ORIGIN

2026

Underwritten by Guardrisk Insurance Company Limited (GICL) A Licensed Non-Life Insurer, Reg. No. 1992/001639/06, FSP No. 75

NOVA GAP BROCHURE

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.

WWW.AMBLEDOWN.CO.ZA

ambledown
FINANCIAL SERVICES (PTY) LTD

Ambledown is an Authorised Financial Services Provider, No. 10287

GUARDRISK
TAILORED RISK SOLUTIONS

Guardrisk Insurance Company Limited,a licensed non-life insurer and an authorised financial services provider (No.75)

INTRODUCTION

Nova Gap Cover is designed to protect you and your family from unexpected medical expenses shortfalls, ensuring that where your medical aid ends, your cover continues. With benefits tailored to both in-hospital, certain out-of-hospital treatments and specialist consultations, Nova Gap Cover gives you financial security and the confidence to focus on your health.

Where your Medical Aid Scheme ends, Nova Gap Cover 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.

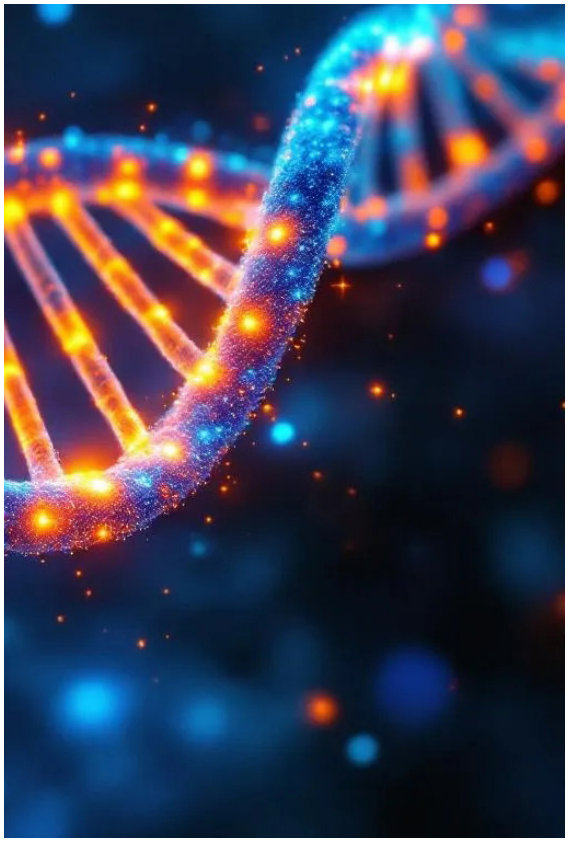
This expanding gap between Medical Scheme coverage and the actual fees charged by private healthcare providers has created a financial shortfall with devastating consequences. You, the Medical Scheme member, are liable to pay the outstanding amounts.

ORIGIN

"

An ounce of prevention is worth a pound of cure."

– Benjamin Franklin



That is where Nova Gap Cover steps in.

When the Specialists you need charge more than the rates your Medical Scheme pays, our products cover the shortfall for in-hospital treatment, so you do not have to. Simply put, Ambledown Gap Cover covers the gap.

Nova Gap cover, offered by Ambledown, is a Gap Cover product designed to protect members from financial exposure for both in-hospital and specified out-of-hospital treatments. It offers both individual and family plans, with the option to include qualifying adult child dependants up to the age of thirty* (30) (inclusive) at an additional premium. With age-banded premiums, the Nova Gap Cover provides affordable cover for younger members while ensuring sustainable protection as healthcare needs grow, all through a transparent and easy-to-understand contribution model.

*Qualifying adult child dependants must be registered as dependants on the principal insured person or spouse's Medical Scheme, be financially dependent, and meet the eligibility criteria set out in the policy terms and conditions.

2026 Origin 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 Origin gap 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 Aid Tariff for in-hospital surgical procedures and for certain out of hospital procedures.

BENEFITS DETAILS

Boost your cover up to 6 times the Medical Scheme tariff with ***Gap Cover***.

Gap Cover

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, and/or the necessity for kidney dialysis on an out-patient basis (as well as other defined out-patient procedures).

Gap Cover 100 is limited to six (6) times the Medical Scheme tariff, less the higher of the Medical Scheme Tariff or the Medical Scheme Option Reimbursement Rate.

Just a reminder: Gap Cover 100 does not provide for charges above the tariff for ward fees, theatre fees, medicines and materials (eg. prosthesis). Cover is for the services provided by Specialists, General Practitioners and Medical Professionals such as Physiotherapists during the period of hospitalisation.

Access ***specialists*** without the financial strain.

Out-patient Specialist Consultation Benefit

A benefit equal to actual cost, limited to six (6) times the Medical Scheme Tariff less the higher of the Medical Scheme Tariff or Medical Scheme Option Reimbursement Rate for out-patient Specialist consultations.

Limitation: Out-patient Specialist consultations, limited to three (3) consultations per family per year and a maximum of R1,300 per consultation.

All Gap Cover Benefits listed above are limited to R219,845 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 the 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.

A Co-payment is an 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.

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**.

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.

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.

Limitation: Treatment in a casualty unit of a hospital is subject to a specific limitation of **R11,000** per insured person per year.

All Gap Cover Benefits listed above are limited to R219,845 per insured person per year or any higher amount which may be published by the Regulator during the year.

Supplement your Gap Cover to include medical expenses shortfalls on **13 listed procedures**, which may be restricted by some Medical Scheme

LPE Advanced

The Listed Procedure Enhancer is a benefit that combines Gap Cover 100, the Casualty Ward Benefit, 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 procedures less the cover provided by the Medical Scheme option.

The 13 Defined Listed Procedures

The Listed Procedures mentioned below are limited to the actual costs incurred, calculated at the Medical Scheme Rate, and subject to an overall limit of R100,000 per insured person per year.

1. In-hospital management of Dentistry, limited to impacted teeth for minors under eighteen (18) years or reconstructive plastic surgery due to an accident that occurs during the period of cover.	8. Arthroscopy.
2. Functional nasal surgery.	9. Removal of varicose veins.
3. Surgery for oesophageal reflux and hiatus hernia.	10. Skin disorders including benign growths and lipomas.
4. Back and neck treatment or surgery.	11. Tonsillectomies
5. Joint replacements, including but not limited to hips, knees, shoulders, and elbows.	12. Myringotomies
6. Cochlear implants, auditory brain implants, and internal nerve stimulators – this includes procedures, devices, and processors.	13. Adenoidectomies
7. Bunionectomy.	

All Gap Cover Benefits listed above are limited to R219,845 per insured person per year or any higher amount which may be published by the Regulator during the year.

ORIGIN 2026
GAP NOVA

BENEFITS	LIMITATIONS Per insured person per year	Gap Nova
Gap Cover 100	R219,845 Or any higher amount published by the Regulator	✓
Co-Payment Cover		✓
One penalty Co-Payment **(R15,000 Limitation)**		✓
Casualty Ward Benefit **(R11,000 Limitation)**		✓
Out-patient Specialist Consultation **(Limited to 3 consults per policy per year & a max of R1,300 per consult)**		✓
Medical Expenses Shortfalls related to 13 defined procedures **(R100,000 Limitation)**		✓

NOVA PRODUCT RATES		
Age Band	**Individual rate per month (incl. VAT)**	**Family rate per month (incl. VAT)**
00-27*	R 215.00	R 326.00
28-44	R 287.00	R 435.00
45-54	R 383.00	R 580.00
55-64	R 407.00	R 616.00
65 Plus	R 528.00	R 800.00
Adult Child Dependant	-	R 215.00

*** The minimum entry age for the Principal Insured Person is eighteen (18) years.**

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. 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.

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

UNDERWRITING

UNDERWRITING MATTERS WHICH ARE OF IMPORTANCE

- Please note that this product will assist with the medical expense 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 eighteen (18).
- 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 amount of children covered by the policy.
- "An Eligible Adult Child" is a child of the Principal Insured Person who does not qualify as an Eligible Child, and who may be covered from the age of twenty-one (21) up to, but not including, the age of thirty-one (31), at an additional cost. This extension will only be accepted if the Principal Insured Person has applied for cover in writing and the Company has approved such cover; and provided that the Eligible Adult Child is financially dependent on the Principal Insured Person and listed as a dependant on the Principal Insured Person's or Spouse's Medical Scheme.
- 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.
- 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 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.

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

Ask Amchat

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