

2021

CENTRIQ
INSURANCE



kaelogap

shortfall cover



Gap HealthGuard

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

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.

This brochure which is also the Detail of Services and Benefits annexure to your Policy, 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.



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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.

The overall maximum Benefit payable for the Core Benefit clauses below of this Policy shall be limited to the statutory maximum of **R172 000 per Insured Party per annum**.

Prescribed Minimum Benefits (PMB) procedures are covered under Core Benefits and are subject to clinical review by our Specialist third party, MedClaims Assist.

Core Benefits

Health Service	Benefit	Limit
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>

Benefit Extender

Health Service	Benefit	Limit
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>R416 per day in a General or High Care Ward. R832 per day in an Intensive Care Ward.</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>	
Benefit Extender		
Health Service	Benefit	Limit
Excess Per Claim Event	Once the total claim value has been calculated in accordance with available Benefits, for the same event, an excess of R2 000 will be applied against the total claim value.	The excess is applied on a per event basis and not per Benefit clause.

How To

HOW TO SUBMIT A CLAIM:



Understand



Submit



Notified

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