kaelogap

INSURED BY
CENTRIQ
INSURANCE
a licensed non-life insurer

Financial protection for unexpected medical expense shortfalls

- Tariff Shortfalls
- Shortfalls from Sub-Limits
- Out-of-Hospital Tariff Shortfalls



CORE 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
- Shortfalls from Sub-Limits
- Out-of-Hospital Tariff Shortfalls
- Dental Reconstruction Benefit
- Oncology Sub-Limits
- Oncology Co-Payments
- Oncology Tariff Shortfalls

Benefit Extenders

- Hospital Booster
- Family Protector
- Medical Scheme
- Contribution 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 periodsare determinedat 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. For Core Benefits, cover applies only where the Insured Party's Medical Scheme has approved the claim and paid its portion from the hospital/risk benefit towards the same service, treatment, medicine or healthcare expense giving rise to the claim under this Policy. Amounts paid from a medical savings account, day-to-day benefits, an above threshold benefit or a self-payment gap are not covered under Core Benefits.No Benefit shall be payable where the Medical Scheme has paid no amount towards the same service, treatment, medicine or healthcare expense giving rise to the claim.

Detailed Benefits		
Health Service	**Benefit**	**Limit**
Core Benefits	The Overall Annual Limit applied to all Core Benefits is **R233 035** per Insured Party Per Annum.	
Tariff Shortfall		
Tariff Shortfalls	This Benefit provides an additional **500%** 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.
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover of up to **600%** of the Medical Scheme rate for out-patient procedures and consultations, subject to the costs being funded from the risk/hospital benefit by the Insured Party's Medical Scheme.	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. The Benefit payable is equal to the charged amount, less the amount paid by the Insured Party's Medical Scheme, and subject to the Benefit limit.	**R34 450**
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.	Subject to the Overall Annual Limit.
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. The Benefit payable is equal to the charged amount, lessthe amount paid by the Insured Party's Medical Scheme. Subject to the 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 the Overall Annual Limit.	Included
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	Subject to two events per Family Per Annum and a maximum amount of **R45 700** Per Annum and subject to the Overall Annual Limit.

Benefit Extenders		
Booster Benefits		
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: **R412** Day 14 - 20: **R803** Day 21 - 30: **R1 555** Maximum Benefit of **R28 500** per Insured Party Per Annum
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: **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 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 notto 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 instantsavings from **20%** on a variety of everyday products.	

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How to submit a claim



Submit **Notified**

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 acacounts; 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.**

0861 493 587 WhatsApp +27 66 433 6768 (no calls) kaelogap@kaelo.co.za www.kaelo.co.za/kaelo-gap

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