



GAP COVER BENEFITS 2023

Bonitas

UNDERWRITTEN BY



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.
Sanlam Gap is administered by Kaelo Risk (Pty) Ltd, an authorised financial services provider (FSP 36391).
Insurance Products are underwritten by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorized Financial Services Provider (FSP 3417).

www.sanlam.co.za



Bridging the gap with confidence

Financial confidence is a feeling of certainty; knowing you are prepared for the challenges you may face – including poor health. We can't promise you a life free of disease however, with Sanlam Gap Cover, we can promise you peace of mind knowing that we can provide you with security regardless of your current medical scheme.

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.



Close the Gap even further with the **new Mediclinic Extender Benefit**

You can close the gap even more, thanks to the **Mediclinic Extender Benefit**.

The Mediclinic Extender Benefit offers additional cover for **Medical Scheme** co-payments, private ward cover, and a cancer lump sum benefit, etc. These benefits ensure that you enjoy personalised treatment at all Mediclinic hospitals and is the perfect add-on to your **Sanlam Gap Cover**.

• [See page 8 for more.](#)

MEDICLINIC 

Monthly premiums 2023

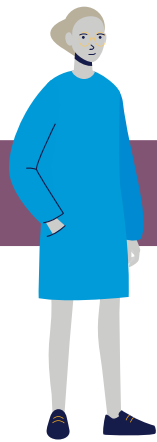


Individuals younger than 60 years

R212

Add Mediclinic Extender for only

R43

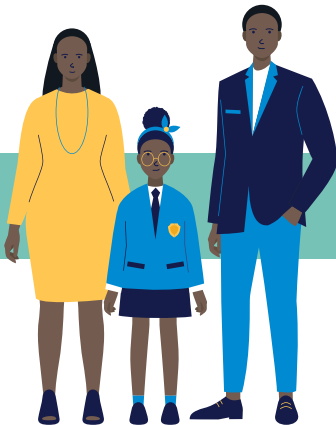


Individuals older than 60 years

R424

Add Mediclinic Extender for only

R80

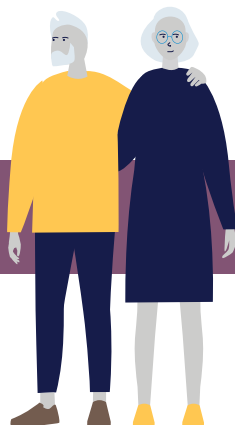


Families younger than 60 years

R372

Add Mediclinic Extender for only

R98



Families older than 60 years

R742

Add Mediclinic Extender for only

R166

Core Benefits 2023 for Bonitas

Health Service	Benefit	Limit
Core Benefits*	<p>The following Benefits are defined as Core Benefits:</p> <ul style="list-style-type: none"> • 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 	<p>Core Benefit Limit:</p> <p>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.</p> <p>Prescribed Minimum Benefits (PMB) procedures are covered under Core Benefits and are subject to clinical review by our Specialist third party, MedClaim Assist.</p>
Tariff Shortfalls	<p>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).</p>	<p>An additional five times (500%) for charges above the Medical Scheme rate subject to the overall annual limit.</p>
Co-Payments and Deductibles	<p>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.</p>	<p>Unlimited subject to the overall annual limit Per Insured Per Policy.</p>

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

Core Benefits 2023 for Bonitas

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 for Bonitas

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 .
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 .

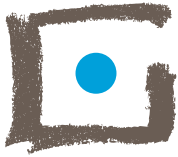
Additional Benefits for Bonitas

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	<p>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.</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 R2 700 Per Event.</p> <p>Limited to children under age 12.</p>
Accidental Casualty	<p>Cover for Emergency out-patient services that are a direct result of Accidental Harm 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 R17 400 Per Insured Event .
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 .	<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>

Additional Benefits for Bonitas

Health Service	Benefit	Limit
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 .
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 administrator 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 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 the 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](#)**

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**.

Contact Information

Sanlam Gap Cover

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www.sanlam.co.za

