



gap cover

Insurance

Financial Planning

Retirement

Investments

Wealth

Sanlam Gap Cover
TOP PERFORMER

For individuals and families
under 60

GTC GAP Cover Survey – 2018

Gap Cover

At Sanlam we're in the business of planning for tomorrow. Of safeguarding futures. And while we wish we could guarantee you a happy-go-lucky, trouble-free future, unfortunately challenges are bound to come your way. 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 dependable support.





Why do you need Gap Cover?

You may think that if you're a member of a medical scheme you're fully covered for all in-hospital expenses, but in many instances, you're not. In most cases there's a difference between what a specialist charges in hospital, and what your medical scheme will cover.

For example, your medical scheme may pay up to R20 000 for a hospital procedure. In reality, these costs could be as high as R35 000 and escalate upwards. These shortfalls can be high, especially for major procedures, and you might not have cash available to cover them. That's where Gap Cover comes in. Gap Cover pays for this shortfall so you're not out of pocket and don't suffer financially due to unexpected medical expenses. Gap Cover is typically restricted to procedures that take place in a hospital, but some out-patient services are also covered.

Which benefits does Gap Cover offer?

Please note: Gap Cover is not a medical scheme and the cover is not the same as that of a medical scheme. Therefore, this policy cannot be a substitute for medical scheme membership.

Monthly premium	R252* (younger than 60 years) R605* (60 years and older)
In-Hospital Treatment: 2018 Benefits	
Tariff shortfalls	Additional 500% of scheme rate
Co-payments	Limited to the statutory maximum of R150 000 per insured per annum
Deductibles	Limited to the statutory maximum of R150 000 per insured per annum
Penalty co-payment	Max R12 800 cover per family per year
Sub-limits	R44 000 per event/condition
Out-Of-Hospital Treatment: 2018 Benefits	
Oncology co-payments	Limited to the statutory maximum of R150 000 per insured per annum
Oncology sub-limits	Limited to the statutory maximum of R150 000 per insured per annum
Out-patient treatment	<ul style="list-style-type: none"> • Co-payments – MRI/CT scans (unlimited) • 500% Tariff cover • Emergency Casualty Benefit (accidental only) – up to R12 800 per event

* Premiums are the same for single members and members with dependants.
Commission of 20% of premium is payable to the intermediary as and when premiums are paid.
Commission of 15% is payable for R605 premium.

1

Comprehensive Gap Cover

Hospital Cash Benefit (only payable for accidents and premature births – 6 weeks or earlier, subject to a maximum of R20 000 per beneficiary per annum)

Day 1 to 13	R300 pd
Day 14 to 20	R600 pd
Day 21 to 30	R1 200 pd

Premature Birth (More than 6 weeks before due date)

R12 000 per event

Death/Permanent Disability

Illness – R12 000 per member

Accidental – R24 000 per member

Medical Scheme Premium Waiver

6 months – max R4 400 pm

Dental Reconstruction (Trauma & Oncology)

Up to R40 000 per event/condition



Road Accident Fund (RAF) claims

Provided by our out-sourced service provider.

2

The enhanced benefits below are only available to Sanlam Reality members.

Comprehensive Gap Cover

Hospital Cash Benefit (only payable for accidents and premature births – 6 weeks or earlier, subject to a maximum of R20 000 per beneficiary per annum)

Day 1 to 13	R600 pd
Day 14 to 20	R1 200 pd
Day 21 to 30	R1 800 pd



Who is eligible for Gap Cover?

- ⓘ Gap Cover extends to the principal member, their spouse and all children up to age 27. Families covered on 2 medical aids will be covered by a single Sanlam Gap Cover policy.
- ⓘ Special dependants, e.g. parents, who are covered on your medical scheme and are registered on the same medical scheme benefit option. You cannot buy Gap Cover if you are not an active member of a registered medical scheme.

What treatments are not paid for by **Gap Cover**?

- ① Specialised Dentistry, excluding the in-hospital basic dentistry benefits on page 8.
- ② Treatment for obesity, including bariatric surgery (stomach stapling).
- ③ Treatment for cosmetic surgery unless necessitated by a trauma, or as a result of oncology treatment (e.g. breast reconstruction following a mastectomy).
- ④ Any co-payment that is not a defined rand amount (i.e. it is applied as a percentage). Please note that this excludes the oncology co-payment cover.
- ⑤ Claims older than 6 months.

For the complete list of exclusions, please refer to the Sanlam Gap Cover insurance policy agreement, Section D POLICY EXCLUSIONS.





The following in-hospital basic dentistry is covered:

- ④ Fillings
(e.g. young children admitted to a day clinic)
- ④ Extractions
(e.g. young children admitted to a day clinic)
- ④ Surgical extractions
(e.g. impacted wisdom teeth)
- ④ Root canal treatment
- ④ Non-elective surgery
(e.g. periodontitis)

Underwriting

The medical questionnaire is part of the application form and will be taken into account for medical underwriting.

Are there any waiting periods?

Yes, the following waiting periods apply:

- ① A general waiting period of **3 months on all benefits**.
- ① During the first **12 months** of membership, a **condition-specific waiting period**, as defined herein, shall apply.

Glossary

- ① **Tariff shortfall**
The difference between the specialist's fee and the medical scheme tariff.
- ① **Co-payment/Deductible**
The excess payable upfront to the hospital before treatment or a procedure.
- ① **Qualifying Dependents**
Spouse, children and special dependants registered on the principal member's medical scheme.
- ① **Sanlam Reality**
Sanlam Reality is the Sanlam Group's Lifestyle, Wellness and Rewards Programme.



How to claim from Xelus

- ① Claims are assessed by Xelus Pty (Ltd) on behalf of the insurer, Centriq.
- ① Claims must be submitted within 6 months of an event.
- ① We require the following documents from you to process your claim:
 - Claims transaction remittance from the medical scheme
 - Relevant doctors' accounts
 - Hospital account (the first four pages showing admission/discharge times and ICD codes)
 - Current medical scheme membership certificate (copy of the membership card is not accepted)
- ① Claims are processed as and when we receive them and claims are paid out on a daily basis.
- ① An email and SMS are sent to the member when:
 - The claim is captured.
 - Outstanding documentation is requested.
 - The claim is authorised.
- ① Please note that payments will only be made to the principal member.

Policy Exclusions

In order to ensure the long term sustainability of Sanlam Gap Cover, certain exclusions will apply. The main exclusions are listed below – for more detail, please refer to the policy document:

- ① Day-to-day claims, unless otherwise specified
- ① Claims not approved by, excluded by or paid as an ex-gratia by the medical aid
- ① Co-payment/deductible that is not a fixed Rand amount (*excluding oncology co-payments*)
- ① Any penalty co-payment, deductible or limitation applied to the medical aid benefits for non-adherence to rules or authorisation procedures (*unless specified in these benefits*)
- ① Specialised dentistry such as implants, crowns, bridges, orthognathic surgery, etc. (*does not apply to basic in-hospital dentistry, e.g. wisdom extractions or fillings for young children*)
- ① Claims that are older than 6 months.



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Sanlam Gap Cover is underwritten by Centriq Insurance Company Limited.
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