

Financial protection for unexpected
medical expense shortfalls



LPE SUMMARY OF COVER 2026

Why Western 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. Your Gap Cover shields you from the potential burden of overwhelming debts.

What does my Gap Cover include?

Medical Related Benefits

- Tariff Shortfalls
- Accidental Casualty
- In-Hospital Tariff Shortfalls
- Child Illness Casualty

Other Benefits

- Accidental Death and Disability Benefit
- Policyholder and Dependents
- Medical Aid Contribution Waiver
- Western Gap Premium Waiver

Lifestyle Benefits

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

The Benefits listed below are only a summary of cover for the various Western Gap plans. For a comprehensive list of benefits and limits that apply to your specific plan, please view your Policy document.

Waiting Periods

- Three-month General Waiting Period from inception (unless due to an accident) and a ten-month waiting period for maternity and/or any procedures related to childbirth.
- Six-month Procedure-Specific waiting period for any event related to joint surgery, nasal & sinus surgery, tonsillectomy, adenoidectomy, grommets, endoscopic and arthroscopic procedures, hernia repairs, hysterectomy, cardiac surgery, spinal surgery, dentistry and cataract procedures (unless due to an accident). This specific waiting period is applicable where medical advice, diagnosis, care or treatment was recommended or received for the condition within 12 months preceding the day on which the Policy started.
- Previously diagnosed cancer, will be regarded as a pre-existing condition and Oncology Cover will be excluded for 12 months. The Oncology Diagnosis Benefit is for an Insured Party that has not previously been diagnosed with any form of cancer that required treatment.

Exclusions

(What we will not cover)

For a detailed outline of all Policy Exclusions, please refer to section J of 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 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

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.

Medical Related Benefits		
Health Service	Benefit	Limit
Overall Annual Limit	Limited to R219 845 per Insured Party. (Subject to legislated annual limit).	
Tariff Shortfalls	Limited to an additional six times (600%) that of the Medical Scheme for Treatment received whilst in-hospital, or out-patient procedures where the charges were paid by your Medical Scheme 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 R15 950 per Policy Per Annum.
Casualty – Child Illness	Paid in respect of emergency outpatient 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 two events and R3 300 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"> · In-hospital management of dentistry, limited to impacted teeth or reconstructive plastic surgery due to an accident that occurs during the period of cover · Cochlear implants, auditory brain implants and internal nerve stimulators - this includes procedures, devices and processors · Functional nasal surgery · Correction of hallux valgus (bunion) and tailor's bunion (bunionette) · Surgery or oesophageal reflux and hiatus hernia · Removal of varicose veins · Knee and shoulder surgery · Skin disorders, including benign growths and lipomas · Back and neck treatment or surgery · Investigations and diagnostic work-ups · Joint replacements, including but not limited to hips, knees, shoulders and elbows · Arthroscopy · Endoscopic procedures 	Limited to R97 600 in aggregate Per Annum per Family.
Other Benefits		
Accidental Death and Disability Benefit – Policyholder	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 R15 600 per Policy Per Annum.
Accidental Death and Disability Benefit – Dependants	If a Dependant dies or suffers Total and Permanent Disability due to an accident, a stated Benefit will be payable.	Limited to R10 550 for any Dependant per Policy Per Annum.
Contribution Waiver	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 will be paid, provided that the Policyholder is younger than 66 years (at time of claim).	Limited to R4 940 per month. The Benefit will be paid for a period of six months.
Premium Waiver	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 time of claim).	Waived for a period of six months from the date of the event.
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	Optional at an additional fee.
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.	Optional at an additional fee.

How Your Core Benefits Apply to Maternity Events

The following table illustrates how your existing Core Benefits may respond to maternity-related scenarios. These are not new or additional benefits, but a practical guide to help you understand how your cover supports you during pregnancy, childbirth, and neonatal care.

Scenario	Applicable Benefit	Description
Obstetrician, Anaesthetist, and Paediatrician Fees	Tariff Shortfalls	Covers up to an additional 600% of the Medical Scheme rate, subject to the Overall Annual Limit.
Baby Admitted to NICU or Paediatric Ward	Tariff Shortfalls	Covers the gap on specialist costs, up to an additional 600% , for the baby's hospitalisation. Not restricted to specific conditions.
Out-of-Hospital Maternity Procedures	Out-of-Hospital Tariff Shortfalls	Covers up to an additional 600% of the Medical Scheme rate charged for by an individual Medical Practitioner and paid from risk.
Casualty Visits for Illness Related Emergencies	Casualty - Child Illness	Covers a maximum of two events Per Annum and a maximum of R3 300 per event. The Benefit only applies to children under age 12 and applicable to after-hours treatment.

Any stated Benefit listed in this content is considered to be a contribution to pre-estimated costs and expenses.

How to submit a claim



To claim from Western Gap, you will need to submit the following:

- A completed Western Gap Claim form, (www.kaelo.co.za/western-gap-claim-pre-screen-questionnaire/).
- 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 493 587.**