Aon Member Letter
Ambledown Gap Cover 2024

Dear Aon Client,

It is that time of year for you to evaluate your current gap cover arrangements to ensure the most appropriate cover for 2024. Whether or not you wish to remain on your current option, downgrade, or upgrade for 2024, it remains Aon's responsibility to guide you through the review process. We recommend you speak to your Aon Employee Benefits Consultant to assist you in selecting the most appropriate gap cover option.

What are the premium increases for 2024?

Product 2024	Premium for Unilever employees
Gap Supreme	R259 per family per month

***Please see qualifying criteria for a family**

Benefits Enhancements for 2024

- The Casualty Ward benefit on all options has increased from R10 000 to R11 000.
- The co-payment benefit for the penalty imposed by medical schemes for the use of a non-DSP hospital has increased from R13 000 to R15 000 per family per annum.
- The policy overall annual limitation (OAL) per insured person per annum will be automatically updated on 1 April 2024. This is the regulated maximum benefit payable as determined by the Demarcation Regulations. The current regulated limitation is R198 660 per beneficiary per annum.
- The claims process has been streamlined. Ambledown has updated the Customer Relationship Management System with a new machine learning algorithm.

- The introduction of a new generation Artificial Intelligence Assistant system on Ambledown website, called AM chat has been created to assist members with benefits and queries.
- New cancer drug treatments have been added including biological, immunotherapies and targeted therapies (including small molecule drugs.)

  Available Therapies
  - Biological cancer drugs
  - Immunotherapy
  - Hormone Therapy
  - Targeted Therapy (including Small Molecule Drugs)
  - Photodynamic Therapy
  - Stem Cell Transplant

  New Biological Cancer Drugs
  - Kadcyla
  - Enhertu
  - Venetoclax
  - Obinutuzumab
  - Rituximab
  - Herceptin
- Three additional procedures have been added to the LPE product on the defined listed procedures list:
  - Tonsillectomies
  - Myringotomies
  - Adenoidectomies

Product summary 2024

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.

Benefit	Gap Cover 100	Gap Cover 200	Gap Plus	Gap Select	Gap Supreme	Gap LPE advanced	Ambledown Guardian
Gap cover 100 (limited to 6 times the Medical Scheme Tariff)	○		○	○	○	○	
Gap Cover 200 (limited to 3 times the Medical Scheme Tariff)		○					
Co -payment cover			○	○	○		○
One penalty co payment			○	○	○		○
Sub -limit cover				○	○		○
Cancer cover				○	○		○
Casualty Ward Benefit	○	○	○	○	○	○	○
Medical Expenses related to 10 defined procedures						○	
Premium Waiver Benefit					○		○
Dread Disease Benefit				○	○		○
ER 24 Virtual Support	○	○	○	○	○	○	○

What is Gap Cover?

Gap cover is a short-term insurance policy designed to complement your existing medical scheme. It is not a medical scheme or an alternative to a medical scheme and does not replace your medical scheme.

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; the necessity for kidney dialysis on an out-patient basis and 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.

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.

Gap Cover 100 and **200** does not provide for charges above the tariff for the hospital costs or for additional costs of prosthesis, materials, and medication. Cover is for the services provided by Specialists, General Practitioners and Medical Professionals such as Physiotherapists during the period of hospitalisation.

Major Medical Co-payment/Deductible Cover

The Major Medical Co-payment/Deductible benefit provides cover for charges in the form of a co-payment or deductible applied for in-hospital admissions, and any charges in the form of a co-payment or deductible for major medical out-patient treatment. This is limited to specialised diagnostic radiology, 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.

The benefit includes the **Penalty co-payment** benefit which is 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 per annum.

Sub-limitation Cover

The sub-limitation cover benefit covers the charges above any sub-limit imposed by the Medical Scheme for in-hospital admissions. Sub-limits are benefit limits set by the Medical Scheme. In certain instances, these limits can be set per procedure type to manage out of pocket exposure.

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-limit is imposed by the Medical Scheme for cancer treatment.

Extended cancer treatment cover provides for charges after the medical scheme sub-limit has been reached for defined biological cancer drugs, defined oncological conditions and/or specific sub-groups of cancer, Immunotherapy, Hormone Therapy, Targeted Therapy, Photodynamic therapy and/or stem cell transplant.

It includes treatment in-hospital, chemotherapy, medication, and out-patient radiotherapy or chemotherapy. It excludes the costs of the Specialist consultations. diagnostic radiology, previously limited to MRI, CT, and PET scans. It now includes Nuclear Scans for mapping of cancer as well.

Casualty Ward Benefit

The Casualty Ward Benefit covers member 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.

Members are covered when immediate treatment is required, where their Medical Scheme does not provide them with cover, and member become liable to pay the cost of the casualty event. This benefit will cover the facility fee, consultations, medication, radiology, and pathology associated with admission to a registered hospital's casualty facility. This benefit is limited to R11 000 per insured person per annum.

"Emergency" means the sudden and at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or death.

The determination of an emergency will be done through diagnosis (through classification by the attending Medical Practitioner and/or the Casualty Unit) and not on symptoms presented.

The Medical Practitioner that treated the member and/or the Casualty Unit that member was treated in should use the correct codes and classification on the invoices they send to member and/or the Medical Scheme.

LPE Advanced Procedure Enhancer

The listed Procedure Enhancer is a benefit that combines Gap Cover 100, the Casualty ward benefit, and a selection of listed procedures. It provides a benefit equal to the cost of the in-hospital and associated medical expenses, relating to one of the procedures, less the cover provided by the medical scheme option.

The 10 defined listed procedures mentioned below are limited to the actual costs incurred. This is calculated at the medical scheme rate and subject to a specific limit of R100 000, in aggregate per insured per person per annum:

- In-hospital management of dentistry, limited to impacted teeth for minors under 18 years or reconstructive plastic surgery due to an accident that occurs during the period of cover.
- Functional nasal surgery
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Joint placements, including but not limited to hips, knees, shoulders, and elbows.
- Cochlear Implants, auditory brain implants and internal nerve stimulators, including procedures, devices, and processors.
- Bunionectomny
- Arthoscopy
- Removal of varicose veins
- Skin disorders including benign growths and lipomas.
- Tonsillectomies
- Myringotomies
- Adenoidectomies

Ambledown Guardian

This provides benefits for Medical Scheme shortfalls but excludes the gap cover benefit. Benefits include co-payment or deductibles, in-hospital sub-limits, cancer, casualty ward benefits, dread disease benefit, and the premium waiver benefit.

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, due to an accident.

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

Dread Disease Benefit (Severe Illness)

Provides a once off dread disease benefit, limited to the diagnosis of cancer. Exceptions include:

- All tumours, which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.
- Any skin cancer other than malignant melanoma.
- Cancerous cells that have not invaded the surrounding or underlying tissue.
- Early cancer of the prostate gland or breast. (Stage1 described as T1a, N0, M0, G1)
- Cover ceases at age 65.
- Limited to R50 000 per insured person on diagnosis

The lump sum 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.

Dread Disease exclusions, Specific excess, Specific limitations, Overall limitations

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

Specific condition exclusions

- The Dread Disease and Premium Waiver Benefits terminate after the member reach 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

- Treatment in a casualty unit of a hospital is limited to R11 000 in aggregate per insured person per annum.

- Severe Illness Benefit is limited to R50 000 payable once in a lifetime per insured person.
- 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 protocols

- 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 to select 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. 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 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 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 Scheme.
- There is no limit to the number 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/her 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.

Waiting periods

- Ambledown will apply the 3-month general waiting period condition to all applications for new membership.
- The only time they 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-months pre-existing clause will apply to the additional benefits obtained when member upgrades cover. The existing benefits enjoyed prior to the upgrade will not be subjected to the waiting periods mentioned.

Claims 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, Cramer View, 2060

Member can download the g-App to submit and track their 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.

Ambledown may use member's email address and telephone number to keep member informed on the progress of the claim.

Operational assistance 2024

Aon recommends that members register on the Ambledown website www.ambledown.co.za and download the Ambledown application onto your smart phone (Android or iPhone).

- Member can view all option benefits and download brochures, application or claim forms and contact details.
- Member will also have access to their claims progress.

Please ensure that you view your brochure and your personal policy schedule for all the benefits and scheme rules. The brochure will also advise on all the premiums and benefit sub limits.

Where do I get more information and who can I contact if I have any questions?

If you have any questions despite having read all the information, please contact the Aon Resolution Centre who will also be available to provide advice on option selections for 2024 on 0860 100 404 or email arc@aon.co.za.

Ambledown contact details:

Call Centre: 086 126 2533

Claims: claims@ambledown.co.za

Enquiries: premium@ambledown.co.za

Website: www.ambledown.co.za

Connect with us.

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact.

We partner with our client and seek solutions for their most important people and HR challenges.

We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

Aon Employee Benefits – Healthcare

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