



Financial protection for unexpected medical expense shortfalls



Understanding your **Optima Gap Cover** 2025

What is Gap Cover?

Gap Cover is additional protection against shortfalls to complement your Medical Scheme cover. Shortfalls occur when your healthcare provider charges higher rates than what your Medical Scheme will pay. These shortfalls expose you to out-of-pocket expenses that could lead to exorbitant debts.



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CENTRIQ
INSURANCE
A LICENSED NON-LIFE INSURER

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
- Oncology First-Time Diagnosis

Benefit Extenders

- Family Booster
- Hospital Booster
- Family Protector
- Accidental Casualty
- Child Casualty Illness
- Medical Scheme Contribution Waiver
- End to End assistance with Road Accident Fund
- Casualty Emergency
- Gap Premium Waiver

*Lifestyle Benefits

- Counselling
- Coaching
- Legal and Financial Advice
- **extraRewards** by Dis-Chem

*Lifestyle Benefits are optional at an additional fee.

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 negotiated 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
- Gastropasty, 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.

Benefits		
Health Service	Benefit	Kaelo Gap Optima
Core Benefits	The Overall Annual Limit applied to all Core Benefits is R210 580 per Insured Party Per Annum.	
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.	✓
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 Scheme.	R68 370
Oncology Tariff Shortfalls	The Oncology Shortfall Benefit provides additional cover of up to 500% of the Medical Scheme rate, to cover oncology treatment shortfalls.	✓
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.	✓
Oncology Co-Payments	The Oncology Co-payment Benefit provides cover for the 20% Oncology related Co-Payment applied by the Medical Scheme.	✓
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover of up to 600% of the Medical Scheme rate for out-patient procedures, 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 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 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	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
Child Casualty 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 such 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	Benefit: 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.
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 .
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 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.	✓

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 the extraRewards by Dis-Chem rewards programme. 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.

How to submit a claim



To claim from Kaelo Gap, you will need to submit the following documents to kaelogap@kaelo.co.za:

- A completed Kaelo Gap Claim form, (www.kaelo.co.za/kaelogap-claim-form).
- A copy of the specialist's account/s;
- Hospital accounts; 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.

Contact Information



0861 493 587



kaelogap@kaelo.co.za



www.kaelo.co.za/kaelo-gap



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