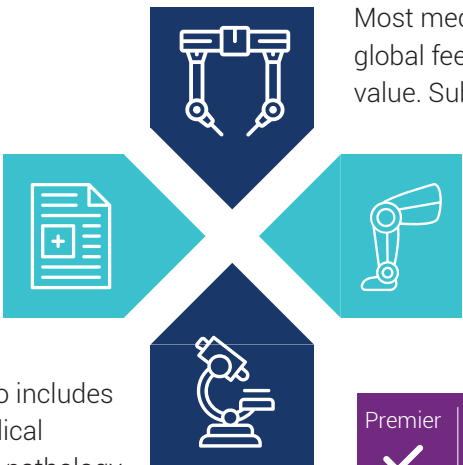
Sub-limit Cover

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	Dynamic	Synergy	Launch	Med-Extend
✓	✓	✓	✓	✗	✗

Traditional Cancer Cover

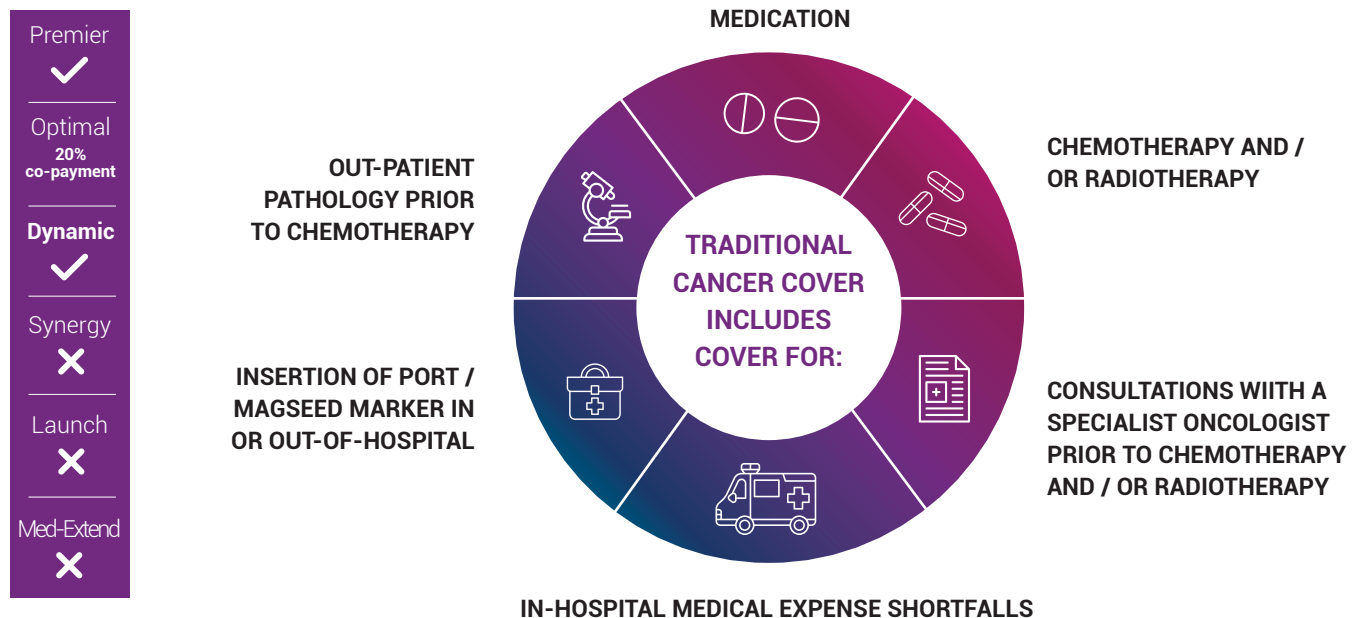
If you have depleted your cancer benefit on your Medical Scheme, you may become liable for co-payments or the full cost of any further cancer treatment, as specified by your Medical Scheme.

Susan: Support Beyond Her Medical Scheme Limit

Susan reached her Medical Scheme's R250 000 cancer treatment limit while still requiring ongoing chemotherapy. With the available benefit exhausted, she became personally responsible for the full cost of her continued treatment. Fortunately, Susan had a Turnberry Premier Gap Cover policy. This provided additional financial support towards her eligible treatment costs, helping her continue receiving the care she needed without facing overwhelming financial pressure.

Mark: Covering the Cancer Treatment Shortfall

Mark reached his Medical Scheme's R250 000 cancer benefit limit while still requiring further chemotherapy. Although his Medical Scheme continued to cover 80% of the treatment costs, Mark remained responsible for the remaining 20%. Fortunately, his Financial Advisor had recommended a Turnberry Optimal Gap Cover policy. This allowed Mark to claim the eligible shortfall from Turnberry, helping him continue his treatment with greater financial confidence and peace of mind.



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

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

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 R14 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	Dynamic	Synergy	Launch	Med-Extend
✓	✓	✗	✗	✗	✗



**APPLY AND
GET COVER**

**GET A TURNBERRY REPRESENTATIVE
TO CONTACT YOU TO ASSIST WITH THE
SOLUTION TO SUIT YOUR NEEDS.**



PREMIER

Monthly premium:

Per family: R810 for under 65yrs | R1 161 for 65yrs+

Per individual: R576 for under 65yrs | R800 for 65yrs+

Premier Youth: R337



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

R19 000 per admission. Limited to 3 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R50 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 R7 000 per admission per insured and R12 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

R40 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

R7 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

R50 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R21 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R6 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 R65 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 R6 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 (Refer page on Formulary and Waiting periods) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R14 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 R9 500 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 R10 000. 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 600 per consultation and R9 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 R35 000 per insured person, per lifetime. Subject to the Overall Annual Limit

For waiting periods please refer to page 17

Added benefits

CANCER DIAGNOSIS BENEFIT

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

Stage 1: R8 500 | Stage 2 : R21 000

Stage 3: R30 000 | Stage 4: R36 000

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R9 000 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

R40 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R16 000 per insured on the Policy in the event of death due to a critical illness (excludes cancer)

Youth Option Eligibility

The Youth Option applies when the main policyholder is under the age of 26 and no dependants over the age of 26 are included on the policy.

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover. We have also negotiated preferential rates for top up benefits for travellers under the age of 69.

This benefit is provided through Santam Travel Insurance and does not form part of your GAP cover product, it is a value-added product with its own terms and conditions.

Notification of travel required 48 hours prior to departure from RSA

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:

Per family: R600 for under 65yrs | R870 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

R16 000 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R39 000 per admission per insured, limited to R80 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

R7 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

R39 000 per event per insured. Limited to R80 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R14 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R6 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

R28 500 per admission and R53 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 R28 500 per admission and R53 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 R5 000 per family per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 17

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 (Refer page on Formulary and Waiting periods) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R14 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 R8 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 600 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 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 R26 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 R7 500. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R9 000 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

R23 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R11 500 per insured on the Policy in the event of death due to a critical illness (excludes cancer)

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover.

We have also negotiated preferential rates for top up benefits for travellers under the age of 69. This benefit is provided through Santam Travel Insurance and does not form part of your GAP cover product, it is a value-added product with its own terms and conditions.

Notification of travel required 48 hours prior to departure from RSA.

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.



DYNAMIC

DYNAMIC is designed for a new generation of healthcare consumers – smart, proactive, and on the move. Tailored for young professionals and couples starting out, this Gap Cover solution offers flexible, affordable protection from costly medical shortfalls. With a focus on simplicity, value, and peace of mind, DYNAMIC helps you confidently navigate your healthcare journey—knowing you're covered when it counts most

	Dependants				
Pricing Incl Vat	0	1	2	3	4
Ages 0 - 29	R190	R350	R545	R655	R765
Ages 30 - 49	R350	R500	R660	R790	R900
Ages 50 - 64	R420	R540	R675	R830	R985
Ages 65+	R660	R830	R1 024	R1 200	R1 380

UNDERSTANDING YOUR PREMIUM

Your rate category is determined by the age of the oldest person insured on the policy.

For example: If you are between the ages of 30 and 49 and have no dependants, your monthly premium will be R350. If you take out a policy for yourself and add one dependant, the total monthly premium will be R500. This structure ensures that your pricing is transparent and tailored to your household's specific needs.

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

R11 000 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R22 000 per family per annum. 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

R7 000 per family per annum. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R22 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R11 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R2 200 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

CO-PAYMENT COVER

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 (Refer page on Formulary and Waiting periods) and 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 R5 500 per event and limited to 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 R2 200 per consultation and R9 000 per family per annum. Subject to the Overall Annual Limit

NO EXTENDED FAMILY ALLOWED FOR THE DYNAMIC OPTION

For waiting periods please refer to page 17

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.

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R 9 000 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 Dynamic 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

R10 000 per insured on the Policy in the event of accidental death or permanent and total disability

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover.

We have also negotiated preferential rates for top up benefits for travellers under the age of 69. This benefit is provided through Santam Travel Insurance and does not form part of your GAP cover product, it is a value-added product with its own terms and conditions.

Notification of travel required 48 hours prior to departure from RSA





SYNERGY

Monthly premium:

Per family: R545 for under 65yrs | R750 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

R12 500 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R38 000 per admission per insured, limited to R77 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

R7 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

R38 000 per event per insured. Limited to R77 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R14 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R4 800 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 R6 500 per event and 1 claim per family per annum. Subject to the Overall Annual Limit

For waiting periods please refer to page 17

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 600 per consultation and R7 000 per family per annum. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R9 000 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

R16 000 per insured on the Policy, in the event of accidental death or permanent and total disability

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover.

We have also negotiated preferential rates for top up benefits for travellers under the age of 69. This benefit is provided through Santam Travel Insurance and does not form part of your GAP cover product, it is a value-added product with its own terms and conditions.

Notification of travel required 48 hours prior to departure from RSA

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 600 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 R28 500 per admission and R53 000 per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R28 500 per admission and R53 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:

Per family: R443 for under 65yrs | R658 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

R7 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 R9 000 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

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover. We have also negotiated preferential rates for top up benefits for travellers under the age of 69. This benefit is provided through Santam Travel Insurance and does not form part of your GAP cover product, it is a value-added product with its own terms and conditions. Notification of travel required 48 hours prior to departure from RSA

Out-of-hospital benefits

CASUALTY BENEFIT FOR ACCIDENT AND ILLNESS

R5 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 R6 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	R4 000
4 years	R5 200
5 years	R6 300
5+ years	R7 500

For waiting periods please refer to page 17

Defined Procedures	Benefit
Arthroscopic surgery	R85 000
Back or neck surgery	R85 000
Bunion surgery	R26 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R110 000
Dental procedures for impacted teeth for children younger than 21 years	R26 000
Dental procedures for reconstructive surgery required due to an accidental event	R110 000
Functional nasal surgery	R37 000
Joint replacement surgery	R75 000
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R42 000
Non-Cancerous breast conditions	R32 000
Oesophageal reflux and hiatus hernia surgery	R80 000
Removal of varicose veins	R33 000
Skin disorders (including benign growths and lipomas)	R33 000
Endoscopic procedures	R11 000
Adenoidectomy, myringotomy (grommets), tonsillectomy	R18 000

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.

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:

Per family: R191 for under 65yrs | R330 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

R5 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

R8 500 per event per insured. 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.

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R9 000 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

COMPLIMENTARY INTERNATIONAL TRAVEL COVER

Turnberry has secured free international travel cover for policyholders which provides R5 million medical emergency cover.

We have also negotiated preferential rates for top up benefits for travellers under the age of 69. This benefit is provided through Santam Travel Insurance and does not form part of your GAP cover product, it is a value-added product with its own terms and conditions.

Notification of travel required 48 hours prior to departure from RSA

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

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



FOR MORE
INFORMATION
[CLICK HERE](#)

NAVIGATING THE WAY

Biological Cancer Drugs

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

LIST OF DRUGS

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





WHO IS COVERED?

Who is covered under the family premium?

- The Principal Insured person
- Their Spouse (a spouse may be on a different medical aid membership)
- Children under the age of 26:
 - Children need to be on the medical aid membership of the Principal Insured person or spouse
 - Full-time students who are on their own medical aid membership (proof of studies and medical aid membership certificate)
- Children over 26 years who are physically or mentally disabled and unable to earn any form of income

Adult Dependants

If you have an Adult Dependant (sibling, parent etc.) on your Medical Aid membership who isn't covered under the family premium you may add them on to your policy, but you will need to pay an additional premium per month for each Adult Dependant. The premium is listed in the table below

Product	Ages 26 - 64 (incl) Rate per person	Ages 65 - 79 (incl) Rate per person	Ages 80+ Rate per person
Premier	R207	R671	R855
Optimal	R195	R548	R700
Synergy	R193	R542	R692
Launch	R48	R83	R126
Med-Extend	R178	R675	R862



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, DYNAMIC 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.
27. Exclusion of Steriotactic Radiotherapy (applicable to the Synergy, Dynamic, Med-extend and Launch Options)

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



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 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.



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



GROUP GAP COVER:

An Investment in Your People

PREMIER GROUP OPTION

OPTIMAL GROUP OPTION

SYNERGY GROUP OPTION

LAUNCH GROUP OPTION

MED-EXTEND GROUP OPTION

TAILOR MAKE A PRODUCT
FOR GROUPS OF
500+ MEMBERS

Contact James White
for a quote
jamesw@turnberry.co.za



REDUCED RATES

dependent on the
group demographics

- Number of members
- Medical aid option
- Claims Ratio (of existing gap cover if applicable)
- Avg Age



GROUPS CAN BE:

- Compulsory (all employees join)
- Voluntary employees can choose if they would like to take up the cover)
- A minimum of 20 members applies



PREMIUM PAYMENT

Premiums can be paid via a payroll deduction / EFT or we can debit employees individually



REDUCED WAITING PERIODS



ELECTRONIC TAKE-ON

can be done by an excel spreadsheet that contains the employees details

Group Gap Cover is more than an employee benefit—it is an investment in your workforce that can support performance, strengthen retention and contribute to a positive workplace culture.

STAND OUT BY CARING MORE

Today's employees are looking for more than a salary. They want to feel valued, supported and protected. Offering Group Gap Cover demonstrates a genuine commitment to employee wellbeing. It helps build trust, encourages loyalty and creates a workplace where employees know their health and financial security matter.

WHY EMPLOYEE BENEFITS SHOULD GO BEYOND MEDICAL AID RISING MEDICAL COSTS. GROWING FINANCIAL STRESS.

Healthcare costs continue to rise, while Medical Schemes increasingly apply co-payments, benefit limits, sub-limits and provider network restrictions. These shortfalls can leave employees facing unexpected medical expenses at a time when they are already managing the emotional and physical impact of illness or injury. The resulting financial pressure may lead to stress, debt or delayed treatment—ultimately affecting employee wellbeing, morale and productivity.

CLOSING THE FINANCIAL GAP

Group Gap Cover helps protect employees against eligible medical expense shortfalls that may not be fully covered by their Medical Scheme. Depending on the selected plan, cover may include shortfalls between specialist charges and Medical Scheme rates, co-payments, sub-limits and other qualifying costs associated with hospital treatment or specialised procedures.

By helping employees manage unexpected healthcare expenses, Group Gap Cover provides valuable financial protection and greater peace of mind when it matters most.

A PRACTICAL SOLUTION FOR EMPLOYEE WELLBEING

By removing the barrier of out-of-pocket medical expenses, Group Gap Cover empowers employees to seek timely care and avoid financial hardship. This leads to:



Faster treatment and recovery



Reduced time off work



Improved focus, morale, and peace of mind

It's a smart solution that supports both physical and financial wellbeing—essential ingredients for a productive, resilient workforce.

DRIVING STRATEGIC VALUE FOR EMPLOYERS AND BROKERS

Brokers can play a key role in integrating Group Gap Cover into a broader employee wellness strategy. When carefully matched to existing medical aid options and workforce demographics, Group Gap Cover adds real, visible value—not just a tick-box benefit.

For employers, this is a cost-effective way to:



Boost retention and employee satisfaction



Reduce absenteeism



Support long-term financial resilience among staff



Demonstrate a genuine commitment to employee care

Some policies go even further, offering value-added benefits such as:



Casualty cover for accidents or emergencies



Trauma counselling



Additional cancer benefits

COST-EFFECTIVE AND EASY TO IMPLEMENT

Increasing Medical Scheme contributions can be costly and may still leave employees exposed to healthcare shortfalls. Group Gap Cover provides valuable additional protection at a fraction of the cost. With competitive group rates, flexible underwriting options and minimal administration, it is an affordable benefit for employers and an accessible solution for employees.

Turnberry provides quotations for both voluntary and compulsory groups, subject to a minimum group size of 20 employees. For added flexibility, premiums can be collected through the employer's payroll or debited directly from each employee's bank account should the employer prefer not to manage payroll deductions.

WHY GAP COVER IS ONE OF THE BEST EMPLOYEE BENEFITS

Gap Cover provides meaningful protection that employees may need during some of life's most difficult moments. It helps reduce the financial stress associated with unexpected medical expenses while complementing an employee's existing Medical Scheme benefits. It is affordable, practical and relevant across different ages and life stages, making it a valuable addition to a comprehensive employee benefits offering.

CONTINUATION OF COVER

Employees who have been insured through their employer's Group Gap Cover policy for 12 months or longer may have the option to continue their cover in their personal capacity when they leave the company.

This continuation of cover allows qualifying employees to remain insured at the same premium, providing valuable continuity and peace of mind during a change in employment.

**GET CORPORATE
GROUP COVER**



Product Comparison 2027

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 benefits		PREMIER Under 65 R810/Over 65 R1161 Individual Under 65 R576 Individual Over 65 R800 Premier Youth - R337	OPTIMAL R600 per family for under 65yrs R870 per family for 65yrs+	DYNAMIC Refer to Dynamic Product Page on page 10	SYNERGY R545 per family for under 65yrs R750 per family for 65yrs+	LAUNCH R191 per family for under 65yrs R330 per family for 65yrs+	MED-EXTEND R443 per family for under 65yrs R658 per family for 65yrs+
Medical Expense Shortfall Cover		600%	500%	500%	500%	350%	300%
Co-Payment Cover		OAL	OAL	OAL	OAL	R5 000 per admission. 1 claim pfpa	R7 500 per admission. 2 claims pfpa
Non-Dsp Hospital Penalty Cover		R19 000 per admission. 3 claims pfpa	R16 000 per admission. 2 claims pfpa	R11 000 per admission. 1 claim pfpa	R12 500 per admission. 1 claim pfpa	-	-
Sub-Limit Cover		R50 000 per admission.	R39 000 per admission. R80 000 pfpa	R22 000 pfpa	R38 000 per admission. R77 000 pfpa	-	-
Trauma Recovery Cover		R7 000 per admission. R12 000 pfpa	-	-	-	-	-
Defined Procedures		-	-	-	-	-	Refer to page 15
Medboost		-	-	-	-	-	Refer to page 14

In-hospital and out-of-hospital benefits

Traditional And Biological Cancer Cover	OAL	20% - Co Payment	OAL	-	-	-	-	-	-	-	-	-	-	-	-
Innovative Cancer Drug Cover	R14 000 per claim	R14 000 per claim	-	-	-	-	-	-	-	-	-	-	-	-	-
MRI And CT Scan Cover	R9 500 per event. 2 claims pfpa	R8 000 per event. 2 claims pfpa	R5 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa	R6 500 per event. 1 claim pfpa
Trauma Counselling Cover	R3 600 per consult. R9 000 pfpa	R3 600 per consult. R8 000 pfpa	R2 200 per consult. R9 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa	R3 600 per consult. R7 000 pfpa
Breast Cancer Prevention Cover	600%	500%	-	-	-	-	-	-	-	-	-	-	-	-	-
Breast Cancer Reconstruction Cover	Affected Breast 600%. Unaffected breast R35 000 per lifetime	Affected Breast 500%. Unaffected breast R26 000 per lifetime	-	-	-	-	-	-	-	-	-	-	-	-	-
Screening Scopes	Limited to 1 every 5 years, per insured person and R10 000. Subject to the OAL	Limited to 1 every 5 years, per insured person and R7 500. Subject to the OAL	-	-	-	-	-	-	-	-	-	-	-	-	-

Out-of-hospital benefits

Co-payments for MRI, CT and PET scans	OAL	OAL	OAL	OAL	OAL	-	-
Co-Payments For Scopes	R7 000 per event. 2 claims per insured	R7 000 per event. 2 claims per insured	R7 000 per event. 2 claims per insured	R7 000 per event. 2 claims per insured	R7 000 per event. 2 claims per insured	-	-
Sub-Limit Cover for MRI, CT and PET Scans	R50 000 per event	R39 000 per event. R80 000 pfpa	R39 000 per event. R80 000 pfpa	R38 000 per event. R77 000 pfpa	R38 000 per event. R77 000 pfpa	-	-
Casualty Benefit For Accidents	R21 500 per event	R14 000 per event	R14 000 per event	R11 000 pfpa	R14 000 per event	R8 500 per event	R5 500 pfpa
Casualty Benefit For Illness	R6 000 per event. 3 claims pfpa	R6 000 per event. 2 claims pfpa	R6 000 per event. 2 claims pfpa	R2 200 per event. 2 claims pfpa	R4 800 per event. 2 claims pfpa	-	

In-hospital dental benefits

Medical Expense Shortfall Cover	600%	500%	500%	500%	500%	350%	300%
Basic Dental Medical Expense Shortfall Cover For Children	R6 000 pa for children up to and incl 12 yrs	R5 000 pa for children up to and incl 12 yrs	R5 000 pa for children up to and incl 12 yrs	-	R3 600pa for children up to and incl 12 yrs	-	-
Co-Payment Cover	OAL	OAL	OAL	OAL	OAL	-	-
Sub-Limit Cover	R40 000 per admission	R28 500 per admission. R53 000 pfpa	R28 500 per admission. R53 000 pfpa	-	R28 500 per admission. R53 000 pfpa	-	-
Sub-Limit And Co-Payment Cover For Dental Implants	R65 000 pfpa	R28 500 per admission. R53 000 pfpa	R28 500 per admission. R53 000 pfpa	-	R28 500 per admission. R53 000 pfpa	-	-

Added benefits (not subject to OAL)

First Diagnosis Of Cancer Benefit	Stage1 - R8 500 Stage 2 - R21 000 Stage 3 - R30 000 Stage 4 - R36 000	-	-	-	-	-	-
Medical Scheme Contribution Waiver	R9 000/6 months	R9 000/6 months	R9 000/6 months	R9 000/6 months	R9 000/6 months	R9 000/6 months	R9 000/6 months
Gap Premium Waiver	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Personal Accident Benefit	R40 000 per insured	R23 000 per insured	R23 000 per insured	R10 000 per insured	R16 000 per insured	-	-
Death Due To Critical Illness (Excludes Cancer)	R16 000 per insured	R11 500 per insured	R11 500 per insured	-	-	-	-
Access To International Travel Cover	R5 million	R5 million	R5 million	R5 million	R5 million	R5 million	R5 million



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