

2021

Guard yourself against medical
expense shortfalls during
hospitalisation

Guardrisk Insurance Company Limited proudly offers you the MedGap product.

MedGap Cover is not a medical scheme and the cover is not the same as that of a medical scheme. Only active medical scheme members are eligible for cover on MedGap. This product is not a substitute for medical scheme membership and no day-to-day benefits are covered.

Many medical practitioners charge considerably more than medical schemes will pay. This creates a shortfall or gap between what the medical scheme has paid and the actual cost incurred for the medical practitioner who treated you in hospital.

As a member you would be personally liable for the difference in cost, which for specialists and surgeons can add up to a sizeable amount.

MedGap offers you and your loved ones specially designed products that provides cover for medical expense shortfalls in the event of hospitalisation involving surgery or medical treatment, as well as for certain procedures performed out-of-hospital.



BENEFITS SUMMARY 2021

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SUPREME

+

PRIMARY

Shortfall Benefits

(These benefits are collectively limited to R173 000 per person per year)

Benefit for shortfalls in medical practitioner costs (shortfall cover)

✓

✓

Benefit for co-payments applied by your medical scheme for certain procedures

✓

✓

Benefit for Co-payments levied by your medical scheme on oncology treatment programmes

✓

✗

OR

Oncology extender benefit for exceeded medical scheme oncology benefit limits

✓

✗

Benefit for shortfalls in internal prosthesis costs

✓

✗

Benefit for shortfalls in emergency casualty costs due to an accident

✓

✗

Lump Sum Benefits

Lump sum benefit for first time, minimum-stage cancer diagnosis

✓

✗

Lump sum benefit for accidental death and permanent total disability

✓

✗

Trauma counselling benefit

✓

✗

Violent crime benefit

✓

✗

Premium waiver benefit

✓

✗

Baby bump benefit

✓

✗

BENEFITS SUMMARY 2021

(The shortfall benefits are collectively limited to R173 000 per person per year)

Benefit for Shortfalls in Medical Practitioner Costs

For in-hospital procedures, we will cover the shortfall between what the medical practitioner charged and the medical scheme paid, up to 3 times the amount paid by the medical scheme.

Prescribed minimum benefits (PMB) procedures are covered under this benefit

We will also cover you up to the above multiples of what your scheme has paid, for certain authorised out-of-hospital procedures. The list of procedures which we will cover you for include:

- Cardiovascular - Coronary angioplasty and angiogram
- Ear, nose, throat - Adenoidectomy, direct laryngoscopy, grommets, myringotomy, sinus surgery and tonsillectomy
- Dermatologic - Skin grafts
- Gastro - intestinal – Closure of colostomy, colonoscopy, endoscopy, gastroscopy, laparoscopy, oesophagoscopy, haemorrhoidectomy, Ischio-rectal abscess drainage
- Gynaecology – Cervical laser ablation, dilatation and curettage, hysteroscopy, tubal ligation, Incision and drainage or marsupialisation of Bartholin's cyst, laparoscopy
- Obstetrics – Childbirth in a non – hospital setting
- Oncology – Chemotherapy and radiotherapy
- Ophthalmology – Cataract removal, pterygium removal, trabeculectomy, laser eye surgery
- Radiology - CAT, MRI, PET scans, nuclear radiology, varicose vein removal
- Renal - Kidney dialysis
- Respiratory - Bronchoscopy
- Urology - Circumcision (due to medical necessity), cystoscopy, orchidopexy, prostate biopsy, vasectomy
- Prescribed Minimum Benefit (PMB) procedures are covered under this benefit

Benefit for Co-Payments for certain procedures

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.

***Benefit for Co-Payments on Oncology Treatment Programmes**

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**

(where medical scheme limits have been reached)

Where a medical scheme's 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's oncology treatment programme

*Insured persons are eligible for only one of the above oncology treatment benefits, depending on their medical scheme's oncology benefit

Benefit for Shortfalls in Internal Prosthesis Costs

(In-hospital procedures)

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.

Emergency Casualty Costs

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 2021



Lump Sum 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.

Lump Sum Benefit for Accidental Death and Permanent Total Disability

We will pay a lump sum amount of R50 000 if a person covered on the policy dies or becomes permanently and totally disabled as a result of an accident. This benefit will be reduced 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.

Trauma Counselling benefit

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.

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.

Baby bump

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.

WHAT WE DON'T COVER 2021

All of the benefits offered are subject to the terms and conditions of the policy. Additional information on the below exclusions are available upon request or in the policy wording

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
- 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
- Auxiliary or para medical services (speech therapists, audiologists, physiotherapists, etc)
- 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
- Hospice or step-down facilities
- Dental implants or external prosthesis
- Appliances (wheelchairs, crutches, braces, etc)
- Out-of-hospital dental procedures
- Home and private nursing
- Procedures for cosmetic purposes
- Elective procedures performed for religious or cultural reasons



WHAT WE DON'T COVER 2021



Co-payment benefit

- Co-payments that are levied by a medical practitioner, a hospital or a day clinic
- 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 DSP
- Co-payments that are applied by your medical scheme prior to you reaching your medical scheme oncology treatment benefit limit

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
- Cost applied to reaching the medical scheme limit

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 (except stents and pacemakers)
- External prostheses or dental implants

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 child that is 5 years old 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 was not due to violent crime as defined in the policy

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

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

Baby Bump

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

MILLENNIAL GAP 2021

THIS IS EXCLUSIVE COVER FOR
YOUNG INDIVIDUALS



AGES

OVER 18 TO UNDER 30 YEARS

ONLY A SINGLE

INSURED PERSON

OFFERING BOTH THE **PRIMARY** AND **SUPREME** OPTIONS
AT A **COMPETATIVE RATE**



The policy holder will move to the standard rate on 1 January after they turn 30

T's & C's OF COVER 2021

All of the benefits offered by MedGap 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 wording

Waiting Periods

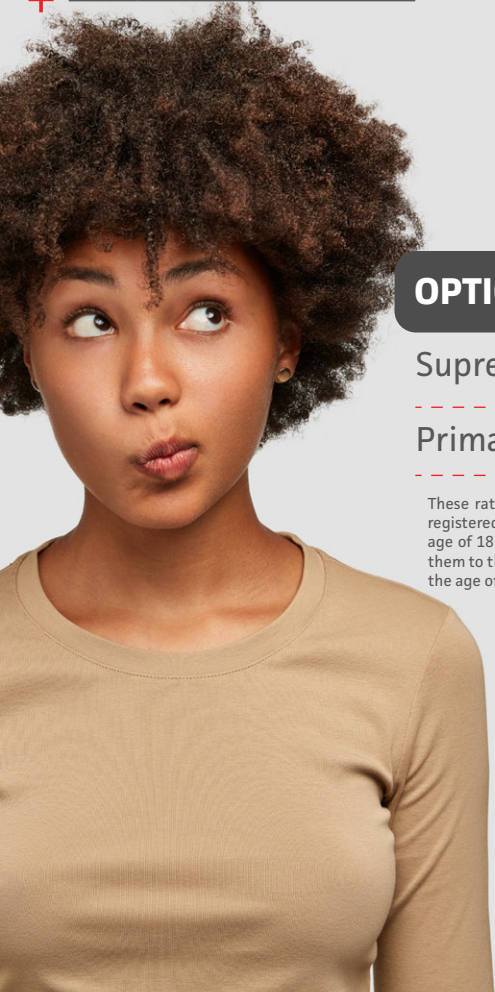
- 3-Month General Waiting Period
If you are a private individual that has not joined as part of your employer group, a 3-month general waiting period will apply. During this period you cannot claim for any benefits.
- 9-Month Pre-Existing Medical Condition Waiting Period
Within the first 9 months of 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
 - Gynaecological-related
 - Liver-related
 - Spinal or brain-related
 - Thyroid-related
- 12 months - cancer, birth or pregnancy related

GENERAL EXCLUSIONS 2021

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

RATES 2021



OPTION

STANDARD

MILLENNIAL

PENSIONER

Supreme

R401

R238

R591

Primary

R318

R191

R546

These rates are applicable and guaranteed for 2021. Our MedGap products 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 you joining. Millennial is a product for individuals over the age of 18 and under the age of 30. New members cannot join if they are already 30. When a member turns 30 during the year, we will automatically move them to the individual family cover with their renewal in January the following year. Our MedGap Pensioner products offers cover for you only, if you are over the age of 65 at the date of joining.

HOW TO CLAIM 2021



Claims can be submitted online at

www.medgaponline.co.za, or forms are obtainable by emailing info@medgaponline.co.za or calling **0860 102 936**

Please Note: All related documents must be submitted with the completed claim form within 180 days from the date of treatment.

Enquiries

New Business:

Tel: 0860 102 936 | Email: new@medgaponline.co.za

General Enquiries:

Tel: 0860 102 936 | Email: info@medgaponline.co.za

Claim Enquiries:

Tel: 0860 102 936 | Email: claims@medgaponline.co.za

Premium Enquiries:

Tel: 0860 102 936 | Email: premiums@medgaponline.co.za

If you want to join SMS **43366** or visit www.medgaponline.co.za

MedGap Products 2021

Underwritten by Guardrisk Insurance Company Limited (FSP No 75)



Website: www.medgaponline.co.za
Email Address: info@medgaponline.co.za
Telephone: 0860 102 936
Postal Address: MedGap Claims
PO Box 786015
Sandton
2146

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