

written by Lombard Insurance Company, an Authorised (1596) and Insurer conducting non-life insurance busine

# MED-EXTEND

Monthly premium: R398 per family for under 65yrs Monthly premium: R562 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

### 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

#### **CO-PAYMENT COVER**

R6 500 per admission. Limited to 2 claims per family per annum. Subject to the Overall Annual Limit

### Added benefits

#### MEDICAL SCHEME CONTRIBUTION WAIVER

Up to R7 500 per month for 6 months; in the event of death or permanent and total disability as a result of an accident, of the Medical Scheme contribution payer

#### **GAP PREMIUM WAIVER**

Pays the premium for your Med-Extend Policy for 12 months; in the event of death or permanent and total disability as a result of an accident, of the contribution payer

#### INTERNATIONAL TRAVEL COVER

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

National Treasury annually publishes new limits under the Demarcation Regulations. The changes are effective from 1st April. Please refer to our website for the latest Overall Annual Limit (OAL) on each of our products.

### **Out-of-hospital benefits**

### CASUALTY BENEFIT FOR ACCIDENT AND ILLNESS

R4 500 per family per annum. The Casualty Benefit for Illness will be restricted to between the hours of 6pm – 6am Mondays – Fridays, Saturdays, Sundays and Public Holidays

#### **MRI AND CT SCAN COVER**

Covers the cost of MRI and CT scans when there is no benefit available on your Medical Scheme. Limited to R5 500 per event and 1 claim per family per annum. Subject to the Overall Annual Limit

### In-hospital dental cover

#### MEDICAL EXPENSE SHORTFALL COVER

Increases the medical aid rate up to 300% for impacted wisdom teeth, orthognathic surgery, reconstructive maxillofacial surgery due to an accident (which occurred while on the Policy) and oral cancer (which was diagnosed while on the Policy). Subject to the Overall Annual Limit

### **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	R3 500
4 years	R4 500
5 years	R5 500
5+ years	R6 500

#### For waiting periods please refer to page 3

Defined Procedures	Benefit
Arthroscopic surgery	R75 000
Back or neck surgery	R75 000
Bunion surgery	R22 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery	R95 000
Dental procedures for impacted teeth for children younger than 18 years	R22 000
Dental procedures for reconstructive surgery required due to an accidental event	R95 000
Functional nasal surgery	R32 000
Joint replacement surgery	R65 000
Knee or shoulder surgery (excl joint replacements and arthroscopic surgery)	R36 000
Non-Cancerous breast conditions	R28 000
Oesophageal reflux and hiatus hernia surgery	R70 000
Removal of varicose veins	R28 000
Skin disorders (including benign growths and lipomas)	R28 000
Endoscopic procedures	R8 500

## 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

### **Waiting Periods**

- A 3-month general waiting period applies to all benefits (except in the event of an accident, which occurred while on the Policy). 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
- 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 an accident, which occurred while on the Policy), 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.