



# 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>	<p><b>Benefits</b> relating to this clause will only be paid in respect of <b>Emergency</b> outpatient services that are provided within a casualty ward of a <b>Hospital</b>. The <b>Benefit</b> is only payable in the event of after-hours <b>Treatment</b> in an <b>Emergency</b> situation.</p> <p>After-hour emergency illness only at a Mediclinic for all <b>Insured Parties</b> covered (<b>Mondays to Fridays: 6pm – 8am. All day Saturdays, Sundays &amp; public holidays</b>).</p>	Subject to a maximum of <b>two</b> such events <b>per Annum</b> and a maximum of <b>R2 650 per Insured Event</b> .
	<b>Specialist Benefit</b>	<p><b>Specialist Benefit: Out-of-hospital</b></p> <p>This <b>Benefit</b> will become payable when your <b>Medical Scheme</b> has paid a portion of your out of hospital specialist claim. We will cover the shortfall thereof.</p>	Up to <b>R5 200 per Insured Party per Annum</b> , subject to the Overall Annual Limit.
	<b>Private Ward</b>	<p>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).</p>	Subject to a maximum of <b>one</b> event <b>per Insured Party per Annum</b> and a maximum of <b>R5 200</b> subject to the Overall Annual Limit.
	<b>Cancer Lump Sum Pay Out</b>	<p><b>Benefits</b> 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.</p>	<b>Benefit</b> is limited to <b>one</b> claim <b>per Insured Party</b> and is only payable on first-time diagnosis as a lump sum of <b>R10 600</b> .
CO-PAYMENT BENEFITS	<b>Cashless Co-payment</b>	<p><b>Benefits</b> relating to this clause will only be paid in respect of defined diagnostic procedures that occurred during an <b>Insured Event</b>.</p> <p>The <b>Benefit</b> payable is equal to the fixed value <b>Deductible</b> or <b>Co-payment</b> amount, as defined in the rules of the Insured Party's Medical Scheme.</p> <p><b>Benefit</b> is directly payable to the Mediclinic Pre-authorization letter required.</p>	Unlimited subject to the Overall Annual Limit. Only at a Mediclinic facility.
	<b>Cashless Penalty Co-payment</b>	<p>Notwithstanding exclusion related penalties, the Insurer will pay a fixed value <b>Penalty Co-payment</b> or <b>Deductible</b>, or a percentage <b>Penalty Co-payment</b> that does not exceed 30%, for the voluntary use by an <b>Insured Party</b> of a Mediclinic facility that is not part of their <b>Medical Scheme Hospital Network</b>.</p>	Unlimited only at a Mediclinic facility subject to a maximum of <b>R17 500</b> per event and subject to the Overall Annual Limit.

**\*How to pre-authorise your cashless co-payments:**

Kindly complete a pre-authorization 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-authorization form needs to be completed post procedure within 3 working days.

\*All other benefits claimable via the standard claiming process - [click here](#)

