

7 December 2022

Dear Member

Renewal of Admed Gap cover on University of Stellenbosch Group Scheme

Thank you for insuring yourself and your family with Admed this past year. Your cover is due to be renewed with us on the 1st of January 2023, for the period 1 January 2023 to 31 December 2023.

Please take care to read this letter as it provides you with important information about your cover.

Your cover will be renewed on the below terms and conditions. Please notify us if any of the below details are incorrect.

Cover option	Admed AF Supreme Gap 2023 Voluntary Group
Cover period	1/1/2023 to 12/31/2023

*You can update your dependent details with us on www.admedonline.co.za, by emailing us at admed@guardrisk.co.za or by calling us on **0860 102 936** between 08h00 and 16h30, Monday to Friday.

After what has felt like a lifetime of lockdowns and restrictions, the world is adapting to our new normal. With our team now working on a hybrid basis, we still continue to maintain our excellent service levels.

In doing so, we have:

- Continued to provide an ongoing excellent service factor in our call centre;
- Replied to 90% of emails received in our central mailboxes in less than 48 hours;
- Maintained an average claim processing time of 4 working days; and
- Resolved all complaints in less than 5 working days.

Our online claims process continues to add huge value to our members, and in the last year, we have received and processed in excess of 3 000 claims. These were claims that were submitted on our website in addition to our continued online servicing capabilities, which include changes to cover, updating details, submitting additional claim documentation and registering complaints.

Admed survey winner

At the beginning of this year, we invited you to participate in monthly surveys to assist us in better understanding the needs of our clients.

We are very pleased to announce that R Pillay completed all the required surveys and was the lucky winner of a R5 000 gift voucher.

We will continue engaging with our clients again next year in our ongoing surveys.

Our 2023 benefit changes

We are pleased to present our new benefits and enhancements effective 1st of January 2023:

New benefits for 2023

Allied Professionals shortfall

We now cover 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 will be 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.

2023 Enhancements to our current benefits

Increase in the Shortfall benefit cap

Our Shortfall benefit cap will increase from R178 000 to R185 000 (per insured person, per year).

Robotic procedure co-payments

The Robotic procedure co-payment limit has increased from R10 000 to R12 000 per policy per year.

NON-DSP cover

The limit on our Non-DSP cover has increased from R5 000 to R5 500 per policy per year towards this co-payment, and we will now include cover for percentage-based co-payments. Limited to two per policy per year.

Sub-limit benefit

The Sub-Limit benefit has increased from R10 000 to R12 000 per policy per year.

Internal prosthesis shortfall benefit

The Internal prosthesis aggregate limit has increased from R30 000 to R35 000 per family per year. The limit for stents and pacemakers has also increased from R6 000 up to R8 000 per claim event.

Casualty benefit enhancement

The overall limit on our casualty benefit will increase from R20 000 to R22 000 and the limit for emergency-only treatment has increased from R3 000 to R3 500. We have also increased the 'emergency only' age limit for children from 5 years to 6 years.

A snapshot of your new benefits is provided on the last 5 pages of this letter.

Your 2023 premium adjustment

Your group scheme's loss ratio is 84.8%.

The required gross premium (including VAT) for the 1 January 2023 to 31 December 2023 policy year for your group is provided below and is based on the above loss ratio, the age profile of your group and medical inflation:

	2022 premium	2023 premium
Gross monthly premium (including VAT)	R299	R320
Commission (including VAT)	R 59.80	R 62.95
Binder Fee (including VAT)	R 10.47	R 11.20

Included in the above gross monthly premium is an amount of R62.95 for commission, which will be paid to the appointed broker, for the performance of intermediary services, as well as an amount of R 11.20 which will be paid to the appointed binder holder for the performance of binder functions.

Alexander Forbes Health (Pty) Ltd as the binder holder for your group scheme

As from 1 January 2020, we appointed Alexander Forbes Health (Pty) Ltd your appointed broker as a binder holder to your group scheme.

Alexander Forbes Health (Pty) Ltd is paid a binder fee of 3.5% of gross monthly premium for the performance of this function, however it is important to note that this does not affect the premium charged to you, as the cost of the fee is carried from our expense reserving.

Admed Online

Please remember that you can do the following at www.admedonline.co.za:

- Get detailed information about your benefits and cover;
- Register a new claim and attach supporting documentation;
- Submit outstanding documentation on registered claims;
- Add or remove dependents;
- Update your details with us; and
- Submit a complaint.

You Care, We Care

Since the launch of *You Care, We Care* in 2018, we have continued to support the following 6 charities:

- | | |
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| ■ Food & Trees for Africa | www.trees.co.za |
| ■ Leap Science and Maths Schools | www.leapschool.org.za |
| ■ New BeginningZ | www.newbeginningz.org.za |
| ■ National Society for the Prevention of Cruelty to Animals (NSPCA) | www.nspca.co.za/dog-fighting |
| ■ Robin Hood Foundation | www.robinhoodfoundation.co.za |
| ■ Save-a-Child | www.saveachild.co.za |

To date, we have contributed in excess of R2 000 000 collectively. Each of these charities is remarkable in the work that they do and makes a considerable difference in the lives of those they support. We are committed to continuing our support for 2023.

Key Information about your policy

Insurer	Guardrisk Insurance Company Limited
Type of insurance	Short-Term Insurance Personal Lines: Accident and Health (Sub-Category A1)
Eligibility for cover	Eligible employees or members of University of Stellenbosch
Premium review	Your monthly premium is guaranteed for the above stated cover period and will be reviewed annually, prior to expiry of the cover period. Any premium change will be communicated to you at least 31 days before the expiry of the cover period and will be based on the group scheme's claims experience.
No premium no cover	Your cover is conditional upon and will only come into effect following payment of the first premium. Thereafter, premiums are due and payable monthly in University of Stellenbosch on the due date. If we do not receive your premium on the due date, we will let you know that you are in a grace period and that you have 31 days from the due date in which to pay the outstanding premium. If we do not receive the outstanding premium within this 31-day period, we will cancel your cover and it will terminate with effect from midnight on the day before the outstanding premium was due.
Updating of details	It is your responsibility to regularly review and update your personal and contact details with us.
Termination of cover	Your cover will terminate if any of the below events occur: <ul style="list-style-type: none"> You do not pay your premium when it is due. On written cancellation of the group scheme. On written request for cancellation to admed@guardrisk.co.za or online at www.admedonline.co.za by you. As it is a legal requirement to be on a medical scheme to be eligible for gap cover, should you terminate your medical scheme and not join another medical scheme, you will no longer be eligible to be covered under this gap policy (It is your responsibility to notify Admed of termination of your medical scheme cover).
Claims	All claims are to be submitted to Admed in writing within 180 days of the claim event. If a claim is submitted after this period, it will not be considered for payment.
Cooling off rights	Admed must be notified in writing to cancel your cover and refund all premiums paid for the renewing policy year within 31 (thirty-one) days of receipt of this renewal notification.
Cancellation rights	Any cancellation instruction received after the cooling off period will not attract a refund of any premium paid.
Specific restrictions on liability	Liability in terms of this policy shall not extend beyond the term of insurance as stated.
Misrepresentation, Misdescription or non-disclosure	Misrepresentation, misdescription or non-disclosure of any material fact or circumstances in connection with your cover, a claim in terms of your cover or the application for your cover may result in your cover being cancelled, your claim being rejected, or your cover being voided from inception.
Fraud	If any claim or portion of claim under your cover on this group scheme is in any way fraudulent, or if any fraudulent means are used by you or anyone acting on your behalf to obtain any benefit under this group scheme, all benefits in terms of this group scheme and in respect of such claim, and premiums paid in respect of your cover under this group scheme, shall be forfeited, and your cover may be voided or cancelled as from the date of the fraudulent conduct, at our discretion.
Values	This policy has no surrender, paid up or loan values.

**Consent in terms of the Protection of
Personal Information Act, No 4 of 2013
(POPIA)**

You hereby authorise Guardrisk Insurance Company Limited (Guardrisk) to use, review and process any personal information provided to Guardrisk in the course of your application and ongoing administration of your insurance cover with Guardrisk.

You authorise the disclosure of relevant medical information by your medical scheme to Guardrisk to assist in the processing of claims under this policy. This information could include your (or one of your dependants') diagnosis, treatment and medical history. You further confirm that your dependents and/or beneficiaries have also provided the necessary authority for their medical scheme to disclose their relevant medical information to Guardrisk to assist in the processing of claims under this policy

You authorise Guardrisk to obtain from any person, medical practitioner or institution, any information that Guardrisk requires for purposes of claims arising from this policy. You authorise such person(s) to give the said information to Guardrisk, and to share with other insurers and medical schemes any information in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after your death) and in such detailed, abbreviated or coded form as Guardrisk or the operators of such database may decide from time to time.

You authorise Guardrisk to negotiate discounts on your or your dependents' behalf with medical service providers in order to maintain a good risk profile for your cover. If successful, you acknowledge that payment will be made directly to the service provider's bank account and no further payment will be due to you.

You authorise Guardrisk, or its appointed service provider, to negotiate on your or your dependents' behalf with your medical scheme in respect of shortfall claims that may have arisen from medical events which your medical scheme is legally obliged to cover in full (Prescribed Minimum Benefits).

You understand your right to privacy and the right to have your and your dependents' information processed in accordance with the conditions for the lawful processing of personal information and hereby give consent to Guardrisk to process and distribute relevant personal information where Guardrisk is legally required to do so.

You hereby confirm that you understand that 3rd party providers such as claim negotiation service providers and consulting actuaries to the product, have access to your personal information and you hereby consent to Guardrisk sharing your personal information strictly for the administration of your cover with Guardrisk. You have the right to revoke consent as you may revoke your consent given in terms of this document at any time.

The revocation should be in writing and addressed to the Guardrisk POPIA Information Officer at POPIARequests@guardrisk.co.za.

Revoked consent is not retroactive, and processing will continue where it is necessary to carry out actions for the conclusion or performance of a contract to which you are party; processing of information complies with an obligation imposed by law on the responsible party; where processing protects a legitimate interest of you or Guardrisk; and where processing is necessary for the proper performance of a public law duty by a public body.

Further the revocation of consent will not affect disclosures of your information already made.

Last words about your cover

- Please remember that gap cover is not a medical scheme, and the cover is not the same as that of a medical scheme. This cover is not a substitute for medical scheme cover, nor does it cover every shortfall between what you may be charged and what your medical scheme pays. It is therefore important that you understand what you are and are not covered for under this policy before a claim event. **Please read your policy wording.**
- A medical procedure or treatment is also a financial transaction in which your specialist agrees to perform a certain medical procedure in return for a specified charge. As with all financial transactions, a better rate can be negotiated with your specialist upfront.
- Your medical scheme has contracted with specific medical service providers (hospitals, clinics and specialists) in order to better control medical costs and ultimately, your premium increases. When having a procedure, seek the services of a contracted service provider as their rates will have already been negotiated with your medical scheme, resulting in lower costs and ultimately, lower medical scheme premium increases each year.
- Please ensure that you keep your details with us up-to-date, so that we can continue to communicate with you regarding your cover.
- The policy wording is attached for your information. Should you have any questions about your cover, please go to www.admedonline.co.za, contact your broker or you can contact us by e-mailing us at admed@guardrisk.co.za, calling the Admed call centre on 0860 102 936 or faxing us on (011) 263 1419.
- You can submit a complaint by calling us on 0860 333 350, emailing us at admedcomplaints@guardrisk.co.za or online at www.admedonline.co.za/complaints.

We look forward to covering you and your loved ones during 2023.

Best wishes,

The Admed Team

Follow your  choose Admed

Disclosure Notice in terms of the Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2002

The Binder Holder

Business Name	Alexander Forbes Financial Services (Pty) Ltd
Registration number	1969/018487/07
Physical address	115 West Street Sandton 2196
Postal address	PO Box 787240 Sandton 2146
Telephone	011 269 0000
Email	hcclientservices@alexforbes.com
Website	www.alexforbes.com
FAIS registration (FSP No)	33471

In terms of the FSP license, Alexander Forbes Health (Pty) Ltd is authorised to give Intermediary Services and Advice for products under:

CATEGORY I: Short-term Insurance: Personal Lines – Accident & Health

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Alexander Forbes Health (Pty) Ltd accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform you accordingly.

Legal and contractual relationship with the Insurer	:	Appointed binder holder
Professional Indemnity and/or Fidelity Cover	:	Yes
Intermediary Guarantee Facility	:	Not applicable
Complaints contact details	:	contactus@aforbes.co.za
Compliance Officer name	:	Ms M Mcdonald
Compliance Officer contact number	:	011 505 6115
Conflict of Interest Policy	:	Yes

Your Intermediary

Business Name	Alexander Forbes Financial Services (Pty) Ltd - W Cape
Registration number	1969/018487/07
Physical address	115 West Street, Sandown, Sandton 2196
Postal address	PO Box 787240 Sandton 2146
Telephone	011 269 0000
Email	hcclientservices@alexforbes.com
Website	www.alexforbes.com
FAIS registration (FSP No)	1177

In terms of the FSP license, Alexander Forbes Financial Services (Pty) Ltd - W Cape is authorised to give Intermediary Services and Advice for products under:

CATEGORY I: Short-term Insurance: Personal Lines – Accident & Health

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Alexander Forbes Financial Services (Pty) Ltd - W Cape accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform you accordingly.

Legal and contractual relationship with the Insurer	:	Appointed intermediary
Professional Indemnity and/or Fidelity Cover	:	Yes
Intermediary Guarantee Facility	:	Not applicable
Complaints contact details	:	contactus@aforbes.co.za
Compliance Officer name	:	Group Compliance
Compliance Officer contact number	:	011 269 0000
Conflict of Interest Policy	:	Yes

Your Insurer

Business Name	Guardrisk Insurance Company Limited
Registration number	1992/001639/06
Physical address	The Marc, Tower 2, 129 Rivonia Road, Sandown, Sandton, 2196
Postal address	PO Box 786015, Sandton, 2146
Telephone	0860 102 936
Email	admed@guardrisk.co.za
Website	www.admedonline.co.za
FAIS registration (FSP No)	FSP 75

In terms of the FSP license, Guardrisk Insurance Company Limited is authorised to give advice and render financial services for products under:

CATEGORY I:

Short-term Insurance: Personal Lines

Short-term Insurance: Commercial Lines

Short-term Insurance: Personal Lines A1

Guardrisk has Professional Indemnity Cover and Fidelity Guarantee Cover in place.

Your Intermediary noted above should always be your first point of contact in the event that you have a query or complaint.

If you are dissatisfied with the feedback received from your Intermediary, or your complaint remains unresolved, feel free to contact the **Admed Complaints Department**:

Telephone: 0860 333 350
Email: admedcomplaints@guardrisk.co.za
Online: www.admedonline.co.za/complaints

Guardrisk Compliance Details

Telephone: 011 669 1104
Email: compliance@guardrisk.co.za

Guardrisk Insurance Company Limited has a conflict of interest management policy in place and is available to clients on the website: www.guardrisk.co.za

Particulars of the Short-Term Ombudsman

(For claims/service-related matters)

Postal address: PO Box 32334, Braamfontein, 2017
Telephone: 011 726 8900
Fax number: 011 726 5501
Email: info@osti.co.za

Particulars of the Registrar of Short-Term Insurance

(For market conduct matters)

Postal address: PO Box 35655, Menlo Park, 0102
Telephone: 012 428 8000
Fax number: 012 347 0221
Email: info@fsca.co.za

Particulars of the FAIS Ombudsman

(For advice/policy-related matters)

Postal Address: PO Box 74571, Lynnwood Ridge, 0040
Telephone: 012 762 5000
Share call: 0860 663 247
Fax number: 012 348 3447
Email: info@faisombud.co.za










Particulars of the Information Regulator









(For POPI related matters)

Telephone: 012 406 4818
Fax number: 086 500 3351
Email: info@justice.gov.za

ADMED 2023 SUPREME GAP BENEFIT SUMMARY

Benefit Information

	Medical expense shortfall benefit	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	We cover 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 procedure shortfall benefits	Covers the shortfalls charged by medical practitioners. This cover is up to 3 times the amount paid by your medical scheme.
	Robotic procedure co-payment benefit.	Should your condition require the use of robotic assisted surgery and your medical scheme levies a co-payment, we will cover up to R12 000 per policy per year.
	Co-payment benefit	Covers medical scheme co-payments for authorised admissions and approved in-hospital or out-of-hospital procedures.
	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 rand value or percentage-based co-payment, we will cover this co-payment subject to a limit of R5 500 per policy per year. (Admed only)
	Oncology co-payment / extender benefit	Your medical scheme oncology benefit design will determine which of the below benefits you qualify for. Covers the co-payment of up to 20% imposed by your medical scheme, once reaching the oncology treatment benefit limit for the year. OR Once reaching the medical schemes oncology treatment benefit limit for the year and your medical schemes covers no further costs, we will cover up to 20% of the cost. (Admed only)
	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 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.
	Sub-limit benefit	This benefit will pay up to R12 000 per policy per year where your medical scheme limit has been exhausted. (Admed only)

	Casualty benefit	Covers up to R22 000 of all medical costs paid by you for casualty visits due to an emergency as a result of 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 6 years old or younger on the date of the claim event, limited to R3 500 per claim, this aggregates to the R22 000 annual limit.
	Cancer Assist benefit	Pays a once-off benefit of R5 000 upon first-time diagnosis of minimum stage II, local and malignant cancer while covered on the policy. 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. This benefit assists in covering the unexpected costs which may arise as a result of the diagnosis.
	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 reduce 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. This is to cover the costs incurred for the treatment or related to the treatment.
	Premium waiver benefit	If you become permanently and totally disabled or you die as a result of an accident, we will pay an amount of R36 000 up front 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 and 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 the loss of an immediate family member.
	Baby bump benefit	Pays an amount of R2 000 on diagnosis of pregnancy, to assist with unexpected pregnancy costs.

Benefit-specific exclusions

Medical expense shortfall benefit

- Shortfalls where the 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, x-rays, etc
- Procedures that are paid for by the 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 practitioner contracted with the medical scheme
- Hospice or step-down facilities
- Medical examinations performed annually or routinely such as pap smears, annual check-ups, etc
- Transportation costs (including resuscitation) in an emergency vehicle or aircraft and emergency medical service costs
- 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

- Any shortfalls for Allieds that are not part of the same hospital admission and treatment
- Any shortfalls relating to dental and psychiatric treatment

Robotic procedure shortfall benefit

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

Robotic procedure co-payment benefit

- Any amount exceeding the R12 000 annual amount

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 non-Designated Service Provider (non-DSP)
- Co-payments applied for not adhering to medical scheme 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 for which an insured is in a waiting period

Oncology co-payment benefit

- Co-payments applied prior to reaching the medical scheme oncology limit

Oncology extender benefit

- Treatment costs not paid by the medical scheme prior to reaching the medical scheme oncology limit
- Co-payments for undergoing treatment with a non-Designated Service Provider

Non-DSP co-payment benefit

- No penalty fees levied on your hospital account

Internal prosthesis shortfall 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

Sub-limit benefit

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

Casualty benefit

- Elective procedures undertaken at a casualty ward
- Casualty ward visits due to illness, unless it is due to an emergency for a dependent 6 years old or younger

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

Reconstruction of the non-affected breast benefit

- All 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

Accident 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

Violent Crime benefit

- Accidental death or permanent and total disability claims which have been rejected
- Death or disability which is not due to a violent crime as defined in the policy

Premium waiver benefit

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

Trauma and Bereavement counselling benefit

- Any cost of counselling that is not related to an act of violence, traumatic incident or bereavement for the loss of an immediate family member
- Any counselling not undertaken by a counsellor as defined in the policy

Baby bump benefit

- Any pregnancy diagnosis which occurs before cover begins
- Any pregnancy diagnosis which is not confirmed with the required blood test and evidence of registration on the medical scheme's maternity programme

General Exclusions

- Willful 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
- Taking of any illegal drug
- Illegal behaviour or as a result of breaking any law of the Republic of South Africa
- Anxiety disorders (such as phobias, excessive compulsive disorders, etc.), mood disorders (such as depression, bipolar disorder, etc.), psychotic disorders (such as schizophrenia, delusions, etc.), dementias (such as Alzheimer's, substance-induced dementia, etc.) and eating disorders (such as anorexia nervosa, binge eating disorder, etc.)
- 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
- Participation in sports on a professional basis
- Participation in hazardous (dangerous) sports, including hang-gliding, kite-surfing, mountaineering, para-gliding, scuba diving and skiing
- Participation in any form of race or speed test, other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft
- Procedures for cosmetic purposes including cosmetic Procedures that form a small part of a major non-cosmetic Procedure (unless the cosmetic Procedure is necessary because of an Illness or a Bodily Injury)