
Aon Member Letter

Sanlam Gap Comprehensive 2026

Dear Raubex employee

It is that time of year for you to evaluate your current gap cover arrangements to ensure the most appropriate cover for 2026. Whether or not you wish to remain on your current option or change to a more suitable option for 2026, it remains Aon's responsibility to guide you through the review process. This will ensure that you make an informed decision regarding your gap cover for 2026.

What is the contribution increases for 2026?

As Aon we have negotiated with Sanlam and there is a 0% increase going into 2026. The premium remain R299 per family per month.

Benefits Enhancements for 2026

- The overall annual limit increases to R219 845 per insured per annum.
- Benefit limits have increased by 6%.

Specific benefit enhancements

- **Oncology Tariff Shortfall Benefit:** Increased from 500% to 600%.
- **Oncology Agreed Benefit:** Increased from R15 500 to R30 000.
- **Innovative Oncology Medicines Benefit:** Increased R14 250 to R20 000 per cycle.
- **Sub-limit Shortfall:** Increased from R66 400 to R68 500.
- **Family Booster Benefit:** Increased from R16 400 to R16 900.

New Benefits

The Breast Cancer Reconstruction Benefit has been introduced on the Comprehensive option, which provides an agreed benefit amount of R30 000 payable for reconstruction of the unaffected breast after mastectomy due to breast cancer.

Sanlam Gap Cover Comprehensive Benefit

Key Benefits 2026

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 the policy will be limited to the statutory maximum of R219 845 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 a 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>
Co-Payments and Deductibles	<p>The benefit payable is equal to a fixed or upfront and 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>
Penalty Co-Payment	<p>This benefit provides 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. The Benefit payable is equal to the penalty Co-payment or Deductible amount, up to a maximum of 30%, as defined in the rules of the Insured Party's Medical Scheme. 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>	<p>Two events per family per annum, up to a maximum of 30% of the total cost, capped at R18 550 per event, subject to the overall annual limit.</p>

Shortfalls from Sub-Limits	This benefit provides cover 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. The Benefit payable is equal to the shortfall amount between the total cost charged and the sub-limit amount paid by the Medical Scheme from the hospital/risk benefit	Maximum limit per Insured Event of R68 500, subject to the overall annual limit.
Oncology Tariff Shortfalls	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.	Any benefit provided for charges above the Medical Scheme Tariff shall be limited to an additional six times (600%), subject to the overall annual limit per insured per policy.
Oncology Sub-Limits	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 oncology Treatment of the Insured Party's Medical Scheme plan type. 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.	Unlimited, subject to the overall annual limit per insured per policy.
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 the Medical Scheme.
Innovative Oncology Medicines	This benefit provides cover for shortfalls on the cost of defined Innovative Oncology Medicines approved by the Insured Party's Medical Scheme. The Benefit payable is equal to the total cost of the Innovative Oncology Medicine less the amount paid by the Medical Scheme from the hospital/risk benefit, subject to applicable policy limits.	A value equal to the lesser of 25% of the total drug cost or R20 000, subject to the overall annual limit.
Dental Reconstruction Benefit	The benefit is payable where Dental reconstruction surgery is required as a direct result of Accidental Injury or from Oncology Treatment that occurred after the inception date. The benefit payable is equal to the total cost of treatment less the amount paid by the Medical Scheme from hospital/risk benefit.	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	Subject to a maximum of five days to a limit of R2 500 per day per

	exceeded the Prescribed Minimum Benefits of 21 days by the Insured Party's Medical Scheme.	insured party per annum, subject to overall annual limit.
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Additional Benefits for Comprehensive

Health Service	Benefit	Limit
Family Booster	A lump sum benefit is payable when a Premature Birth occurs	Lump sum benefit is R16 900.
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, this will be reimbursed as well.</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 your own pocket, this will be reimbursed as well.</p>	Subject to a maximum of R18 450 per insured event.
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>Agreed benefit amount payable: 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 6 months from the date of the event. This benefit is limited to one event over the policy lifetime.
Oncology Agreed Benefit	This benefit provides for an agreed benefit amount payable if cancer is confirmed by an oncologist or pathologist as at least the medical equivalent of "Stage 2" or higher cancer. The 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	Agreed benefit amount payable of R30 000 per insured party over the policy lifetime.
Breast Cancer Reconstruction Benefit	This benefit provides for an agreed benefit amount payable for reconstruction of the unaffected breast following a mastectomy for breast cancer.	Agreed benefit amount payable is R30 000 per insured party 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 option, at an additional premium.

Health Service	Benefit	Limit
Casualty Illness	Benefits relating to this clause will only be paid in respect of emergency outpatient services that are provided within a Mediclinic facility casualty unit. 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: 18:00 – 08:00. All day Saturdays, Sundays and public holidays).	Subject to a maximum of two such events per annum and a maximum of R3 000 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. This benefit will cover the shortfall thereof in a Mediclinic facility.	Up to R5 200 per insured party per annum, subject to the overall annual limit.
Private Unit	Cover for the difference between the cost of a general ward and a private unit. Payable only in the event of confinement (childbirth) admissions. Only at a Mediclinic facility and only if private unit is 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 Agreed Benefit	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.	Agreed benefit amount payable is R20 000 and is limited to one claim per insured party and is only payable on first-time diagnosis.
Cashless Co-payment	Benefits relating to this clause will 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. The benefit is directly payable to the Mediclinic. Pre-authorisation letter required.	Unlimited number of events, 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.	Subject to a maximum of R17 500 per event, two events per annum, subject to overall annual limit.

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. The Aon/Raubex microsite provide you with essential information to make better decisions regarding your medical scheme and gap cover requirements.

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

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

- Sanlam Gap Call Centre can be contacted on 086 111 1167 for the clarification of benefit changes and contribution increases
- Aon Resolution Centre will also be available to provide advice on benefits for 2026 on arc@aon.co.za or call 0860 100 404
- The Aon Bloemfontein team: Email them on:
Anilia.boshoff@aon.co.za
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