Financial protection
for unexpected medical expense shortfalls

OLDMUTUAL

iWYZE Gap Cover Brochure

2026

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GENRIC Insurance

kaelo

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 GENRIC Insurance Company Limited (FSP: 43638), an Authorised Financial Services Provider and licensed non-life insurer.

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What is Gap Cover?

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

Why Choose **iWYZE Gap Cover?**

Life is full of unexpected moments. Iwyze 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.

What Does My **Gap Cover Include?**

Medical Related Benefits

- Tariff Shortfalls
- Standard Co-Payments and Deductibles
- Penalty Co-Payment
- Shortfalls From Sub-Limits
- Dental Reconstruction Benefit
- Dental Benefit
- Childbirth Benefit
- Oncology Tariff Shortfalls
- Oncology Co-Payments
- Oncology Sub-Limits
- Out-of-Hospital Tariff Shortfalls
- Out-of-Hospital Co-Payments and Deductibles
- External Appliance Benefit

Other Benefits

- Accidental Casualty
- Family Booster
- Medical Scheme Contribution Waiver
- Step-Down Facility Benefit

Exclusions

(What is not covered)

For a detailed outline of all Policy Exclusions, please refer to your Policy document.

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 Scheme. This means that, if your Medical Scheme has not paid its 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 Scheme from the risk/Hospital Benefit.
- Investigations, treatment, and surgery for obesity and its consequences, gender reassignment, cosmetic surgery, or surgery directly or indirectly caused by or related to or its consequence of cosmetic surgery other than as a result of an Insured Event.
- Out-patient dentistry, orthodontic, prostho-dontic, 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 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 Scheme.

- Any procedure or code not covered or declined or paid as an exception by your Medical Scheme 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 your Medical Scheme.
- Any cost or shortfall due to you exceeding your Benefit limit on your Medical Scheme 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 Scheme as part of your initial or ongoing oncology Treatment plan.

Waiting Periods

The waiting periods for iWYZE Gap are as follows:

- **3-month** General Waiting Period.
- **12-month** Waiting Period on Pre-existing Conditions.
- **12-month** Waiting Period for any pregnancy-related incidents.

Detailed Benefits

The Benefits listed below apply only to 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.

Benefit	Description	Gap Benefit Limit
Overall Annual Limit (OAL)	All core Benefits are limited to the Overall Annual Limit of **R223 000** per Insured Person per annum. **This limit applies from 1 April 2026 to 31 March 2027, while the current limit of R219 845 applies from 1 January 2026 to 31 March 2026.**	
In-Hospital Benefits		
Tariff Shortfalls	The Benefit payable is limited to a minimum of **100%** and a maximum of **500%** of the Medical Scheme Rate based on the Insured's Medical Scheme Plan. Subject to additional sub-limits, refer to the detailed Benefit Schedule in the Policy document.	Limited to the OAL
Co-Payments & Deductibles	The Benefit payable equals the fixed value Deductible or Co-payment amount, as defined in the rules of the Insured Person's Medical Scheme and relating to the Defined Diagnostic Procedures and Medical Procedures listed in the Policy document.	The Benefit payable equals the fixed value, Deductible or Co-payment amount. Subject to the OAL.
Penalty Co-payment	The benefit payable is a fixed value, Penalty Co-payment or Deductible, as defined in this Policy, for the voluntary use by an Insured Person of a Hospital that is not part of the Medical Scheme's Hospital Network.	Limited to **1** event per Policy per annum, up to a maximum of **R16 000** per event.
Shortfalls from Sub-Limits	Benefits are payable for services rendered during a Hospital Stay when the associated charges exceed the applicable sublimit of the Insured Person's selected Medical Scheme Benefit option.	Limited to a maximum of **R50 000** per Policy per annum.
Childbirth	Benefits are payable for services provided and billed by an individual Medical Practitioner during a Hospital stay (except in cases where the services are deemed medically necessary). The Benefit payable is limited to a minimum of **100%** and a maximum of **200%** of the Medical Scheme Rate based on the Insured Person's Medical Scheme Plan.	Limited to a maximum of **R15 900** per Hospital event.

Benefit	Description	Gap Benefit Limit
Dental	Benefits are payable for Basic Dentistry as defined in the Policy, as well as for the specified specialised dentistry procedures, whether performed during an in-hospital stay, at a day clinic, or on an outpatient basis.	Limited to a maximum of: • **R5 480** of Tariff Shortfall per Policy, per annum. • **R5 480** for Co-payments per Policy, per annum. • **2** events per Policy per annum. • Subject to the OAL
In-and Out-of-Hospital Oncology Benefits		
Oncology Tariff Shortfalls	The Benefit payable is limited to a minimum of **100%** and a maximum of **500%** of the Medical Scheme Rate based on the Insured Person's Medical Scheme Plan.	Limited to **500%** of the Medical Scheme Rate.
Oncology Co-Payments	The Benefit payable equals the Co-payment applied by the Insured Person's Medical Scheme once related costs have exceeded the specific threshold.	Limited to **20%** of the Co-Payment, subject to the OAL.
Oncology Sub-Limits	Benefits are payable for services where the charges exceed the Oncology Treatment sub-limit applicable to the Insured Person's Medical Scheme Benefit option. The Benefit payable equals the total charged amount less the amount paid by the Insured Person's Medical Scheme.	Subject to the OAL
Out-of-Hospital Benefits		
Tariff Shortfalls	Benefits are payable for the Defined Outpatient Procedures and Treatments listed below, provided and charged by a Medical Practitioner.	Subject to the OAL
Co-Payments & Deductibles	The Benefit payable equals the fixed value Deductible or Co-payment amount, as defined in the rules of the Insured Person's Medical Scheme and relating to the Defined Diagnostic Procedure listed in the Policy document.	Subject to the OAL
Accidental Casualty	Benefits are payable for emergency outpatient services directly resulting from Accidental Harm, provided the services are rendered within the casualty ward of a Hospital.	Limited to a maximum of **R15 900** per Policy per annum.
External Appliances	Benefits are payable for the purchase of External Appliances as defined in the Policy document.	Limited to a maximum of **R2 120** per Policy per annum.
Benefit Extender		
Family Booster	A lump sum Benefit payout in the event of a Premature Birth, as defined, occurs.	Limited to a maximum of **R15 000** per Policy per annum.
Dental Reconstruction	Benefits are payable for dental reconstruction surgery required due to Accidental Harm or as a result of Oncology Treatment.	Limited to a maximum of **R40 000** per Policy per annum.
Medical Scheme Contribution Waiver	This Benefit becomes payable if the main member of the Medical Scheme, who must also be the Policyholder of this Gap Cover Policy, passes away or becomes Permanently Disabled, provided all Insured Persons are covered under a single Medical Scheme.	Limit to a maximum of **R30 000** for a maximum of **6** months during the lifetime of the Policy.
Step-Down Facility	A one-time lump sum Benefit is paid if the main member of the Medical Scheme, who must also be the Policyholder, spends at least **10** consecutive days in a Step-Down or sub-acute facility, as defined in this Policy.	Limited to a maximum of **R5 000** per Covered Event, per Policy per annum. Limited to **1** Covered Event per Policy per annum.

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

Submit **Notified**

To claim from your Gap Policy, you must submit the following documents to iwyzegap@kaelo.co.za:

- A completed iWYZE Gap Claim form; (www.kaelo.co.za/iwyze).
- 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.

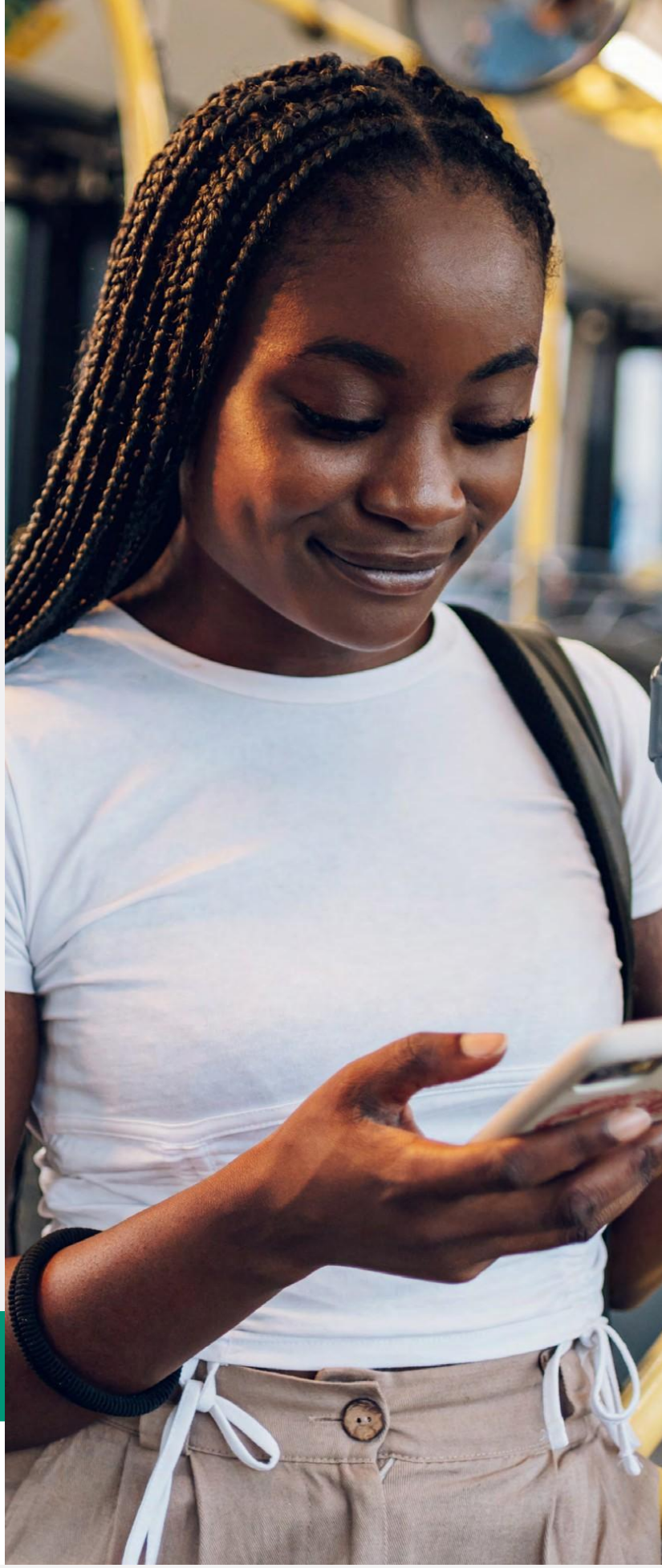
Time frame to submit your claim:

You have **6** months from the end of the Insured Event to submit your claim. Any claim received after the **6** months 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, your claim will be processed within **7** to **14** working days.

Please direct all queries to the **Kaelo Service Centre**



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