

## UNDERSTANDING YOUR GAP COVER POLICY

### What is Gap Cover?

Gap cover is a non-life insurance product that helps you cover certain cost shortfalls that your medical aid does not cover in full. These medical shortfalls occur when your selected doctor or medical specialist charges rates that are more than what your Medical Scheme will pay for.

These shortfalls vary according to the fees charged by a medical specialist and the nature of the procedure required. Kaelo Gap provides security regardless of the Medical Scheme plan or option selected. This freedom allows patients to select the very best doctors without having to worry about whether the medical bills will be fully covered by the Medical Scheme.

### What is the Purpose of Gap cover?

Gap cover is essential for Medical Scheme Members\* due to the high cost of specialist treatments and above-inflation increases, meaning that more people are at risk of being left behind and excluded from the quality medical care they need and deserve.

Many medical disciplines are increasing their charges at a rate much higher than that of inflation, some up to 500% of Medical Scheme rates. Patients and their families are required to meet the cost shortfalls that exist between what their medical aid covers and the actual charge of the specialist. Gap cover helps you cover these cost shortfalls in line with statutory and Policy limits, terms and conditions.

\*You must be a member of a Registered Medical Scheme

### What Does My Gap Cover Include?



#### Core Benefits

#### Benefit Extenders

Cover is for certain cost shortfalls for in-hospital treatment as well as certain defined out-of-hospital procedures. For detailed information and whether these Benefits are applicable to your plan, access your Policy and Detailed Benefits and Services.

#### 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

#### 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 claims through our preferred/chosen partner. This is a non-insurance Benefit and not underwritten by Centriq.

# Defined Out-Patient Procedures and Exclusions

## Defined Out-Patient Procedures

Please note that any out-patient procedure not defined in this list will be excluded from cover.

### Diagnostic

- Cystourethroscopy
- Colonoscopy
- Proctoscopy
- Sigmoidoscopy
- Gastroscopy
- Cystoscopy or Hysteroscopy

### Ophthalmology

- Meibomian Cyst Excision
- Excision of Chalazion
- Blepharotomy
- Drainage of Abscess, Eyelid

### General Surgery

- Drainage of Superficial Abscess (e.g., Carbuncle, Suppurative Hidradenitis, Cutaneous or Paronychia, Perineal Abscess Etc.)
- Dialysis Treatment
- Removal Foreign Body
- Anoscopy
- Colposcopy of the Cervix Including Upper / Adjacent Vagina; With Loop Electro Conisation of Cervix / Biopsy
- Cauterisation of Warts
- Breast Biopsy or Vacuum Assisted Biopsy
- Destruction (e.g., Laser, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement) of Benign Lesions other Than Skin Tags or Cutaneous Vascular Lesions
- Nasal Cautery - Cautery and / or Ablation, Mucosa of Inferior Turbinates, Unilateral or Bilateral
- Home Birth

### Dental

- Drainage of Abscess, Cyst, Haematoma from Dentoalveolar Structures
- Drainage of Abscess, Cyst, Haematoma
- Vestibule of Mouth
- Root Canal
- Surgical Extraction of Wisdom Teeth

## Exclusions

For a detailed outline of all Policy Exclusions pertaining to Insurer and Medical Scheme rules, please refer to section I of your Policy.

The Insurer shall not be liable for any Claim caused by or related to, whether such cause or related cause is as a direct or indirect consequence of these exclusions.

Waiting periods may apply to all Policies and may affect a claim resulting in an Exclusion, please refer to your Policy Schedule to view any applicable waiting periods.

- **Any Claim that is excluded or rejected by the Policyholder's Medical Scheme, this means, if your Medical Scheme has not paid their portion toward any particular line item charged, it will not be covered by your Gap Cover Policy**
- Any Claim that does not form part of the registered Benefits of the Policyholder's Medical Scheme but has been paid on an ex-gratia basis
- Any fee charged by a Medical Practitioner, Hospital or other medical Service Provider that constitutes Split Billing as defined in this Policy. This exclusion does not apply to Balance Billing, also defined in this Policy
- 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, temporo-mandibular 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 augmentation
- Gastroplasty, lipectomy or otoplasty
- Gender reversal procedures
- Therapeutic massage therapists
- Rehabilitation, frail care or hospice services
- Step-Down Facilities
- TTO (To-Take-Out) medicines

**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.**



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).  
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