

Benefits			
Health Service	Benefit	Kaelo Gap Optima	Kaelo Gap Core
Core Benefits	The Overall Annual Limit is R 210 580 per Insured Party Per Annum which is the maximum combined Benefit payable by the Insurer for all Core Benefits. <ul style="list-style-type: none"> · 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 · Oncology First-Time Diagnosis 		
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).	Up to 600% of the medical aid rate	Up to 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.	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.	✓	✗
Oncology Co-Payments	The Oncology Co-payment Benefit provides cover for the 20% Oncology related Co-Payment applied by the medical aid.	✓	✗
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover for medical expense shortfalls	600%	500%
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 25% of the total drug cost or R14 600 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
Oncology First-Time Diagnosis	A lump sum 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 prior to 2024.	R15 000	✗
Benefit Extenders			
Family Booster	A lump sum 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 200 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 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, we will refund that too. 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 500 per event. The Benefit applies to Insured Parties aged 13 and above and is subject to treatment being after-hours.	
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. 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	A lump sum 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	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 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	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 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.	✓	✓

Lifestyle Benefits

Kaelo Lifestyle Digital gives you and your dependants access to Counselling, Coaching, Support and Care through our AskNelson programme. You can contact AskNelson on 0800 635 766 or visit www.kaelo.co.za. If you have opted in for Lifestyle Benefits, you also get access to extraRewards by Dis-Chem. For detailed information please refer to the Kaelo Lifestyle AskNelson Digital Benefits Brochure. This is a non-insurance product offered by Kaelo. Service Providers are contracted to Kaelo.

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.