

MED-EXTEND

Monthly premium: R325 per family for under 65yrs

Monthly premium: R437 per family for 65yrs+

Benefits

IN-HOSPITAL PROCEDURES FUNDED BY YOUR MEDICAL SCHEME

Increases the Medical Aid rate up to 300%. (e.g. Specialists, GPs, Anaesthetists, Radiology, Pathology, Consumables, etc.). Subject to the Overall Annual Limit

Overall Annual Limit (OAL) is
R171 000 per insured per annum

DEFINED PROCEDURES EXCLUDED BY YOUR MEDICAL SCHEME

Med-Extend will assist in paying for Defined Procedures that have been excluded by your Medical Scheme up to a specified rand value, as listed below. Subject to the Overall Annual Limit

Defined Procedures	Benefit
Arthroscopic surgery	R65 000
Back or neck surgery	R65 000
Bunion surgery	R17 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R85 000
Dental procedures for impacted teeth for children younger than 18 years	R17 000
Dental procedures for reconstructive surgery required due to an accidental event	R85 000
Functional nasal surgery	R27 000
Joint replacement surgery	R55 000
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R30 000
Non-Cancerous breast conditions	R23 000
Oesophageal reflux and hiatus hernia surgery	R60 000
Removal of varicose veins	R23 000
Skin disorders (including benign growths and lipomas)	R23 000

MedBoost

MedBoost provides a lump sum benefit pay-out when you need to undergo a Defined Procedure and have been claim free for a number of years. The MedBoost pay-out would depend on the number of consecutive claim free years you have had as per the table provided.

Number of claim free years	MedBoost pay-out
3 years	R 3 000
4 years	R4 000
5 years	R5 000
5+ years	R6 000

Added benefits

INTERNATIONAL TRAVEL COVER

R5 million per insured (notification of travel required 48 hrs prior to departure)

-Navigating the way-

Med-Extend has been designed to assist clients with medical expense shortfalls for Specialists and with covering Defined Procedures that have been excluded on their specific Medical Scheme option.

WAITING PERIODS

- A 3-month general waiting period applies to all benefits. In the event the commencement date of the Policy is the same as the commencement date of the Medical Scheme, no 3 month general waiting period will apply to Medical Expense Shortfall Cover (increasing the medical aid rate up to 300%)
- A 10-month waiting period on pregnancy/ childbirth
- A 12-month waiting period on / investigations, treatment or surgery for:
hysterectomy, hysteroscopies, endometriosis, ovarian cysts and fibroids (myomectomy), muscular-skeletal (except in the event of a motor vehicle collision), tonsillectomy, myringotomy, grommets, adenoids, wisdom teeth, hernia, cataracts, gastroscopies, colonoscopies, cancer, nasal and sinus

Please note that this is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme membership.

Disclaimer: This document is a summary for information purposes only and does not supersede the Policy Terms and Conditions. In the event of any discrepancy, the Policy Terms and Conditions will prevail. Insured by Lombard Insurance Company Limited.

NAVIGATING THE WAY