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

Tariff Shortfalls

In-hospital Tariff Shortfalls

Accidental Casualty

Select Brochure 2024

What is Gap Cover?

Gap Cover is additional protection that provides you with medical expense 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.

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).

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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 expense 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
- Consumables
- Oncology Co-Payments and Sub-Limits
- Step Down Facility
- Dental Reconstruction Benefit
- Accidental Casualty
- Child Casualty Illness
- Innovative Oncology Medicines

Other Benefits

- Accidental Death and Disability Benefit - Policyholder and Dependants.
- Oncology-First Time Diagnosis
- Medical Aid Contribution Waiver
- Western Gap Premium Waiver

Lifestyle Benefits:

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

*Lifestyle Benefits are optional at an additional fee.

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 outpatient 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.

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.

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DETAILED BENEFITS

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 **R210 579** per Insured Party. Subject to the legislated annual limit.	✓
Tariff Shortfalls	Limited to an additional six times (600%) that of the medical aid tariff for treatment received whilst in-hospital, or outpatient procedures where the charges were paid by your medical aid from the risk/hospital benefit.	Subject to the Overall Annual Limit.
Standard Co-Payments and Deductibles	Standard Co-payment or an upfront Deductible amount for the cost of a Medical or Surgical Procedure.	Subject to the Overall Annual Limit.
Penalty Co-Payments and Deductibles	Penalty Co-payment or an upfront deductible related to the use of a non-Designated Service Provider (DSP).	Limited to two events and a maximum of **R12 830** per Policy Per Annum.
Sub-Limit	The cost for Surgical Procedures or the cost of Internal Prosthesis above a sub-limitation in terms of the medical aid rules.	Limited to a total Benefit of **R70 800** per Policy Per Annum.
Consumables	Charges above the medical aid tariff related to shortfalls on medicine, materials and internal appliances on the doctor's account.	Limited to **R7 120** per Insured Party Per Annum.
Oncology Co-Payments and Sub-Limits	A Benefit equal to charges above a sub-limitation, a Co-payment or a Deductable imposed by the medical aid on chemotherapy or radiotherapy, basic and specialised radiology, pathology, Specialist consultations and Biological Cancer Drugs for Treatment.	✓
Step-Down Facility	A stated Benefit for admission as an in-patient to a Step-Down or Sub-Acute Recovery Facility provided that such admission results in a minimum stay of three consecutive days.	Limited to **R11 660** per Insured Party Per Annum.
Dental Reconstruction Benefit	Charges above the medical aid tariff related to dental reconstructive surgery due to an accident, Trauma or cancer.	Limited to **R23 500** per Insured Party Per Annum.
Accidental Casualty	Following an Emergency due to an accident, all costs incurred for any investigations, Treatment, and/or surgery in a registered Hospital Emergency Unit.	Limited to **R19 180** per Policy Per Annum.
Casualty – Child Illness	• Paid in respect of emergency outpatient services that are provided within a casualty ward of a Hospital. • The Benefit is only payable in the event of after-hours Treatment in an Emergency. • 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 **R3 000** per event Per Annum. Limited to Children under age 12.
Maternity Booster	A Benefit for childbirth where additional medical expenses are incurred as a result of childbirth.	Subject to one maternity event Per Annum and limited to **R3 700.**
Innovative Oncology Medicines	Approval for any innovative drugs will be required by your Medical Scheme.	A value equal to the lesser of 25% of the total drug cost or **R13 800.**

Other Benefits

Health Service	Benefit	Limit
Accidental Death and Disability Benefit - Policyholder	If the Policyholder dies or suffers Total and Permanent Disability due to an accident, a stated Benefit will be payable to the Insured Party.	Limited to **R15 600** per Policy Per Annum.
Accidental Death and Disability Benefit - Dependants	If a Dependant dies or suffers Total and Permanent Disability due to an accident, a stated Benefit will be payable.	Limited to **R10 550** for any Dependant per Policy Per Annum.
Oncology-First Time Diagnosis	• A stated Benefit for the first-time diagnosis of cancer to the medical equivalent of stage 2 or higher form of cancer. • It excludes any form of cancer that was previously identified or required Treatment.	Limited to **R39 400** per Insured Party per lifetime, and provided that the Insured Party is younger than 66 years (at time of diagnosis).
Contribution Waiver	In the event of the death or Total and Permanent Disability of the Medical Scheme main member, a Benefit equal to the monthly Premium of the Medical Scheme 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.

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 Digital and Lifestyle Benefits Brochures. These benefits are exclusive Kaelo service offerings and are 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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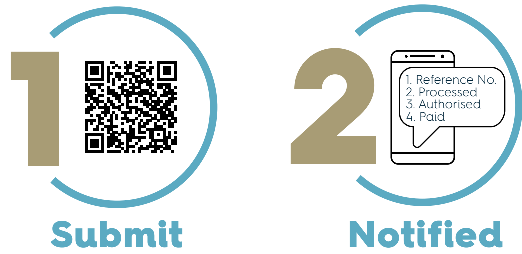
How to submit a claim



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 six months from the first day that you were hospitilised 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 7-14 working days.

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

Contact Information

0861 008 258

western@kaelo.co.za

www.kaelo.co.za/western-gap

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2nd Floor, The Oval - East Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
0861 008 258 I western@kaelo.co.za I www.kaelo.co.za
Group Directors: J Savage, S Lees I Non-Executive Directors: K Bouic

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