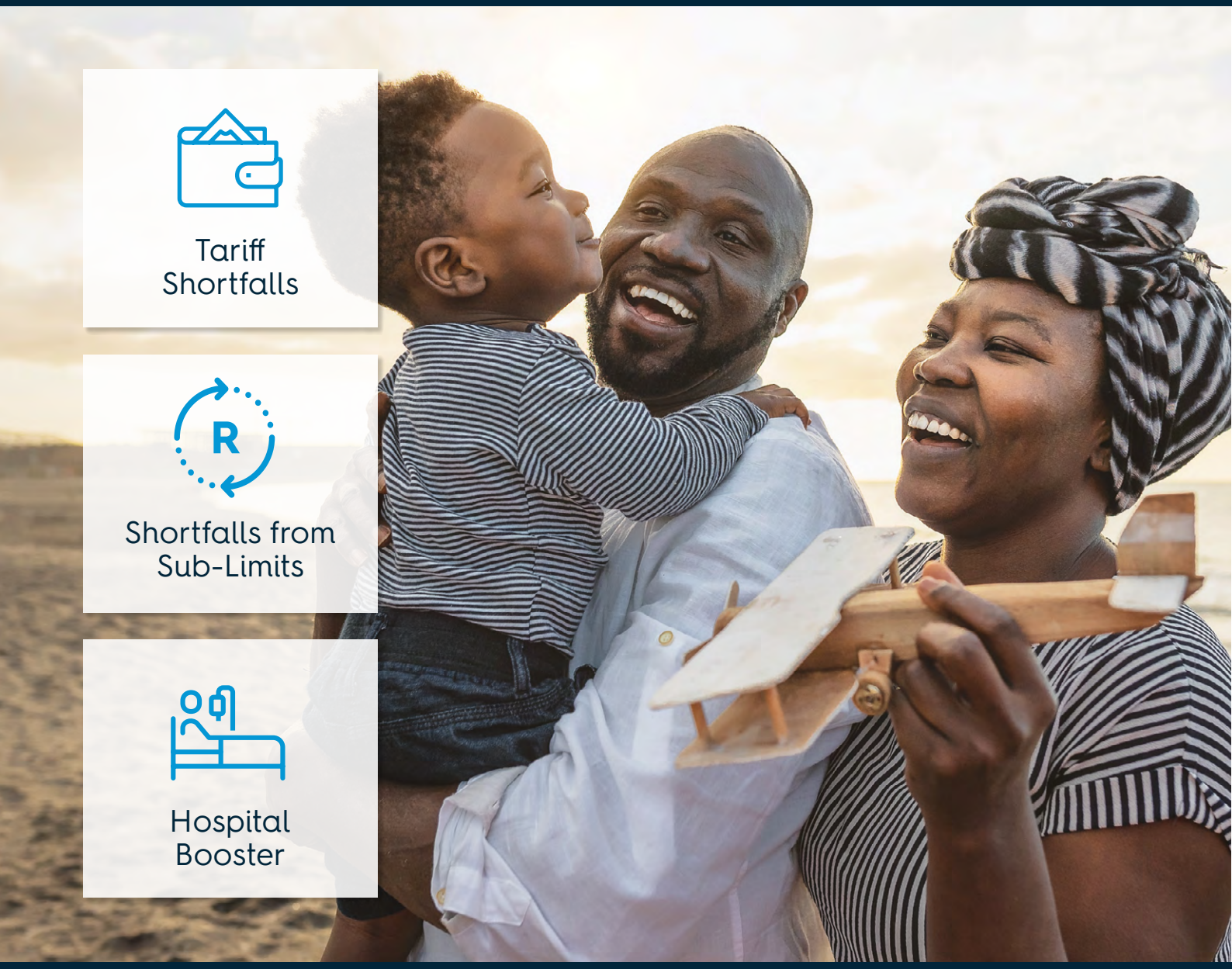
kaelogap

Making **Private Healthcare** Affordable and Accessible for all South Africans.



Tariff Shortfalls

Shortfalls from Sub-Limits

Hospital Booster

Core Gap Cover | Brochure 2024

What is Gap Cover?

Gap Cover is additional protection against shortfalls to complement your medical aid cover. Shortfalls occur when your healthcare provider charges higher rates than what your medical aid will pay. These shortfalls expose you to out-of-pocket expenses that could lead to exorbitant debts.

INSURED BY CENTRIQ INSURANCE
A LICENSED NON-LIFE INSURER

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. The administrator of Kaelo Gap is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931). Kaelo Gap is insured by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). Lifestyle Benefits are Kaelo Offerings. Service Providers are contracted to Kaelo.

kaelogap

Why Choose **Kaelo Gap Cover?**

Kaelo Gap extends your cover regardless of the medical aid or plan you've selected.

The comprehensive benefits offering has been carefully designed to meet the potential shortfalls that you may experience. This freedom allows you to select the best doctors based on their clinical expertise rather than the fees they charge.

Whether you're single or have a family, Kaelo Gap offers flexibility and affordable premiums regardless of your family size.

What Does **Kaelo Gap Core** Cover Include?

Core Benefits

- Tariff Shortfalls
- Shortfalls from Sub-Limits
- Out-of-Hospital Tariff Shortfalls
- Dental Reconstruction Benefit

Benefit Extenders

- Family Protector
- Gap Premium Waiver
- Hospital Booster
- Medical Scheme Contribution Waiver
- End to End Road Accident Fund claims

Lifestyle Benefits

- Counselling
- Coaching
- Legal and Financial Advice
- **extra** by Dis-Chem

Lifestyle Benefits are optional at an additional fee.

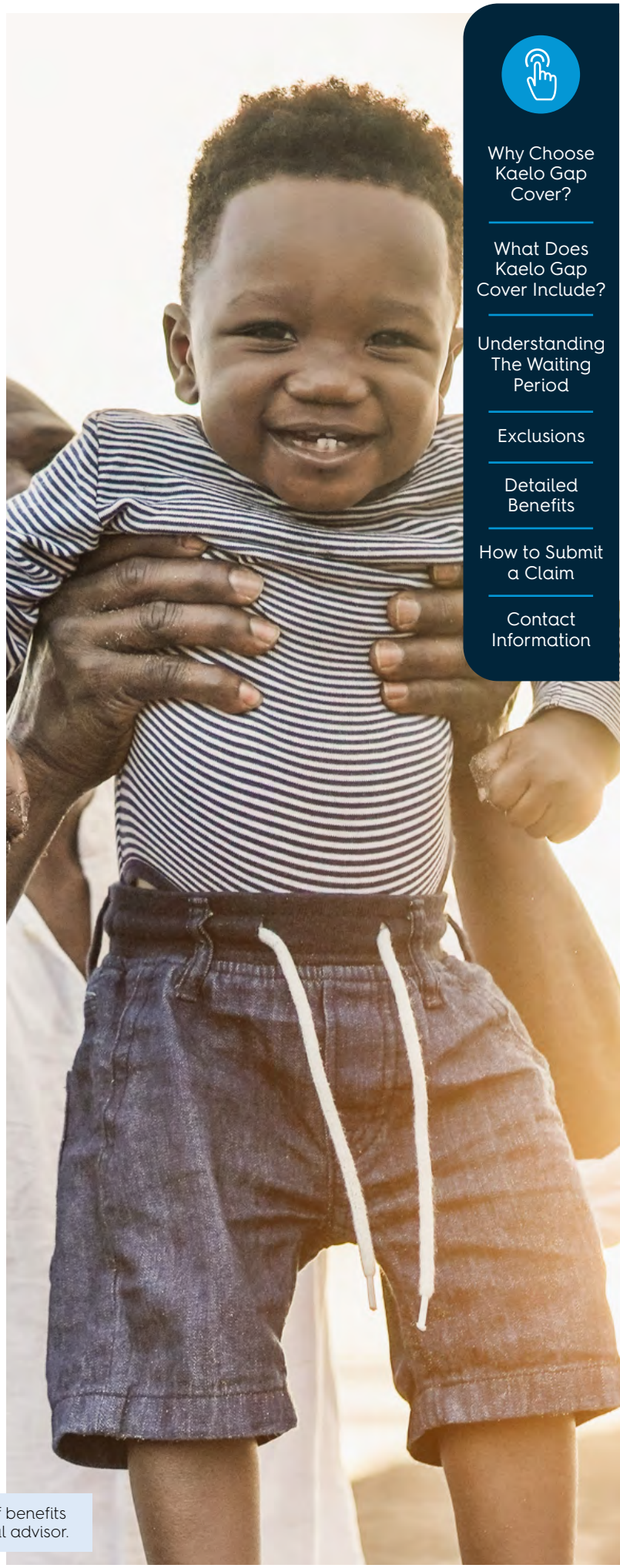
Understanding the **Waiting Periods**

Waiting Periods

The waiting periods for Kaelo Gap are as follows:

- 3 - Month General Waiting Period
- 12 - Month Condition-Specific Waiting Period

This brochure is only a summary of cover. For a comprehensive list of benefits and limits that apply to a specific plan, please contact your financial advisor.



Why Choose Kaelo Gap Cover?

What Does Kaelo Gap Cover Include?

Understanding The Waiting Period

Exclusions

Detailed Benefits

How to Submit a Claim

Contact Information

kaelogap

What are the waiting periods for Employer Groups joining Kaelo Gap?

- Waiting periods are determined at take on - waiting periods will either be applied; waived or reduced.
- Policyholders who join Kaelo Gap on a voluntary basis through their employer group will receive full waiting periods.
- Compulsory groups will have all waiting periods waived.

Moving from another Gap provider?

You can easily move from your previous Gap cover to Kaelo Gap. In order to ensure that the waiting periods are applied fairly and in line with the below, we suggest that you do not allow for a break in your cover.

If there is no break in cover, then the unexpired portion of the waiting periods from the previous policy will be applied to your Kaelo Gap policy when you move over and if you already completed your waiting periods on your previous Gap cover no waiting periods will apply on Kaelo Gap.

What is offered in terms of waiting period concessions?

- We will waive the 3-month General Waiting Period.
- 12-month condition specific exclusions will still apply.
- Waiting period concessions are negotiatied with Kaelo by your broker.

Your broker will advise you when a concession period has been opened. Concessions are only applicable to employer groups.

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 claim that does not form part of the registered benefits of the Insured Party's medical aid but has been paid on an ex-gratia basis
- Any fee charged by a Medical Practitioner, Hospital or other healthcare providers 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, temporomandibular 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 enlargement
- Gastroplasty, lipectomy or otoplasty
- Gender reversal procedures
- Therapeutic massage therapists
- Rehabilitation, frail care or hospice services
- Step-Down Facilities
- TTO (To-Take-Out) medicines

Why Choose Kaelo Gap Cover?
What Does Kaelo Gap Cover Include?
Understanding The Waiting Period
Exclusions
Detailed Benefits
How to Submit a Claim
Contact Information

kaelogap

DETAILED BENEFITS

The Benefits listed below 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 Benefits listed below are deemed as separate benefits and may qualify for coinciding yet distinct benefits, as the case may be.

Why Choose Kaelo Gap Cover?
What Does Kaelo Gap Cover Include?
Understanding The Waiting Period
Exclusions
Detailed Benefits
How to Submit a Claim
Contact Information

Benefits

Health Service	Benefit	Limit
Core Benefits	The Overall Annual Limit applied to all Core Benefits is **R198 660** per Insured Party Per Annum.	✓
Tariff Shortfalls	This Benefit provides an additional 500% of the medical aid rate for services provided during a Hospital Episode, covering shortfalls for service providers such as surgeons, radiologists, pathologists and physiotherapists. Also includes cover for Prescribed Minimum Benefits (PMBs).	Limited to the Overall Annual Limit.
Shortfalls from Sub-Limits	This Benefit will apply for services provided during a Hospital Episode, where the charges relating to the service supplied have exceeded the Sub-limit benefit paid by the Insured Party's medical aid.	**R32 500**
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover of up to 500% of the medical aid rate for out-patient procedures, subject to the costs being funded from the risk/hospital benefit by the Insured Party's medical aid.	Limited to the Overall Annual Limit.
Dental Reconstruction Benefit	The Benefit is payable where dental reconstruction surgery is required as a direct result of Accidental Injury or from oncology Treatment.	The Benefit is subject to two events per Family Per Annum and a maximum amount of **R45 700** Per Annum.

Benefit Extenders

Health Service	Benefit	Limit
Hospital Booster	A lump-sum payment, related to the length of the Hospital stay, will be paid in the event of an accident or Premature Birth. A maximum of two Hospital Episodes per Family Per Annum.	Day 1 to day 13 **R412** per day. Day 14 to day 20 **R803** per day. Day 21 to day 30 **R1 555** per day. Maximum Benefit of **R28 500** per Insured Party Per Annum.
Family Protector	A lump sum payment upon the death or Permanent Disability of an Insured Party due to Accidental Injury.	Children below six years: **R20 000.** All other Insured Parties: **R28 000.**
Medical Scheme Contribution Waiver	A lump sum Benefit is payable upon the death or Permanent Disability of the Policyholder due to Accidental Injury and where the Policyholder is the principal member of the medical aid. The Benefit will apply where there are dependants registered on the Medical Scheme, who are being paid for by the Policyholder.	Contributions will be covered for six months up to an overall maximum amount of **R35 500.** This Benefit is limited to one event over the Policy lifetime.
Gap Cover Premium Waiver	In the event of the death or Permanent Disability of the Policyholder as a result of an accident, Policy Premiums will be waived. The Benefit will apply where the Policyholder is the principal member of the medical aid and only if there are dependants registered on the Gap policy who are being paid for by the Policyholder.	The Kaelo Gap Cover premium will be waived for six months from the date of the event. Limited to one event over the Policy lifetime.
Road Accident Fund Claims	Assistance with Road Accident claims. Service Providers are contracted to Kaelo Risk and not to the Insurer: Centriq Insurance Company Limited.	✓

Lifestyle Benefits

Kaelo Lifestyle Digital gives you and your dependants access to Counselling, Coaching, Support and Care through our AskNelson programme. You can contact AskNelson on 0861 635 766 or visit www.kaelo.co.za. If you have opted in for Lifestyle Benefits, you also get access to the extra by Dis-Chem rewards programme. For detailed information please refer to the Kaelo Lifestyle AskNelson Digital Benefits Brochure. This is a non-insurance product offered by Kaelo. Service Providers are contracted to Kaelo.

kaelogap

How to submit **a claim**

1 **Submit**

2 **Notified**

1. Reference No.
2. Processed
3. Authorised
4. Paid

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

- A completed Kaelo Gap Claim form, (www.kaelo.co.za/kaelogap-claim-form).
- 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

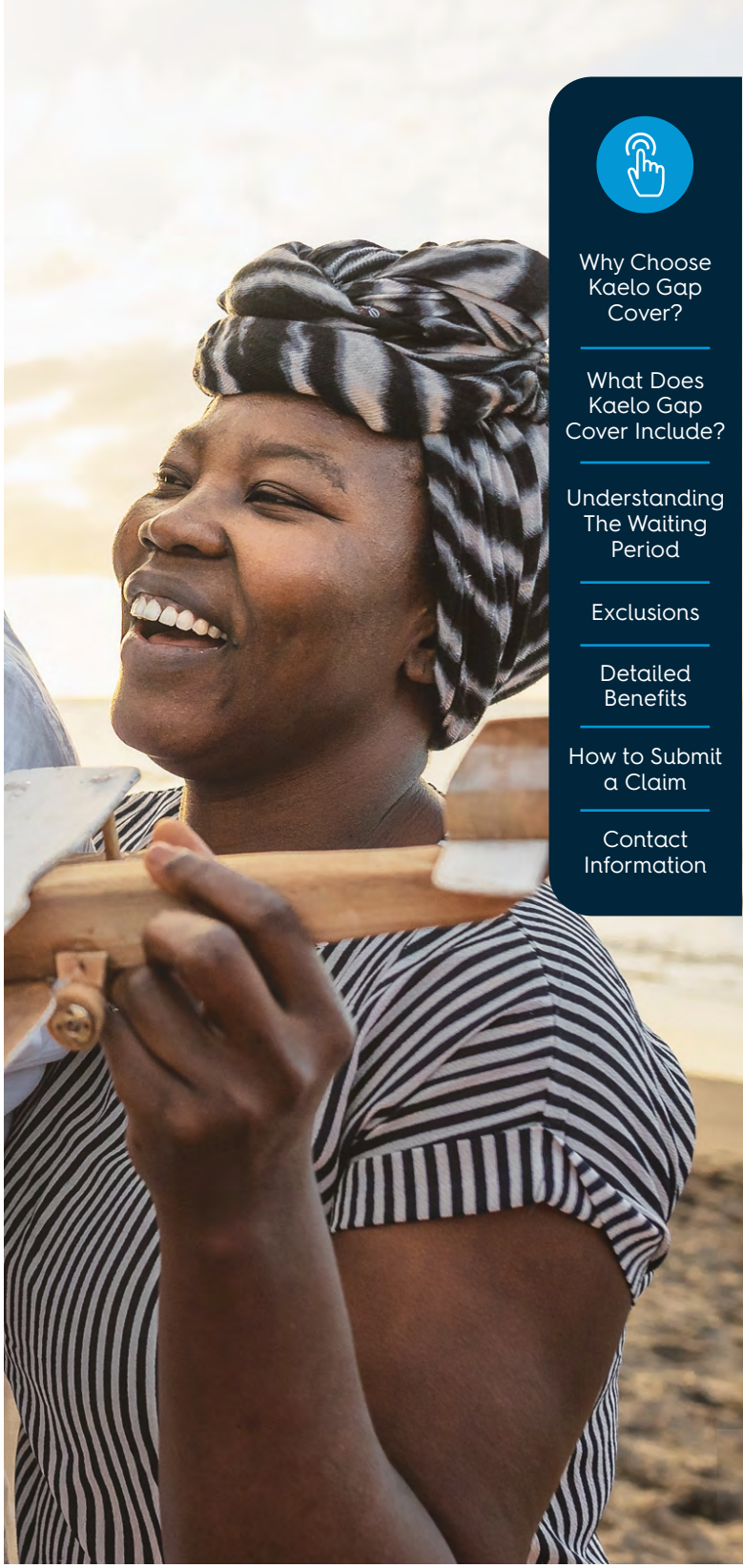
Time frame to submit your claim:

You have six months from the end of the Insured Event to submit your claim. Any claim received after the six 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 to 14 working days.

Please direct all queries to the **Kaelo Service Centre on 0861 493 587.**



Why Choose Kaelo Gap Cover?

What Does Kaelo Gap Cover Include?

Understanding The Waiting Period

Exclusions

Detailed Benefits

How to Submit a Claim

Contact Information

Contact Information

0861 493 587 kaelogap@kaelo.co.za www.kaelo.co.za/kaelo-gap

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.
The administrator of this product is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931).
Insurance products are insured by Centriq Insurance Company Limited, a licensed non-life insurer and an authorised Financial Services Provider (FSP 3417).
Lifestyle Benefits are Kaelo offerings. Service Providers are contracted to Kaelo. This document may not, in whole or in part, be copied, photocopied, reproduced, translated, simplified, published or distributed in any way without the prior written consent of Centriq Insurance Company Limited.