



ADMED - Frequently Asked Questions

- **WHAT DOES ADMED COVER?**

AdmedGap is the short term insurance policy that covers the difference between what the doctors (e.g. anaesthetist, surgeons, other specialists and GP's) have charged while in hospital and the applicable Admed-tariff for the service/s rendered.(limited to a maximum of 4 times the Admed-tariff).

- **WHAT IS "Admed Tariff"?**

This is the tariff table published by Guardrisk Insurance Company Limited made up of procedure codes as previously published by the Council for Medical Schemes and appropriate tariffs as determined by Guardrisk Insurance Company Limited for each procedure code.

- **WHAT DOES RPL (Reference Price Listing) STAND FOR?**

This is the guideline price published by the Department of Health for all medical services. Your doctor may or may not charge according to the price listing. According to the Competition's Commission, he is not bound by this price listing.

- **WHEN DOES ADMED APPLY?**

Only for claims incurred while you are Hospitalised (operation, accident, illness etc) and for certain procedures performed on an out-patient basis (day-to-day services) at a doctor's surgery like a gastroscopy, colonoscopy, removal of cataracts and certain biopsies.

- **WHAT ARE DAY-TO-DAY SERVICES?**

Day-to-Day services are all medical services where the member is not hospitalised. This will include your spectacles, medication, doctors' visits, specialist visits etc. – such services are not covered under the Admed policy.

- **HOW MUCH DOES IT COST?**

Admed is a group rated policy. Therefore, a group rate will be applicable irrespective of the size of your family.

- **WHO CAN JOIN ADMED?**

Any member belonging to a defined group contracted to Admed and who is registered as a principal member or a dependant on a medical aid scheme.

- **IS THERE ANY AGE RESTRICTION UPON JOINING THE POLICY?**

No, there is no age restriction.

- **IS THE ADMED POLICY AVAILABLE TO INDIVIDUAL MEMBERS?**

No, Admed is currently only available to member's belonging to a defined group.

- **HOW DO YOU JOIN ADMED?**

By completing the Admed Application Form and returning it to your Human Resource Department or to Guardrisk Insurance Company Limited.

- **WHAT PROOF OF MEMBERSHIP DO YOU RECEIVE AS A MEMBER?**

All members who join Admed will receive a Membership Certificate (indicating a unique member number) and a Policy Document.

- **HOW AND WHEN DO MEMBERS CLAIM FROM ADMED?**

Members have 6 months from the date of admission to hospital or other qualifying event, to notify Guardrisk in writing, of the claim. Members are however encouraged to submit a claim as soon as possible after the event. Members can obtain claim forms directly from Guardrisk.

- **HOW IS THE BENEFIT PAID?**

Claim payments under the Admed insurance policy are deposited directly into the member's bank account.

- **HOW LONG DOES IT TAKE TO PAY A CLAIM?**

Approximately ten working days after receipt of all claim documentation.

- **WHAT DOCUMENTS DO I NEED TO SUBMIT WHEN LODGING A CLAIM?**

Completed Admed claim form and all supporting documents e.g. hospital account, medical practitioner's accounts and medical aid statement.

- **CAN YOU STILL CLAIM IF YOU HAVE GIVEN NOTICE TO LEAVE THE ADMED POLICY?**

Yes, you are still covered until the last day of your notice period and given that your contributions are paid up. Claims after that date will not be processed.

- **WHAT DOES ADMED NOT COVER?**

Admed does have exclusions, which have been highlighted below.

No benefit is payable for hospitalisation directly or indirectly caused by or in consequence of:

- Any claim not covered by your medical scheme
- Attempted suicide or intentional self-injury
- Any form of race or speed test (other than on foot or involving any non - mechanically propelled vehicle, vessel, craft or aircraft)
- Being under the influence of alcohol, drugs or narcotics
- Exposure to nuclear weapons, material or waste
- Routine physical or procedure of a purely diagnostic nature
- Investigative treatment for obesity and its sequelae, or cosmetic surgery
- Depression, insanity, mental or mental stress conditions
- Participation in military or police duty, criminal activity, riot or aviation (other than as a fare paying passenger)
- Home and private nursing

- **WHAT ARE THE TYPES OF WAITING PERIODS THE POLICY CAN GIVE YOU?**

Waiting periods are applicable to voluntary membership groups.

- ❖ birth related claims: 10 months from date of commencement
- ❖ first 6 months of cover: 0% benefit • second 6 months of cover : 50% benefit for:
 - Joint replacements (except as a result of an accident/injury occurring after joining)
 - Arthroscopic procedures (except as a result of an accident/ injury occurring after joining)
 - Spinal surgery including spinal fusion (except as a result of an accident/injury occurring after joining)
 - Nasal surgery including sinus related (except as a result of an accident/injury occurring after joining)
 - Cataract surgery

- Hysterectomy (except for cancer diagnosed after joining)
- Dentistry related claims (except reconstructive as a result of an accident/injury occurring after joining)
- All hernia repairs (except as a result of an accident/injury occurring after joining) and
- All cardiac related surgery and procedures (including angioplasty, cardiac catheterization etc.) diagnosed prior to date of joining.

- **ARE THERE ANY INSTANCES WHERE A WAITING PERIOD WILL NOT APPLY?**

Waiting period will not apply on a compulsory membership and where the member has effected a continuation option.

- **WHAT DOES A WAITING PERIOD MEAN?**

Period during which a member has to pay his normal monthly contribution but is not entitled to claim any benefits from the policy.

- **WHO QUALIFIES AS A DEPENDANT?**

- A **Child**, including legally adopted child or stepchild of a Principal Insured Person and who is registered as their dependant on a medical aid scheme.
- The **Spouse**, of a Principal Insured Person and who is registered as their dependant on a medical aid scheme.
- A **Parent** or **Sibling** of a Principal Insured Person and who is registered as their dependant on a medical aid scheme.

- **CAN GUARDRISK TERMINATE MY ADMED MEMBERSHIP?**

Yes, on non-payment of premiums.

- **AM I COVERED UNDER THE ADMED POLICY IF I RESIGN FROM MY CURRENT EMPLOYER?**

No, unless you elect to continue privately or you join another defined group that is participating on the policy and there's no break in membership.

- **HOW WOULD ADMED BE INFORMED OF MY RESIGNATION FROM A DEFINED GROUP?**

The onus is upon the member to inform Guardrisk of any change in membership e.g. resignations, continuations, change of contact details etc.

- **IS THE CONTINUATION OPTION AVAILABLE TO ADMED PRINCIPAL MEMBERS?**

Yes, a continuation option is available to all Admed principal members should the member, retire, resign, or become a beneficiary of a disability pension.

- **MUST I GIVE NOTICE TO THE POLICY ADMINISTRATOR IF I WANT TO TERMINATE MY ADMED MEMBERSHIP?**

Yes, we require a calendar month's written notice of your intention to leave the policy

- **HOW IS THE PREMIUM COLLECTED?**

Salary deduction or through a debit order facility

- **IS ADMED A REGISTERED POLICY?**

Admed is a registered short-term Insurance Health and Accident policy.

- **IS THE POLICY ONLY AVAILABLE OR LIMITED TO CERTAIN MEDICAL SCHEMES?**

No, the policy is available to any member belonging to a registered medical aid scheme.

- **IF A MEMBER DIES, WILL HIS REGISTERED DEPENDANTS STILL BE COVERED?**

Yes, without any break in membership and provided contributions are paid. It is important to inform the policy administrator if one chooses not to continue.

- **IS ADMED A CONTINUOUS POLICY OR DO I HAVE TO APPLY EVERY YEAR?**

Admed membership automatically rolls-over to the new policy period, unless the member elects not to continue with his/her membership.