

# westerngap

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



Tariff Shortfalls



In-hospital Tariff Shortfalls



Accidental Casualty

## LPE 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).

## 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
- 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
- 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 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

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



## 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 <b>R210 579</b> per Insured Party. Subject to 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.
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 <b>R15 050</b> per Policy Per Annum.
Casualty – Child Illness	<ul style="list-style-type: none"> <li>• Paid in respect of emergency outpatient services that are provided within a casualty ward of a Hospital.</li> <li>• The Benefit is only payable in the event of after-hours Treatment in an Emergency.</li> <li>• After-hours are Mondays to Fridays between 18:00 and 08:00 and all day Saturdays, Sundays and South African public holidays.</li> </ul>	Subject to two events and <b>R3 000</b> 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"> <li>• In-hospital management of dentistry, limited to impacted teeth or reconstructive plastic surgery due to an accident that occurs during the period of cover</li> <li>• Functional nasal surgery</li> <li>• Surgery or oesophageal reflux and hiatus hernia</li> <li>• Knee and shoulder surgery</li> <li>• Back and neck treatment or surgery</li> <li>• Joint replacements, including but not limited to hips, knees, shoulders and elbows</li> <li>• Cochlear implants, auditory brain implants and internal nerve stimulators - this includes procedures, devices and processors</li> <li>• Correction of hallux valgus (bunion) and tailor's bunion (bunionette)</li> <li>• Removal of varicose veins</li> <li>• Skin disorders, including benign growths and lipomas</li> <li>• Investigations and diagnostic work-ups</li> <li>• Arthroscopy</li> <li>• Endoscopic procedures</li> </ul>	Limited to <b>R94 300</b> in aggregate per annum per Family



## OTHER 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.

Other Benefits		
Health Service	Benefit	Limit
<b>Accidental Death and Disability Benefit - Policyholder</b>	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 <b>R15 600</b> per Policy Per Annum.
<b>Accidental Death and Disability Benefit - Dependants</b>	If a Dependand dies or suffers Total and Permanent Disability due to an accident, a stated Benefit will be payable.	Limited to <b>R10 550</b> for any Dependand per Policy Per Annum.
<b>Contribution Waiver</b>	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 is payable, provided that the Policyholder is younger than 66 years at the time of claim.	Limited to <b>R4 940</b> per month. The Benefit will be paid for a period of six months.
<b>Premium Waiver</b>	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 the time of the claim.	The Policy Premiums will be 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](http://www.kaelo.co.za). If you have opted in for Lifestyle Benefits at an additional amount, 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.

## How to submit a claim



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

- A completed Western Gap Claim form, ([www.kaelo.co.za/western-gap-claim-form-2](http://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 hospitalised 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](mailto:western@kaelo.co.za)



[www.kaelo.co.za/western-gap](http://www.kaelo.co.za/western-gap)

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Group Directors: J Savage, S Lees | Non-Executive Directors: K Bouic