

Admed

The heart beat of Gap

Admed Benefits Brochure 2019

Underwritten by

Guardrisk Insurance Company Limited (FSP No 75)





The heart beat of Gap



WHY CHOOSE US



1

The fair treatment of our clients is central to our culture and is firmly entrenched in our values

2

We provide financial security for over 350 000 lives

3

Our products are affordable and easy to understand, offering the best value for money

4

We price our products independently to ensure our clients get maximum value for their money

5

Our products are compatible with all registered medical schemes in South Africa

We were the first short-term insurer in South Africa to offer gap cover to the market

We are financially backed by MMI Holdings Ltd, which has a market capitalisation of R32 billion

We are a BBBEE level 3 contributor, with a recognition level of 125%

We have more than 100 years of gap cover experience in our team

We work with medical schemes and service providers, to better our clients' claim experience

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We are the only insurer to have taken the Council for Medical Schemes (CMS) to court and won. Through this act we have demonstrated market leadership in pro-actively playing a pivotal role in the shaping of the regulatory landscape for local insurers. The Demarcation Regulations, which became effective on the 1st of April 2017, marked a significant step forward for the gap provider industry, as this represents the Regulator's formal acknowledgement of gap cover's place in the providing of comprehensive health insurance solutions to South Africa's medical scheme members.

Please note that Admed Gap is not a medical scheme and the products offered in this brochure are not the same as that of a medical scheme.

Only active medical scheme members are eligible for cover on Admed's product range.

This product is not a substitute for medical scheme membership and no day-to-day benefits are covered (e.g. doctor visits, optometry, dentistry, medication).

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.

CONTACT US

Share call number: 0860 102 936
(weekdays 08h00 to 16h30)
Email: admed@guardrisk.co.za
Website: www.admedonline.co.za

"I had two claims with Admed the last month and the process was absolutely effortless and quick. Once you received all the docs and verified them, I received my refund the very next day. So you are definitely doing something right"
Anri Cotton



WHO WE ARE



Admed

Admed began in 1998 as a product offered by Alexander Forbes to its medical scheme members. The administration was taken over by Guardrisk during the early 2000's and it is now a fully fledged administration division of Guardrisk Insurance Company Limited.

Guardrisk Group (Pty) Ltd

Guardrisk Insurance Company Limited as a wholly owned subsidiary of Guardrisk Group (Pty) Ltd.

Guardrisk pioneered the cell captive concept, introducing it to the South African short-term insurance industry in 1993, and extending the structure to the life insurance industry in 1999.

Guardrisk is the largest specialist cell captive insurance group of its kind and the leading alternative risk transfer provider in South Africa, comprising of a short-term insurer, life insurer and underwriting managers. Guardrisk provides tailor-made risk financing solutions that includes access to a broad panel of related services and professional reinsurance markets. The financial wellness of its clients is central to its business.



OUR PURPOSE

To be the trusted gap cover provider to our clients by supporting them in their time of need

Guardrisk was incorporated into MMI Holdings in March 2014.

OUR VALUES



"In July 2017 my daughter had to have extensive maxillofacial surgery. Our jaws dropped when we saw the bill of over R150 000 and our medical aid had covered less than a third of this. Imagine our relief when Admed came to our rescue with a payout of just over R80 000. Thank you Admed for making the cost of this operation manageable."
Andrew Gie





Premiums are guaranteed for the 2019 calendar .

Our Supreme Gap product offers cover for you, your spouse, your children and your parents that are registered as dependants on your medical scheme and that are eligible for cover at the date of your joining.

Shortfall Benefits (these benefits are collectively limited to R157 000 per person per year)

Medical expense shortfall benefit for in-hospital procedures

We cover you for the shortfall between what the specialist has charged you and what your medical scheme has paid, up to 2 times the amount paid by your medical scheme towards in-hospital shortfalls. If however, your procedure falls into one of the following types of treatment, we will increase your cover up to 2½ times the amount paid by your medical scheme:

Obstetrics and gynaecological surgery | Neurology | Cardiothoracic surgery

Prescribed Minimum Benefit (PMB) procedures are covered under this benefit

Medical expense shortfall benefit for out-of-hospital procedures

We also cover you for certain medical procedures performed out of hospital, in day clinics or other registered facilities. If however, your procedure falls into one of the following types of treatment, we will increase your cover up to 2½ times the amount paid by your medical scheme:

Obstetrics and gynaecological surgery | Neurology | Cardiothoracic surgery

Prescribed Minimum Benefit (PMB) procedures are covered under this benefit

**The list of procedures that we will cover you for is provided on page 5*

Co-payment benefit

Co-payments and deductibles are commonly applied to radiology scans (MRI, CAT, PET) and specialist referral procedures, depending on your medical scheme option.

Our co-payment benefit provides you with peace of mind that if your medical scheme levies a co-payment for an approved in-hospital or out-of-hospital procedure which you need to pay upfront and out of your own pocket, we will cover this.

Oncology co-payment benefit

Some medical schemes impose a co-payment of up to 20% on their members, once they reach their oncology treatment benefit limit for the year.

If you are registered with your medical scheme's oncology treatment programme and you reach your benefit limit for the year, we will cover the co-payment (including biological drugs and specialised medication) that is imposed on you by your medical scheme.

Oncology extender benefit

Some medical schemes limit their oncology treatment benefit and once their members have reached this limit, offer no further benefit for the year.

If you are registered with your medical scheme's oncology treatment programme and you reach your benefit limit for the year, we will cover the first 20% of cost (including biological drugs and specialised medication) of each treatment paid thereafter by you.





Internal prosthesis shortfall benefit

Internal prosthesis costs can become quite expensive especially if your medical scheme only pays up to a certain amount and you end up having to pay the difference yourself.

If you undergo a medical procedure that requires the use of an internal prosthesis to replace a body part and you reach your medical scheme limit for the year, we will pay the shortfall up to a limit of R30 000 per family per year.

Casualty benefit

Unexpected events can happen that require immediate medical attention for you or a loved one. If you need to visit an emergency casualty ward due to an accident, we will pay you up to R10 000 of the costs paid by you and which you cannot claim back from your medical scheme.

This benefit is limited to three casualty visits per family per year and the medical scheme must have paid the first portion of the cost in order for Admed to cover the shortfall.

Lump Sum Benefits (There is no maximum limit to these benefits)

Benefit for first time cancer diagnosis

If you are diagnosed for the first time whilst covered on this policy with minimum stage II, local and malignant cancer, we will pay you R5 000.

If however, you are diagnosed with minimum stage II, regional and malignant cancer, we will pay you R15 000. In addition, if you are successful in claiming the R15 000 benefit and the extent of treatment that you need results in your medical scheme paying R200 000 or more for your oncology treatment within 12 months from the date of your diagnosis, we will pay you a further R10 000.

This benefit is payable once in a lifetime per person covered on the policy.

Benefit for accidental death or accidental permanent and total disablement

Accidents happen when we least expect it and can often leave us in financial difficulty. If an accident happens and you die or become permanently and totally disabled as a result, a benefit of R50 000 will assist in paying for those unexpected expenses that may arise.

This benefit will be reduced if death relates to a minor.

Benefit for trauma counselling

If you are a victim of, or witness to, an act of violence (such as murder, assault, robbery, rape, kidnapping or hijacking) or a traumatic accident, we believe that undergoing trauma counselling is an important step in recovering from an event such as this.

We will therefore refund any trauma counselling fees paid by you as a result of an act of violence or a traumatic accident up to R750 per session, limited to R25 000 per family per year.

"I would like to take this opportunity to thank The Admed team, for the outstanding customer service provided. I am super impressed by the professional and efficient service I received with my claim. Your team is simply amazing. Thank you, thank you!!"
Santa Steyn





Waiting Periods

3-Month General Waiting Period

If you are a private individual that has not joined as part of your employer group, a 3-month general waiting period will apply. During this period you cannot claim for any benefits.

9-Month Pre-Existing Medical Condition Waiting Period

Within the first 9 months of cover a waiting period will apply where no claims can be submitted for any procedure or surgery relating to any pre-existing condition for which you have received advice or treatment 12 months prior to your cover start date. Examples of pre-existing medical conditions which will have this waiting period applied include (but are not limited to):

- Back, shoulder, hip or knee problems
- High blood pressure, high cholesterol or other heart-related medical conditions
- Ovarian cysts
- Stroke, spinal cord injury or other brain, spinal or nerve conditions
- Gastric ulcers, hernias, or other abdominal conditions
- Cataracts, or other disorders of the eye
- Conditions of the ear, nose or throat, including sinus or nasal problems, tonsillitis or adenoiditis
- Conditions of the mouth, teeth or gums including maxillo-facial treatment or specialised dentistry
- Metabolic-related conditions
- Liver-related conditions
- Kidney or urinary conditions
- Blood conditions or other bleeding disorders
- Conditions of the prostate



12-Month Birth, Pregnancy or Cancer-Related Waiting Period

Within the first 12 months of cover a waiting period will apply where no claims can be submitted for any cancer, birth or pregnancy related medical events.



WHAT WE DO NOT COVER



**Additional information on the below exclusions can be found at www.admedonline.co.za.*

Medical Expense Shortfall Benefit

- Shortfalls where your medical scheme has not paid the first portion of costs
- Hospital and day clinic fees including theatre charges, ward charges or any other hospital or day clinic costs
- Pre-admission or out-of-hospital consultation costs
- Materials or medication used during a procedure
- Dental implants
- Appliances (wheelchairs, crutches, braces, etc)
- Out-of-hospital dental procedures
- Home and private nursing
- Procedures for cosmetic purposes
- Exploratory procedures such as blood tests, pap smears, ultrasounds etc.
- Procedures that are paid for by your medical scheme on an exception or ex-gratia basis
- Procedures performed specifically for the treatment of obesity
- Any costs levied as a direct result of the patient's Body Mass Index (BMI) or bodily weight
- Hospice or step-down facilities
- Medical examinations performed annually or routinely such as pap smears, annual check-ups, etc
- Procedures performed with the use of robotic machinery
- Anxiety disorders, mood disorders, psychotic disorders, dementias and eating disorders
- Transportation costs (including resuscitation) in an emergency vehicle or aircraft and emergency medical service costs
- Auxiliary or para medical services (speech therapists, audiologists, physiotherapists, etc)

Co-payment benefit

- Co-payments applied for the use of a non-Designated Service Provider (non DSP)
- Co-payments applied for not adhering to the medical scheme's protocols (e.g. not being referred to a specialist by a GP, not obtaining a pre-authorisation for a procedure, etc)
- Co-payments applied for use of a private ward or any other special request not covered by your medical scheme
- Co-payments applied to a condition for which you are in a waiting period

Oncology co-payment benefit

- Co-payments applied for undergoing treatment with a non Designated Service Provider

Oncology extender benefit

- Costs where the remaining 80% has not been paid directly by the member
- Co-payments applied for undergoing treatment with a non Designated Service Provider

Internal prosthesis shortfall benefit

- Shortfalls where your medical scheme has not paid the first portion of costs
- Devices that are placed inside a body to assist with the functioning of a body part (pacemakers, stents, etc)
- External prostheses or dental implants

"My newborn baby was hospitalised for 8 months and I had large shortfalls to pay, which Admed paid in full. Thank you very much Admed for everything you have done for me."
Catherine Mabena



WHAT WE DO NOT COVER



Casualty benefit

- Elective procedures undertaken at a casualty ward
- Casualty ward visits due to illness
- Casualty ward claims in which the first cost is not paid by your medical scheme

Benefit for first time cancer diagnosis

- Any diagnosis which does not meet the minimum criteria for eligibility of the benefit
- Any diagnosis which is not a first time diagnosis
- All skin cancers and cancers diagnosed and treated by primary biopsy

Benefit for accidental death or accidental permanent and total disablement

- Death or permanent and total disablement which is not directly due to an accident as defined in the policy
- Disability which is not total and permanent as defined in the policy

Benefit for trauma counseling

- Any counseling that is not related to an act of violence or a traumatic accident
- Any counselling not undertaken by a counsellor as defined in the policy

General Exclusions

We do not cover any claims that arise from the below events:

- Participation in war, invasion, terrorist activity, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers
- Nuclear weapons, nuclear material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the burning of nuclear fuel, including any self-sustaining process of nuclear fission (the splitting of an atomic nucleus into small parts)
- Taking of any legal drug unless it has been prescribed by a registered medical practitioner (other than you) and you are following the instructions of the medical practitioner in your taking of the drug
- Taking of any illegal drug
- Illegal behaviour or as a result of breaking any law of the Republic of South Africa
- Suicide, attempted suicide, intentional self-injury or any form of exposure to danger
- Aviation except if you are on a commercial flight as a fare-paying passenger
- Participation in sports on a professional basis. Professional means that you are paid to participate in the sport
- Participation in hazardous (dangerous) sports, including hang-gliding, kite-surfing, mountaineering, paragliding, scuba diving and skiing
- Participation in any form of race or speed test, other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft





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Terms and Conditions of Cover

All of the benefits offered are subject to the terms and conditions of the policy. A comprehensive description of the terms and conditions as well as the exclusions are available upon request or in the policy document.

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