

Base Gap Cover

Summary of Cover 2027



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. Dis-Chem Gap is not a Medical Scheme or an Insurer. The administrator for Dis-Chem Gap 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.

What is covered



Core Benefits

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



Benefits Extenders

- Hospital Booster
- Family Protector
- Medical Scheme Contribution Waiver
- End to End assistance with Road Accident Fund

What can I add to my Gap Cover?

Lifestyle Benefits

- Counselling
- Coaching
- Legal and Financial Advice
- **Better Rewards** by Dis-Chem

Kaelo Lifestyle through our AskNelson programme provides valuable psychological, legal and financial support to Members and their families to best assist them in coping with life, work, or school challenges that may be affecting their well-being.



Disclaimer: For a detailed outline of all benefits, conditions and policy exclusions please refer to your Policy Wording.

Understanding the Waiting Periods

The waiting periods for Dis-Chem Gap are as follows:

- **12-month Condition-Specific Waiting Period** - you cannot claim any benefits relating to a condition for which medical advice, diagnosis, care or treatment was recommended or received within the **12-month** period prior to your cover Inception Date.
- **Three-month General Waiting Period** - the period in which you may not claim any benefits, except if your claim is due to an accident.
- Waiting periods will not be applied to a newborn or Spouse if they are added to your Policy within **90 days** from the birth or marriage date.

Moving from another Gap provider?

You can easily move from your previous Gap cover to Dis-Chem Gap: 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 less than **90 days** break in cover, then the unexpired portion of the waiting periods from the previous policy will be applied to your Dis-Chem Gap: 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 Dis-Chem Gap: Gap.

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 your Policy. This exclusion does not apply to Balance Billing, also defined in your Policy
- Any Treatment or Medical Procedure for infertility • Any Treatment or Medical Procedure where such treatment occurred outside of the period of cover
- External prosthesis
- Any appliances including, but not limited to, wheelchairs, beds or convalescing equipment

Exclusions (continued)

- 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

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 deemed as separate events and may qualify for coinciding yet distinct Benefits, as the case may be.

Detailed Benefits		
Health Service	Benefit	Limit
Core Benefits	The Overall Annual Limit applied to all Core Benefits is R233 035 per Insured Party Per Annum.	
Tariff Shortfalls		
Tariff Shortfalls	This Benefit provides an additional 500% of the Medical Scheme 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). Subject to the Core Benefit Limit.	Subject to the Overall Annual Limit.
Out-of-Hospital Tariff Shortfalls	This Benefit provides additional cover of up to 500% of the Medical Scheme rate for out-patient procedures and consultations, subject to the costs being funded from the risk/hospital benefit by the Insured Party's Medical Scheme.	Subject to the Overall Annual Limit.
Sub-Limits		
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 Scheme	R34 450
Oncology Benefits		
Oncology Tariff Shortfalls	The Oncology Shortfall Benefit provides additional cover of up to 500% of the Medical Scheme rate, to cover oncology treatment shortfalls.	Subject to the Overall Annual Limit.
Oncology Sub Limits	Provides cover for oncology and related Treatment, that has been approved by the Insured Party's Medical Scheme, for the purposes of treating cancer and which occurs during an Insured Event. The Benefit payable is equal to the charged amount, less the amount paid by the Insured Party's Medical Scheme.	Included

Health Service	Benefit	Limit
Oncology Benefits		
Oncology Co-Payments	The Oncology Co-payment Benefit provides cover for the 30% Oncology related Co-Payment applied by the Medical Scheme.	Included
Dental Reconstruction		
Dental Reconstruction Benefit	The Benefit is payable where dental reconstruction surgery is required as a direct result of Accidental Injury or from oncology Treatment that occurred after the Effective Date of this Policy. The Benefit is only payable during an Insured Event. Subject to two events per Family Per Annum	R45 700
Benefit Extenders		
Booster Benefits		
Hospital Booster	An agreed Benefit 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 - 13: R412 Day 14 - 20: R803 Day 21 - 30: R1 555 Maximum Benefit of R28 500 per Insured Party Per Annum
Protector Benefits		
Family Protector	An agreed Benefit 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	An agreed 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 Scheme. The Benefit will only apply where there are dependants registered on the Medical Scheme, who are being paid for by the Policyholder	The Benefit payable is subject to an overall maximum limit of R35 500 . The waiver 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 only apply where the Policyholder is the principal member of the Medical Scheme 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. The waiver is limited to one event over the policy lifetime.

Health Service	Benefit	Limit
Protector Benefits		
Road Accident Fund Claims	Assistance with Road Accident claims. Service Providers are contracted to Kaelo Risk and notto the Insurer: Centriq Insurance Company Limited.	Included
Lifestyle Benefits		
AskNelson Services	Virtual, face-to-face and telephonic counselling, life, managerial and parent coaching services, workplace trauma interventions, financial and legal advice and assistance with Road Accident Fund claims. You can contact AskNelson on 0800 635 766 or visit www.kaelo.co.za	
Dis-Chem Better Rewards	By opting in for Lifestyle Benefits, you qualify for Dis-Chem Better Rewards where you get instant savings from 20% on a variety of everyday products.	

How to Claim

To claim from Dis-Chem Gap, you will need to submit the following documents to dischemgap@kaelo.co.za:

- A completed Dis-Chem Gap Claim form, (www.kaelo.co.za/dis-chem-health-gap-claim/).
- 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.



Submit



Notified



Please direct all queries to the **Service Centre** on **0861029892**