



Guardrisk
FINANCING RISK EFFICIENTLY

ADMEDGAP POLICY DOCUMENT 2011

In consideration for, but conditional upon the prior payment of the premium by or on behalf of the Principal Insured Person and the receipt thereof by or on behalf of Guardrisk Insurance Company Limited (the Company) before the inception date or renewal date (as the case may be) and subject to the terms exceptions conditions and provisions of the policy, the Company agrees to pay, during the valid currency of this policy, the maximum benefits as stated herein, to the Principle Insured Person upon the occurrence of a Defined Event.

DEFINITIONS

In this policy all words and expressions signifying the singular shall include the plural and vice versa

Words and expressions implying the masculine gender shall include the feminine

The following words and expressions shall have the following meanings

1. "Accident" means bodily injury caused by violent accidental and external physical means
2. "Company" means Guardrisk Insurance Company Limited, registration number 1992/001639/06
3. "Eligible Child" means a child, including a legally adopted child or stepchild of a Principal Insured Person and who is registered as their child dependant on a Medical Scheme and is furthermore not already insured under this policy or any other insurance policy issued by the Company providing similar cover
4. "Eligible Spouse" means the spouse of the Principal Insured Person and who is registered as their adult dependant on a Medical Scheme and is furthermore not already insured under this policy or any other insurance policy issued by the Company providing similar cover
5. "Eligible Extended Dependiant" means a parent or sibling of a Principal Insured Person and who is registered as their extended adult dependant on a Medical Scheme and is furthermore not already insured under this policy or any other insurance policy issued by the Company providing similar cover

As soon as any Eligible Child, Spouse or Extended Dependiant cease to meet the definitions above, they will no longer be deemed eligible for this policy whereupon cover shall automatically cease, and any entitlement to the benefits under this policy shall be forfeited.

Where a person shares an abode with a Principal Insured Person, and has done so for at least six months and lives together in the manner of a legally married couple, the person shall be regarded as an Eligible Spouse provided they are registered as an adult dependant on the Principal Insured Person's Medical Scheme

Should a Principal Insured Person have more than one partner or spouse who could qualify as an Eligible Spouse then that Principal Insured Person must make an irrevocable nomination of one Eligible Spouse to whom the benefits provided by this policy will apply

No benefits will be paid in respect of an Eligible Spouse if more than one (1) person qualifies as such and no nomination has been made by the Principal Insured Person

On the death of the Principal Insured Person the cover of the Eligible Spouse under this policy may be continued should such spouse elect to do so, in writing, within sixty (60) days of the death of the Principal Insured Person

6. "Family" means
 - a. the Principal Insured Person
 - b. the Eligible Spouse, provided such spouse is an Insured Person but not a Principal Insured Person and
 - c. the Eligible Children provided they are Insured Persons and
 - d. the Eligible Extended Dependants provided they are Insured Persons
7. "Hospital" means an institution within South Africa and overseas which in the opinion of the Company meets each of the following criteria
 - a. has diagnostic and therapeutic facilities for surgical and medical diagnosis treatment and care of insured and sick persons by or under the supervision of Medical Practitioners
 - b. provides nursing services supervised by registered nurses
 - c. is not, other than incidentally, either a mental institution or a convalescent home
 - d. is not a place of rest for the aged or a place for drug addicts or alcoholics or a health hydro or natural cure clinic or similar establishment
 - e. is not an institution providing long-term care for the blind, deaf, dumb or other handicapped persons
8. "Illness" means any one (1) somatic illness or disease which manifests itself during the period of insurance and includes premature senile degenerative changes but not an illness which is of such a nature as to be incapable of diagnosis by objective medical evidence or which though capable of diagnosis by such evidence has not been so diagnosed
9. "Insured Incident" means any one (1) Accident or Illness that causes an Insured Person to be confined to Hospital and to undergo certain medical or surgical procedures
10. "Insured Person" means a Principal Insured Person and/or an Eligible Spouse and/or an Eligible Child and/or an Eligible Extended Dependant It is a prerequisite for an Insured Person to be and remain a member or dependant of a registered Medical Scheme at all times during the currency of this policy and who is accepted by the Company as eligible for participation in the insurance provided by this policy
11. "Medical Scheme" means a Medical Scheme registered by the Registrar of Medical Schemes, in terms of the Medical Schemes Act No. 131 of 1998
12. "Medical and Surgical Procedure" means any procedure listed in the Admed Tariff list issued by Guardrisk Insurance Company Limited.
13. "Medical Practitioner" means a legally qualified Medical Practitioner registered with the South African Medical and Dental Council
14. "Policyholder" means the natural or juristic person named in the schedule annexed hereto
15. "Travelling" means travelling in any country other than the Republic of South Africa
16. "Participating Employer" means an employer which has employed an employee under a contract of service or apprenticeship and who nominates them for cover under this policy
17. "Participating Group" means the employer group to which the Participating Employer belongs
18. "Principal Insured Person" means a person nominated either as an employee of the Participating Employer or any person who is a member of the Policyholder who is to be insured under this policy. In the event of two married persons being employees or members of the same Policyholder, and cover for both is granted, then the older individual will be deemed to be the Principal Insured Person for purposes of this policy

A Principal Insured Person may elect prior to normal retirement date, or upon their retirement date, to remain a Principal Insured Person for purposes of this policy after his retirement date

19. "Treatment" means any form of investigation or examination by or consultation with or treatment by a Medical Practitioner for the purpose of treating or monitoring an Insured Person's medical condition arising out of an Insured Incident
20. "Admed Tariff" means a tariff table published by Guardrisk Insurance Company Limited made up of procedure codes as previously published by the Council for Medical Schemes and appropriate tariffs as determined by Guardrisk Insurance Company Limited for each procedure code.

DEFINED EVENTS

1. In the event of an Insured Person suffering an Insured Incident (as defined) which necessitates the Insured Person
- being confined to hospital and
 - undergoing medical or surgical procedures (as defined) or treatment (as defined) whilst in hospital
 - Surgical or medical procedures performed on a out-patient basis, limited to the following surgical or medical procedures:
- ❖ Surgical Biopsy of Breast Lump
 - ❖ Hernia Repairs, limited to
 - Inguinal Hernia
 - Femoral Hernia
 - Umbilical Hernia
 - Epigastric Hernia
 - Spigelian Hernia
 - ❖ Ischio-rectal abscess drainage
 - ❖ Closure of Colostomy
 - ❖ Surgical Haemorrhoidectomy
 - ❖ (excluding sclerotherapy or band ligation)
 - ❖ Lymph node biopsy
 - ❖ Vasectomy
 - ❖ Cystoscopy
 - ❖ Orchidopexy
 - ❖ Prostate biopsy
 - ❖ Cataract removal
 - ❖ Pterygium removal
 - ❖ Trabeculectomy
 - ❖ Direct laryngoscopy
 - ❖ Tonsillectomy
 - ❖ Sinus surgery, limited to
 - Frontal sinus
 - Functional endoscopic sinus surgery
 - Bilateral function endoscopic sinus surgery
 - ❖ Myringotomy
 - ❖ Grommets
 - ❖ Arthroscopy
 - ❖ Carpal Tunnel Release
 - ❖ Ganglion surgery
 - ❖ Bunionectomy
 - ❖ Needle biopsy of the liver
 - ❖ Bronchoscopy
 - ❖ Coronary angioplasty
 - ❖ Coronary angiogram
 - ❖ Oesophagoscopy
 - ❖ Gastroscopy
 - ❖ Entroscopy
 - ❖ Colonoscopy
 - ❖ Tubal ligation
 - ❖ Childbirth in a non-hospital setting
 - ❖ Incision and drainage of Bartholin's cyst
 - ❖ Marsupilisation of Bartholin's cyst
 - ❖ Cervical laser ablation
 - ❖ Hysteroscopy
 - ❖ Dilatation and curettage

2. The necessity for chemotherapy or radiotherapy for the Treatment of cancer on an out-patient basis or the necessity for kidney dialysis on an out-patient basis
3. Any other medical Treatment on an out-patient basis as may be agreed to by the Company

GENERAL MEMORANDA

1. The table of benefits applies regardless of the country in which the Incident occurs
2. The Company reserves the right to alter the basis on which the benefit is calculated by giving thirty (30) days written notice of any change to the Policyholder
3. No benefits are payable for expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft
4. The Company reserves the right to determine the dates at which existing and new employees of a Participating Employer or existing or new members of the Policyholder, who are not covered under this policy, may obtain such cover

GENERAL EXCLUSIONS

The Company shall not be liable for hospitalisation, bodily injury sickness or disease directly or indirectly caused by, related to or in consequence of

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission
2. Investigations, treatment or surgery for obesity or its sequel or cosmetic surgery or surgery directly or indirectly caused by, or related to, or in consequence of cosmetic surgery other than as a result of an insured event
3. Routine physical or any procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health including laboratory tests or X-ray examinations, except in the case of a disability established by prior diagnosing of an attending physician
4. Depression insanity mental or mental stress-related conditions
5. Suicide attempted suicide or intentional self-injury
6. The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered Medical Practitioner (other than the Insured Person) or any illness caused by the use of alcohol
7. An event directly attributable to the Insured Person having a blood alcohol content exceeding the legal limit or the Insured Person suffering from alcoholism
8. Participation in
 - a. active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers
 - b. aviation other than as a passenger
 - c. any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle vessel craft or aircraft)
9. Any claims not covered by the Principal Insured Person's Medical Scheme
10. Home and private nursing

WAITING PERIODS

Waiting periods applicable to voluntary membership groups:

1. Birth related claims - 10 months.
2. First 6 months 0% benefit and 50% of the normal Admed benefit in the second 6 months for:
 - a. joint replacements (except as a result of an accident/injury occurring after joining),

- b. arthroscopic procedures (except as a result of an accident/injury occurring after joining),
- c. spinal surgery including spinal fusion (except as a result of an accident/injury occurring after joining),
- d. nasal surgery including sinus related (except as a result of an accident/injury occurring after joining),
- e. cataract surgery,
- f. hysterectomy (except for cancer diagnosed after joining),
- g. dentistry related claims (except reconstructive as a result of an accident/injury occurring after joining),
- h. all hernia repairs (except as a result of an accident/injury occurring after joining), and
- i. all cardiac related surgery and procedures (including angioplasty and cardiac catheterization) diagnosed prior to date of joining.

GENERAL CONDITIONS

1. Claims

Following a Defined Event the Principle Insured Person shall at his own expense

- a. as soon as possible notify the administrators of any claim in writing but not later than six (6) months from the date of admission into hospital or procedure
- b. supply in writing any such proof or other information as the Company may reasonably request
- c. as often as required provide authority for the Company to inspect all current and/or past medical or other information including the results of any blood tests and submit to medical examination on behalf of and at the expense of the Company
- d. where the Insured Person is not a Principal Insured Person the Principal Insured Person shall provide or obtain the necessary permission or consent to comply with this condition failing which all benefits in respect of any claims the subject of this condition shall be avoidable
- e. any claim in terms of this policy will prescribe after twelve (12) calendar months from the date of occurrence of the insured Incident if the claim is outstanding and not a subject of a then pending court case
- f. any benefit payable in respect of hospital confinement shall only become due at the end of a period of such confinement
- g. however payments on account can be made to the Principal Insured Person at the end of a thirty (30) day period of hospital confinement at the discretion of the Company
- h. all benefits payable shall be paid to the Principal Insured Person or his legal representative whose receipt shall in every case be a full discharge by the Company
- i. no benefit payable shall carry interest

2. Premiums

- a. The premium is due annually in advance and if it is not received by the Company by the fifteenth (15th) day of the calendar month following the due date then this policy shall be deemed to have been cancelled at midnight on the last day of the preceding period of insurance
- b. Subject to the approval of the Company the annual premiums due may be paid in monthly instalments each of which will be due on the first (1st) day of each calendar month during the period of insurance but payable not later than the seventh (7th) day of the calendar month following the due date
- c. Due date will be the first (1st) day of every calendar month
- d. A full month's premium is due in respect of any Insured Person whose cover commences or ceases during a calendar month if such person enjoyed cover for fifteen (15) days or more in that particular month

3. Commencement of cover

Cover in terms of this policy commences on the first (1st) day of the calendar month for which the premium has been paid by or for the Insured Person

4. Termination of cover

- a. This policy may be cancelled at any time by the company giving thirty (30) days notice in writing
- b. The Policyholder may cancel this policy at any time by giving thirty (30) days notice in writing
- c. An Incident will only qualify if the hospitalisation caused by such Incident commences before the date of cancellation in which case all outstanding claims must be submitted to the company within three months after the date of cancellation

5. Medical examination

Payment of any benefit is conditional on the Insured supplying such medical evidence as is required and, if requested by the Company, an Insured Person undergoing any medical examination at the company's expense

6. Jurisdiction

The policy shall be subject to the laws of the Republic of South Africa whose courts shall have sole jurisdiction to the exclusion of the courts of any other country

Where payment is to be made to or by the Company it shall be made in the currency of the Republic of South Africa at the Company's head office unless the Company allows otherwise

7. Amendments

The Company reserves the right to adjust the premiums and benefits by giving thirty (30) days written notice to the Policyholder

8. Premium payment

The Company shall not be obliged to accept premium tendered to it after inception date or renewal date as the case may be but may do so upon such terms as it at its sole discretion may determine

9. Cover

- a. Cover shall only be in force provided that the Insured Person is registered with a Medical Scheme
- b. No benefit shall be payable in respect of any medical or surgical treatment unless such treatment occurred during the period of hospital confinement as an in-patient or during chemotherapy or radiotherapy as an out-patient for the treatment of cancer or during treatment as an out-patient for the necessity of kidney dialysis or such other medical treatment prescribed by the company

TABLE OF BENEFITS

Where the procedure was performed and/or administered by a registered Medical Practitioner, a benefit equal to each unit of service for that Medical Practitioner at cost, not exceeding four (4) times Admed Tariff, less the rate for the unit of service as listed by the Admed Tariff list for that Medical Practitioner

LIMITATION

The maximum benefit payable in terms of this section of the policy shall be as follows

- a. R165 000 in aggregate per annum per Insured Person
- b. R1 000 000 in aggregate per annum per Family