

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.

ABSAGAP
GOLD

..... **2024**

UNDERWRITTEN BY
ABSA INSURANCE COMPANY LIMITED (AIC)
 FSP No. 8030; Registration number: 1992/001373/06

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.



**ABSA
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.

2024 PRODUCT RANGE

The Absa Gap Cover 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 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.

Absa Gap Gold is an offering that combines all of the following benefits, i.e.



Gap Cover 100

Gap Cover100 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 outpatient basis, and/or the necessity for kidney dialysis on an outpatient basis;

Limited to 6 times the Medical Scheme Tariff less the higher of the Medical Scheme Tariff or the Medical Scheme Option Reimbursement Rate.



We remind you that the Gap Cover 100 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.

Gap Cover Example 1

Dr Govender charges a procedure at R300. Your Health Medical Scheme's Tariff (MS Tariff) is R100. Your Health Medical Scheme has three options, i.e. Red, Yellow and Green each with a Medical Scheme Option Reimbursement Rate ("MSORR").

The amount payable for each option will be -

Option	Charge	MS Tariff	6x MS Tariff	MSORR	Shortfall	Benefit
Red	R300	R100	R600	R50	R250	R200
Yellow	R300	R100	R600	R100	R200	R200
Green	R300	R100	R600	R200	R100	R100

- Red Option's MSORR is lower than the MS Tariff. The benefit will therefore be the difference between MS Tariff and the Charge.
- Yellow Option's MSORR is equal to MS Tariff. The benefit will therefore be the difference between MS Tariff and the Charge.
- Green Option's MSORR is higher than MS Tariff. The benefit will therefore be the difference between MSORR and the Charge.

Gap Cover Example 2

Your Health Medical Scheme covers a hip replacement. They however limit the benefit for hip replacements to R50,000. The total account for your hip replacement is R55,000. The policy will pay a benefit of R5,000.

Actual Gap Example

Total Knee Replacement	Charged	Medical Scheme Benefit	Gap Cover Benefit
Anaesthetist			
Pre-op exam	344.08	139.59	204.49
Total Knee replacement	528.99	166.30	362.69
Time	2,750.75	864.86	1,885.88
Procedure for pain relief	466.84	227.26	239.58
Total	4,090.66	1,389.01	2,692.65
Specialist			
Total Knee replacement + additional procedures	7,988.86	3,889.38	4,099.48
Assistant	1,597.77	777.89	819.89
Total	9,586.63	4,667.27	4,919.37
Physiotherapy			
In-Hospital Treatment	715.18	627.33	87.85
Total	715.18	627.33	87.85
Total Benefit	14,392.47	6,692.61	7,699.86

In this example, the Medical Scheme member would have been out of pocket for R7,699.86, equivalent to some 54% of the total knee replacement costs.



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 outpatient 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 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.





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;

Extended Cancer Treatment Cover

Extended Cancer Treatment Cover 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, Immunotherapy, Hormone Therapy, Targeted Therapy (including Small Molecule Drugs), Photodynamic Therapy and/or Stem Cell Transplant.



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.

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 R210,580 per insured person per annum or any higher amount which may be published by the Regulator during the year.

Trauma Recovery Benefit

This benefit will pay a once off if a beneficiary suffers an event that necessitates hospitalisation where such an event was due to violent physical force so as to injure, abuse, damage or destroy.

Gold Benefit Amount R5,000

Persons 65 years or older are excluded.









Accidental Death Benefit

Following the Accidental Death of the Principal Insured Person, Eligible Spouse and or Eligible Child Dependants, the following benefit is payable:

Product	Adult	Child
Gold	R12,000	R8,000

Accidental Death means death caused by a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place.

ABSA GAP GOLD 2024

Benefits	Limitations Per insured person per annum		Absa Gold
Gap Cover 100 (600%)	<p style="text-align: center;">R210,580 or any higher amount published by the Regulator</p>		
Co-Payment Cover			
One Penalty Co-Payment (R10,000 limitation)			
Sub-Limit Cover			
Cancer Cover			
Casualty Ward Benefit (R10,000 limitation)			
Trauma Recovery Benefit	<p style="text-align: center;">Once-off R5,000 <i>* See specific condition</i></p>		
Accidental Death Benefit	<p>R12,000 (Adult)</p>	<p>R8,000 (Child)</p>	
Premiums	<p>Single Rate Per Month (Incl. VAT) 18 to 65 years old</p>		R300.00
	<p>Per Family Per Month (Incl. VAT) 18 to 65 years old</p>		R507.00
	<p>Per Family Per Month (Incl. VAT) 66 years and older</p>		R671.00

Specific Limitations

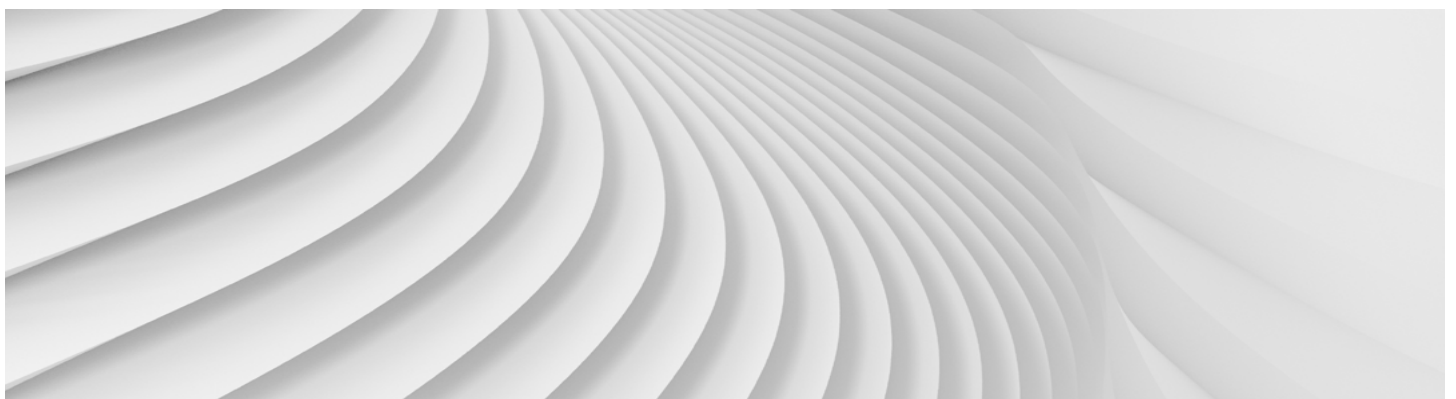
- Treatment in a casualty unit of a Hospital shall be limited to R10,000 in aggregate per insured person per annum.
- Severe Illness Benefit is limited to R50,000 payable once in a lifetime per insured person.
- The maximum benefit payable for cost incurred for the penalty co-payment imposed by the Medical Scheme is payable once per annum and limited to R10,000 per family per annum.

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 annum.

* Specific Condition

- The Trauma Recovery Benefit terminates 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.





Underwriting matters which are of importance

- 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 attained 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 Scheme.
 - Biological, 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 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 Aid Scheme.
- 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.
- 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.

- 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.



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 (AIC).
- 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
Fax: 011 463 1665

Postal: Ambledown Financial Services (Pty) Ltd.
 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
Fax: 011 463 1600

Individual debit order business:
admin@ambledown.co.za

Group business:
premium@ambledown.co.za



Broker Details