

Aon Member Letter

Sanlam Gap Comprehensive 2025

Dear Aon Client

Sanlam Gap Cover is the service provider available to Santam employees and the premium for Sanlam Gap will increase to R385 per family and R114 for the Mediclinic Extender Benefit per month, effective 1 January 2025. The 2025 Sanlam Gap brochure will be available on the Aon Microsite.

What is the contribution increases for 2025?

Overall average increase:

13,8%

Sanlam Gap Cover Increase

Benefits Enhancements for 2025

- The overall annual limit increases to R210 580 per insured per annum.
- Sub-Limit benefit increased to R66 400 per event.
- Casualty Child Illness benefit for children under age 12 increased to R3 000 per event.
- Innovative Oncology Medicines benefit increased to up to R14 250.

New Benefits

Major Affective Disorders benefit introduced on Sanlam Gap Comprehensive plan:

- This benefit will apply for services provided during a Hospital Episode for Mental Depression, where the charges relating to the service supplies have, exceeded the Prescribed Minimum Benefit of 21 days by the Insured Party's Medical Scheme. Subject to a maximum of five days to a limit of R2 500 per day per insured party per annum.

Sanlam Gap Fedhealth NexGen

- Only available to Fedhealth Savvy and Elect members and cover includes:
 - Penalty co-payment benefit. Savvy R9 050 per Insured Party and Elect R15 470 per Insured Party
 - MRI & CT scan co-payment. – R 4 100 per annum, max 1 event pa.
 - Casualty Ward co-payment as a result of an accident- R850 per event max 1 event pa.
 - Sports Injury accidental casualty benefit – Casualty Appliances, External Accessories R1 689 per insured pa.

Sanlam Gap Cover Comprehensive Benefit

Key Benefit 2025

Health Service	Benefit	Limit
Key Benefits	<p>The following Benefits are defined as Key Benefits:</p> <ul style="list-style-type: none"> • Tariff Shortfalls • Co-Payments and Deductibles • Shortfalls from Sub-Limits • Oncology Lump Sum • Oncology Tariff Shortfalls • Oncology Sub-Limits • Oncology Co-Payments • Out-of-Hospital Tariff shortfalls • Penalty Co-Payment • Innovative Oncology Medicines • Dental Reconstruction Benefit 	<p>The overall maximum Benefit payable for the Key Benefit clauses of this Policy will be limited to the statutory maximum of R210 580 per Insured Party per annum.</p> <p>Prescribed Minimum Benefits (PMB)</p> <p>Procedures are covered under Key Benefits and are subject to clinical review by our Specialist third party, Med Claim Assist.</p>
Tariff Shortfalls	<p>This Benefit provides an additional six times (600%) for charges above the Medical Scheme rate, covering shortfalls for healthcare service providers such as surgeons, radiologists, pathologists and physiotherapists. It also includes cover for Prescribed Minimum Benefits.</p>	<p>An additional six times (600%) for charges above the Medical Scheme rate subject to the overall annual limit.</p>

<p>Co-Payments and Deductibles</p>	<p>The Benefit payable is equal to a fixed or upfront rand value deductible or co-payment amount as defined in the rules by the Insured Party's Medical Scheme. This Benefit will include cover for defined, fixed value co-payments applied by the Medical Scheme. Examples include co-payments applied to:</p> <ul style="list-style-type: none"> • Da Vinci Robotic Surgery • Scopes and Scans 	<p>Unlimited subject to the overall annual limit per Insured per Policy.</p>
<p>Shortfalls from Sub-Limits</p>	<p>This Benefit will apply for services provided during a Hospital Episode, where the charges relating to the service supplied have exceeded the Sub-limit benefit paid by the Insured Party's Medical Scheme.</p>	<p>The Benefit payable is equal to the charged amount, less the amount paid by the Insured.</p> <p>Party's Medical Scheme, subject to a maximum limit per Insured Event of R66 400.</p>
<p>Oncology Lump Sum</p>	<p>Oncology 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 individual per cancer type for the life of the Policy (a unique, new, primary source of cancer) and excludes any claim which in any way relates to a cancer type previously identified and for which cover was granted.</p>	<p>Limit R15 500 per Insured Party over the Policy lifetime.</p>
<p>Oncology Tariff Shortfalls</p>	<p>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. This Benefit requires your Medical Scheme to pay their portion of the claim from your hospital/risk benefit.</p>	<p>Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to an additional five times (500%), subject to the overall annual limit per Insured per Policy.</p>
<p>Oncology Sub-Limits overall annual limit per Insured per policy.</p>	<p>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</p>	<p>Unlimited subject to the overall annual limit per Insured per Policy</p>

	<p>oncology Treatment of the Insured Party's Medical Scheme plan type.</p> <p>Benefits will 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.</p>	
Oncology Co-Payments	The Benefit payable is equal to the co-payment applied once related costs have exceeded the specific threshold defined by the Medical Scheme.	Limited to the 20% oncology related co-payment applied by your Medical Scheme.
Out-of-Hospital Tariff Shortfalls	This Benefit provides an additional six times (600%) of the Medical Scheme rate for out-patient procedures, subject to the costs being funded from the risk/hospital benefit by the Insured Party's Medical Scheme.	Unlimited subject to the overall annual limit per Insured per Policy.
Penalty Co-payment	<p>Cover for penalty Co-payments or Deductibles, up to a maximum of 30%, for the voluntary use by an Insured Party of a non-Network Hospital.</p> <p>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 Insured Party's Medical Scheme, remains an exclusion</p>	Two events per Family per Annum and a maximum of R18 550 per event.
Innovative Oncology Medicines	Benefits will be paid in respect of defined Innovative Oncology Medicines approved by the Insured Party's Medical Scheme.	A value equal to the lesser of 25% of the total drug cost or R14 250.
Dental Reconstruction Benefit	<p>The Benefit is payable where Dental reconstruction surgery is required as a direct result of Accidental Harm or from Oncology Treatment that occurred after the Inception Date.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by the Medical Scheme from your hospital/risk benefit.</p>	The Benefit is subject to two events per Family per Annum and a maximum amount of R49 900 per Annum.

Major Affective Disorders	This benefit will apply for services provided during a Hospital Episode for Mental Depression, where the charges relating to the service supplied have exceeded the Prescribed minimum Benefits of 21 days by the Insured Party's Medical Scheme.	Subject to a maximum of five days to a limit of R2 500 per day per insured Party per annum.
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Additional Benefits

Health Service	Benefit	Limit
Family Booster	A lump sum Benefit is payable when a Premature Birth occurs	Lump sum Benefit is R16 400.
Casualty - Child Illness	<p>Benefits relating to this clause will only be paid in respect of Emergency out-patient 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.</p> <p>After-hours is Mondays to Fridays between 18:00pm and 08:00am and all-day Saturdays, Sundays and South African public holidays.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by your Medical Scheme from your hospital/risk benefit. If payment is made from your available Medical Savings Account, or from your own pocket, we will reimburse that too.</p>	<p>Subject to a maximum of two such events per Annum and a maximum of R3 000 per Event.</p> <p>Limited to children under age 12.</p>
Accidental Casualty	<p>Cover for Emergency out-patient services that are a direct result of Accidental Injury and are provided within a casualty ward of a Hospital.</p> <p>The Benefit payable is equal to the total cost of Treatment less the amount paid by your Medical Scheme from your hospital/risk benefit. If payment is made from your available Medical Savings Account, or from</p>	Subject to a maximum of R18 450 per Insured Event.

	your own pocket, we will reimburse that too.	
Hospital Booster	A lump-sum payment, related to the length of the hospital stay, will be paid in the event of an Accident or Premature Birth.	<p>A maximum of two Hospital Episodes are covered under this Benefit Per Annum, up to a maximum amount of R29 300 per Annum.</p> <p>R480 per day from the 1st to the 13th day (inclusive).</p> <p>R860 per day from the 14th to the 20th day (inclusive).</p> <p>R1 700 per day from the 21st to the 30th day (inclusive).</p> <p>No Benefit is payable under this clause after day 30 of any Hospital Episode.</p>
Family Protector	The lump sum Benefit is payable upon the death or Permanent Disability of an Insured Party due to Accidental Injury.	<p>Limited as follows: Children below six years: R20 000.</p> <p>All other Insured Parties: R30 000.</p>
Medical Aid Contribution Waiver	A lump sum Benefit is payable upon the death or Permanent Disability of the Policyholder due to Accidental Injury and where the Policyholder is the principal member of the Medical Scheme. The Benefit will apply where there are dependents registered on the Medical Scheme, who are being paid for by the Policyholder.	Contributions will be covered for 6 months up to an overall maximum amount of R40 000. This Benefit is limited to one event over the Policy lifetime.
Gap Premium Waiver	In the event of the death or Permanent Disability of the Policyholder because of an accident, Policy Premiums will be waived. The Benefit will apply where the Policyholder is the principal member of the Medical Scheme and only if there are dependents registered on the Gap policy who are being paid for by the Policyholder.	Waived for a period of six months from the date of the event. This Benefit is limited to one event over the Policy lifetime.

Mediclinic Extender Benefit

The Mediclinic Extender Benefit applies to members who opted to include this cover to their Sanlam Gap Comprehensive or Core option, at an additional premium.

Health Service	Benefit	Limit
Casualty Illness	<p>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.</p> <p>After-hour emergency illness only at a Mediclinic for all Insured Parties covered (Mondays to Fridays: 6pm – 8am.</p> <p>All-day Saturdays, Sundays & public holidays)</p>	Subject to a maximum of two such events per Annum and a maximum of R2 800 per Insured Event.
Specialist Benefit	Specialist Benefit - Out-of-hospital. This benefit amount is payable only on a visit to a specialist working out of a Mediclinic facility, where the specialist charges more than what your Medical Scheme will cover.	Up to R5 200 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 R5 200 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 nd 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 900
Cashless Co-payment	<p>Benefits relating to this clause will only be paid in respect of defined diagnostic procedures that occurred during an Insured Event.</p> <p>The Benefit payable is equal to the fixed value Deductible or Co-payment amount, as defined in the</p>	Unlimited subject to the Overall Annual Limit. Only at a Mediclinic facility.

	<p>rules of the Insured Party's Medical Scheme.</p> <p>Benefit is directly payable to the Mediclinic Pre-authorisation letter required.</p>	
Cashless Penalty Co-payment	<p>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.</p>	<p>Limited to 2 events to a maximum of R17 500 per event at a Mediclinic facility.</p>

Policy Exclusion:

Please note that all costs related to ward fees and other Hospital expenses, including materials and medication on the Hospital account, are not covered on the Sanlam Gap policy. Please also take note that should a specific exclusion apply to member's particular option, that this exclusion will be applicable to the gap cover as well.

Microsite

At Aon, we shape decisions for the better – to protect and enrich the lives of people around the world. We have pleasure in sharing the Aon on-line microsite platform for Sanlam Gap, which has been developed to provide you with essential information to make better decisions regarding your medical scheme and gap cover requirements.

To access the microsite please follow the link: <https://eb.aon.co.za/santam/>

Where do I get more information and who can I contact if I have any questions?

The Sanlam Gap Call Centre can be contacted on 086 111 1167 for the clarification of benefit changes and contribution increases and the Aon Resolution Centre (0860 100 404 or email on arc@aon.co.za) will also be available for the clarification of benefit changes and contribution increases for 2025.

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We have established presence on social media to engage with our audiences on all matters related to risk and people.

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Aon Employee Benefits – Healthcare



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