



Mediclinic Extender Benefit

The Mediclinic Extender Benefits applies to members who have opted to include the option on their Sanlam Gap Policy. Confirmation thereof would reflect on the member's **Policy Schedule**.



Add Mediclinic Extender for only

- Individuals younger than 60 years
- Individuals older than 60 years
- Families younger than 60 years
- Families older than 60 years

Click [here](#) to join

- R43
- R80
- R98
- R166

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 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 500 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.	Up to R4 900 per Insured Party per Annum , subject to the Overall Annual Limit.
	Private Ward	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 R4 900 subject to the Overall Annual Limit.
	Cancer Lump Sum Pay Out	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 000 .
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. Benefit is directly payable to the Mediclinic Pre-authorization 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 R16 500 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 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 - <https://www.kaelo.co.za/quick-links/>