X GAP COVER PLAN

NEXUS 1.

Essential Gap Cover, Priced Per Life

A new generation of gap cover. Core protection against in-hospital shortfalls, co-payments, emergency treatment and cancer costs, priced per life so that every member pays the lowest premium their own age allows.

500%
MAX GAP BENEFIT

R223K
OVERALL ANNUAL LIMIT

R20K
CANCER LUMP SUM

X Underwriting Managers (Pty) Ltd is an Authorised Financial Services Provider, FSP 55527. Underwritten by Compass Insurance Company Limited ("Compass Insure"), a licensed non-life insurer and authorised financial services provider, FSP 12148. X Gap Cover is not a medical scheme. Information is subject to change.

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ABOUT THIS PLAN

The Nexus 1 Option

Essential gap cover for people who want the shortfalls that matter most taken care of, at a premium that reflects their own age rather than a blended family rate.

Cover Where It Counts

The Nexus 1 option is built around the shortfalls that create the largest and most frequent bills: the difference between what your medical scheme pays and what specialists and hospitals actually charge in hospital, the co-payments and deductibles your scheme imposes, and the penalty fees applied when you use a hospital outside the network.

Beyond the hospital, the option extends to emergency room treatment, preventative screenings, trauma counselling and a full suite of cancer benefits, including co-payments, top-up cover once a scheme limit is reached, and a lump sum on initial diagnosis.

Support benefits carry the policy through the events a family cannot plan for. Premiums are waived for six months on the accidental death or total permanent disability of the principal policyholder, the medical scheme contribution of surviving dependants is covered over the same period, and an accidental death benefit is paid to the nominated beneficiary. A R2 000 lump sum is also paid for each newborn baby registered on the policy within 90 days of birth.

HOW NEXUS IS RATED

Nexus 1 is per life rated. A separate premium is charged for each insured person listed on the Schedule of Insurance, determined by the age band into which that person falls. No distinction is made between the principal member and an adult dependant. The policyholder remains the sole contracting party and is liable for the total premium payable. Because each life is rated on its own, nobody carries the cost of another age band, and the policy total is the lowest its actual profile allows.

✦ 500% In-Hospital Gap Cover

Covers the shortfall between the medical scheme rate and what specialists charge in hospital. BMI-related procedures are excluded.

✦ R20 000 Cancer Diagnosis

Once-off lump sum on a first diagnosis of malignant cancer from stage 2, before age 65, per beneficiary per lifetime.

✦ Emergency Room Cover

R4 000 per insured person per annum for accident, trauma and illness treatment at a registered casualty facility.

✦ Cancer Co-Payments and Top-Up

Co-payments on ongoing treatment and biological drugs, plus continued cover once a scheme rand limit is reached.

✦ R2 000 Newborn Benefit

Lump sum per newborn baby, paid when the baby is registered on the policy within 90 days of birth.

OVERALL ANNUAL LIMIT R223 000	IN-HOSPITAL GAP 500%
CANCER LUMP SUM R20 000	ACCIDENTAL DEATH R10 000

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WHAT'S COVERED

Plan Benefits at a Glance

All 15 benefits on the Nexus 1 option. Every rand limit and claim frequency applies per insured person per annum unless the benefit states otherwise.

CORE COVER
Gap Cover
Covers the difference between the medical scheme rate and the rate service providers charge in hospital, day hospital or in-room procedures. BMI-related procedures excluded.

500% additional · Up to OAL

IN HOSPITAL
Co-Payments
Co-payments, excesses or deductibles imposed by your medical scheme for specified procedures, hospital admission fees, scans or surgical procedures.

Up to OAL

IN HOSPITAL
Penalty Fees
Covers the penalty fee charged for the voluntary use of a non-designated or partial cover network hospital. Administration charge co-payments excluded.

R15 000 per claim · 1 claim p/a

IN HOSPITAL
Sub-Limit Enhancer
Covers shortfalls when scheme sub-limits are exceeded for MRI and CT scans, cochlear implants, intraocular lenses, internal prostheses and TAVI valves.

R20 000 (specified) · R2 000 (other)

IN HOSPITAL
Hospital Account Shortfalls
Shortfalls on the hospital account for consumables and take-home medication dispensed by the hospital pharmacy on the day of discharge, plus a private room upgrade.

R2 000 per claim · 2 claims p/a

EMERGENCY
Emergency Room
Costs directly related to the initial emergency event at a registered casualty facility. Higher limits for beneficiaries under 8. Illness claims after hours only.

R4 000 p/a · R2 000 / R4 000 per claim

WELLNESS
Preventative Care
The gap portion on pap smears, cholesterol and blood glucose tests, flu vaccination, childhood immunisation, bone density scans, PSA tests, mammograms and contraceptive implantation.

R1 000 per claim · 1 claim p/a

MENTAL HEALTH
Trauma Counselling
Counselling with a registered medical professional within six months of a qualifying traumatic incident, including dread disease, hijacking and violent crime.

R3 000 p/a

CANCER
Cancer Co-Payments
Co-payments on ongoing cancer treatment and biological drugs once your scheme's cancer benefit is exhausted, on the registered treatment plan.

Up to OAL

CANCER
Cancer Top-Up
Continued cover for treatment on the scheme's registered treatment plan once a defined rand limit for cancer on the medical scheme has been reached.

Up to OAL

CANCER
Initial Cancer Diagnosis ✦
Once-off lump sum on a first diagnosis of malignant cancer from stage 2 onwards, where the beneficiary is under 65 at the date of diagnosis. Skin cancer excluded.

R20 000 · Not subject to OAL

SUPPORT
Premium Waiver ✦
Waives the premiums payable for all remaining insured persons for six months on the accidental death or total permanent disability of the principal policyholder.

6 months · Not subject to OAL

SUPPORT
Medical Scheme Premium Waiver ✦
Pays an amount equal to the medical scheme contribution of surviving dependants for six months after the event, subject to a monthly cap for the policy as a whole.

Up to R6 000 p/m · Not subject to OAL

SUPPORT
Accidental Death ✦
Paid to the nominated beneficiary on the accidental death of any insured person on the policy, on receipt of the death certificate.

R10 000 · Not subject to OAL

FAMILY
Newborn ✦
Lump sum per newborn baby, paid when the baby is registered on your gap policy within 90 days of birth. Subject to the pregnancy and confinement waiting period.

R2 000 · Not subject to OAL

✦ Not subject to the OAL OAL: R223 000 per insured person per annum from 1 April 2026

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MONTHLY PREMIUMS

Nexus 1 Pricing, Per Life

Each insured person is priced on their own age band. There is no separate individual or family rate, and no distinction between the principal member and an adult dependant. The policy premium is the sum of the premiums for everyone listed on the Schedule of Insurance.

AGE BAND	LOWER AGE	UPPER AGE	MONTHLY PREMIUM
0 to 21	0	21	R30
22 to 24	22	24	R113
25 to 34	25	34	R140
35 to 44	35	44	R157
45 to 54	45	54	R184
55 to 59	55	59	R420
60 to 64	60	64	R580
65 and over	65	120	R730

PREMIUM NOTES

Premiums are charged per insured person per month, based on the age band into which that person falls.

The policyholder is the sole contracting party and is liable for the total premium payable on the policy.

Premiums are reviewed and may be adjusted annually. All information is subject to change.

NOT INCLUDED ON THIS OPTION

Robotic Surgery Benefit

Appliance Shortfall Benefit

Specialist Consultation Benefit

Primary Care Consultations Benefit

Breast Reconstruction Benefit

These benefits are available on other options in the range.

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FULL SCHEDULE

Nexus 1 Benefit Schedule

R223 000 Overall Annual Limit per insured person per annum from 1 April 2026. All costs must be incurred within South Africa, from a registered medical professional with a valid HPCSA practice number. Continued on page 6.

BENEFIT	LIMITS & DETAILS
IN-HOSPITAL BENEFITS	
Gap Cover	500% additional above the medical scheme rate for approved in-hospital, day hospital and in-room procedures. BMI-related procedures excluded. Up to OAL.
Co-Payments	Co-payments, including those expressed as a percentage, excesses or deductibles imposed by the medical scheme for specified procedures, hospital admission fees, scans or surgical procedures. Up to OAL.
Penalty Fees	Up to R15 000 per claim, 1 claim per insured person per annum, whether the scheme charges a rand amount or a percentage. Administration charge co-payments excluded. Subject to OAL.
Sub-Limit Enhancer	R20 000 per claim for MRI and CT scans, cochlear implants, intraocular lenses, internal prostheses and TAVI valves. R2 000 per claim for any other sub-limit. Limited to R20 000 per insured person per annum in aggregate. Subject to OAL.
Hospital Account Shortfalls	R2 000 per claim, 2 claims per insured person per annum, covering consumables and take-home medication scripted and dispensed by the hospital pharmacy on the day of discharge. Plus 1 private room upgrade per insured person per annum, up to R2 000 per claim. Subject to OAL.
EMERGENCY & WELLNESS	
Emergency Room	R4 000 per insured person per annum across accident, trauma and illness. R2 000 per claim for accident-related events and for illness events for beneficiaries 8 and older, after hours only. R4 000 per claim for beneficiaries younger than 8. Ambulance costs and follow-up visits excluded. Subject to OAL.
Preventative Care	R1 000 per claim, 1 claim per insured person per annum, where the medical scheme option makes provision for the benefit. Covers the gap portion only on listed screenings and treatments. Subject to OAL.
Trauma Counselling	R3 000 per insured person per annum for counselling with a registered medical professional within six months of a qualifying traumatic incident, on provision of supporting documentation. Subject to OAL.

Cancer and Support benefits continued on page 6

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BENEFIT	LIMITS & DETAILS
CANCER BENEFITS	
Cancer Co-Payments	Percentage co-payments on ongoing cancer treatment and biological drugs, applied once the medical scheme cancer benefit is exhausted and further treatment continues on the scheme's registered treatment plan. Only where the plan does not form part of the PMB framework. Up to OAL.
Cancer Top-Up	Covers ongoing treatment as per the medical scheme's registered treatment plan where the option has a defined rand limit for cancer and that limit has been reached. Only where the plan does not form part of the PMB framework. Up to OAL.
Initial Cancer Diagnosis ✦	R20 000 once-off lump sum on initial diagnosis of malignant cancer from stage 2 onwards, payable per beneficiary per lifetime, where the beneficiary is under 65 at the date of diagnosis. Skin cancer excluded, save for metastatic melanoma at stage 4. Not subject to OAL.
SUPPORT BENEFITS	
Premium Waiver ✦	On the accidental death or total permanent disability of the principal policyholder, the premiums payable for all remaining insured persons are waived for six months. Cannot be transferred, ceded or converted to cash. Not subject to OAL.
Medical Scheme Premium Waiver ✦	Pays the medical scheme contribution of surviving dependants for six months: R2 000 per month for the principal member, R1 750 for each adult dependant and R750 for each child dependant, limited to R6 000 per month for the policy as a whole. Membership must have been active for six months prior to the event and remain active. Payable from the month after the event. Not subject to OAL.
Accidental Death ✦	R10 000 paid to the nominated beneficiary on the accidental death of any insured person on the policy, on receipt of the death certificate. Not subject to OAL.
Newborn ✦	R2 000 lump sum per newborn baby, payable when the baby is registered on the gap policy within 90 days of birth. A stated benefit to cover costs unrelated to medical expenses. Subject to the waiting period for pregnancy and confinement set out in the Policy Wording. Not subject to OAL.

SCHEDULE NOTES

✦ Benefits marked are not subject to the Overall Annual Limit. All other benefits are subject to the OAL of R223 000 per insured person per annum from 1 April 2026.

Every rand limit and claim frequency applies per insured person per annum unless the benefit states otherwise. In this schedule, per annum means the Prescribed Period, 1 January to 31 December.

Costs must be incurred within the borders of South Africa, from a registered medical professional with a valid practice number issued by the HPCSA.

Please refer to the policy wording for full benefit descriptions. The policy wording prevails in the event of any discrepancy.

Premiums are reviewed and may be adjusted annually. X Underwriting Managers (Pty) Ltd is not a medical scheme and does not pay claims that are the obligation of a medical scheme.

Essential Cover. Priced For Your Life.

Speak to your broker or contact us directly for a quote on the Nexus 1 option, the entry point to new-generation gap cover from X Underwriting Managers.

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Compass Insure