kaelogap

INSURED BY
CENTRIQ
INSURANCE
a licensed non-life insurer

Financial protection for unexpected medical expense shortfalls

- Cashless Co-Payment
- Tariff Shortfalls
- Shortfalls from Sub-Limits
- Co-Payments & Deductables



OPTIMA SUMMARY OF COVER 2027

Why Kaelo Gap Cover?

Gap Cover is additional protection against shortfalls to complement your Medical Scheme cover. Shortfalls arise when your healthcare provider charges more than your Medical Scheme covers, leaving you responsible for the difference. These costs can add up fast, but Gap Cover protects you from the risk of significant financial strain.

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. The administrator of Kaelo Gap is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931). Kaelo Gap is insured by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). Lifestyle Benefits are Kaelo Offerings. Service Providers are contracted to Kaelo.

What does my Gap Cover include?

Core Benefits

- Tariff Shortfalls
- Co-Payments and Deductibles
- Shortfalls from Sub-Limits
- Oncology Tariff Shortfalls
- Oncology Sub-Limits
- Oncology Co-Payments
- Out-of-Hospital Tariff Shortfalls
- Dental Reconstruction Benefit
- Penalty Co-Payment
- Innovative Oncology Medicines

Benefit Extenders

- Oncology First-Time Diagnosis
- Family Booster
- Hospital Booster
- Family Protector
- Accidental Casualty
- Child Casualty Illness
- Casualty Emergency
- Breast Reconstruction Benefit
- Medical Scheme Contribution Waiver
- Gap Premium Waiver
- End to End assistance with Road Accident Fund

Lifestyle Benefits

- Counselling
- Coaching
- Legal and Financial Advice
- **Better Rewards** by Dis-Chem

The Benefits listed are only a summary of cover. For a comprehensive list of Benefits and limits that apply to your specific plan, please view your Policy document.

Understanding the Waiting Periods

Waiting Periods

The waiting periods for Kaelo Gap are as follows:

- 3 - Month General Waiting Period
- 12 - Month Condition-Specific Waiting Period

What are the waiting periods for Employer Groups joining Kaelo Gap?

- Waiting periods are determined at take on - waiting periods will either be applied; waived or reduced.
- Policyholders who join Kaelo Gap on a voluntary basis through their employer group will receive full waiting periods.
- Compulsory groups will have all waiting periods waived.

What is offered in terms of waiting period concessions?

- We will waive the 3-month General Waiting Period.
- 12-month condition-specific exclusions will still apply.
- Waiting period concessions are negotiatied with Kaelo by your broker.

Your broker will advise you when a concession period has been opened. Concessions are only applicable to employer groups.

Moving from another Gap provider?

You can easily move from your previous Gap cover to Kaelo Gap. In order to ensure that the waiting periods are applied fairly and in line with the below, we suggest that you do not allow for a break in your cover.

If there is no break in cover, then the unexpired portion of the waiting periods from the previous policy will be applied to your Kaelo Gap Policy when you move over and if you already completed your waiting periods on your previous Gap cover, no waiting periods will apply on Kaelo Gap.

Exclusions

(What we will not cover)

For a detailed outline of all Policy Exclusions, please refer to section J of your Policy document.

Claims caused by or related to any of the following, will not be covered:

- Any claim that is excluded or rejected by the Policyholder's Medical Scheme, this means that, if your Medical Scheme has not paid their portion toward any particular line item charged, it will not be covered by your Kaelo Gap Cover Policy.
- Any claim that does not form part of the registered Benefits of the Insured Party's Medical Scheme but has been paid on an ex-gratia basis.
- Any fee charged by a Medical Practitioner, Hospital, or other healthcare provider that constitutes Split Billing. This exclusion does not apply to Balance Billing.
- Any Treatment or Medical Procedure for infertility.
- Any Treatment or Medical Procedure where such treatment occurred outside of the period of an Insured Event.
- External prosthesis
- Any appliances including, but not limited to, wheelchairs, beds or convalescing equipment. All dental procedures classified as Specialised Dentistry, including-but not limited to- crowns, bridges, dental implant related procedures, orthognathic surgery, temporomandibular joint ("TMJ") surgery, labial frenectomy, bone augmentations, bone or tissue regeneration.
- Harvesting and/or preserving of human tissues, including but not limited to stem cell regeneration.
- Breast enlargement
- Gastroplasty, lipectomy or otoplasty
- Gender reversal procedures
- Therapeutic massage therapists
- Rehabilitation, frail care or hospice services
- Step-Down Facilities
- TTO (To-Take-Out) medicines

The Benefits apply only for services rendered within the territory of the Republic of South Africa. Any services provided outside of the borders of South Africa are excluded from cover. The events listed below are deemed as separate events and may qualify for coinciding yet distinct Benefits, as the case may be.

Detailed Benefits		
Health Service	**Benefit**	**Limit**
Tariff Shortfalls		
Core Benefits	The Overall Annual Limit applied to all Core Benefits is **R233 035** per Insured Party Per Annum.	
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover of up to **600%** of the Medical Scheme rate for out-patient procedures and consultation, subject to the costs being funded from the risk/hospital benefit by the Insured Party's Medical Scheme.	Limited to the Overall Annual Limit.
Tariff Shortfalls	This Benefit provides an additional **600%** of the Medical Scheme rate for services provided during a Hospital Episode, covering shortfalls for service providers such as surgeons, radiologists, pathologists and physiotherapists. Also includes cover for Prescribed Minimum Benefits (PMBs). Subject to the Core Benefit Limit.	Subject to the Overall Annual Limit.
Co-Payments and Deductibles		
Co-Payments and Deductibles	Provides cover for diagnostic and Medical Procedures where a fixed rand value Co-payment has been applied by the Medical Scheme.	Limited to the Overall Annual Limit.
Penalty Co-Payment	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.	**Two** events per Family Per Annum and a maximum of **R19 660** per event.Subject to the Overall Annual Limit.
Sub-Limits		
Shortfalls from Sub-Limits	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. Subject to the Annual Limit.	**R68 370**
Oncology Benefits		
Oncology Tariff Shortfalls	The Oncology Shortfall Benefit provides additional cover of up to **500%** of the Medical Scheme rate, to cover oncology treatment shortfalls.	Included
Oncology Sub Limits	Provides cover for oncology and related Treatment, that has been approved by the Insured Party's Medical Scheme, for the purposes of treating cancer and which occurs during an Insured Event. The Benefit payable is equal to the charged amount, less the amount paid by the Insured Party's Medical Scheme. subject to Overall Annual Limit.	Included
Oncology Co-Payments	The Oncology Co-payment Benefit provides cover for the **30%** Oncology related Co-Payment applied by the Medical Scheme. Subject to Overall Annual Limit.	Included
Innovative Oncology Medicines	Cover for shortfalls for Innovative Oncology Medicines as defined by the Insured Party's Medical Scheme.	A value equal to the lesser of **50%** of the total drug cost or **R25 500**

Health Service	Benefit	Limit
Dental Reconstruction		
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 Effective Date of this Policy. The Benefit is only payable during an Insured Event. Subject to **two** events per Family Per Annum	**R49 900**
Benefit Extenders		
Booster Benefits		
Breast Cancer (Non-affected Breast)	Following breast cancer treatment, cover is available to support physical symmetry and recovery.	Reconstruction of the non-affected breast, limited to a maximum **R44 000** per insured person; or A breast prosthesis, limited to a maximum **R4 500** per insured person per annum.
Oncology First-Time Diagnosis	An agreed Benefit for the first-time diagnosis of cancer to the medical equivalent of stage 2 or higher form of cancer. The Benefit is only payable during an Insured Event. The Benefit is subject to **one** claim per Insured Party for the lifetime of the Policy.	**R25 000**
Family Booster	An agreed Benefit is payable when a Premature Birth occurs.	**R15 900**
Hospital Booster	An agreed Benefit payment, related to the length of the Hospital stay, will be paid in the event of an accident or Premature Birth. A maximum of **two** Hospital Episodes per Family Per Annum.	Day 1 - 13: **R480** Day 14 - 20: **R860** Day 21 - 30: **R1 700** Maximum Benefit of **R29 300** per Insured Party Per Annum.
Casualty Benefits		
Child Casualty Illness	Benefits will only be paid in respect of Emergency outpatient services that are provided within a casualtyward of a Hospital following an Emergency situation. The Benefit is only payable in the event of after-hourstreatment. After-hours are Mondays to Fridays between 18:00 and 08:00 and all-day on Saturdays,Sundays and South African public holidays. The Benefit payable is the total cost of Treatment up to the maximum limit per event.	Subject to a maximum of **two** events Per Annum and **R3 500** per event. Limited to children aged 12 and under.
Accidental Casualty	Benefits will be paid in respect of Emergency outpatient services that are a direct result of Accidental Injury and are provided within a casualty ward of a Hospital in an Emergency situation. The Benefit payable is the total cost of Treatment up to the maximum limit per event. No Benefit is payable for services that are related to an illness or that are not delivered within a casualty ward of a Hospital.	**R19 550** per event.
Casualty Emergency	Benefits will be paid in respect of Emergency illness-related out-patient services that are provided within a casualty ward of a Hospital in an Emergency situation. The Benefit is only payable for after-hours treatment. After-hours are Mondays to Fridays between 18:00 and 08:00 and all-day on Saturdays, Sundays and South African public holidays. The Benefit payable is the total cost of Treatment up to the maximum limit per event.	Subject to a maximum of **one** such event per Policy Per Annum and **R2 700** per event. The Benefit applies to Insured Parties aged 13 and above and is subject to treatment being after-hours.

Health Service	Benefit	Limit
Protector and Waiver Benefits		
Family Protector	An agreed Benefit payment upon the death or Permanent Disability of an Insured Party due to Accidental Injury.	Children below **six** years: **R20 000**. All other Insured Parties: **R30 000.**
Medical Scheme Contribution Waiver	An agreed 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 only apply where there are dependants registered on the Medical Scheme,who are being paid for by the Policyholder.	The Benefit payable is subject to an overall maximum limit of **R35 500**.The waiver is limited to one event over the policy lifetime.
Gap Cover Premium Waiver	In the event of the death or Permanent Disability of the Policyholder as a result of an accident, Policy Premiums will be waived. The Benefit will only apply where the Policyholder is the principal member of the Medical Scheme and only if there are dependants 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. The waiver is limited to one event over the policy lifetime.
Road Accident Fund Claims	Assistance with Road Accident claims. Service Providers are contracted to Kaelo Risk and not to the Insurer: Centriq Insurance Company Limited.	Included
Lifestyle Benefits		
AskNelson Services	Virtual, face-to-face and telephonic counselling, life, managerial and parent coaching services, workplace trauma interventions, financial and legal advice and assistance with Road Accident Fund claims. You can contact AskNelson on **0800 635 766** or visit **www.kaelo.co.za**	
Dis-Chem Better Rewards	By opting in for Lifestyle Benefits, you qualify for Dis-Chem **Better Rewards** where you get instant savings from **20%** on a variety of everyday products.	

How Your Oncology Benefits Work

The following oncology-related benefits are part of your existing Core Benefits. They are not additional or separate benefits, but rather a breakdown of how your cover supports you during cancer treatment.

Scenario	Applicable Benefit	Description
Co-payments for Oncology Treatment	Oncology Co-Payments	Covers up to **30%** co-payment once your Medical Scheme threshold is exceeded. Subject to the Overall Annual Limit.
Tariff Shortfalls for Oncology Specialists (in-and out-of-hospital)	Oncology Tariff Shortfalls	Covers up to an additional **500%** above the Medical Scheme rate. Requires your scheme to pay its portion from the hospital/risk benefit.
Innovative or Biological Cancer Treatments	Innovative Oncology Medicines	Covers up to **50%** of the cost or **R25 500** (whichever is lower), less what your Medical Scheme pays.
First-Time Cancer Diagnosis (stage 2 or higher)	Oncology First-Time Diagnosis Benefit Extender	An agreed Benefit for first-time diagnosis. **One** claim per Insured Party for the lifetime of the policy.
Costs Exceeding Oncology Sub-limits	Oncology Sub Limits	Covers the difference between the charged amount and what your Medical Scheme pays, subject to the Overall Annual Limit
Dental Reconstruction due to Oncology Treatment	Dental Reconstruction Benefit	Covers dental surgery required as a direct result of oncology treatment. Pays the difference between the charged amount and what your Medical Scheme covers.

How Your Core Benefits Apply to Maternity Events

The following table illustrates how your existing Core Benefits may respond to maternity-related scenarios. These are not new or additional benefits, but a practical guide to help you understand how your cover supports you during pregnancy, childbirth, and neonatal care.

Scenario	Applicable Benefit	Description
Obstetrician, Anaesthetist, and Paediatrician Fees	Tariff Shortfalls	Covered up to an additional **600%** of the Medical Scheme rate, subject to the Overall Annual Limit.
Co-Payments for Natural or C-Section Deliveries	Co-Payments and Deductibles	Covers fixed rand-value co-payments aligned to your Medical Scheme rules.
Baby Admitted to NICU or Paediatric Ward	Tariff Shortfalls	Covers the gap on specialist costs, up to an additional **600%**, for the baby's hospitalisation. Not restricted to specific conditions.
Premature Birth (41+ days early)	Family Booster Benefit Extender	Agreed Benefit of **R15 900** payable.
Hospital stay due to Premature Birth	Hospital Booster	Daily benefit from day **1 to 30** of hospitalisation, depending on duration.
Use of a Non-network Hospital for Delivery	Penalty Co-Payment	Covers fixed or percentage-based penalties (up to **30%**) for voluntary use of a non-network hospital.
Costs Exceeding Sub-limits for Maternity-related Procedures	Shortfalls from Sub-Limits	Covers the difference between the charged amount and the sub-limit paid by your Medical Scheme.
Out-of-Hospital Maternity Procedures	Out-of-Hospital Tariff Shortfalls	Covers up to an additional **600%** of the Medical Scheme rate for qualifying outpatient procedures, subject to limits.
Casualty Visits for Illness Related Emergencies	Casualty - Child Illness	Covers a maximum of **two** events Per Annum and a maximum of **R3 500** per event. The Benefit only applies to children **aged 12** and under and applicable to after-hours treatment.

How to submit a claim



To claim from Kaelo Gap, you will need to submit the following:

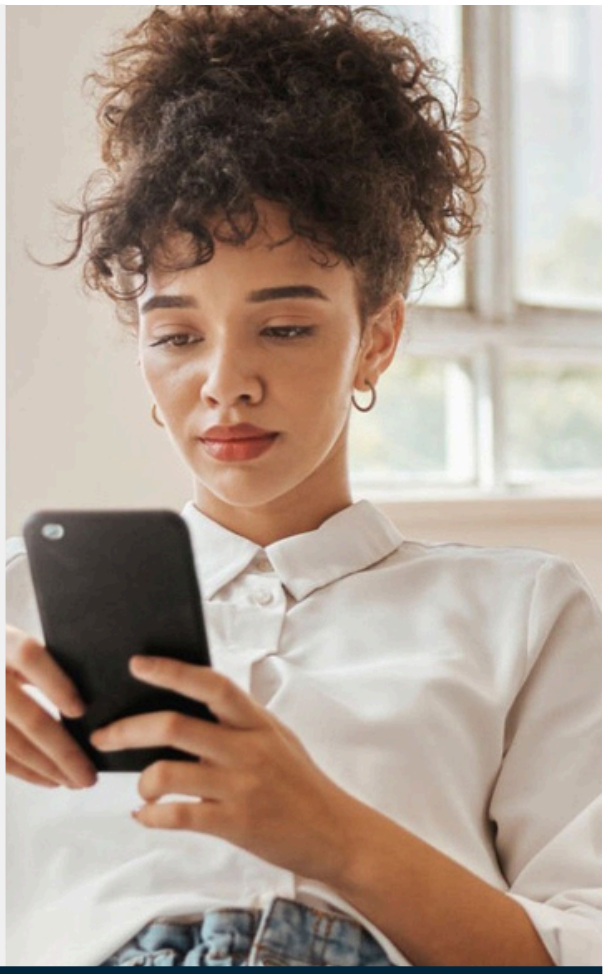
- A completed Kaelo Gap Claim form, (www.kaelo.co.za/kaelo-gap-claim- pre-screening/).
- A copy of the specialist's account/s;
- Hospital Invoice; and
- A copy of your Medical Scheme's statement showing the processing of the account and the shortfall

Time frame to submit your claim:

You have **six months** from the end of the Insured Event to submit your claim. Any claim received after the **six month** period has ended, will not be accepted.

Time frame to process your claim:

Once all required documents have been received, your claim will be assessed and if valid, within 7 to 14 working days.



Please direct all queries to the **Kaelo Service Centre on 0861 493 587.**