

AMBLEDOWN GUARDIAN

2027

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

ambledown
FINANCIAL SERVICES (PTY) LTD

Ambledown is an Authorised Financial Services Provider, No. 10287

GUARDRISK
TAILORED RISK SOLUTIONS

Underwritten by 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, **Guardian 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 Guardian 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 Guardian covers the gap.

2027 Product Range

The health of your family is in caring hands.

Ambledown cares about more than just 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 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 Series.

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 Scheme Tariff for in-hospital surgical procedures and for certain out of hospital procedures.

Ambledown Guardian has the perfect combination of benefits for your individual needs.



Guardian



Co-payment



Cancer



Sub-limitation



Casualty Ward



Dread Disease



Premium Waiver

Benefits Details

Guardian combines all the Ambledown benefits with the exception of Gap Cover

Ambledown Guardian

Provides benefits for Medical Scheme shortfalls but excludes the Gap Cover benefit. Benefits include: Co-Payments or Deductibles, In-Hospital Sub-Limits, Cancer, Casualty Ward Benefit, Dread Disease Benefit and the Premium Waiver Benefit.

Limitation

Limited to R226,881 per insured person per year or any higher amount which may be published by the Regulator during the year.

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.

Penalty Co-Payment

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

A Co-payment is an upfront payment charged by the Medical Scheme for specific procedures 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.

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

Sub-limitation Cover

Sub-limitation benefit 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 prioritise 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;

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.

Extended Cancer Treatment Cover

Extended Cancer Treatment benefit provides for charges above 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 (including Small Molecule Drugs), Photodynamic Therapy and/or Stem Cell Transplant.

Ensure that a **health emergency** never becomes a financial emergency



Casualty Ward Benefit

Casualty Ward Benefit covers you for emergency 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 listed above are limited to **R226,881** per insured person per year 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.

Limitation

Limited to a benefit equal to the total value of Medical Scheme Contribution and Gap Cover premium calculated for six (6) months.
Cover ceases at age sixty-five (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 –

Limitation

The once-off benefit will apply to the first diagnosis of cancer. The benefit will be excluded for any current member who was diagnosed prior to the inception of their policy or the benefit, and it is payable once in a lifetime per insured person.

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

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BENEFITS	LIMITATIONS Per insured person per year	Ambledown Guardian
Co-Payment Cover	R226,881 Or any higher amount published by the Regulator	✓
One penalty Co-Payment **(R15,000 Limitation)**		✓
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	R291.00
	Per Family Per Month (incl.vat) 66 Years and older	R413.00

**** 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)

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

***Specific condition**

The Dread Disease and Premium Waiver Benefits terminate at the member reaching the benefit expiry age, or age sixty-five (65). This means that claims submitted before the benefit expiry age will be assessed and paid, but claims submitted 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 year.
2. Severe Illness Benefit is limited to R50,000, payable once in a lifetime per Insured Person.
3. The maximum benefit payable for the cost incurred for the penalty co-payment imposed by the medical scheme is payable once per year and limited to R15,000 per family per year.

Overall limitations

The Policy Benefits are subject to an overall benefit limitation of R226,881 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 medical expense short-falls for in-hospital expenses and certain out-of-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 eighteen (18) and the maximum entry age is sixty-five (65). Applicants sixty-six (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 eligible children. Extended family dependants are not considered as part of the family.
- "An Eligible Child" is a natural/biological child, stepchild or legally adopted or foster child of the Principal Insured Person, who has not attained the age of twenty-one (21), is not otherwise insured under this or a similar policy, and is covered by a registered Medical Scheme.
    - This age may be extended in respect of an unmarried child who is a dependant on the Principal Insured Person or Spouse's Medical Scheme, who has not attained the age of twenty six (26).
    - There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, provided that the children are wholly dependent on the Principal Insured Person for support and maintenance. The determination of mental or physical incapacity will be based on a diagnosis, as classified by the attending Medical Practitioner, rather than on the symptoms presented.
    - 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 a 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.

Waiting Periods

- Ambledown will apply the three (3) month general waiting period condition to all applications for new membership.
- The only time we would not apply the three (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 twelve (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 twelve (12) months prior to the inception of the policy. The intention is to exclude any benefit where treatment or advice was received twelve (12) months prior to inception. Once membership is greater than twelve (12) months, then benefits are payable regardless of the date in which the illness manifested itself or the injury occurred.
- Benefit upgrades: A three (3) month general waiting period and twelve (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 Ambledown 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

AmCh@t

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