



Guard yourself against medical expense shortfalls during hospitalisation

Medgap
cover policy

GUARDRISK
TAILORED RISK SOLUTIONS



2025 NEWSLETTER

The message for 2025 emphasises affordability.

To achieve this, we only enhanced certain benefits, focusing on areas where members need them most. This strategic approach highlights a commitment to providing value while addressing the specific needs of our membership base.

Enhancements 2025

Increase in the Shortfall benefit cap

Our Shortfall benefit cap will increase from R190 000 to R200 000 (per insured person per year).

NON-DSP cover (Supreme Gap)

The limit on our NON-DSP cover has had an increase from R10 000 to R12 000 and the limit of 2 per policy per year will remain unchanged.

Sub-Limit benefit (Supreme Gap)

The Sub-Limit benefit has increased from R14 000 to R16 000 per policy per year.

Casualty benefit enhancement (Supreme Gap)

The overall limit on our casualty benefit will increase from R23 000 to R24 000, and the limit for emergency-only treatment will increase from R4 000 to R5 000. We have also increased the 'emergency only' age limit for children from 7 years to 8 years. Our anytime visiting hours to a casualty ward remain unchanged.

Premium increase for 2025

Individuals | Medgap **9,7%**

Individuals | Medgap for Bonitas **8,9%**

Employer Groups **13,6%**





Changes 2025

Millennial Option - Name Change

Our Millennial option will now be referred to as our <30 option. This option will still be available to members who are under the age of 30, with no dependants.

Introduction of single rate - Individual members

From 2025, individual members that are not on our <30 or our >65 option and have no dependants on their medical scheme will be able to opt for our single rate premium. These members will get up to a 15% discount in premium.

The single rate option will be available to members who meet the above criteria on our Supreme & Primary options.

Medgap for Healthprint - No longer available

Medgap for Healthprint is no longer available for new members to join. Current members can remain on cover but will be encouraged to move over to the standard Medgap option. Members on this option also do not have access to seamless claims through Medihelp and will need to follow the normal paper claims process when claiming.

OPTION NAME	PREMIUM 2025
Medgap Supreme - Family	R546
Medgap Primary - Family	R438
Medgap Supreme - Single	R475
Medgap Primary - Single	R381
Medgap Supreme <30	R308
Medgap Primary <30	R265
Medgap Supreme Pensioner	R750
Medgap Primary Pensioner	R704
Medgap Student	R162
Medgap for Bonitas - Supreme - Family	R394
Medgap for Bonitas - Primary - Family	R309
Medgap for Bonitas - Supreme - Single	R343
Medgap for Bonitas - Primary - Single	R270
Medgap for Bonitas - Supreme <30	R266
Medgap for Bonitas - Primary <30	R203
Medgap for Bonitas Supreme Pensioner	R753
Medgap for Bonitas Primary Pensioner	R713
Medgap for Bonitas Student	R146

Medgap Gap Cover 2025 Benefits

Supreme, Single premium rate, Supreme Pensioner & Supreme Under 30's Gap
Medical Expense Shortfall Benefits subject to a maximum of R200 000 per person per year

Benefit for shortfalls in medical practitioner costs

Covers the shortfall between the medical practitioner charge and the medical scheme payment, up to 3x the amount paid by the medical scheme for in-hospital and certain out-of-hospital procedures.

Medical Expense Shortfalls for Allied Professionals

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 3 times the amount paid by your medical scheme towards in-hospital shortfalls and is limited to R2 500 per policy per year.

Robotic procedures shortfall benefits

Cover the shortfalls charges by medical practitioners. This cover is up to 3 times the amount paid by your medical scheme.

Robotic procedure co-payment benefit

Covers robotic assisted surgeries which your medical scheme has levied a co-payment for. This cover pays up to R12 000 per policy per year.

Benefit for co-payments applied by medical scheme for certain procedures

Covers co-payments which a medical scheme levies for approved in-hospital or out-of-hospital procedure which members need to pay upfront and out of their own pockets.

NON-DSP co-payment benefit

Pays a limit of R12 000 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 policy per year.

Benefit for co-payments on oncology treatment programmes / Oncology extender benefit

Covers the co-payment (including biological drugs and specialised medication) of up to 20% that medical schemes impose on members 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.

Benefit for shortfalls in internal prosthesis costs

Pays the shortfall in internal prosthesis costs up to R35 000 per family per year. An internal prosthesis replaces a body part, with the exception of pacemakers and stents with a sub-limit of R8 000 which aggregates to the R35 000 limit.

Sub-limit benefit

Pays up to R16 000 per policy per annum when you have exhausted your medical scheme limit for cover of MRI/CT scans and scopes.

Casualty benefit

Covers up to R24 000 of the costs paid by members for casualty visits due to an emergency and an accident. This benefit is limited to 5 casualty visits per family per year. However, 3 of these visits may be due to an emergency only for a dependent that is 8 years old or under on the date of the claim event. The benefit for this claim is limited to R5 000.

Assist 2025 Benefits

Cancer assist benefit

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

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

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

Provides assistance cover of R15 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

R6 000 (per month for 6 months) will be paid if the premium payer dies or becomes permanently and totally disabled as a result of an accident. The full R36 000 will be paid upfront to assist the family in covering the cost of their monthly medical scheme and gap cover premiums.

Trauma and bereavement counselling benefit

Pays R800 per counselling session and up to R30 000 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

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

Primary, Single premium rate, Pensioner & Primary Under 30's Gap

Benefit for shortfalls in medical practitioner costs

Covers the shortfall between what the medical practitioner charges and the medical scheme pays, up to 3 times the amount paid by the medical scheme for in-hospital and certain out-of-hospital procedures.

Benefit for co-payments applied by medical scheme for certain procedures

Covers co-payments which a medical scheme levies for approved in-hospital or out-of-hospital procedure which members need to pay upfront and out of their own pockets.