

Medgap

cover policy

Guard yourself against
medical expense shortfalls
during hospitalisation



Exclusive to
Bonitas members

Underwritten by Guardrisk Insurance Company Limited
An Authorised Financial Services Provider (FSP 75)

Medgap

cover policy



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.

2019 Benefits

2019 Benefits Summary

Shortfall Benefits

(these benefits are collectively limited to R157 000 per person per year)

	Supreme	Primary
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 emergency casualty costs due to an accident	✓	✗
Lump Sum Benefits		
Lump sum shortfalls for internal prosthesis costs	✓	✗
Lump sum benefit for first time, minimum-stage cancer diagnosis	✓	✗
Lump sum benefit for accidental death and permanent total disability	✓	✗
Trauma counselling benefit	✓	✗

Shortfall Benefits

(The shortfall benefits are collectively limited to R157 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 2 times the amount paid by the medical scheme. If however, your procedure falls into one of the following types of treatment, we will increase your cover up to 2½ times the amount paid by your medical scheme:

- Obstetrics and gynaecological surgery
- Cardiothoracic surgery
- Neurology

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
- General surgery - Hernia repairs and certain biopsies
- 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
- 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
- Urology - Circumcision (due to medical necessity), cystoscopy, orchidopexy, prostate biopsy, vasectomy

Benefit for Co-Payments for certain procedures

Cover for certain in-hospital co-payments applied by the medical scheme for authorised procedures

*Benefit for Co-Payments on Oncology Treatment Programmes

Where a co-payment is imposed by the medical scheme due to the oncology benefit having been exhausted, we will cover the co-payment (including biological drugs and specialised medication) up to a maximum of 20%. Insured persons are required to register with the medical scheme's oncology treatment programme

*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)

Where an internal prosthesis was used and the scheme's limit has been exhausted, we will pay the shortfall up to a limit of R30 000 per family per year

Emergency Casualty Costs

Where an insured person has to go to emergency casualty as a result of an accident which has caused bodily injury, we will pay the costs of this visit that are not covered by their medical scheme, up to three casualty visits or R10 000 per family per year. The medical scheme must have paid the first portion of the cost in order for us to cover the shortfall

Lump Sum Benefits

Lump Sum Benefit for First Time Cancer Diagnosis

Where a person covered on the policy is diagnosed as having a minimum severity (stage II, regional and malignant) of cancer for the first time, we will pay a once-off lump sum benefit. The first amount of R15 000 will be payable upon diagnosis and the second amount of R10 000 will be payable upon reaching the medical scheme's oncology benefit limit OR depending on your medical plan option, the medical scheme having paid more than R200 000 in oncology treatment costs within 12 months from the date of diagnosis

If the person is diagnosed for the first time as having a minimum severity of stage II, local and malignant, we will pay a lump sum of R5 000

This benefit is payable once in a lifetime per person covered on the policy

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

Trauma Counselling Benefit

Where a person covered on the policy is a victim of, or a witness to, an act of violence or traumatic accident, we will cover trauma counselling costs of up to R750 per session and a total of R25 000 per family per year

2019 Rates

	Supreme	Primary
Family premium (under 65's)	R269.00	R212.00
Individual premium (over 65's)	R528.00	R497.00

These rates are exclusive to Bonitas members and are guaranteed for 2019

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What We Do Not 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
- Exploratory procedures such as blood tests, pap smears, ultrasounds, x-rays, 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
- Appliances (wheelchairs, crutches, braces, etc)
- Out-of-hospital dental procedures
- Home and private nursing
- Procedures for cosmetic purposes

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

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 (pacemakers, stents, etc)
- External prostheses or dental implants

Casualty benefit

- Elective procedures undertaken at a casualty ward
- Casualty ward visits due to illness
- Casualty ward claims in which the first cost is not paid by your medical scheme

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

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



Terms and Conditions 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 months – all claims
- 9 months – any pre-existing medical condition for which medical advice, diagnosis, care or treatment was recommended or received within the past 12 months, including but not limited to the following conditions:
 - Bone or joint-related
 - Kidney-related
 - Conditions of the eye
 - Gynaecological-related
 - Liver-related
 - Spinal or brain-related
 - Thyroid-related
 - Abdominal-related
 - Heart-related
 - Conditions of the blood
 - Metabolic-related (Diabetes)
 - Conditions of the prostate
 - Conditions of the mouth, teeth or gums
 - Conditions of the ear, nose or throat
- 12 months - cancer, birth or pregnancy related

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
- Participation in sports on a professional basis. Professional means that you are paid to participate in the sport
- Participation in hazardous (dangerous) sports, including hang-gliding, kite-surfing, mountaineering, para-gliding, scuba diving and skiing
- Participation in any form of race or speed test, other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft

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 120 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



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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