



Admed Gap Cover 2026 | Launch Overview

We remain committed to providing products that deliver real value for money. However, the rising costs driven by medical schemes increase and healthcare inflation continues to present a significant challenge for gap cover providers.

While our ongoing aim is to keep premiums as affordable as possible, the significant rise in gap claims over the past years has made this increasingly difficult. These higher claim volumes place pressure on our ability to maintain low rates, and as a result, we have had to make some difficult adjustments.

When preparing our 2026 offering, we faced the difficult task of balancing meaningful benefits with affordability. After careful consideration, we are pleased to share that we have introduced two new benefits and enhanced several existing ones to ensure that your cover continues to meet your needs in a sustainable way.

We are pleased to present our benefits and enhancements effective 01 January 2026:

MatchPay

One of the more significant changes we're making for 2026 relates to our MatchPay benefit structure. While the current design has served us well both from a claims and pricing perspective, we've recognised that it hasn't always been well understood in the market.

Although it was structured in a way that was both efficient and cost-effective, feedback from our clients has made it clear that the design was not intuitive. This often led to confusion and misalignment when comparing our offering to other gap products in the market.

Our shortfall benefit for shortfalls on doctors and specialists will be covered as follows:

- Supreme option - Up to 500% of the scheme tariff
- Primary option - Up to 300% of the scheme tariff
- Under 35 option - Up to 400% of the scheme tariff

2026 | New benefits

Pre and post-surgery Specialist Consultation benefit (Supreme only)

Cover for shortfalls on consultation fees charged by an admitting medical practitioner 30 days prior to and following in-hospital surgery.

Cover is provided up to a maximum of R3 200 per calendar year for each individual insured under the policy.

- The medical aid must pay a portion of the admitting medical practitioner fees from risk or savings benefit.
- The admitting medical practitioner consultation must occur within a period of 30 days before or after surgery.

Accidental Dentistry Cover (Supreme & Primary)

This benefit provides cover for up to R27 000 for accidental tooth fracture.

- R3 900 per fractured tooth, irrespective of medical aid contribution to treatment cost.
- Loss of 50% or more of the visible portion of a tooth, and where the dental nerve is permanently damaged.
- Accidental tooth fracture to permanent teeth.
- Treatment must take place within 10 days of the accidental tooth fracture event.

2026 | Enhancements

Increase in the Shortfall benefit cap (Supreme & Primary)

Our Shortfall benefit cap will increase from R200 000 to R219 800 (per insured person per year).

NON-DSP cover (Supreme only)

The limit on our Non-DSP cover will increase from R12 000 to R16 800 and the limit of 2 per policy per year will remain unchanged.

Casualty benefit enhancement (Supreme & Primary)

The overall limit on our casualty benefit will increase from R24 000 to R26 700, and the limit for emergency-only treatment will decrease from R5 000 to R2 950. We have, however, increased the 'emergency only' age limit for children from 8 years to 11 years.

Internal Prosthesis (Supreme only)

The overall limit will increase from R35 000 to R46 000.

- Limit for stents will decrease from R8 000 to R5 000
- Pacemakers limit will remain at R8 000
- New limit for intraocular lenses - R6 500

All three limits are now separate and do not aggregate to the AOL of R46 000.

Robotic procedures (Supreme & Primary)

Shortfalls and co-payments for Robotic procedures have now been combined into one limit of R39 500.

Breast Reconstruction (Supreme & Primary)

The limit will increase from R15 000 to R29 000.

Premium Waiver (Supreme & Primary)

The limit will increase from R36 000 to a payment of up to R130 000.

The benefit payable is calculated as the combined members' medical scheme and gap cover monthly contributions at the time of the claim, multiplied by 12 months. It will be paid to the member or surviving spouse/dependents, subject to a maximum of R130 000.

Trauma Counselling (Supreme & Primary)

The annual Trauma Counselling limit will remain R30 000, but the individual consultation amount limit will increase from a fixed R800 to up to R950 per session.



Premium increase for 2026



Primary option | Addition of benefits

The primary option will be enhanced with the following benefits:

- Casualty
- Robotic procedures
- 1st time cancer
- Accidental death
- Breast reconstruction benefit
- Trauma counselling
- Premium waiver
- Accidental dental

All the above limits will share the same limits as the Supreme option

Under 30 option | Age band

Our Under 30 option age band will move to Under 35. This option will still be available to members under the age of 35, with no dependents.

Operational changes

To enhance the onboarding process for both our members and intermediaries, we have made the following changes:

Waiting Periods

From 2026, we will remove the following waiting periods:

- 3-month general waiting period or,
- 9-month condition-specific waiting period

Instead, we will only apply a 12-month waiting period for pre-existing conditions from the date the member joins the cover.

Underwriting Questions

Our application forms will no longer include underwriting questions. Instead, underwriting will only be conducted at claim stage.

If a member submits a claim within the first 12 months of cover, we will assess whether a pre-existing condition existed at the time of joining.

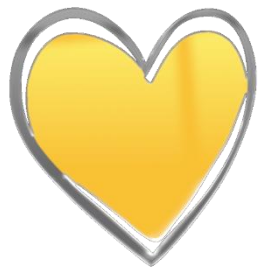
All our documentation - including brochures, application forms, membership certificates, and policy wording - will clearly communicate this to members when they join.

Dependents

We will also no longer require dependent information to be filled out on application forms, as all dependents are covered under the principal's medical scheme policy.

We believe these operational changes will significantly improve the application process for both members and brokers.





Admed Gap Cover 2026 Summary of Benefits

Medical Expense Shortfall Benefits are subject to a maximum of R219 800 per person per year

Benefit for shortfalls in medical practitioner costs (Supreme & Primary)

Covers the shortfall between the medical practitioner charge and the medical scheme payment, up to 500% on Supreme and up to 300% of scheme rate on Primary for in-hospital and certain out-of-hospital procedures.

Benefit for co-payments applied by the medical scheme for certain procedures (Supreme & Primary)

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

Non-DSP co-payment benefit (Supreme only)

Pays a limit of R16 800 per policy per annum for any non-designated service provider you use that is not on your medical scheme option, and the limit of 2 claims per policy per year.

Oncology co-payments & Extender benefit for oncology treatment benefit (Supreme only)

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

OR

Covers the first 20% of cost (including biological drugs and specialised medication) of each treatment paid by members after they have reached their oncology treatment benefit limit, and no further benefit is available from the medical scheme for that year.

Medical Expense Shortfalls for Allied Professionals (Supreme only)

Covers 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 scheme rate for in-hospital shortfalls and is limited to R2 500 per policy per year.

Pre and post-surgery Specialist Consultation benefit (Supreme only)

Cover for shortfalls on consultation fees charged by an admitting medical practitioner 30 days prior to and following in-hospital surgery. Cover is provided up to a maximum of R3 200 per year for each insured under the policy.

Robotic procedures benefits (Supreme & Primary)

Covers shortfalls charged by medical practitioners, as well as co-payments levied by the medical scheme, up to R39 500.

Benefit for shortfalls in internal prosthesis costs (Supreme only)

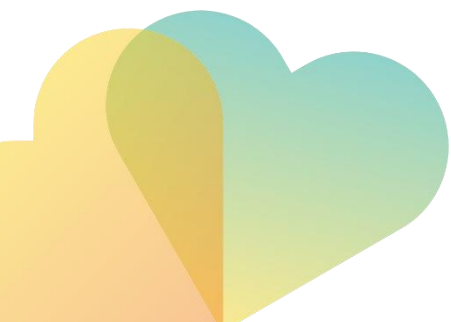
Pays the shortfall in internal prosthesis costs up to R46 000 per family per year. Stents have a limit of R5 000, intraocular lenses have a limit of R6 500, and Pacemakers have a limit of R8 000. These limits are separate and do not aggregate to the R46 000 limit.

Sub-limit benefit (Supreme only)

Pays up to R16 000 per policy per annum when you have exhausted your medical scheme limit for cover of MRI/CT scans and scopes.

Casualty benefit (Supreme & Primary)

Covers up to R26 700 of the costs paid by members for casualty visits due to an emergency and an accident. Emergency-only visits for dependents younger than 11 years are limited to R2 950.



Assist Benefits

Cancer assist benefit

Pays a once-off lump sum benefit of R8 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.

Accident assist benefit

Pays R55 000 if an insured dies or becomes permanently and totally disabled due to an accident while covered on the policy. Benefit is payable once per insured per lifetime. This benefit assists in covering the unexpected costs which may arise because of the accident. The death benefit will be reduced if the death relates to a minor.

Violent crime benefit

The value of the Accident assist benefit will be doubled if the claim event is due to a violent crime. This benefit assists in covering the unexpected costs which may arise because of the violent nature of the incident. If accidental death relates to a minor, the total benefit paid for both will be reduced in accordance with legislation.

Breast reconstruction benefit for the non-affected breast

Provides assistance cover of R29 000 per policy per year should the insured be diagnosed with breast cancer and require cosmetic breast reconstruction for the non-affected breast due to a mastectomy.

Premium waiver benefit

Up to R130 000 will be paid if the premium payer dies or becomes permanently and totally disabled because of an accident. -The benefit payable is calculated as the combined members' medical scheme and gap cover monthly contributions at the time of the claim, multiplied by 12 months.

Trauma and bereavement counselling benefit

Pays up to R950 per counselling session and up to R30 000 per family per year, for trauma counselling because of being a victim of, or a witness to, an act of violence or a traumatic accident and bereavement counselling for the loss of an immediate family member.

Baby bump benefit

Pays a fixed amount of R2 500 upon confirmation of pregnancy by a medical practitioner.

