



kaelogap

Brochure 2023



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 underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and an authorised Financial Services Provider (FSP 3417). The Value Added Services are Kaelo offerings. Service Providers are contracted to Kaelo.
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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.

Why Choose Kaelo Gap Cover?

Kaelo Gap extends your cover regardless of the medical aid or plan option 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 Cover Include?



Core Benefits

- Tariff Shortfalls
- Co-Payments and Deductibles
- Shortfalls from Sub-Limits
- Oncology Tariff Shortfalls
- Oncology Sub-Limits
- Oncology Co-Payments
- Out-of-Hospital Tariff Shortfalls
- Dental Reconstruction Benefit
- Penalty Co-payments and Deductibles
- Innovative Oncology Medicines

Benefit Extenders

- Family Booster
- Hospital Booster
- Family Protector
- Accidental Casualty
- Child Casualty Illness
- Medical Scheme Contribution Waiver
- End to End Road Accident Fund claims
- Kaelo Lifestyle:
 - Counselling
 - Coaching
 - Legal and Financial Advice

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.



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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.

Health Service	Benefit	Limit
Core Benefits	The Overall Annual Limit is R185 837 per Insured Party Per Annum, which is the maximum combined Benefit payable by the Insurer for all Core Benefit clauses. However, this limit will increase on 1 April 2023, in line with the annual Consumer Price Index (CPI) inflation rate as published by Statistics South Africa, but it will not exceed R200 000 .	✓
Tariff Shortfalls	This Benefit provides additional cover of up to 500% of the medical aid rate, covering shortfalls for healthcare service providers such as surgeons, radiologists, pathologists and physiotherapists. It also includes cover for Prescribed Minimum Benefits (PMBs).	Subject to the Overall Annual Limit.
Co-Payments and Deductibles	Benefits payable are for a standard Co-payment or an upfront Deductible amount for the cost of a diagnostic or Medical Procedure.	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.	R60 900
Oncology Tariff Shortfalls	The Oncology shortfall benefit provides additional cover of up to 500% of the Medical Scheme rate, for cancer treatment shortfalls.	✓
Oncology Sub Limits	Benefits will be paid in respect of oncology and related treatment, that has been approved by the Insured Party's Medical Scheme, for the purposes of treating cancer (malignant neoplasm) and which occurs during an Insured Event.	✓
Oncology Co-Payments	The Oncology Co-payment Benefit provides cover for the 20% Oncology related Co-Payment applied by your medical aid.	✓
Out-of-Hospital Tariff Shortfalls	This benefit provides additional cover of up to 500% of the Medical Scheme 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.
Penalty Co-Payment	Cover for penalty Co-payments or Deductibles, up to a maximum of 30%, for the voluntary use by an Insured Party of a non-Network Hospital.	Two events per Family Per Annum and a maximum of R17 500 per event.
Innovative Oncology Medicines	Benefits will be paid in respect of defined Innovative Oncology Medicines approved by the Insured Party's Medical Scheme.	A value equal to the lesser of 25% of the total drug cost or R13 000 .
Dental Reconstruction Benefit	The Benefit is payable where Dental reconstruction surgery is required as a direct result of Accidental Harm or from oncology Treatment that occurred.	The Benefit is subject to two events per Family Per Annum and a maximum amount of R49 900 Per Annum.



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Health Service	Benefit	Limit
Family Booster	A lump sum Benefit payable when a Premature Birth occurs.	R15 900
Casualty – Child Illness	Paid in respect of 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 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 a maximum of two events Per Annum and R2 700 per event. Limited to children under age 12.
Accidental Casualty	Cover for emergency out-patient services that are a direct result of Accidental Harm and are provided within a casualty ward of a Hospital.	R17 400 per event.
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 R480 per day. Day 14 to day 20 R860 per day. Day 21 to day 30 R1 700 per day. Maximum Benefit of R29 300 per Insured Party Per Annum.
Family Protector	A lump sum payment upon the death or Permanent Disability of an Insured Party due to Accidental Harm.	Children below six years: R20 000 . All other Insured Parties: R30 000 .
Medical Scheme Contribution Waiver	A lump sum Benefit is payable upon the death or Permanent Disability of the Policyholder due to Accidental Harm and where the Policyholder is the principal member of the medical aid. The Benefit will apply where there are dependants registered on the medical aid, who are being paid for by the Policyholder.	Contributions will be covered for 6 months up to an overall maximum amount of R35 500 . This Benefit is limited to one event over the Policy lifetime.
Gap 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.	Waived for a period of six months from the date of the event. This Benefit is 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.	

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 Value Added Service offered by Kaelo. Service Providers are contracted to Kaelo.



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Understand



Submit



Notified



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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 6 months from the end of the Insured Event 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 processed and paid within 7 to 14 working days.



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



Contact Information



0861 493 587



kaelogap@kaelo.co.za



www.kaelo.co.za/kaelo-gap



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INSURANCE

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