

2023 GAP COVER PRODUCT RANGES

CONTENTS

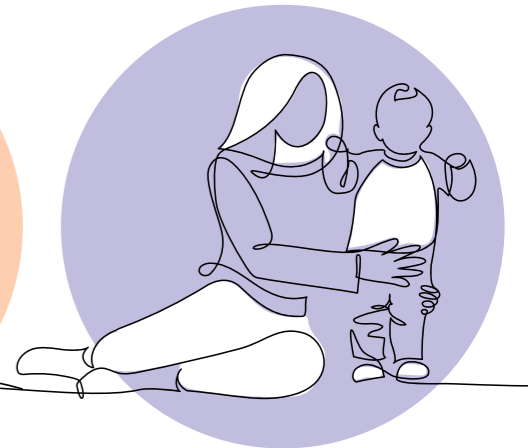
WHY CHOOSE US 02

GAP MATCH 03

GAP COVER PRODUCT RANGE OVERVIEWS

INDIVIDUAL 04

CORPORATE 08



GAP COVER³⁰⁰ RANGE

COMPACT³⁰⁰ 12
For Individuals & Corporates

GAP COVER⁵⁰⁰ RANGE

BASE 20
For Individuals

ELITE 26
For Individuals & Corporates

OPTIMISER RANGE

ACCESS OPTIMISER 37
For Individuals & Corporates

ACCESS CO-PAY PLUS³⁰⁰ 41
For Individuals & Corporates

WAITING PERIODS 47

THE LEGAL STUFF

GENERAL EXCLUSIONS 48

BENEFIT EXCLUSIONS 49



APPLY FOR GAP COVER

E-mail your Client Application Form to:
[e yourapplication@stratumbenefits.co.za](mailto:yourapplication@stratumbenefits.co.za)
Want to apply online?
[w www.stratumbenefits.co.za](http://www.stratumbenefits.co.za)

POLICY CHANGES AND QUERIES

For option changes, adding or removing dependants, debit order changes or benefit enquiries, email us at:
[e yoursupport@stratumbenefits.co.za](mailto:yoursupport@stratumbenefits.co.za)

GAP COVER CLAIMS

Submit or follow up on your claim:
[e yourclaim@stratumbenefits.co.za](mailto:yourclaim@stratumbenefits.co.za)
Submit your claim online:
[w www.stratumbenefits.co.za](http://www.stratumbenefits.co.za)

STRATUM BENEFITS (PTY) LTD

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HEAD OFFICE

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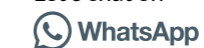
f 086 633 3761

e info@stratumbenefits.co.za

w www.stratumbenefits.co.za

IN NEED OF A QUICK RESPONSE TIME?

Let's chat on



To start chatting, save our number **+27 10 448 0861** or scan the QR code.

REGIONAL OFFICES

CAPE TOWN

Corner Lubbe & Langeberg Roads,
Unit 4, Frazzitta Business Park,
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E401b, 5 Hampden Road, Morningside,
Durban, 4001

t 031 940 1918 **f** 086 541 7036

SATELLITE OFFICE

PORT ELIZABETH

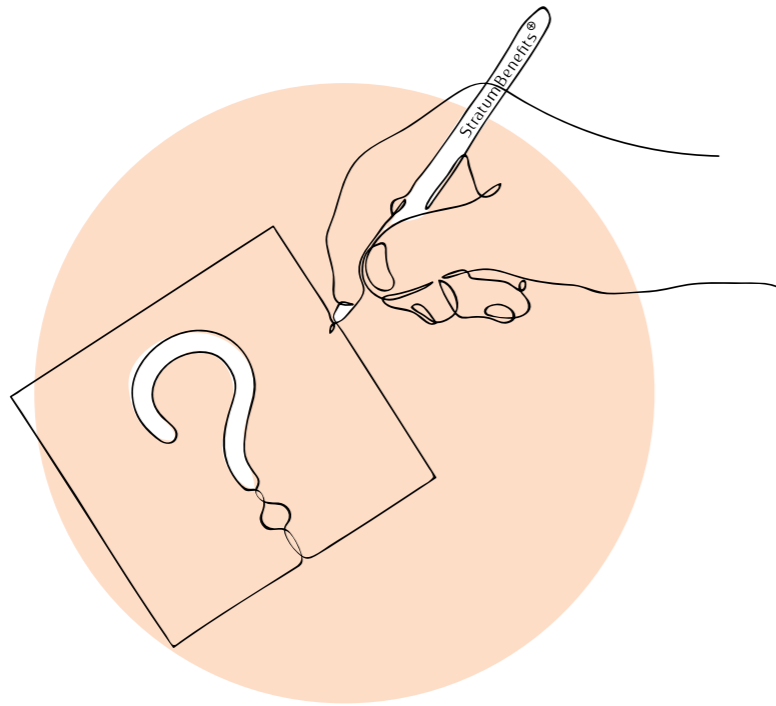
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Port Elizabeth, 6070

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STRATUM BENEFITS BUSINESS HOURS

Mon - Thurs 8:00 - 16:30

Fri 8:00 - 16:00



WHY CHOOSE US

THIS IS US

For well over a decade, our dedicated team has created **Gap Cover** solutions for individuals, families, and corporate employer groups that suit every pocket, healthcare need, and lifestyle.

We believe that excellent service gains a client, not a sale. That's why we strive to make every interaction memorable. Our ambition, passion and personal touch are proudly reflected in everything we do.

GAP COVER IN A NUTSHELL

It's a short-term insurance policy designed to cover the shortfalls when your healthcare and service providers, such as your doctor and specialist, charge more than your medical aid plan's rate for in- and out-of-hospital medical procedures.

WHAT'S ON OFFER

Our **Gap Cover** options are thoughtfully designed to complement all plans of any registered South African medical aid regulated by the Council for Medical Schemes.

We add an **additional 300% or 500%** cover to your medical aid plan's rate to cover the most often experienced medical expense shortfalls on healthcare and service providers' accounts for medical events such as medical procedures, dental-related procedures, specialised radiology, pathology, physiotherapy, and more.

We cover you for just about every medical eventuality. From starting out as a single individual who needs basic cover, to needing more comprehensive cover in your senior years and everything in between, we're there every step.

If you don't have medical aid or you're looking to top up your existing cover, **Health Insurance** is a primary healthcare solution offering emergency and accident cover as well as day-to-day cover for doctor visits, acute and chronic medication, dental and eye care. For more information on **Health Insurance** visit our website at www.stratumbenefits.co.za.

WHY JOIN US?

- We've been around for well over 15 years.
- No maximum entry age.
- One **Gap Cover** policy covers you and your spouse even if you belong to different medical aid plans. Add all the dependants registered on your or your spouse's medical aid plan onto the same **Gap Cover** policy.
- Child dependants can remain on your **Gap Cover** policy for as long as they're registered dependants on your or your spouse's medical aid plan. Rule of thumb... own medical aid membership, own **Gap Cover** policy.
- We cover in- and out-of-hospital medical procedures. Out-of-hospital procedures aren't subject to a defined list.
- Some benefits aren't subject to the **Overall Policy Limit (OPL)** because we give these benefits to you over and above the benefits that form part of the **OPL**.
- Not all our benefits require part payment from your medical aid. Have a look at our **CASUALTY, TRAUMA COUNSELLING, PREVENTATIVE CARE, PRIVATE ROOM, ACCIDENTAL DEATH AND DISABILITY** and **WAIVER BENEFITS**.
- Unique cover for cancer treatment, MRI, CT and PET scans and physical rehabilitation when your medical aid plan's benefit limits are reached.
- No exclusions on dentistry. We cover qualifying shortfalls on basic dentistry, such as extractions and fillings, and specialised dentistry, such as maxillofacial surgery due to an accident, dental implants and orthodontic treatment.
- We offer products that cover specific medical procedures that some medical aid plans may exclude. Have a look at our **ACCESS OPTIMISER** options.



GAP MATCH

For every medical aid plan, there's a **Gap Cover** option. The level of medical expense shortfall cover you need depends on your medical aid plan.

If you're on a:

- 100%, 200% or 300% medical aid plan and want basic cover for shortfalls on doctors' and specialists' private fees
- 100%, 200% or 300% medical aid plan and want cover for shortfalls on doctors' and specialists' private fees and additional cover for cancer treatment, co-payments and internal prostheses
- 100%, 200% or 300% medical aid plan and want the very best **Gap Cover** option for shortfalls on doctors' and specialists' private fees and additional cover for cancer treatment, co-payments, internal prostheses, out-patient specialist consultations and private room fees
- network-based medical aid plan that excludes certain medical procedures, such as arthroscopic surgery, bunion surgery, dental procedures for impacted teeth and joint replacement surgery
- network-based medical aid plan that excludes certain medical procedures, such as arthroscopic surgery, bunion surgery, dental procedures for impacted teeth and joint replacement surgery, and covers doctors' and specialists' private fees at only 100%
- network-based medical aid plan that covers doctors' and specialists' private fees at only 100%, has medical aid imposed co-payments and excludes certain medical procedures, such as joint replacement surgery

⇒ **BASE**

⇒ **COMPACT³⁰⁰**

⇒ **ELITE**

⇒ **ACCESS OPTIMISER**

⇒ **ACCESS CO-PAY PLUS³⁰⁰**

⇒ **ACCESS OPTIMISER & COMPACT³⁰⁰**
ACCESS OPTIMISER & ELITE

GAP MATCH is a guiding tool that matches the best suited **Gap Cover** option with your medical aid plan.

Finding your perfect fit is easy, because we've done the matching for you. Go to www.stratumbenefits.co.za/gap-match/ or scan the **QR code** and let the match-making moment begin.

Give your financial advisor a call, apply online or contact our Client Support Centre when you're ready to sign up!




















INDIVIDUAL GAP COVER PRODUCT RANGE & PREMIUM OVERVIEW












			BASE	COMPACT ³⁰⁰
OVERALL POLICY LIMIT (OPL)			R 185 837 per insured person per year	
IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
KEY BENEFITS SUBJECT TO THE OPL				
GAP BENEFIT	✓	✓	500%	300%
CO-PAYMENT BENEFIT				
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	⊗	R 15 000 per policy per year
PENALTY CO-PAYMENTS	✓		⊗	1 Co-payment up to R 6 500 per policy per year
ROBOTIC SURGERY CO-PAYMENTS	✓		⊗	⊗
DENTAL COVER				
GAP BENEFIT	✓	✓	Subject to Gap Benefit	Subject to Gap Benefit
Dental procedures such as wisdom teeth extractions	✓	✓	R 6 000 per policy per year	R 6 000 per policy per year
Dental procedures due to an accident or cancer treatment	✓	✓	R 16 000 per policy per year	R 16 000 per policy per year
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	⊗	Subject to Admission and Procedure Co-Payment Benefit
PENALTY CO-PAYMENTS	✓		⊗	Subject to Penalty Co-Payment Benefit
MATERNITY COVER				
GAP BENEFIT	✓	✓	Subject to Gap Benefit	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓		⊗	Subject to Admission and Procedure Co-Payment Benefit
PENALTY CO-PAYMENTS	✓		⊗	Subject to Penalty Co-Payment Benefit
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	⊗	⊗
PREVENTATIVE CARE BENEFIT		✓	⊗	⊗
PRIVATE ROOM BENEFIT	✓		⊗	⊗
RADIOLOGY COVER				
GAP BENEFIT	✓	✓	Subject to Gap Benefit	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	⊗	Subject to Admission and Procedure Co-Payment Benefit
SUB-LIMIT BENEFIT MRI, CT AND PET SCANS	✓	✓	⊗	R 3 000 per person per event
TOP-UP BENEFIT MRI, CT AND PET SCANS	✓	✓	⊗	⊗
ACCESS BENEFIT				
ACCESS BENEFIT	✓	✓	⊗	⊗
SUB-LIMIT BENEFIT				
COLONOSCOPIES, ENTEROSCOPIES AND GASTROSCOPIES	✓	✓	⊗	⊗
INTERNAL PROSTHETIC DEVICES	✓		⊗	R 20 000 per person per event
RENAL DIALYSIS TREATMENTS		✓	⊗	⊗
CANCER BENEFIT				
BREAST RECONSTRUCTION	✓		⊗	⊗
CANCER TREATMENT SHORTFALLS	✓	✓	⊗	Subject to OPL of R 185 837 per person per year
CANCER TREATMENT TOP-UP	✓	✓	⊗	R 60 000 per person per year
PHYSICAL REHABILITATION TOP-UP BENEFIT				
PHYSICAL REHABILITATION TOP-UP BENEFIT		✓	⊗	⊗
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT				
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	⊗	⊗
TRAUMA COUNSELLING BENEFIT				
TRAUMA COUNSELLING BENEFIT		✓	R 6 000 per policy per year	R 5 000 per policy per year
PREVENTATIVE CARE BENEFIT				
PREVENTATIVE CARE BENEFIT		✓	⊗	⊗
CASUALTY BENEFIT				
CASUALTY BENEFIT		✓	R 7 000 per policy per year	R 6 000 per policy per year

			ELITE	ACCESS OPTIMISER	ACCESS CO-PAY PLUS ³⁰⁰
OVERALL POLICY LIMIT (OPL)			R 185 837 per insured person per year	R 185 837 per policy per year	
IN- OR OUT-OF-HOSPITAL COVER	IN	OUT			
KEY BENEFITS SUBJECT TO THE OPL					
GAP BENEFIT	✓	✓	500%	⊗	300%
CO-PAYMENT BENEFIT					
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	Subject to OPL of R 185 837 per person per year	⊗	R 5 000 per policy per year
PENALTY CO-PAYMENTS	✓		R 13 000 per policy per year	⊗	⊗
ROBOTIC SURGERY CO-PAYMENTS	✓		R 10 000 per policy per year	⊗	⊗
DENTAL COVER					
GAP BENEFIT	✓	✓	Subject to Gap Benefit	⊗	Subject to Gap Benefit
Dental procedures such as wisdom teeth extractions	✓	✓	R 8 000 per policy per year	⊗	R 6 000 per policy per year
Dental procedures due to an accident or cancer treatment	✓	✓	R 24 000 per policy per year	⊗	R 16 000 per policy per year
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	Subject to Admission and Procedure Co-Payment Benefit	⊗	Subject to Admission and Procedure Co-Payment Benefit
PENALTY CO-PAYMENTS	✓		Subject to Penalty Co-Payment Benefit	⊗	⊗
MATERNITY COVER					
GAP BENEFIT	✓	✓	Subject to Gap Benefit	⊗	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓		Subject to Admission and Procedure Co-Payment Benefit	⊗	Subject to Admission and Procedure Co-Payment Benefit
PENALTY CO-PAYMENTS	✓		Subject to Penalty Co-Payment Benefit	⊗	⊗
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	Subject to Out-Patient Specialist Consultation Benefit	⊗	⊗
PREVENTATIVE CARE BENEFIT		✓	Subject to Preventative Care Benefit	⊗	⊗
PRIVATE ROOM BENEFIT	✓		Subject to Private Room Benefit	⊗	⊗
RADIOLOGY COVER					
GAP BENEFIT	✓	✓	Subject to Gap Benefit	⊗	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	Subject to Admission and Procedure Co-Payment Benefit	⊗	Subject to Admission and Procedure Co-Payment Benefit
SUB-LIMIT BENEFIT MRI, CT AND PET SCANS	✓	✓	R 5 000 per person per event	⊗	⊗
TOP-UP BENEFIT MRI, CT AND PET SCANS	✓	✓	R 5 000 per policy per year	⊗	⊗
ACCESS BENEFIT					
ACCESS BENEFIT	✓	✓	⊗	✓	Covers specific medical procedures and treatments that some medical aid plans exclude:
<ul style="list-style-type: none"> R 5 000 • Endoscopic procedures R 10 000 • MRI or CT scan (due to an accident) R 14 000 • Bunion surgery • Dental procedures - impacted teeth (children younger than 18) • Non-cancerous breast conditions (incl. breast reconstruction of unaffected breast) R 20 000 • Removal of varicose veins • Skin disorders (incl. benign growths or lipomas) R 23 000 • Functional nasal surgery R 25 000 • Knee or shoulder surgery • Arthroscopic surgery • Back or neck surgery R 50 000 • Joint replacement surgery (incl. non-PMB joint replacements and internal prosthetic devices) R 55 000 • Oesophageal reflux and hiatus hernia surgery R 80 000 • Cochlear implant, auditory brain implant and internal nerve stimulator surgery (incl. procedure, device, processor & hearing aids) • Dental procedures for reconstructive surgery (due to an accident) 					
SUB-LIMIT BENEFIT					
COLONOSCOPIES, ENTEROSCOPIES AND GASTROSCOPIES			R 5 000 per person per event		
INTERNAL PROSTHETIC DEVICES			R 30 000 per person per event		
RENAL DIALYSIS TREATMENTS			R 30 000 per person per event		
CANCER BENEFIT					
BREAST RECONSTRUCTION			1 Event up to R 30 000 per person per lifetime		
CANCER TREATMENT SHORTFALLS			Subject to OPL of R 185 837 per person per year		
CANCER TREATMENT TOP-UP			Subject to OPL of R 185 837 per person per year		
PHYSICAL REHABILITATION TOP-UP BENEFIT					
PHYSICAL REHABILITATION TOP-UP BENEFIT			R 10 000 per person per year		
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT					
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT			R 1 300 per consultation Limited to 3 per policy per year		
TRAUMA COUNSELLING BENEFIT					
TRAUMA COUNSELLING BENEFIT			R 10 000 per policy per year		
PREVENTATIVE CARE BENEFIT					
PREVENTATIVE CARE BENEFIT			R 1 300 per policy per year		
CASUALTY BENEFIT					
CASUALTY BENEFIT		✓	R 12 000 per policy per year		R 2 000 per policy per year

INDIVIDUAL GAP COVER PRODUCT RANGE & PREMIUM OVERVIEW CONTINUED

		BASE		COMPACT ³⁰⁰	
IN- OR OUT-OF-HOSPITAL COVER		IN	OUT		
BENEFITS NOT SUBJECT TO THE OPL					
	PRIVATE ROOM BENEFIT	✓		⊗	⊗
PAYOUT BENEFITS					
	ACCIDENTAL DEATH AND DISABILITY	R 6 000 Principal Insured R 6 000 Spouse Limited to 1 event per person per year		R 15 000 Principal Insured R 15 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year	
	FIRST-TIME CANCER DIAGNOSIS	R 5 000 per person per lifetime		R 15 000 per person per lifetime	
WAIVER BENEFITS					
	MEDICAL AID CONTRIBUTION WAIVER		⊗		⊗
	STRATUM POLICY PREMIUM WAIVER		⊗		⊗
LIFESTYLE BENEFITS					
	EXTRA HIGH SCHOOL LEARNING SUPPORT	Online CAPS and Cambridge International Curriculum schooling platform for Gr.8 to Gr.12 high school learners			
	INTERNATIONAL TRAVEL INSURANCE	1 Trip per policy per year - Maximum 31 days			⊗
MONTHLY PREMIUM		BASE		COMPACT³⁰⁰	
	INDIVIDUAL 64 or YOUNGER	R 252		INDIVIDUAL 64 or YOUNGER	R 276
	FAMILY 64 or YOUNGER	R 296		FAMILY 64 or YOUNGER	R 334
	INDIVIDUAL OR FAMILY 65 or OLDER	R 488		INDIVIDUAL OR FAMILY 65 or OLDER	R 527

ELITE		
R 3 000 per policy per year		
R 25 000 Principal Insured R 25 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year		
R 30 000 per person per lifetime		
6 Months Limited to R 4 500 per month		
12 Months		
Online CAPS and Cambridge International Curriculum schooling platform for Gr.8 to Gr.12 high school learners		
1 Trip per policy per year - Maximum 31 days		
ELITE		
	INDIVIDUAL 64 or YOUNGER	R 404
	FAMILY 64 or YOUNGER	R 496
	INDIVIDUAL 65 or OLDER	R 656
	FAMILY 65 or OLDER	R 801








		ACCESS OPTIMISER		ACCESS CO-PAY PLUS ³⁰⁰	
IN- OR OUT-OF-HOSPITAL COVER		IN	OUT		
BENEFITS NOT SUBJECT TO THE OPL					
	PRIVATE ROOM BENEFIT	✓		⊗	⊗
PAYOUT BENEFITS					
	ACCIDENTAL DEATH AND DISABILITY	R 5 000 Principal Insured R 5 000 Spouse Limited to 1 event per person per year			
	FIRST-TIME CANCER DIAGNOSIS		⊗		⊗
	MEDICAL AID CONTRIBUTION WAIVER		⊗		⊗
	STRATUM POLICY PREMIUM WAIVER		⊗		⊗
LIFESTYLE BENEFITS					
	EXTRA HIGH SCHOOL LEARNING SUPPORT	Online CAPS and Cambridge International Curriculum schooling platform for Gr.8 to Gr.12 high school learners			
	INTERNATIONAL TRAVEL INSURANCE		⊗		⊗
		ACCESS OPTIMISER		ACCESS CO-PAY PLUS ³⁰⁰	
	INDIVIDUAL OR FAMILY 64 or YOUNGER	R 167		INDIVIDUAL OR FAMILY 64 or YOUNGER	R 344
	INDIVIDUAL OR FAMILY 65 or OLDER	R 223		INDIVIDUAL OR FAMILY 65 or OLDER	R 457








CORPORATE GAP COVER PRODUCT RANGE OVERVIEW

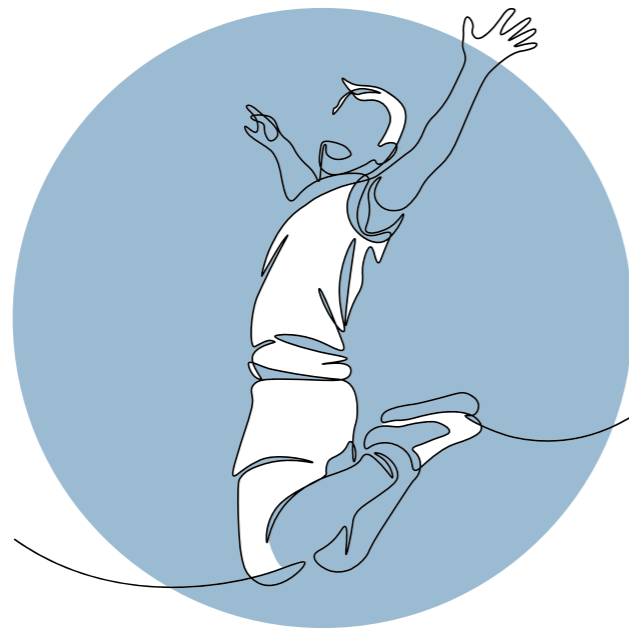
			CORPORATE COMPACT ³⁰⁰	CORPORATE ELITE
OVERALL POLICY LIMIT (OPL)			R 185 837 per insured person per year	
IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
KEY BENEFITS SUBJECT TO THE OPL				
GAP BENEFIT	✓	✓	300%	500%
CO-PAYMENT BENEFIT				
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	R 15 000 per policy per year	Subject to OPL of R 185 837 per person per year
PENALTY CO-PAYMENTS	✓		1 Co-payment up to R 6 500 per policy per year	R 13 000 per policy per year
ROBOTIC SURGERY CO-PAYMENTS	✓		⊗	R 10 000 per policy per year
DENTAL COVER				
GAP BENEFIT	✓	✓	Subject to Gap Benefit	Subject to Gap Benefit
Dental procedures such as wisdom teeth extractions	✓	✓	R 6 000 per policy per year	R 8 000 per policy per year
Dental procedures due to an accident or cancer treatment	✓	✓	R 16 000 per policy per year	R 24 000 per policy per year
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit
PENALTY CO-PAYMENTS	✓		Subject to Penalty Co-Payment Benefit	Subject to Penalty Co-Payment Benefit
MATERNITY COVER				
GAP BENEFIT	✓	✓	Subject to Gap Benefit	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓		Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit
PENALTY CO-PAYMENTS	✓		Subject to Penalty Co-Payment Benefit	Subject to Penalty Co-Payment Benefit
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	⊗	⊗
PREVENTATIVE CARE BENEFIT		✓	⊗	Subject to Preventative Care Benefit
PRIVATE ROOM BENEFIT	✓		⊗	Subject to Private Room Benefit
RADIOLOGY COVER				
GAP BENEFIT	✓	✓	Subject to Gap Benefit	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit
SUB-LIMIT BENEFIT MRI, CT AND PET SCANS	✓	✓	R 3 000 per person per event	R 5 000 per person per event
TOP-UP BENEFIT MRI, CT AND PET SCANS	✓	✓	⊗	R 5 000 per policy per year
ACCESS BENEFIT	✓	✓	⊗	⊗
SUB-LIMIT BENEFIT				
COLONOSCOPIES, ENTEROSCOPIES AND GASTROSCOPIES	✓	✓	⊗	R 5 000 per person per event
INTERNAL PROSTHETIC DEVICES	✓		R 20 000 per person per event	R 30 000 per person per event
RENAL DIALYSIS TREATMENTS		✓	⊗	R 30 000 per person per event
CANCER BENEFIT				
BREAST RECONSTRUCTION	✓		⊗	⊗
CANCER TREATMENT SHORTFALLS	✓	✓	Subject to OPL of R 185 837 per person per year	Subject to OPL of R 185 837 per person per year
CANCER TREATMENT TOP-UP	✓	✓	R 60 000 per person per year	Subject to OPL of R 185 837 per person per year
PHYSICAL REHABILITATION TOP-UP BENEFIT		✓	⊗	R 10 000 per person per year
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	⊗	⊗
TRAUMA COUNSELLING BENEFIT		✓	R 5 000 per policy per year	R 10 000 per policy per year
PREVENTATIVE CARE BENEFIT		✓	⊗	R 1 300 per policy per year
CASUALTY BENEFIT		✓	R 6 000 per policy per year	R 12 000 per policy per year

			CORPORATE ACCESS	CORPORATE ACCESS CO-PAY PLUS ³⁰⁰	CORPORATE ACCESS PLUS ⁵⁰⁰
OVERALL POLICY LIMIT (OPL)			R 185 837 per policy per year		
IN- OR OUT-OF-HOSPITAL COVER	IN	OUT			
KEY BENEFITS SUBJECT TO THE OPL					
GAP BENEFIT	✓	✓	⊗	300%	500%
CO-PAYMENT BENEFIT					
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	⊗	R 5 000 per policy per year	⊗
PENALTY CO-PAYMENTS	✓		⊗	⊗	⊗
ROBOTIC SURGERY CO-PAYMENTS	✓		⊗	⊗	⊗
DENTAL COVER					
GAP BENEFIT	✓	✓	⊗	Subject to Gap Benefit	Subject to Gap Benefit
Dental procedures such as wisdom teeth extractions	✓	✓	⊗	R 6 000 per policy per year	R 6 000 per policy per year
Dental procedures due to an accident or cancer treatment	✓	✓	⊗	R 16 000 per policy per year	R 16 000 per policy per year
ADMISSION AND PROCEDURE CO-PAYMENTS	✓	✓	⊗	Subject to Admission and Procedure Co-Payment Benefit	⊗
PENALTY CO-PAYMENTS	✓		⊗	⊗	⊗
MATERNITY COVER					
GAP BENEFIT	✓	✓	⊗	Subject to Gap Benefit	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓		⊗	Subject to Admission and Procedure Co-Payment Benefit	⊗
PENALTY CO-PAYMENTS	✓		⊗	⊗	⊗
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	⊗	⊗	⊗
PREVENTATIVE CARE BENEFIT		✓	⊗	⊗	⊗
PRIVATE ROOM BENEFIT	✓		⊗	⊗	⊗
RADIOLOGY COVER					
GAP BENEFIT	✓	✓	⊗	Subject to Gap Benefit	Subject to Gap Benefit
ADMISSION AND PROCEDURE CO-PAYMENTS	✓		⊗	⊗	⊗
SUB-LIMIT BENEFIT MRI, CT AND PET SCANS	✓	✓	⊗	⊗	⊗
TOP-UP BENEFIT MRI, CT AND PET SCANS	✓	✓	⊗	⊗	⊗
ACCESS BENEFIT	✓	✓	⊗	Covers specific medical procedures and treatments that some medical aid plans exclude:	
SUB-LIMIT BENEFIT					
COLONOSCOPIES, ENTEROSCOPIES AND GASTROSCOPIES			⊗	R 5 000 • Endoscopic procedures	
INTERNAL PROSTHETIC DEVICES			⊗	R 10 000 • MRI or CT scan (due to an accident)	
RENAL DIALYSIS TREATMENTS			⊗	R 14 000 • Bunion surgery	
BREAST RECONSTRUCTION			⊗	R 20 000 • Dental procedures - impacted teeth (children younger than 18)	
CANCER TREATMENT SHORTFALLS			⊗	R 23 000 • Non-cancerous breast conditions (incl. breast reconstruction of unaffected breast)	
CANCER TREATMENT TOP-UP			⊗	R 25 000 • Removal of varicose veins	
PHYSICAL REHABILITATION TOP-UP BENEFIT			⊗	R 30 000 • Skin disorders (incl. benign growths or lipomas)	
OUT-PATIENT SPECIALIST CONSULTATION BENEFIT			⊗	R 50 000 • Functional nasal surgery	
TRAUMA COUNSELLING BENEFIT			⊗	R 25 000 • Knee or shoulder surgery	
PREVENTATIVE CARE BENEFIT			⊗	R 50 000 • Arthroscopic surgery	
CASUALTY BENEFIT			⊗	R 80 000 • Back or neck surgery	
			⊗	R 55 000 • Joint replacement surgery (incl. non-PMB joint replacements and internal prosthetic devices)	
			⊗	R 80 000 • Oesophageal reflux and hiatus hernia surgery	
			⊗	R 80 000 • Cochlear implant, auditory brain implant and internal nerve stimulator surgery (incl. procedure, device, processor & hearing aids)	
			⊗	R 80 000 • Dental procedures for reconstructive surgery (due to an accident)	
			⊗	R 2 000 per policy per year	

CORPORATE GAP COVER PRODUCT RANGE OVERVIEW CONTINUED

		CORPORATE COMPACT ³⁰⁰	CORPORATE ELITE
IN- OR OUT-OF-HOSPITAL COVER		IN	OUT
BENEFITS NOT SUBJECT TO THE OPL			
 PRIVATE ROOM BENEFIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R 3 000 per policy per year
PAYOUT BENEFITS			
 ACCIDENTAL DEATH AND DISABILITY		R 15 000 Principal Insured R 15 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year	R 25 000 Principal Insured R 25 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year
 FIRST-TIME CANCER DIAGNOSIS		R 15 000 per person per lifetime	R 30 000 per person per lifetime
WAIVER BENEFITS			
 MEDICAL AID CONTRIBUTION WAIVER		<input type="checkbox"/>	6 Months Limited to R 4 500 per month
 STRATUM POLICY PREMIUM WAIVER		<input type="checkbox"/>	6 Months
LIFESTYLE BENEFITS			
 EXTRA HIGH SCHOOL LEARNING SUPPORT		Online CAPS and Cambridge International Curriculum schooling platform for Gr.8 to Gr.12 high school learners	
 INTERNATIONAL TRAVEL INSURANCE		<input type="checkbox"/>	1 Trip per policy per year - Maximum 31 days
MONTHLY PREMIUM		Determined by factors like the employer group's size, average age and if cover is compulsory or voluntary.	

		CORPORATE ACCESS	CORPORATE ACCESS CO-PAY PLUS ³⁰⁰	CORPORATE ACCESS PLUS ⁵⁰⁰
IN- OR OUT-OF-HOSPITAL COVER		IN	OUT	
BENEFITS NOT SUBJECT TO THE OPL				
 PRIVATE ROOM BENEFIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 ACCIDENTAL DEATH AND DISABILITY		R 5 000 Principal Insured R 5 000 Spouse Limited to 1 event per person per year		
 FIRST-TIME CANCER DIAGNOSIS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 MEDICAL AID CONTRIBUTION WAIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 STRATUM POLICY PREMIUM WAIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 EXTRA HIGH SCHOOL LEARNING SUPPORT		Online CAPS and Cambridge International Curriculum schooling platform for Gr.8 to Gr.12 high school learners		
 INTERNATIONAL TRAVEL INSURANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY PREMIUM		Determined by factors like the employer group's size, average age and if cover is compulsory or voluntary.		





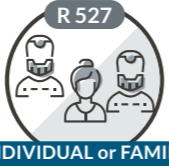
COMPACT³⁰⁰

Our individual and corporate COMPACT³⁰⁰ options are well-rounded and packed with just the right benefits to cover the most often experienced medical expense shortfalls.

COMPACT³⁰⁰ is available to individuals and families and CORPORATE COMPACT³⁰⁰ to employer groups.

COMPACT³⁰⁰ PREMIUMS FOR INDIVIDUALS AND FAMILIES

Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU'RE 64 OR YOUNGER	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU OR ANY DEPENDANT IS 65 OR OLDER
 R 276 INDIVIDUAL	 R 334 FAMILY	 R 527 INDIVIDUAL or FAMILY

One Gap Cover policy covers you, your spouse and all the dependants registered on your and your spouse's medical aid plans.



COMPACT³⁰⁰



CORPORATE COMPACT³⁰⁰

CORPORATE COMPACT³⁰⁰

We cover **five or more employees** as an employer group if you join through your employer. If your employer says yes to your spouse and dependants joining, add them to your policy. Premiums and waiting periods are determined by factors such as the group's size, average age and if cover is compulsory or voluntary.

ASK US FOR A CORPORATE QUOTE!

KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

An OPL of R 185 837 per insured person per year applies to the following benefits. All approved claim amounts will be deducted from the available OPL.

GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:

- the cost of your medical procedure performed in a day clinic, hospital, or your healthcare provider's room is more than your medical aid plan's rate,
- as long as your medical aid pays an amount from a **hospital benefit**.

WHAT WE COVER

We pay up to an **additional 300%** cover on top of what your medical aid provides to cover shortfalls on your doctors', specialists' and healthcare providers' accounts related to the following in- and out-of-hospital medical events:

- blood tests;
- consumable items, such as catheters, medical gloves and syringes;
- medication administered during your medical event;
- medical procedures, surgeries and treatments;
- physiotherapy; and
- Prescribed Minimum Benefit (PMB) medical procedures.

Subject to the **OPL of R 185 837 per insured person per year**.

GOOD TO KNOW

- PMBs are specific benefits your medical aid must provide for a defined list of medical procedures. If your medical aid's qualifying criteria are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Your medical aid could refer to a **hospital benefit** as a risk, major medical, insured day-to-day or block benefit.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Have a look at **DENTAL, MATERNITY and RADIOLOGY COVER** to see what other shortfalls we cover.

CO-PAYMENT BENEFIT

If your medical aid requires upfront payment before you're admitted to hospital or before you go for a medical procedure, such as a laparoscopy or joint replacement surgery, it's called a co-payment or deductible.

Our benefit has **two categories**.

ADMISSION AND PROCEDURE CO-PAYMENTS
IN- AND OUT-OF-HOSPITAL COVER

PENALTY CO-PAYMENTS
IN-HOSPITAL COVER

HOW IT WORKS

We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages on:

- network and non-network day clinic and hospital admissions and medical procedures, such as scopes and scans done in- or out-of-hospital,
- as long as the co-payments or deductibles are paid from your **medical savings account** or **your pocket**.

WHAT WE COVER

Claim as many admission and procedure-related co-payments and deductibles as needed, as long as it doesn't exceed **R 15 000 per policy per year**.

If your medical aid has a preferred network of day clinics and hospitals you must use for planned medical procedures, you can claim the penalty co-payments from us when you choose to use non-network providers.

Limited to **R 6 500 per policy per year**.

GOOD TO KNOW

- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate, and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Our **CO-PAYMENT BENEFIT** also covers co-payments and deductibles specific to dentistry, childbirth and specialised radiology. Have a look at **DENTAL, MATERNITY and RADIOLOGY COVER**.



DENTAL COVER

Whether you have extractions or fillings done in the dentist's chair or booked into a day clinic or hospital for dental implants or oral surgery, our benefits can assist with the shortfalls and co-payments.

DENTAL COVER is made up of **various benefits** you can claim from.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS	
We cover the shortfalls when: <ul style="list-style-type: none"> the cost of your dental-related procedure performed in a day clinic, hospital, or your healthcare professional's room is more than your medical aid plan's rate, as long as your medical aid pays an amount from a hospital or insured day-to-day benefit. 	We refund co-payments and deductibles that your medical aid imposes as rand amounts or percentages on: <ul style="list-style-type: none"> day clinic and hospital admissions and dental-related procedures done in- or out-of-hospital, as long as the co-payment or deductible is paid from your medical savings account or your pocket.
WHAT WE COVER	
We pay up to an additional 300% cover on top of what your medical aid provides to cover shortfalls on your dentists' and specialists' accounts related to the following in- and out-of-hospital medical events: <ul style="list-style-type: none"> dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions. Limited to R 6 000 per policy per year. dental procedures related to accidental injury and cancer treatment. Limited to R 16 000 per policy per year. 	Claim as many admission and dental-procedure related co-payments and deductibles as needed, as long as it doesn't exceed R 15 000 per policy per year .

GOOD TO KNOW

- Your medical aid could refer to a **hospital or insured day-to-day benefit** as a risk, **major medical** or **block benefit**.
- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Claim the penalty co-payments from us when your medical aid imposes co-payments or deductibles for the use of day clinics and hospitals outside their preferred network. Subject to our **PENALTY CO-PAYMENT BENEFIT**.



MATERNITY COVER

We cover the bump.

MATERNITY COVER is made up of **various benefits** you can claim from.

THE DELIVERY	
HOW IT WORKS AND WHAT WE COVER	
CHILDBIRTH IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL COVER
We cover the shortfalls when: <ul style="list-style-type: none"> healthcare professionals, such as your gynaecologist, obstetrician or midwife, charge more than your medical aid plan's rate for the delivery of your baby in hospital or at home, as long as your medical aid pays an amount from a hospital benefit. Subject to our GAP BENEFIT .	We refund co-payments and deductibles that your medical aid imposes on elective caesareans as long as the co-payment or deductible is paid from your medical savings account or your pocket . Subject to our CO-PAYMENT BENEFIT . <div style="border: 1px dashed green; padding: 5px; margin-top: 10px;"> Claim the penalty co-payments from us when your medical aid imposes co-payments or deductibles for the use of day clinics and hospitals outside their preferred network. Subject to our PENALTY CO-PAYMENT BENEFIT. </div>

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Your medical aid could refer to a **hospital benefit** as a risk or **major medical benefit**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



SUB-LIMIT BENEFIT

Your medical aid plan might provide unlimited hospital cover, but if certain medical services or items are limited to a rand amount, it's called a sub-limit or annual limit.

INTERNAL PROSTHETIC DEVICES

IN-HOSPITAL COVER

HOW IT WORKS

When your medical aid covers the cost of an:

- internal prosthetic device from a **sub-limit** or **annual limit**,
- but the rand amount available under the **sub-limit** or **annual limit** doesn't cover the total cost of the device, we'll cover the **difference**.

WHAT WE COVER

We'll cover the difference in cost of any internal prosthetic device implanted into your body when your medical aid pays part of the cost from a **sub-limit** or **annual limit**.

An internal prosthetic device can replace a body part, such as a hip joint, or improve a lost or reduced bodily function, such as a cardiac pacemaker, cochlear implant or an intraocular lens.

Limited to **R 20 000 per insured person per event**.

External medical items aren't covered.

GOOD TO KNOW

- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Have a look at our **SUB-LIMIT BENEFIT** under **RADIOLOGY COVER** to see what we cover for MRI, CT and PET scans.



RADIOLOGY COVER

What does your medical aid plan cover for basic and specialised radiology? Do upfront co-payments apply to in- or out-of-hospital MRI, CT and PET scans or is there a combined benefit limit on x-rays and scans? We've got the cover you need.

RADIOLOGY COVER is made up of various benefits you can claim from.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER	SUB-LIMIT BENEFIT MRI, CT AND PET SCANS IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS		
We cover the shortfalls when: <ul style="list-style-type: none"> the radiologist or radiology facility charges more than your medical aid plan's rate for in- or out-of-hospital basic and specialised radiology, as long as your medical aid pays an amount from a hospital or insured day-to-day benefit. 	We refund co-payments and deductibles that your medical aid imposes as rand amounts or percentages on in- or out-of-hospital basic and specialised radiology, as long as the co-payment or deductible is paid from your medical savings account or your pocket .	When your medical aid covers the cost of: <ul style="list-style-type: none"> in- or out-of-hospital MRI, CT or PET scans from a sub-limit or annual limit, but the rand amount available under the sub-limit or annual limit doesn't cover the total cost of the scans, we'll cover the difference.
WHAT WE COVER		
We pay up to an additional 300% cover on top of what your medical aid provides to cover shortfalls on basic and specialised radiology. Subject to the OPL of R 185 837 per insured person per year .	Claim as many radiology-related co-payments and deductibles as needed, as long as it doesn't exceed R 15 000 per policy per year .	Limited to R 3 000 per insured person per event .

GOOD TO KNOW

- Your medical aid could also refer to a **hospital or insured day-to-day benefit** as a risk, major medical or block benefit.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



CANCER BENEFIT

Our benefit has **two categories**.

CANCER TREATMENT SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	CANCER TREATMENT TOP-UP IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS	
We cover the shortfalls when your healthcare providers charge more than your medical aid plan's rate for in- or out-of-hospital cancer treatment, as long as your medical aid pays an amount from an oncology benefit.	If your medical aid plan covers in- or out-of-hospital cancer treatment up to an oncology benefit limit, we'll top up your cover and pay the total cost of your ongoing cancer treatment when your medical aid plan's benefit limit is reached.
WHAT WE COVER	
The shortfalls we'll cover are subject to the oncology treatment plan your medical aid approved. Our benefit typically covers: <ul style="list-style-type: none"> biological medication; chemotherapy and radiotherapy; consultations with your oncologist; and specialised radiology, such as bone density and PET scans. We'll also refund the oncology-related co-payments and deductibles that your medical aid imposes as rand amounts or percentages when your medical aid plan's oncology benefit limit is reached. Subject to the OPL of R 185 837 per insured person per year . <i>Your medical aid may impose co-payments or deductibles on precision and innovative oncology medication. These co-payments or deductibles typically apply from the onset of cover. Our benefit covers the co-payments and deductibles that apply after an oncology benefit limit is reached and not before.</i>	We'll cover the cost of your ongoing cancer treatment subject to the oncology treatment plan your medical aid approved. Limited to R 60 000 per insured person per year . GOOD TO KNOW <ul style="list-style-type: none"> Our CANCER BENEFIT is subject to waiting periods. Refer to the Waiting Periods page. <i>Have a look at our FIRST-TIME CANCER DIAGNOSIS BENEFIT under the PAYOUT BENEFIT to see what we cover for a cancer diagnosis.</i>



CASUALTY BENEFIT

Our benefit has **two categories**.

ACCIDENTAL EVENTS OUT-OF-HOSPITAL COVER	ILLNESS OUT-OF-HOSPITAL COVER
HOW IT WORKS	
We cover the whole family at any registered medical facility, such as your doctor's room or the emergency unit at your nearest hospital, when: <ul style="list-style-type: none"> an accident caused by physical impact results in bodily injury, and medical treatment is required within 24 hours of the event. We'll refund the shortfalls or total cost of your casualty event when your medical aid pays it from your medical savings account or when you pay it from your pocket .	Children aged 10 years or younger are covered at any registered casualty facility when: <ul style="list-style-type: none"> they fall ill and require medical treatment after-hours, between 18:00 and 7:00 on Mondays to Fridays or any time on Saturdays, Sundays and public holidays. We'll refund the shortfalls or total cost of the casualty event when your medical aid pays it from your medical savings account or when you pay it from your pocket .
WHAT WE COVER	
All the healthcare and service providers' accounts related to your event are covered, which typically include: <ul style="list-style-type: none"> basic and specialised radiology; co-payments and deductibles; facility and consultation fees; medication administered; pathology; and external medical items given to you at the facility on the day, such as a neck brace or arm sling. 	All the healthcare and service providers' accounts related to the event are covered, which typically include: <ul style="list-style-type: none"> basic and specialised radiology; co-payments and deductibles; facility and consultation fees; medication administered; and pathology.
Limited to R 6 000 per policy per year . <i>Go to any registered medical or casualty facility for a follow-up visit related to your accident to have, for example, stitches or a cast removed. You don't have to go back to the same facility.</i>	

GOOD TO KNOW

- Our benefit applies even if your medical aid doesn't provide cover for casualty visits.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

If you go to a registered medical facility for treatment due to an accident and get admitted to hospital directly afterwards, the hospital admission becomes a new medical event, and any further claims submitted will be assessed based on the hospital admission and not the initial casualty event.



TRAUMA COUNSELLING BENEFIT

OUT-OF-HOSPITAL COVER

When you're dealing with a traumatic event and want to see a counsellor about it, our benefit can assist with the costs.

HOW IT WORKS
We'll refund the shortfalls or total cost of your registered counsellor's consultation fees when your medical aid pays it from your medical savings account or when you pay it from your pocket .

WHAT WE COVER

- You're covered when you:
- witness an act of physical violence or an accident or when you're directly affected by it;
 - receive news of a loved one's diagnosis of a critical illness or when you're diagnosed;
 - mourn the death of a loved one; or when
 - an accident leaves you totally and permanently disabled.

Limited to **R 5 000 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid plan doesn't provide cover for trauma counselling consultations.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

Trauma affects everyone at different times. We provide cover even if the traumatic event occurred before the start date of your policy.

BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

The following benefits aren't subject to the OPL because we give these benefits to you over and above those that form part of the OPL.

PAYOUT BENEFITS



ACCIDENTAL DEATH AND DISABILITY

HOW IT WORKS

In the event of death or total and permanent disability due to an accident, a benefit amount is payable on each insured person's life. Our benefit compensates you for any current or future costs and expenses, including any potential loss of earnings.

The benefit amount that applies to:

- the principal insured is payable to the surviving spouse or the principal insured's estate if there's no surviving spouse.
- the spouse is payable to the principal insured or the spouse's estate if there's no surviving principal insured.
- any other dependant is payable to the principal insured or the principal insured's estate if there's no surviving principal insured.

In the event of the simultaneous death of the principal insured and spouse, the benefit amounts are payable to the principal insured's estate.

WHAT WE COVER

You and your spouse are covered for **R 15 000 per insured person**, and your dependants for **R 5 000 per insured person** if either one of you passes away or becomes totally and permanently disabled due to an accident.

Limited to **1 event per insured person per year**.

ACCIDENT...
means a sudden, unplanned and unexpected accidental event that results in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...
means bodily injury resulting in total and absolute disablement that is beyond hope of improvement, which prevents the insured person from following their usual occupation or any other similar occupation for which they're suited by education or training. If the insured person is an individual or pensioner who's no longer gainfully employed, the total and permanent disability will mean the loss of both hands or feet, one hand and one foot, or the sight of both eyes.

GOOD TO KNOW

- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.



FIRST-TIME CANCER DIAGNOSIS

HOW IT WORKS

When cancer is diagnosed for the first time in your life, a benefit amount is payable if the diagnosis meets specific qualifying criteria.

Our benefit applies when:

- you're diagnosed with cancer for the first time in your life after the start date of your policy;
- cancerous cells have invaded surrounding or underlying tissue; and
- cancer is diagnosed **before** age 65.

Our benefit doesn't apply when the diagnosis is for:

- a tumour, that is histologically described as pre-malignant, non-invasive or as cancer in-situ;
- skin cancer, other than malignant melanoma;
- Stage 1 breast or prostate cancer; or when
- cancerous cells haven't invaded surrounding or underlying tissue, regardless of the stage of cancer.

WHAT WE COVER

The benefit amount payable on a first-time cancer diagnosis is **R 15 000 per insured person per lifetime**.

GOOD TO KNOW

- This benefit is subject to a **General Waiting Period**, which means you can't claim for a cancer diagnosis made during this waiting period.
- We look at the following cancer stages when assessing a claim:
 - **Stage 1** usually means the cancer is small and contained within the organ it started in.
 - **Stage 2** usually means the tumour is larger than Stage 1, but the cancer hasn't started to spread into surrounding tissues. Sometimes Stage 2 means cancer cells have spread into lymph nodes close to the tumour. This depends on the type of cancer.
 - **Stage 3** usually means the cancer is larger than Stage 2. It may have started to spread into surrounding tissues, and cancer cells in the lymph nodes are nearby.
 - **Stage 4** means cancer has spread from where it started to another body organ, such as the liver or lung. This is also called secondary or metastatic cancer.

If you're diagnosed with Stage 2 cancer that hasn't spread when the first diagnosis is made, our benefit won't apply.

LIFESTYLE BENEFIT

This Lifestyle Benefit is a complimentary value-add product.

Visit our website at www.stratumbenefits.co.za for more information about this **LIFESTYLE BENEFIT** and how to register.



EXTRA HIGH SCHOOL LEARNING SUPPORT

WHAT'S ON OFFER

Gr.8 to Gr.12 high school learners can access various e-learning solutions through Boston Online Home Education.

These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.



BASE

It's our **foundation option** that covers the **most frequent** medical expense shortfalls that you're most likely to experience on doctors' and specialists' private fees.

BASE PREMIUMS FOR INDIVIDUALS AND FAMILIES

Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU'RE 64 OR YOUNGER	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU OR ANY DEPENDANT IS 65 OR OLDER
<p>R 252 INDIVIDUAL</p>	<p>R 296 FAMILY</p>	<p>R 488 INDIVIDUAL or FAMILY</p>

One **Gap Cover** policy covers you, your spouse and all the dependants registered on your and your spouse's medical aid plans.



BASE

KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

An OPL of R 185 837 per insured person per year applies to the following benefits. All approved claim amounts will be deducted from the available OPL.

GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:

- the cost of your medical procedure performed in a day clinic, hospital, or your healthcare provider's room is more than your medical aid plan's rate,
- as long as your medical aid pays an amount from a **hospital benefit**.

WHAT WE COVER

We pay up to an **additional 500%** cover on top of what your medical aid provides to cover shortfalls on your doctors', specialists' and healthcare providers' accounts related to the following in- and out-of-hospital medical events:

- blood tests;
- consumable items, such as catheters, medical gloves and syringes;
- medication administered during your medical event;
- medical procedures, surgeries and treatments;
- physiotherapy; and
- Prescribed Minimum Benefit (PMB) medical procedures.

Subject to the **OPL of R 185 837 per insured person per year**.

GOOD TO KNOW

- PMBs are specific benefits your medical aid must provide for a defined list of medical procedures. If your medical aid's qualifying criteria are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Your medical aid could refer to a **hospital benefit** as a **risk, major medical, insured day-to-day** or **block benefit**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Have a look at **DENTAL, MATERNITY** and **RADIOLOGY COVER** to see what other shortfalls we cover.

DENTAL COVER

Whether you have extractions or fillings done in the dentist's chair or booked into a day clinic or hospital for dental implants or oral surgery, our benefit can assist with the shortfalls.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:

- the cost of your dental-related procedure performed in a day clinic, hospital, or your healthcare professional's room is more than your medical aid plan's rate,
- as long as your medical aid pays an amount from a **hospital** or **insured day-to-day benefit**.

WHAT WE COVER

We pay up to an **additional 500%** cover on top of what your medical aid provides to cover shortfalls on your dentists' and specialists' accounts related to the following in- and out-of-hospital medical events:

- dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions.
Limited to **R 6 000 per policy per year**.
- dental procedures related to accidental injury and cancer treatment.
Limited to **R 16 000 per policy per year**.

GOOD TO KNOW

- Your medical aid could refer to a **hospital** or **insured day-to-day benefit** as a **risk, major medical** or **block benefit**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



MATERNITY COVER

We cover the bump.

THE DELIVERY

HOW IT WORKS AND WHAT WE COVER

CHILDBIRTH

IN- AND OUT-OF-HOSPITAL COVER

We cover the **shortfalls** when:

- healthcare professionals, such as your gynaecologist, obstetrician or midwife, charge more than your medical aid plan's rate for the delivery of your baby in hospital or at home,
- as long as your medical aid pays an amount from a **hospital benefit**.

Subject to our **GAP BENEFIT**.

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Your medical aid could refer to a **hospital benefit** as a **risk** or **major medical benefit**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



RADIOLOGY COVER

What does your medical aid plan cover for basic and specialised radiology?

GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:

- the radiologist or radiology facility charges more than your medical aid plan's rate for in- or out-of-hospital basic and specialised radiology,
- as long as your medical aid pays an amount from a **hospital** or **insured day-to-day benefit**.

WHAT WE COVER

We pay up to an **additional 500%** cover on top of what your medical aid provides to cover shortfalls on basic and specialised radiology.

Subject to the **OPL** of **R 185 837 per insured person per year**.

GOOD TO KNOW

- Your medical aid could also refer to a **hospital** or **insured day-to-day benefit** as a **risk**, **major medical** or **block benefit**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



CASUALTY BENEFIT

Our benefit has **two categories**.

ACCIDENTAL EVENTS OUT-OF-HOSPITAL COVER

ILLNESS OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the whole family at any registered medical facility, such as your doctor's room or the emergency unit at your nearest hospital, when:

- an accident caused by physical impact results in bodily injury,
- and medical treatment is required **within 24 hours** of the event.

We'll **refund the shortfalls** or **total cost** of your casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

Children aged **10 years** or **younger** are covered at any registered casualty facility when:

- they fall ill and require medical treatment after-hours,
- between **18:00** and **7:00** on Mondays to Fridays or any time on Saturdays, Sundays and public holidays.

We'll **refund the shortfalls** or **total cost** of the casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

WHAT WE COVER

All the healthcare and service providers' accounts related to your event are covered, which typically include:

- basic and specialised radiology;
- co-payments and deductibles;
- facility and consultation fees;
- medication administered;
- pathology; and
- external medical items given to you at the facility on the day, such as a neck brace or arm sling.

All the healthcare and service providers' accounts related to the event are covered, which typically include:

- basic and specialised radiology;
- co-payments and deductibles;
- facility and consultation fees;
- medication administered; and
- pathology.

Go to any registered medical or casualty facility for a follow-up visit related to your accident to have, for example, stitches or a cast removed. You don't have to go back to the same facility.

Limited to **R 7 000 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid doesn't provide cover for casualty visits.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

If you go to a registered medical facility for treatment due to an accident and get admitted to hospital directly afterwards, the hospital admission becomes a new medical event, and any further claims submitted will be assessed based on the hospital admission and not the initial casualty event.



TRAUMA COUNSELLING BENEFIT

OUT-OF-HOSPITAL COVER

When you're dealing with a traumatic event and want to see a counsellor about it, our benefit can assist with the costs.

HOW IT WORKS

We'll **refund the shortfalls** or **total cost** of your registered counsellor's consultation fees when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

WHAT WE COVER

You're covered when you:

- witness an act of physical violence or an accident or when you're directly affected by it;
- receive news of a loved one's diagnosis of a critical illness or when you're diagnosed;
- mourn the death of a loved one; or when
- an accident leaves you totally and permanently disabled.

Limited to **R 6 000 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid plan doesn't provide cover for trauma counselling consultations.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

Trauma affects everyone at different times. We provide cover even if the traumatic event occurred before the start date of your policy.

BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

The following benefits aren't subject to the OPL because we give these benefits to you over and above those that form part of the OPL.

PAYOUT BENEFITS



ACCIDENTAL DEATH AND DISABILITY

HOW IT WORKS

In the event of death or total and permanent disability due to an accident, a benefit amount is payable on each insured person's life. Our benefit compensates you for any current or future costs and expenses, including any potential loss of earnings.

The benefit amount that applies to:

- the principal insured is payable to the surviving spouse or the principal insured's estate if there's no surviving spouse.
- the spouse is payable to the principal insured or the spouse's estate if there's no surviving principal insured.

In the event of the simultaneous death of the principal insured and spouse, the benefit amounts are payable to the principal insured's estate.

WHAT WE COVER

You and your spouse are covered for **R 6 000 per insured person** if either one of you passes away or becomes totally and permanently disabled due to an accident.

Limited to **1 event per insured person per year**.

ACCIDENT...
means a sudden, unplanned and unexpected accidental event that results in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...
means bodily injury resulting in total and absolute disablement that is beyond hope of improvement, which prevents the insured person from following their usual occupation or any other similar occupation for which they're suited by education or training. If the insured person is an individual or pensioner who's no longer gainfully employed, the total and permanent disability will mean the loss of both hands or feet, one hand and one foot, or the sight of both eyes.

GOOD TO KNOW

- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.



FIRST-TIME CANCER DIAGNOSIS

HOW IT WORKS

When cancer is diagnosed for the first time in your life, a benefit amount is payable if the diagnosis meets specific qualifying criteria.

Our benefit applies when:

- you're diagnosed with cancer for the first time in your life after the start date of your policy;
- cancerous cells have invaded surrounding or underlying tissue; and
- cancer is diagnosed **before** age 65.

Our benefit doesn't apply when the diagnosis is for:

- a tumour, that is histologically described as pre-malignant, non-invasive or as cancer in-situ;
- skin cancer, other than malignant melanoma;
- Stage 1 breast or prostate cancer; or when
- cancerous cells haven't invaded surrounding or underlying tissue, regardless of the stage of cancer.

WHAT WE COVER

The benefit amount payable on a first-time cancer diagnosis is **R 5 000 per insured person per lifetime**.

GOOD TO KNOW

- This benefit is subject to a **General Waiting Period**, which means you can't claim for a cancer diagnosis made during this waiting period.
- We look at the following cancer stages when assessing a claim:
 - **Stage 1** usually means the cancer is small and contained within the organ it started in.
 - **Stage 2** usually means the tumour is larger than Stage 1, but the cancer hasn't started to spread into surrounding tissues. Sometimes Stage 2 means cancer cells have spread into lymph nodes close to the tumour. This depends on the type of cancer.
 - **Stage 3** usually means the cancer is larger than Stage 2. It may have started to spread into surrounding tissues, and cancer cells in the lymph nodes are nearby.
 - **Stage 4** means cancer has spread from where it started to another body organ, such as the liver or lung. This is also called secondary or metastatic cancer.

If you're diagnosed with Stage 2 cancer that hasn't spread when the first diagnosis is made, our benefit won't apply.

LIFESTYLE BENEFITS

These Lifestyle Benefits are complimentary value-add products.

Visit our website at www.stratumbenefits.co.za for more information about the **LIFESTYLE BENEFITS** and how to register.



EXTRA HIGH SCHOOL LEARNING SUPPORT

WHAT'S ON OFFER

Gr.8 to Gr.12 high school learners can access various e-learning solutions through Boston Online Home Education.

These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.



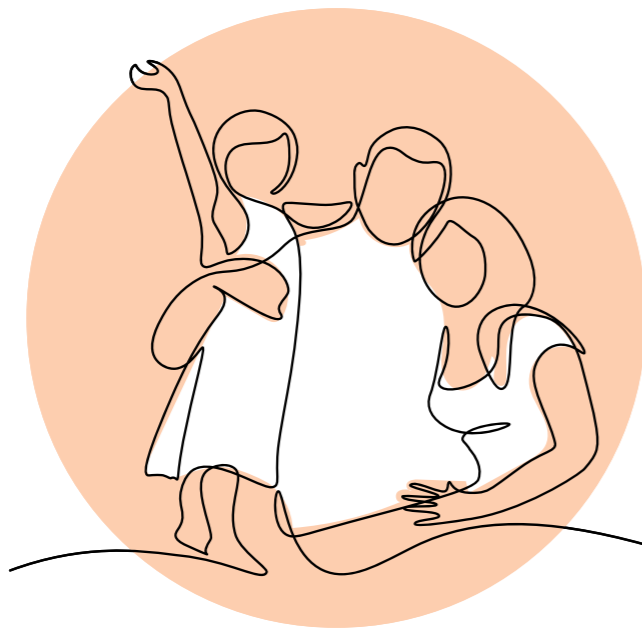
INTERNATIONAL TRAVEL INSURANCE

WHAT'S ON OFFER

The whole family is covered for acute illness and injury when travelling for leisure outside South African borders, limited to **1 trip per policy per year** for a maximum of **31 days**. Inform us of your upcoming trip at least **7 days** before departure and submit proof of travel.

If your medical aid or any other insurance policy provides similar cover, our international travel insurance partner won't offer this cover.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.



ELITE

Our **individual** and **corporate Elite** options offer the **widest range** of benefits and the **highest level** of cover.

Elite is available to individuals and families and **Corporate Elite** and **Corporate Elite Plus** to employer groups.

ELITE PREMIUMS FOR INDIVIDUALS AND FAMILIES

Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU'RE 64 OR YOUNGER	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU'RE 65 OR OLDER	IF YOU OR ANY DEPENDANT IS 65 OR OLDER
R 404 INDIVIDUAL	R 496 FAMILY	R 656 INDIVIDUAL	R 801 FAMILY

One **Gap Cover** policy covers you, your spouse and all the dependants registered on your and your spouse's medical aid plans.



ELITE



CORPORATE ELITE



CORPORATE ELITE PLUS

CORPORATE ELITE AND CORPORATE ELITE PLUS

We cover **five or more employees** as an employer group if you join through your employer.

If your employer says yes to your spouse and dependants joining, add them to your policy.

Premiums and waiting periods are determined by factors such as the group's size, average age and if cover is compulsory or voluntary.

ASK US FOR A CORPORATE QUOTE!

KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

An OPL of R 185 837 per insured person per year applies to the following benefits. All approved claim amounts will be deducted from the available OPL.

GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:

- the cost of your medical procedure performed in a day clinic, hospital, or your healthcare provider's room is more than your medical aid plan's rate,
- as long as your medical aid pays an amount from a **hospital benefit**.

WHAT WE COVER

We pay up to an **additional 500%** cover on top of what your medical aid provides to cover shortfalls on your doctors', specialists' and healthcare providers' accounts related to the following in- and out-of-hospital medical events:

- blood tests;
- consumable items, such as catheters, medical gloves and syringes;
- medication administered during your medical event;
- medical procedures, surgeries and treatments;
- physiotherapy; and
- Prescribed Minimum Benefit (PMB) medical procedures.

Subject to the **OPL of R 185 837 per insured person per year**.

GOOD TO KNOW

- PMBs are specific benefits your medical aid must provide for a defined list of medical procedures. If your medical aid's qualifying criteria are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Your medical aid could refer to a **hospital benefit** as a risk, major medical, insured day-to-day or block benefit.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Have a look at **DENTAL, MATERNITY** and **RADIOLOGY COVER** to see what other shortfalls we cover.

CO-PAYMENT BENEFIT

If your medical aid requires upfront payment before you're admitted to hospital or before you go for a medical procedure, such as a laparoscopy or joint replacement surgery, it's called a co-payment or deductible.

Our benefit has **three categories**.

ADMISSION AND PROCEDURE CO-PAYMENTS	PENALTY CO-PAYMENTS	ROBOTIC SURGERY CO-PAYMENTS
IN- AND OUT-OF-HOSPITAL COVER	IN-HOSPITAL COVER	IN-HOSPITAL COVER

HOW IT WORKS

We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages on:

- network and non-network day clinic and hospital admissions and medical procedures, such as scopes and scans done in- or out-of-hospital,
- as long as the co-payments or deductibles are paid from your **medical savings account** or **your pocket**.

WHAT WE COVER

Claim as many admission and procedure-related co-payments and deductibles as needed.

Subject to the **OPL of R 185 837 per insured person per year**.

Benefit limits apply to **PENALTY CO-PAYMENTS** and **ROBOTIC SURGERY CO-PAYMENTS**.

If your medical aid has a preferred network of day clinics and hospitals you must use for planned medical procedures, you can claim the penalty co-payments from us when you choose to use non-network providers.

Limited to **R 13 000 per policy per year**.

When co-payments apply to robotic-assisted surgeries, such as prostatectomies, we'll refund the co-payments.

Limited to **R 10 000 per policy per year**.

GOOD TO KNOW

- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate, and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Our **CO-PAYMENT BENEFIT** also covers co-payments and deductibles specific to dentistry, childbirth and specialised radiology. Have a look at **DENTAL, MATERNITY** and **RADIOLOGY COVER**.



DENTAL COVER

Whether you have extractions or fillings done in the dentist's chair or booked into a day clinic or hospital for dental implants or oral surgery, our benefits can assist with the shortfalls and co-payments.

DENTAL COVER is made up of **various benefits** you can claim from.

GAP BENEFIT	CO-PAYMENT BENEFIT
IN- AND OUT-OF-HOSPITAL COVER	ADMISSION AND PROCEDURE CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS	
<p>We cover the shortfalls when:</p> <ul style="list-style-type: none"> the cost of your dental-related procedure performed in a day clinic, hospital, or your healthcare professional's room is more than your medical aid plan's rate, as long as your medical aid pays an amount from a hospital or insured day-to-day benefit. 	<p>We refund co-payments and deductibles that your medical aid imposes as rand amounts or percentages on:</p> <ul style="list-style-type: none"> day clinic and hospital admissions and dental-related procedures done in- or out-of-hospital, as long as the co-payment or deductible is paid from your medical savings account or your pocket.
WHAT WE COVER	
<p>We pay up to an additional 500% cover on top of what your medical aid provides to cover shortfalls on your dentists' and specialists' accounts related to the following in- and out-of-hospital medical events:</p> <ul style="list-style-type: none"> dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions. Limited to R 8 000 per policy per year. dental procedures related to accidental injury and cancer treatment. Limited to R 24 000 per policy per year. 	<p>Claim as many admission and dental procedure-related co-payments and deductibles as needed. Subject to the OPL of R 185 837 per insured person per year.</p>

GOOD TO KNOW

- Your medical aid could refer to a **hospital or insured day-to-day benefit** as a **risk, major medical or block benefit**.
- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Claim the penalty co-payments from us when your medical aid imposes co-payments or deductibles for the use of day clinics and hospitals outside their preferred network. Subject to our **PENALTY CO-PAYMENT BENEFIT**.



MATERNITY COVER

We offer cover from pre- to post-bump.

MATERNITY COVER is made up of **various benefits** you can claim from.

BEFORE THE DELIVERY	THE DELIVERY	AFTER THE DELIVERY
HOW IT WORKS AND WHAT WE COVER		
<p style="text-align: center;">PRE-NATAL CONSULTATIONS OUT-OF-HOSPITAL COVER</p> <p>Claim the shortfalls from us between what:</p> <ul style="list-style-type: none"> healthcare professionals, such as your gynaecologist or obstetrician, charge for virtual and face-to-face consultations in the rooms and the rate your medical aid applies, as long as your medical aid pays an amount from a maternity or risk benefit, or your medical savings account. <p>Subject to our OUT-PATIENT SPECIALIST CONSULTATION BENEFIT.</p> <p style="border: 1px dashed blue; padding: 2px; font-size: small;">This is a consultation benefit, meaning ancillary tests or investigations typically done with consultations, such as urine tests and sonars, won't be covered.</p>	<p style="text-align: center;">CHILDBIRTH IN- AND OUT-OF-HOSPITAL COVER</p> <p>We cover the shortfalls when:</p> <ul style="list-style-type: none"> healthcare professionals, such as your gynaecologist, obstetrician or midwife, charge more than your medical aid plan's rate for the delivery of your baby in hospital or at home, as long as your medical aid pays an amount from a hospital benefit. <p>Subject to our GAP BENEFIT.</p>	<p style="text-align: center;">POST-NATAL CONSULTATIONS OUT-OF-HOSPITAL COVER</p> <p>Claim the shortfalls from us between what:</p> <ul style="list-style-type: none"> healthcare professionals, such as your gynaecologist or the paediatrician, charge for virtual and face-to-face consultations in the rooms and the rate your medical aid plan applies, as long as your medical aid pays an amount from a risk or insured day-to-day benefit, or your medical savings account. <p>Subject to our OUT-PATIENT SPECIALIST CONSULTATION BENEFIT.</p>
<p style="text-align: center;">PREVENTATIVE PROCEDURES OUT-OF-HOSPITAL COVER</p> <p>Soon-to-be mummies can get a flu vaccination in their second trimester. Always consult your healthcare professional first.</p> <p>Claim the shortfall or total cost of the flu vaccination and other preventative tests and procedures, such as a full blood count, from us when paid from your medical savings account or your pocket.</p> <p>Subject to our PREVENTATIVE CARE BENEFIT.</p>	<p style="text-align: center;">CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL COVER</p> <p>We refund co-payments and deductibles that your medical aid imposes on elective caesareans as long as the co-payment or deductible is paid from your medical savings account or your pocket.</p> <p>Subject to our CO-PAYMENT BENEFIT.</p> <p style="border: 1px dashed green; padding: 2px; font-size: small;">Claim the penalty co-payments from us when your medical aid imposes co-payments or deductibles for the use of day clinics and hospitals outside their preferred network. Subject to our PENALTY CO-PAYMENT BENEFIT.</p>	<p style="text-align: center;">CHILDHOOD IMMUNISATIONS AND BIRTH CONTROL OUT-OF-HOSPITAL COVER</p> <p>We cover the shortfalls or total cost of a flu vaccination for your baby from 7 months or older. Always consult your healthcare professional first.</p> <p>We also cover the shortfalls or total cost of childhood immunisations according to the Department of Health Formulary for children aged 12 years or younger.</p> <p>Other preventative tests and procedures, such as a contraceptive device implant, are also covered when paid from your medical savings account or your pocket.</p> <p>Subject to our PREVENTATIVE CARE BENEFIT.</p> <p style="border: 1px dashed blue; padding: 2px; font-size: small;">Take your little one to the nearest registered casualty facility when they fall ill after-hours. Our CASUALTY BENEFIT provides cover for children aged 10 years or younger.</p>

PRIVATE ROOM BENEFIT
IN-HOSPITAL COVER

Spend time with your newborn. Claim the **shortfalls or total cost** from us when your medical aid pays part of the cost of a private hospital room or when they don't provide cover.

Or claim the hospital's lodger fee when your spouse stays with you and your newborn or the hospital's nursery fee if you're hospitalised after the delivery and need to nurse your little one.

Subject to our **PRIVATE ROOM BENEFIT**.

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Your medical aid could refer to a **maternity benefit** as a **hospital, risk, major medical, insured day-to-day or block benefit**.
- Our benefits are subject to waiting periods and our **GAP** and **CO-PAYMENT BENEFITS** are also subject to the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



SUB-LIMIT BENEFIT

Your medical aid plan might provide unlimited hospital cover, but if certain medical services or items are limited to a rand amount, it's called a sub-limit or annual limit.

Our benefit has **three categories**.

COLONOSCOPIES, ENTEROSCOPES AND GASTROSCOPES IN- AND OUT-OF-HOSPITAL COVER	INTERNAL PROSTHETIC DEVICES IN-HOSPITAL COVER	RENAL DIALYSIS TREATMENTS OUT-OF-HOSPITAL COVER
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HOW IT WORKS

When your medical aid covers the cost of a:

- colonoscopy, enteroscopy, gastroscopy, internal prosthetic device or renal dialysis treatment from a **sub-limit** or **annual limit**,
- but the rand amount under the **sub-limit** or **annual limit** doesn't cover the total cost of the scope, device or treatment, we'll cover the **difference**.

WHAT WE COVER

Our benefit works in two ways.

- If you go for an in- or out-of-hospital colonoscopy, enteroscopy or gastroscopy and there's a shortfall on the anaesthetist's account, we'll cover the shortfall.
- We'll also cover the difference in cost of the scope itself if your medical aid pays part of the cost from a **sub-limit** or **annual limit**.

Limited to **R 5 000 per insured person per event**.

We'll cover the difference in cost of any internal prosthetic device implanted into your body when your medical aid pays part of the cost from a **sub-limit** or **annual limit**.
An internal prosthetic device can replace a body part, such as a hip joint, or improve a lost or reduced bodily function, such as a cardiac pacemaker, cochlear implant or an intraocular lens.

Limited to **R 30 000 per insured person per event**.

External medical items aren't covered.

We'll cover the difference in cost of renal dialysis treatment when your medical aid pays part of the cost from a **sub-limit** or **annual limit**.

Limited to **R 30 000 per insured person per event**.

GOOD TO KNOW

- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the [Waiting Periods](#) page.

Have a look at our **SUB-LIMIT BENEFIT** and **TOP-UP BENEFIT** under **RADIOLOGY COVER** to see what we cover for MRI, CT and PET scans.



RADIOLOGY COVER

What does your medical aid plan cover for basic and specialised radiology? Do upfront co-payments apply to in- or out-of-hospital MRI, CT and PET scans or is there a combined benefit limit on x-rays and scans? We've got the cover you need.

RADIOLOGY COVER is made up of **various benefits** you can claim from.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER	SUB-LIMIT BENEFIT MRI, CT AND PET SCANS IN- AND OUT-OF-HOSPITAL COVER	TOP-UP BENEFIT MRI, CT AND PET SCANS IN- AND OUT-OF-HOSPITAL COVER
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HOW IT WORKS

We cover the **shortfalls** when:

- the radiologist or radiology facility charges more than your medical aid plan's rate for in- or out-of-hospital basic and specialised radiology,
- as long as your medical aid pays an amount from a **hospital** or **insured day-to-day benefit**.

We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages on in- or out-of-hospital basic and specialised radiology, as long as the co-payment or deductible is paid from your **medical savings account** or **your pocket**.

When your medical aid covers the cost of:

- in- or out-of-hospital MRI, CT or PET scans from a **sub-limit** or **annual limit**,
- but the rand amount available under the **sub-limit** or **annual limit** doesn't cover the total cost of the scans, we'll cover the **difference**.

Does your medical aid plan cover in- or out-of-hospital MRI, CT and PET scans up to a benefit limit?

We'll **top up** your cover and pay the **total cost** of in- or out-of-hospital MRI, CT and PET scans when your medical aid plan's radiology benefit is reached.

WHAT WE COVER

We pay up to an **additional 500%** cover on top of what your medical aid provides to cover shortfalls on basic and specialised radiology.
Subject to the **OPL** of **R 185 837 per insured person per year**.

Claim as many radiology-related co-payments and deductibles as needed.
Subject to the **OPL** of **R 185 837 per insured person per year**.

Limited to **R 5 000 per insured person per event**.

Limited to **R 5 000 per policy per year**.

GOOD TO KNOW

- Your medical aid could also refer to a **hospital** or **insured day-to-day benefit** as a **risk, major medical** or **block benefit**.
- Our benefits are subject to waiting periods and our **GAP**, **CO-PAYMENT** and **SUB-LIMIT BENEFITS** are also subject to the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the [Waiting Periods](#) page.



CANCER BENEFIT

Our benefit has **three categories**.

BREAST RECONSTRUCTION IN-HOSPITAL COVER	CANCER TREATMENT SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	CANCER TREATMENT TOP-UP IN- AND OUT-OF-HOSPITAL COVER
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HOW IT WORKS

Our benefit covers the **total cost** of the reconstruction of an **unaffected breast** when your medical aid plan excludes it from cover.

This benefit is exclusive to **Elite** and **Corporate Elite Plus**. It's not offered on **Corporate Elite**.

We cover the **shortfalls** when your healthcare providers charge more than your medical aid plan's rate for in- or out-of-hospital cancer treatment, as long as your medical aid pays an amount from an oncology benefit.

If your medical aid plan covers in- or out-of-hospital cancer treatment up to an oncology benefit limit, we'll **top up** your cover and pay the **total cost** of your ongoing cancer treatment when your medical aid plan's benefit limit is reached.

WHAT WE COVER

We'll cover the cost of either the flap reconstruction, insertion or removal of the breast implant.

Limited to **1 event** up to **R 30 000 per insured person per lifetime**.

Our benefit doesn't cover the cost to have the **unaffected breast removed**, but the **reconstruction thereof** when your medical aid plan's doesn't provide cover.

We'll cover the cost of the reconstruction of the **unaffected breast** limited to **one event per insured person per lifetime**. This means our benefit won't apply if you've had a breast reconstruction on an **affected** or **unaffected breast** before your policy's start date.

Shortfalls that exist when breast cancer is diagnosed and the affected breast is removed and reconstructed can be claimed from our **GAP BENEFIT**.

The shortfalls we'll cover are subject to the oncology treatment plan your medical aid approved.

Our benefit typically covers:

- biological medication;
- chemotherapy and radiotherapy;
- consultations with your oncologist; and
- specialised radiology, such as bone density and PET scans.

We'll also **refund** the oncology-related co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages when your medical aid plan's oncology benefit limit is reached.

Subject to the **OPL** of **R 185 837 per insured person per year**.

Your medical aid may impose co-payments or deductibles on precision and innovative oncology medication. These co-payments or deductibles typically apply from the onset of cover. Our benefit covers the co-payments and deductibles that apply after an oncology benefit limit is reached and not before.

We'll cover the cost of your ongoing cancer treatment subject to the oncology treatment plan your medical aid approved.

Subject to the **OPL** of **R 185 837 per insured person per year**.

GOOD TO KNOW

- Our benefit is subject to waiting periods. Refer to the [Waiting Periods](#) page.

Have a look at our **FIRST-TIME CANCER DIAGNOSIS BENEFIT** under the **PAYOUT BENEFIT** to see what we cover for a cancer diagnosis.



PHYSICAL REHABILITATION TOP-UP BENEFIT

OUT-OF-HOSPITAL COVER

HOW IT WORKS

If your medical aid plan covers physical rehabilitation due to an accident up to a benefit limit or the number of days you may stay at a sub-acute or step-down facility is limited, we'll **top up** your cover and pay the **total cost** of your ongoing rehabilitation when your medical aid plan's benefit limit is reached.

WHAT WE COVER

We'll cover the cost of your admission to a sub-acute or step-down facility and all the related healthcare providers' accounts for the treatment they provide on-site, subject to the physical rehabilitation treatment plan your medical aid approved.

Limited to **R 10 000 per insured person per year**.

GOOD TO KNOW

- We define a sub-acute or step-down facility as a registered facility that focuses on rehabilitation after physical injury due to an accident, where rehabilitation is provided by appropriately qualified and registered therapists.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

We don't cover physical rehabilitation related to an illness or ongoing physical rehabilitation that you may need after you've been discharged.



OUT-PATIENT SPECIALIST CONSULTATION BENEFIT

OUT-OF-HOSPITAL COVER

HOW IT WORKS

Claim the **shortfalls** from us when:

- your specialists charge more than your medical aid plan's rate for virtual or face-to-face consultations in the rooms,
- as long as your medical aid pays an amount from a **risk benefit** or your **medical savings account**.

If, for example, your medical aid pays an amount from a risk benefit and your medical savings account, the payments will be added together to see if there's a shortfall. If the two payments make up the total cost of the consultation fee, there won't be a shortfall for us to cover.

WHAT WE COVER

We'll cover the shortfalls between your medical aid plan's rate and the amount your specialists charge.

Limited to **R 1 300 per consultation** with a maximum of **3 consultations per policy per year**.

*This benefit is exclusive to **Elite** and **Corporate Elite Plus**. It's not offered on **Corporate Elite**.*

GOOD TO KNOW

- Your medical aid could also refer to a **risk benefit** as a **hospital, major medical, insured day-to-day or block benefit**.
- Our benefit doesn't cover consultation fees of general practitioners or allied healthcare providers, such as biokineticists, chiropractors and physiotherapists.
- Our benefit is subject to waiting periods and will always receive a **3 Month General Waiting Period** unless we confirm otherwise. Refer to the **Waiting Periods** page.

This is a consultation benefit, meaning ancillary tests or investigations typically done with consultations, such as urine tests and sonars, won't be covered.



CASUALTY BENEFIT

Our benefit has **two categories**.

**ACCIDENTAL EVENTS
OUT-OF-HOSPITAL COVER**

**ILLNESS
OUT-OF-HOSPITAL COVER**

HOW IT WORKS

We cover the whole family at any registered medical facility, such as your doctor's room or the emergency unit at your nearest hospital, when:

- an accident caused by physical impact results in bodily injury,
- and medical treatment is required **within 24 hours** of the event.

We'll **refund the shortfalls or total cost** of your casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

Children aged **10 years or younger** are covered at any registered casualty facility when:

- they fall ill and require medical treatment after-hours,
- between **18:00 and 7:00** on Mondays to Fridays or any time on Saturdays, Sundays and public holidays.

We'll **refund the shortfalls or total cost** of the casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

WHAT WE COVER

All the healthcare and service providers' accounts related to your event are covered, which typically include:

- basic and specialised radiology;
- co-payments and deductibles;
- facility and consultation fees;
- medication administered;
- pathology; and
- external medical items given to you at the facility on the day, such as a neck brace or arm sling.

All the healthcare and service providers' accounts related to the event are covered, which typically include:

- basic and specialised radiology;
- co-payments and deductibles;
- facility and consultation fees;
- medication administered; and
- pathology.

Go to any registered medical or casualty facility for a follow-up visit related to your accident to have, for example, stitches or a cast removed. You don't have to go back to the same facility.

Limited to **R 12 000 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid doesn't provide cover for casualty visits.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

If you go to a registered medical facility for treatment due to an accident and get admitted to hospital directly afterwards, the hospital admission becomes a new medical event, and any further claims submitted will be assessed based on the hospital admission and not the initial casualty event.



TRAUMA COUNSELLING BENEFIT

OUT-OF-HOSPITAL COVER

When you're dealing with a traumatic event and want to see a counsellor about it, our benefit can assist with the costs.

HOW IT WORKS

We'll **refund the shortfalls or total cost** of your registered counsellor's consultation fees when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

WHAT WE COVER

You're covered when you:

- witness an act of physical violence or an accident or when you're directly affected by it;
- receive news of a loved one's diagnosis of a critical illness or when you're diagnosed;
- mourn the death of a loved one; or when
- an accident leaves you totally and permanently disabled.

Limited to **R 10 000 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid plan doesn't provide cover for trauma counselling consultations.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

Trauma affects everyone at different times. We provide cover even if the traumatic event occurred before the start date of your policy.



PREVENTATIVE CARE BENEFIT

OUT-OF-HOSPITAL COVER

HOW IT WORKS

You're covered for essential preventative and screening tests.

Claim the **shortfalls** or **total cost** from us when your medical aid pays your healthcare providers' consultation fees or the cost of preventative tests or procedures from your **medical savings account** or when you pay it from **your pocket**.

WHAT WE COVER

Our benefit covers the following tests, scans, immunisations, procedures, vaccinations and screenings:

- blood glucose tests;
- bone density scans;
- childhood immunisations based on the Department of Health Formulary for children aged **12 years or younger**;
- cholesterol tests;
- contraceptive device implants;
- flu vaccinations;
- full blood counts;
- Human Papillomavirus vaccinations (HPV vaccine);
- mammograms and breast sonars;
- pap smears;
- prostate-specific antigen screenings; and
- testicular screenings.

Limited to **R 1 300 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid doesn't provide cover for preventative tests, screenings and procedures.
- This benefit is subject to only a **General Waiting Period**, meaning you can't claim during this period unless we confirm otherwise. Refer to the **Waiting Periods** page.

BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

The following benefits aren't subject to the **OPL** because we give these benefits to you over and above those that form part of the **OPL**.



PRIVATE ROOM BENEFIT

IN-HOSPITAL COVER

HOW IT WORKS

Whether your medical aid pays part of the cost of a private hospital room from your **medical savings account** or your medical aid plan doesn't provide cover, and the cost is paid from **your pocket**, we've got you covered.

WHAT WE COVER

Claim from us when:

- you choose to stay in a private hospital room;
- a hospital lodger fee is charged when you stay with your spouse or a family member when they're in hospital;
- a hospital lodger fee is charged when your spouse stays with you when you're in hospital; or when
- a hospital nursery fee is charged when you're in hospital and need to nurse your baby.

Limited to **R 3 000 per policy per year**.

GOOD TO KNOW

- The person the hospital lodger fee applies to must be a registered dependant on your **Gap Cover** policy.

PAYOUT BENEFITS



ACCIDENTAL DEATH AND DISABILITY

HOW IT WORKS

In the event of death or total and permanent disability due to an accident, a benefit amount is payable on each insured person's life.

Our benefit compensates you for any current or future costs and expenses, including any potential loss of earnings.

The benefit amount that applies to:

- the principal insured is payable to the surviving spouse or the principal insured's estate if there's no surviving spouse.
- the spouse is payable to the principal insured or the spouse's estate if there's no surviving principal insured.
- any other dependant is payable to the principal insured or the principal insured's estate if there's no surviving principal insured.

In the event of the simultaneous death of the principal insured and spouse, the benefit amounts are payable to the principal insured's estate.

WHAT WE COVER

You and your spouse are covered for **R 25 000 per insured person**, and your dependants for **R 5 000 per insured person** if either one of you passes away or becomes totally and permanently disabled due to an accident.

Limited to **1 event per insured person per year**.

ACCIDENT...
means a sudden, unplanned and unexpected accidental event that results in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...
means bodily injury resulting in total and absolute disablement that is beyond hope of improvement, which prevents the insured person from following their usual occupation or any other similar occupation for which they're suited by education or training. If the insured person is an individual or pensioner who's no longer gainfully employed, the total and permanent disability will mean the loss of both hands or feet, one hand and one foot, or the sight of both eyes.

GOOD TO KNOW

- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.



FIRST-TIME CANCER DIAGNOSIS

HOW IT WORKS

When cancer is diagnosed for the first time in your life, a benefit amount is payable if the diagnosis meets specific qualifying criteria.

Our benefit applies when:

- you're diagnosed with cancer for the first time in your life after the start date of your policy;
- cancerous cells have invaded surrounding or underlying tissue; and
- cancer is diagnosed **before** age 65.

Our benefit doesn't apply when the diagnosis is for:

- a tumour, that is histologically described as pre-malignant, non-invasive or as cancer in-situ;
- skin cancer, other than malignant melanoma;
- Stage 1 breast or prostate cancer; or when
- cancerous cells haven't invaded surrounding or underlying tissue, regardless of the stage of cancer.

WHAT WE COVER

The benefit amount payable on a first-time cancer diagnosis is **R 30 000 per insured person per lifetime**.

GOOD TO KNOW

- This benefit is subject to a **General Waiting Period**, which means you can't claim for a cancer diagnosis made during this waiting period.
- We look at the following cancer stages when assessing a claim:
 - **Stage 1** usually means the cancer is small and contained within the organ it started in.
 - **Stage 2** usually means the tumour is larger than Stage 1, but the cancer hasn't started to spread into surrounding tissues. Sometimes Stage 2 means cancer cells have spread into lymph nodes close to the tumour. This depends on the type of cancer.
 - **Stage 3** usually means the cancer is larger than Stage 2. It may have started to spread into surrounding tissues, and cancer cells in the lymph nodes are nearby.
 - **Stage 4** means cancer has spread from where it started to another body organ, such as the liver or lung. This is also called secondary or metastatic cancer.

If you're diagnosed with **Stage 2** cancer that hasn't spread when the first diagnosis is made, our benefit won't apply.

WAIVER BENEFITS

MEDICAL AID CONTRIBUTION WAIVER

HOW IT WORKS

If the contribution payer of your medical aid membership passes away or becomes totally and permanently disabled due to an accident, we'll step in and pay your monthly contributions.

If your employer pays your medical aid contributions on your behalf, the contributions must form part of your total salary package, also known as cost to company.

WHAT WE COVER

We'll pay the medical aid contributions for the members registered on your membership at the time of the event for **6 months**, limited to **R 4 500 per month per medical aid membership**.

GOOD TO KNOW

- You can change your medical aid plan when our benefit applies, but we'll pay the medical aid contribution amount that applied before an upgrade.
- A contribution payer is a person, registered company or entity who is solely responsible for paying your monthly medical aid contributions.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

STRATUM POLICY PREMIUM WAIVER

HOW IT WORKS

If the premium payer of your Gap Cover policy passes away or becomes totally and permanently disabled due to an accident, we'll take over the payment of your premiums.

If your employer pays your policy premiums on your behalf, the premiums must form part of your total salary package, also known as cost to company.

WHAT WE COVER

We'll pay the policy premiums for the insured persons registered on your **Gap Cover** policy at the time of the event for **12 months**.

Our **CORPORATE ELITE PLUS** option provides cover for **12 months** and **CORPORATE ELITE** for **6 months**.

GOOD TO KNOW

- You can change your **Gap Cover** option when our benefit applies, but we'll pay the premium amount that applied before an upgrade.
- A premium payer is a person, registered company or entity who is solely responsible for paying your monthly policy premiums.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

LIFESTYLE BENEFITS

These Lifestyle Benefits are complimentary value-add products.

Visit our website at www.stratumbenefits.co.za for more information about the **LIFESTYLE BENEFITS** and how to register.

EXTRA HIGH SCHOOL LEARNING SUPPORT

WHAT'S ON OFFER

Gr.8 to Gr.12 high school learners can access various e-learning solutions through Boston Online Home Education.

These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.

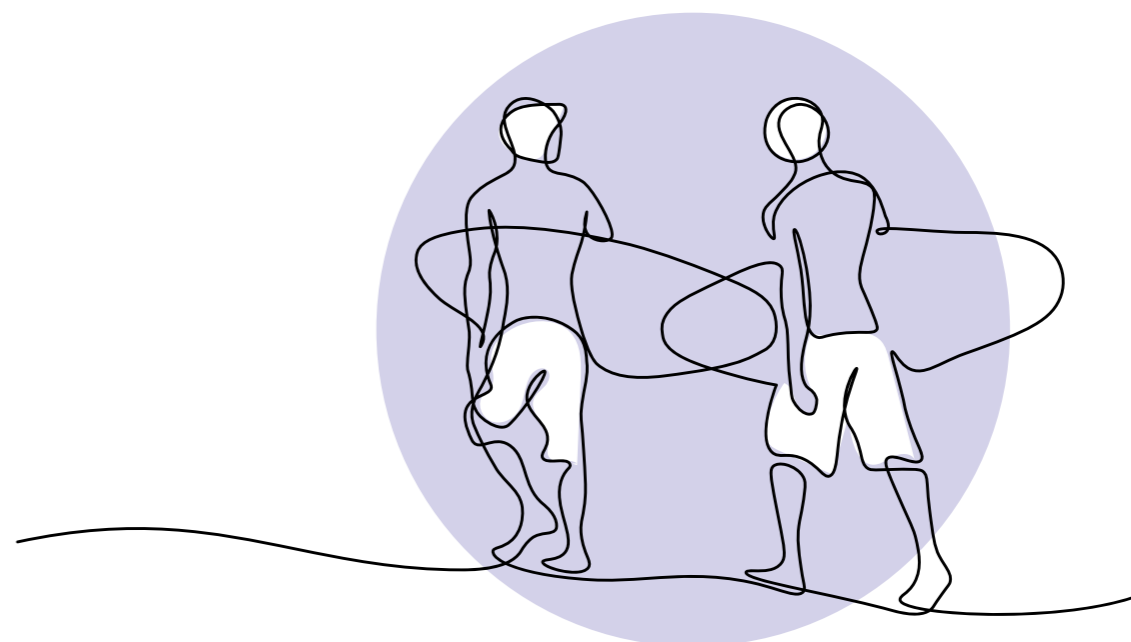
INTERNATIONAL TRAVEL INSURANCE

WHAT'S ON OFFER

The whole family is covered for acute illness and injury when travelling for leisure outside South African borders, limited to **1 trip per policy per year** for a maximum of **31 days**. Inform us of your upcoming trip at least **7 days** before departure and submit proof of travel.

If your medical aid or any other insurance policy provides similar cover, our international travel insurance partner won't offer this cover.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.



ACCESS OPTIMISER

Our **individual** and **corporate Access** options are **booster options** that cover specific medical procedures and events that your medical aid plan might exclude from cover.

Access Optimiser is available to individuals and families and **Corporate Access** and **Corporate Access Plus⁵⁰⁰** to employer groups.

ACCESS OPTIMISER PREMIUMS FOR INDIVIDUALS AND FAMILIES

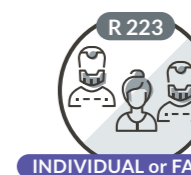
Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU AND EVERYONE IN THE FAMILY ARE **64 OR YOUNGER**

IF YOU OR ANYONE IN THE FAMILY IS **65 OR OLDER**



INDIVIDUAL or FAMILY



INDIVIDUAL or FAMILY

One **Gap Cover** policy covers you, your spouse and all the dependants registered on your and your spouse's medical aid plans.



ACCESS OPTIMISER



CORPORATE ACCESS



CORPORATE ACCESS PLUS⁵⁰⁰

CORPORATE ACCESS AND CORPORATE ACCESS PLUS⁵⁰⁰⁺

We cover **five or more employees** as an employer group if you join through your employer.

If your employer says yes to your spouse and dependants joining, add them to your policy.

Premiums and waiting periods are determined by factors such as the group's size, average age and if cover is compulsory or voluntary.

ASK US FOR A CORPORATE QUOTE!

* CORPORATE ACCESS PLUS⁵⁰⁰ offers **500% Gap Cover**.

KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

An OPL of R 185 837 per policy per year applies to the following benefits. All approved claim amounts will be deducted from the available OPL.



ACCESS BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

If your medical aid plan excludes any of the medical procedures listed below, you can claim the costs from us.

HOW IT WORKS

Our benefit is designed to help cover the costs of an upcoming medical procedure when:

- your medical aid plan doesn't provide cover because your medical procedure forms part of a specific list of exclusions,
- or when your medical aid plan only covers Prescribed Minimum Benefit (PMB) medical procedures but your medical procedure is listed as a non-PMB medical procedure.

You'll be required to obtain cost estimates from the service providers, such as the day clinic or hospital, and healthcare providers, such as the surgeon and anaesthetist, who you choose as the preferred providers for your upcoming medical event.

Send a claim form, and the cost estimates to us to assess. If your claim is approved, we'll issue a guarantee of payment to all the providers as an undertaking that we'll pay them directly after the medical procedure is performed.

WHAT WE COVER

We'll cover the cost of your admission to a day clinic or hospital and the related service and healthcare providers' costs up to the benefit limit specific to your upcoming medical event.

MEDICAL PROCEDURE/EVENT NOT COVERED BY YOUR MEDICAL AID	ACCESS BENEFIT
Arthroscopic surgery	R 50 000
Back or neck surgery	R 50 000
Bunion surgery	R 14 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)	R 80 000
Dental procedures for impacted teeth for children younger than 18	R 14 000
Dental procedures for reconstructive surgery required due to an accidental event	R 80 000
Endoscopic procedures	R 5 000
Functional nasal surgery	R 23 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)	R 50 000
Knee or shoulder surgery	R 25 000
MRI or CT scan required due to an accidental event	R 10 000
Non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer)	R 20 000
Oesophageal reflux and hiatus hernia surgery	R 55 000
Removal of varicose veins	R 20 000
Skin disorders (including benign growths or lipomas)	R 20 000

GOOD TO KNOW

- PMBs are specific benefits your medical aid must provide for a defined list of medical procedures. If your medical aid's qualifying criteria are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Each insured person can claim for their upcoming medical event, but the benefit limits are shared subject to the available OPL.

You might need more than one **Gap Cover** policy.

If your medical aid plan excludes any of the listed medical procedures, **Access Optimiser** is your best fit. But if your medical aid plan imposes co-payments and deductibles and provides limited cover, for example, on internal prosthetic devices, MRI and CT scans and cancer treatment, our **COMPACT³⁰⁰** or **ELITE** option, together with **ACCESS OPTIMISER**, is worth considering.



CASUALTY BENEFIT

Our benefit has **two categories**.

**ACCIDENTAL EVENTS
OUT-OF-HOSPITAL COVER**

**ILLNESS
OUT-OF-HOSPITAL COVER**

HOW IT WORKS

We cover the whole family at any registered medical facility, such as your doctor's room or the emergency unit at your nearest hospital, when:

- an accident caused by physical impact results in bodily injury,
- and medical treatment is required **within 24 hours** of the event.

We'll **refund the shortfalls or total cost** of your casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

Children aged **10 years or younger** are covered at any registered casualty facility when:

- they fall ill and require medical treatment after-hours,
- between **18:00** and **7:00** on Mondays to Fridays or any time on Saturdays, Sundays and public holidays.

We'll **refund the shortfalls or total cost** of the casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.

WHAT WE COVER

All the healthcare and service providers' accounts related to your event are covered, which typically include:

- basic and specialised radiology;
- co-payments and deductibles;
- facility and consultation fees;
- medication administered;
- pathology; and
- external medical items given to you at the facility on the day, such as a neck brace or arm sling.

Go to any registered medical or casualty facility for a follow-up visit related to your accident to have, for example, stitches or a cast removed. You don't have to go back to the same facility.

All the healthcare and service providers' accounts related to the event are covered, which typically include:

- basic and specialised radiology;
- co-payments and deductibles;
- facility and consultation fees;
- medication administered; and
- pathology.

Limited to **R 2 000 per policy per year**.

GOOD TO KNOW

- Our benefit applies even if your medical aid doesn't provide cover for casualty visits.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

If you go to a registered medical facility for treatment due to an accident and get admitted to hospital directly afterwards, the hospital admission becomes a new medical event, and any further claims submitted will be assessed based on the hospital admission and not the initial casualty event.

BENEFIT NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

The following benefit isn't subject to the OPL because we give this benefit to you over and above those that form part of the OPL.

PAYOUT BENEFIT



ACCIDENTAL DEATH AND DISABILITY

HOW IT WORKS

In the event of death or total and permanent disability due to an accident, a benefit amount is payable on each insured person's life. Our benefit compensates you for any current or future costs and expenses, including any potential loss of earnings.

The benefit amount that applies to:

- the principal insured is payable to the surviving spouse or the principal insured's estate if there's no surviving spouse.
- the spouse is payable to the principal insured or the spouse's estate if there's no surviving principal insured.

In the event of the simultaneous death of the principal insured and spouse, the benefit amounts are payable to the principal insured's estate.

WHAT WE COVER

You and your spouse are covered for **R 5 000 per insured person** if either one of you passes away or becomes totally and permanently disabled due to an accident.

Limited to **1 event per insured person per year**.

ACCIDENT...

means a sudden, unplanned and unexpected accidental event that results in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...

means bodily injury resulting in total and absolute disablement that is beyond hope of improvement, which prevents the insured person from following their usual occupation or any other similar occupation for which they're suited by education or training. If the insured person is an individual or pensioner who's no longer gainfully employed, the total and permanent disability will mean the loss of both hands or feet, one hand and one foot, or the sight of both eyes.

GOOD TO KNOW

- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

LIFESTYLE BENEFIT

This Lifestyle Benefit is a complimentary value-add product.

Visit our website at www.stratumbenefits.co.za for more information about this **LIFESTYLE BENEFIT** and how to register.



EXTRA HIGH SCHOOL LEARNING SUPPORT

WHAT'S ON OFFER

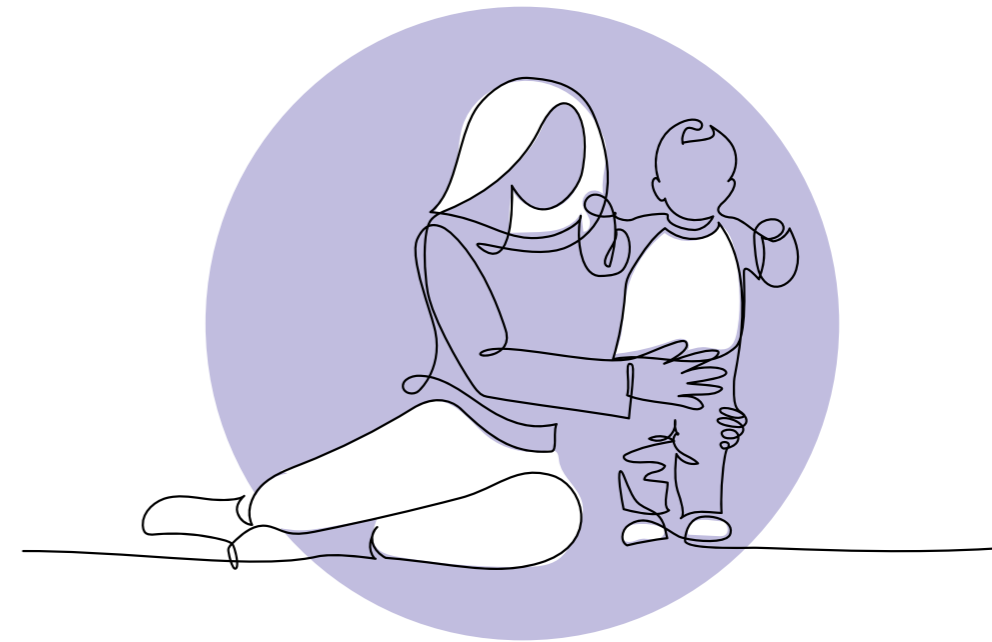
Gr.8 to Gr.12 high school learners can access various e-learning solutions through Boston Online Home Education.

These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.



ACCESS CO-PAY PLUS³⁰⁰

Our **individual** and **corporate Access Co-Pay Plus³⁰⁰** options are **booster options** that cover specific medical procedures and events that your medical aid plan might exclude from cover, and provides cover for the **most often experienced** medical expense shortfalls on doctors' and specialists' accounts.

Access Co-Pay Plus³⁰⁰ is available to individuals and families and **Corporate Access Co-Pay Plus³⁰⁰** to employer groups.

ACCESS CO-PAY PLUS³⁰⁰ PREMIUMS FOR INDIVIDUALS AND FAMILIES

Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU AND EVERYONE IN THE FAMILY ARE 64 OR YOUNGER



INDIVIDUAL or FAMILY

IF YOU OR ANY DEPENDANT IS 65 OR OLDER



INDIVIDUAL or FAMILY

One **Gap Cover** policy covers you, your spouse and all the dependants registered on your and your spouse's medical aid plans.



ACCESS CO-PAY PLUS³⁰⁰



CORPORATE ACCESS CO-PAY PLUS³⁰⁰

CORPORATE ACCESS CO-PAY PLUS³⁰⁰

We cover **five or more employees** as an employer group if you join through your employer. If your employer says yes to your spouse and dependants joining, add them to your policy. Premiums and waiting periods are determined by factors such as the group's size, average age and if cover is compulsory or voluntary.

ASK US FOR A CORPORATE QUOTE!

KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

An OPL of R 185 837 per policy per year applies to the following benefits. All approved claim amounts will be deducted from the available OPL.



ACCESS BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

If your medical aid plan excludes any of the medical procedures listed below, you can claim the costs from us.

HOW IT WORKS

Our benefit is designed to help cover the costs of an upcoming medical procedure when:

- your medical aid plan doesn't provide cover because your medical procedure forms part of a specific list of exclusions,
- or when your medical aid plan only covers Prescribed Minimum Benefit (PMB) medical procedures but your medical procedure is listed as a non-PMB medical procedure.

You'll be required to obtain cost estimates from the service providers, such as the day clinic or hospital, and healthcare providers, such as the surgeon and anaesthetist, who you choose as the preferred providers for your upcoming medical event.

Send a claim form, and the cost estimates to us to assess. If your claim is approved, we'll issue a guarantee of payment to all the providers as an undertaking that we'll pay them directly after the medical procedure is performed.

WHAT WE COVER

We'll cover the cost of your admission to a day clinic or hospital and the related service and healthcare providers' costs up to the benefit limit specific to your upcoming medical event.

MEDICAL PROCEDURE/EVENT NOT COVERED BY YOUR MEDICAL AID	ACCESS BENEFIT
Arthroscopic surgery	R 50 000
Back or neck surgery	R 50 000
Bunion surgery	R 14 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)	R 80 000
Dental procedures for impacted teeth for children younger than 18	R 14 000
Dental procedures for reconstructive surgery required due to an accidental event	R 80 000
Endoscopic procedures	R 5 000
Functional nasal surgery	R 23 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)	R 50 000
Knee or shoulder surgery	R 25 000
MRI or CT scan required due to an accidental event	R 10 000
Non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer)	R 20 000
Oesophageal reflux and hiatus hernia surgery	R 55 000
Removal of varicose veins	R 20 000
Skin disorders (including benign growths or lipomas)	R 20 000

GOOD TO KNOW

- PMBs are specific benefits your medical aid must provide for a defined list of medical procedures. If your medical aid's qualifying criteria are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Each insured person can claim for their upcoming medical event, but the benefit limits are shared subject to the available OPL.

You might need more than one **Gap Cover** policy.

If your medical aid plan excludes any of the listed medical procedures, **Access Optimiser** is your best fit. But if your medical aid plan imposes co-payments and deductibles and provides limited cover, for example, on internal prosthetic devices, MRI and CT scans and cancer treatment, our **COMPACT³⁰⁰** or **ELITE** option, together with **ACCESS OPTIMISER**, is worth considering.



GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:

- the cost of your medical procedure performed in a day clinic, hospital, or your healthcare provider's room is more than your medical aid plan's rate,
- as long as your medical aid pays an amount from a **hospital benefit**.

WHAT WE COVER

We pay up to an **additional 300%** cover on top of what your medical aid provides to cover shortfalls on your doctors', specialists' and healthcare providers' accounts related to the following in- and out-of-hospital medical events:

- blood tests;
- consumable items, such as catheters, medical gloves and syringes;
- medication administered during your medical event;
- medical procedures, surgeries and treatments;
- physiotherapy; and
- Prescribed Minimum Benefit (PMB) medical procedures.

Subject to the **OPL of R 185 837 per policy per year**.

GOOD TO KNOW

- PMBs are specific benefits your medical aid must provide for a defined list of medical procedures. If your medical aid's qualifying criteria are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Your medical aid could refer to a **hospital benefit** as a **risk, major medical, insured day-to-day or block benefit**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Have a look at **DENTAL, MATERNITY** and **RADIOLOGY COVER** to see what other shortfalls we cover.



CO-PAYMENT BENEFIT

If your medical aid requires upfront payment before you're admitted to hospital or before you go for a medical procedure, such as a laparoscopy or joint replacement surgery, it's called a co-payment or deductible.

ADMISSION AND PROCEDURE CO-PAYMENTS

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages on:

- day clinic and hospital admissions and medical procedures, such as scopes and scans done in- or out-of-hospital,
- as long as the co-payments or deductibles are paid from your **medical savings account** or **your pocket**.

WHAT WE COVER

Claim as many admission and procedure-related co-payments and deductibles as needed, as long as it doesn't exceed **R 5 000 per policy per year**.

GOOD TO KNOW

- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate, and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Our **CO-PAYMENT BENEFIT** also covers co-payments and deductibles specific to dentistry, childbirth and specialised radiology. Have a look at **DENTAL, MATERNITY** and **RADIOLOGY COVER**.



DENTAL COVER

Whether you have extractions or fillings done in the dentist's chair or booked into a day clinic or hospital for dental implants or oral surgery, our benefits can assist with the shortfalls and co-payments.

DENTAL COVER is made up of **various benefits** you can claim from.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS	
<p>We cover the shortfalls when:</p> <ul style="list-style-type: none"> the cost of your dental-related procedure performed in a day clinic, hospital, or your healthcare professional's room is more than your medical aid plan's rate, as long as your medical aid pays an amount from a hospital or insured day-to-day benefit. 	<p>We refund co-payments and deductibles that your medical aid imposes as rand amounts or percentages on:</p> <ul style="list-style-type: none"> day clinic and hospital admissions and dental-related procedures done in- or out-of-hospital, as long as the co-payment or deductible is paid from your medical savings account or your pocket.
WHAT WE COVER	
<p>We pay up to an additional 300% cover on top of what your medical aid provides to cover shortfalls on your dentists' and specialists' accounts related to the following in- and out-of-hospital medical events:</p> <ul style="list-style-type: none"> dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions. Limited to R 6 000 per policy per year. dental procedures related to accidental injury and cancer treatment. Limited to R 16 000 per policy per year. 	<p>Claim as many admission and dental-procedure related co-payments and deductibles as needed, as long as it doesn't exceed R 5 000 per policy per year.</p>

GOOD TO KNOW

- Your medical aid could refer to a **hospital or insured day-to-day benefit** as a risk, major medical or block benefit.
- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



MATERNITY COVER

We cover the bump.

MATERNITY COVER is made up of **various benefits** you can claim from.

THE DELIVERY	
HOW IT WORKS AND WHAT WE COVER	
CHILDBIRTH IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL COVER
<p>We cover the shortfalls when:</p> <ul style="list-style-type: none"> healthcare professionals, such as your gynaecologist, obstetrician or midwife, charge more than your medical aid plan's rate for the delivery of your baby in hospital or at home, as long as your medical aid pays an amount from a hospital benefit. <p>Subject to our GAP BENEFIT.</p>	<p>We refund co-payments and deductibles that your medical aid imposes on elective caesareans as long as the co-payment or deductible is paid from your medical savings account or your pocket. Subject to our CO-PAYMENT BENEFIT.</p>

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Your medical aid could refer to a **hospital benefit** as a risk or major medical benefit.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.



RADIOLOGY COVER

What does your medical aid plan cover for basic and specialised radiology? Do upfront co-payments apply to in- or out-of-hospital MRI, CT and PET scans?

RADIOLOGY COVER is made up of **various benefits** you can claim from.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS	
<p>We cover the shortfalls when:</p> <ul style="list-style-type: none"> the radiologist or radiology facility charges more than your medical aid plan's rate for in- or out-of-hospital basic and specialised radiology, as long as your medical aid pays an amount from a hospital or insured day-to-day benefit. 	<p>We refund co-payments and deductibles that your medical aid imposes as rand amounts or percentages on in- or out-of-hospital basic and specialised radiology, as long as the co-payment or deductible is paid from your medical savings account or your pocket.</p>
WHAT WE COVER	
<p>We pay up to an additional 300% cover on top of what your medical aid provides to cover shortfalls on basic and specialised radiology. Subject to the OPL of R 185 837 per policy per year.</p>	<p>Claim as many radiology-related co-payments and deductibles as needed, as long as it doesn't exceed R 5 000 per policy per year.</p>
GOOD TO KNOW	
<ul style="list-style-type: none"> Your medical aid could also refer to a hospital or insured day-to-day benefit as a risk, major medical or block benefit. Our benefits are subject to waiting periods and the 10 Month Limited Payout Benefit unless we confirm otherwise. Refer to the Waiting Periods page. 	



CASUALTY BENEFIT

Our benefit has **two categories**.

ACCIDENTAL EVENTS OUT-OF-HOSPITAL COVER	ILLNESS OUT-OF-HOSPITAL COVER
HOW IT WORKS	
<p>We cover the whole family at any registered medical facility, such as your doctor's room or the emergency unit at your nearest hospital, when:</p> <ul style="list-style-type: none"> an accident caused by physical impact results in bodily injury, and medical treatment is required within 24 hours of the event. <p>We'll refund the shortfalls or total cost of your casualty event when your medical aid pays it from your medical savings account or when you pay it from your pocket.</p>	<p>Children aged 10 years or younger are covered at any registered casualty facility when:</p> <ul style="list-style-type: none"> they fall ill and require medical treatment after-hours, between 18:00 and 7:00 on Mondays to Fridays or any time on Saturdays, Sundays and public holidays. <p>We'll refund the shortfalls or total cost of the casualty event when your medical aid pays it from your medical savings account or when you pay it from your pocket.</p>
WHAT WE COVER	
<p>All the healthcare and service providers' accounts related to your event are covered, which typically include:</p> <ul style="list-style-type: none"> basic and specialised radiology; co-payments and deductibles; facility and consultation fees; medication administered; pathology; and external medical items given to you at the facility on the day, such as a neck brace or arm sling. <p style="border: 1px dashed red; padding: 2px;">Go to any registered medical or casualty facility for a follow-up visit related to your accident to have, for example, stitches or a cast removed. You don't have to go back to the same facility.</p>	<p>All the healthcare and service providers' accounts related to the event are covered, which typically include:</p> <ul style="list-style-type: none"> basic and specialised radiology; co-payments and deductibles; facility and consultation fees; medication administered; and pathology.
Limited to R 2 000 per policy per year .	
GOOD TO KNOW	
<ul style="list-style-type: none"> Our benefit applies even if your medical aid doesn't provide cover for casualty visits. You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods. <p style="border: 1px dashed red; padding: 2px;">If you go to a registered medical facility for treatment due to an accident and get admitted to hospital directly afterwards, the hospital admission becomes a new medical event, and any further claims submitted will be assessed based on the hospital admission and not the initial casualty event.</p>	

BENEFIT NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

The following benefit isn't subject to the OPL because we give this benefit to you over and above those that form part of the OPL.

PAYOUT BENEFIT



ACCIDENTAL DEATH AND DISABILITY

HOW IT WORKS

In the event of death or total and permanent disability due to an accident, a benefit amount is payable on each insured person's life. Our benefit compensates you for any current or future costs and expenses, including any potential loss of earnings.

The benefit amount that applies to:

- the principal insured is payable to the surviving spouse or the principal insured's estate if there's no surviving spouse.
- the spouse is payable to the principal insured or the spouse's estate if there's no surviving principal insured.

In the event of the simultaneous death of the principal insured and spouse, the benefit amounts are payable to the principal insured's estate.

WHAT WE COVER

You and your spouse are covered for **R 5 000 per insured person** if either one of you passes away or becomes totally and permanently disabled due to an accident.

Limited to **1 event per insured person per year**.

ACCIDENT...
means a sudden, unplanned and unexpected accidental event that results in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...
means bodily injury resulting in total and absolute disablement that is beyond hope of improvement, which prevents the insured person from following their usual occupation or any other similar occupation for which they're suited by education or training. If the insured person is an individual or pensioner who's no longer gainfully employed, the total and permanent disability will mean the loss of both hands or feet, one hand and one foot, or the sight of both eyes.

GOOD TO KNOW

- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

LIFESTYLE BENEFIT

This Lifestyle Benefit is a complimentary value-add product.

Visit our website at www.stratumbenefits.co.za for more information about this **LIFESTYLE BENEFIT** and how to register.



EXTRA HIGH SCHOOL LEARNING SUPPORT

WHAT'S ON OFFER

Gr.8 to Gr.12 high school learners can access various e-learning solutions through Boston Online Home Education.

These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.

WAITING PERIODS

UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

Waiting periods apply:

- from your policy's start date;
- to enhanced benefits when you upgrade to an option that provides more comprehensive cover; and from
- each dependant's cover start date when they're added to your policy.

Accidental events that occur after your policy's start date are never subject to any waiting periods.

The below waiting periods will apply unless we confirm otherwise:

3 MONTH GENERAL WAITING PERIOD

- You don't have cover during this period except for accidental events that occur after your policy's start date.
- A standard **3 Month General Waiting Period** applies to our **OUT-PATIENT SPECIALIST CONSULTATION BENEFIT** offered on **ELITE** and **CORPORATE ELITE PLUS**.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

You don't have cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or that you received advice or treatment for **12 months** before your policy's start date.

GOOD TO KNOW

- Transfer underwriting applies to applicants who switch cover from another **Gap Cover** provider. Refer to our website at www.stratumbenefits.co.za or scan the QR code to read more about our **2023 Gap Cover Transfer Process for Individuals**.
- The waiting periods for employees and their dependants who join as part of an employer group are determined by the quote the employer accepts.



10 MONTH LIMITED PAYOUT BENEFIT

The **10 Month Limited Payout Benefit** applies from your policy's start date and each dependant's cover start date when they're added to your policy, unless we confirm otherwise.

HOW IT WORKS

If you claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFIT**, **PENALTY** or **ROBOTIC SURGERY CO-PAYMENT BENEFITS**, or **SUB-LIMIT BENEFIT** in the first **10 months** of cover for any of the medical events listed below, we'll cover **20%** of the **approved claim amount** subject to benefit limits where applicable:

- adenoidectomy;
- cardiovascular procedures;
- cataract removal;
- dentistry;
- hernia repair;
- hysterectomy (full cover applies if required due to cancer when diagnosed after the General Waiting Period);
- joint replacements;
- MRI, CT and PET scans;
- myringotomy / grommets;
- nasal and sinus surgery;
- pregnancy and childbirth;
- scopes (including medical events where a scope is used);
- spinal procedures; or
- tonsillectomy.

If you claim from our **ACCESS BENEFIT** in the first **10 months** of cover for any of the medical events listed below, we'll cover **20%** of the approved claim amount subject to the benefit limits:

- arthroscopic surgery;
- back or neck surgery;
- bunion surgery;
- cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids);
- dental procedures for impacted teeth for children **younger than 18**;
- endoscopic procedures;
- functional nasal surgery;
- joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices);
- knee or shoulder surgery;
- non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer);
- oesophageal reflux and hiatus hernia surgery;
- removal of varicose veins; or
- skin disorders (including benign growths or lipomas).

GOOD TO KNOW

- The **10 Month Limited Payout Benefit** applies to medical events unrelated to pre-existing medical conditions. If the medical event is related to a medical condition for which you or your dependants received advice or treatment **12 months** before your policy's start date or their cover start date, the claim will be subject to a **Pre-Existing Condition Waiting Period**.
- The percentage that applies to employees and their dependants who join as part of an employer group is determined by the quote the employer accepts.

Gap Cover works with your medical aid cover.

Your **Gap Cover** policy consists of various benefits that cover medical expense shortfalls for just about every medical eventuality. Depending on the benefit you're claiming from, your medical aid must first pay a portion of the cost of your medical event before we step in and take care of the rest, subject to the benefit's qualifying criteria.

Scan the **QR code** to download our **General Exclusions**.



GENERAL EXCLUSIONS

The following exclusions apply to your policy and not only to specific benefits.

GENERAL POLICY EXCLUSIONS

We don't cover claims for any medical procedure, bodily injury, damage, death, disease, hospitalisation, illness, liability, or loss related to:

1. events that occurred before your policy's start date unless you claim from our **TRAUMA COUNSELLING BENEFIT**.
(Cover applies for trauma counselling fees incurred while on cover with us for traumatic events that occurred before your policy's start date.)
2. events that occur during a policy waiting period unless it's for accidental events.
3. events your medical aid pays as concessions, exceptions, or ex-gratia payments.
4. events for which pre-authorisation isn't obtained from your medical aid or events where your medical aid's rules aren't followed, for example, using a non-network provider when you're on a network-based medical aid plan unless your policy offers a benefit that covers it.
5. events where the Overall Policy Limit or benefit limit is reached.
6. events where a shortfall amount exceeds the **300% or 500% GAP BENEFIT** your policy provides, where applicable.
7. events your policy doesn't provide cover for or doesn't provide an appropriate benefit to claim from.
8. additional shortfalls when your healthcare or service provider increases their fees after your claim is finalised.
9. additional shortfalls when your healthcare or service provider agrees to a discount but increases their fee after your claim is finalised.
10. costs for medical reports.
11. costs for split billing charges.
(These are upfront payments your healthcare and service providers may ask you to pay to them before your medical event. We only refund co-payments and deductibles that your medical aid imposes.)

SPECIFIC POLICY EXCLUSIONS

We don't cover claims for any medical procedure, bodily injury, damage, death, disease, hospitalisation, illness, liability, or loss related to:

12. breast reconstruction unless it's the first reconstruction in your life.
(We provide cover limited to one event per insured person per lifetime if your policy offers a benefit that covers it. If you've had a breast reconstruction on an affected or unaffected breast before your policy's start date, our cover won't apply. A breast reconstruction procedure includes a flap reconstruction, insertion, or removal of a breast implant, of which we'll cover one or the other.)
13. diagnosis and treatment for sleeping disorders.
14. elective and routine procedures and physical examinations, such as annual check-ups and consultations related to chronic conditions registered as Prescribed Minimum Benefit (PMB) medical conditions.
15. external medical items, such as birthing pools, crutches, and moon boots, unless your policy offers a benefit that covers it.
16. external prosthetic devices, such as artificial limbs.
17. assisted reproduction therapy (ART), contraception-related and fertility treatment unless you claim for a contraceptive device implant, tubal ligation or vasectomy if your policy offers a benefit that covers it.
18. home nursing, private nursing, or admission to a step-down or sub-acute facility, such as a frail care centre, rehabilitation facility or hospice, unless your policy offers a benefit that covers it.
19. hospital charges, such as ward fees.
20. maxillofacial surgery and related medical conditions and procedures unless it's related to accidental injury or cancer treatment.
21. prescription medication or medication given to you to take home unless your policy offers a benefit that covers it.
22. reconstructive cosmetic surgery.
23. robotic-assisted surgery co-payments and deductibles unless your policy offers a benefit that covers it.
24. treatment of mood disorders and emotional and psychological illnesses unless you claim from our **TRAUMA COUNSELLING BENEFIT**.
25. services rendered by allied health care professionals, such as acupuncturists, biokineticists, chiropractors, dieticians, and speech therapists, unless your policy offers a benefit that covers it.
26. specialised mechanical and computerised devices, such as ventilators and equipment used in robotic-assisted surgery, unless your policy offers a benefit that covers it.
27. stem cell harvesting and treatment.
28. treatment for obesity or treatment required due to obesity.

STANDARD SHORT-TERM POLICY EXCLUSIONS

We don't cover claims for any medical procedure, bodily injury, damage, death, disease, hospitalisation, illness, liability, or loss related to:

29. attempted suicide, suicide and intentional self-injury.
30. deliberate exposure to exceptional danger unless attempting to save a human life.
(Exceptional danger includes but is not limited to, hazardous sports and activities, such as skydiving, mixed martial arts fighting (MMA) and speed racing)
31. events covered by legislation, such as contractual liability and consequential loss.
32. illegal behaviour or as a result of breaking the law of the Republic of South Africa.
33. illness or injury caused by using drugs or narcotics unless prescribed by and taken by the instructions of a registered Medical Practitioner (other than the insured person).
34. illness or injury caused by using alcohol.
35. nuclear weapons and nuclear or ionising radiation.
36. participation in active military, police or police reservist duties, civil commotions, invasions, labour disturbances, political acts, rebellions, riots, strikes, terrorist activities, wars, or the activities of locked-out workers.
37. transport charges and healthcare services provided while being transported in an emergency vehicle, vessel, or aircraft.

BENEFIT EXCLUSIONS

Your **Gap Cover** policy offers a wide range of benefits, but each benefit has specific qualifying criteria.

For a detailed description of what you can and can't claim for, refer to your Policy Schedule, request it from us or scan the **QR code** to view or download the benefit exclusions applicable to your option.



CLAIMS EXAMPLES

If you have a **Gap Cover** policy or are on the hunt for one that complements your medical aid plan, but you're not convinced that this cover is necessary or how it works, we suggest looking at some claims examples to see where you might experience shortfalls, how much is covered by your medical aid, and where **Gap Cover** makes a difference. Visit our website at www.stratumbenefits.co.za or scan the **QR code**.



HOW TO CLAIM

Claiming shouldn't be a daunting experience. That's why we keep things as easy as Sunday morning.

We've created a guide explaining what paperwork we need, showing examples of the typical supporting documents and where you should send your claims. Visit our website at www.stratumbenefits.co.za or scan the **QR code**.

You can submit your claim online, send it by email to yourclaim@stratumbenefits.co.za or if you want to, send it by post or fax.

Hand delivery is also cool. Pop in and say hi!



