

AMBLEDOWN **GAP SUPREME** 2024

UNDERWRITTEN BY **GUARDRISK INSURANCE COMPANY LIMITED (GICL)**
A LICENSED NON-LIFE INSURER, REG. NO. 1992/001639/06 , FSP NO. 75



G R O W T H
I N
M O T I O N

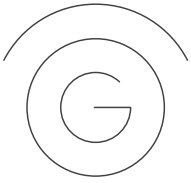


Ambledown is an Authorised Financial Services Provider, No. 10287



Guardrisk Insurance Company Limited,
a licensed non-life Insurer and an authorised financial services provider (No.75)

THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP. THE MASTER POLICY ISSUED IS THE SOURCE OF ALL BENEFITS, RIGHTS, AND OBLIGATIONS AND EXCLUSIONS. TO DETERMINE YOUR INDIVIDUAL NEEDS, WE SUGGEST THAT YOU CONTACT YOUR BROKER AND REQUEST ADVICE FROM HIM / HER.



*Where your Medical Scheme ends,
Ambledown Gap Supreme begins.*

Medical Schemes have revolutionised health. They give ordinary people access to advanced life-saving medical procedures that are too costly for most people. Indeed, medical technology and procedures are advancing ever faster, becoming more complicated and more expensive. Medical Schemes and members simply can't keep up.

This expanding gap between medical scheme coverage and the actual fees charged by private healthcare providers has created a financial shortfall with devastating consequences. You, the Medical Scheme member, are liable to pay the outstanding amounts.

That is where Ambledown Gap Supreme steps in.

When the Specialists you need charge more than the rates your Medical Scheme pays, our products cover the shortfall – so you don't have to.

Simply put, Gap Supreme covers the gap.

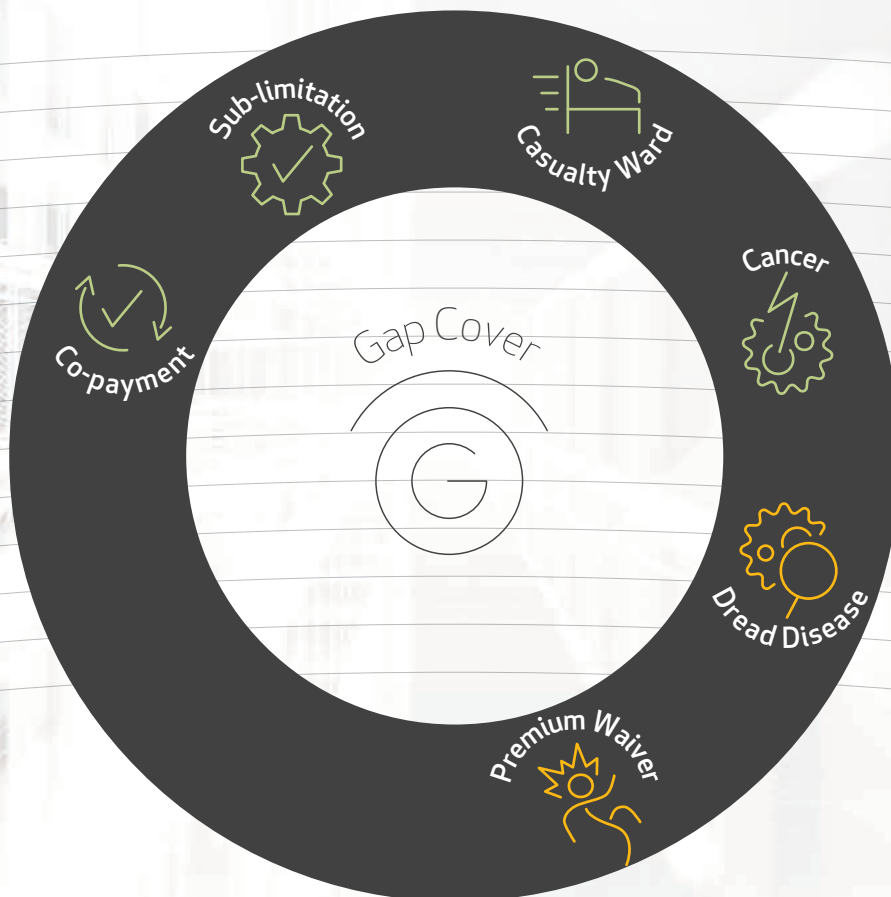
*2024 Product Range
The health of your family is in caring hands*

Ambledown cares about more than your medical bills (although, we REALLY care about that). We love what we do. We get excited about every claim we pay because it represents a family that we have helped through a tough situation.

The Ambledown team carefully investigates and identifies shortfalls in Medical Scheme cover to help you mitigate the financial risks that come with life's health risks. That is why we have built Ambledown Gap Supreme

This Insurance Product is designed to protect you and your immediate family from the shortfall (Gap) resulting from any medical practitioner charging above the Medical Aid Tariff for in-hospital surgical procedures and for certain out of hospital procedures.

*Ambledown Gap Supreme has the perfect combination
of benefits for your individual needs.*



Benefits Overview

<p> Gap Cover Gap Cover benefit covers charges above the medical scheme tariff for associated services in-hospital, listed out-patient procedures, chemotherapy or radiotherapy for the treatment of cancer and kidney dialysis. Gap Cover 100 ensures insured persons have up to 600% cover.</p>	<p>All Gap Cover Benefits highlighted in green are limited to R198,660 per insured person per annum or any higher amount which may be published by the Regulator during the year.</p>
<p> Major Medical Co-payment/Deductible Cover Co-payment benefit covers co-payments or deductibles levied by the medical scheme for in-hospital admissions, listed out-patient procedures and CT, MRI and PET scans. Includes a once-off payment per family, per annum for the penalty imposed by a medical scheme for the use of a non-network hospital. Penalty Co-payment is limited to R15,000.</p>	<p> Premium Waiver Benefit Provides a once off payment equal to 6 months of the member's medical scheme contributions and Gap Cover premium. Cover ceases at age 65.</p>
<p> Sub-limitation Cover Sub-limitation benefit covers charges above the defined in-hospital sub-limits imposed by the medical scheme.</p>	<p> Dread Disease (Severe Illness) Benefit Provides for a once off dread disease benefit, limited to the first diagnosis of cancer. ** See dread disease exclusions. Cover ceases at age 65.</p>
<p> Cancer Cover The cancer benefit covers the shortfall — either the co-payment after the sub-limitation or the sub-limitation — for traditional methods of cancer treatment, or sub-limitation for treatment of cancer with defined biological drugs, immunotherapy, hormone therapy, targeted therapy, photodynamic therapy, and/or stem cell transplants.</p>	
<p> Casualty Ward Benefit Casualty ward benefit covers the cost of a medical or a surgical procedure following an emergency incurred in a hospital casualty unit of a hospital where such costs were not met by the medical scheme.</p>	

Benefit Details



Boost your cover up to 6 times the Medical Scheme tariff with Gap Cover

Gap Cover

Gap Cover provides for charges levied by the Medical Practitioners above the Medical Scheme Tariff for associated services in-hospital and/or the necessity for chemotherapy or radiotherapy for the treatment of Cancer on an out-patient basis, and/or the necessity for kidney dialysis on an out-patient basis (as well as other defined out-patient procedures).

Gap Cover 100 is limited to **6 times** the Medical Scheme tariff less the higher of the Medical Scheme Tariff or the Medical Scheme Option Reimbursement Rate.



Just a reminder

Gap Cover 100 does not provide for charges above the tariff for ward fees, theatre fees, medicines and materials (eg. prosthesis). Cover is for the services provided by Specialists, General Practitioners and Medical Professionals such as Physiotherapists during the period of hospitalisation.



Get reimbursed for the upfront costs when you are admitted to hospital or go for a scan

Major Medical Co-payment/Deductible Cover

Major Medical Co-payment/Deductible Cover provides for charges in the form of a co-payment or deductible applied for in-hospital admissions and charges in the form of a co-payment or deductible for major medical out-patient treatment limited to specialised diagnostic radiology, namely MRI, CT and PET Scans.

A Co-payment is a procedure specific upfront payment charged by the Medical Scheme payable to the Medical Services Provider prior to undergoing the procedure. The co-payment or deductible amounts applied are as per the rules of the patient's registered Medical Scheme.



Penalty Co-Payment

The benefit includes a once-off payment per family, per annum for the penalty imposed by a Medical Scheme for the use of a non-network hospital. The benefit is limited to R15,000.



Break free from the specific sub-limitations imposed by your Medical Scheme

Sub-limitation Cover

Sub-limitation Cover covers the charges above any sub-limitation imposed by the Medical Scheme for in-hospital admissions. For example, if your Medical Scheme provides R50,000 cover for joint replacements and you have a knee replacement that costs R70,000, the sub-limitation benefit will cover the R20,000 difference.



More about Sub-limits

Sub-limits are limits set by the Medical Scheme on Medical Scheme benefits. In certain instances these limits can be set per procedure type in an effort to manage exposure.



Heal with groundbreaking oncology treatments that prioritize your recovery

Cancer Cover

Cancer Cover provides for charges related to Cancer treatment in a private institution subject to the Medical Scheme rules in the form of a co-payment or deductible applied after the sub-limitation imposed by the Medical Scheme for Cancer treatment and;

Extended Cancer Treatment Cover

Extended Cancer Treatment Cover provides for charges after the sub-limitation imposed by the Medical Scheme for defined biological Cancer drugs for defined oncological conditions and/or specific sub-groups of Cancer, Immunotherapy, Hormone Therapy, Targeted Therapy, Photodynamic Therapy and/or Stem Cell Transplant.



Treatment includes in-hospital expenses, chemicals, medication and out-patient radiotherapy or chemotherapy, however, treatment excludes the cost of Specialist's consultations. Diagnostic radiology, previously limited to MRI, CT, and PET Scans, now includes Nuclear Scans for mapping of cancer.



Ensure that a health emergency never becomes a financial emergency

Casualty Ward Benefit

Casualty Ward Benefit covers you for treatment received in a casualty unit of a hospital provided that such treatment is not for routine physical treatment or any other medical examination or treatment other than emergency medical treatment.

You are covered when immediate treatment is required and your Medical Scheme does not provide you with cover and you become liable to pay the cost of the casualty event. This benefit will cover the facility fee, consultations, medications, radiology and pathology associated with admission to a registered hospital's casualty facility.



Limitation

Treatment in a casualty unit of a hospital is subject to a specific limitation of R11,000 per insured person per annum.

All Gap Cover Benefits above are limited to R198,660 per insured person per annum or any higher amount which may be published by the Regulator during the year.



Keep your Medical Scheme and Gap Cover premiums going and protect your family in case of an accident

Premium Waiver Benefit

This benefit covers the actual Medical Scheme contributions and Gap Cover premium following either the death, or the total and permanent disability of the principal member of the Medical Scheme, as a result of an accident.



Limitations

- Limited to a benefit equal to the total value of Medical Scheme Contribution and Gap Cover premium calculated for 6 months.
- Cover ceases at age 65.



Are you concerned about cancer? Protect your family.

Dread Disease (Severe Illness)

Provides a once off dread disease benefit, limited to the diagnosis of Cancer with the exception of –

<ul style="list-style-type: none"> • All tumours, which are histologically described as pre-malignant, as non-invasive or as cancer in situ. 	<ul style="list-style-type: none"> • Cancerous cells that have not invaded the surrounding or underlying tissue.
<ul style="list-style-type: none"> • All forms of lymphoma in the presence of any Human Immunodeficiency Virus. 	<ul style="list-style-type: none"> • Early cancer of the prostate gland or breast. (Stage1 described as T1a, N0, M0, G1)
<ul style="list-style-type: none"> • Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus. 	<ul style="list-style-type: none"> • Cover ceases at age 65.
<ul style="list-style-type: none"> • Any skin cancer other than malignant melanoma. 	<ul style="list-style-type: none"> • Limited to R50,000 per insured person on diagnosis.



Limitations

The once off benefit will apply on the first diagnosis of Cancer. The benefit will be excluded for any current member who has been diagnosed prior to inception or during the period of cover and is payable once in a lifetime per insured person.

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GAP SUPREME

BENEFITS		LIMITATIONS <i>Per insured person per annum</i>		
Gap Cover 100				○
Co-Payment Cover				○
One penalty Co-Payment (R15,000 Limitation)		R198,660 <i>or any higher amount published by the Regulator</i>		○
Sub-Limit Cover				○
Cancer Cover				○
Casualty Ward Benefit (R11,000 Limitation)				○
Premium Waiver Benefit				Once off 6 months Medical Scheme contributions and Gap Cover premium. ★ See specific condition
Dread Disease (Severe Illness) Benefit		Once off R50,000 on diagnosis. ★★ See dread disease exclusions. ★ See specific condition	○	
PREMIUMS		Per Family Per Month (Incl.vat) 18 To 65 Years Old		
		Per Family Per Month (Incl.vat) 66 Years & Older		

★★ Dread Disease exclusions

1. All tumours, which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
2. All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
3. Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
4. Any skin cancer other than malignant melanoma.
5. Cancerous cells that have not invaded the surrounding or underlying tissue.
6. Early cancer of the prostate gland or breast. (Stage 1 described as T1a, N0, M0, G1)

★ Specific condition

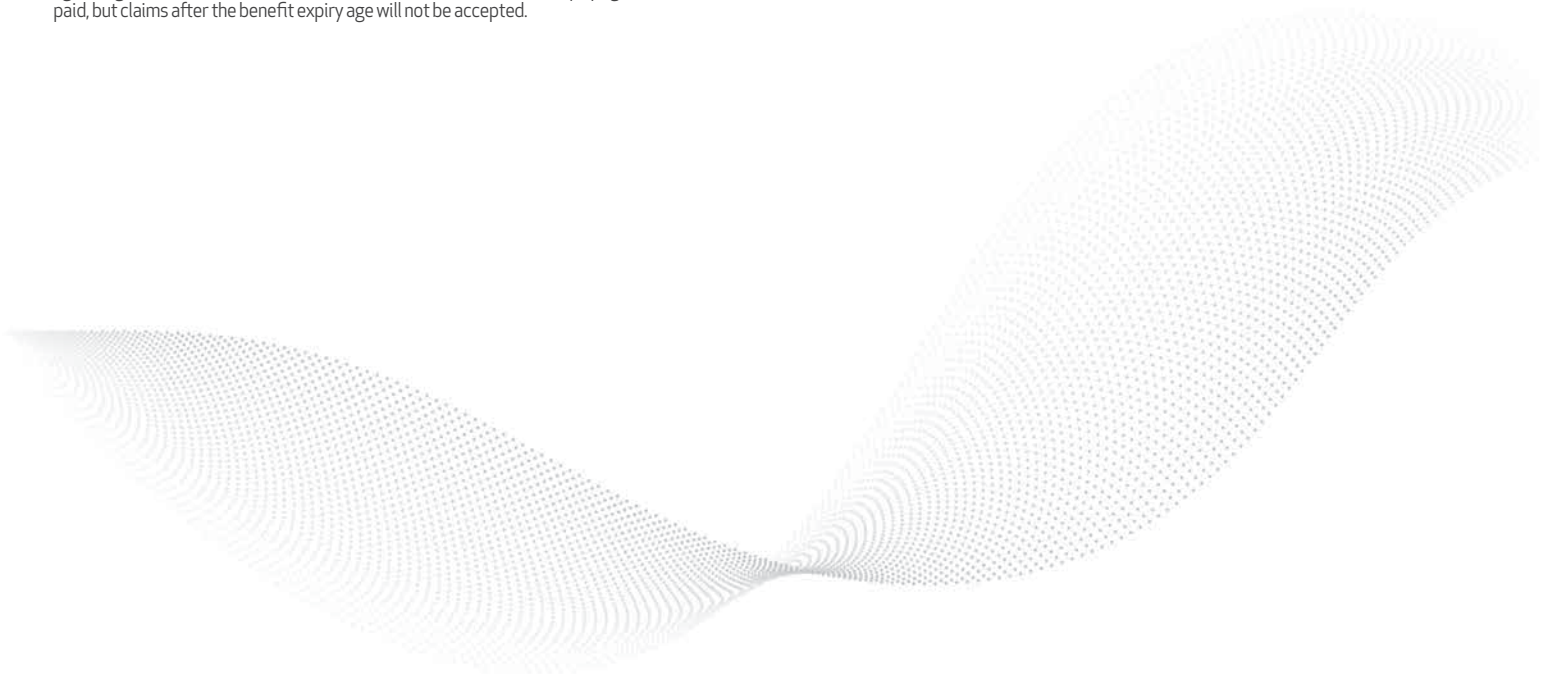
The Dread Disease and Premium Waiver Benefits terminate at the member reaching the benefit expiry age, or age 65. This means that claims submitted before the benefit expiry age will be assessed and paid, but claims after the benefit expiry age will not be accepted.

Specific limitations

1. Treatment in a casualty unit of a Hospital shall be limited to R11,000 in aggregate per insured person per annum.
2. Severe Illness Benefit is limited to R50,000 payable once in a lifetime per Insured Person.
3. The maximum benefit payable for cost incurred for the penalty co-payment imposed by the medical scheme is payable once per annum and limited to R15,000 per family per annum.

Overall limitations

The Policy Benefits are subject to an overall benefit limitation of R198,660 or any higher amount published by the Regulator in aggregate per Insured Person per annum.





Underwriting matters which are of importance

- Please note that this product will assist with the shortfalls for in-hospital expenses and does not provide cover for day-to-day expenses once your Medical Savings Account has been depleted, nor will it cover your expense if you are in the self-payment gap.
- The minimum entry age for the Principal insured person is 18 and the maximum entry age is 65. Applicants 66 and older have the option of selecting products for seniors.
- Extended Family Dependants: (parents, parents in-law, adult children etc.) A family is defined as the principal insured and immediate family which includes the spouse and children. Extended family dependants are not considered as part of the family.
- Eligible child is a person who has not reached the age of 21 and this age may be extended to 25 (under 26) in respect of a child who is unmarried and a dependant on the Principal Insured Persons' Medical Aid Scheme.

Biological, adopted, fostered and step children are eligible dependants if they are under 21 years of age, or they are under 26 years of age and who is unmarried and a dependant on the Principal Insured Persons' Medical Aid Scheme.

There is no age limit for mentally or physically handicapped children who are wholly dependent on the Principal Insured and such child is covered by a registered Medical Aid Scheme.

There is no limit to the amount of children covered by the policy.

- Continuation: Any individual may apply to continue cover if that individual was a member of group policy and terminates his employment. Ambledown has the right to alter the premium rates to individual rates or adjust the premium for the additional costs of the debit order and other administrative tasks. Terms and conditions shall apply according to the new contract issued.
- No benefit shall be payable for the severe illness benefit if the Insured Person was diagnosed with Cancer (as defined) prior to the inception of this Policy.
- Insurance benefits detailed in this document are subject to a cell captive relationship between Guardrisk Insurance Company Limited (Cell Insurer) and Vida Product Services (Pty) Ltd (Cell Owner), as a result of a shareholder and subscription agreement concluded between the Cell Insurer and the Cell Owner, whereby the Cell Owner is entitled to share in the profits and losses generated by the insurance business. Ambledown operates as an Underwriting Manager Agency (UMA) operating on behalf of the Cell Insurer and Cell Owner.
- This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This policy is not a substitute for Medical Scheme membership.



Broker Details

Brokerage:

Broker email address:

FSP number:

Telephone number: Area code



Waiting periods

- Ambledown will apply the 3 month general waiting period condition to all applications for new membership.
- The only time we would not apply the 3 month general waiting period is:
 - Claims qualifying as an accident in terms of the policy definition, or
 - If the client changes gap cover policies with similar benefits offered by different product providers with the same insurer (GICL).
- A 12 month pre-existing clause applies. The clause excludes claims for any treatment received for a condition for which treatment or advice has been received in the 12 months prior to the inception of the policy. The intention is to exclude any benefit where treatment or advice was received 12 months prior to inception. Once membership is greater than 12 months, then benefits are payable regardless of the date in which the illness manifested itself or the injury occurred.
- Benefit upgrades: A 3 month general waiting period and 12 month pre-existing clause will apply to the additional benefits obtained when a member upgrades cover. The existing benefits enjoyed prior to the upgrade will not be subjected to the waiting periods mentioned.



Claiming procedures

Claims should be submitted no later than one hundred and eighty (180) days / six (6) months from the first day of treatment. Claim forms are obtainable from www.ambledown.co.za and the completed form and supporting documentation should be returned to:

Email: claims@ambledown.co.za
 Fax: 011 463 1665
 Postal: Ambledown Financial Services (Pty) Ltd
 PO Box 1862, Cramerview, 2060

Or, you can download the g-App to submit and track your claim, quick and easy. The claim will be assessed and a decision made within ten (10) working days from receipt of all the correct documents. If there are any unforeseen delays, these will be communicated and an indication given of the expected date of a final decision.

We may use your email address and telephone number to inform you on the progress of the claim.



Enquiries

Enquiries should be addressed to Ambledown:

Tel: 086 126 2533 Fax: 011 463 1600

Individual debit order business: admin@ambledown.co.za

Group business: premium@ambledown.co.za