

# **MEDICLINIC EXTENDER** BENEFIT

THE MEDICLINIC EXTENDER BENEFITS APPLIES TO MEMBERS WHO HAVE OPTED TO INCLUDE THIS ADDITIONAL OPTION ON THEIR SANLAM GAP COMPREHENSIVE OR CORE POLICY. CONFIRMATION THEREOF WOULD REFLECT ON THE POLICYHOLDER'S POLICY SCHEDULE.

## **Add Mediclinic Extender for only:**

Individuals younger than 60 years R55 Individuals older than 60 years R100 Families younger than 60 years R123 Families older than 60 years R208



BENEFIT		BENEFIT DESCRIPTION	LIMIT
KEY BENEFITS	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 in a Mediclinic facility.	Up to R5 200 per Insured Party Per Annum, subject to the Overall Annual Limit.
	Private unit	Cover for the difference between the cost of a general unit and a private unit. Payable only in the event of confinement (childbirth) admissions. Only in a Mediclinic facility and only if a private unit is available.	Subject to a maximum of one event per Insured Party Per Annum and up to a maximum of R5 200, subject to the Overall Annual Limit.
	Cashless co-payment	Benefits relating to this clause will 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. The benefit is directly payable to the Mediclinic. Pre-authorisation letter required.	Unlimited number of events, 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.	Subject to a maximum of R17 500 per event, two events per annum, subject to Overall Annual Limit.

All Key Benefits provided under the Mediclinic Extender Benefit form part of your Sanlam Gap policy's Overall Annual Limit. Claims for these benefits will be aggregated with other claims under your GAP policy for the purposes of applying the annual limit.

ADDITIONAL BENEFITS	Casualty illness	Benefits relating to this clause will only be paid in respect of emergency outpatient services that are provided within a Mediclinic facility casualty unit. 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: 18:00 - 08:00. All day Saturdays, Sundays and public holidays).	Subject to a maximum of two such events <b>Per Annum</b> and a maximum of <b>R3 000</b> per Insured Event.
	Cancer agreed benefit	The <b>Benefit</b> relating to this clause will be paid if cancer is confirmed by the oncologist or pathologist as at least the medical equivalent of 'Stage 2' or higher cancer in a Mediclinic facility.	Agreed benefit amount payable is R20 000 and is limited to one claim per Insured Party and is only payable on first-time diagnosis.

## How to pre-authorise your cashless co-payments

Kindly complete a pre-authorisation form - click here.

Upon completion, submit the form to authorisations@sanlamgap.com 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 three working days.

For all other benefits claimable via the standard claiming process - click here.

### **EXPERTISE YOU CAN TRUST.**

www.mediclinic.co.za

### Statutory notice:

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.

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