| 2024 |

Stratum Benefits

ACCESS CO-PAY PLUS^{300}

Our **booster option** covers specific medical procedures, treatments, scans, and surgeries that some medical aid plans exclude. It also covers the **most often experienced in-** and **out-of-hospital** medical expense shortfalls for medical procedures that aren't excluded.

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**
R 368 INDIVIDUAL or FAMILY	R 489 INDIVIDUAL or FAMILY

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including the dependants registered on either medical aid plan. When a child dependant moves to their own medical aid plan, they must apply for cover on their own policy.

ACCESS CO-PAY PLUS^{300}

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KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

*An **OPL** of **R 198 660 per person per year** applies to the following benefits or any higher amount published by the Regulator during the year. All approved claim amounts will be deducted from the available **OPL**.*

ACCESS BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

Claim the cost of any medical procedure, treatment, scan or surgery listed below if your medical aid plan excludes it.

HOW IT WORKS

Our benefit helps cover the cost of an upcoming medical event if:

- your medical aid plan excludes it from cover, and if
- your medical aid plan only covers Prescribed Minimum Benefit (PMB) medical procedures, but your medical event isn't listed as a PMB.

PMBs are specific benefits your medical aid must provide for a defined list of medical procedures.

Please send us the cost estimates from all the service providers you choose as your preferred providers, such as the day clinic or hospital, surgeon, and anaesthetist and a claim form. If your claim is approved, we'll issue a guarantee of payment to all the providers as an undertaking to pay them directly after your medical event.

WHAT WE COVER

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

MEDICAL PROCEDURES AND TREATMENTS NOT COVERED BY YOUR MEDICAL AID	ACCESS BENEFIT
Arthroscopic surgery	R 55 000
Back or neck surgery	R 55 000
Bunion surgery	R 19 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)	R 85 000
Dental procedures for impacted teeth for children **younger** than **18**	R 19 000
Dental procedures for reconstructive surgery required due to an accident	R 85 000
Endoscopic procedures	R 10 000
Functional nasal surgery	R 28 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)	R 55 000
Knee or shoulder surgery	R 30 000
MRI or CT scan required due to an accident	R 15 000
Non-cancerous breast conditions (including breast reconstruction of an unaffected breast)	R 25 000
Oesophageal reflux and hiatus hernia surgery	R 60 000
Removal of varicose veins	R 25 000
Skin disorders (including benign growths and lipomas)	R 25 000

GOOD TO KNOW

- Unless we confirm otherwise, waiting periods apply. Refer to the **Waiting Periods** page.

ACCESS CO-PAY PLUS300 is the best fit if your medical aid plan excludes any of the listed medical procedures, covers doctors' and specialists' private fees at only 100% and imposes procedure-related co-payments.

GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

Our **ACCESS BENEFIT** helps cover the cost of specific medical procedures, treatments, scans, and surgeries if your medical aid plan excludes it or only covers Prescribed Minimum Benefit (PMB) medical procedures.

Our **GAP BENEFIT** covers the shortfalls on medical procedures, treatments, scans, and surgeries not excluded by your medical aid plan.

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,** also known as a **risk**, **major medical**, **insured day-to-day** or **block benefit.**

WHAT WE COVER

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

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

Subject to the **OPL** of **R 198 660 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 for PMBs aren't met, we'll assess the shortfalls when you incur out-of-pocket medical expenses.
- Look at **DENTAL**, **MATERNITY** and **RADIOLOGY** **COVER** to see what other shortfalls we cover.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. Refer to the **Waiting Periods** page.

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 for:

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

WHAT WE COVER

Claim admission and procedure-related co-payments and deductibles.

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

GOOD TO KNOW

- If your healthcare provider asks you to pay an amount before your medical event, it's called split billing. The upfront amount makes up the provider's private fee that doesn't reflect on the account submitted to your medical aid for payment. Ask your provider to submit a detailed account reflecting their private fee to your medical aid so we can assess any shortfalls under our **GAP BENEFIT**.
- Look at **DENTAL**, **MATERNITY** and **RADIOLOGY** **COVER** to see what co-payments and deductibles we cover for dentistry, childbirth and specialised radiology.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. Refer to the **Waiting Periods** page.

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.

SPECIALIST SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENTS AND DEDUCTIBLES 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**, also known as a **risk**, **major medical** or **block benefit**.	We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages for: • admissions to day clinics and hospitals and in- or out-of-hospital dental-related procedures, • as long as the co-payments or deductibles are paid from your **medical savings account** or **pocket**.
WHAT WE COVER	
We pay up to an **additional** 300% on top of your medical aid plan's rate 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 due to accidents or cancer treatments. Limited to **R 32 000 per policy per year**. Subject to our **GAP BENEFIT**.	Claim as many admission and dental procedure-related co-payments and deductibles as needed. Subject to our **ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT**.

GOOD TO KNOW

- If your healthcare provider asks you to pay an amount before your medical event, it's called split billing. The upfront amount makes up the provider's private fee that doesn't reflect on the account submitted to your medical aid for payment. Ask your provider to submit a detailed account reflecting their private fee to your medical aid so we can assess any shortfalls under our **GAP BENEFIT**.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. 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

CHILDBIRTH SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL COVER
HOW IT WORKS AND WHAT WE 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 delivering your baby in the hospital or at home, • as long as your medical aid pays an amount from a **hospital benefit**, also known as a **risk** or **major medical benefit**. Subject to our **GAP BENEFIT.**	We **refund** co-payments and deductibles that your **medical aid imposes** for elective caesareans as long as the co-payments or deductibles are paid from your **medical savings account** or **pocket**. Subject to our **ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT**.

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. 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.

RADIOLOGY SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	MRI, CT AND PET SCAN CO-PAYMENTS AND DEDUCTIBLES 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**, also known as a **risk**, **major medical** or **block benefit.**	We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages for in- or out-of-hospital MRI, CT, and PET scans, as long as the co-payments or deductibles are paid from your **medical savings account** or **pocket**.
WHAT WE COVER	
We pay up to an **additional 300%** on top of your medical aid plan's rate to cover shortfalls on basic and specialised radiology. Subject to our **GAP BENEFIT**.	Claim radiology-related co-payments and deductibles. Subject to our **ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT**.

GOOD TO KNOW

- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. Refer to the **Waiting Periods** page.

CASUALTY BENEFIT

Our benefit has **two categories**.

ACCIDENTAL EVENTS OUT-OF-HOSPITAL COVER	ILLNESS EVENTS CHILDREN 10 YEARS OR YOUNGER OUT-OF-HOSPITAL COVER
HOW IT WORKS	
Visit any registered medical facility **within 24 hours** of an accident, such as the doctor's room or emergency unit at the nearest hospital, when anyone in the family requires medical treatment for bodily injury.	Children aged **10 years** or **younger** are covered after hours for illness at any registered casualty facility between **18:00** and **7:00** on Mondays to Fridays and all day on Saturdays, Sundays, and public holidays.

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

WHAT WE COVER

We cover all the healthcare and service providers' accounts related to a casualty event, which typically include:

- basic and specialised radiology and pathology;
- co-payments and deductibles;
- facility and doctors' consultation fees;
- medication administered during an event;
- external medical items given at the medical facility, such as a neck brace or arm sling; and
- follow-up visits related to an accident to have, for example, stitches or a cast removed.

- basic and specialised radiology and pathology;
- co-payments and deductibles;
- facility and doctors' consultation fees; and
- medication administered during an event.

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

GOOD TO KNOW

- If you're admitted to the hospital after being treated for bodily injury due to an accident, the admission becomes a new medical event, and claims will be assessed based on the hospital admission.
- Our benefit applies even if your medical aid doesn't cover casualty events.
- You're covered from day one because this benefit isn't subject to any waiting periods.

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 accidental 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 resulting in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...
means bodily injury resulting in complete and absolute disablement beyond hope of improvement, preventing an employed insured person from following their usual occupation or similar work for which they're suited by education or training.
If the insured person is an individual or pensioner who's not gainfully employed, 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 day one because this benefit isn't subject to any waiting periods.

WAITING PERIODS

UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

Waiting periods apply from your and your dependants' cover start dates, but never to accidents that occur after your cover start dates.

3 MONTH GENERAL WAITING PERIOD

There's no cover during this period except for accidents that occur after your and your dependants' cover start dates.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

GAP BENEFIT | CO-PAYMENT BENEFIT | ACCESS BENEFIT

12 MONTH PRE-EXISTING MEDICAL CONDITION WAITING PERIOD

There's no cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or for which advice or treatment was received **12 months** before your or your dependants' cover start dates.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

GAP BENEFIT | CO-PAYMENT BENEFIT | ACCESS BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFIT | ACCIDENTAL DEATH AND DISABILITY BENEFIT

GOOD TO KNOW

- Transfer underwriting applies to applicants who switch cover from another **Gap Cover** provider.
  Go to www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals/ or scan the **QR code** for our **Gap Cover Transfer Process for Individuals**.

LIMITED PAYOUT BENEFIT

Unless we confirm otherwise, the **Limited Payout Benefit** applies from your and your dependants' cover start dates.

HOW IT WORKS

If you claim from our **GAP BENEFIT** or **CO-PAYMENT BENEFIT** in the first **10 months** of cover for any of the medical procedures or scans listed below and the medical event isn't related to a pre-existing medical condition, we'll pay **20%** of the **approved claim amount**, subject to the benefit's rand amount limits, where applicable:

- adenoidectomy;
- cardiovascular procedures;
- cataract removal;
- dentistry;
- hernia repair;
- hysterectomy (full cover if due to cancer 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.

GOOD TO KNOW

- If your medical event is related to a medical condition for which you received advice or treatment **12 months** before your cover start date, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

Gap Cover works with your medical aid cover.

Your **Gap Cover** policy includes various benefits covering medical expense shortfalls for just about every medical eventuality.

Depending on the benefit's qualifying criteria, 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. However, not every medical event will qualify for benefits as your policy is subject to benefit and general exclusions.

BENEFIT EXCLUSIONS

Your **Gap Cover** policy offers many benefits, each with specific qualifying criteria.

For more information about what you can and can't claim, go to www.stratumbenefits.co.za/benefit-exclusions/ or scan the **QR code** to view or download our **Benefit Exclusions**.

GENERAL EXCLUSIONS

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

Go to www.stratumbenefits.co.za/general-exclusions/ or scan the **QR code** to download our **General Exclusions**.

GENERAL POLICY EXCLUSIONS

We don't pay claims related to:

1. events that occurred before your cover start date.
2. events during waiting periods, except for accidents that occur after your cover start date.
3. events your medical aid pays as concessions, exceptions, or ex-gratia payments.
4. medical events for which pre-authorisation hasn't been obtained from your medical aid or when your medical aid's rules haven't been followed
5. events when benefit limits or your policy's overall limit has been reached.
6. shortfalls that exceed the **300% GAP BENEFIT** your policy provides.
7. events your policy doesn't cover or doesn't provide an appropriate benefit to claim from.
8. additional shortfalls when your healthcare or service provider increases their fees after we've finalised your claim.
9. additional shortfalls when your healthcare or service provider agrees to a discount but increases their fee after we've finalised your claim.
10. costs for medical reports.

11. split billing charges.
*(These are upfront payments your healthcare or service providers may ask you to pay before your medical event. These amounts make up the providers' private fees and don't reflect on the accounts submitted to medical aid for payment. We assess shortfalls under our **GAP BENEFIT** when all charges reflect on your providers' accounts and refund upfront co-payments and deductibles your medical aid imposes under our **CO-PAYMENT BENEFIT**.)*

SPECIFIC POLICY EXCLUSIONS

We don't pay claims related to:

12. allied healthcare professionals, except if your policy offers a benefit.
13. assisted reproduction therapy (ART), contraception-related or fertility treatments, except for contraceptive device implants, tubal ligations, and vasectomies if your policy offers a benefit.
14. a second breast reconstruction or any reconstructions after that.
(*We cover one event per insured person per lifetime if it's the first reconstruction and if your policy offers a benefit.*)
15. diagnosing and treating sleeping disorders.
16. elective and routine procedures or physical examinations, such as annual check-ups and consultations for chronic conditions registered as Prescribed Minimum Benefit (PMB) medical conditions.
17. external medical items, such as crutches and moon boots, except when claiming from our **CASUALTY BENEFIT**.
18. external prosthetic devices, such as artificial limbs.
19. home and private nursing or admissions to step-down and sub-acute facilities, such as frail care, hospice centres, and rehabilitation facilities.
20. hospital charges, such as ward fees, except if your policy offers a benefit.
21. maxillofacial surgeries and related medical conditions and procedures, except if required for specialised dental surgeries or due to accidents or cancer treatment.
22. mood disorders and emotional and psychological illnesses.
23. obesity or treatments required due to obesity.
24. prescription and take-home medication.
25. reconstructive cosmetic surgery, except if your policy offers a benefit.
26. robotic-assisted surgery co-payments and deductibles.
27. specialised mechanical and computerised devices, such as ventilators, oxygen and CPAP machines.
28. stem cell harvesting and treatments.

STANDARD NON-LIFE POLICY EXCLUSIONS

We don't pay claims related to:

29. attempted suicide, suicide, and intentional self-injury.
30. deliberate exposure to exceptional danger, except if trying to save a human life.
(Exceptional danger includes, but isn't 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 breaking the law of the Republic of South Africa.
33. illnesses or injuries caused by using drugs or narcotics, except if prescribed by registered medical practitioners other than the insured person.
34. illnesses or injuries 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 emergency vehicles, vessels, or aircraft.

EXPLAINER VIDEOS

Go to our **YouTube** channel, www.youtube.com/@stratumbenefits8206, or scan the **QR code** for short, animated videos that explain how our benefits work.

GET COVER!

There's only one thing left to do.

Call your financial advisor, visit www.stratumbenefits.co.za/apply-today/ to apply online, or download and email the application form.