



Guard yourself against medical
expense shortfalls during
hospitalisation

2022

Medgap
cover policy

EXCLUSIVE TO
health
print
your health

GUARDRISK
TAILORED RISK SOLUTIONS



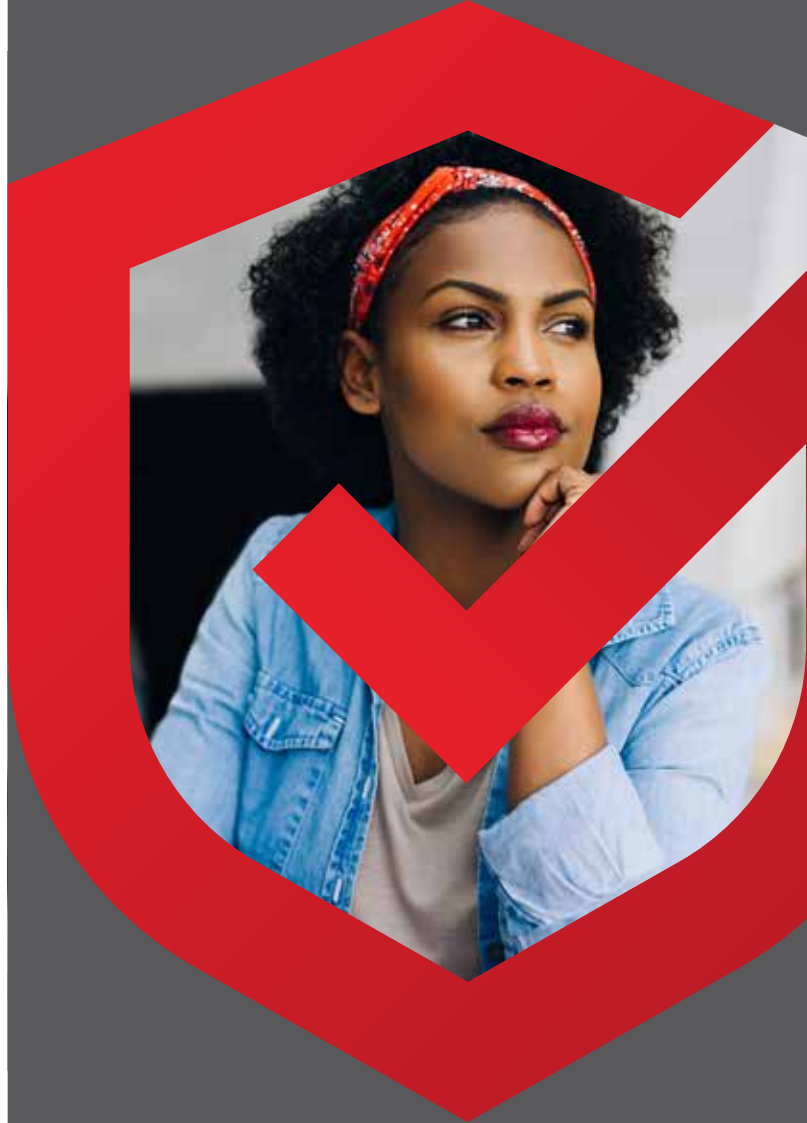
Guardrisk Insurance Company Limited proudly offers you the MedGap product.

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.



2022 BENEFITS SUMMARY

Shortfall Benefits

(These benefits are collectively limited to R178 000 per person per year)

	SUPREME	PRIMARY
Benefit for shortfalls in medical practitioner costs (shortfall cover)	✓	✓
Co-payment benefit	✓	✓
(NEW) Robotic procedures shortfall benefit	✓	x
(NEW) Robotic co-payment benefit	✓	x
(NEW) Non-DSP co-payment benefit	✓	x
Oncology co-payment benefit	✓	x
Oncology extender benefit	✓	x
Internal prosthesis shortfall benefit	✓	x
Casualty benefit	✓	x
(NEW) Sub-limit benefit	✓	x
ASSIST BENEFITS (Does not aggregate to the annual limit)		
Cancer Assist benefit	✓	x
Accident Assist benefit	✓	x
Violent crime benefit	✓	x
(NEW) Breast reconstruction benefit for non-affected breast	✓	x
Premium waiver benefit	✓	x
Trauma and bereavement counselling benefit	✓	x
Baby bump benefit	✓	x

2022 BENEFITS SUMMARY

(The shortfall benefits are collectively limited to R178 000 per person per year)

Benefit for Shortfalls in Medical Practitioner Costs

Covers the shortfall between what the medical practitioner charges and the medical scheme pays, up to 3 times the amount paid by the medical scheme for in-hospital and certain out-of-hospital procedures.

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

Covers co-payments which a medical scheme levies for approved in-hospital or out-of-hospital procedures which members need to pay upfront and out of their own pockets.

Robotic procedures shortfall benefits (New)

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

Robotic co-payment benefit (New)

Should your condition require the use of Robot Assisted surgery and your medical scheme levies a co-payment, we will cover you up to R10 000 per policy per year

Non-DSP co-payment benefit (New)

Certain medical scheme options stipulate the use of their preferred network hospitals for elective procedures. Should you need to use a non-network hospital, the scheme may impose an additional rand value co-payment. We cover this co -payment subject to a limit of R5000 per policy per annum.

Benefit for Co-Payments on Oncology Treatment Programmes

Covers the co-payment (including biological drugs and specialised medication) of up to 20% that medical schemes impose on members once they have reached their oncology treatment benefit limit for the year.

Oncology Extender Benefit

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

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 a casualty ward due to an emergency and accident, we will pay up to R20 000 of all the costs paid by you which you cannot claim back from your medical scheme. 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 5 years old or younger limited to R3000 per policy per year.



Sub-limit benefit (new)

Certain medical schemes will only cover MRI/CT scans and scopes up to a specific limit. Our Sub-Limit benefit will pay up to R10 000 per policy per annum where your medical scheme limit has been exhausted.

2022 ASSIST BENEFITS

Benefit for first time cancer diagnosis

Pays a benefit of R5 000 if an insured is diagnosed with minimum stage II, local and malignant cancer for the first time while covered on the policy

OR

Pays R20 000 for first-time diagnosis of at least stage 2, regional and malignant cancer. Pays an additional R15 000 if the medical scheme oncology benefit limit is reached in the same year. Benefit is payable once per insured per lifetime. This benefit assists in covering unexpected costs which may arise as a result of the diagnosis.

Accident assist and accidental permanent and total disablement

An amount of R55 000 will be paid if an insured dies or becomes permanently and totally disabled as a result of an accident while covered on the 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 diagnosis.

Violent crime benefit

Doubles the accidental death or disability benefit paid if the death or disability is due to a violent crime to assist with the unexpected costs which may arise as a result of the violent nature of the incident.. The death benefit will be reduced if death relates to a minor.

Breast reconstruction benefit for non-affected breast (new)

Provides assistance cover of R15 000 per policy per year should the insured be diagnosed with breast cancer and requires a cosmetic breast reconstruction for the non-affected breast due to a mastectomy. This can be used to recover the costs incurred or related to the treatment.

Premium waiver benefit

Pays the equivalent of R6 000 per month for 6 months towards medical scheme contributions and gap cover premiums, if the premium payer covered on this policy dies or becomes permanently and totally disabled as a result of an accident. The full amount of R36 000 is paid upfront and not over the 6-month period.

Trauma and bereavement counselling benefit

Pays R800 per counselling session up to R30 000 per family per year, for trauma counselling as a result of being a victim of, or witness to, an act of violence or a traumatic accident and bereavement counselling for an immediate family member.

Baby bump benefit

Pays a fixed amount of R2 000 upon diagnosis of pregnancy by a medical practitioner. to assist with the unplanned expenses.

2022 WHAT WE DON'T COVER

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
- 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
- Auxiliary or para medical services (speech therapists, audiologists, physiotherapists, etc)

Co-payment benefit

- Co-payments levied by a medical practitioner, hospital or day clinic
- Percentage co-payments applied on any part of the account, 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 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 where the remaining 80% has not been paid directly by the member
- Costs applied for undergoing treatment with a non-DSP

Internal prosthesis shortfall benefit

- Shortfalls where the medical scheme has not paid the first P.ortion 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 R10 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 5 years or younger

Reconstruction of 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

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
- All 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

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 policy

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

2022 MILLENNIAL GAP

**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 COMPETITIVE RATE

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



2022 T'S & C'S OF COVER

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

2022 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

2022 RATES

OPTION	STANDARD (Family Rate)	MILLENNIAL (Individual Rate)	PENSIONER (Individual Rate)	HEALTHPRINT RATE
Supreme	R 414	R 228	R 617	R 357
Primary	R 331	R 195	R 575	R 258

These rates are applicable and guaranteed for 2022. 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.



2022 HOW TO CLAIM

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 2022

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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