Admed

The heartbeat of Gap

ADMED GAP COVER BROCHURE 2027

Supreme

Stellenbosch University



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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 OFFERING



SUPREME GAP: R450

The above rates are only applicable to employees of Stellenbosch University

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 the member, 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 subject to a limit of R16 800 to a maximum of 2 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.

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.

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.

NEONATAL INTENSIVE CARE UNIT (NICU) BENEFIT

This new benefit provides a once-off payment of R7 500 towards costs if a 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 a policyholder's 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.

COVERED OUT-OF-HOSPITAL PROCEDURES

Cardiovascular	Coronary angioplasty
	Coronary angiogram
Ear, nose, throat	Adenoidectomy
	Direct laryngoscopy
	Grommets
	Myringotomy
	Sinus surgery, limited to: • Frontal sinus • Functional endoscopic sinus surgery • Bilateral function endoscopic sinus surgery
	Tonsillectomy
Dermatologic	Skin grafts Excision of skin lesions for melanoma and other malignant neoplasms of the skin
General surgery	Hernia repairs, limited to: • Inguinal hernia • Femoral hernia • Umbilical hernia • Epigastic hernia • Spigelian hernia
	Lymph node biopsy
	Needle biopsy of the liver
	Surgical biopsy of breast lump
	Vacuum biopsy of the breast (X-Ray stereotactic mammography-biopsy)
Gastro-intestinal	Closure of colostomy
	Colonoscopy (due to medical necessity)
	Endoscopy (due to medical necessity)
	Gastroscopy and gastrointestinal imaging
	Sigmoidoscopy
	Ischiorectal abscess drainage
	Laparoscopy
	Oesophagoscopy
	Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation)
Gynaecology	Cervical laser ablation
	Dilatation and curettage
	Female surgical and non-surgical permanent sterilisation
	Hysteroscopy
	Incision and drainage of Bartholin's cyst
	Marsupialisation of Bartholin's cyst
	Laparoscopy
	Tubal ligation
Obstetrics	Childbirth in a non-Hospital setting
Oncology	Chemotherapy
	Radiotherapy

Ophthalmology	Cataract removal
	Laser eye surgery
	Pterygium removal
	Trabeculectomy
Orthopaedic	Arthroscopy
	Bunionectomy
	Carpal tunnel release
	Ganglion surgery
Radiology	Computer Axial Tomography (CAT) scan
	Magnetic Resonance Imaging (MRI) scan
	Nuclear radiology
	Positron Emission Tomography (PET) scan
	Varicose vein removal
Renal	Kidney dialysis
Respiratory	Bronchoscopy
Urology	Circumcision (due to medical necessity)
	Cystoscopy
	Orchidopexy
	Prostate biopsy
	Vasectomy

Please refer to our policy wording to get a detailed list of what we do not cover under each benefit and our general exclusions

CLAIMING MADE EASY

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

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 the admedonline.co.za for 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

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

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