Admed

The heartbeat of Gap

ADMED GAP COVER BROCHURE 2027

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. Please read your policy document carefully.



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.

Mission Statement:

We are committed to delivering affordable and sustainable gap cover products that meet the needs of our clients.

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



R599
If you're under 65
SINGLE

R699
Monthly family premium for under 65's
FAMILY



R970
If you're 65 or older
SINGLE

SUPREME GAP

Cover for you, your spouse, your children, and your parents who are registered as dependants on your medical scheme and eligible for cover at the date of joining on the family rate. In addition, a spouse and dependent children registered on a separate medical scheme may also be covered under the policyholder's Admed Gap Cover policy, subject to the scheme rules and policy terms and conditions. *Conditions apply

SUPREME PENSIONER GAP

Cover for you as an individual, if you are 65 or older at the date of joining. *Conditions apply

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

Remember: Premiums are guaranteed for the 2027 calendar year

SHORTFALL BENEFITS

(These benefits are collectively limited to R230 800 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 pays up to 500% of medical scheme tariff. Prescribed Minimum Benefits (PMB) procedures are covered under this benefit.

MEDICAL EXPENSE SHORTFALL BENEFIT FOR OUT-OF-HOSPITAL PROCEDURES

We also cover certain medical procedures performed outside of a hospital and outside of a day clinic, up to 500% of medical scheme tariff paid by your medical scheme towards in-hospital shortfalls. Prescribed Minimum Benefits (PMB) procedures are covered under this benefit.

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 500% of medical scheme tariff paid by your medical scheme towards in-hospital shortfalls and is limited to R2 600 per policy per year.

Examples of Allied professionals are Chiropractors, Clinical technologist, Genetic counsellors, Myotherapists, Occupational therapists, Orthoptists, Osteopaths, Perfusionist, Physiotherapists, Podiatrists, Speech pathologists.

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.

CO-PAYMENT DIRECT BENEFIT

This benefit pays upfront admission co-payments for planned procedures directly to you, or to the hospital or day clinic.

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 for up to two claims, with a maximum of R16 800 per claim per policy per year.

PRE AND POST-SURGERY SPECIALIST CONSULTATIONS

This benefit covers shortfalls on consultation fees charged by an admitting medical practitioner 30 days prior to and 30 days following in-hospital surgery. It is subject to a limit of R3 400 per insured.

ONCOLOGY CO-PAYMENT BENEFIT

Based on your medical scheme options, once the oncology 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 for 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 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.

INTERNAL PROSTHESIS 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 of up to R48 300 per family per year. Stents will be covered up to R5 300, intraocular lenses covered up to R6 800 and pacemakers are covered up to R8 400 per claim event.

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 R16 800 per policy per year where your medical scheme limit has been exhausted. The maximum is R5 200 per claim.

CASUALTY BENEFIT

In the event of an emergency resulting from an accident, where you are required to visit an emergency casualty ward within 24 hours of the incident, we will cover costs of up to R28 000. For emergency only treatment of a child aged 11 years or younger, the benefit is limited to R3 100 per policy per year, which aggregates to the overall annual limit of R28 000.

ROBOTIC PROCEDURES BENEFIT

Should your condition require the use of robotic-assisted surgery, our Robotic procedures benefit will cover the shortfalls charged by medical practitioners and any co-payments levied by your medical scheme. This cover is up to R41 500 per policy per year.

FIRST NIGHT HOME RECOVERY BENEFIT

Covers the shortfall for one post-hospital support service, such as a nurse or carer following surgery, of up to R1 000 per event, subject to a limit of R3 000 per policy per calendar year.

CHILD DEVELOPMENT SCREENING COVER

Child development screening benefit for children younger than 11, provides up to R2 000 per policy per calendar year for developmental screenings including ADHD, speech impairment, dyslexia and autism assessment by a specialist. The shortfall covered is the difference between the medical specialist consultation fees for the screening and the amount payable or paid by your medical scheme.

INTERNATIONAL TRAVEL BENEFIT

Cover for benefits under the policy for claim events due to an accident or illness, that occur whilst travelling outside of the borders of the Republic of South Africa. This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.

ASSIST BENEFITS

(These benefits do not accumulate to the overall limit of R230 800)

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 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 R40 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 dependant 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 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 a result of a violent crime, we will double the Accident Assist cover and pay R110 000 and this will 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.

ACCIDENTAL DENTISTRY COVER

A cover of up to R28 000 for accidental tooth fracture (crowns and implants are excluded due to an external injury to the mouth) is payable at a rate of R4 100 per fractured tooth, irrespective of medical aid contribution to treatment cost. Treatment must take place within 10 days of the accidental tooth fracture event.

PREMIUM WAIVER BENEFIT

If the premium payer becomes permanently disabled or passes away as a result of an accident or violent crime, we will cover your medical scheme and gap cover premiums up to R136 500. The benefit is calculated based on your medical scheme and gap cover monthly contributions at the time of the claim, multiplied by 12 months.

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 an amount of up to R1 000 towards the cost of each counselling session, limited to R33 600 per family per year.

BABY BUMP BENEFIT *(Only available to members on a Group Scheme)*

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 costs.

NEONATAL INTENSIVE CARE UNIT (NICU) BENEFIT

This new benefit provides a once-off payment of R7 500 towards costs if your newborn is admitted to NICU care for three or more consecutive days.

MEDICAL SCHEME UPGRADE CONTRIBUTION WAIVER

This benefit provides cover for the increase in your Medical Scheme premium where an option upgrade is approved outside the normal Medical Scheme option upgrade period. This benefit covers the increased premium from the effective date of the upgrade until the end of the calendar year. This benefit provides cover of up to R30 000 per policy per calendar year.

OUR STANDARD OPTION OFFERINGS



R293
If you're under 42
SINGLE

R495
Monthly family premium for under 42's
FAMILY

STANDARD UNDER 42 GAP

Cover for you as an individual, if you are under 42 at the date of joining.

Remember: Premiums are guaranteed for the 2027 calendar year

SHORTFALL BENEFITS

(These benefits are collectively limited to R230 800 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 pays up to 400% of medical scheme tariff.

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 400% of medical scheme tariff.

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.

CO-PAYMENT DIRECT BENEFIT

This benefit pays upfront admission co-payments for planned procedures directly to you, or to the hospital or day clinic.

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 for up to two claims, with a maximum of R16 800 per claim per policy per year.

INTERNAL PROSTHESIS 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 of up to R48 300 per family per year.

CASUALTY BENEFIT

In the event of an emergency resulting from an accident, where you are required to visit an emergency casualty ward within 24 hours of the incident, we will cover costs of up to R28 000.

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 R16 800 per policy per year where your medical scheme limit has been exhausted. The maximum is R5 200 per claim.

ROBOTIC PROCEDURES BENEFIT

Should your condition require the use of robotic-assisted surgery, our Robotic procedure benefit will cover the shortfalls charged by medical practitioners and any co-payments levied by your medical scheme. This cover is up to R41 500 per policy per year.

INTERNATIONAL TRAVEL BENEFIT

Cover for benefits under the policy for claim events due to an accident or illness, that occur whilst travelling outside of the borders of the Republic of South Africa. This cover will cease if you remain outside the Republic of South Africa for a period in excess of 90 consecutive days.

ASSIST BENEFITS

(These benefits do not accumulate to the overall limit of R230 800)

ACCIDENT ASSIST BENEFIT

An amount of R55 000 will be paid if you or your dependant 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 a result of a violent crime, we will double the Accident Assist cover and pay R110 000 and this will 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.

ACCIDENTAL DENTISTRY BENEFIT

A cover of up to R28 400 for accidental tooth fracture (crowns and implants are excluded due to an external injury to the mouth) is payable at a rate of R4 100 per fractured tooth, irrespective of medical aid contribution to treatment cost. Treatment must take place within 10 days of the accidental tooth fracture event.

PREMIUM WAIVER BENEFIT

If the premium payer becomes permanently disabled or passes away as a result of an accident or violent crime, we will cover your medical scheme and gap cover premiums up to R136 500. The benefit is calculated based on your medical scheme and gap cover monthly contributions at the time of the claim, multiplied by 12 months.

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 an amount of up to R1 000 towards the cost of each counselling session, limited to R33 600 per family per year.

OUR PRIMARY OFFERINGS



R455
If you're under 65
SINGLE

R589
Monthly family premium for under 65's
FAMILY



R685
If you're 65 or older
SINGLE

PRIMARY 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.

*Conditions apply

PRIMARY PENSIONER GAP

Cover for you as an individual, if you are 65 or older at the date of joining.

*Conditions apply

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

Remember: Premiums are guaranteed for the 2027 calendar year

SHORTFALL BENEFITS

(These benefits are collectively limited to R230 800 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 pays up to 300% of medical scheme tariff.

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 300% of medical scheme tariff.

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.

CO-PAYMENT DIRECT BENEFIT

This benefit pays upfront admission co-payments for planned procedures directly to you, or to the hospital or day clinic.

CASUALTY BENEFIT

In the event of an emergency resulting from an accident, where you are required to visit an emergency casualty ward within 24 hours of the incident, we will cover costs of up to R28 000. For emergency only treatment of a child aged 11 years or younger, the benefit is limited to R3 100 per policy per year, which forms part of and aggregates to the overall annual limit of R28 000.

ROBOTIC PROCEDURES BENEFIT

Should your condition require the use of robotic-assisted surgery, our Robotic procedure benefit will cover the shortfalls charged by medical practitioners and any co-payments levied by your medical scheme. This cover is up to R41 500 per policy per year.

1ST TIME CANCER 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 arise as a result of the diagnosis.

ACCIDENTAL DISABILITY BENEFIT

An amount of R55 000 will be paid if you or your dependant 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 the death relates to a minor. This benefit is subject to one claim per insured per lifetime. It assists in covering the unexpected costs that may arise as a result of the accident.

ACCIDENTAL DENTISTRY COVER

A cover of up to R28 400 for accidental tooth fracture (crowns and implants are excluded due to an external injury to the mouth) is payable at a rate of R4 100 per fractured tooth, irrespective of medical aid contribution to treatment cost. Treatment must take place within 10 days of the accidental tooth fracture event.

PREMIUM WAIVER BENEFIT

If the premium payer becomes permanently disabled or passes away as a result of an accident or violent crime, we will cover your medical scheme and gap cover premiums up to R136 500. The benefit is calculated based on your medical scheme and gap cover monthly contributions at the time of the claim, multiplied by 12 months.

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 an amount of up to R1 000 towards the cost of each counselling session, limited to R33 600 per family per year.

The list of procedures we will cover is provided below:

COVERED OUT-OF-HOSPITAL PROCEDURES

Cardiovascular	Coronary angioplasty and angiogram
Casualty	Emergency resulting from an accident
Child development screening	Child development screening benefit for children younger than 11
Dermatologic	Skin grafts
Ear, nose, throat	Adenoidectomy, direct laryngoscopy, grommets, myringotomy, sinus surgery and tonsillectomy
First night home recovery	Shortfall for one post-hospital support service
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
International travel	Accident or illness that occurs whilst travelling outside of the Republic of South Africa
Urology	Circumcision (due to medical necessity), cystoscopy, orchidopexy, prostate biopsy, vasectomy
Trauma and bereavement	Trauma counselling due to a violent crime, traumatic accident or bereavement
Pre and post-surgery	Consultation fees (charged by an admitting medical practitioner)

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

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 Allieds that are not part of the same hospital admission and treatment

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

CO-PAYMENT DIRECT BENEFIT

- Procedures performed out-of-hospital
- Co-payments applied to a condition in a waiting period

ONCOLOGY EXTENDER BENEFIT

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

PRE AND POST-SURGERY SPECIALIST CONSULTATION

- Any shortfalls that occur more than 30 days before or 30 days after your hospital procedure
- Any shortfalls for Consultations relating to C-sections and diagnostic procedures such as biopsies and scopes (e.g. colonoscopy and endoscopy)

INTERNAL PROSTHESIS BENEFIT

- Shortfalls where the medical scheme has not paid a portion of costs
- Devices that are placed inside a body to assist with the functioning of a body part, with the exception of stents, pacemakers and intraocular lenses.
- External prosthesis or dental implants

SUB-LIMIT BENEFIT

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

ROBOTIC PROCEDURES BENEFIT

- Any amount exceeding R41 500 related to the procedure with exception of the medical practitioner costs

FIRST NIGHT HOME RECOVERY BENEFIT

- Shortfall covered for one post-hospital support service
- Any service such as a nurse or carer following surgery of up to R1 000 per event

CHILD DEVELOPMENT SCREENING COVER

- Child development screening benefit for children younger than 11
- Developmental screening including ADHD, speech impairment, dyslexia and autism assessment

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 dependant 11 years or younger

CANCER ASSIST BENEFIT

- Any diagnosis which does not meet the minimum criteria for eligibility
- 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

ACCIDENTAL DENTISTRY COVER

- Any claims where claims damage is less than 50%
- Any claims for false teeth, implant and crowns
- Any routine dental treatment

TRAUMA AND BEREAVEMENT COUNSELLING BENEFIT

- Any counselling that is not related to an act of violence or traumatic accident
- Any counselling not undertaken by a counsellor as defined by the policy
- Bereavement counselling for anyone who does not meet the definition of immediate family member as defined in policy

INTERNATIONAL TRAVEL BENEFIT

- Any travel outside of the borders of the Republic of South Africa that exceeds 90 days

NEONATAL INTENSIVE CARE UNIT (NICU) BENEFIT

- Any NICU once-off amount that exceeds R7 500 towards costs if a newborn is admitted to NICU for three or more consecutive days

MEDICAL SCHEME UPGRADE CONTRIBUTION WAIVER

- Any amount that exceeds R30 000 for the increased premium from the effective date of the upgrade until the end of the calendar year

BABY BUMP BENEFIT *(Only available to members on a Group Scheme)*

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

GENERAL EXCLUSIONS

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

- Wilful 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 fuel (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
- 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)
- 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 a sport

YOU CARE WE CARE

LEAP SCIENCE & MATHS SCHOOL

www.leapschool.org.za

NEW BEGINNINGZ

www.newbeginningz.org.za

ROBIN HOOD FOUNDATION

www.robinhoodfoundation.co.za

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 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.

GUARDRISK
TAILORED RISK SOLUTIONS

Guardrisk Insurance Company Limited is an Authorised Financial Services Provider and a Licensed Non-Life Insurer - FSP No. 75 and is part of the Momentum Group, a South African based financial services group listed on the Johannesburg Stock Exchange (JSE) in South Africa and Namibia. This information is protected by applicable intellectual property laws and cannot be copied, distributed or modified for commercial purposes. Whilst every effort has been made to ensure that the information contained herein is current, fair and accurate, this cannot be guaranteed. The use of this information by any third party shall be entirely at the third party's discretion and is of a factual nature only. The information contained herein - including client endorsements - does not constitute financial advice as contemplated in terms of the Financial Advisory and Intermediary Services Act 2002. Guardrisk Insurance Company Limited does not expressly or by implication represent, recommend or propose that products or services referred to herein are appropriate to the particular need of any third party. Guardrisk Insurance Company Limited does not accept liability due to any loss, damage, costs and expenses which may be sustained or incurred directly or indirectly as a result of any error or omission contained herein.

Follow your heart choose Admed

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