



Guard yourself against medical
expense shortfalls during
hospitalisation

GUARDRISK 
TAILORED RISK SOLUTIONS

2026
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.



2026 benefit summary

SHORTFALL BENEFITS

(These benefits are collectively limited to R219 800 per person per year)

	supreme	primary
Medical practitioner shortfall benefit	✓	✓
Allied professional shortfall benefit	✓	✗
Robotic procedure shortfall benefit	✓	✗
Co-payment benefit	✓	✓
Non-DSP co-payment benefit	✓	✗
Robotic procedure co-payment benefit	✓	✗
Oncology co-payment benefit	✓	✗
Oncology extender benefit	✓	✗
Internal prosthesis benefit	✓	✗
Casualty benefit	✓	✗
Sub-limit benefit	✓	✗

ASSIST BENEFITS *(Does not aggregate to the annual limit)*

Cancer Assist benefit	✓	✗
Accidental death/disability assist benefit	✓	✗
Violent crime benefit	✓	✗
Breast reconstruction benefit for non-affected breast	✓	✗
Premium waiver benefit	✓	✗
Trauma and bereavement counselling benefit	✓	✗
Baby bump benefit	✓	✗

2026 benefit summary

(These benefits are collectively limited to R219 800 per person per year)

Medical practitioner shortfall benefit

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.

Prescribed minimum benefits (PMB) procedures are covered under this benefit

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
- Dermatologic - Skin grafts
- Gastro – intestinal – Closure of colostomy, colonoscopy, endoscopy, gastroscopy, laparoscopy, oesophagoscopy, haemorrhoidectomy, Ischiorectal abscess drainage
- Gynaecology – Cervical laser ablation, dilatation and curettage, hysteroscopy, tubal ligation, Incision and drainage or marsupialisation of Bartholin's cyst, laparoscopy
- Obstetrics – Childbirth in a non – hospital setting
- Oncology – Chemotherapy and radiotherapy
- Ophthalmology – Cataract removal, pterygium removal, trabeculectomy, laser eye surgery
- Radiology - CAT, MRI, PET scans, nuclear radiology, varicose vein removal
- Renal - Kidney dialysis
- Respiratory - Bronchoscopy
- Urology - Circumcision (due to medical necessity), cystoscopy, prostate biopsy, vasectomy
- Prescribed Minimum Benefit (PMB) procedures are covered under this benefit

Allied professional's shortfall cover

We cover the shortfall between what the allied professional has charged and what your medical scheme has paid. 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

Should your condition require the use of Robot Assisted surgery, our Robotic procedure shortfalls benefit will cover the shortfalls charged by medical practitioners. This cover is up to 3 times the amount paid by your medical scheme.

Co-payment benefit

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

Robotic procedure co-payment benefit

Should your condition require the use of Robot Assisted surgery and your medical scheme levies a co-payment, we will cover you up to R12 000 per policy per year.

Non-DSP co-payment benefit

Certain medical scheme options stipulate the use of their preferred network hospitals for elective procedures. Should you need to use a non-network hospital and your medical scheme imposes an additional co-payment, we cover this co-payment subject to a limit of R12 000 up to two claims per policy per year (rand and percentage-based co-payments).

Oncology co-payment 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.

Oncology extender benefit *

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*

2026 assist benefit

Internal prosthesis benefit

If you undergo a medical procedure that requires the use of an internal prosthesis to replace a body part and you reach your medical scheme limit for the year, we will pay the shortfall up to a limit of R35 000 per family per year. Stents and pacemakers are covered up to R8 000 per claim event and this aggregates to the R35 000 annual limit.

Casualty Benefit

In the event of an emergency caused by an accident and you need to visit an emergency casualty ward within 24 hours of the event, we will pay up to R24 000 of all costs incurred. This benefit is limited to five casualty visits per family per year. Three of these visits may be for an emergency only, for a child that is 8 years old or younger limited to R5 000 per policy per year, this aggregates to the R24 000 annual limit.

Sub-limit benefit

Certain medical schemes will only cover MRI/CT scans and scopes up to a specific limit. Our Sub-Limit benefit will pay up to R16 000 per policy per year where your medical scheme limit has been exhausted.



Cancer assist benefit

Pays a 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 II, 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. This benefit assists in covering unexpected costs which may arise as a result of the diagnosis.

Accidental death/disability assist benefit

An amount of R55 000 will be paid if an insured dies or becomes permanently and totally disabled as a result of an accident while covered on the policy. The death benefit will be reduced if death relates to a minor. Subject to one claim per insured per lifetime. This benefit assists in covering unexpected costs which may arise as a result of the diagnosis.

Violent crime benefit

Doubles the accidental death or disability benefit paid if the death or disability is due to a violent crime to assist with the unexpected costs which may arise as a result of the violent nature of the incident. The death benefit will be reduced if death relates to a minor.

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 requires a cosmetic breast reconstruction for the non-affected breast due to a mastectomy. This can be used to recover the costs incurred or related to the treatment.

Premium waiver benefit

If you become permanently and totally disabled or die as a result of an accident or violent crime, we will pay an amount of R36 000 upfront which can be used to cover the cost of your dependents' medical scheme and gap cover premiums.

Trauma and bereavement counselling benefit

Pays R800 per counselling session up to R30 000 per family per year, for trauma counselling as a result of being a victim of, or witness to, an act of violence or a traumatic accident and bereavement counselling for an immediate family member.

Baby bump benefit

Pays a fixed amount of R2 500 upon diagnosis of pregnancy by a medical practitioner to assist with the unplanned expenses.

2026 what we don't 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
- External prostheses or dental implants
- Appliances (wheelchairs, crutches, braces, etc)
- Out-of-hospital dental procedures
- Home and private nursing
- Procedures for cosmetic purposes
- Investigative procedures such as blood tests, pap smears, ultrasounds, laboratory tests etc.
- Procedures that are paid for by your medical scheme on an exception or ex-gratia basis
- Elective procedures performed for religious or cultural reasons
- 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
- Shortfalls on medical practitioners contracted with the medical scheme
- Hospice or step-down facilities
- Medical examinations performed annually or routinely such as pap smears, annual check-ups, etc
- 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
- Any other cost charged for by auxiliary or para medical services not listed Shortfalls where Your Medical Practitioner is contracted to Your medical scheme on a preferential pricing basis and Your medical scheme statement indicates that You are not liable for the amount.

Allied professionals shortfall cover

- We will not pay Your claim under this benefit if the medical scheme Plan Option that You have selected does not include cover under Your Major Medical Benefit for the Procedure that You are claiming for.
- We will not pay Your claim under this benefit if Your Allied professional is not on our list of covered allied professional.
- We will not cover any Allied professional services once you have been discharged from hospital or Day Clinic.

Robotic procedure shortfall benefit

- Any other shortfalls related to the procedure with exception of the medical practitioner costs

Co-payment benefit

- Co-payments levied by a medical practitioner, hospital or day clinic
- Percentage co-payments applied on any part of the account, 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 the medical scheme
- Co-payments applied to a condition in a waiting period

Robotic procedure co-payment benefit

- Any amount exceeding the R12 000 annual amount

Non-DSP co-payment benefit

- No penalty fees levied on your hospital account

Oncology co-payment benefit

- Co-payments applied prior to reaching the medical scheme oncology benefit limit
- Co-payments applied for undergoing treatment with a non-DSP
- All oncology co-payment that is approved by the scheme as ex-gratia, experimental or as an exception even though is approved as part of the members' oncology treatment plan

- Any speciality cancer treatment or medication that is accessible before your oncology limit has been depleted and exceeds a co-payment of 20% co-payment

Oncology extender benefit

- Costs applied prior to reaching the medical scheme oncology benefit limit
- Costs where the remaining 80% has not been paid directly by the member
- Costs applied for undergoing treatment with a non-DSP
- All oncology co-payment that is approved by the scheme as ex-gratia, experimental or as an exception even though is approved as part of the members' oncology treatment plan
- Any speciality cancer treatment or medication that is accessible before your oncology limit has been depleted and exceeds a co-payment of 20% co-payment Internal

Internal prosthesis benefit

- Shortfalls where the 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, with the exception of stents and pacemakers
- External prostheses or dental implants

Casualty benefit

- Elective procedures undertaken at a casualty ward
- Casualty ward visits due to illness, unless it is due to an emergency only, for a dependent 8 years or younger
- Visits to the casualty ward that exceeds 24 hours from the incident
- Follow up visits to a casualty ward more than 24 hours after the initial casualty visit.

Accidental death/disability assist benefit

- 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

Sub-limit benefit

- Cover for sub-limits exhausted other than for MRI/CT scans and scopes

Reconstruction of non-affected breast benefit

- Any treatment for prophylactic measures
- Any reconstruction that is not directly due to a cancer diagnosis within the current policy period
- Any procedure not being performed in the same surgery as the mastectomy of the affected breast

Cancer Assist benefit

- 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
- All cancers diagnosed and treated by primary biopsy

Violent crime benefit

- Accidental Death or disability claims which have been rejected
- Death or disability that was not due to violent crime 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

Premium waiver benefit

- Death or disability that is not due to an accident as defined in the policy
- Death of disability of a person that is not the premium payer
- Disability that does not meet the criteria of permanent and total disability

Trauma and bereavement counselling benefit

- 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
- Bereavement counselling for anyone who does not meet the definition of immediate family member as defined in the policy

Baby Bump

- Any pregnancy diagnosis which occurs before cover has begun
- Any pregnancy diagnosis not confirmed with the required blood tests or evidence of registration on the medical schemes maternity programme
- The benefit will not be paid after the birth of the baby

2026 t's & c's 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

- **12-months - cancer, birth or pregnancy related**

Within the first 12-month of cover, a waiting period will apply where no claims can be submitted relating to any pre-existing conditions for cancer, birth, or pregnancy related medical events.

2026 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

2026 single

From 2026, members who do not have dependants can now enjoy a lower rate by paying a single rate.

****This will only be applicable to our individual products not employer groups**



**From 35
to 64 years**

Only a single insured person

2026 rates

	under 35 (member only)	single (individual rate)	standard (family rate)	pensioner (member only)
supreme	R337	R536	R614	R831
primary	R291	R423	R488	R779

These rates are applicable and guaranteed for 2026 and subject to change in 2027.

Our Medgap family products offers cover for you, your spouse, your children and your parents that are registered as dependents on your medical scheme and that are eligible for cover at the date of you joining. The principal member must be under 65 years of age when joining.

The Single rate will apply if you are between the age of 35 and 64 and you do not have any dependents.

Under 35 is a product for individuals over the age of 18 and under the age of 35 (no dependents may be covered). New members cannot join if they are already 35. When a member turns 35 during the year, we will automatically move them to the individual family cover with their renewal in January the following year.

Our Medgap Pensioner products offer cover for you only, if you are over the age of 65 at the date of joining.

2026 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 180 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

**If you want to join SMS 43366 or visit www.medgaponline.co.za
sms charged at R1.50, free sms do not apply**

Medgap Products 2026

Underwritten by Guardrisk Insurance Company Limited. An authorised Financial Service Provider and licensed non-life insurer (FSP No 75)

Individual underwriting: A 12-month condition-specific waiting period applies to all pre-existing conditions.

Group underwriting: Compulsory: No underwriting Voluntary: Underwriting applies





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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