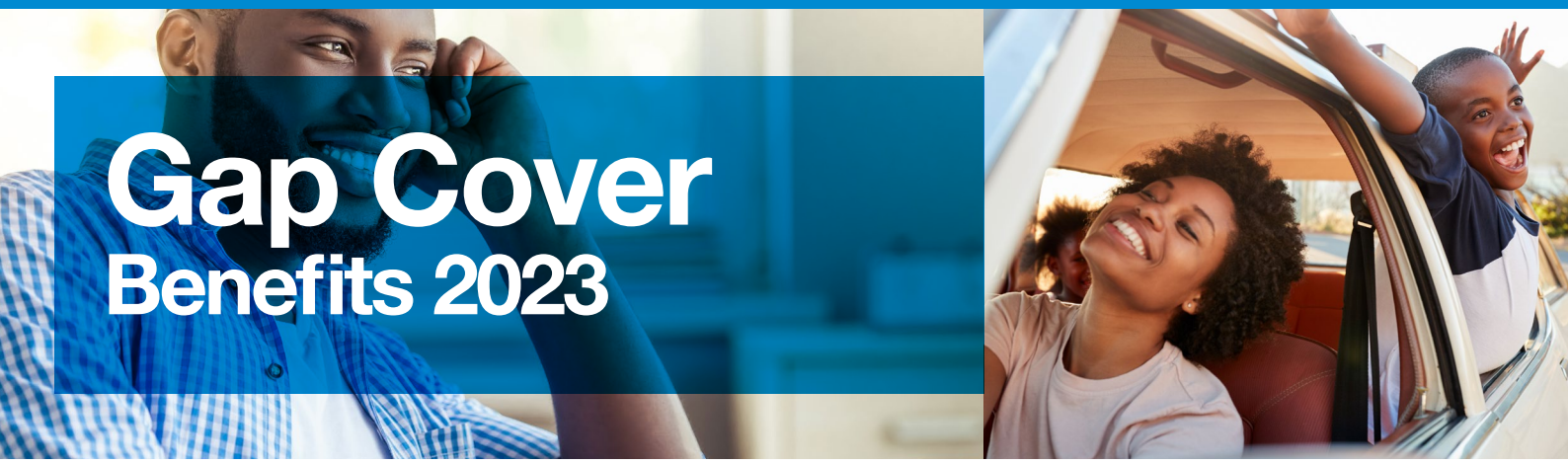
UNDERWRITTEN BY CENTRIQ INSURANCE

Sanlam Gap Cover for MBMed Members



Gap Cover
Benefits 2023

Confidence comes from **knowing you're in control**

Financial confidence is a feeling of certainty. Knowing you are prepared for the challenges that may come your way - including poor health. While no one can promise you a disease-free future, we can promise you peace of mind with Sanlam Gap Cover. Sanlam Gap Cover provides you with the security that today is a good day and the faith that tomorrow will be even better.

Comprehensive cover **made simple for you**

Sanlam Gap Cover is a non-life insurance product that provides an extra layer of financial protection for those who already have medical aid. It helps to cover certain shortfalls between what your **Medical Scheme** will pay and the rates charged by in-hospital medical specialists

Why choose **Sanlam Gap?**

The high cost of specialist treatments and above-inflation increases means that more people are at risk of being excluded from the quality medical care they need and deserve. Sanlam Gap gives you the freedom of choosing a doctor or specialist that will give you the best care, regardless of your **Medical Scheme** and regardless of rates. We have you covered for the best care, without the stress of having to worry about additional bills.

This is not a medical scheme and the cover is not the same as that of a medical scheme.
The policy is not a substitute for a medical scheme membership.
Kaelo Risk (Pty) Ltd is an Authorised Financial Services Provider (FSP 36931)
Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).
Centriq is committed to protecting the personal information of our stakeholders in accordance with the Centriq Privacy Notice.pdf

Monthly Premiums 2023

Individuals and Families joining	R190.00
- add Mediclinic Extender for only	
Individuals younger than 60 years	R43
Individuals older than 60 years	R80
Families younger than 60 years	R98
Families older than 60 years	R166

Core Benefits 2023

Health Service	Benefit	Limit
Core Benefits*	The following **Benefits** are defined as Core **Benefits**: • Tariff Shortfalls • **Co-Payments** and **Deductibles** • Shortfalls from Sub-Limits • Oncology Tariff Shortfalls • Oncology Sub-Limits • Oncology **Co-Payments** • Out-of-**Hospital** Tariff shortfalls • **Penalty Co-Payment** • **Innovative Oncology Medicines** • Dental Reconstruction **Benefit**	**Core Benefit Limit:** The overall maximum **Benefit** payable for the Core **Benefit** clauses of this **Policy** will be limited to the statutory maximum of **R185 837 per Insured Party per annum.** However, this combined benefit amount will increase on 1 April 2023, in line with the annual legislative limit published by the Minister, but will not exceed R200 000. **Prescribed Minimum Benefits** (PMB) procedures are covered under Core **Benefits** and are subject to clinical review by our Specialist third party, MedClaim Assist.

*The Benefit names listed throughout this document are for reference purposes only and will not form part of any Benefit definition.

Core Benefits 2023

Health Service	Benefit	Limit
Tariff Shortfalls	This Benefit provides an additional five times **(500%)** for charges above the **Medical Scheme** rate, covering shortfalls for healthcare service providers such as surgeons, radiologists, pathologists and physiotherapists. It also includes cover for **Prescribed Minimum Benefits** (PMBs).	An additional fives times **(500%)** for charges above the **Medical Scheme** rate subject to the overall annual limit.
Co-Payments and Deductibles	The **Benefit** payable is equal to a fixed or upfront rand value deductible or co-payment amount as defined in the rules by the **Insured Party's Medical Scheme**.	Unlimited subject to the overall annual limit **Per Insured Per Policy**.

Core Benefits 2023

Health Service	Benefit	Limit
Shortfalls from Sub-Limits	This **Benefit** will apply for services provided during a **Hospital Episode**, where the charges relating to the service supplied have exceeded the Sub-limit benefit paid by the **Insured Party's Medical Scheme**.	The **Benefit** payable is equal to the charged amount, less the amount paid by the **Insured Party's Medical Scheme**, subject to a maximum limit per **Insured Event** of **R60 900**.
Oncology Tariff Shortfalls	**Benefits** relating to this clause will only be paid in respect of oncology and related **Treatment**, that has been approved by the **Insured Party's Medical Scheme**, for the purposes of treating cancer. This **Benefit** requires your **Medical Scheme** to pay their portion of the claim from your hospital/risk benefit.	Any **Benefit** provided for charges above the **Medical Scheme Tariff** shall be limited to an additional five times **(500%)**, subject to the overall annual limit **Per Insured Per Policy**.
Oncology Sub-Limits	**Benefits** relating to this clause will only be paid in respect of services, where the charges relating to the services supplied, have exceeded the **Benefit** sub-limit that applies to oncology **Treatment** of the **Insured Party's Medical Scheme** plan type. **Benefits** will be paid in respect of oncology and related treatment, that has been approved by the Insured **Party's Medical Scheme**, for the purposes of treating cancer (malignant neoplasm) and which occurs during an **Insured Event**.	Unlimited subject to the overall annual limit **Per Insured Per Policy**.
Oncology Co-Payments	The **Benefit** payable is equal to the **Co-payment** applied once related costs have exceeded the specific threshold defined by the **Medical Scheme**.	Limited to the 20% oncology related co-payment applied by your **Medical Scheme**.

Core Benefits 2023

Health Service	Benefit	Limit
Out-of-Hospital Tariff Shortfalls	This **Benefit** provides an additional five times **(500%)** of the **Medical Scheme** rate for out-patient procedures, subject to the costs being funded from the risk/hospital benefit by the **Insured Party's Medical Scheme**.	Unlimited subject to the overall annual limit **Per Insured Per Policy**.
Penalty Co-Payment	Cover for penalty Co-payments or Deductibles, up to a maximum of 30%, for the voluntary use by an **Insured Party** of a non-Network Hospital. Any other liability arising against an **Insured Party** from a **Penalty**, as defined, that is not a fixed value **Penalty co-payment** defined in the rules of the **Insured Party's Medical Aid**, remains an exclusion.	Two events **per Family Per Annum** and a maximum of **R17 500** per event.
Innovative Oncology Medicines	**Benefits** will be paid in respect of defined Innovative Oncology Medicines approved by the **Insured Party's Medical Scheme**.	A value equal to the lesser of 25% of the total drug cost or **R13 000**.

Core Benefits 2023

Health Service	Benefit	Limit
Specialists Visits	This amount is payable on a **visit to a specialist** where the specialist charges more than what your **Medical Scheme** will cover. This **Benefit** is applicable to all beneficiaries covered on your **Medical Scheme**.	Up to **R4 900 per beneficiary per annum**.
Dental Reconstruction Benefit	The **Benefit** is payable where Dental reconstruction surgery is required as a direct result of Accidental Harm or from Oncology Treatment that occurred after the **Inception Date**. The **Benefit** payable is equal to the total cost of **Treatment** less the amount paid by the **Medical Scheme** from your hospital/risk benefit.	The **Benefit** is subject to two events **per Family Per Annum** and a maximum amount of **R49 900 Per Annum**.

Additional Benefits 2023

The benefits listed below apply only for services rendered within the territory of the Republic of South Africa. Any services provided outside of the borders of South Africa are excluded from cover. The benefits listed below are deemed as separate benefits and may qualify for coinciding yet distinct benefits, as the case may be.

Health Service	Benefit	Limit
Family Booster	A lump sum **Benefit** is payable when a **Premature Birth** occurs.	Lump sum **Benefit** is **R15 900.**
Casualty - Child Illness	**Benefits** relating to this clause will only be paid in respect of **Emergency** out-patient services that are provided within a casualty ward of a **Hospital**. The **Benefit** is only payable in the event of after-hours **Treatment** in an **Emergency** situation. After-hours is Mondays to Fridays between 18:00pm and 08:00am and all-day Saturdays, Sundays and South African public holidays. The **Benefit** payable is equal to the total cost of **Treatment** less the amount paid by your **Medical Scheme** from your hospital/risk benefit. If payment is made from your available Medical Savings Account, or from your own pocket, we will reimburse that too.	Subject to a maximum of **two** such events **Per Annum** and a maximum of **R2 700 Per Event**. Limited to children under age 12.
Accidental Casualty	Cover for **Emergency** out-patient services that are a direct result of Accidental Harm and are provided within a casualty ward of a **Hospital**. The **Benefit** payable is equal to the total cost of **Treatment** less the amount paid by your **Medical Scheme** from your hospital/risk benefit. If payment is made from your available Medical Savings Account, or from your own pocket, we will reimburse that too.	Subject to a maximum of **R17 400 Per Insured Event.**

Additional Benefits 2023

Health Service	Benefit	Limit
Hospital Booster	A lump-sum payment, related to the length of the hospital stay, will be paid in the event of an **Accident** or **Premature Birth**.	A maximum of two **Hospital Episodes** are covered under this **Benefit Per Annum**, up to a maximum amount of **R29 300 Per Annum**. **R480 per day** from the 1st to the 13th day (inclusive). **R860 per day** from the 14th to the 20th day (inclusive). **R1 700 per day** from the 21st to the 30th day (inclusive). No **Benefit** is payable under this clause after day 30 of any **Hospital Episode**.
Family Protector	The lump sum **Benefit** is payable upon the death or **Permanent Disability** of an **Insured Party** due to **Accidental Harm**.	Limited as follows: Children **below six years: R20 000** All other **Insured Parties: R30 000.**

Additional Benefits 2023

Health Service	Benefit	Limit
Medical Aid Contribution Waiver	A lump sum **Benefit** is payable upon the death or **Permanent Disability** of the **Policyholder** due to **Accidental Harm** and where the **Policyholder** is the principal member of the **Medical Scheme**. The **Benefit** will apply where there are dependents registered on the **Medical Scheme**, who are being paid for by the **Policyholder**.	Contributions will be covered for 6 months up to an overall maximum amount of **R35 500**. This **Benefit** is limited to one event over the **Policy** lifetime.
Gap Premium Waiver	In the event of the death or **Permanent Disability** of the **Policyholder** as a result of an accident, **Policy Premiums** will be waived. The **Benefit** will apply where the **Policyholder** is the principal member of the **Medical Scheme** and only if there are dependents registered on the **Gap** policy who are being paid for by the **Policyholder**.	Waived for a period of six months from the date of the event. This **Benefit** is limited to one event over the **Policy lifetime.**
RAF Claims	An end-to-end legal service is provided by the nominated Service Provider of Kaelo, our administator to assist Insured Parties with legitimate claims against the Road Accident Fund (RAF). Service Providers are contracted to Kaelo Risk and not to the **Insurer**: Centriq Insurance Company Limited.	Included.

Mediclinic Extender Benefit

The Mediclinic Extender Benefits applies to members who have opted to include the option on their Sanlam Gap Comprehensive Policy. Confirmation thereof would reflect on the member's **Policy Schedule**.

Health Service		Benefit	Limit
HEALTHCARE BENEFITS	Casualty Illness	**Benefits** relating to this clause will only be paid in respect of **Emergency** outpatient services that are provided within a casualty ward of a **Hospital**. The **Benefit** is only payable in the event of after-hours **Treatment** in an **Emergency** situation. After-hour emergency illness only at a Mediclinic for all **Insured Parties** covered **(Mondays to Fridays: 6pm – 8am. All-day Saturdays, Sundays & public holidays).**	Subject to a maximum of **two** such events **per Annum** and a maximum of **R2 500 per Insured Event.**
	Specialist Benefit	Specialist Benefit - Out-of-hospital This **Benefit** will become payable when your **Medical Scheme** has paid a portion of your out of hospital specialist claim. We will cover the shortfall thereof.	Up to **R4 900 per Insured Party per Annum**, subject to the Overall Annual Limit.
	Private Ward	Cover for the difference between the cost of a general ward and a private ward. Payable only in the event of confinement (childbirth) admissions. Only at a Mediclinic hospital (if available).	Subject to a maximum of **one** event **per Insured Party per Annum** and a maximum of **R4 900** subject to the Overall Annual Limit.
	Cancer Lump Sum Pay Out	**Benefits** relating to this clause will only be paid if cancer is confirmed by the oncologist or pathologist as at least the medical equivalent of "Stage 2" or higher cancer.	**Benefit** is limited to **one** claim **per Insured Party** and is only payable on first-time diagnosis as a lump sum of **R10 000**.
CO-PAYMENT BENEFITS	Cashless Co-payment	**Benefits** relating to this clause will only be paid in respect of defined diagnostic procedures that occurred during an **Insured Event**. The **Benefit** payable is equal to the fixed value **Deductible** or **Co-payment** amount, as defined in the rules of the Insured Party's Medical Scheme. **Benefit** is directly payable to Mediclinic. Pre-authorisation letter required.	Unlimited subject to the Overall Annual Limit. Only at a Mediclinic facility.
	Cashless Penalty Co-payment	Notwithstanding exclusion related penalties, the Insurer will pay a fixed value **Penalty Co-payment** or **Deductible**, or a percentage **Penalty Co-payment** that does not exceed 30%, for the voluntary use by an **Insured Party** of a Mediclinic facility that is not part of their **Medical Scheme Hospital Network**.	Unlimited only at a Mediclinic facility subject to a maximum of **R16 500** per event and subject to the Overall Annual Limit.

***How to pre-authorise your cashless co-payments:**

Kindly complete a pre-authorisation form which can be found on the website: **https://documents.sanlam.co.za/2023_Sanlam_Gap-Mediclinic-Extender-Cashless-Form.pdf** and submit to sanlamauth@kaelo.co.za within a minimum of 48 working hours prior to your procedure or admission. In the event of an emergency,a pre-authorisation form needs to be completed post procedure within 3 working days.

***All other benefits claimable via the standard claiming process - click here**

MEDICLINIC

Seamless Claims Process

Please note that your claims are now automated.

You have **6 months** from the first day that you were hospitalised to submit your claim and relevant documentation. Any claim received for the first time after the 6 month period has expired, will not be honoured.

Enquires can be e-mailed to **sanlamclaims@kaelo.co.za**.

Claims can also be captured online: **www.kaelo.co.za/quick-links**

Once the required claim information is received, **your claim will be processed** and if all requirements have been met, the **Benefit** amount will be paid within **7 to 10 working days**.

Please also remember that this **Policy** does not form part of your **Medical Scheme** and your **Medical Scheme** call centre will thus not be able to assist you with any questions in this regard.

Please direct all queries to our **Customer Care Centre** on **0861 111 167**.

This brochure, which is also the Detail of Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as it forms part of your agreement with the Insurer and the Underwriting Manager (UMA). Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.

Contact **Information**

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