



ADMED GAP SUPREME BENEFIT BROCHURE 2024

UNDERWRITTEN BY GUARDRISK INSURANCE COMPANY LIMITED



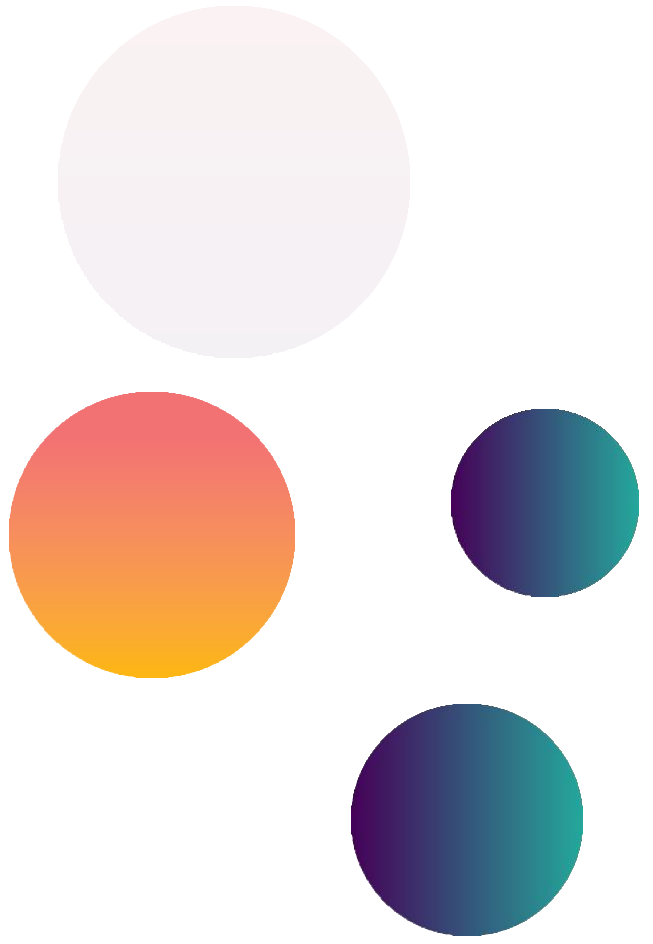


Admed Gap Cover is not a medical scheme. Products that are offered in this brochure are not the same as that of a medical scheme.

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

(Weekdays 08h00 to 16h30)

Share call number: 0860 102 936 | Email: admed@guardrisk.co.za | 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 shortfall payments that you need to make from 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 OFFERINGS

SUPREME GAP

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.

A discounted group rate will apply to employer groups of 35 members or more.

Remember: Premiums are guaranteed for the 2024 calendar year

SHORTFALL BENEFITS

(These benefits are collectively limited to R190 000 per person per year)

MEDICAL EXPENSE SHORTFALL BENEFIT FOR IN-HOSPITAL PROCEDURES

We cover the shortfall between what the specialist has charged 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 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 covered procedures is provided on page 9.



MEDICAL EXPENSE SHORTFALLS FOR ALLIED PROFESSIONALS

We cover the shortfall between what the Allied professional has charged and what your medical scheme has paid for in hospital care following an associated in-hospital procedure. This is paid up to 3 times the amount paid by your medical scheme towards in-hospital shortfalls and is limited to R2 500 per policy per year. *Examples of Allied professionals are listed on page 9.

CO-PAYMENT BENEFIT

Co-payments and deductibles are commonly applied to authorised hospital admissions, radiology scans (MRI, CAT, PET) and specialist referral procedures, depending on your medical scheme option. Our Co-payment benefit provides you with the 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 out of your own pocket, we will cover this.

NON-DSP CO-PAYMENT BENEFIT

Certain medical scheme options stipulate the use of their preferred network hospitals for elective procedures. Should you need to use a non-network hospital and your medical scheme imposes an additional rand value or percentage-based co-payment, we will cover this co-payment subject to a limit of R10 000 to a maximum of two per policy per year.

ONCOLOGY CO-PAYMENT BENEFIT

Based on your medical scheme option, once the oncology treatment benefit limit has been reached for the year, a co-payment of up to 20% may be imposed by the medical scheme. If you are registered with your medical scheme oncology treatment programme and you deplete this limit for the year, we will cover the first 20% of the cost (including biological drugs and specialised medication) of each treatment paid thereafter by you.

ONCOLOGY EXTENDER BENEFIT

Where a medical scheme oncology benefit limit has been reached and no further benefits are available, we will pay 20% of the cost of each treatment (including biological drugs and specialised medication) paid by the insured person. Insured persons are required to register with the medical scheme oncology treatment programme and specialised medication imposed on you by your medical scheme.

INTERNAL PROSTHESIS SHORTFALL BENEFIT

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 R35 000 per family per year. Stents and pacemakers are covered up to R8 000 per claim event and this aggregates to the R35 000 annual limit.

SUB-LIMIT BENEFIT

Certain medical schemes will only cover MRI/CT scans and scopes up to a specific limit. Our Sub-limit benefit will pay up to R14 000 per policy per year where your medical scheme limit has been exhausted.



CASUALTY BENEFIT

If you need to visit an emergency casualty ward due to an accident, we will pay up to R23 000 of all costs incurred. This benefit is limited to five casualty visits per family per year. Three of these visits may be for an emergency only, for a child that is 7 years old or younger limited to R4 000 per policy per year, this aggregates to the R23 000 annual limit.

ROBOTIC PROCEDURE SHORTFALL BENEFIT

Should your condition require the use of robotic assisted surgery, our Robotic procedure shortfall benefit will cover the shortfalls charged by medical practitioners. This cover is up to 3 times the amount paid by your medical scheme.

ROBOTIC PROCEDURE CO-PAYMENT BENEFIT

Should your condition require the use of robotic assisted surgery and your medical scheme levies a co-payment, We will cover this co-payment up to R12 000 per policy per year.

ASSIST BENEFITS

(These benefits do not accumulate to the overall limit of R190 000)

CANCER ASSIST BENEFIT

If you are diagnosed for the first time with minimum stage II, **LOCAL** and malignant cancer, we will pay you R8 000. If however, you are diagnosed with minimum stage II, **REGIONAL** and malignant cancer, we will pay you R20 000. In addition, if you are successful in claiming the R20 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 R15 000. This benefit assists in covering the unexpected costs which may arise as a result of the diagnosis.

BREAST RECONSTRUCTION BENEFIT FOR THE NON-AFFECTED BREAST

Should you be diagnosed with breast cancer and require cosmetic breast reconstruction for the non-affected breast due to a mastectomy, we will provide assistance cover of R15 000 per policy per year. This can be used to recover the costs incurred for the treatment or related to the treatment.

ACCIDENT ASSIST BENEFIT

An amount of R55 000 will be paid if you or your dependent dies or becomes permanently and totally disabled as a result of an accident while covered on this policy. The death benefit will be reduced if death relates to a minor. Subject to one claim per insured per lifetime. This benefit assists in covering unexpected costs which may arise as a result of the accident.

VIOLENT CRIME BENEFIT

If the accidental death or disability is as a result of a violent crime, we will double the Accident Assist benefit to cover the unexpected costs which may arise as a result of the violent nature of the incident. This benefit will be capped at legislated limits if the death relates to a minor.



PREMIUM WAIVER BENEFIT

If you become permanently and totally disabled or you die as a result of an accident or violent crime, we will pay an amount of R36 000 upfront which can be used to cover the cost of your dependents' medical scheme and gap cover premiums.

TRAUMA AND BEREAVEMENT COUNSELLING BENEFIT

If you are a victim of, or witness to, a traumatic accident, or if you lose an immediate family member, we believe that undergoing trauma and bereavement counselling is an important step in recovering from an event such as this. We will pay a fixed amount of R800 towards the cost of each counselling session, limited to R30 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 an amount of R2 500 on confirmation of pregnancy, to assist with unexpected cost.

COVERED OUT-OF-HOSPITAL PROCEDURES

Cardiovascular	Coronary angioplasty and angiogram
Dermatologic	Skin grafts
Ear, nose, throat	Adenoidectomy, direct laryngoscopy, grommets, myringotomy, sinus surgery and tonsillectomy
Gastro-intestinal	Closure of colostomy, colonoscopy, endoscopy, gastroscopy, laparoscopy, oesophagoscopy, haemorrhoidectomy
Gynaecology	Cervical laser ablation, dilatation and curettage, hysteroscopy, tubal ligation
Obstetrics	Childbirth in a non-hospital setting
General surgery	Hernia repairs and certain biopsies
Oncology	Chemotherapy and radiotherapy
Ophthalmology	Cataract removal, pterygium removal, trabeculectomy
Orthopaedic	Arthroscopy, bunionectomy, carpal tunnel release, ganglion surgery
Radiology	CAT, MRI and PET scans, nuclear radiology, varicose vein removal
Renal	Kidney dialysis
Respiratory	Bronchoscopy
Urology	Circumcision (due to medical necessity), cystoscopy, orchidopexy, prostate biopsy, vasectomy

COVERED ALLIED PROFESSIONALS

Chiropractors, Clinical technologist, Genetic counsellors, Myotherapists, Occupational therapists, Orthoptists, Osteopaths, Perfusionist, Physiotherapists, Podiatrists, Speech pathologists



CLAIMING MADE EASY

Online at www.admedonline.co.za | Email to admed@guardrisk.co.za | Post to Admed Claims PO Box 786015, Sandton, 2146

DOCUMENTS TO ATTACH WHEN SUBMITTING A SHORTFALL OR CO-PAYMENT CLAIM:



ADMED CLAIM FORM

The sections that are relevant to your claim must be completed in full



MEDICAL AID STATEMENT

Reflecting the procedure/s for which you are claiming



SPECIALIST INVOICES

From the specialist for whom you are claiming



HOSPITAL ACCOUNT

For the period during which you were hospitalised



PRE-AUTHORISATION LETTER (if claiming a co-payment) Reflecting the co-payment for which you are claiming

Please Note: To claim for our Assist benefits refer to admedonline.co.za for the full list of required documents. 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	9-Month Pre-Existing Medical Condition Waiting Period	12-Month Birth, Pregnancy or Cancer-Related Waiting Period
If you are an individual, not part of a group, a 3-month general waiting period will apply. During this period, you cannot claim for any benefits.	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 .	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, laboratory tests 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
- 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

ALLIED PROFESSIONALS

- Any shortfalls for Allied professionals that are not part of the same hospital admission and treatment
- Any shortfalls for an Allied professional not on our list

CO-PAYMENT BENEFIT

- Co-payments levied by a medical practitioner, hospital or day clinic
- Co-payments applied for not adhering to the medical scheme 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-DSP

ONCOLOGY EXTENDER BENEFIT

- Costs applied prior to reaching the medical scheme oncology benefit limit
- Costs applied for undergoing treatment with a non-DSP

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



SUB-LIMIT BENEFIT

- Cover for sub-limits exhausted other than for MRI/CT scans and scopes

ROBOTIC PROCEDURE SHORTFALL BENEFIT

- Any other shortfalls related to the procedure with exception of the medical practitioner costs

ROBOTIC PROCEDURE CO-PAYMENT BENEFIT

- Any amount exceeding the R12 000 annual amount

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 7 years or younger

CANCER ASSIST BENEFIT

- 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
- All cancers diagnosed and treated by primary biopsy

RECONSTRUCTION OF THE NON-AFFECTED BREAST BENEFIT

- Any treatment for prophylactic measures
- Any reconstruction that is not directly due to a cancer diagnosis within the current policy period
- Any procedure not being performed in the same surgery as the mastectomy of the affected breast

ACCIDENT ASSIST BENEFIT

- 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 or covered on the policy

- Disability that does not meet the criteria of permanent and total disability

TRAUMA AND BEREAVEMENT COUNSELLING BENEFIT

- 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
- Bereavement counselling for anyone who does not meet the definition of immediate family member 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 maternity programme

GENERAL EXCLUSIONS

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

- Willful 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 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
- Procedures for cosmetic purposes including cosmetic procedures that form a small part of a major non-cosmetic
- Procedure (unless the cosmetic Procedure is necessary because of an Illness or a Bodily Injury)

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www.leapschool.org.za



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ROBIN HOOD FOUNDATION
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FOOD & TREES FOR AFRICA
www.trees.co.za



NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
www.nspca.co.za



SAVE-A-CHILD
www.saveachild.co.za

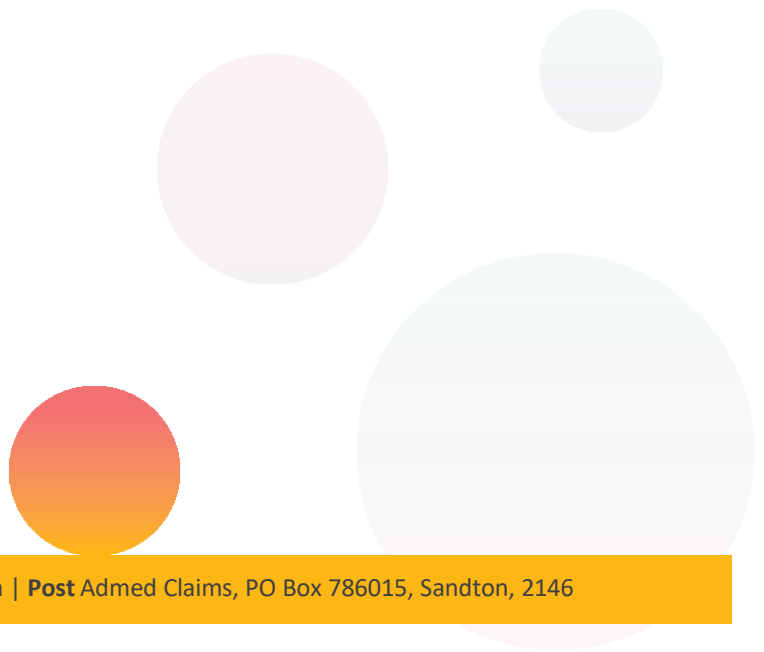
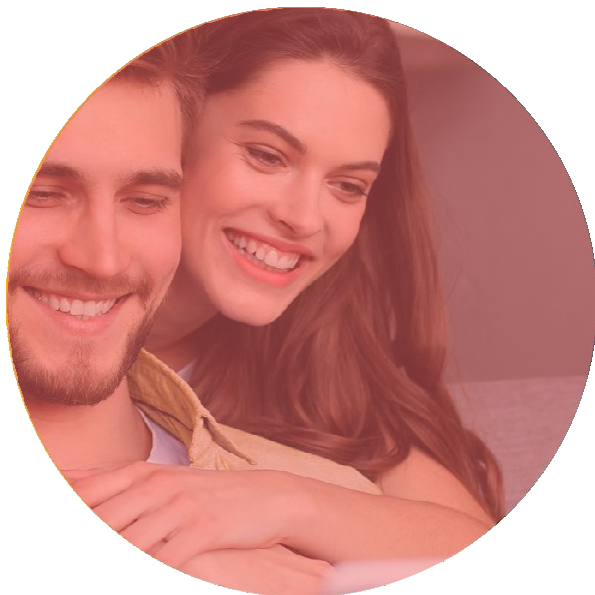


TERMS AND CONDITIONS OF COVER

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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