2025 INDIVIDUAL GAP COVER PRODUCT RANGE & PREMIUM OVERVIEW

				MERIDIAN ⁴⁰⁰			COMPACT ³⁰⁰	ELITE ⁵⁰⁰				ACCESS OPTIMIS
	OVERALL POLICY LIMIT (OPL)					R 21	10 580 per insured person per year					R 210 580 per ir
		IN	OUT		IN	OUT				N O		SUBJECT TO THE OPL
0	KEY BENEFITS SUBJECT TO THE OPL	\bigcirc		400%	\oslash	\bigcirc	300%	500%				
	CO-PAYMENT BENEFITS					1		l				
ADMIS	I SSION AND PROCEDURE CO-PAYMENTS	\bigcirc		Subject to OPL of R 210 580 per person	\oslash	\bigcirc	R 20 000 per policy	Subject to OPL of R 210 580 per person			0	(\times)
PENAL	TY CO-PAYMENTS	\oslash		1 Co-payment up to R 9 000 per policy	\oslash		R 10 000 per policy	2 Co-payments up to R 15 000 per co-payment per policy	6	0		$\left(\times\right)$
ROBO	TIC SURGERY CO-PAYMENTS	\oslash		\otimes	\oslash		(\times)	R 10 000 per policy		0		$\left(\times\right)$
SCOPE	CO-PAYMENTS		\oslash	2 Co-payments up to R 4 000 per co-payment per policy	\oslash	\oslash	Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit	6	0	9	(\times)
	DENTAL COVER								0			
SPECI	ALIST SHORTFALLS	\odot		Subject to Gap Benefit	\oslash		Subject to Gap Benefit	Subject to Gap Benefit		0		(\times)
Dental extract	procedures such as wisdom teeth ions	\oslash		R 10 000 per policy	\oslash		R 30 000 per policy	R 50 000 per policy	6	0		(\times)
	procedures due to accidental events or treatment	\oslash		R 28 000 per policy	\oslash		Subject to OPL of R 210 580 per person	Subject to OPL of R 210 580 per person	6	0		(\times)
ADMIS	SSION AND PROCEDURE CO-PAYMENTS	\oslash		Subject to Admission and Procedure Co-Payment Benefit	\oslash		Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit	6	0		(\times)
PENAL	TY CO-PAYMENTS	\oslash		Subject to Penalty Co-Payment Benefit	\oslash		Subject to Penalty Co-Payment Benefit	Subject to Penalty Co-Payment Benefit	6	0		$\left(\times\right)$
	MATERNITY COVER											
CHILD	BIRTH SHORTFALLS	\odot	\odot	Subject to Gap Benefit	\bigcirc	\bigcirc	Subject to Gap Benefit	Subject to Gap Benefit		\mathbb{D}	0	$\left(\times\right)$
ADMIS	SSION AND PROCEDURE CO-PAYMENTS	\oslash		Subject to Admission and Procedure Co-Payment Benefit	\oslash		Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit		0		(\times)
PENAL	TY CO-PAYMENTS	\bigcirc		Subject to Penalty Co-Payment Benefit	\bigcirc		Subject to Penalty Co-Payment Benefit	Subject to Penalty Co-Payment Benefit		0		$\left(\times\right)$
PRE- A	ND POST-NATAL CONSULTATIONS		\oslash	\otimes		\bigcirc	(\times)	Subject to Out-Patient Specialist Consultation Benefit		(9	(\times)
PREVE	INTATIVE PROCEDURES		\oslash	\otimes		\bigcirc	(\times)	Subject to Preventative Care Benefit		(9	$\left(\times\right)$
PRIVA	TE ROOM	\oslash		$\overline{\left(\times \right)}$	\bigcirc		(\times)	Subject to Private Room Benefit		0		$\left(\times\right)$
40	RADIOLOGY COVER								40			
RADIC	DLOGY SHORTFALLS	\bigcirc		Subject to Gap Benefit	\bigcirc	\bigcirc	Subject to Gap Benefit	Subject to Gap Benefit		\mathbb{D}	$\overline{\mathcal{O}}$	$\left(\times\right)$
ADMIS	SSION AND PROCEDURE CO-PAYMENTS	\odot		Subject to Admission and Procedure Co-Payment Benefit	\bigcirc	\bigcirc	Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit	6	\mathbb{D}	\bigcirc	$\left(\times\right)$
MRI, C	T AND PET SCAN CO-PAYMENTS		\oslash	2 Co-payments up to R 4 000 per co-payment per policy	\oslash	\oslash	Subject to Admission and Procedure Co-Payment Benefit	Subject to Admission and Procedure Co-Payment Benefit	(\supset	9	$\left(\times\right)$
MRI, C	T AND PET SCAN SUB-LIMITS	\bigcirc	\bigcirc	R 5 000 per person per event	\oslash	\bigcirc	R 3 500 per person per event	R 5 000 per person per event	6		9	(\times)
MRI, C	T AND PET SCAN TOP-UP	\bigcirc	\bigcirc	$\overline{\left(\times \right)}$	\bigcirc	\bigcirc	$\overline{\left(\times \right)}$	R 5 000 per policy	(\supset	$\left(\times \right)$

GUARDRISK 🛸

Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. This document is a summary and does not replace any information provided in your Policy Schedule. In the event of any differences, refer to your Policy Schedule. Terms and conditions apply.

ER	ACCESS CO-PAY PLUS ³⁰⁰
ured pers	on per year
	300%
	R 6 500 per policy
	(\times)
	(\times)
	Subject to Admission and Procedure Co-Payment Benefit
	Subject to Gap Benefit
	R 30 000 per policy
	Subject to OPL of R 210 580 per person
	Subject to Admission and Procedure Co-Payment Benefit
	(\times)
	Subject to Gap Benefit
	Subject to Admission and Procedure Co-Payment Benefit
	(\times)
	(\times)
	(\times)
	(\times)
	Subject to Gap Benefit
	Subject to Admission and Procedure Co-Payment Benefit
	Subject to Admission and Procedure Co-Payment Benefit
	\times
	\times

INDIVIDUAL GAP COVER PRODUCT RANGE & PREMIUM OVERVIEW

				MERIDIAN ⁴⁰⁰				COMPACT ³⁰⁰			ELITE ⁵⁰⁰				ACCESS OPTIMIS
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		IN	OL	UT							N OUT	
	KEY BENEFITS SUBJECT TO THE OPL														TS SUBJECT TO THE OPL
	ACCESS BENEFIT	$ \oslash$	\odot	$\left(\times \right)$	\bigcirc		0	$\left(\times\right)$			\times			O O	Covers specific medical proce exclude, subject to our benefit
	SUB-LIMIT BENEFITS													-	R 10 000 • Endoscopic proce
COLOI	NOSCOPIES, ENTEROSCOPIES AND						_	\frown							R 15 000 · Adenoidectomy, r
	ROSCOPIES	\bigcirc	\bigcirc	(\times)	\bigcirc		9	(\times)			R 6 500 per person per ev	ent			R 15 000 MRI or CT scan (d R 20 000 Bunion surgery
INTER	NAL PROSTHETIC DEVICE SHORTFALLS	$ \oslash$		2 Events up to R 20 000 per event per policy	, 🧭			R 30 000 per person per e	vent		R 40 000 per person per ev	rent			R 20 000 • Dental procedure
INTER	NAL PROSTHETIC DEVICE TOP-UP	\bigcirc		×	Ø)		(\times)			R 10 000 per person per ev	rent		_	R 25 000 • Non-cancerous b unaffected breas
RENAL	DIALYSIS TREATMENTS		\bigcirc	(\times)		0	0	(\times)			R 30 000 per person per ev	rent			R 25 000·Removal of varicoR 25 000·Skin disorders (in
2	CANCER BENEFITS													I	R 30 000 • Functional nasals
BREAS	I ST RECONSTRUCTION	\bigcirc		\times	\odot)		\times		1	Event up to R 30 000 per p per lifetime	erson		-	R 30 000Knee or shoulderR 60 000Joint replacemen
CANCI	ER TREATMENT SHORTFALLS	\bigcirc	\bigcirc	R 50 000 per person	\odot) (~	0	Subject to OPL of R 210 580 per person			Subject to OPL of R 210 580 per person			-	prosthetic device R 60 000 • Oesophageal refl
CANC					G		2				Subject to OPL of				R 72 000 • Arthroscopic surg
CANCI	ER TREATMENT TOP-UP	\bigcirc	\bigcirc	(\times)	\odot)	R 60 000 per person			R 210 580 per person				R 72 000 • Back or neck surg
	PHYSICAL REHABILITATION TOP-UP BENEFIT		\bigcirc	(\times)		0	0	(\times)			R 10 000 per person			1	R 85 000 • Cochlear implant surgery (incl. proc bimodal solution)
	OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		\odot	(\times)		0	0	\times		R	4 Consultations up to 1 300 per consultation per	policy		ļ	R 85 000 • Dental procedure
S	CASUALTY BENEFITS				I								>>		· · · ·
		1	<u>т</u> т												
	ENTAL EVENTS Juals of all ages		\odot	R 9 500 per person per event	:	0	0							\odot	
	SS EVENTS		\bigcirc			0	2	R 6 000 per policy			R 15 000 per policy			\bigcirc	R 3 000 per policy
	en 10 years or younger SS EVENTS	-		2 Events up to R 3 000 per ever per policy	nt										
	uals 11 years or older		\odot	per perrey			9	$\left(\times\right)$			R 2 000 per policy			\odot	\times
	TRAUMA COUNSELLING BENEFIT		\bigcirc	3 Consultations up to R 2 000 per consultation per pol	licy	0	0	R 5 000 per policy			R 10 000 per policy			\bigcirc	(\times)
Ê	PREVENTATIVE CARE BENEFIT		\odot	(\times)		0	\mathbf{D}	(\times)			R 1800 per policy			\odot	(\times)
	BENEFITS NOT SUBJECT TO THE OPL					Ļ							BE	NEFITS N	OT SUBJECT TO THE OPL
	PRIVATE ROOM BENEFIT	\bigcirc		(\times)	\bigcirc)		(\times)			R 3 500 per policy			2	(\times)
PAYOL	JT BENEFITS														
i	ACCIDENTAL DEATH AND DISABILITY			$(\!$				1 Event per person R 15 000 Principal Insur R 15 000 Spouse R 5 000 Other Dependar			1 Event per person R 25 000 Principal Insure R 25 000 Spouse R 5 000 Other Dependan				1 Event per persor R 5 000 Principal Insu R 5 000 Spouse
3	FIRST-TIME CANCER DIAGNOSIS			(\times)				1 Event of R 15 000 per pe per lifetime	rson		1 Event of R 30 000 per per per lifetime	son			(\times)
WAIVI	ER BENEFITS		I											I	
٢	MEDICAL AID CONTRIBUTION WAIVE	R		(\times)				\otimes		6	Months up to R 4 500 per n	nonth	I		(\times)
۲	STRATUM POLICY PREMIUM WAIVER			(\times)				(\times)			12 Months		۲		(\times)
LIFEST	YLE BENEFIT				·		•								
S	INTERNATIONAL TRAVEL INSURANCE			(\times)				(\times)			1 Trip up to 31 days per po	licy	S		(\times)
MON	NTHLY PREMIUMS			MERIDIAN ⁴⁰⁰				COMPACT ³⁰⁰			ELITE ⁵⁰⁰		<u> </u>		ACCESS OPTIMISEI
Premiums increase annually on 1 January				R 35 or YOUNGER	250			64 or YOUNGER	R 330	Q	INDIVIDUAL 64 or YOUNGER	R 481		200	INDIVIDUAL OR FAMILY 64 or YOUNGER
				INDIVIDUAL BETWEEN 36 and 64R	320		9	64 or YOUNGER	R 399		FAMILY 64 or YOUNGER	R 591			INDIVIDUAL OR FAMILY 65 or OLDER
				FAMILY 64 or YOUNGER	320		<u>O</u>	INDIVIDUAL OR FAMILY 65 or OLDER	R 629)CI)	INDIVIDUAL 65 or OLDER	R 780			
			e	65 or OLDER	698					Q 🗎	FAMILY 65 or OLDER	R 954			

ISER

ACCESS CO-PAY PLUS³⁰⁰

cedures and treatments that some medical aid plans afit limits per person:

cedures

r, myringotomy (grommets) or tonsillectomy (due to an accident)

ures for impacted teeth (children **younger** than **18**) breast conditions (incl. breast reconstruction of an ast)

icose veins

(incl. benign growths and lipomas)

lsurgery

er surgery

ent surgery (incl. non-PMB joint replacements and internal ces)

eflux and hiatus hernia surgery

irgery

rgery

nt, auditory brain implant and internal nerve stimulator rocedure, device, processor and hearing aids if part of a n)

res for reconstructive surgery (due to an accident)

y	R 3 000 per policy
	(\times)
	(\times)
	(\times)
	(\times)

on ured	1 Event per person R 5 000 Principal Insured R 5 000 Spouse
	(\times)
	(\times)
	(\times)

		\otimes					
R		ACCESS CO-PAY PLUS ³⁰⁰					
,	R 197	200	INDIVIDUAL OR FAMILY 64 or YOUNGER	R 404			
,	R 262		INDIVIDUAL OR FAMILY 65 or OLDER	R 537			