



# 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 member's Policy Schedule.

Health Service	Benefit	Limit	
HEALTHCARE BENEFITS	<b>Casualty Illness</b>	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 650 per Insured Event.
	<b>Specialist Benefit</b>	<b>Specialist Benefit: Out-of-hospital</b> 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 R5 200 per Insured Party per Annum, subject to the Overall Annual Limit.
	<b>Private Ward</b>	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 R5 200 subject to the Overall Annual Limit.
	<b>Cancer Lump Sum Pay Out</b>	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 600.
CO-PAYMENT BENEFITS	<b>Cashless Co-payment</b>	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.
	<b>Cashless Penalty Co-payment</b>	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 R17 500 per event and subject to the Overall Annual Limit.

Please note that the Mediclinic Extender rates are an additional top up cover of the Sanlam Gap Comprehensive and Core options and is not a stand-alone product.

## ADD MEDICLINIC EXTENDER FOR ONLY:

Individuals younger than 60 years <b>R46</b>	Individuals older than 60 years <b>R85</b>	Families younger than 60 years <b>R104</b>	Families older than 60 years <b>R176</b>	<a href="#">CLICK HERE TO JOIN</a>
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### \*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](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](#)

