

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 | | R289 | R273 | R348 | R419 |
|--|--|---|--|--|--|
| Health Service | Benefit | LPE | Care | Xtra Care | Ultimate Care |
| Overall Annual Limit | Limited to R210 579 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. | ✗ | Limited to one event and a maximum of R3 050 , subject to the Overall Annual Limit. | 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 one event and a maximum of R4 050 per Policy Per Annum. | Limited to two events and a maximum of R12 830 per Policy Per Annum. | Limited to two events and a maximum of R15 800 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 R63 700 per Policy Per Annum. | Limited to a total Benefit of R69 900 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 R9 000 and one event per Insured Party Per Annum. | Limited to R12 200 and one event per Insured Party Per Annum. | Limited to R14 300 and one event per Insured Party 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 R16 720 per Insured Party Per Annum. | Limited to R22 700 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 050 per Policy Per Annum. | | Limited to R19 180 per Policy Per Annum. | Limited to R23 055 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 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 000 per event Per Annum. Limited to children under age 12. | | | |
| 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 R13 800 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 | | | | | |
| Health Service | Benefit | LPE | Care | Xtra Care | Ultimate Care |
| 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. | | | Limited to R19 500 per Policy Per Annum. |
| Accidental Death and Disability Benefit - Dependents | 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 R37 800 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 you and your dependants access to Counselling, Coaching, Support and Care through our AskNelson programme. You can contact AskNelson on 0861 635 766 or visit www.kaelo.co.za. If you have opted in for Lifestyle Benefits, you also get access to the extra by Dis-Chem rewards programme. For detailed information please refer to the Kaelo Lifestyle Digital and Lifestyle Benefits Brochures. These benefits are exclusive Kaelo service offerings and are not underwritten by Western National Insurance Company.

