



# UCT | Ambledown Gap Cover 2021

## Ambledown 2021

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Dear UCT member

#### Why do you require Gap Cover?

As a member of a South African Medical Scheme you may expect that your costs will be covered in full should you need to be hospitalised. Unfortunately, as is the case with most medical schemes, that may not be the case since many medical practitioners charge considerably more than the tariff at which Discovery Health Medical Scheme reimburses providers.

#### Gap cover provides the solution

Gap cover products offer you specially designed benefits that provide cover for the shortfall or gap, in the event of hospitalisation involving surgery or medical treatment, as well as for certain procedures performed out-of-hospital. The shortfall, or gap, is defined as the amount by which the actual cost charged by the medical practitioner exceeds the Medical Scheme tariff, subject to up to five times the Medical Scheme Tariff

### 2021 Ambledown benefit schedule

Please review the table overleaf according to your 2021 health care needs. Members have the opportunity to upgrade their product from 1 January 2021. **Please note that all benefits, except for Premium Waiver and Dread Disease benefit, will be limited to R173,000 per beneficiary on the policy.**

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Ambledown	UCT Gap Executive	UCT Gap Comprehensive	UCT Gap & In-hospital	UCT Gap & Cancer	Gap LPE Advanced – only KeyCare plans
Products & Tariff Shortfalls in-hospital to max of 400%	Benefit	Benefit	Benefit	Benefit	Benefit
Co-Payments and Deductibles	Benefit	Benefit	Benefit	Benefit	No Benefit
In Hospital Sub-limitation cover	Benefit	Benefit	Benefit	No Benefit	No Benefit
Cancer Cover – R150,000	Benefit	Benefit	No Benefit	Benefit	No Benefit
Casualty Ward Benefit	Benefit	Benefit	Benefit	Benefit	No Benefit
Medical Expenses Related to 10 defined procedures on Keycare plans	No Benefit	No Benefit	No Benefit	No Benefit	Benefit
Dread Disease (Severe Illness) Benefit	Benefit	Benefit	No Benefit	Benefit	No Benefit
Premium Waiver Benefit	Benefit	No Benefit	No Benefit	No Benefit	No Benefit
Monthly contribution	R406	R388	R363	R267	R193

### Benefit definitions

#### Product & Tariff shortfalls in-hospital for specialist cost

This Gap Cover policy provides additional cover for in-hospital specialist charges. It enhances existing medical scheme cover to a maximum of 400%, subject to the Overall Policy Limit of R173 000 per insured person per year.

For example, if your medical scheme option has covered you at 100% of the medical scheme rate, Gap Cover will cover you for an additional 400%, should the specialist have charged 500% of the medical scheme rate. The maximum cover you will receive between your medical scheme option and Gap Cover for the specialist while admitted to hospital, will not be more than 500%.











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The benefits below are also subject to the Overall Policy Limit of R173 00 per insured person per year:

### Additional Benefits

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**Co-payment cover**  
 Co-payments are charged by medical schemes for amongst other MRI/ CT scans, scopes and dentistry which takes place in-hospital.  
 These co-payments and deductibles can be claimed back from Gap Cover, limited to R100 000 per family per annum. **NEW** – Once off payment per family ,per annum for the penalty imposed by a medical scheme for the use of a non-network hospital limited to R10,000
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**Sub-limitation cover**  
 This Sub-Limit cover covers the charges above any sub-limitation imposed by the Medical Scheme for in-hospital admissions, limited to R50 000 per family per annum.
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**Casualty Cover**  
 Hospital Casualty Cover covers the cost of emergency treatment in a casualty unit of a hospital and is limited to R10 000 per family per annum. Usually the costs in a casualty unit is paid from the members' medical savings account or is for their own cost.
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**Oncology Benefit**  
 The policy 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-limits imposed by the medical scheme for cancer treatment. It provides for charges after the sub-limit imposed by the medical scheme for defined biological cancer drugs, for defined oncological conditions and/or specific sub-groups of cancer. List of biological cancer drugs apply.

### KeyCare Members

#### Gap LPE Advance

Gap LPE Advance option is applicable to KeyCare members and provides members with an additional 400% cover when they are liable for the difference between what their specialists charge when admitted to hospital and what their medical scheme pays from their Hospital Benefit. The benefit is subject to an Overall Policy Limit of R173 00 per insured person per year.

The Gap LPE Advanced benefit provides cover for hospital and service providers' accounts up to the rand amount limit for listed medical procedures, subject to the OPL of R173 00 per insured person per year:



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**The benefits below are not subject to the Overall Policy Limit of R173 00 per insured person per year (falls away after age 65) :**

**Diagnosis Oncology Benefit (part of benefit on point 5)**

The Gap Supreme policy provides a lump-sum benefit of R50 000 for first time diagnosis on Cancer (Clinical Protocol for type of Cancer). The lump sum benefit will exclude any member that has been an Ambledown client and was diagnosed prior to inception or during the period of cover.

**Medical Scheme Contribution 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. The benefit is limited to equal the total value of Medical Scheme Contribution calculated for 6 months.

### Important information- Window period 1 December to 31 March 2021

**UCT member have been offered a window period until 31 March 2021. This means that should you join the Ambledown Gap cover effective 1 December 2020, 1 January 2021, 1 February 2021 or 1 March 2021 , no underwriting will be applied. This means that the below is NOT applicable:**

- 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.
- 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).
- 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.

**Should you wish to join, please ensure you provide the following:**

- Completed application form
- Bank statement or cancelled cheque – this is to confirm bank details. (Please note that this is a direct debit from your bank account).
- Copy of your ID

### NMG's contact details

Please do not hesitate to contact your NMG Healthcare Consultant should you need assistance:



**Consultant**

Lionel Joe  
Tel: 021 943 1862  
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Should you require further assistance, please contact your dedicated Healthcare Consultant, Dominique Ortone on:

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