

# 2021

western  
Rethink Insurance

# westerngap

shortfall cover



## Western Gap - LPE

### What is Gap Cover?

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

### Why Choose Gap Cover?

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.

Western 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:

#### Medical Related Benefits

#### Other Benefits

#### 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). Underwritten by Western National Insurance Company Limited (FSP 9465).

Any stated Benefit provided in this Policy is considered to be a contribution to any pre-estimated costs and expenses related to your Health Event.

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](http://www.kaelo.co.za). Any material changes once your Policy has been issued will be communicated.

This brochure should be read together with your Policy and Policy Schedule as they all form part of your agreement with the Insurer and UMA. Please ensure that you familiarise yourself with all the terms and conditions contained in all the documents you have received.



[www.kaelo.co.za](http://www.kaelo.co.za)

kaelo

Medical Related Benefits		
Healthcare Service	Benefit	Limit
Overall Annual Limit	Over and above the specific limits on Benefits as indicated below, the Medical Related Benefits will be limited to R172 000 per Insured Party (as defined) in aggregate.	Included.
Tariff Shortfalls	<p>Benefits relating to this clause will only be paid in respect of services occurring whilst as an in-patient and/or outpatient (as stated in the defined event) and charged for by an individual Medical Practitioner.</p> <p>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 at the defined Medical Scheme rate towards Mr. S' Treatment costs.</p> <p>The Medical Scheme rate for a total colonoscopy is R2000 (100%).</p> <p>This means that the maximum that the Medical Scheme will pay is R2000 (100%)</p> <p>The Specialist performing the procedure charged R12 000 which is six times the Medical Scheme Tariff (600%)</p> <p>The maximum Benefit payable by this Policy for this procedure is therefore:</p> <p>R12 000 – Fee charged by the Specialist LESS                      R2 000 – Benefit paid by the Medical Scheme                      = R10 000 – Your gap cover Benefit.</p>	<p>Included.</p> <p>Any Benefit provided for charges above the Medical Scheme Tariff shall be limited to an additional five times (500%) that of the Medical Scheme Tariff. There is no limit on the Rand amount or number of claims allowed Per Annum.</p>
Accidental Casualty	Following an Emergency due to an Accident (as defined), all costs incurred for any investigations Treatment, and/or surgery in a registered Hospital Emergency unit.	<p>Included.</p> <p>Any Benefits provided for Accidental Emergency Treatment provided in a registered hospital emergency unit, shall be limited to R12 900 per Policy Per Annum.</p>

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## Medical Related Benefits

Healthcare Service	Benefit	Limit
<b>In-Hospital Tariff Shortfalls</b>	<p>A Benefit equal to the cost of in-Hospitalisation and associated medical expenses (as defined) relating to one of the below mentioned listed procedures less the cover provided by the Medical Scheme option:</p> <ul style="list-style-type: none"> <li>• In-Hospital management of Dentistry limited to impacted teeth or reconstructive plastic surgery due to an Accident that occurs during the period of cover.</li> <li>• Functional nasal surgery.</li> <li>• Surgery for oesophageal reflux and hiatus hernia.</li> <li>• Knee and shoulder surgery.</li> <li>• Back and neck Treatment or surgery.</li> <li>• Joint replacements, including but not limited to hips, knees, shoulders and elbows.</li> <li>• Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors.</li> <li>• Correction of Hallux Valgus (Bunion) and Tailor's Bunion (bunionette).</li> <li>• Removal of varicose veins.</li> <li>• Skin disorders, including benign growths and lipomas.</li> <li>• Investigations and diagnostic workups.</li> <li>• Arthroscopy.</li> <li>• Endoscopic procedures.</li> </ul>	<p>Included.</p> <p>The maximum Benefit payable for the listed procedures shall be the actual costs incurred, calculated at the Medical Scheme Rate and limited to <b>R80 000 in aggregate per annum per Family.</b></p>

## Other Benefits

<b>Innovative Medicines</b>	Approval for any innovative drugs will be required by your Medical Scheme.	<p>Included.</p> <p>A value equal to the lesser of <b>25%</b> of the total drug cost or <b>R10 000</b> as it relates to Innovative Medicines.</p>
<b>Accidental Death and Disability Benefit - Policyholder</b>	In the event of the death due to an Accident or Total and Permanent Disability of the Policyholder, a stated Benefit as per the Benefit limit prescribed in this Policy will be payable to the Insured Party.	<p>Included.</p> <p>The stated Benefit due on the death, due to an Accident or Total and Permanent Disability, of the Policyholder will be limited to <b>R15 600 per Policy Per Annum.</b></p>
<b>Accidental Death and Disability Benefit - Dependants</b>	In the case of the death due to an Accident or Total and Permanent Disability of any Dependant covered under the Policy, a stated Benefit as per the Benefit limit will be payable.	<p>Included.</p> <p>This will be limited to <b>R10 550 for any Dependant per Policy Per Annum.</b></p>

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## Other Benefits

<p><b>Contribution Waiver</b></p>	<p>In the event of the death or Total and Permanent Disability to the Medical Scheme Main Member (as defined) a Benefit equal to the monthly Premium of the Medical Scheme contribution, provided that the Policyholder is younger than a certain age.</p>	<p>Included.</p> <p>The Medical Scheme contribution cover is limited to the actual monthly Premium of the Medical Scheme contribution but limited to an amount of <b>R4 750 per month</b>. The Benefit will be paid for a period of <b>six months</b>. The actual cost of the Medical Scheme Premium will be calculated taking into account only the members registered on the Medical Scheme Membership as at the time of the event and provided that the Policyholder is <b>younger than 66 years (at time of claim)</b>.</p>
<p><b>Contribution Waiver</b></p>	<p>In the event of the death or Total and Permanent Disability or forced retrenchment of the Policyholder, Policy Premiums will be waived provided that the Policyholder is younger than a certain age.</p>	<p>Included.</p> <p>The Policy Premiums will be waived for a period of <b>six months</b> from date of event provided that the Policyholder is <b>younger than 66 years (at time of claim)</b>.</p>

## How to

### HOW TO SUBMIT A CLAIM:



**Understand**



**Submit**



**Notified**

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