

Giving you assurance
that your family
is covered



Medical Premium Waiver

What is the Medical Premium Waiver Policy?

The Medical Premium Waiver Policy provides principal members of a medical scheme with the assurance that their dependants will receive ongoing funding to continue their medical scheme membership should they die or become permanently disabled.

The cover offered by this policy provides a monthly benefit to cover the full medical scheme contribution, subject to a maximum of R4 000 per month, for a period of 2 years.

Cover is offered to members who have not reached the age of 60.

Exclusions

A pre-existing conditions clause will exclude claims arising from conditions that the policyholder was aware of 12 months before concluding the policy and which occur within 12 months after the inception of the policy.

The policy also has general exclusions e.g. claims resulting from suicide, intentional self-inflicted injury, participation in acts of war or crime etc.

Waiting period

In the case of disability the benefit will be paid after a 30 day period and will be paid for 2 years or until the policyholder's recovery whichever occurs first.

Premium

Policy monthly premium	
Medical Gap Cover	R140
Medical Premium Waiver	R103
Medical Gap Cover + Medical Premium Waiver	R231

For more details please call Vinnovation on 021 673 8930 or e-mail info@vinnovation.co.za.

Both these policies are underwritten by Guardrisk*. The Medical Gap Policy is underwritten by *Guardrisk Insurance Company Limited (FSP number 75) and the Medical Premium Waiver is underwritten by *Guardrisk Life Limited (FSP number 76).



Medical Gap Cover and Medical Premium Waiver



Medical Gap Cover

What it is and how it can protect you?

As a medical scheme member you would probably expect your full costs to be covered should you ever be hospitalised. Unfortunately, this is seldom the case.

Medical scheme benefits are limited to the Medical Scheme Tariffs (MST) and medical practitioners can charge considerably more than MST. Certain medical specialists have been known to charge up to four times the MST.

This creates a shortfall – or gap – between the MST and the actual cost incurred for the medical practitioner for in hospital treatment. Which for many procedures that are performed by specialist surgeons, anaesthetists and other medical practitioners can add up to a sizeable payment Gap.

Without Medical Gap Cover you would be personally liable for this shortfall not covered by your medical scheme.

The examples below provide an indication of shortfalls you could experience which would be covered by the Medical Gap Cover policy.

Procedure	Amount charged by practitioner	Potential Shortfall Incurred (Practitioner cost minus medical scheme payout)	Gap Cover Benefit (paid directly to you)*
Natural child birth	R8 308	R5 359	R5 359
Caesarean section	R15 343	R9 548	R9 548
Appendicectomy	R19 156	R14 367	R14 367
Tonsillectomy	R7 528	R5 648	R5 648
Coronary Bypass	R43 112	R29 153	R29 153

* The Medical Gap Cover benefit is calculated as the difference between what the medical practitioner charge (up to a maximum of 4 times the Admed Tariff) and the Admed Tariff.

Out of hospital benefits

Although Medical Gap Cover has been designed primarily to cover shortfalls arising from in-hospital procedures, additional benefits are payable in the event of shortfalls arising from certain out-patient procedures. Below are some examples of procedures that are additionally covered on an out-patient basis:

- Chemotherapy or radiotherapy for the treatment of cancer
- Kidney dialysis on an out-patient basis
- Tonsillectomy
- Grommets
- Gastroscopy
- Childbirth
- Arthroscopy
- Coronary Angiogram
- Vasectomy
- Surgical biopsy of breast lump or prostate
- Cataract removal

Waiting periods

There is a waiting period for the following procedures:

- Childbirth claims will have an effective 10 month waiting period.

- Joint replacements, arthroscopic procedures, spinal surgery including spinal fusion, nasal surgery including sinus related, cataract surgery, hysterectomy (except for cancer diagnosed after joining), dentistry related claims, all hernia repairs and all cardiac related surgery and procedures will have no benefit for the first 6 months and 50% of the normal benefit for the second 6 months. These waiting periods will not be applicable if the claim is as result of an accident/injury that occurred after joining).

Exclusions

No benefit is payable in respect of standard exclusions as defined in the policy document. There are also a number of specific exclusions such as cosmetic surgery, treatment for obesity, claims not covered by your medical scheme and private and home nursing.

Excess payable

This Medical Gap Policy provides cover with no age limit at no increased cost. In order to continue covering older members a claim excess will apply to claimants 60 years of age and older. This excess will amount to 5% of the benefit payable, subject to a minimum of R250.

Limits

The maximum benefit limit is R200 000 per individual and R2 000 000 per family per calendar year.