

AMBLEDOWN GAP COVER 200

2025

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





Ambledown is an Authorised Financial Services Provider, No. 10287

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

Where your Medical Scheme ends, Gap Cover 200 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 Cover 200 steps in.

When the Specialists you need charge more than the rates your Medical Scheme pays, our products cover the shortfall, so you do not have to. Simply put, Ambledown Gap Cover 200 covers the gap.

2025 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 the Ambledown Gap Cover 200.

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 Cover 200 has the perfect combination of benefits for your individual needs.





Benefits Overview



Gap Cover 200

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 200 ensures insured persons have up to 300% cover.



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.

All Gap Cover Benefits highlighted in green are limited to **R210,580** per insured person per year or any higher amount which may be published by the Regulator during the year.

Benefits Details

Boost your cover up to 3 times the Medical Scheme tariff with Gap Cover 200



Gap Cover 200

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 200 is limited to 3 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 200 does not provide for charges above the tariff for ward fees, theatre fees, medicines, and materials (e.g., prostheses). Cover is for the services provided by Specialists, General Practitioners and Medical Professionals, such as Physiotherapists, during the period of hospitalisation.

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.

Limitation

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

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.

All Gap Cover Benefits above are limited to R210,580 per insured person per year or any higher amount which may be published by the Regulator during the year.

ON-DEMAND GP CONSULTATIONSWITH INTERCARE CLINIC ONLINE

- Qualified, experienced doctors wherever you need them
- No waiting room exposure
- See a doctor from the comfort of your home
- Use any internet-connected device
- No appointment necessary
- Text-based or video consultations available
- Start your Intercare Clinic Online journey directly from AmChat



- Ambledown members receive an additional 5% discount off the Intercare On-Demand GP consultation fees
 - Ambledown Price: R358
- Pay by credit card for On-Demand GP consultation via Intercare Clinic Online
- Consultations may be claimed back from the member's medical scheme, subject to the availability of benefits
- Prescriptions for medications and additional in-person services resulting from use of the platform are the
 responsibility of the member and/or their medical scheme

Any advice, diagnosis, treatment, or medical information provided by Intercare is the sole responsibility of Intercare. Ambledown, or any of its business partners, shall not be held liable for any errors, omissions, or damages arising from the use of this service, including, but not limited to, incorrect diagnoses, treatment recommendations, or failure to provide appropriate care. The use of this service is voluntary, and by accessing it, you agree to do so at your own risk.

AMBLEDOWN GAP COVER 200 2025

BENEFITS	LIMITATIONS Per insured person per year	Gap Cover 200
Gap Cover 200	R210,580	~
Casualty Ward Benefit (R11,000 Limitation)	Or any higher amount published by the Regulator	✓
PREMIUMS	Per Family Per Month (incl.vat) 18 To 65 Years Old	R318.00
	Per Family Per Month (incl.vat) 66 Years and older	R443.00

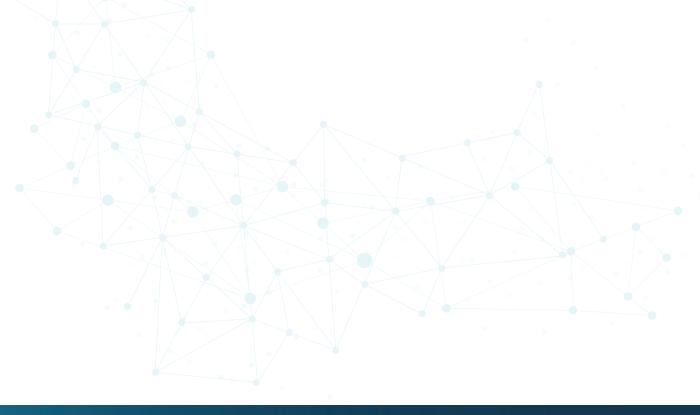
Premiums are reviewed annually, effective from 1 January. The Insurer reserves the right to alter the premium at any time by providing the Insured with 31 days' written notice, subject to the change being based on sound actuarial reasons.

Specific Limitations

1. Treatment in a casualty unit of a Hospital shall be limited to R11,000 in aggregate per insured person per year.

Overall limitations

The Policy Benefits are subject to an overall benefit limitation of R210,580 or any higher amount published by the Regulator in aggregate per Insured Person per year.





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 selfpayment 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.
- An 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 stepchildren 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.

Therefore, this is an arrangement whereby Guardrisk shares equity with the Cell Owner through a shareholding arrangement and provides the Cell Owner a vehicle through which to write the Cell Owner's insurance risk.

 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

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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 Postal: Ambledown Financial Services (Pty) Ltd. PO Box 1862, Cramerview, 2060

Alternatively, 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

 $Individual\ debit\ order\ business: admin@ambledown.co.za\ Group\ business: premium@ambledown.co.za$

Do you have a quick question?

Ask AmChat – Our cutting-edge AI tool is also now available on WhatsApp and www.ambledown.co.za







