

Turnberry Gap Cover 2026 Product Brochure

Navigating the way

INSURER

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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

(Insurer of short term insurance products)

*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

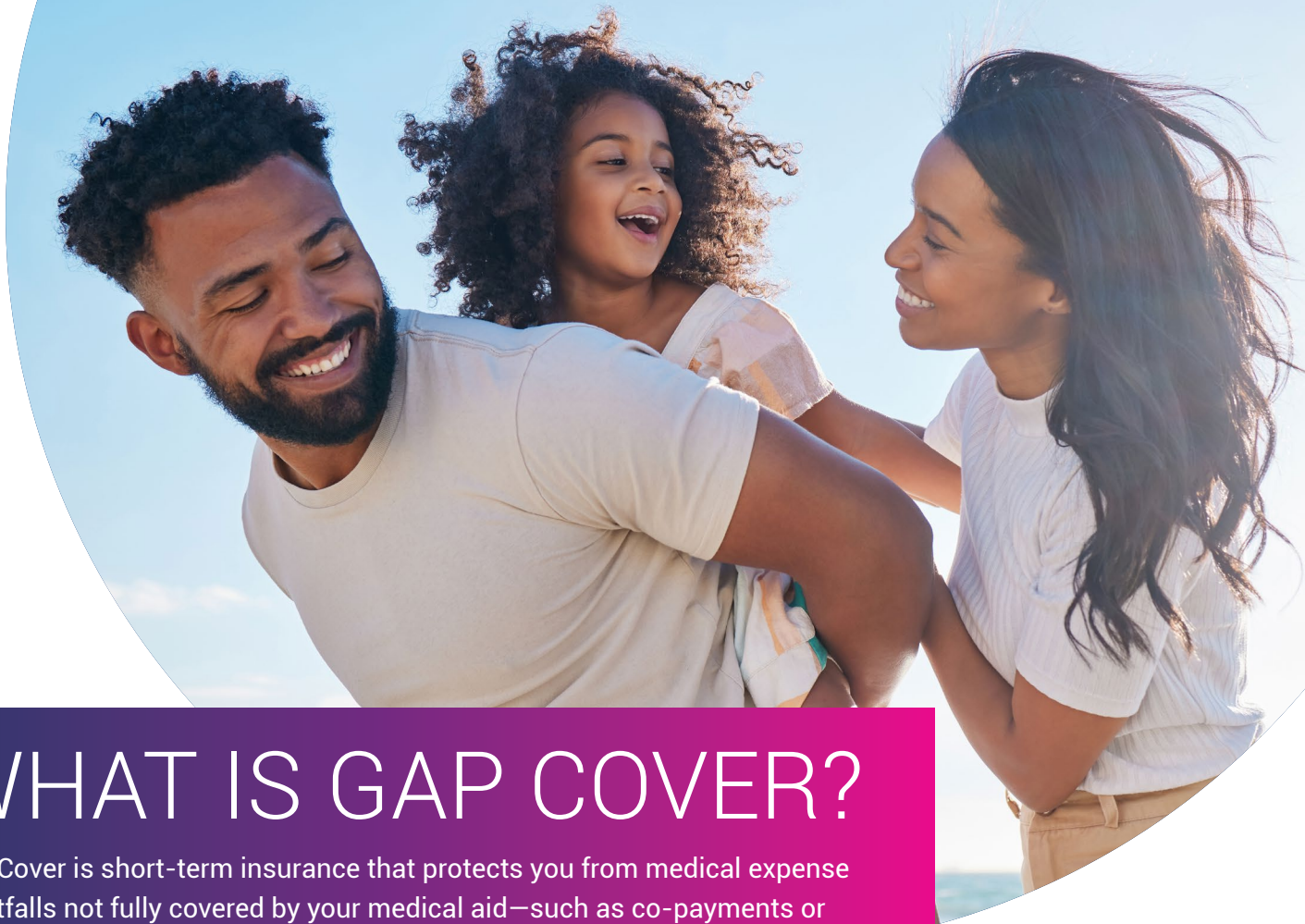
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Claims:	claims@turnberry.co.za	Travel Insurance:	gordenes@turnberry.co.za
Website:	www.turnberry.co.za		

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 that protects you from medical expense shortfalls not fully covered by your medical aid—such as co-payments or specialist fees exceeding scheme rates. As healthcare costs continue to rise and medical aids apply more restrictions, Gap Cover has become essential to safeguarding your financial wellbeing. It offers peace of mind, ensuring you're covered when unexpected medical expenses arise.

Medical aid alone is no longer enough to fully protect you from the rising costs of healthcare. Doctors may charge more than medical aid rates, and hospitals can impose co-payments or fees not covered by your plan—leaving you with significant out-of-pocket expenses.

Gap Cover is a short-term insurance product designed to cover these medical expense shortfalls. As medical schemes introduce more cost-containment measures—such as co-payments and provider network restrictions—Gap Cover plays a vital role in ensuring your financial protection.

Regardless of your age or health, unforeseen medical events can happen. Having Gap Cover in place provides critical support during life's unexpected moments, helping you safeguard your financial wellbeing while accessing the care you need.

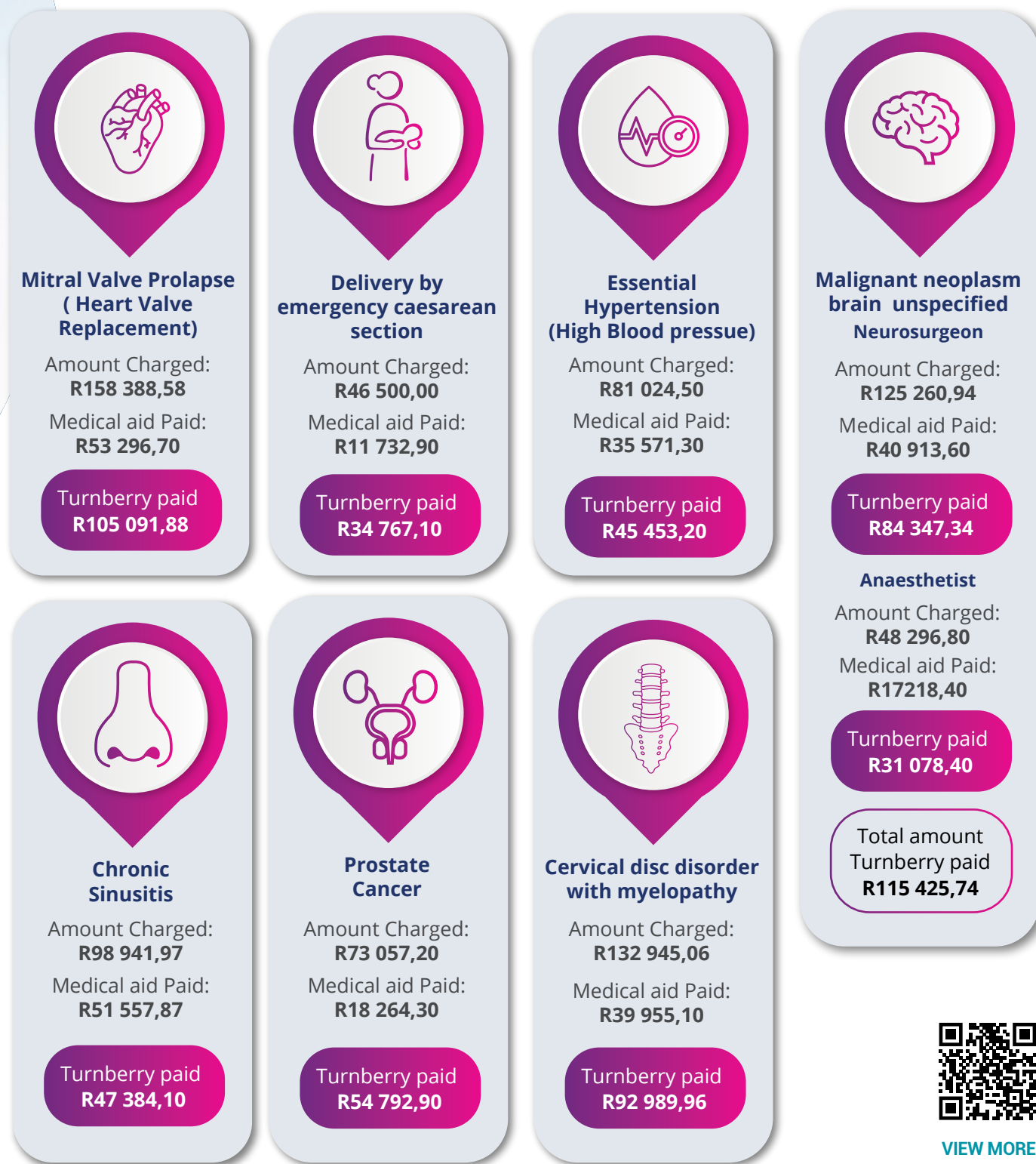
At Turnberry, our mission is to offer clients security and assurance—especially when it matters most.

FOR MORE
INFORMATION
CLICK HERE



NAVIGATING THE WAY





[VIEW MORE CASE STUDIES](#)

Lifetime Claims per Client

The True Impact of Medical Claims

Medical claims are often more than once-off events—they can be financially and emotionally overwhelming. An initial claim may uncover further complications, leading to a series of related claims that quickly escalate in cost. This chain reaction not only increases the financial burden on the individual but also adds emotional stress as they navigate ongoing treatment and recovery. Without adequate cover, the cumulative impact can be devastating. That's why comprehensive protection is essential to support both your health and financial wellbeing.

Client 1 Lifetime Claims R678 891.07	Client 2 Lifetime Claims R480 998.13	Client 3 Lifetime Claims R450 224.52	Client 4 Lifetime Claims R448 562.33	Client 5 Lifetime Claims R434 146.94
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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.

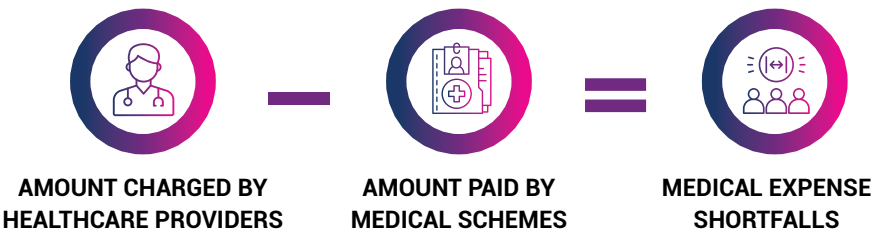
For example, if your medical scheme requires you to use Hospital X but you opt for Hospital Y instead, you may need to pay a set amount upfront. With Turnberry's Gap Cover (available on selected plans), this cost can be claimed back, helping you access care where it suits you best.

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%

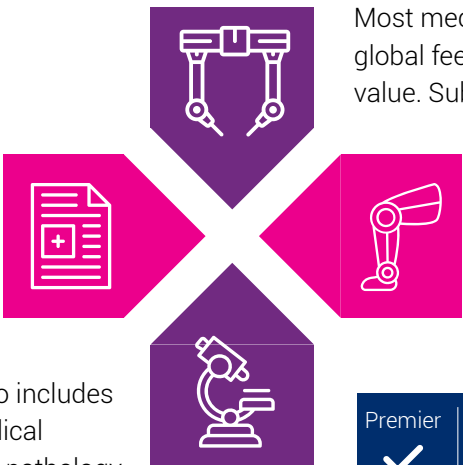
Sub-limit Cover

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

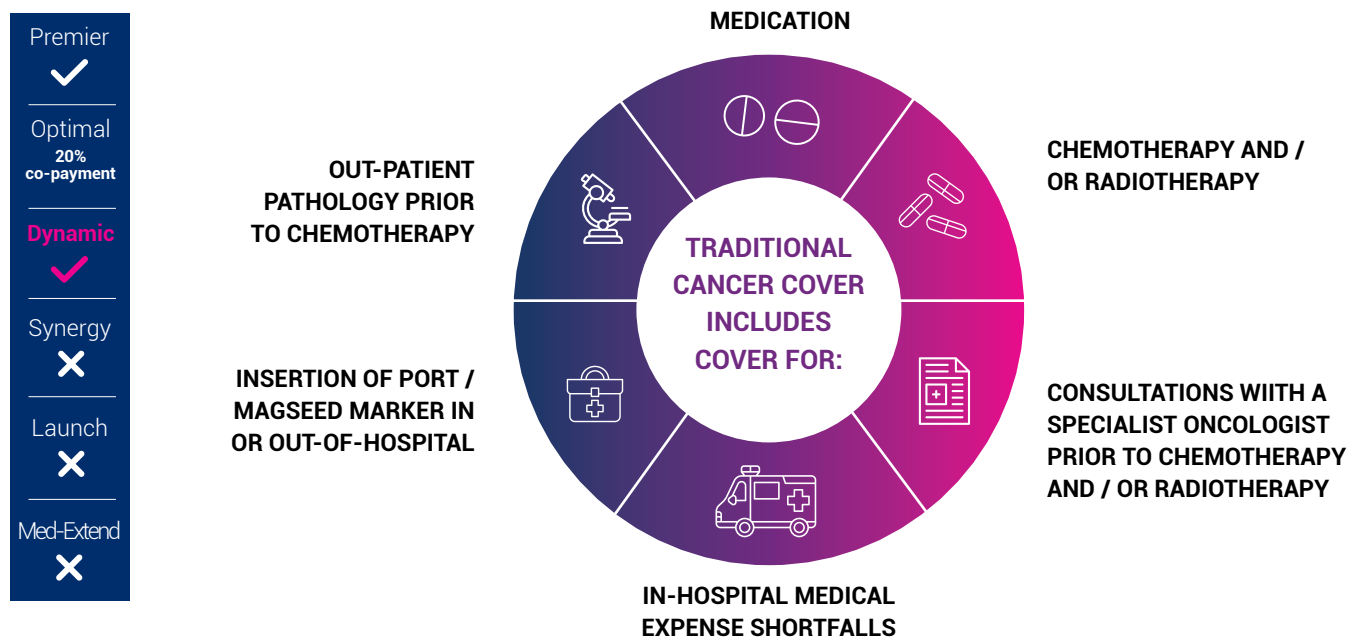
If you have depleted your cancer benefit on your Medical Scheme, you may become liable for co-payments or the full cost of any further cancer treatment, as specified by your Medical Scheme.

Example 1

Susan has reached the R250 000 cancer treatment limit on her Medical Scheme and is now personally responsible for the full cost of his ongoing chemotherapy. Fortunately, Susan has a Turnberry Premier Policy, which allows him to claim for these additional treatment costs—ensuring he can continue his care without facing overwhelming financial strain.

Example 2

Mark has reached the R250 000 cancer benefit limit on his Medical Scheme but still requires further chemotherapy. While his Medical Scheme will cover 80% of the cost, Mark remains responsible for the remaining 20%. Thankfully, with his Turnberry Optimal Policy in place—recommended by his Financial Advisor—he can now claim the shortfall from Turnberry and continue his treatment with 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

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

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: R737 per family for under 65yrs

Monthly premium: R1 060 per family for 65yrs+

Monthly premium: R538 per individual for under 65yrs

Monthly premium: R741 per individual for 65yrs+

Monthly premium: R315 for Premier Youth



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

R18 000 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R46 500 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 500 per admission per insured and R11 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

R37 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 500 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

R46 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R19 500 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R5 500 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 R60 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 500 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 17) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R13 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 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 R9 200. 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 300 per consultation and R8 500 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 R31 500 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 000 | Stage 2 : R19 500

Stage 3: R27 500 | Stage 4: R33 000

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R8 200 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

R37 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R14 700 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 dependents 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



Diamond 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: R558 per family for under 65yrs

Monthly premium: R806 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

R14 700 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R36 000 per admission per insured, limited to R75 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 500 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

R36 000 per event per insured. Limited to R75 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R13 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R5 500 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

R26 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 R26 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 400 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 (see pg 17) and the Overall Annual Limit

INNOVATIVE CANCER DRUG COVER

Provides cover for new innovative cancer drugs. Limited to R13 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 500 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 300 per consultation and R7 500 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 R24 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 000. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R8 200 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

R21 000 per insured on the Policy in the event of accidental death or permanent and total disability

CRITICAL ILLNESS BENEFIT

R10 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

	Dependents				
Pricing Incl Vat	0	1	2	3	4
Ages 0 - 29	R180	R330	R500	R600	R700
Ages 30 - 49	R330	R473	R605	R715	R825
Ages 50 - 64	R385	R495	R616	R759	R902
Ages 65+	R605	R770	R935	R1100	R1265

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 dependents, your monthly premium will be R330. If you take out a policy for yourself and add one dependent, the total monthly premium will be R473. 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

R25 000 per claim

NON-DSP HOSPITAL PENALTY COVER

R10 000 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R20 000 per family per annum. Subject to the overall annual limit

Out-of-hospital benefits

CO-PAYMENTS FOR SCOPES

R6 500 per family per annum. Limited to 2 claims per family per annum

SUB-LIMIT COVER FOR MRI, CT AND PET SCANS

R20 000 per family per annum

CASUALTY BENEFIT FOR ACCIDENTS

R10 000. Limited to one claim per family per annum

CASUALTY BENEFIT FOR ILLNESS

R2 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

CO-PAYMENT COVER

R25 000 per claim

In-hospital and out-of-hospital benefits

TRADITIONAL CANCER COVER

Subject to the Overall Annual Limit

BIOLOGICAL CANCER DRUG COVER

Subject to the formulary (see pg 17) 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 000 per event and limited to 1 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 R2 000 per consultation and R8 000 per family per annum. Subject to the Overall Annual Limit

NO EXTENDED FAMILY ALLOWED FOR THE DYNAMIC OPTION

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.

For waiting periods please refer to page 17

Added benefits

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: R494 per family for under 65yrs

Monthly premium: R688 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

R11 500 per admission. Limited to 1 claim per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R36 000 per admission per insured, limited to R75 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 500 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

R36 000 per event per insured. Limited to R75 000 per family per annum. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ACCIDENTS

R13 000 per event per insured. Subject to the Overall Annual Limit

CASUALTY BENEFIT FOR ILLNESS

R4 400 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 000 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 300 per consultation and R6 500 per family per annum. Subject to the Overall Annual Limit

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R8 200 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

R14 500 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 300 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 R26 000 per admission and R50 000 per family per annum. Subject to the Overall Annual Limit

SUB-LIMIT COVER

R26 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: R426 per family for under 65yrs

Monthly premium: R601 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

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

Added benefits

MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R8 200 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 000 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 000 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 800
4 years	R4 900
5 years	R6 000
5+ years	R7 000

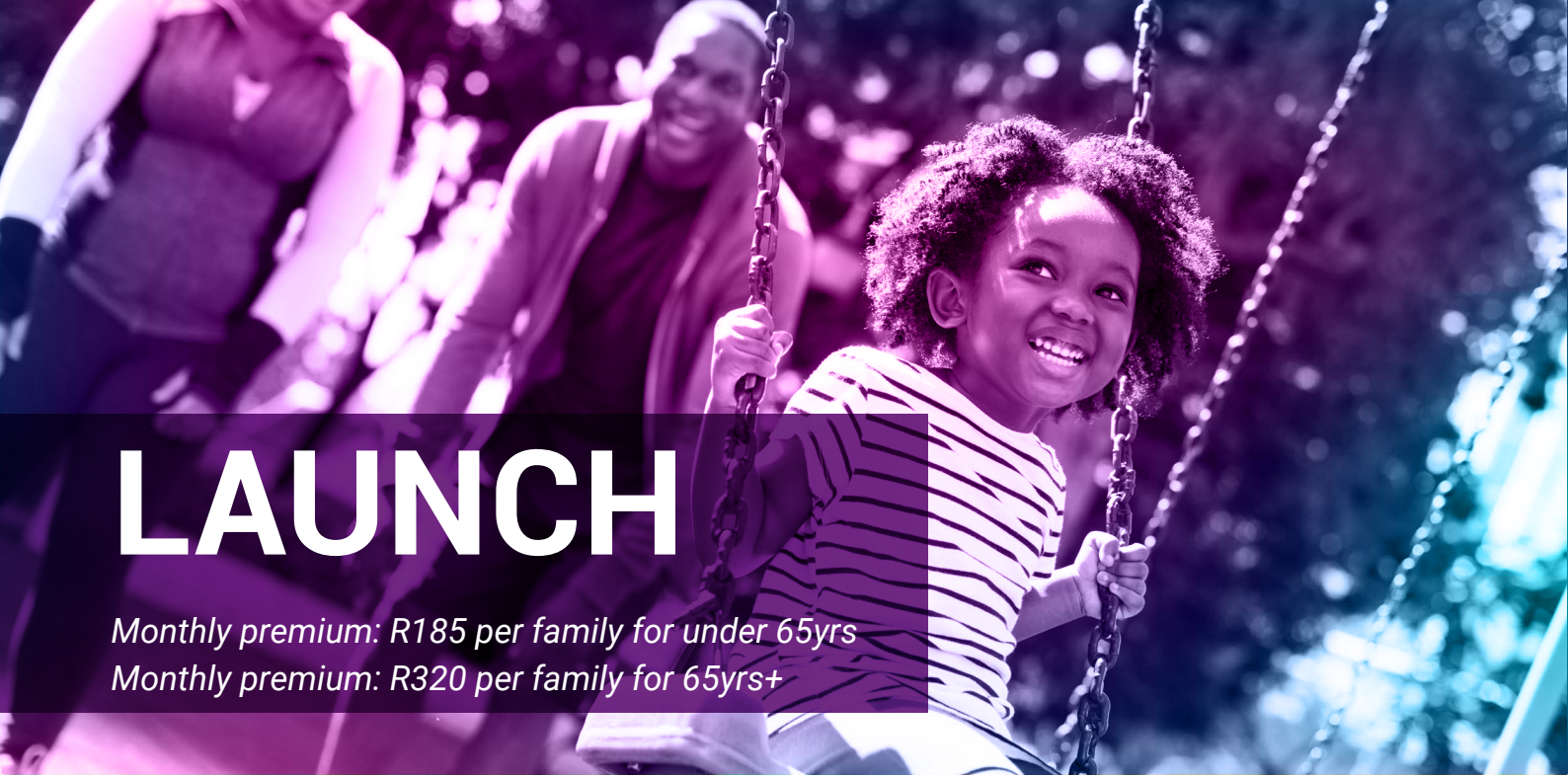
For waiting periods please refer to page 17

Defined Procedures	Benefit
Arthroscopic surgery	R81 700
Back or neck surgery	R81 700
Bunion surgery	R24 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R103 000
Dental procedures for impacted teeth for children younger than 21 years	R24 000
Dental procedures for reconstructive surgery required due to an accidental event	R103 000
Functional nasal surgery	R34 700
Joint replacement surgery	R71 000
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R39 000
Non-Cancerous breast conditions	R30 000
Oesophageal reflux and hiatus hernia surgery	R76 500
Removal of varicose veins	R30 500
Skin disorders (including benign growths and lipomas)	R30 500
Endoscopic procedures	R9 200
Adenoidectomy, myringotomy (grommets), tonsillectomy	R16 500

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: R185 per family for under 65yrs

Monthly premium: R320 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 400 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 700 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 R8 200 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](#)

Biological Cancer Drugs

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

LIST OF DRUGS

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



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	R189	R613	R781
Optimal	R178	R500	R639
Synergy	R176	R495	R632
Launch	R44	R76	R115
Med-Extend	R163	R616	R787



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)



Bridging the Gap Between Cover and Care

Protecting you and your family from unexpected medical shortfalls.

Even with medical aid, you can still face large out-of-pocket expenses when specialists, hospitals, or treatments cost more than what your scheme pays. These shortfalls can run into thousands of rands – creating financial stress at a time when your focus should be on recovery. Turnberry Gap Cover gives you peace of mind by protecting you and your family against these unexpected costs.

WHAT IS GAP COVER?

Simple Protection. Affordable Peace of Mind.

Gap Cover is an insurance product that works with your medical aid. It covers the difference between your medical aid tariff and the higher rates charged by specialists and private healthcare providers.

With Turnberry Gap Cover, you can:



Cover in-hospital
specialist shortfalls



Protect against co-payments
for certain procedures



Access benefits for
oncology and trauma care



Safeguard your family's
financial wellbeing

WHY CHOOSE TURNBERRY?

At Turnberry, service excellence is our promise.

- Fast and efficient claims support
- Easy digital onboarding
- A national broker network
- Over 20 years of experience in medical insurance
- A dedicated team passionate about protecting South Africans

"Teamwork is at the heart of everything we do – from new business to claims support – ensuring you get the care and service you deserve."

CONTACT AND CALL TO ACTION

Ready to Close the Gap?

- Speak to your broker today
- Contact Turnberry directly
- Apply easily online through our digital portal

+27 11 677-9891
queries@turnberry.co.za

www.turnberry.co.za
www.turnberrygapcover.co.za

**APPLY AND
GET COVER**



FREQUENTLY ASKED QUESTIONS

Q: What is Gap Cover?

A: It's cover for medical expense shortfalls your medical aid doesn't fully pay.

Q: Do I need it if I already have medical aid?

A: Yes. Medical aids cover at set tariffs, while specialists often charge more. Gap Cover bridges this gap.

Q: Who can take out Turnberry Gap Cover?

A: Any medical aid member in South Africa – individuals or families.

Q: How much does it cost?

A: Premiums are affordable and vary depending on your chosen plan.

Q: How do I claim?

A: Simply submit your medical aid statement and invoices on the Claim form provided on Turnberry's website, under documents. You can also submit via our digital online claim form on - <https://turnberry.co.za/claim-form/>.

Q: If I transfer my existing Gap Cover policy to Turnberry would reduced waiting periods apply?

A: If you have been on your existing Gap Cover policy for 3 months or longer and have not had a break in membership then reduced waiting periods will apply. Upon acceptance of your application a policy document will be sent to you, which will advise you of your reduced waiting periods.

Q: Can I transfer my existing Gap Cover policy to Turnberry?

A: Yes you can transfer your Gap Cover policy to Turnberry. In order to do so please complete a Turnberry application form and submit it with your existing Gap Cover policy document to Turnberry. Please note that you would be required to obtain financial advice from your Financial Advisor.

Q: Can I cover my family?

A: Yes. Family options are available for spouses and dependents under one premium.

Q: How do I register my newborn baby or another member of my family as a dependant on my Turnberry Gap Cover policy?

A: The baby will be covered from date of birth under the Gap Cover policy. To initiate the cover for the baby the principle insured person needs to complete a dependent addition form. Please note, A newborn must be added onto the Policy within 90 days, from the date of birth, in order to avoid waiting periods. If an older child or adult dependent is added, the addition of the new member will be subject to waiting periods. Once the baby or new dependent is added, an amended Policy Document will be issued as confirmation of the change.

CONTACT US



MYTH

Gap Cover is the same as medical aid.

It only covers hospital bills.

Gap Cover is too expensive.

Only older people need it.

VS



FACT

It's a complement, not a replacement.

Turnberry plans also cover co-payments, oncology sub-limits, and trauma events.

It's affordable – often less than a single specialist consultation.

Anyone on medical aid can face shortfalls, regardless of age.



CLIENT TESTIMONIALS



4.8/5 RATING - GOOGLE REVIEWS

Turnberry's support pre, during and post our claim was absolutely amazing. The consultants working on our claim went above and beyond to assist us. We submitted our claims online directly on the Turnberry website, and found the platform easy to use and quick to submit.

If you want exceptional service and a hassle free claim process, use Turnberry.

Best insurance product i have ever purchased.

I have claimed numerous times and always been paid in full in a short space of time. No drama or fuss of insurer looking for reasons not to pay. I have already recommended Turnberry Gap Cover to my family, friends and colleagues, and will continue to do so.

Happy to associate with this company for a product that I highly recommend.

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!



**FOR MORE INFORMATION
CLICK HERE**

I have only been a member of Turnberry Gap cover since April 2023. I have had the worst year ever with my health and been hospitalised three times in the last year. Prior to this, the last time I was in hospital was for the birth of my daughter in 1989! I have needed to claim from Turnberry. Actually I was quite embarrassed having only paid in for such a short time. But they covered everything without a quibble.

Amazing!! I hope that I will have a lot of years claim free going forward, and at least pay in what you have paid out for me. Thank You Turnberry!

We are very happy Turnberry customers. Turnberry has assisted us with claim payments for two spinal operations for just under R200k within a year.

We have paid the Doctors and they were stunned with the quick claims payments to them. The claims Assessing team is SO Professional with a great Claims Manager.

Thank you for your effective, quality and quick turn-around-time. We will continue to tell everyone about Turnberry.

I was very impressed. I did not think it would be as easy as it was.

I submitted online – it was quick and easy – even allowance made for passwords on documents. After submission of my claim, I was waiting for exceptions and excuses but the whole experience was very surprising and pleasant. Thank you Turnberry!

Excellent Service and Support from Turnberry. So speedy it gave me a shock.

The claims were submitted online by my brokers. What would I say to anyone considering taking our Gap Cover?

Turnberry is the only company to deal with. Would you recommend Turnberry Gap Cover to your family / friends / colleagues? Absolutely. I wish Turnberry was a medical aid as well. Thank you for your wonderful service. I really appreciate all you have done for me.



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 have 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 do not know what will be charged additionally, then Turnberry steps in. 100% of all claims paid successfully.

Also for the amount that was paid out to me for less than my monthly premium which covers my family per month - BEST special ever!!

Excellent Service and Support.

It was a quick and easy online process. The service was efficient with correspondence after the claim submission. The claim payment time was always within the specified time given.

You must affiliate with Turnberry for GAP Cover. Their claim submission and turnaround time is top tier service.

Peace of mind when you need it the most during your recovery.

Turnberry Gap Cover is affordable and has been a blessing.

I had an operation 2-years ago and there was a huge shortfall – Turnberry paid immediately. My hospital plan always finds reasons not to pay and when I had a further procedure Turnberry saved me financially again.

Great service!!!



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 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.**

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 2026



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



ELECTRONIC TAKE-ON

Group Gap Cover is an investment in people that pays dividends in performance, retention, and workplace culture.

STAND OUT BY CARING MORE

Today's talent is looking for more than just a salary—they want to feel supported. Offering Group Gap Cover shows you're invested in their wellbeing. It builds trust, strengthens loyalty, and creates a work environment where people feel valued and protected.

WHY EMPLOYEE BENEFITS SHOULD GO BEYOND MEDICAL AID

RISING MEDICAL COSTS, RISING STRESS

Medical inflation continues to outpace salary growth, and even the best medical aids are introducing more co-payments, benefit limits, and network restrictions. These changes shift the financial burden onto employees—often when they're at their most vulnerable. As a result, healthcare shortfalls can lead to stress, debt, and delayed treatment, which ultimately affect productivity and morale in the workplace.

GROUP GAP COVER: CLOSING THE FINANCIAL GAP

Group Gap Cover helps protect employees from these growing shortfalls by covering the difference between what healthcare providers charge and what the medical scheme pays. It also covers co-payments, sub-limits, and other unexpected costs related to in-hospital treatment or specialised procedures—depending on the plan chosen.

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



Casualty cover for
accidents or emergencies



Trauma
counselling



Additional cancer
benefits

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

COST-EFFECTIVE AND EASY TO IMPLEMENT

Unlike increasing medical aid contributions—which often still leave gaps—Group Gap Cover provides broad protection at a fraction of the cost. With group rates, flexible underwriting, it's affordable for employers and accessible to employees. Most importantly, it can be rolled out with minimal administration.

GET CORPORATE
GROUP COVER



Product Comparison 2026

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 R37/Over 65 R1060 Individual Under 65 R538 Individual Over 65 R141 Premier Youth - R315	OPTIMAL R558 per family for under 65yrs R806 per family for 65yrs+	DYNAMIC Refer to Dynamic Product Page on page 10	SYNERGY R494 per family for under 65yrs R688 per family for 65yrs+	LAUNCH R185 per family for under 65yrs R320 per family for 65yrs+	MED-EXTEND R426 per family for under 65yrs R601 per family for 65yrs+
	600%	500%	500%	500%	350%	300%
Medical Expense Shortfall Cover						
Co-Payment Cover	OAL	OAL	R25 000 per claim	OAL	R4 400 per admission. 1 claim pfpa	R7 000 per admission. 2 claims pfpa
Non-Dsp Hospital Penalty Cover	R18 000 per admission. 2 claims pfpa	R14 700 per admission. 1 claim pfpa	R10 000 per admission. 1 claim pfpa	R11 500 per admission. 1 claim pfpa	-	-
Sub-Limit Cover	R46 500 per admission.	R36 000 per admission. R75 000 pfpa	R20 000 per admission. 1 claim pfpa	R36 000 per admission. R75 000 pfpa	-	-
Trauma Recovery Cover	R6 500 per admission. R11 000 pfpa	-	-	-	-	-
Defined Procedures	-	-	-	-	-	Refer to page 13
Medboost	-	-	-	-	-	Refer to page 12

In-hospital and out-of-hospital benefits

Traditional And Biological Cancer Cover	OAL	20% - Co Payment	OAL	-	-	-
Innovative Cancer Drug Cover	R13 000 per claim	R13 000 per claim	-	-	-	-
MRI And CT Scan Cover	R8 500 per event. 2 claims pfpa	R7 500 per event. 2 claims pfpa	R5 000 per event. 1 claim pfpa	R6 000 per event. 1 claim pfpa	-	R6 000 per event. 1 claim pfpa
Trauma Counselling Cover	R3 300 per consult. R8 500 pfpa	R3 300 per consult. R7 500 pfpa	R2 000 per consult. R8000 pfpa	R3 300 per consult. R6 500 pfpa	-	-
Breast Cancer Prevention Cover	600%	500%	-	-	-	-
Breast Cancer Reconstruction Cover	Affected Breast 600%. Unaffected breast R31 500 per lifetime	Affected Breast 500%. Unaffected breast R24 000 per lifetime	-	-	-	-
Screening Scopes	Limited to 1 every 5 years, per insured person and R9 200. Subject to the OAL	Limited to 1 every 5 years, per insured person and R7 000. Subject to the OAL	-	-	-	-

Out-of-hospital

Co-Payments For Scopes	R6 500 per event. 2 claims per insured	R6 500 per event. 2 claims per insured	R6 500 per event. 2 claims per insured	R6 500 per event. 2 claims per insured	R6 500 per event. 2 claims per insured	-	-
Sub-Limit Cover for MRI, CT and PET Scans	R46 500 per event	R36 000 per event. R75 000 pfpa	R36 000 per event. R75 000 pfpa	R20 000 per admission. 1 claim pfpa	R36 000 per event. R75 000 pfpa	-	-
Casualty Benefit For Accidents	R19 500 per event	R13 000 per event	R13 000 per event	R10 000 per admission. 1 claim pfpa	R13 000 per event	R7 700 per event	R5 000 pfpa
Casualty Benefit For Illness	R5 500 per event. 3 claims pfpa	R5 500 per event. 2 claims pfpa	R5 500 per event. 2 claims pfpa	R2 000 per event. 2 claims pfpa	R4 400 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	R5 500 pa for children up to and incl 12 yrs	R4 400pa for children up to and incl 12 yrs	R4 400pa for children up to and incl 12 yrs	-	R3 300pa for children up to and incl 12 yrs	-	-
Co-Payment Cover	OAL	OAL	OAL	R25 000 per claim	OAL	-	-
Sub-Limit Cover	R37 000 per admission	R26 000 per admission. R50 000 pfpa	R26 000 per admission. R50 000 pfpa	-	R26 000 per admission. R50 000 pfpa	-	-
Sub-Limit And Co-Payment Cover For Dental Implants	R60 000 pfpa	R26 000 per admission. R50 000 pfpa	R26 000 per admission. R50 000 pfpa	-	R26 000 per admission. R50 000 pfpa	-	-

Added benefits (not subject to OAL)

First Diagnosis Of Cancer Benefit	Stage1 – R8 000 Stage 2 – R19 500 Stage 3 – R27 500 Stage 4 – R33 000	-	-	-	-	-	-
Medical Scheme Contribution Waiver	R8 200/6 months	R8 200/6 months	R8 200/6 months	-	R8 200/6 months	R8 200/6 months	R8 200/6 months
Gap Premium Waiver	12 months	12 months	12 months	-	12 months	12 months	12 months
Personal Accident Benefit	R37 000 per insured	R21 000 per insured	R21 000 per insured	-	R14 500 per insured	-	-
Death Due To Critical Illness (Excludes Cancer)	R14 700 per insured	R10 500 per insured	R10 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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