

Summit Gap Cover Brochure 2025.



Tariff
Shortfalls



Accidental
Casualty



Get 20% off in
every isle with
***extraRewards**

*extraRewards is part of Lifestyle Benefits which are optional at an additional fee.



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 Dis-Chem Health: Gap Cover?

Dis-Chem Health: Gap Cover extends your cover regardless of the medical aid or plan 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, Dis-Chem Health: Gap offers flexibility and affordable premiums regardless of your family size.

What Does the Summit Plan Include?

Core Benefits

- Tariff Shortfalls
- Co-Payments and Deductibles
- Shortfalls from Sub-Limits
- Oncology Tariff Shortfalls
- Oncology Sub-Limits
- Oncology Co-Payments
- Oncology First-Time Diagnosis
- Out-of-Hospital Tariff Shortfalls
- Dental Reconstruction Benefit
- Casualty Emergency
- Penalty Co-Payment
- Innovative Oncology Medicines

Benefit Extenders

- Gap Premium Waiver
- Family Booster
- Hospital Booster
- Family Protector
- Accidental Casualty
- Child Casualty Illness
- Medical Scheme Contribution Waiver
- End-to-End Road Accident Fund claims

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.



What can be added to Gap Cover?

*Lifestyle Benefits

- Counselling
- Coaching
- Legal and Financial Advice
- Dis-Chem **extraRewards**

For more information on Lifestyle Benefits please visit: <https://dischemhealth.co.za/>

*Lifestyle Benefits are Kaelo offerings. Service Providers are contracted to Kaelo.

Understanding the Waiting Periods

Waiting Periods

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

- 12-month Condition-Specific Waiting Period - The policyholder/insured party 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 their cover Inception Date.
- 3-month General Waiting Period - the period in which the policyholder/insured party may not claim any benefits, except if their claim is due to an accident.
- Waiting periods will not be applied to a newborn or Spouse if they are added to the Policy within 90 days from the birth or marriage date.

Moving from another Gap provider?

The policyholder/insured party can easily move from their previous Gap cover to Dis-Chem Health: Gap. In order to ensure that the waiting periods are applied fairly and in line with the below, we suggest that they do not allow for a break in their 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 the Dis-Chem Health: Gap policy when the policyholder/insured party move over and if they have already

completed their waiting periods on their previous Gap cover, no waiting periods will apply on Dis-Chem Health: 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 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



Detailed 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.

| Benefits | | |
|-----------------------------------|---|--|
| Health Service | Benefit | Limit |
| Core Benefits | The Overall Annual Limit applied to all Core Benefits is R210 580 per Insured Party Per Annum. | ✓ |
| Tariff Shortfalls | This Benefit provides additional cover of up to 600% of the medical aid rate for services provided during a Hospital Episode, 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 | Provides cover for diagnostic and Medical Procedures which occur during a Hospital Episode. | 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. | R68 370 |
| Oncology Tariff Shortfalls | The Oncology Shortfall Benefit provides additional cover of up to 500% of the medical aid rate, to cover oncology treatment shortfalls. | ✓ |
| Oncology Sub Limits | Provides cover for oncology and related Treatment, that has been approved by the Insured Party's medical aid, 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 aid. | ✓ |
| 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 600% of the medical aid 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 of a non-Network Hospital by an Insured Party. | Two events per Family Per Annum and a maximum of R19 660 per event. |
| Innovative Oncology Medicines | Cover for shortfalls for Innovative Oncology Medicines as defined by the Insured Party's Medical Scheme. | A value equal to the lesser of 25% of the total drug cost or R14 600 . |
| 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 occurs after the Effective Date of the Policy. The Benefit is only payable during an Insured Event. | The Benefit is subject to two events per Family Per Annum and a maximum amount of R49 900 Per Annum. |
| Casualty Emergency | Benefits paid in respect of Emergency illness-related out-patient services, that are provided within a casualty ward of a Hospital. The Benefit payable is equal to the total cost of Treatment less the amount paid by your Medical Scheme from your hospital/risk benefit. If payment is made from your available Medical Savings Account, or from your own pocket, we will refund that too. 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 one such event per Policy Per Annum and R2 500 per event. The Benefit applies to Insured Parties aged 13 and above and is subject to treatment being after-hours. |
| Oncology First-Time Diagnosis | A lump sum Benefit for the first-time diagnosis of cancer to the medical equivalent of stage 2 or higher form of cancer. The Benefit is only payable during an Insured Event. It excludes any form of cancer that was previously identified or required Treatment prior to 2024. | The Benefit is subject to one claim per Insured Party for the lifetime of the Policy. Limit R15 000 . |
| Benefit Extenders | | |
| Family Booster | A lump sum Benefit is 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 afterhours treatment. 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 R3 200 per event. Limited to children under age 12. |
| Accidental Casualty | Cover for emergency out-patient services that are a direct result of Accidental Injury and are provided within a casualty ward of a Hospital. | R19 550 per event. |

Benefit Extenders

| Health Service | Benefit | Limit |
|------------------------------------|--|--|
| 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 Injury. | 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 Injury 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 six months up to an overall maximum amount of R35 500. This Benefit 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 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. | ✓ |

Lifestyle Benefits

Kaelo Lifestyle Digital gives you and your dependants access to Counselling, Coaching, Support and Care through our AskNelson programme. You can contact AskNelson on 0800 635 766 or visit www.kaelo.co.za. If you have opted in for Lifestyle Benefits, you also get access to extraRewards by Dis-Chem. For detailed information please refer to the Kaelo Lifestyle AskNelson Digital Benefits Brochure. This is a non-insurance product offered by Kaelo. Service Providers are contracted to Kaelo.

How to Claim



Submit



Notified

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

- A completed Dis-Chem Health: Gap Claim form, ([www.kaelo.co.za /dis-chem-health-gap-claim/](http://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.



Please direct all queries to the
Service Centre on 0861 029 892

Contact Information



0861 029 892



dischemgap@kaelo.co.za



www.dischemhealth.co.za/gap-cover

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 Health is not a Medical Scheme or an Insurer. The administrator of this product is Kaelo Risk (Pty) Ltd, an authorised Financial Services Provider (FSP 36931). Insurance products are insured by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). Lifestyle Benefits are Kaelo Offerings. Service Providers are contracted to Kaelo. © Centriq Insurance Company Limited. 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.

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