

# SANLAM GAP COVER

Sanlam Gap Cover assists in covering your additional medical expenses.

To avoid certain procedure co-payments, you can take up Sanlam Gap Cover from **R233 p/m** (individuals) and **R409 p/m** (families). Here's more information about Sanlam's Gap Cover product:

## What is gap cover?

Even if you're a member of a medical scheme, you're not always fully covered for all in-hospital expenses. In most cases there's a difference between what a specialist charges in-hospital, and what your medical scheme will cover. As the medical scheme member, you remain liable for the additional medical expenses. Gap cover ensures that you would not have to pay this unexpected cost from your own pocket (T&Cs apply).



**Individuals younger than 60 years**

**R233**



**Individuals older than 60 years**

**R466**



**Families younger than 60 years**

**R409**



**Families older than 60 years**

**R815**

## Treatments not paid for by Gap Cover

- Certain treatments such as specialised dentistry and treatment for cosmetic surgery.
- Claims older than six months.
- Any claim that is excluded or rejected by the Insured's medical scheme.
- Day-to-day claims, unless otherwise specified.
- Claims not approved by, excluded by or paid as an ex-gratia by the medical scheme.

Child dependants covered until they reach the age of 27. In addition, parents who are financially dependent on the Insured will be excluded and will be required to take out their own Sanlam Gap Cover policy.

*The full list of exclusions is available in the Sanlam Gap policy document.*

## Waiting periods

The following waiting periods may apply:

- A general waiting period of three months on all benefits.
- A 12-month condition specific waiting period for pre-existing conditions for which you received advice, treatment or diagnosis during the 12 months prior to the cover commencing.

## Sanlam Comprehensive Gap Cover 2022 Benefits

<b>Hospital Tariff Shortfall Benefit</b>	Provides an <b>Additional 500%</b> of the medical aid rate, covering shortfalls for all service providers such as surgeons, radiologists, pathologists and physiotherapists. Also includes cover for Prescribed Minimum Benefits (PMBs). Shortfall benefits are limited to R177 800 per insured per year.
<b>Oncology Shortfall Benefit</b>	Provides an <b>Additional 500%</b> of the medical aid rate, to cover oncology treatment shortfalls.
<b>Oncology Co-payment Benefit</b>	Provides <b>full cover</b> for the 20% oncology related co-payments imposed by medical aids.
<b>Oncology Booster Benefit</b>	When a medical scheme imposes an overall annual limit on oncology treatment and the benefit has been exhausted, the Oncology Booster Benefit provides full cover to the statutory maximum of <b>R177 800</b> per insured per annum.
<b>Co-payment &amp; Deductible Benefit</b>	Provides <b>full cover</b> to the statutory maximum of R177 800 per insured per annum for fixed co-payments applied to defined surgical procedures, basic in-patient dentistry and diagnostic services such as MRI /CT / PET scans and scopes.
<b>Penalty Benefit</b>	<b>R16 500</b> or a percentage penalty co-payment that does not exceed 30% per family per annum to a maximum of two such events.
<b>Innovative Medicines</b>	A value equal to the lesser of 25% of the total drug cost or <b>R12 000</b> as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your medical scheme.
<b>Sub-limit Enhancer</b>	Provides up to an <b>Additional R57 500</b> per event when a medical scheme imposes an overall annual limit, known as a sub-limit, on certain in-hospital medical procedures such as prosthetic devices or when a shortfall occurs.
<b>Casualty Benefit</b>	Provides up to <b>R16 500</b> cover per event for all services delivered in the casualty ward, relating to an accident (physical injury that requires immediate medical attention), even if the costs are paid from the medical scheme's savings account.
<b>Casualty Child Illness</b>	Subject to a maximum of two such events per annum and a maximum of <b>R2 500</b> per event. Limited to children under age 12.
<b>Family Booster Benefit</b>	For a premature birth (more than six weeks before the due date), a lump sum of <b>R15 000</b> will be paid.
<b>Hospital Cash Benefit</b>	A lump sum payment, related to the length of the hospital stay, will only be payable for accidents and premature births – six weeks or earlier, subject to a maximum of <b>R27 690</b> per beneficiary per year. <ul style="list-style-type: none"> <li>• Day 1 to 13: <b>R450</b> per day</li> <li>• Day 14 to 20: <b>R820</b> per day</li> <li>• Day 21 to 30: <b>R1 610</b> per day</li> </ul>
<b>Family Protector Benefit</b>	On the death or permanent disability of an Insured as a result of accidental harm, the following lump sum is payable: <b>Children below six years: R20 000; All other Insured Parties: R30 000</b>
<b>Dental Reconstruction Benefit</b>	If dental reconstruction is required as a result of trauma or oncology treatment, all related costs up to <b>R49 900</b> per event will be covered.
<b>Medical Scheme and Gap Cover Premium Contribution Waiver Benefit</b>	If the principal member of the medical aid is involved in an accident/trauma or becomes permanently disabled, the medical aid contributions will be covered with a lump sum up to a maximum amount of <b>R35 500</b> paid upfront to the claimant. The Sanlam Gap Cover policy premium will also be waived for these six months.
<b>Road Accident Fund Benefit</b>	Assistance for Road Accident Claims where the policyholder was not at fault in the vehicle accident.

## Contact information

Call **0861 111 167**, send an email to [sanlaminfo@kaelo.co.za](mailto:sanlaminfo@kaelo.co.za) or visit [www.sanlamgapcover.co.za](http://www.sanlamgapcover.co.za)

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