

This document is only a summary. For a comprehensive list of benefits, limits and exclusions that apply, please contact your Broker.

SANLAM GAP COVER

Understanding your Sanlam Gap Comprehensive Cover Policy



What is Gap Cover?

Gap Cover is additional protection against shortfalls to compliment your Medical Scheme cover. Shortfalls occur when your healthcare provider charges higher rates than what your Medical Scheme will pay.

These shortfalls expose you to out-of-pocket expenses that could lead to exorbitant debts.

What is the purpose of Gap Cover?

Gap cover is essential for Medical Scheme Members* due to the high cost of specialist treatments and above inflation increases, meaning that more people are at risk of being left behind and excluded from the quality medical care they need and deserve.

Many medical disciplines are increasing their charges at a rate much higher than that of inflation, some up to 500% of Medical Scheme rates. Patients and their families are required to meet the cost shortfalls that exist between what their Medical Scheme covers and the actual charge of the specialist. Gap cover helps you cover these cost shortfalls in line with statutory and Policy limits, terms and conditions.

*You must be a member of a Registered Medical Scheme

What does my Gap Cover include?

Gap Cover is for certain cost shortfalls for in-hospital treatment as well as certain defined out-of-hospital procedures which can be categorised as follows:

Core Benefits and Additional Benefits as per the brochure and policy document. For detailed information and whether these **Benefits** are applicable to your plan, access your **Policy** and **Detailed Benefits and Services** documents.

Key Benefits

- ⓪ In-Hospital Tariff Shortfalls
- ⓪ Out-of-Hospital Tariff shortfalls
- ⓪ Co-payments and Deductibles
- ⓪ Penalty Co-payment
- ⓪ Shortfalls from Sub-Limits
- ⓪ Oncology Tariff Shortfalls
- ⓪ Oncology Lump Sum
- ⓪ Oncology Co-payments
- ⓪ Oncology Sub-Limits
- ⓪ Innovative Oncology Medicines
- ⓪ Dental Reconstruction Benefit
- ⓪ Major Affective Disorders

Additional Benefits

- ⓪ Accidental Casualty
- ⓪ Casualty - Child Illness
- ⓪ Family Booster
- ⓪ Hospital Booster
- ⓪ Family Protector
- ⓪ Gap Premium Waiver
- ⓪ Medical Aid Contribution Waiver
- ⓪ Oncology Agreed Benefit
- ⓪ Breast Cancer Reconstruction Benefit

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.

AfroCentric Health ^(RFP) (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.

Insurance Products are insured by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).



Waiting Periods

A General Waiting period will be applied for all newly incepted Mediclinic Extender plans, irrespective of whether you are an existing member.

Waiting periods may apply from you and your dependants' cover join date, however not to accidents which occur subsequent to your join date. Your Policy schedule you receive upon activation will outline the waiting periods for each insured on your policy.

3 month general waiting period - there is no cover during this period, except for accidents that occur subsequent to your and your dependants' cover join dates.

12 month pre-existing medical condition waiting period - there is no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed, or for which advice of treatment was received 12 month prior to your or your dependants join dates.

Understanding your Waiting Periods

The waiting periods for Sanlam Gap are as follows:

- 3 Month General Waiting Period
- 12 Month Condition-Specific Waiting Period

Moving from another Gap provider?

You can easily move from your previous Gap cover to Sanlam Gap. In order to ensure that the waiting periods are applied fairly and in line with the below, we suggest that you do not allow for a break in your cover.

If there is no break in cover, then the unexpired portion of the waiting periods from the previous policy will be applied to your Sanlam Gap Policy when you move over and if you already completed your waiting periods on your previous Gap cover, no waiting periods will apply on Sanlam Gap.

What are the waiting periods for Employer Groups joining Sanlam Gap?

- Waiting periods are determined at take on - waiting periods will either be applied; waived or reduced.
- Policyholders who join Sanlam Gap on a voluntary basis through their employer group will receive full waiting periods.
- Compulsory groups will have all waiting periods waived.

Exclusions

(summary only, please see Section I of your Policy for the full list and exact wording):

We will not pay claims for:

- Where Your **Medical Scheme doesn't pay** its portion from Your Medical Scheme's **risk/hospital benefit** (applicable to Key Benefits) or Your Medical Scheme paid Your claim **ex gratia**.
- **Out-patient treatment, unless** a benefit specifically covers it.

- **Hospital account items** (ward/theatre fees, consumables, disposable supplies, **TTO** take-home medicines) and **appliances/prostheses** (e.g., wheelchairs, beds).
- **Specialised dentistry** (implants, crowns, bridges, orthognathic/TMJ surgery, etc.), **except** where covered under **Dental Reconstruction**.
- **Obesity-related treatment** (including bariatric surgery such as **gastroplasty**).
- **Elective/cosmetic procedures** (e.g., lipectomy, otoplasty, breast enlargement) - **except** medically necessary **reconstructive** surgery allowed by the Policy.
- **Gender reversal procedures**.
- **Harvesting, storage or preservation of human tissues (including stem cells)**.
- **Infertility treatment**.
- Claims related to **intoxication/alcohol or drug abuse, or not following medical advice**.
- **High-risk activities/professions** (defined hazardous sports and certain aviation/force/rescue duties - see Policy).
- **Rehabilitation, frail care, hospice, step-down facilities, nursing homes, health hydros or alternative therapy clinics**.
- **Ambulance/transport charges** and services while being transported.
- **Co-payments/Deductibles, percentage Co-payment/Deductible or Penalties** other than those **specifically listed** in this Policy.
- **Split Billing** (one service split between Medical Scheme and member to bypass scheme rules) - **excluded**. Note: this does **not** exclude **Balance Billing** (charges above the scheme rate), which may be covered as tariff shortfalls subject to Policy limits/conditions.

Note: Benefits are available only within South Africa and as set out in Your Policy.



2026 Key Benefits for Comprehensive

Exclusive to members on Comprehensive

You must be on a South African Medical Scheme. 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.

Benefit	Benefit Description	Limit
Key Benefits*	<p>The following Benefits are defined as Key Benefits:</p> <ul style="list-style-type: none">➤ In-Hospital Tariff Shortfalls➤ Out-of-Hospital Tariff Shortfalls➤ Co-payments and Deductibles➤ Penalty Co-payment➤ Shortfalls from Sub-Limits➤ Oncology Tariff Shortfalls➤ Oncology Co-payments➤ Oncology Sub-Limits➤ Innovative Oncology Medicines➤ Dental Reconstruction Benefit➤ Major Affective Disorders <p>Example:</p> <p>The limit on 1 January 2026 is R219 845. If the CPI inflation rate for the preceding year is 3%, this limit will increase to R226 440 per Insured Party per annum on 1 April 2026.</p> <p>Key Benefits – Hospital/Risk Benefit requirement</p> <p>For the Key Benefits, cover applies only where the Insured Party's Medical Scheme has approved the claim and paid its portion from the hospital/risk benefit. Amounts paid from a medical savings account, day-to-day benefits, an above-threshold benefit or a self-payment gap are not covered under Key Benefits.</p>	<p>Overall Annual Limit for Key Benefits:</p> <p>The overall maximum amount payable for the Key Benefit clauses of this Policy is R219 845 per Insured Party per annum, as applicable on 1 January 2026.</p> <p>This amount is defined as the Overall Annual Limit, which is the maximum amount payable per Insured Party per annum in respect of Key Benefits.</p> <p>Automatic Escalation of Limit on 1 April:</p> <p>The Overall Annual Limit will automatically increase on 1 April each year in line with the annual Consumer Price Index (CPI) inflation rate published by Statistics South Africa.</p> <p>Prescribed Minimum Benefits (PMB) procedures are covered under Key Benefits and are subject to clinical review by our Specialist third party, MedClaim Assist.</p>
In-Hospital Tariff Shortfalls	<p>This Benefit provides cover for shortfalls on charges above the Medical Scheme Tariff for healthcare service providers (such as surgeons, radiologists, pathologists and physiotherapists) for procedures performed while admitted to hospital. The policy covers up to an additional six times (600%) above whatever Your Medical Scheme pays.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by the Medical Scheme from your hospital/risk benefit, subject to a maximum of 600% above the Medical Scheme Tariff.</p>	An Additional six times (600%) on charges above the Medical Scheme Tariff subject to the Overall Annual Limit.
Out-of-Hospital Tariff Shortfalls	<p>This Benefit provides cover for shortfalls on charges above Medical Scheme Tariff for out-patient procedures. The policy covers up to an additional six times (600%) of whatever your Medical Scheme pays.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by the Medical Scheme from your hospital/risk benefit, subject to a maximum of 600% above the Medical Scheme Tariff.</p>	An Additional six times (600%) on charges above the Medical Scheme Tariff subject to the Overall Annual Limit.
Co-Payments and Deductibles	<p>This Benefit provides cover for Co-Payments and Deductibles applied by the Medical Scheme in respect of defined diagnostic procedures. 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 and relating to the defined diagnostic procedure.</p> <p>Examples include co-payments applied to:</p> <ul style="list-style-type: none">• Da Vinci Robotic Surgery• Scopes and Scans	Unlimited number of events subject to the Overall Annual Limit
Penalty Co-Payment	<p>This Benefit provides 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.</p> <p>The Benefit payable is equal to the penalty Co-payment or Deductible amount, up to a maximum of 30%, as defined in the rules of the Insured Party's Medical Scheme.</p> <p>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 Scheme, remains an exclusion.</p>	Two events per Family per Annum , up to a maximum of 30% of the total cost, capped at R18 550 per event, subject to the Overall Annual Limit.

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

The amounts used in these examples are for illustration only. Actual shortfalls may vary depending on provider charges and your Medical Scheme's payment. All benefits are subject to the policy's terms, conditions, and annual limits.



2026 Key Benefits for Comprehensive

Exclusive to members on Comprehensive

You must be on a South African Medical Scheme. 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.

Benefit	Benefit Description	Limit
Shortfalls from Sub-Limits	<p>This Benefit provides cover 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.</p> <p>The Benefit payable is equal to the shortfall amount between the total cost charged and the sub-limit amount paid by the Medical Scheme from the hospital/risk benefit.</p>	Maximum limit per Insured Event of R68 500 , subject to the Overall Annual Limit.
Oncology Tariff Shortfalls	<p>This Benefit provides cover for shortfalls on charges above the Medical Scheme Tariff for oncology and related Treatments, that have been approved by the Medical Scheme for purposes of treating cancer. This includes breast cancer reconstruction surgery for the affected breast following a mastectomy. The policy covers up to an additional six times (600%) of whatever your Medical Scheme pays.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by the Medical Scheme from your hospital/risk benefit, subject to a maximum of 600% above the Medical Scheme Tariff.</p> <p>Cover for Innovative Oncology Medicines is excluded from the Oncology Tariff Shortfalls Benefit.</p>	Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to an Additional six times (600%), subject to the Overall Annual Limit.
Oncology Co-Payments	This Benefit provides cover for Oncology Co-Payments applied by the Medical Scheme once related costs have exceeded the specific threshold defined in the scheme rules.	Limited to the 20% oncology related co-payment applied by your Medical Scheme , subject to the Overall Annual Limit.
Oncology Sub-Limits	<p>This Benefit provides cover for shortfalls on oncology related services, where the charges exceed the Benefit sub-limit defined by the Insured Party's Medical Scheme plan type.</p> <p>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.</p>	Unlimited number of events, subject to the Overall Annual Limit.
Innovative Oncology Medicines	<p>This Benefit provides cover for shortfalls on the cost of defined Innovative Oncology Medicines approved by the Insured Party's Medical Scheme.</p> <p>The Benefit payable is equal to the total cost of the Innovative Oncology Medicine less the amount paid by the Medical Scheme from the hospital/risk benefit, subject to applicable policy limits.</p>	A value equal to the lesser of 25% of the total drug cost or R20 000 , subject to the Overall Annual Limit.
Dental Reconstruction Benefit	<p>The Benefit provides cover for shortfalls if dental is reconstruction surgery is required as a direct result of Accidental Injury or from oncology Treatment that occurred after the Inception Date.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by the Medical Scheme from your hospital/risk benefit.</p>	The Benefit is subject to two events per Family per Annum and a maximum amount of R49 900 per Annum , subject to the Overall Annual Limit.
Major Affective Disorders including major depression & bipolar	This Benefit provides cover for services provided during a Hospital Episode for mental depression, where the charges relating to the service supplied have exceeded the Prescribed minimum benefit of 21 days covered by the Insured Party's Medical Scheme .	Subject to a maximum of five days to a limit of R2 500 per day per Insured Party per Annum , subject to the Overall Annual Limit.

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

The amounts used in these examples are for illustration only. Actual shortfalls may vary depending on provider charges and your Medical Scheme's payment. All benefits are subject to the policy's terms, conditions, and annual limits.



Additional Benefits for Comprehensive

You must be on a South African Medical Scheme. 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.

Benefit	Benefit Description	Limit
Accidental Casualty	<p>This Benefit provides cover for Emergency out-patient services that are a direct result of Accidental Injury and are provided within a casualty ward of a Hospital.</p> <p>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.</p>	Subject to a maximum of R18 450 per Insured Event .
Casualty - Child Illness	<p>This Benefit provides cover for Emergency out-patient services provided within a casualty ward of a Hospital, specifically for children under the age of 12, in the event of after-hours Treatment in an Emergency situation.</p> <p>After-hours is Mondays to Fridays between 18:00pm and 08:00am and all-day Saturdays, Sundays and South African public holidays.</p> <p>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.</p>	<p>Subject to a maximum of two such events per Annum and a maximum of R3 000 per Event.</p> <p>Limited to children under age 12.</p>
Family Booster	This Benefit provides for an agreed Benefit amount payable when a Premature Birth occurs.	Agreed Benefit amount payable is R16 900 .
Hospital Booster	This Benefit provides for an agreed benefit amount payable according to the length of the Hospital stay, should the Insured Party be admitted to Hospital in the event of an Accident or Premature Birth .	<p>Agreed benefit amount payable:</p> <p>A maximum of two Hospital Episodes are covered under this Benefit Per Annum, up to a maximum amount of R29 300 per Annum.</p> <p>R480 per day from the 1st to the 13th day (inclusive).</p> <p>R860 per day from the 14th to the 20th day (inclusive).</p> <p>R1 700 per day from the 21st to the 30th day (inclusive).</p> <p>No Benefit is payable under this clause after day 30 of any Hospital Episode.</p>
Family Protector	This Benefit provides for an agreed Benefit amount, payable upon the death or Permanent Disability of an Insured Party due to Accidental Injury .	<p>Agreed benefit amount payable:</p> <p>Children below six years: R20 000</p> <p>All other Insured Parties: R30 000.</p>
Gap Premium Waiver	This Benefit provides cover for the waiver of Policy Premiums in the event of the death or Permanent Disability of the Policyholder as a result of an accident. 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.
Medical Aid Contribution Waiver	This Benefit provides cover for the waiver of Medical Scheme contributions in the event of the death or Permanent Disability of the Policyholder due to Accidental Injury 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 six months up to an overall maximum amount of R40 000 . This Benefit is limited to one event over the Policy lifetime.
Oncology Agreed Benefit	This Benefit provides for an agreed benefit amount payable if cancer is confirmed by an oncologist or pathologist as at least the medical equivalent of "Stage 2" or higher cancer. The Benefit is limited to ONE claim per individual per cancer type for the life of the Policy (a unique, new, primary source of cancer) and excludes any claim which in any way relates to a cancer type previously identified and for which cover was granted.	Agreed benefit amount payable of R30 000 per Insured Party over the Policy lifetime.
Breast Cancer Reconstruction Benefit	This Benefit provides for an agreed benefit amount payable for reconstruction of the unaffected breast following a mastectomy for breast cancer.	Agreed benefit amount payable is R30 000 per Insured Party over the Policy lifetime.



How to Submit your Claim

An automated claims submission process has been put in place for Medical Schemes administrated by Medscheme to allow for automatic processing of your claims. You will no longer be required to submit a separate claim form. The Sanlam Gap Team have developed an automated integration system for its members on Medical Schemes administrated by Medscheme to integrate, healthcare providers and its contracted third parties to assist with the efficiency of the claims process.

Alternatively, you are able to decline this process and access the claim form by clicking on this [link](#) and download the form. Kindly email your completed claim form with supporting documentation to gapclaims@centriq.co.za

Standard Claims Process

When submitting the claim form, you will also need to provide a copy of the relevant specialists' accounts, **Hospital** accounts and **Medical Scheme** statement showing the processing of the accounts and the shortfall. Please note that the claim will not be processed until all documents have been received. You have **6 months** from the end of the **Insured Event** 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.

Claims can be e-mailed to gapclaims@centriq.co.za

Claims can also be captured online: [Sanlam Gap Claims form](#)

Once received, **your claim will be processed** and if all requirements have been met, the **Benefit** amount will be paid within **7 to 14 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**

Contact Information

Sanlam Gap Cover

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