

2021

CENTRIQ
INSURANCE



kaelogap



shortfall cover

Gap

What is Kaelo Gap?

Gap cover is a short term insurance product that helps you cover certain cost shortfalls that your Medical Scheme does not cover.

Why Choose Kaelo Gap?

The high cost of specialist treatments and above-inflation increases means that more people are at risk of being left behind and excluded from the quality medical care they need and deserve.

Kaelo Gap gives you the freedom to choose whichever Doctor or specialist will give you the best care, regardless of your Medical Scheme, regardless of rates.

We have you covered for the best care, without the stress of having to worry about additional bills.

Benefits:

Core Benefits

Other Benefits

Benefit Extender

How To

Statutory notice:

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.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931). This product is underwritten by Centriq Insurance Company Limited (FSP 3417).

Our gap cover Policies are supporting products to your Medical Scheme product. To ensure that our products are designed to best support your needs, any changes to Medical Scheme products may cause changes to your gap cover Policy.

We are continuously improving our communications and content. The latest version of this document is available on www.kaelo.co.za. Any material changes once your Policy has been issued will be communicated.

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www.kaelo.co.za

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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 in the clauses below are deemed as separate events and may qualify for coinciding yet distinct Benefits, as the case may be.

Core Benefits

Health Service	Benefit	Limit
Core Benefits	<p>The following Benefits are defined as core Benefits:</p> <ul style="list-style-type: none"> • Tariff Shortfalls • Co-Payments and Deductibles • Shortfalls from Sub-Limits • Oncology Tariff Shortfalls • Oncology Sub Limits <p>The Benefit names listed throughout this document are for reference purposes only and will not form part of any Benefit definition.</p>	<p>The overall maximum Benefit payable for the Core Benefit clauses of this Policy shall be limited to the statutory maximum of R172 000 per Insured Party per annum.</p> <p>Prescribed Minimum Benefits (PMB) procedures are covered under Core Benefits and are subject to clinical review by our Specialist third party, MedClaims Assist.</p>
Tariff Shortfalls	<p>Benefits relating to this clause will only be paid in respect of services occurring during a Hospital Episode that are rendered and charged for by an individual Medical Practitioner.</p> <p>Core Benefits Tariff Shortfalls Example</p> <p>Mr. S is on a Medical Scheme – plan A which covers him to a maximum of 100% of the Medical Scheme Rate. This means that the Medical Scheme will pay all expenses towards Mr. S’s treatment costs.</p> <p>The Medical Scheme Rate for a total colonoscopy is R2 000 (100%) which means that the maximum that the Medical Scheme will pay is R2 000 (100%).</p> <p>The specialist performing the procedure charged R10 000 which is five (5) times the Medical Scheme tariff (500%).</p> <p>The maximum Benefit payable by this policy for this procedure is therefore: R10 000 – Fee charged by the specialist LESS R2 000 – Benefit paid by Medical Scheme = R8 000 – The gap cover Benefit.</p>	<p>Included.</p> <p>Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to five times (500%) that of the Medical Scheme Tariff, maximum R172 000 per Insured Party per annum.</p>

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Core Benefits

Health Service	Benefit	Limit																																
Co-Payments and Deductibles	<p>Benefits relating to this clause will only be paid in respect of the defined diagnostic procedures listed in Table one and which occur during an Insured Event.</p> <p>The Benefit payable is equal to the fixed value Deductible or Co-payment amount, as defined in the rules of the Insured Party’s Medical Scheme and relating to the defined Diagnostic Procedure listed in Table one.</p> <table border="1"> <thead> <tr> <th colspan="2">Table One - Defined Diagnostic Procedures</th> </tr> </thead> <tbody> <tr> <td>Cystourethroscopy</td> <td>Gastroscopy</td> </tr> <tr> <td>Colonoscopy</td> <td>Cystoscopy or Hysteroscopy</td> </tr> <tr> <td>Proctoscopy</td> <td>CT Scan</td> </tr> <tr> <td>Sigmoidoscopy</td> <td>MRI or PET Scan</td> </tr> </tbody> </table> <p>Benefits relating to this clause will only be paid in respect of the Defined Medical Procedures listed in Table two and which occur during a Hospital Episode.</p> <p>The Benefit payable is equal to the fixed value Deductible or Co-payment amount, as defined in the rules of the Insured Party’s Medical Scheme and relating to the defined Medical Procedure listed in Table two.</p> <table border="1"> <thead> <tr> <th colspan="2">Table Two - Defined Medical Procedures</th> </tr> </thead> <tbody> <tr> <td>Conservative Back and Neck Treatment</td> <td>Endometrial Ablation</td> </tr> <tr> <td>Myringotomy</td> <td>Hernia Repair</td> </tr> <tr> <td>Tonsillectomy</td> <td>Varicose Vein Surgery</td> </tr> <tr> <td>Adenoidectomy</td> <td>Percutaneous Radiofrequency Ablations</td> </tr> <tr> <td>Facet Joint Injections</td> <td>Rhizotomies</td> </tr> <tr> <td>Arthroscopy</td> <td>Confinement</td> </tr> <tr> <td>Functional Nasal Procedures</td> <td>Circumcision</td> </tr> <tr> <td>Non-Malignant Hysterectomy</td> <td>Hymenotomy</td> </tr> <tr> <td>Laparoscopy</td> <td>Nissen Fundoplication</td> </tr> <tr> <td>Hysteroscopy</td> <td>Spinal Fusion or Major Joint Replacement</td> </tr> </tbody> </table>	Table One - Defined Diagnostic Procedures		Cystourethroscopy	Gastroscopy	Colonoscopy	Cystoscopy or Hysteroscopy	Proctoscopy	CT Scan	Sigmoidoscopy	MRI or PET Scan	Table Two - Defined Medical Procedures		Conservative Back and Neck Treatment	Endometrial Ablation	Myringotomy	Hernia Repair	Tonsillectomy	Varicose Vein Surgery	Adenoidectomy	Percutaneous Radiofrequency Ablations	Facet Joint Injections	Rhizotomies	Arthroscopy	Confinement	Functional Nasal Procedures	Circumcision	Non-Malignant Hysterectomy	Hymenotomy	Laparoscopy	Nissen Fundoplication	Hysteroscopy	Spinal Fusion or Major Joint Replacement	<p>Included.</p> <p>Core benefits are limited to R172 000 per Insured Party per annum.</p>
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Core Benefits		
Health Service	Benefit	Limit
Shortfalls from Sub-Limits	<p>Benefits relating to this clause will only be paid in respect of a service, provided during a Hospital Episode, where the charges relating to the service supplied has exceeded a relevant Benefit sub-limit of the Insured Party's Medical Scheme plan type.</p> <p>The Benefit payable is equal to the charged amount, less the amount paid by the Policyholder's Medical Scheme, subject to a maximum limit per event or medical condition as per the limit.</p>	<p>Included.</p> <p>Limit: R55 220.</p>
Oncology Tariff Shortfalls	<p>Benefits relating to this clause will only be paid in respect of oncology and related treatment, that has been approved by the Insured Party's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during an Insured Event.</p> <p>Oncology Tariff Shortfalls Example</p> <p>Mr. T is on a Medical Scheme – plan B which covers him to a maximum of 100% of the Medical Scheme rate. This means that the Medical Scheme will pay all expenses at the defined Medical Scheme rate towards Mr. T's treatment costs.</p> <p>The Medical Scheme rate for the specific oncology treatment is R20 000 (100%). This means that the maximum that the Medical Scheme will pay is R20 000.</p> <p>The total cost for the specific Oncology treatment required by Mr. T is R100 000 which is five times the Medical Scheme Tariff (500%).</p> <p>The maximum Benefit payable by this Policy for this procedure is therefore: R100 000 – Oncology Treatment Cost LESS R20 000 – Benefit paid by Medical Scheme = R80 000 – Your gap cover Benefit.</p>	<p>Included.</p> <p>Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to five times (500%) of the Medical Scheme Tariff, maximum R172 000 per Insured Party per annum.</p>
Oncology Sub Limits	<p>Benefits relating to this clause will only be paid in respect of oncology and related treatment, that has been approved by the Insured Party's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during an Insured Event.</p>	<p>Included.</p> <p>Core benefits are limited to R172 000 per Insured Party per annum.</p>

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Core Benefits		
Health Service	Benefit	Limit
Oncology Sub Limits	<p>Benefits relating to this clause will only be paid in respect of services, where the charges relating to the services supplied, have exceeded the Benefit sub-limit that applies to oncology treatment of the Insured Party's Medical Scheme plan type.</p> <p>The Benefit payable is equal to the charged amount, less the amount paid by the Policyholder's Medical Scheme.</p>	Included.
Other Benefits		
Health Service	Benefit	Limit
Oncology Co-Payments	<p>Benefits relating to this clause will only be paid in respect of oncology and related treatment, that has been approved by the Insured Party's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during an Insured Event.</p> <p>The Benefit payable is equal to the Co-payment applied once related costs have exceeded the specific threshold defined by the Medical Scheme.</p>	<p>Included.</p> <p>The maximum Benefit payable shall be limited to a 20% Co-Payment, maximum R172 000 per Insured Party per annum.</p>
Out-of-Hospital Tariff Shortfalls	<p>Benefits relating to this clause will only be paid in respect of the defined out-patient procedures or treatment listed in Table three that are rendered and charged for by an individual Medical Practitioner.</p> <p>Out-of-Hospital Tariff Shortfalls Example</p> <p>Mr. V is on a Medical Scheme – plan C which covers him to a maximum of 100% of the Medical Scheme Rate. This means that the Medical Scheme will pay all expenses at the defined Medical Scheme Rate towards Mr. V's treatment costs. Mr. V has opted to undergo an Arthroscopy of his shoulder out of hospital.</p> <p>The Medical Scheme Rate for a total Arthroscopy is R2000 (100%). This means that the maximum that the Medical Scheme will pay is R2000 (100%). The specialist performing the procedure charged R10 000 which is five times the Medical Scheme tariff (500%).</p> <p>The maximum benefit payable by this policy for this procedure is therefore:</p> <p>R10 000 – Fee charged by the specialist for the Arthroscopy LESS R2 000 – Benefit paid by Medical Scheme =R8 000 – Your gap cover Benefit.</p>	<p>Included.</p> <p>Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to five times (500%) the Medical Scheme Tariff, maximum R172 000 per Insured Party per annum.</p>

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Other Benefits		
Health Service	Benefit	Limit
Out-of-Hospital Tariff Shortfalls	Table Three - Defined Out-Patient Procedures / Treatment	
	Cystourethroscopy, Colonoscopy, Proctoscopy, Sigmoidoscopy, Gastroscopy, Cystoscopy or Hysteroscopy	Blepharotomy, Drainage of Abscess, Eyelid
	Surgical Extraction of Wisdom Teeth	General Surgery
	Home Births	Drainage of Superficial Abscess (e.g. Carbuncle, Suppurative Hidradenitis, Cutaneous or Paronychia, Perineal Abscess Etc)
	Dialysis Treatment	Puncture Aspiration of Cyst of Breast
	Circumcision	Removal Foreign Body
	Cone Biopsy	Anoscopy
	Pap Smears	Gastroscopy
	Colposcopy of the Cervix Including Upper / Adjacent Vagina; With Loop Electrode Conisation of Cervix / Biopsy	Sigmoidoscopy for Diagnostic or Removal Foreign Body or Tumours
	Cauterisation of Warts	Breast Biopsy or Vacuum Assisted Biopsy
	Insertion Mirena In Rooms	Other Biopsies
	Destruction (e.g. Laser, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Benign Lesions Other Than Skin Tags or Cutaneous Vascular Lesions;	Dental
	Nasal Cautery - Cautery and / or Ablation, Mucosa of Inferior Turbinates, Unilateral or Bilateral Any Method;	Drainage of Abscess, Cyst, Haematoma from Dentoalveolar Structures
	Ophthalmology	Drainage of Abscess, Cyst, Haematoma, Vestibule of Mouth
	Meibomian Cyst Excision	Root Canal
Excision of Chalazion		

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Other Benefits		
Health Service	Benefit	Limit
Accidental Casualty	<p>Benefits relating to this clause will only be paid in respect of emergency out-patient services that are a direct result of Accidental Harm and are provided within a casualty ward of a Hospital.</p> <p>No Benefit is payable under this clause for services that are related to an Illness or that are not delivered within a casualty ward of a Hospital.</p>	<p>Included.</p> <p>Subject to a maximum of R15 600 per event.</p>
Penalty Co-Payment	<p>Notwithstanding exclusion related penalties, Kaelo will pay a fixed value Penalty Co-payment or Deductible, or a percentage penalty Co-payment that does not exceed 30%, for the voluntary use by an Insured Party of a Hospital that is not part of a Hospital Network.</p> <p>Any other liability arising against an Insured Party from a Penalty, as defined, that is not a fixed value Penalty co-payment defined in the rules of the Policyholder's Medical Scheme, remains an exclusion.</p>	<p>Included.</p> <p>This is subject to a maximum of one such event per Family per annum and a maximum of R15 800 per event.</p>
Innovative Medicines	<p>A value equal to the lesser of 25% of the total drug cost or R10 000 as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your Medical Scheme.</p>	<p>Included.</p>
Benefit Extender		
Health Service	Benefit	Limit
Family Booster	<p>A lump sum Benefit is payable when a Premature Birth occurs.</p>	<p>Included.</p> <p>Lump sum Benefit is R14 000.</p>
Hospital Booster	<p>The following daily lump sum Benefits are payable where an Insured Party is admitted to a Hospital, and such an Insured Event occurred as a direct result of either Accidental Harm or Premature Birth, as defined, in your Policy. The Benefit is payable from day one of the Hospital Episode:</p> <p>R400 per day from the 1st to the 13th day (inclusive).</p> <p>R780 per day from the 14th to the 20th day (inclusive).</p> <p>R1 560 per day from the 21st to the 30th day (inclusive).</p>	<p>Included.</p> <p>A maximum of two Hospital Episodes per Family will attract Benefits under this clause per annum, subject to an overall maximum Benefit of R26 260 per Insured Party per annum.</p>

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Benefit Extender		
Health Service	Benefit	Limit
Hospital Booster	<p>For the purposes of the above Benefit calculation, the first day is defined as commencing at the time of admission to Hospital and ending 24 hours later. All subsequent days are defined as commencing and ending on the same start and end times as the first day. The following Benefit limitations apply to this clause:</p> <p>If more than one Insured Party in the Family is hospitalised as a result of the same event, only the Insured Party with the longest Hospital Episode will attract a Benefit under this clause.</p> <p>No Benefit is payable under this clause after day 30 of any Hospital Episode.</p>	
Family Protector	<p>The lump sum Benefit is payable upon the Death or Permanent Disability of an Insured Party due to Accidental Harm.</p>	<p>Included.</p> <p>Limited as follows:</p> <ul style="list-style-type: none"> • Children below six years: R20 000 • All other Insured Parties: R30 000
Dental Reconstruction Benefit	<p>Benefits relating to this clause will only be paid in the event of dental reconstruction surgery being required as a direct result of Accidental Harm or from oncology treatment that occurred after the Inception of this policy.</p> <p>The Benefit payable is equal to the charged amount less the amount paid by the Policyholder's Medical Scheme.</p>	<p>Included.</p> <p>Subject to a maximum of R49 900 per event or medical condition.</p>
Medical Scheme Contribution Waiver	<p>The following lump sum Benefit is payable upon the death or permanent disability of the Principal Member of the Medical Scheme only as a result of an accident.</p> <p>The Benefit amount will only apply (become payable) where there are dependants registered on the Medical Scheme, who are being paid for by the Policyholder.</p> <p>The Benefit payable is equal to the monthly Medical Scheme contribution applicable after the qualifying event above, multiplied by six and subject to an overall maximum limit. This Benefit is limited to one event over the policy lifetime.</p> <p>In addition, the Kaelo Gap Cover premium will be waived for six months.</p>	<p>Included.</p> <p>The Medical Scheme Contribution is subject to an overall maximum of R34 815.</p>

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Benefit Extender		
Health Service	Benefit	Limit
Road Accident Fund Claims	<p>An end-to-end legal service is provided by the nominated Service Provider of Kaelo to assist Insured Parties with legitimate claims against the Road Accident Fund.</p> <p>Service Providers are contracted to Kaelo Risk and not to the Insurer: Centriq Insurance Company Limited.</p>	Included.

How To

HOW TO SUBMIT A CLAIM:



Understand



Submit



Notified

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