westerngap

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Rethink Insurance

Financial protection for unexpected
medical expense shortfalls

- Cashless Co-Payment
- Tariff Shortfalls
- Accidental Casualty

GAP 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
- Consumables
- Oncology Co-Payments and Sub-Limits
- Step-Down Facility
- Dental Reconstruction Benefit
- Accidental Casualty
- Child Casualty Illness
- Emergency Casualty
- Innovative Oncology Medicines

Other Benefits

- Accidental Death and Disability Benefit - Policyholder and Dependants.
- Oncology First-Time Diagnosis
- Medical Scheme 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 Scheme. This means that, if your Medical Scheme has not paid their 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 aid from the risk/ hospital benefit.
- Investigations, treatment and surgery for obesity, its consequence or cosmetic surgery or surgery directly or indirectly caused by or related to or inconsequence of cosmetic surgery other than as a result of an Insured Event.
- Out-patient dentistry, orthodontic, prosthodontic, 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 aid 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 aid as part of your initial or ongoing oncology Treatment plan.

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 the legislated annual limit.	
Tariff Shortfalls	Limited to an additional **six** times (**600%**) that of the medical aid tariff for treatment received whilst in-hospital, or outpatient procedures where the charges were paid by your medical aid from the risk/hospital benefit.	Subject to the Overall Annual Limit.
Consumables	Charges above the medical aid tariff related to shortfalls on medicine, materials and internal appliances on the doctor's account.	Limited to **R7 120** per Insured Party Per Annum.
Oncology Co-Payments & Sub-Limits	A Benefit equal to charges above a sub-limitation, a Co-payment or a Deductable imposed by the medical aid on chemotherapy or radiotherapy, basic and specialised radiology, pathology, Specialist consultations and Biological Cancer Drugs for Treatment.	✓
Step-Down Facility	A stated Benefit for admission as an in-patient to a Step-Down or Sub-Acute Recovery Facility provided that such admission results in a minimum stay of **three** consecutive days.	Limited to **R8 350** per Policy Per Annum.
Dental Reconstruction Benefit	Charges above the medical aid tariff related to dental reconstructive surgery due to an accident, Trauma or cancer.	Limited to **R11 500** per Insured Party Per Annum.
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 Insured Party 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.
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.	Subject to a maximum of one such event per Policy Per Annum and **R2 600** per event. The Benefit applies to Insured Parties aged 13 and above and is subject to treatment being after-hours.
Innovative Oncology Medicines	Approval for any innovative drugs will be required by your Medical Scheme.	A value equal to the lesser of **25%** of the total drug cost or **R15 000**.
Other Benefits		
Accidental Death & 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 & 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.
Oncology First-Time Diagnosis	A stated Benefit for the first-time diagnosis of cancer to the medical equivalent of stage 2 or higher form of cancer. It excludes any form of cancer that was previously identified or required Treatment	Limited to **R15 000** per Insured Party per lifetime, and provided that the Insured Party is younger than 66 years (at time of diagnosis).
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.**
Gap 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.

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How Your Oncology Benefits Work

The following oncology-related benefits are part of your existing Core Benefits. They are not additional or separate benefits, but rather a breakdown of how your cover supports you during cancer treatment.

Scenario	Applicable Benefit	Description
Co-payments for Oncology Treatment	Oncology Co-Payments	Covers up to **20%** co-payment once your Medical Scheme threshold is exceeded. Subject to the Overall Annual Limit.
Innovative or Biological Cancer Treatments	Innovative Oncology Medicines	Covers up to **25%** of the cost or **R15 000** (whichever is lower), less what your Medical Scheme pays.
First-Time Cancer Diagnosis (stage 2 or higher)	Oncology First-Time Diagnosis Benefit Extender	An agreed Benefit of **R15 000** for first-time diagnosis. **One** claim per Insured Party for the lifetime of the policy.
Dental Reconstruction due to Oncology Treatment	Dental Reconstruction Benefit	Covers Tariff Shortfalls for Treatment received whilst in-hospital, related to dental implants during reconstructive surgery due to an Accident, Trauma or cancer. Limited to **R11 500** per annum.

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.

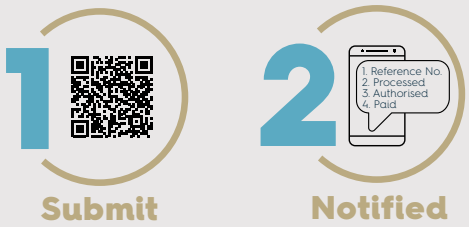
Any stated Benefit listed in this content is considered to be a contribution to pre-estimated costs and expenses.

Please direct all queries to the **Western Gap Service Centre on 0861 493 587.**

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 hospitilised 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.

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