


# Eskom 2020 (Supplementary) Medical Expense Shortfall

S U M M A R Y

(SUPPLEMENTARY) MEDICAL EXPENSE SHORTFALL 2020

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

Benefits	Limitations Per insured person per annum	
<b>Eskom Medical Expenses Shortfall Benefit</b>	<p>Compensation will be in respect of and include actual medical expenses in-hospital to a maximum of 90% of the actual medical expenses incurred in excess of the deductible up to the Limit of Indemnity, subject to the claim being a valid claim.</p> <p>Such expenses shall include:</p> <ul style="list-style-type: none"><li>• Admission to a private ward at a 100%</li><li>• Invasive surgical procedure undertaken in a day clinic; or</li><li>• The necessity for chemotherapy or radiotherapy or licensed biopharmaceutical drugs for the treatment of cancer on an out-patient basis;</li><li>• The necessity for kidney dialysis on an out-patient basis.</li></ul> <p>Refer to the Master Policy wording for full terms and conditions applicable on the policy.</p> <p>All supplementary MEDICAL EXPENSES SHORTFALL BENEFITS above are limited to R100,000 in the aggregate per insured person per annum and R200,000 in the aggregate per family per annum.</p>	

## Exceptions

1. Any procedure not covered or declined by the medical aid scheme.
2. Co-payments imposed by the medical aid scheme are not covered.
3. Sub-limitations imposed by the medical scheme are not covered.
4. No cover for death or injury caused by war, invasion, act of foreign enemy, hostilities or war-like operations.
5. No Cover for loss or damage caused by any occurrence for which a fund has been established in terms of the War Damage, Insurance and Compensation Act, 1976 (NO 85 of 1976) or any similar Act operative in any of the territories to which this policy applies.
6. The company shall not be liable to pay compensation for death, disability or hospitalisation in respect of such person:
  - (a) caused solely by an existing physical defect or other infirmity
  - (b) as a result of participation in any riot, strike, civil commotion, labour disturbances, activities of locked out of workers.
  - (c) as a result of attempted suicide or intentional self-injury.

Refer to the full exclusions as per the Master Policy wording.



## Claiming procedures

Claims should be submitted in writing (i.e. complete the claim form as soon as possible) by no later than one hundred and eighty (180) days / six (6) months from the first day of treatment. Any claim in terms of this policy will prescribe after twelve (12) calendar months from the date of occurrence of the insured incident if the claim is outstanding and not a subject of a then pending court case.

Claim forms are obtainable from [www.ambledown.co.za](http://www.ambledown.co.za) and should be returned to:

**Ambledown Financial Services (Pty) Ltd**  
**PO Box 1862, Cramerview, 2060**  
**Fax: 011 463 1665**  
**Email: [claims@ambledown.co.za](mailto:claims@ambledown.co.za)**

Your completed claim form, copies of your Medical Aid statement and all related accounts, i.e. for the hospital, surgeon, anaesthetist, etc., must be forwarded to us as soon as possible.

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.



## Enquiries

Enquiries should be addressed to Ambledown:

Tel: **086 126 2533** or Fax: **011 463 1600**

Individual debit order business: **[admin@ambledown.co.za](mailto:admin@ambledown.co.za)**

Group business: **[premium@ambledown.co.za](mailto:premium@ambledown.co.za)**



## Underwriting matters which are of importance

1. Enquiries Medical Expenses are all expenses necessarily incurred during the Period of Insurance as a result of accident and illness for all costs from admission to discharge for hospital treatment and other related general medical costs, all incurred in hospital or in emergency transport to hospital.
2. A dependant is a person registered as a dependant with the principal member's medical aid society or any other insurance issued by a company providing similar cover.
3. A valid claim is when the Insured Person's Medical Aid accepts the claim, funds / limits are not exhausted and the amount claimed under this policy is not a co-payment.
4. This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.