Sanlam

UNDERWRITTEN BY CENTRIQ INSURANCE

Sanlam Gap Cover

Gap Cover
Benefits 2021

At Sanlam we're in the **business of planning for tomorrow.**

Of safeguarding futures. And while we wish we could guarantee you a trouble-free future, unfortunately challenges are bound to come your way. One of life's biggest challenges often come in the form of poor health and while no one can promise you a long, healthy life, we can promise you peace of mind - with Sanlam Gap Cover. Regardless of your current medical scheme, Sanlam Gap Cover provides you with that security. Comprehensive cover made simple for you.

What is **Sanlam Gap?**

Gap Cover is a short term 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 aid 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 left behind and excluded from the quality medical care they need and deserve.

Sanlam Gap gives you the freedom to choose whichever Doctor or specialist will give you the best care, regardless of your Medical Scheme, regardless of rates.

We have you covered for the best care, without the stress of having to worry about additional bills.

Monthly Premiums 2021

Individuals **younger** than **60 years**	**R 219.00**

Individuals **older** than **60 years**	**R 438.00**

Families **younger** than **60 years**	**R 385.00**

Families **older** than **60 years**	**R 767.00**

This brochure which is also the Detail of Services and Benefits annexure to your Policy, should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and the Underwriting Manager (UMA). Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.

Core Benefits 2021

Health Service	Benefit	Limit
Core Benefits*	The following Benefits are defined as Core Benefits: • Tariff Shortfalls • Co-Payments and Deductibles • Shortfalls from Sub-Limits • Oncology Tariff Shortfalls • Oncology Sub-Limits	The overall maximum Benefit payable for the Core Benefit clauses of this Policy shall be limited to the statutory maximum of **R172 000 per Insured Party per annum**.
Tariff Shortfalls	Benefits relating to this clause will only be paid in respect of services occurring during a Hospital Episode that are rendered and charged for by an individual Medical Practitioner. **Core Benefits Tariff Shortfalls Example** Mr S is on a Medical Scheme – plan A, which covers him to a maximum of 100% of the Medical Scheme Rate. This means that the Medical Scheme will pay all expenses towards Mr. S's treatment costs. The Medical Scheme Rate for a total colonoscopy is R2 000 (100%) which means that the maximum that the Medical Scheme will pay is R2 000 (100%). The specialist performing the procedure charged R10 000 which is five (5) times the Medical Scheme tariff (500%). The maximum Benefit payable by this policy for this procedure is therefore: R10 000 – Fee charged by the specialist LESS R2 000 – Benefit paid by Medical Scheme = R8 000 – The gap cover Benefit.	Included. Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to **five times (500%)** that of the Medical Scheme Tariff, maximum **R172 000 per Insured Party per annum.**

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

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Core Benefits 2021

Health Service	Benefit	Limit
Co-Payments and Deductibles	Benefits relating to this clause will only be paid in respect of the defined diagnostic procedures listed in Table One and which occur 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 and relating to the defined Diagnostic Procedure listed in Table One.	The overall maximum Benefit payable for the Core Benefit clauses of this Policy shall be limited to the statutory maximum of **R172 000 per Insured Party per annum**.

Table One - Defined Diagnostic Procedures

Cystourethroscopy	Gastroscopy
Colonoscopy	Cystoscopy or Hysteroscopy
Proctoscopy	CT Scan
Sigmoidoscopy	MRI or PET Scan

Benefits relating to this clause will only be paid in respect of the Defined Medical Procedures listed in Table Two and which occur during a Hospital Episode.

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 and relating to the defined Medical Procedure listed in Table Two.

Table Two - Defined Medical Procedures

Conservative Back and Neck Treatment	Endometrial Ablation
Myringotomy	Hernia Repair
Tonsillectomy	Varicose Vein Surgery
Adenoidectomy	Percutaneous Radiofrequency Ablations
Facet Joint Injections	Rhizotomies
Arthroscopy	Confinement
Functional Nasal Procedures	Circumcision
Non-Malignant Hysterectomy	Hymenotomy
Laparoscopy	Nissen Fundoplication
Hysteroscopy	Spinal Fusion or Major Joint Replacement

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Core Benefits 2021

Health Service	Benefit	Limit
Shortfalls from Sub-Limits	Benefits relating to this clause will only be paid in respect of a service, provided during a Hospital Episode, where the charges relating to the service supplied has exceeded a relevant Benefit sub-limit of the Insured Party's Medical Scheme plan type. The Benefit payable is equal to the charged amount, less the amount paid by the Policyholder's Medical Scheme, subject to a maximum limit per event or medical condition as per the limit.	Included. Limit: **R55 220**.
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 (malignant neoplasm) and which occurs during an Insured Event. **Oncology Tariff Shortfalls Example** Mr. T is on a Medical Scheme – Plan B which covers him to a maximum of 100% of the Medical Scheme rate. This means that the Medical Scheme will pay all expenses at the defined Medical Scheme rate towards Mr. T's treatment costs. The Medical Scheme rate for the specific oncology treatment is R20 000 (100%). This means that the maximum that the Medical Scheme will pay is R20 000. The total cost for the specific Oncology treatment required by Mr. T is R100 000 which is five times the Medical Scheme Tariff (500%). The maximum Benefit payable by this Policy for this procedure is therefore: R100 000 – Oncology Treatment Cost LESS R20 000 – Benefit paid by Medical Scheme = R80 000 – Your gap cover Benefit.	Included. Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to **five times (500%)** of the Medical Scheme Tariff, maximum **R172 000 per Insured Party per annum.**

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Core Benefits 2021

Health Service	Benefit	Limit
Oncology Sub-Limits	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 (malignant neoplasm) and which occurs during an Insured Event. 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. The Benefit payable is equal to the charged amount, less the amount paid by the Policyholder's Medical Scheme.	Included. Core benefits are limited to **R172 000 per Insured Party per annum**.
Oncology Co-Payments	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 (malignant neoplasm) and which occurs during an Insured Event. The Benefit payable is equal to the Co-payment applied once related costs have exceeded the specific threshold defined by the Medical Scheme.	Included. The maximum Benefit payable shall be limited to a **20%** Co-Payment, maximum **R172 000 per Insured Party per annum**.
Out-of-Hospital Tariff Shortfalls	Benefits relating to this clause will only be paid in respect of the defined out-patient procedures or treatment listed in Table three that are rendered and charged for by an individual Medical Practitioner. **Out-of-Hospital Tariff Shortfalls Example** Mr. V is on a Medical Scheme – Plan C which covers him to a maximum of 100% of the Medical Scheme Rate. This means that the Medical Scheme will pay all expenses at the defined Medical Scheme Rate towards Mr. V's treatment costs. Mr. V has opted to undergo an Arthroscopy of his shoulder out of hospital.	Included. Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to **five times (500%)** the Medical Scheme Tariff, maximum **R172 000 per Insured Party per annum**.

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Core Benefits 2021

Health Service	Benefit	Limit
Out-of-Hospital Tariff Shortfalls	The Medical Scheme Rate for a total Arthroscopy is R2000 (100%). This means that the maximum that the Medical Scheme will pay is R2000 (100%). The specialist performing the procedure charged R10 000 which is five times the Medical Scheme tariff (500%). The maximum benefit payable by this policy for this procedure is therefore: R10 000 – Fee charged by the specialist for the Arthroscopy LESS R2 000 – Benefit paid by Medical Scheme =R8 000 – Your gap cover Benefit.	Included. Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to **five times (500%)** the Medical Scheme Tariff, maximum **R172 000 per Insured Party per annum**.

Table Three - Defined Out-Patient Procedures / Treatment

Cystourethroscopy, Colonoscopy, Proctoscopy, Sigmoidoscopy, Gastroscopy, Cystoscopy or Hysteroscopy	Blepharotomy, Drainage of Abscess, Eyelid
Surgical Extraction of Wisdom Teeth	General Surgery
Home Births	Drainage of Superficial Abscess (e.g. Carbuncle, Suppurative Hidradenitis, Cutaneous or Paronychia, Perineal Abscess Etc.)
Dialysis Treatment	Puncture Aspiration of Cyst of Breast
Circumcision	Removal Foreign Body
Cone Biopsy	Anoscopy
Pap Smears	Gastroscopy
Colposcopy of the Cervix Including Upper/ Adjacent Vagina; With Loop Electrode Conisation of Cervix / Biopsy	Sigmoidoscopy for Diagnostic or Removal Foreign Body or Tumours
Cauterisation of Warts	Breast Biopsy or Vacuum Assisted Biopsy

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Core Benefits 2021

Health Service	Benefit	Limit
Out-of-Hospital Tariff Shortfalls	**Table Three -** Defined Out-Patient Procedures / Treatment Insertion Mirena In Rooms; Destruction (e.g. Laser, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Benign Lesions Other Than Skin Tags or Cautaneous Vascular Lesions; Nasal Cautery - Cautery and / or Ablation, Mucosa of Inferior Turbinates, Unilateral or Bilateral Any Method; Ophthalmology; Meibomian Cyst Excision; Excision of Chalazion Other Biopsies; Dental; Drainage of Abscess, Cyst, Haematoma from Dentoalvelar Structures; Drainage of Abscess, Cyst, Haematoma, Vestibule of Mouth; Root Canal	Included. Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to **five times (500%)** the Medical Scheme Tariff, maximum **R172 000 per Insured Party per annum**.
Accidental Casualty	Benefits relating to this clause will only be paid in respect of emergency out-patient services that are a direct result of Accidental Harm and are provided within a casualty ward of a Hospital. No Benefit is payable under this clause for services that are related to an Illness or that are not delivered within a casualty ward of a Hospital.	Included. Subject to a maximum of **R15 600 per event**.
Penalty Co-Payment	Notwithstanding exclusion related penalties, Sanlam 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 Hospital that is not part of a Hospital Network. 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 Policyholder's Medical Scheme, remains an exclusion.	Included. This is subject to a maximum of **one** such event per Family per annum and a maximum of **R15 800** per event.

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Core Benefits 2021

Health Service	Benefit	Limit
Innovative Oncology	A value equal to the lesser of 25% of the total drug cost or R10 000 as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your Medical Scheme.	Included.

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Benefit Extender

Health Service	Benefit	Limit
Family Booster	A lump sum Benefit is payable when a Premature Birth occurs.	Included. Lump sum Benefit is **R14 000**.
Hospital Booster	The following daily lump sum Benefits are payable where an Insured Party is admitted to a Hospital, and such an Insured Event occurred as a direct result of either Accidental Harm or Premature Birth, as defined, in your Policy. The Benefit is payable from day one of the Hospital Episode: **R400 per day** from the 1st to the 13th day (inclusive). **R780 per day** from the 14th to the 20th day (inclusive). **R1 560 per day** from the 21st to the 30th day (inclusive). For the purposes of the above Benefit calculation, the first day is defined as commencing at the time of admission to Hospital and ending 24 hours later. All subsequent days are defined as commencing and ending on the same start and end times as the first day. The following Benefit limitations apply to this clause: If more than one Insured Party in the Family is hospitalised as a result of the same event, only the Insured Party with the longest Hospital Episode will attract a Benefit under this clause. No Benefit is payable under this clause after day 30 of any Hospital Episode.	Included. A maximum of **two Hospital Episodes per Family** will attract Benefits under this clause per annum, subject to an overall maximum Benefit of **R26 260 per Insured Party per annum**.
Family Protector	The lump sum Benefit is payable upon the Death or Permanent Disability of an Insured Party due to Accidental Harm.	Included. Limited as follows: Children **below six years: R20 000** All other **Insured Parties: R30 000**

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Benefit Extender

Health Service	Benefit	Limit
Dental Benefit	Benefits relating to this clause will only be paid in the event of dental reconstruction surgery being required as a direct result of Accidental Harm or from oncology treatment that occurred after the Inception of this policy. The Benefit payable is equal to the charged amount less the amount paid by the Policyholder's Medical Scheme.	Included. Subject to a maximum of **R49 900 per event or medical condition**.
Medical Scheme Contribution Waiver	The following lump sum Benefit is payable upon the death or permanent disability of the Principal Member of the Medical Scheme only as a result of an accident. The Benefit amount will only apply (become payable) where there are dependants registered on the Medical Scheme, who are being paid for by the Policyholder. The Benefit payable is equal to the monthly Medical Scheme contribution applicable after the qualifying event above, multiplied by **six** and subject to an overall maximum limit. This Benefit is limited to **one event** over the policy lifetime. In addition, the Sanlam Gap Cover premium will be waived for **six months**.	Included. Subject to a maximum of **R34 815 per event or medical condition**.
RAF Claims	An end-to-end legal service is provided by the nominated Service Provider of Kaelo, our administator 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.

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How to Submit Your Claim

Once you have established that you have a valid claim, you will be required to complete the **Sanlam Gap Cover claim form**, which you can request from **sanlaminfo@kaelo.co.za**.

Please note that this is not an automatic process, and you will be required to submit a separate claim form to the claim that has been submitted to your medical scheme.

When submitting the claim form, you will also need to provide a copy of the relevant specialists' accounts, hospital accounts and medical aid statement showing the processing of the accounts and the shortfall. Please note that the claim will not be processed until all documents have been received. 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.

Claims can be e-mailed to **sanlamclaims@kaelo.co.za**.

Once 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

T 0861 111 167

E sanlaminfo@kaelo.co.za

www.sanlam.co.za