

Introduction

At Sanlam Life, we believe in straight talk. We want you, our clients, to know what we do and why we make certain decisions. And that is the purpose of this brochure – to tell you a little more about The One Medical Plan benefits and how we process a claim.

For what benefits can I claim?

This is not a medical aid. Only the benefits as described in the contract, are covered.

What information is required to speed up my claim?

An expert team consisting of a medical and a legal advisor, as well as a claims consultant handles your claim:

1. A claim form, completed in full. You can obtain a claim form by contacting our Call Centre in Cape Town at (021) 916-5000 or Pretoria at (012) 303-8888.
 2. When more than one family member has a claim at the same time, a claim form has to be completed for each individual.
 3. An operation report in the event of your undergoing an operation.
 4. All medical accounts, such as those from the hospital, surgeon, anaesthetist and emergency transport.
- Please note that you are responsible for the payment and obtaining of medical reports.

When can I claim?

After your discharge from hospital. Or after 30 days if you are still in hospital.

Please note that Sanlam Life cannot agree to or guarantee payment for hospitalization/operations beforehand, as is the case with medical funds.

What would influence my claim?

- The date on which your medical condition was diagnosed.
- Your policy's benefit terms and their various conditions.
- Whether your premiums are fully paid-up.

For which benefits will I be considered?

That depends on the benefits listed in your contract, e.g.:

- Daily Hospital Benefit (DHB)
- Major Medical Benefit (MMB)
- Sport Injuries Benefit (SPT)
- Emergency Transport Benefit (ETB)

How much does Sanlam Life pay out?

- Under the Daily Hospital Benefit, Sanlam Life pays out the amount that you chose when you took out your policy. This could be any amount between R100 and R600 a day or more, depending on your policy growth.
- Sanlam pays claims under the Daily Hospital Benefit only after three full days. This means that you can only claim from the fourth full day. There is no waiting period if you receive intensive care treatment for a car accident that you have been hospitalized for within 24 hours, or for radio and chemotherapy for malignant conditions. For these, you may claim from the first full day.
- Under Major Medical Benefit and Sport Injuries Benefit, we pay a set percentage of the insured amount for operations or procedures as listed in your contract.
- The real cost of emergency transport will be paid when a doctor recommends that you be transported to the closest hospital because of a life-threatening condition or illness.

A claim would be repudiated in terms of the policy contract, as a result of the following conditions:

The following conditions could cause my claim to be rejected:

- Operations which are not mentioned in the contract.
- Day benefits that do not qualify.
- Pregnancy or related conditions in the first year of a policy.
- Hysterectomy in the first two years of the policy – except in certain circumstances.
- Hospitalisation for psychological problems.
- Orthodontic procedures.
- Medical information withheld during the policy application.
- Premiums in arrears with resultant loss of cover.

For more information on this subject, please mail us at onemedicalplan@sanlam.co.za, or contact your financial advisor.