



westerngap

LPE Brochure 2023

western

Rethink Insurance

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 Western National Insurance Company Limited (FAIS: Juristic Representative under FSP 9465).

What is Gap Cover?

Gap Cover is additional protection that provides you with medical shortfall cover when you need it the most. It covers the difference between the cost of medical treatment charged by your healthcare providers and the amount paid by your medical aid.



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Why Choose Western Gap Cover?

Life is full of unexpected moments. Western Gap Cover provides you with peace of mind and financial cover for in-hospital and defined out-of-hospital medical shortfalls. It also allows you to be able to choose the best medical care for you and your family. There are a number of Western Gap plan options to choose from, allowing a tailor-made solution to suit your financial as well as benefit needs.

What Does My Gap Cover Include?



Medical Related Benefits

- Tariff Shortfalls
- Accidental Casualty
- Child Casualty Illness
- In-Hospital Tariff Shortfalls

Other Benefits

- Accidental Death and Disability Benefit - Policyholder and Dependants
- Medical Aid Contribution Waiver
- Western Gap Premium Waiver
- Kaelo Lifestyle:
 - Counselling
 - Coaching
 - Legal and Financial Advice

Disclaimer: This brochure is only a summary of cover. For a comprehensive list of benefits and limits that apply to a specific plan, please view your Policy document, or contact your Financial Advisor.

Exclusions (What we will not cover)

Claims caused by or related to any of the following, will not be covered:

- Any claim that is excluded or rejected by the Insured Party's medical aid. This means that, if your medical aid has not paid their portion toward any particular line item charged, it will not be covered by your Gap Cover Policy.
- Any costs related to consultations or services provided on an out-patient basis, or outside of the hospitalisation date except where provision for out-patient Treatment has been paid by your medical aid from the risk/hospital benefit.
- Investigations, treatment and surgery for obesity its consequence or cosmetic surgery or surgery directly or indirectly caused by or related to or inconsequence of cosmetic surgery other than as a result of an Insured Event.
- Out-patient dentistry, orthodontic, prosthodontic, cosmetic dentistry or dental implants, other than dental implants relating to an accident, Trauma or cancer related reconstructive surgery.
- Emergency casualty admissions that are not an Emergency (as defined) or not with a registered Hospital Emergency unit, or where the cost of such an admission has been paid from the in-Hospital risk portion of your medical aid.
- Any procedure or code not covered or declined or paid as an exception by your medical aid unless specific cover has been provided in the Policy.
- All costs related to ward fees, theatre fees and other Hospital expenses including materials and medication on the Hospital account, unless specific cover has been provided in the Policy.
- Admin fees, levies or doctor's co-payments paid directly to the doctor or Specialist and are not related to the medical aid.
- Any cost or shortfall due to you exceeding your benefit limit on your medical aid unless specific cover has been provided in the Policy.
- Any costs related to to-take-home medication (TTO) dispensed for aftercare and External Appliances.
- Cancer Treatment costs and biological medication not approved by your medical aid as part of your initial or ongoing oncology Treatment plan.



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

Medical Related Benefits

Health Service	Benefit	Limit
Overall Annual Limit	Limited to R200 000 per Insured Party. Subject to legislated annual limit.	✓
Tariff Shortfalls	Limited to an additional five times (500%) that of the medical aid tariff for treatment received whilst in-hospital, or out-patient procedures where the charges were paid by your medical aid from the risk/hospital benefit.	Subject to the Overall Annual Limit.
Accidental Casualty	Following an Emergency due to an accident.	Limited to R14 200 per Policy Per Annum.
Casualty – Child Illness	Emergency out-patient services that are provided within a casualty ward of a Hospital. The Benefit is only payable in the event of after-hours Treatment. After-hours are Mondays to Fridays between 18:00 and 08:00 and all-day Saturdays, Sundays and South African public holidays.	Subject to two events and R2 860 per event Per Annum. Limited to Children under age 12.
In-Hospital Tariff Shortfalls	<p>A Benefit equal to the cost of in-Hospitalisation and associated medical expenses related to listed procedures. Please refer to the list of these procedures below:</p> <ul style="list-style-type: none"> • In-hospital management of Dentistry, limited to impacted teeth or reconstructive plastic surgery due to an accident that occurs during the period of cover • Functional nasal surgery • Surgery or oesophageal reflux and hiatus hernia • Knee and shoulder surgery • Back and neck treatment or surgery • Joint replacements, including but not limited to hips, knees, shoulders and elbows • Cochlear implants, auditory brain implants and internal nerve stimulators - this includes procedures, devices and Processors • Correction of Hallux Valgus (Bunion) and Tailor's Bunion (Bunionette) • Removal of varicose veins • Skin disorders, including benign growths and lipomas • Investigations and diagnostic work-ups • Arthroscopy • Endoscopic procedures 	Limited to R89 000 in aggregate per annum per Family.

Other Benefits

Health Service	Benefit	Limit
Accidental Death and Disability Benefit - Policyholder	In the event of death due to an accident or Total and Permanent Disability of the Policyholder.	Limited to R15 600 per Policy Per Annum.
Accidental Death and Disability Benefit - Dependants	In the event of death due to an accident or Total and Permanent Disability of any Dependant covered under the Policy.	Limited to R10 550 for any Dependant per Policy Per Annum.
Contribution Waiver	In the event of the death or Total and Permanent Disability of the main member on the medical aid, a Benefit equal to the monthly Premium of the medical aid contribution will be paid, provided that the Policyholder is younger than 66 years (at time of claim).	Limited to R4 940 per month. The Benefit will be paid for a period of six months.
Premium Waiver	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 66 years (at time of claim).	Waived for a period of six months from the date of the event.

As a Kaelo client, you have access to Kaelo Lifestyle Digital. Contact Kaelo Lifestyle | Digital on 0861 635 766 or visit www.kaelo.co.za. For detailed information on the Benefit please refer to the Kaelo Lifestyle Digital Brochure included. This is a Valued Added Service. The Kaelo service offering is not underwritten by Western National Insurance Company. Any stated Benefit listed in this content is considered to be a contribution to pre-estimated costs and expenses.



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Understand



Submit



Notified

To claim from Western Gap, you will need to submit the following documents to western@kaelo.co.za:

- A completed Western Gap Claim form, (www.kaelo.co.za/western-gap-claim-form-2).
- A copy of the Specialist's account/s;
- Hospital accounts; 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 6 months from the first day that you were hospitalised to submit your claim. Any claim received after the 6 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, paid within 7-14 working days.



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Please direct all queries to the Western Gap Service Centre on 0861 008 258



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western@kaelo.co.za



www.kaelo.co.za/western-gap

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