

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.

Please note: We are continuously improving our communications and content. The latest version of this document is available on www.kaelo.co.za. Any material changes to your policy terms and conditions, once your Policy has been issued, will be communicated.

Medical Related Benefits					
Health Service	Benefit	LPE	Gap	Gap Plus	Gap Select
Overall Annual Limit	Limited to R210 580 per Insured Party. Subject to the legislated annual limit.	✓	✓	✓	✓
Tariff Shortfalls	The Benefit provided is for charges above the Medical Scheme Tariff limited to an additional six times (600%) that of the Medical Scheme Tariff.	Subject to the Overall Annual Limit			
Standard Co-Payments and Deductibles	The requirement in the rules of the Medical Scheme is that the Policyholder contributes a standard Co-payment or an upfront Deductible amount for the cost of a Medical or Surgical Procedure, regardless of the cost of such procedure for Treatment received whilst as an in-patient and/or outpatient, and not related to the use of a non-Designated Service Provider (DSP) or not following the rules of the Medical Scheme relating to pre-authorisations.	✗	✗	Subject to the Overall Annual Limit	
Penalty Co-payments and Deductibles	The requirement in the rules of the Medical Scheme is that the Policyholder contributes a Penalty Co-payment, related to the use of a non-Designated Service Provider (DSP).	✗	✗	Limited to two events and a maximum of R11 800 per Policy Per Annum.	Limited to two events and a maximum of R13 600 per Policy Per Annum.
Sub-Limit	The cost for Surgical Procedures or the cost of Internal Prosthesis above a sub-limitation in terms of the Medical Scheme rules.	✗	✗	✗	Limited to a total Benefit of R75 000 per Policy Per Annum
Consumables	Charges above the Medical Scheme 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 and Sub-Limits	A Benefit equal to charges above a sub-limitation, a Co-payment or a Deductible imposed by the Medical Scheme on chemotherapy or radiotherapy, basic and specialised radiology, pathology, Specialist consultations and Biological Cancer Drugs for Treatment received whilst as an in-patient and/or outpatient after you have reached your Medical Scheme's oncology benefit limit.	✗	✓	✓	✓
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.		Limited to R11 600 per Policy Per Annum.
Dental Reconstruction Benefit	This Benefit is for charges above the Medical Scheme Tariff for Treatment received as an in-patient, related to dental reconstructive surgery due to an accident, Trauma or cancer.	✗	Limited to R11 500 per Insured Party Per Annum.		Limited to R23 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 Policy Per Annum.			Limited to R19 180 per Policy Per Annum.
Child Casualty Illness	<ul style="list-style-type: none"> · 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 is 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 200 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 500 per event. The Benefit applies to Insured Parties aged 13 and above and is subject to treatment being after-hours.		
Maternity Booster	A stated Benefit for childbirth where additional medical expenses are incurred as a result of the childbirth.	✗	✗	✗	Subject to one maternity event Per Annum and limited to R3 700 .
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 R14 600 as it relates to Innovative Medicines.		
In-Hospital Tariff Shortfalls	A Benefit equal to the cost of in-Hospitalisation and associated medical expenses related to listed procedures.	Limited to R94 300 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.			
Oncology First-Time Diagnosis	<ul style="list-style-type: none"> · 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).		Limited to R59 500 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 an amount of 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.			

Kaelo Lifestyle Digital gives 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. These benefits are exclusive Kaelo service offerings and are not underwritten by Western National Insurance Company.

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. Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931). Service Providers are contracted to Kaelo. This product is underwritten by Western National Insurance Company Limited (FAIS: Juristic Representative under FSP 9465). Lifestyle Benefits are Kaelo offerings.