2026

6-Month Shield **Brochure**

For Medical Scheme Members **Without Gap Cover**

www.ambledown.co.za



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.

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)

The **Standalone Option**

Extended protection: in and out of the hospital

In the event of an Insured Person suffering an Insured Incident (as defined), the policy provides cover for medical expense shortfalls incurred during hospitalisation, including medical and surgical procedures or treatment. Cover further extends to defined outpatient treatments such as chemotherapy, radiotherapy and kidney dialysis, where these relate to a listed condition or qualifying severe trauma event.

The 6-Month Shield provides cover for ongoing outpatient recovery costs for a period of up to one hundred and eighty (180) days following diagnosis. This includes specialist consultations, follow-up procedures and other medically listed outpatient and in-hospital services that support recovery during the defined benefit period.

When Recovery Becomes the **Real Cost**

Imagine being 38. You're healthy, working, and getting on with life. You have medical aid, and you've always believed that if something serious happens, you'll be covered. Then, you're diagnosed with cancer.





The Reality **After Hospital**

Your medical aid may cover your hospital stay and initial treatment, but once you're discharged, the journey is far from over. Ongoing specialist consultations, regular scans and tests, outpatient chemotherapy, chronic medication, and the support needed for recovery and rehabilitation can continue long after leaving hospital. Because many of these costs happen outside of hospital, they may not be fully covered, creating financial pressure when support is needed most.

The 6-Month Shield offers protection in two important ways. During hospitalisation, cover is available for medical expense shortfalls related to listed conditions and qualifying severe trauma events through a limited in-hospital benefit. This includes cover for defined in-hospital and related outpatient treatments such as chemotherapy, radiotherapy and kidney dialysis, helping to address costs where medical scheme benefits may fall short. This in-hospital protection is a key differentiator of the product.

Support continues beyond hospitalisation through a benefit that helps cover eligible outpatient recovery costs for up to one hundred and eighty (180) days following diagnosis, providing ongoing financial assistance during the critical recovery period.

Where The **Standalone Option** Makes the Difference

The **Standalone Option** is the most accessible product in the range, designed for clients who already have medical aid but have never taken out gap cover. As a true entry-level solution, it opens the door to meaningful protection against listed condition/s or a qualifying severe trauma event for a broader market.

It provides cover for a full one hundred and eighty (180) day period following a qualifying event, including specialist consultations, pathology, radiology, chronic medication, rehabilitation, physiotherapy, follow-up surgical costs, and any other medically necessary outpatient services. In addition, it includes cover for in-hospital confinement and outpatient care, ensuring continuous support throughout both treatment and recovery. Because protection shouldn't end at discharge.

Medical aid helps cover you in hospital. This cover supports you by addressing medical expense shortfalls during hospitalisation and continues to assist with your recovery after discharge.

Who is it for?

- **This product is aimed at individuals who already have medical aid but do not currently have any gap cover in place, particularly those who are seeking a cost-effective entry point into additional protection.**
- **It is well suited to first-time buyers looking for basic financial protection against the impact of a listed condition or qualifying severe trauma event, helping with defined medical expense shortfalls related to treatment and recovery.**
- **It also appeals to budget-conscious clients who may not be ready for comprehensive gap cover but still want access to essential support through the 6-Month Shield benefit.**
- **In addition, it is relevant to younger professionals or families establishing their financial safety net, as well as individuals who have previously relied solely on medical aid and are now looking to enhance their cover in a simple and affordable way.**

How The **6-Month Shield** Works

The 6-Month Shield standalone activates when a member is diagnosed with a listed condition or a qualifying severe trauma event. Once triggered, the policy provides a defined in-hospital benefit for eligible medical expense shortfalls during hospitalisation and specified outpatient treatments related to that event, followed by one hundred and eighty (180) days (six months) of additional protection for qualifying post-diagnosis medical expense shortfalls related to treatment and recovery.

Benefit Limit: Up to R100,000 per insured person per defined event

During this period, the benefit covers out-of pocket costs such as:

- **Specialist consultations**
- **Diagnostic imaging, pathology, and radiology**
- **Rehabilitation therapies (physiotherapy, occupational or speech therapy)**
- **Prescribed and chronic medication.**
- **Medically necessary outpatient services and treatments**

Events That **Trigger the Benefit**

The 6-Month Shield activates following diagnosis or occurrence of a listed condition or severe trauma event:

Listed Serious Conditions Include:

- Cancer
- Myocardial Infarction (Heart Attack)
- Stroke
- Coronary Artery Bypass Grafting (CABG)
- Major Heart Valve Surgery
- Major Organ Failure or Transplant
- Severe Trauma
- Multiple Sclerosis
- Motor Neuron Disease
- Major Burns
- End-Stage Renal Failure

Each typically results in significant outpatient and recovery-related costs in the months following hospitalisation.

The 6-Month shield is designed purely as a continuity benefit for listed conditions and qualifying severe trauma events, ensuring ongoing support beyond hospitalisation and throughout recovery.

Premiums

	18 - 64 years per family, per month, incl. VAT	65 years and older per family, per month, incl. VAT
6-Month Shield without Gap Cover	R50.00	R300.00

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 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.

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.

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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 on which the illness manifested itself or the injury occurred.

- Benefit upgrades: A three (3) month general waiting period and a 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

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