

Frequently Asked Questions

UNDERSTANDING ADMED BENEFITS - 2024

Is Admed a medical scheme or an insurance policy?

Admed is a non-life medical insurance cover designed to cover shortfalls in medical expenses in the event of hospitalisation.

Admed is NOT a medical scheme and does not operate in the same way as a medical scheme.

Only active medical scheme members are eligible for the cover on Admed's products. If a member cancels their medical scheme membership and does not join another medical scheme, they no longer qualify for gap cover.

These products are not a substitute for medical scheme membership, and no day-to-day benefits are covered.

What is the limit for Medical Expense Shortfall Benefits per year?

A maximum of R190 000 per Insured Person per policy year.

Is the R190 000 for all dependants named on my policy?

Each dependant named on your gap policy will receive an amount of R190 000

Does the Assist benefit accumulate towards the overall annual limit of R190 000?

No, the limit of R190 000 only applies to Medical Expense Shortfall Benefits.

What is the maximum amount which Admed will pay towards the shortfall benefit?

Admed covers the difference between what the medical practitioner charges and what your medical aid pays for any in-hospital surgical procedure or specific out-of-hospital surgical procedures. The maximum amount that Admed will pay towards this shortfall is calculated at 3x the amount paid by your medical aid LESS the amount paid by your medical aid. Admed will never pay more than the shortfall amount.

How does the shortfall benefit work?

Suppose you undergo a procedure and the medical practitioner or specialist that performs the procedure charges more than your medical aid will pay towards that procedure. In that case, there will be a gap between what you are charged and what is covered by your medical aid. This is called a shortfall, and your Admed policy can assist you in covering this shortfall.

The amount by which your Admed policy will assist you is dependent on what the medical aid will pay towards the medical practitioner's charge. This amount is called the medical scheme tariff (or MST), and Admed will assist you in covering the shortfall up to a maximum of 3x the amount paid by your medical aid LESS the amount that your medical aid pays.

For example, if the charge for a procedure is R40 000, and your medical scheme tariff (MST) for this procedure is R10 000, and you have selected a medical aid plan option that covers you for 1x or 100% of the MST, your medical aid will pay R10 000 towards the procedure, leaving you with a shortfall of R30 000.

The amount that Admed will pay towards this procedure is calculated as follows:

3x the amount paid by your medical aid (R10 000) = R30 000. Thus, the amount that Admed will payout is R30 000, leaving you with no out-of-pocket expense.

Does Admed cover co-payments that are applied by the medical scheme for MRI's and scans?

Yes, Admed will cover co-payments that are levied by your medical scheme for MRI and scans.

Does Admed cover any out-of-hospital day procedures in a day clinic?

Yes, there are several out-of-hospital procedures that Admed covers. A list of these procedures can be found in the Admed policy wording. It is important to note that if a specific out-of-hospital procedure is not named in the policy wording, it is not covered by Admed.

Does Admed cover shortfalls for Prescribed Minimum Benefits?

Admed does cover shortfalls for Prescribed Minimum Benefits (PMB).

A potential PMB claim may require further investigation with your medical scheme, and we reserve the right to extend the time in which we will process and finalise your claim in this regard. We will, however, keep you updated on the progress of the investigation.

What other benefits does Admed offer?

Medical Expense Shortfall Benefits – These are all subject to the R190 000 annual limit.

- Medical expense shortfall for in-hospital procedures
- Medical expense shortfall benefit for out-of-hospital procedures
- Medical expense shortfall for Allied Professionals
- Co-payment benefit
- Non-DSP co-payment benefit
- Oncology co-payment benefit
- Oncology extender benefit
- Internal prosthesis shortfall benefit
- Sub-limit benefit
- Casualty benefit
- Robotic procedure shortfall benefit
- Robotic procedure co-payment benefit

Assist Benefits – These benefits are **not subject to the R190 000 annual limit.**

- Cancer Assist benefit
- Breast reconstruction benefit for the non-affected breast
- Accident Assist benefit
- Violent Crime benefit.
- Premium waiver benefit.
- Trauma and Bereavement counselling benefit.
- Baby bump benefit.

Please refer to the Admed policy wording for more detail on each of these benefits, as well as the terms and conditions of each one.

What qualifies as an emergency for a child under the age of 7?

A child who is ill, has a high fever or diarrhea and needs to be rushed to a casualty unit for treatment.

How much will Admed pay for an emergency event for a child under five from the casualty benefit?

Admed will pay up to R4000, which will accumulate towards the R23 000 casualty limit

How does Admed define an “Accident”?

Admed defines an “Accident” as a sudden, unexpected, violent, and visible external event, which is inflicted on You by something other than yourself at an identifiable time and place and that independently of any other cause, directly results in Bodily Injury.

Will Admed cover the oncology treatment once the oncology limit is used up?

If a member is registered with the medical schemes oncology treatment programme and has used up the oncology benefit limit for the year, Admed will cover the first 20% of the cost of each treatment. The member will be responsible for 80% of the claim.

Admed will not cover a 20% co-payment when the Oncology Management Programme directs the member to a designated service provider (DSP). The member opts to obtain medicine from a non-DSP instead.

Who qualifies for the Baby Bump benefit?

Only persons named on the Admed policy may qualify for the Baby bump benefit.

How many times can I claim for the bump benefit?

Admed will cover the Baby Bump benefit with each confirmation of pregnancy.

How will Admed cover the Baby Bump benefit if I am carrying twins?

Admed will pay R2500 per foetus, up to a maximum of 6 triplets.

My doctor uses Robot Assisted surgery. Will Admed cover the shortfalls on Robotics?

Yes, Admed covers the shortfalls when your doctor uses robotics.

My medical scheme applies co-payment for the use of Robotics. Will Admed assist with the co-payment.

Yes, Admed will cover up to R12 000 per policy per annum.

How does Admed define an Internal Prosthesis?

Admed defines an "internal prosthesis" as a device that is placed inside a body during a procedure with the specific purpose of permanently replacing a body part. In other words, a body part is removed and permanently replaced with a prosthesis during surgery. Examples include joint replacements and spinal fusions.

What does it mean to be permanently and totally disabled when claiming our Accidental death or disability benefit??

Being permanent and totally disabled means being completely unable to perform any occupation whatsoever, unable to perform any normal daily living tasks (such as eating, dressing, bathing, walking, etc.) yourself, and in the opinion of a medical practitioner, unlikely to ever recover from disability.

Will Admed pay for in-hospital shortfall claims if one of my dependants are admitted during the month that I apply for cover?

If any of your dependants was admitted into hospital for a procedure (Hip replacement) on 2nd September and Admed receives your Admed application before 15th September; Admed will cover shortfall claims related to this event.

Will Admed cover procedures that are performed outside of South Africa?

No. Admed will only cover procedures performed in South Africa and by South African registered medical practitioners.

Does Admed gap cover pre- and post-consultation costs for specialists?

No, Admed does not cover pre- and post-consultation.

Does Admed cover international claims while travelling abroad?

No, Admed will only cover for Procedures and Treatment which take place in the Republic of South Africa and where You have used the services of a South African registered Medical Practitioner.

Will Admed cover ambulance transport costs?

Ambulance transport costs is not covered by gap cover

Does Admed cover specialised dentistry?

Admed will only cover the specialist shortfalls i.e. the doctors account on in-hospital specialised dentistry when the procedure done is for removal of wisdom teeth and the medical aid paid from the hospital benefit. Orthodontist procedures (e.g., Braces, implants etc) are an exclusion.

Will Admed cover out-of-hospital day-to-day benefits? (Kindly refer to the policy for the full list of exclusions)

- Home and Private nursing
- Procedures for cosmetic surgery
- Hospice or step-down facilities
- Appliances (wheelchairs, crutches, braces, etc.)
- Materials or medication used during a procedure
- Pre-admission consultation costs charged by a Medical Practitioner
- Out-of-Hospital consultation costs charged by a Medical Practitioner,
- Any External Prosthesis or Dental Implants;
- Any appliances including, but not limited to, wheelchairs, crutches, braces, beds, prescription glasses, hearing aids, and any equipment used during the recovery of an Illness or Procedure;
- Out-of-Hospital dental Procedures; these include implants, crowns, and braces;
- Home and private nursing;
- Physiotherapy
- Procedures for cosmetic purposes
- Hospice or step-down facilities, including any other institutions that are not considered a Hospital as defined in this policy;
- Medical/physical examinations performed annually or routinely, or for purposes of insurance policy underwriting, including laboratory/blood tests, pathology tests in-and-out of Hospital, x-rays in-and-out of Hospital, electrocardiograms (ECG's), pap smears, annual check-ups, ultrasounds, etc.;
- Any other cost charged for by auxiliary or paramedical services, including but not limited to physiotherapy, speech therapy, audiology, chiropractic Treatment, podiatry, and similar therapeutical services;

There are exclusions applicable for each benefit that Admed offers - for a full list of Admed's exclusions, please refer to each benefit detailed in the Admed policy wording.

Is the gap cover premium a separate premium, or is it part of my medical aid premium?

The Gap cover premium will be a separate premium

Do I have to be the main member on the medical ai?

No. You will become the main member on the gap policy.

Does the Gap cover premium increase on an annual basis?

Yes, it does. Your Admed gap policy renews 1 January of every year, and the rate will increase based on the groups claiming pattern for each benefit year.

Can a member have two gap cover policies?

You may only have one gap cover policy. Should you wish to join Admed gap and are currently on another gap cover policy, you must provide a 30-day notice to your current gap provider.

Does Admed gap cover qualify as a medical aid contribution in terms of claiming tax benefits from SARS?"

No, a gap cover policy is not tax deductible and for this reason; Admed does not issue tax deduction (IT3) certificates for the premiums that you pay or benefits that you receive in respect of your Gap cover policy.

What documentation do I need to attach when completing my Admed application form?

You would need to attach your medical aid certificate.

How do I attach the medical aid certificate to the Admed application link?

You must save the medical aid certificate to your browser and attach it to the Admed application.

Will Admed gap cover my spouse and elderly parents who are on their own medical aid?

Admed will only cover dependants that are registered on one medical aid.

How many spouses and dependants can be covered on your Admed policy?

There is no maximum number of child dependents that can be covered on your Admed policy. However, only one spouse can be covered by your policy. Your spouse and all dependents must be registered on your medical aid to be covered on your Admed policy.

Can extended family dependants be covered on your Admed policy?

Yes, your parents and adult siblings can be covered on your Admed policy, but strict conditions apply. They must be registered on your medical aid before the age of 65 and for at least 12 months to qualify for cover on your Admed policy.

What will you receive from Admed to confirm that you are covered?

You will receive a certificate of cover confirming your details and the date on which your cover begins and Admed's policy wording and statutory disclosure, which will provide you with information about the insurer, the administrator, and the intermediary to your policy.

What is a waiting period?

This is a period during which you have to pay your monthly premium, but you cannot claim from the policy for specific events that happen during this period. A waiting period is calculated from (and includes) the 1st day on which your cover begins with us or is reinstated by us, and any costs not paid by your medical aid for specific procedures or treatments which take place during this period cannot be claimed (either during or after the waiting period has finished).

A waiting period protects all policyholders by ensuring that individuals are not able to make a large claim shortly after joining and then cancelling their cover. This would unfairly result in increased premiums for all policyholders.

When does your Admed policy renew?

Your Admed policy is an annual policy, and it will renew on 1 January of each year Admed will notify you of the renewal of your policy one month before your renewal date each year.

Can you begin your policy in the middle of a month?

No. Your policy with Admed can only begin on the 1st day of a calendar month.

What happens once Admed receives my completed claim form when claiming?

Admed will register your claim and provide you with a claim reference number. We will also keep you updated on the progress with your claim, including once your claim has been captured, assessed, and finalised.

CLAIM SUBMISSIONS

How can you submit a claim to Admed?

You can submit a claim to Admed by completing a claim form and submitting it with the required documentation to admed@guardrisk.co.za, or you can submit your claim online at www.admedonline.co.za.

Where can you get a claim form?

You can get a claim form from Admed's webpage at www.admedonline.co.za or by contacting the Admed call centre on 0860 102 936.

How long do you have to submit a claim to Admed?

You have six (6) months from the date of admission into Hospital, the procedure, the diagnosis, or the bodily injury to submit your claim in writing to Admed.

What happens if you do not submit your claim within six months?

If you do not submit your claim in writing within six months, Admed will reject your claim.

What documents must you submit with your claim?

The documents that you need to submit will depend on which benefit you are claiming. The claim form will list what documents are required for each benefit.

It is very important that you read this and submit the necessary documents as submitting incorrect documents or not submitting all the required documents will result in a delay in the processing of your claim.

How long does it take for Admed to process a claim?

The processing of a claim takes 7-10 working days IF all documentation has been submitted. If there is outstanding documentation, this claim process will take longer.

Can you still claim if you have given notice to cancel your Admed policy?

Yes, you can still claim for any procedure, diagnosis, or bodily injury that takes place up to the date of cancellation of your cover with Admed.

Will Admed confirm how much they will pay towards a claim before the claim event occurs?

No, Admed will not confirm a claim value before you submit a claim. This is because the amount that Admed will pay towards your claim can only be calculated once the treatment or procedure has been undertaken and you have received all the necessary documentation from your medical aid and service providers to calculate the shortfall.



Call Center : 0860 102 936 / AF Member Service Unit 011 269 2690



Email : General / New Claims – admed@guardrisk.co.za
AF Member Service Unit – hcclientservices@aforbes.com
Additional claims documents – admedclaims@admed.co.za
Complaints – admedcomplaints@guardrisk.co.za