



In-hospital benefits

MEDICAL EXPENSE SHORTFALL COVER

Increases the Medical Aid rate up to 300%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, etc.). Subject to the Overall Annual Limit

Overall Annual Limit (OAL) is
R210580.06 per insured per annum

Waiting Periods

Criteria	Benefit
New Gap Cover Group	Window period will be determined as part of the negotiations
Existing Gap Cover group with new employees	Joining within 60 days from date of employment no Waiting Periods will apply
Joining after 60 days from date of employment	12 month waiting period on Pre-Existing Conditions 12 month waiting period on Pregnancy/Childbirth

Eligibility

Employees of participating Employer Groups, who are existing Principal Members of a registered Medical Scheme, have the option to join the Medical Expense Shortfall Insurance Policy.



Tel Medi Call: 0860 101 333 or Email Medi Call cedarhealth@medicall.co.za

Please note that this is not a Medical Scheme and the cover is not the same as that of Medical Scheme. This Policy is not a substitute for Medical Scheme membership.

Disclaimer: This document is a summary for information purposes only and does not supersede the Policy terms and conditions. In the event of any discrepancy, the Policy terms and conditions will prevail. Insured by Lombard Insurance Company Limited

Continued Membership after Retirement

A member of the Cedar Medical Expense Shortfall Insurance Policy that goes on retirement may elect to continue with the Medical Expense Shortfall Insurance Policy subject to the following:

- The member can only elect to continue with the Medical Expense Shortfall Insurance Policy if the member elects to continue with the Medical Scheme after retirement.
- As from 1 May 2010, the member will only qualify to continue with the Medical Expense Shortfall Insurance Policy if the member has been a member of the Medical Expense Shortfall Insurance Policy for 24 consecutive months prior to the date of retirement.

General Exclusions

A benefit will not be payable:

1. for any exclusion in the rules of the specific Medical Scheme or for treatment that is not covered by the specific Medical Scheme due to sub-limits / co-payments being imposed or due to authorisation for the procedure not being granted by the Medical Scheme.
2. if you claim within the first 12 months of membership in respect of a condition of which you were aware of during the 12 months prior to joining.
3. as a result of attempted suicide or self-inflicted injury.
4. as a result of the Insured Person being under the influence of alcohol, drugs or narcotics unless such alcohol, drugs or narcotics were administered by a Physician or unless prescribed by and taken in accordance with the directions of a Physician.
5. as a result of participation in any riot or civil commotion or public disorder.
6. for Bodily Injury whilst or as a result of participating in a Professional Sport.
7. where the Insured Person at any time suffered from the condition commonly known as AIDS or was infected by the commonly called HIV virus. The terms "AIDS" and "HIV" shall be interpreted as broadly as possible so as to include all or any mutants, derivatives or variations thereof. The onus shall always be on the Insured Person to show that any event was not caused by or did not arise through AIDS or HIV.
8. for Illness resulting from or due to venereal or venereal-related disease, or for the costs of treatment for any sexually transmitted disease.
9. for investigations or exploratory Procedures paid by the Medical Scheme on an ex-gratia basis.
10. for operations or treatment of a purely cosmetic nature.
11. for treatment of obesity.
12. for treatment undertaken to facilitate pregnancy.
13. for treatment of psychotic or psychoneurotic disorders; unless directly arising out of an incident of Bodily Injury or Illness.
14. directly or indirectly occasioned by or happening through or in consequence of nuclear weapon material or by ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustaining process of nuclear fission.
15. for any condition where the member has ignored medical advice.
16. as a result of war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war.
17. for any ward fees, bed levies or theatre fees and all medicines and consumables utilised in the ward or theatre.
18. for complications during pregnancy or for childbirth within 12 months of inception of cover.
19. for any external prosthesis or dental implants.
20. for any claims not covered by the Medical Scheme or for claims paid by the Medical
21. Scheme on an ex-gratia basis.

Claim Procedures

1. Notice must be given to the Insurers in writing as soon as practicable of any occurrence which may give rise to a claim under this Medical Expense Shortfall Insurance Policy, but no later than 180 days thereafter. All documentation must be submitted within 365 days of the Health Event
2. Following, hospitalization, or Invasive surgical procedures undertaken in a Day Clinic; or the necessity for chemotherapy or radiotherapy for the treatment of cancer on an out-patient basis; or the necessity for kidney dialysis on an outpatient basis submits the Medical Scheme claim to the Medical Scheme.
3. If there is a shortfall in the rate charged by the specialists and the payout of the Medical Scheme, complete a Medical Expense Shortfall Insurance Policy claim form, which must include copies of the hospital or clinic accounts, any other related accounts and the claims statement from the Medical Scheme.
4. if the Medical Expense Shortfall Claim is accepted, this claim will be processed within 15 working days after all the documents have been received. A payment will be made directly in favour of the Member.
4. Claims to be emailed to cedarhealth@medicall.co.za