GAP COVER SERIES

2017

Underwritten by Constantia Insurance Company Limited

AMBLEDOWN GAP COVER SERIES

2017 Product Range

As a member of a Private Medical Scheme, you would expect that an event in hospital would be covered in full, this is not so. Most Medical Schemes will cover in-hospital expenses defined as services rendered by a Medical Practitioner at the Medical Scheme rate. However, most specialists today are charging rates that are substantially higher than the Medical scheme rates and you, as the member are liable for the difference, this is known as the tariff gap.

The Ambledown Gap Series is an insurance product that provides cover for you and your immediate family for the shortfall (Gap) resulting from any Medical Practitioner charging above the Medical Aid Tariff for surgical procedures in-hospital and certain out of hospital procedures. The insured will receive a benefit equivalent to the costs incurred as a result of the GAP for any hospital admission as an inpatient. The GAP is defined as services rendered by a medical practitioner who charges above the medical scheme tariff.

AMBLEDOWN GAP COVER SERIES Product details and benefits

The Ambledown Gap Series is an offering that combines all of the following benefits, ie:

GAP 100

Provides for charges levied by the Medical Services Professionals 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;

- Limited to **5 times the Medical Scheme Tariff**
- Annual Limit: **R2 000 000**

We remind you that the Gap Cover 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

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 outpatient treatment limited to specialised diagnostic radiology limited to MRI and CT Scans.

- Benefits for co-payments or deductibles are limited to **R100 000 per family per annum.**

Co-Payment is a procedure specific upfront payment charged by the Medical Aid 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.

As per the rules of the co-payment we will not pay a benefit if the co-payment was due to a penalty such as the failure to apply for pre-authorisation or where the member did not use a network hospital, then we will not consider such to be a co-payment, but a penalty and we will not pay the benefit.

Sub-limitation Cover

Covers the charges above any sub-limitation imposed by the Medical Scheme for in-hospital admissions.

- Benefits for charges above any sub-limitation for in-hospital treatment are limited to **R50 000 per family per annum.**

Sub-limits are limits set by the Medical Aid Scheme on Medical Aid benefits. In certain instances these limits can be set per procedure type in an effort to manage exposure. Where such limits are imposed by the Medical Aid Schemes, Gap cover will cover the insured up to R50 000 per family per annum.

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;

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.

- Benefits for cancer is limited to **R500 000 per family per annum.**

This benefit provides for cancer treatment in a private facility where a cost incurred exceeds the R200 000 threshold in respect of biological cancer treatment and a R100 000 threshold in respect of traditional cancer treatment. Treatment includes in-hospital expenses, chemicals, medication and outpatient radiotherapy or chemotherapy however treatment excludes the cost of specialist's consultations.

Casualty Cover 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

- Treatment in a casualty unit of a hospital shall be limited to **R10 000 per family 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 you and / or the Casualty Unit that you have been treated in should use the correct codes and classification on the invoices they send to you and /or your medical aid.

Premium Waiver Benefit

This benefit covers the actual medical scheme contributions following the death or the total and permanent disability of the Principal Member of the Medical Scheme.

- Limited to a benefit equal to **the total value of Medical Aid Scheme Contribution calculated for 6 months.**

In the event of the death of the principal member of the Medical Aid Scheme or in the event that (an accident or illness) resulted in the total permanent disability of the principal member. The company shall pay the Registered Medical Aid Scheme the Medical Aid Scheme Contribution for 6 months commencing on the 1st day of the following month from the date the incident occurred.

GAP LPE Advanced

The Listed Procedure Enhancer Is a benefit that combines Gap 100 and a selection of listed procedures which provides a benefit equal to the cost of in-hospitalisation and associated medical expenses relating to one of the below mentioned listed procedures less the cover provided by the Medical Scheme option, ie:

1. 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.
2. Functional nasal surgery.
3. Surgery for oesophageal reflux and hiatus hernia.
4. Back and neck treatment or surgery.
5. Joint replacements, including but not limited to hips, knees, shoulders and elbows.
6. Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors.
7. Bunionectomy.
8. Arthroscopy.
9. Removal of varicose veins.

- Gap 100 benefit is limited to 5 times the Medical Scheme Tariff with an annual limit of **R2 000 000 per family per annum.**
- The Listed Procedures mentioned above provides a benefit limited to the actual costs incurred, calculated at the Medical Scheme Rate and limited to **R75 000.00 in aggregate per annum per family.**

ambledown
FINANCIAL SERVICES (PTY) LTD

GAP COVER SERIES

BENEFITS		GAP100	GAP PLUS	GAP SELECT	GAP ELITE	GAP SUPREME	GAP LPE ADVANCED	GAP SENIORS	GAP PLUS SENIORS
GAP COVER 100	(R 2 000 000 PFPA)	√	√	√	√	√	√	√	√
CO-PAYMENT COVER	(R 100 000 PFPA)		√	√		√			√
SUB-LIMIT COVER	(R 50 000 PFPA)			√	√	√			
CANCER COVER	(R 500 000 PFPA)			√	√	√			
CASUALTY BENEFIT	(R 10 000 PFPA)	√	√	√	√	√		√	√
PREMIUM WAIVER (PROVIDES A LUMP SUM PAYMENT EQUAL TO 6 MONTHS MEMBER'S MEDICAL SCHEME CONTRIBUTION)					√	√			
MEDICAL EXPENSES RELATED TO NINE DEFINED PROCEDURES	(R75 000 PFPA)						√		
PREMIUM PER FAMILY PER MONTH		R230	R290	R350	R340	R375	R235	R365	R385

* PFPA - PER FAMILY 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 age eighteen (18) and the maximum entry age is seventy (70)
- The minimum entry age for the Principal insured person on the Gap Seniors range is age seventy one (71), with no cession age.
- No benefit shall be payable for the Private Care for Cancer or Biological Cancer Drug benefits for any pre-existing condition (meaning any form of cancer) occurring or manifesting prior to the commencement date of the Private Care for Cancer and Biological Cancer Drug, unless the member has been in remission for three (3) years or more.

- Extended Family Dependants: 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 attained the age of twenty one (21) and this age may be extended to age twenty six (26) in respect of a child who is unmarried, fully financially dependent on the Principal Insured and a dependant on the Principal Insured Persons' medical aid scheme.
  - Adopted and fostered children are eligible dependants if they are under 21 years of age, or they are under 26 years of age and who is unmarried, fully financially dependent on the Principal Insured and a dependant on the Principal Insured Persons' medical aid scheme.
  - There is no age limit for mentally or physically handicapped children who are financially dependent on the principal insured and a dependant on the Principal Insured Persons' 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.
- 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.
- Please note that the above does not apply to benefits for cancer treatment. Any pre-existing condition, regardless of when such treatment was received will be pre-existing and no benefits will be paid unless the member has been in remission for three (3) years or longer.
- No benefits will be payable during a general 3 month waiting period for all treatment received unless the treatment was required as a result of an accident (external violent physical means).

Disclaimer

The details provided are only for marketing purposes. 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.