

Admed

The heartbeat of Gap

Beating stronger for you

Admed Benefits Brochure 2021

Underwritten by

Guardrisk Insurance Company Limited (FSP No 75)





The heartbeat of Gap

GUARDRISK 
TAILORED RISK SOLUTIONS

Admed Gap Cover is not a medical Scheme. Products that are offered in this brochure are not the same as that of a medical scheme.

Only active medical scheme members are eligible for the cover on Admed's products.

These products are not a substitute for a medical scheme membership and no day-to-day benefits are covered.

Disclaimer: This document is a summary for information purposes and does not supersede the policy terms and conditions. In the event of any discrepancy, the policy terms and conditions will prevail.

CONTACT US

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Website: www.admedonline.co.za



WHY CHOOSE US



If you are currently a member of a medical scheme in South Africa, you are probably already aware of the rising costs of medical care in our country. The reality is that many medical professionals and facilities charge more than what your medical scheme will pay out. This leaves you open to a variety of additional payments that you need to pay out of your own pocket.

Admed Gap Cover is a way to ensure that these shortfalls are taken care of, leaving you with the peace of mind you need to focus on yourself and your loved ones.



OUR SUPREME OFFERING



(A discounted group rating will apply to employer groups of 35 members or more)
Premiums are guaranteed for the 2021 calendar year.

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

Shortfall Benefits *(these benefits are collectively limited to R173 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 3 times the amount paid by your medical scheme towards in-hospital shortfalls.

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, up to 3 times the amount paid by your medical scheme.

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

*The list of procedures that we will cover you for is provided on page 4.

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.



OUR SUPREME OFFERING



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. Stents and pacemakers are covered to a limit of R6 000 per claim event and this aggregates to the R30 000 annual limit.

Casualty benefit

If you need to visit an emergency casualty ward due to an accident, we will pay you up to R15 000 of all the costs paid by you and which you cannot claim back from your medical scheme.

This benefit is limited to four casualty visits per family per year and one of these visits may be for an emergency only, for a child that is 5 years old or younger. The claim will be limited to R2 000.

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.

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 reduce if death relates to a minor.

Violent crime benefit

Statistics show that we are living in a high crime country.

If accidental death or disability is as a result of a violent crime, we will double-up the accidental death or disability benefit that we pay out.

This benefit will be capped to legislated limits if death relates to a minor.

Premium waiver benefit

If you pay the monthly premium for this cover and you become permanently and totally disabled or you die as a result of an accident, we will pay R6 000 per month for 6 months, towards your dependents' medical scheme contributions and gap cover premiums. The full amount for the 6 months (R36 000) will be paid upfront to the claimant.

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. This benefit will pay a fixed R750 of the cost of each counselling session and is limited to R25 000 per family per year.

Baby bump benefit

Having a baby can be very exciting, but it also comes with unexpected costs.

If you are pregnant, we will pay you R2 000 to assist with any of these unplanned expenses.



Covered out-of-hospital procedures

Urology - Circumcision (due to medical necessity), cystoscopy, orchidopexy, prostate biopsy, vasectomy

Ear, nose, throat - Adenoidectomy, direct laryngoscopy, grommets, myringotomy, sinus surgery and tonsillectomy

Orthopaedic - Arthroscopy, bunionectomy, carpal tunnel release, ganglion surgery

Radiology - CAT, MRI and PET scans, nuclear radiology, varicose vein removal

Gastro-intestinal - Closure of colostomy, colonoscopy, endoscopy, gastroscopy, laparoscopy, oesophagoscopy, haemorrhoidectomy

Gynaecology - Cervical laser ablation, dilatation and curettage, hysteroscopy, tubal ligation

Cardiovascular - Coronary angioplasty and angiogram

Ophthalmology - Cataract removal, pterygium removal, trabeculectomy

General surgery - Hernia repairs and certain biopsies

Obstetrics - Childbirth in a non-hospital setting

Oncology - Chemotherapy and radiotherapy

Renal - Kidney dialysis

Respiratory - Bronchoscopy

Dermatologic – Skin grafts



CLAIMING MADE EASY



Online at www.admedonline.co.za

Email to admed@guardrisk.co.za

Post to **Admed claims | PO Box 786015 | Sandton | 2146**



You have 180 days from the date of treatment to provide us with written notice of your claim
For more information about how to claim go to www.admedonline.co.za

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
- External prostheses or dental implants
- Appliances (wheelchairs, crutches, braces, etc)
- Out-of-hospital dental procedures
- Home and private nursing
- Procedures for cosmetic purposes
- Investigative 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
- Elective procedures performed for religious or cultural reasons
- 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
- Shortfalls on medical practitioners contracted with the medical scheme
- 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 levied by a medical practitioner, hospital or day clinic
- 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 the medical scheme
- Co-payments applied to a condition in a waiting period

Oncology co-payment benefit

- Co-payments applied prior to reaching the medical scheme oncology benefit limit
- Co-payments applied for undergoing treatment with a non-Designated Service Provider

Oncology extender benefit

- Costs applied prior to reaching the medical scheme oncology benefit limit
- Costs where the remaining 80% has not been paid directly by the member
- Costs applied for undergoing treatment with a non-Designated Service Provider

Internal prosthesis shortfall benefit

- Shortfalls where the 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, with the exception of stents and pacemakers
- External prostheses or dental implants

WHAT WE DO NOT COVER



Casualty benefit

- Elective procedures undertaken at a casualty ward
- Casualty ward visits due to illness, unless it is due to an emergency only, for a dependent 5 years or younger

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

Violent crime benefit

- Accidental death or disability claims which have been rejected
- Death or disability that is not due to a violent crime as defined in the policy

Premium waiver benefit

- Death or disability that is not due to an accident as defined in the policy
- Death or disability of a person that is not the premium payer
- Disability that does not meet the criteria of permanent and total disability

Benefit for trauma counselling

- Any counselling 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

Baby bump benefit

- Any pregnancy diagnosis which occurs before cover has begun
- Any pregnancy diagnosis not confirmed with the required blood test or evidence of registration on the medical scheme's maternity programme

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 and the instructions of the medical practitioner are being followed in the 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 on a commercial flight as a fare-paying passenger
- Participation in sports on a professional basis. Professional means being paid to participate in the sport
- Participation in hazardous (dangerous) sports, including hang-gliding, kite-surfing, mountaineering, para-gliding, 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 vehicle, vessel, craft or aircraft



YOU CARE, WE CARE



We have supported the following charities since 2018, through our You Care, We Care programme.

Food & Trees for Africa

Leap Science and Maths Schools

New BeginningZ

National Society for the Prevention of Cruelty to Animals (NSPCA)

Robin Hood Foundation

Save-a-Child

<http://www.trees.co.za/>

www.leapschool.org.za

www.newbeginningz.org.za

<https://nspca.co.za/dog-fighting/>

<https://robinhoodfoundation.co.za/>

www.saveachild.co.za





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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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