



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.

Add Mediclinic Extender for only:

Individuals younger than 60 years	R51
Individuals older than 60 years	R93
Families younger than 60 years	R114
Families older than 60 years	R193



[Click here](#) to join.

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 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 per annum and a maximum of R2 800 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 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 (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.
	Cancer lump sum payout	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 in a Mediclinic facility.	Benefit is limited to one claim per Insured Party and is only payable on first-time diagnosis as a lump sum of R10 900 .
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. The 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 R17 500 per event and subject to the Overall Annual Limit of R210 580 per Insured Party per year.

How to pre-authorise your cashless co-payments

Kindly complete a pre-authorisation form - [click here](#).

Upon completion, submit the form to GapInfo@centriq.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 three working days.

For all other benefits claimable via the standard claiming process - [click here](#).

EXPERTISE YOU CAN TRUST.