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The heartbeat of Gap

ADMED GAP COVER LAUNCH 2027

UNDERWRITTEN BY GUARDRISK INSURANCE COMPANY LIMITED



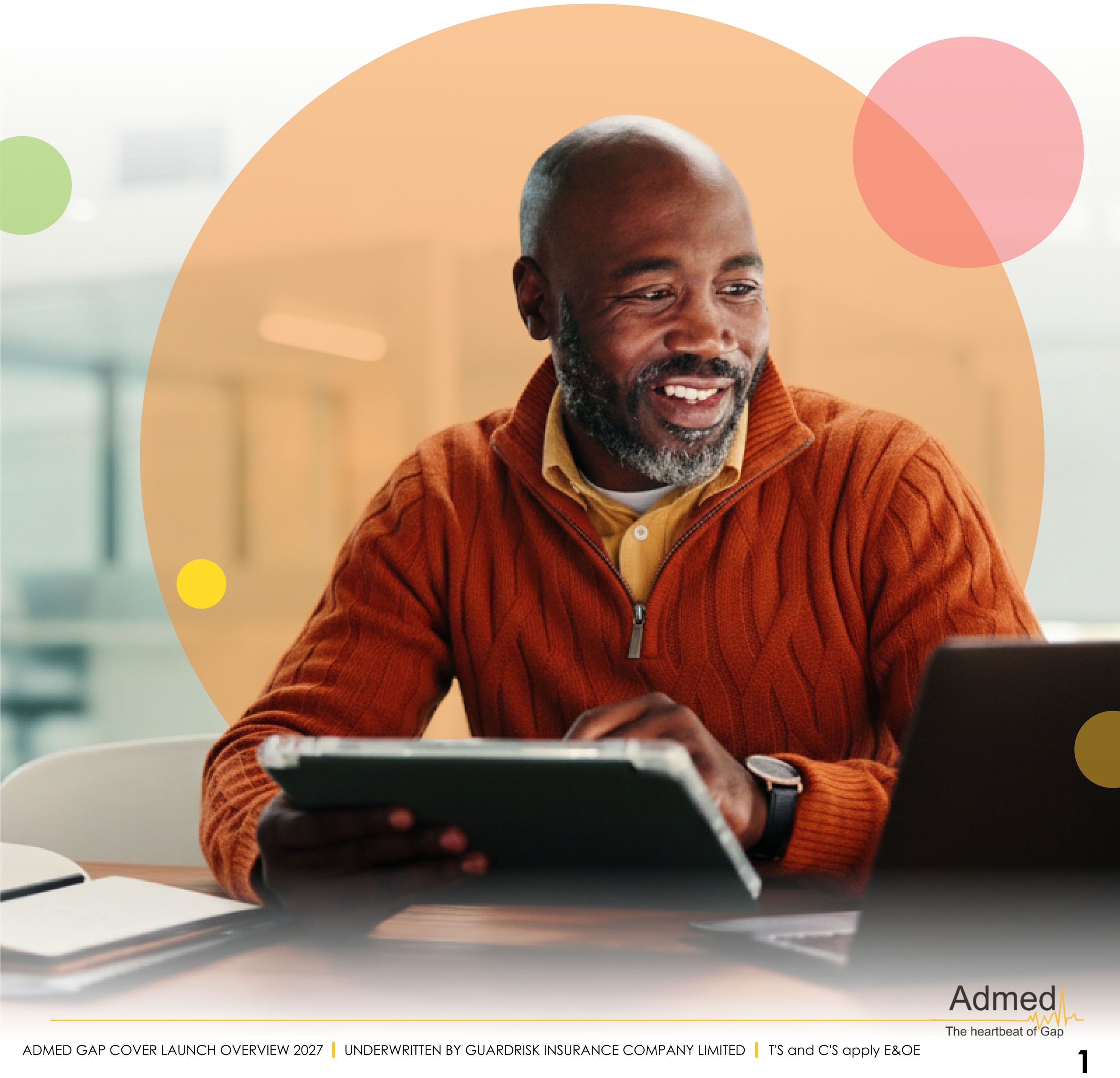
Admed Gap Launch Overview

While we remain committed to keeping premiums as affordable as possible, the constant increase in gap claims over recent years has made this increasingly challenging.

Despite these pressures, we believe we have a positive story to share for 2027.

We have worked exceptionally hard to maintain sustainable premiums while adding meaningful value to our benefit offering in the areas where our members need it most.

Following careful consideration, we are pleased to announce the introduction of five new benefits and enhancements to 8 of our existing benefits.
These improvements further strengthen Admed's offering and ensure that we continue to provide cover that is relevant and valuable to our clients.



2027 | New Benefits

Co-payment Direct benefit (Supreme, Primary & Standard)	This benefit pays co-payments upfront, for planned procedures, directly to the member, hospital or day clinic.
First Night Home Recovery benefit (Supreme only)	This 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 benefit (Supreme only)	This benefit is 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.
Neonatal Intensive Care Unit (NICU) benefit (Supreme only)	This benefit provides a once off payment towards costs if a newborn is admitted to NICU care for three or more consecutive days. We will pay an upfront payment of R7 500.
Medical Aid Contribution Waver benefit (Supreme Only)	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.

2027 | Enhancements

Increase in the Shortfall benefit cap (Supreme & Primary)	Our Shortfall benefit cap will increase from R219 800 to R230 800 (per insured person per year).
NON–DSP cover (Supreme & Standard)	The Non-DSP co-payment limit will remain at R16 800 but we will increase the limit of R16 800 per claims to two per year.
Casualty benefit (Supreme, Primary & Standard)	The overall limit on our casualty benefit will increase from R26 700 to R28 000, and the limit for emergency-only treatment will increase from R2 950 to R3 100.

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Internal Prosthesis (Supreme only)	The overall limit will increase from R46 000 to R48 300. • Limit for stents will increase from R5 000 to R5 300 • Pacemakers limit will increase from R8 000 to R8 400 • Limit for Intraocular lenses will increase from R6 500 to R6 800 All three limits are now separate and do not aggregate to the AOL of R48 300
Breast Reconstruction (Supreme & Primary)	The limit will increase from R29 000 to R40 000.
Premium Waiver (Supreme & Primary)	The limit will increase from R130 000 to R136 500, to cover the cost of dependents' medical scheme and gap cover premiums.
Trauma Counselling (Supreme & Primary)	The annual Trauma Counselling limit will increase from R30 000 to R33 600, but the individual consultation amount limit will increase from up to R950 to up to R1 000 per session.
Accidental Dentistry (Supreme, Primary & Standard)	Accidental Dentistry limit will increase from R27 000 to R28 400 and limit per tooth will increase from R3 900 to R4 100.

Premium Increase of 2027

Groups: Average Weighted Increase of **8.3%**

Individuals: Average Increase of **9.4%**

New Standard Option | Age Band

An important change we are making for our retail members is to our Under 35 Supreme and Primary options. We will be dissolving these two options into one new option called Standard. This option will specifically be for single and family members under the age of 42 at a preferential rate. We will also offer the Standard option to single members and families older than 42.

Benefits for this option will be as follows:

- Shortfall cover – up to 400%
- Co-payment benefit
- Non-DSP co-payment benefit
- Sub-limit benefit
- Casualty benefit – Accidental only
- Internal prosthesis
- Robotic procedures and co-payments
- Accidental dentistry
- Accidental death & permanent disability
- Violent crime
- Trauma & bereavement counselling
- Medical scheme & gap premium waiver

The benefit limits will be the same as those of our Supreme benefit.

Admed Gap Cover 2027 Summary of Benefits

Medical Expense Shortfall Benefits are subject to a maximum of R230 800 per person per year.

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

Covers the shortfall between the medical practitioner charge and the medical scheme payment, up to 500% on Supreme, up to 400% on Standard and up to 300% of scheme rate on Primary for in-hospital and certain out-of-hospital procedures.

Co-payment Direct benefit (Supreme, Primary & Standard)

This benefit pays co-payments upfront, for planned procedures, directly to the member, hospital or day clinic.

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

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 & Standard)

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 600 per policy per year.

Pre and Post-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 400 per year for each insured under the policy.

Child Development Screening Cover benefit (Supreme only)

This benefit is 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.

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Robotic procedures benefits (Supreme, Primary & Standard)

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

Internal Prosthesis Benefit (Supreme & Standard)

Pays the shortfall in internal prosthesis costs up to R48 300 per family per year. Stents have a limit of R5 000, intraocular lenses have a limit of R6 800, and Pacemakers have a limit of R8 400. These limits are separate and do not aggregate to the R48 300 limit.

Sub-limit benefit (Supreme & Standard)

Pays up to R16 800 per policy per annum when you have exhausted your medical scheme limit for cover of MRI/CT scans and scopes.

Casualty benefit (Supreme, Primary & (Standard Accidental only)

Covers up to R28 000 of the costs paid by members for casualty visits due to an emergency and an accident. Emergency-only visits for dependents younger than 6 years are limited to R3 1000.

First night home recovery benefit (Supreme only)

This 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.

Assist Benefits

Cancer assist benefit (Supreme & Primary)

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 (Supreme & Primary)

Pays R55 000 if an insured dies or becomes permanently and totally disabled as a result of 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 as a result of the accident. The death benefit will be reduced if death relates to a minor.

Violent crime benefit (Supreme Only)

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 as a result 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 (Supreme & Primary)

Provides assistance cover of R40 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 (Supreme & Primary)

Up to R136 500 will be paid if the premium payer dies or becomes permanently and totally disabled as a result 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 (Supreme & Primary)

Pays R1000 per counselling session and up to R33 600 per family per year, for trauma counselling as a result 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 (Supreme Only) - Group Members Only

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

Accidental Dentistry (Supreme, Primary & Standard)

A cover of up to R28 400 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.

Neonatal Intensive Care Unit (NICU) (Supreme Only)

This new benefit provides a once-off payment of R7 500 towards costs if a newborn is admitted to NICU for three or more consecutive days.

Medical Scheme Upgrade Contribution Waiver benefit (Supreme only)

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.



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