

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.



Embracing technology. Evolving humanity.



A M B L E D O W N
G U A R D I A N

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UNDERWRITTEN BY
CONSTANTIA INSURANCE COMPANY LIMITED (CICL)
REG. NO. 1952/001514/06, FSP NO: 31111 (THE INSURER)

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.



AMBLEDOWN INTELLIGENCE

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.

2022 PRODUCT RANGE

Ambledown Guardian 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 Scheme Tariff for in-hospital surgical procedures 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 in-patient. The Gap is defined as services rendered by a Medical Practitioner who charges above the Medical Scheme tariff.

Ambledown Guardian is an offering that combines all of the following benefits, i.e.



gap cover excluded



co-payments or deductibles



in-hospital sub-limits



cancer cover



casualty ward benefit



premium waiver benefit



dread disease benefit

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.



Limited to R177,800 per insured person per annum or any higher amount which may be published by the Regulator during the year.



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 limited to MRI, CT and PET Scans.



A 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.

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 R10,000.

Sub-limitation Cover

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



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.



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;

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.



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

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.

- Treatment in a casualty unit of a hospital is subject to a specific limitation of R10,000 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 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 Scheme.



All Gap Cover Benefits above are limited to R177,800 per insured person per annum or any higher amount which may be published by the Regulator during the year.



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.

- Limited to a benefit equal to the total value of Medical Scheme Contribution and Gap Cover premium calculated for 6 months.
- Persons 65 years or older are excluded.

Dread Disease (Severe Illness) Benefit

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

- 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)
- Persons 65 years or older are excluded.
- 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.





COVID-19 Pandemic Support

Ambledown members have access to COVID-19 Pandemic Support. Ambledown and Constantia has partnered with ER24 and Mediclinic to bring you the pandemic online portal and 24-hour advice support line.



24/7 support line
010 205 3021



Online Assessment for Testing



Screening support



Medical referral & escalation



WHO best practice and protocols



NICD current & credible information



Real-time nationwide statistics

Access information and support services:

- Current information from NICD
- Preventing the spread of COVID-19
- Nationwide statistics for South Africa updated regularly
- Precautions and monitoring
- Self-isolation and home precautions
- COVID-19 Online Assessment for Testing

All Benefits in this brochure are protected by COVID-19 Pandemic Support



IvyOnline Support Learning for high school learners

IvyOnline is an engaging CAPS curriculum online platform, that is designed to support learners in their high school studies



Video lectures



E-books



Diagnostics for grades 8 to 12



Tools to track and improve performance



Report features

How to register:

- Register your dependants for this benefit by visiting www.ambledown.co.za
- Click through to generate your unique coupon code to access the IvyOnline platform

Now students have the additional support needed to learn and develop while at home. Let's start learning.

IvyOnline Support Learning is included with the product in this brochure.

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Ambledown Guardian

B e n e f i t s	Limitations Per insured person per annum	
Co-Payment Cover	R177,800 or any higher amount published by the Regulator	
One penalty Co-Payment (R10,000 Limitation)		
Sub-Limit Cover		
Cancer Cover		
Casualty Ward Benefit (R10,000 Limitation)		
Premium Waiver Benefit	Lump sum of 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	
Covid-19 Pandemic Support	Pandemic online portal and 24-hour advice support line	
IvyOnline Support Learning	Curriculum online support services for high school learners	
P r e m i u m s	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**

1. 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 excess

1. Cancer treatment in a private hospital is subject to an excess of R200,000 per Treatment Cycle, provided such treatment was received in a private institution.
2. Biological Cancer Drug Treatment Cover is subject to an excess of R200,000 for the treatment of Cancer in a private institution per Treatment Cycle unless a R200,000 excess has been deducted as per point 1.

Specific limitations

1. Treatment in a casualty unit of a Hospital shall be limited to R10,000 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 R10,000 per family per annum.

Overall limitations

1. The Policy Benefits are subject to an overall benefit limitation of R177,800 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.
- 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 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 (CICL).
- 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
 Fax: 011 463 1665 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.

Enquiries

Enquiries should be addressed to Ambledown:

Tel: 086 126 2533 Individual debit order business Group business:
 Fax: 011 463 1600 admin@ambledown.co.za premium@ambledown.co.za

Broker details

