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Comparison
Brochure 2027

The Benefits listed below 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 Benefits listed below are deemed as separate benefits and may qualify for coinciding yet distinct Benefits, as the case may be.

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INSURED BY CENTRIQ INSURANCE
a licensed non-life insurer

Benefits

Health Service	Benefit	Optima	Core
Core Benefits	The Overall Annual Limit is **R233 035** per Insured Party Per Annum which is the maximum combined Benefit payable by the Insurer for all Core Benefits. • Tariff and Out-of-Hospital Shortfalls • Co-Payments and Deductibles • Shortfalls from Sub-Limits • Oncology Tariff Shortfalls • Oncology Sub-Limits • Oncology Co-Payments • Penalty Co-Payment • Innovative Oncology Medicines • Dental Reconstruction Benefit		
Tariff Shortfalls	This Benefit provides additional cover for medical expense shortfalls for services provided during a Hospital Episode, covering shortfalls for healthcare service providers such as surgeons, radiologists, pathologists and physiotherapists. It also includes cover for Prescribed Minimum Benefits (PMBs).	An additional **600%** of the medical aid rate	An additional **500%** of the medical aid rate
Co-Payments and Deductibles	Provides cover for diagnostic and Medical Procedures which occur during a Hospital Episode.	✓	✗
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 aid. No benefit shall be payable where the Medical Scheme has paid no amount towards the service or treatment giving rise to the claim.	**R 68 370**	**R 34 450**
Oncology Tariff Shortfalls	The Oncology Shortfall Benefit provides additional cover of up to **500%** of the medical aid rate, to cover oncology treatment shortfalls.	✓	✓
Oncology Sub Limits	Benefits are payable in respect of oncology and related Treatment, that has been approved by the Insured Party's medical aid, for the purposes of treating cancer and which occurs during an Insured Event. No benefit shall be payable where the Medical Scheme has paid no amount towards the service or treatment giving rise to the claim.	✓	✓
Oncology Co-Payments	The Oncology Co-payment Benefit provides cover for the **30%** Oncology related Co-Payment applied by the medical aid.	✓	✓
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover for out-patient procedures and consultations, subject to the costs being funded from the risk/hospital benefit by the Insured Party's Medical Scheme.	✓	✓
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. Limited to **two** events per Family Per Annum and a maximum of **R19 660** per event.	✓	✗
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** as it relates to Innovative Oncology Medicines.	✓	✗
Dental Reconstruction Benefit	The Benefit is payable where dental reconstruction surgery is required as a direct result of Accidental Injury or from cancer Treatment. The Benefit is subject to a maximum of **two** events per Family Per Annum and a maximum rand value Per Annum, subject to the Core Benefit Limit.	**R49 900**	**R45 700**

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.

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Benefit Extenders

Health Service	Benefit	Optima	Core
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. It excludes any form of cancer that was previously identified or required Treatment.	**R25 000**	✗
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 Party; or A breast prosthesis, limited to a maximum **R4 500** per insured Party per annum.	✗
Family Booster	An agreed Benefit is payable when a Premature Birth occurs.	**R15 900**	✗
Casualty Child Illness	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. After-hours are Mondays to Fridays between 18:00 and 08:00 and all-day Saturdays, Sundays and South African public holidays. Subject to a maximum of **two** events Per Annum and **R3 500** per event. Limited to children under **age 12**.	✓	✗
Accidental Casualty	Cover for Emergency out-patient services that are a direct result of Accidental Injury and are provided within a casualty ward of a Hospital. Subject to a maximum rand value amount per event.	**R19 550** per event.	✗
Casualty Emergency	Benefits paid in respect of Emergency illness-related 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. After-hours are Mondays to Fridays between 18:00 and 08:00 and all-day Saturdays, Sundays and South African public holidays.	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.	
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.	Day 1 - 13: **R412** Day 14 - 20:**R803** Day 21 - 30: **R1 555** Maximum Benefit of **R28 500** per Insured Party Per Annum.
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**.	Children below six years:**R20 000**. All other Insured Parties: **R28 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 aid, who are being paid for by the Policyholder.	Contributions will be covered for **six months** up to an overall maximum amount of **R35 500**. This Benefit is limited to **one** event over the Policy lifetime.	
Gap Cover Premium Waiver	n 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 aid and only if there are dependants registered on the Gap policy who are being paid for by the Policyholder.	The Kaelo Gap Cover premium will be waived for **six months** from the date of the event. 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.	✓	✓

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