X GAP COVER PLAN

NEXUS 2.

Enhanced Gap Cover, Priced Per Life

A new generation of gap cover. Broader protection that adds robotic surgery, appliances, specialist and primary care consultations and breast reconstruction to the core suite, priced per life so that every member pays the lowest premium their own age allows.

500%
MAX GAP BENEFIT

R223K
OVERALL ANNUAL LIMIT

R25K
CANCER LUMP SUM

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ABOUT THIS PLAN

The Nexus 2 Option

Enhanced gap cover for people who want protection well beyond the hospital account, at a premium that reflects their own age rather than a blended family rate.

Broader Cover, In and Out of Hospital

Nexus 2 carries the full in-hospital core: 500% above the medical scheme rate on specialist and hospital shortfalls, co-payments and deductibles, penalty fees, and a sub-limit enhancer of R40 000 per claim on high-cost items such as scans, prostheses and TAVI valves. BMI-related procedures are included, and robotic and computer-assisted surgery is covered.

Outside the hospital, the option reaches into everyday medical costs. Specialist and primary care consultation shortfalls are covered, appliances such as hearing aids, CPAP machines and insulin pumps carry a shortfall benefit, and preventative screenings, emergency room treatment and trauma counselling are all provided for.

The cancer suite covers co-payments, top-up cover once a scheme rand limit is reached, a R25 000 lump sum on initial diagnosis, and breast reconstruction of both the affected and the unaffected breast after mastectomy. Support benefits waive premiums and cover medical scheme contributions for six months after the accidental death or total permanent disability of the principal policyholder, and a R2 000 lump sum is paid for each newborn baby registered on the policy within 90 days of birth.

HOW NEXUS IS RATED

Nexus 2 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 included, limited to R5 000 per claim.

✦ Robotic Surgery

500% additional cover on authorised robotic or computer-assisted surgical procedures, up to R20 000 per claim.

✦ Consultation Shortfalls

R1 000 per specialist consultation and R500 per primary care consultation, two claims each per insured person per annum.

✦ R25 000 Cancer Diagnosis

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

✦ Breast Reconstruction

An additional 500% of the scheme rate for the affected breast, plus up to R40 000 for the unaffected breast after mastectomy.

✦ 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	IN-HOSPITAL GAP
R223 000	500%
CANCER LUMP SUM	**ACCIDENTAL DEATH**
R25 000	R15 000

WHAT'S COVERED

Plan Benefits at a Glance

Benefits 1 to 12 of 20. 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 included, limited to R5 000 per claim.

500% additional · Up to OAL

IN HOSPITAL

Robotic Surgery

Shortfalls on authorised robotic or computer-assisted surgical procedures. Experimental or unapproved uses of robotic technology are excluded.

500% · Up to R20 000 per claim

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.

R40 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

APPLIANCES

Appliance Shortfall

Shortfalls on hearing aids, wheelchairs, CPAP machines, humidifiers, insulin pumps, glucometers, nebulisers and Mirena devices, where the scheme has a defined rand limit.

R5 000 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.

R5 000 p/a · R2 500 / R5 000 per claim

OUT OF HOSPITAL

Specialist Consultations

The shortfall on a specialist consultation fee where the scheme has paid a portion. Excludes tests, scans and any charges unrelated to the consultation.

R1 000 per claim · 2 claims p/a

OUT OF HOSPITAL

Primary Care Consultations

Day-to-day visits: GPs, dentists, chiropractors, physiotherapists, biokineticists, occupational therapists, homeopaths and audiologists recognised by your scheme.

R500 per claim · 2 claims p/a combined

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 500 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.

R5 000 p/a

Benefits 13 to 20 continued on page 4

CANCER & SUPPORT

Benefits 13 to 20 of 20

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.

R25 000 · Not subject to OAL

CANCER

Breast Reconstruction

An additional 500% of the scheme rate for the affected breast post-mastectomy, plus reconstruction of the unaffected breast, including artificial prostheses.

+500% affected · R40 000 unaffected

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 R7 500 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.

R15 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

IMPORTANT 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 brochure, 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.

MONTHLY PREMIUMS

Nexus 2 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	R50
22 to 24	22	24	R130
25 to 34	25	34	R161
35 to 44	35	44	R181
45 to 54	45	54	R212
55 to 59	55	59	R483
60 to 64	60	64	R667
65 and over	65	120	R840

PREMIUM NOTES

Premiums are charged per insured person per month, based on 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 under the policy and is liable for the total premium payable.

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

FULL SCHEDULE

Nexus 2 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 pages 7 and 8.

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 codes 0018 and 0019 included, limited to R5 000 per claim. Up to OAL.
Robotic Surgery	500% additional on authorised robotic or computer-assisted surgical procedures, limited to R20 000 per claim. Experimental or unapproved uses excluded. Subject 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	R40 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 R40 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.
Appliance Shortfall	R5 000 per insured person per annum towards shortfalls on hearing aids, wheelchairs, CPAP machines, humidifiers, insulin pumps, glucometers, nebulisers and Mirena devices, where the scheme has a defined rand limit. Appliances must be prescribed by a registered medical practitioner and purchased from an accredited supplier. Subject to OAL.

Emergency, consultation, wellness and cancer benefits continued on page 7

BENEFIT	LIMITS & DETAILS
EMERGENCY, CONSULTATIONS & WELLNESS	
Emergency Room	R5 000 per insured person per annum across accident, trauma and illness. R2 500 per claim for accident-related events and for illness events for beneficiaries 8 and older, after hours only. R5 000 per claim for beneficiaries younger than 8. Ambulance costs and follow-up visits excluded. Subject to OAL.
Specialist Consultations	R1 000 per consultation, 2 claims per insured person per annum, where the medical scheme has paid a portion of the consultation fee. Excludes tests, scans and charges unrelated to the consultation, and any provider covered under Primary Care. Subject to OAL.
Primary Care Consultations	R500 per consultation, 2 claims per insured person per annum in total across GPs, dentists, chiropractors, physiotherapists, biokineticists, occupational therapists, homeopaths and audiologists recognised and paid for by the medical scheme option. Subject to OAL.
Preventative Care	R1 500 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	R5 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 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 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 ✦	R25 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.
Breast Reconstruction	An additional 500% of the medical scheme rate for reconstruction of the affected breast post-mastectomy where the scheme authorises the procedure. Up to R40 000 per beneficiary for the unaffected breast, including up to R4 000 for artificial prostheses. No cover for subsequent reconstruction. Subject to OAL.

Support benefits and schedule notes continued on page 8

BENEFIT	LIMITS & DETAILS

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. Premium adjustments within the period adjust the credit balance accordingly. 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 500 per month for the principal member, R2 000 for each adult dependant and R1 000 for each child dependant, limited to R7 500 per month for the policy as a whole. Membership must have been active for six months prior to the event and remain active, with the Certificate of Membership presented monthly. Payable from the month after the event. Not subject to OAL.
Accidental Death ✦	R15 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. Information is subject to change.

X Underwriting Managers (Pty) Ltd is not a medical scheme and does not pay claims that are the obligation of a medical scheme.

Enhanced Cover. Priced For Your Life.

Speak to your broker or contact us directly for a quote on the Nexus 2 option, the broader tier of new-generation gap cover from X Underwriting Managers.

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