| 2024 |

Stratum Benefits

MERIDIAN[400]

Our **middle-of-the-range option** covers the most often experienced **in-hospital** medical expense shortfalls.

PREMIUMS FOR INDIVIDUALS AND FAMILIES

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

IF YOU'RE **35** OR **YOUNGER**	IF YOU'RE BETWEEN **36** AND **64**	IF EVERYONE IN THE FAMILY IS **64** OR **YOUNGER**	IF **YOU** OR ANYONE IN THE **FAMILY** IS **65** OR **OLDER**
R 228 INDIVIDUAL	R 292 INDIVIDUAL	R 292 FAMILY	R 636 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.

MERIDIAN[400]

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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**.*

GAP BENEFIT

IN-HOSPITAL COVER

HOW IT WORKS

We cover the **shortfalls** when:
- the cost of your medical procedure performed in a day clinic or hospital 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** or **major medical benefit**.

WHAT WE COVER

We pay up to an **additional** 400% 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-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 **Overall Policy Limit** 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 BENEFITS

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-PAYMENT	SCOPE CO-PAYMENTS
IN-HOSPITAL COVER	IN-HOSPITAL COVER	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 network and non-network day clinics and hospitals and medical procedures, such as in- or out-of-hospital scopes,
- as long as the co-payments or deductibles are paid from your **medical savings account** or **pocket**.

WHAT WE COVER

ADMISSION AND PROCEDURE CO-PAYMENTS	PENALTY CO-PAYMENT	SCOPE CO-PAYMENTS
Claim as many admission and procedure-related co-payments and deductibles as needed. Subject to the **OPL** of **R 198 660 per insured person per year**. Benefit limits apply to our PENALTY and SCOPE CO-PAYMENT BENEFITS.	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-payment when using a non-network provider. Limited to **1 co-payment** up to **R 9 000 per policy per year**.	Claim the co-payments and deductibles that apply to out-of-hospital scopes, such as cystoscopies and gastroscopies. Limited to **2 co-payments** up to **R 4 000 per co-payment 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

If you're booked into a day clinic or hospital for extractions, 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-HOSPITAL COVER	CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL COVER
HOW IT WORKS	
We cover the **shortfalls** when: • the cost of your dental-related procedure performed in a day clinic or hospital 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** or **major medical 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-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** 400% on top of your medical aid plan's rate to cover shortfalls on your dentists' and specialists' accounts related to the following in-hospital medical events: • dental procedures, such as dental implants and wisdom teeth extractions. Limited to **R 7 000 per policy per year**. • dental procedures due to accidents or cancer treatments. Limited to **R 14 000 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. Claim the penalty co-payment when using a day clinic or hospital outside your medical aid's preferred network. Subject to our PENALTY 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. Claim the penalty co-payment when using a hospital outside your medical aid's preferred network. Subject to our PENALTY CO-PAYMENT BENEFIT.

GOOD TO KNOW

- Send us a medical aid membership 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.

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 pays part of the cost of an internal prosthetic device from a **sub-limit** or **annual limit**, we'll cover the **difference**.

WHAT WE COVER

We'll cover the **difference** in the cost of any internal prosthetic device that replaces a body part, such as a hip joint, or improves a lost or reduced bodily function, such as a cardiac pacemaker, cochlear implant, or intraocular lenses when your medical aid pays part of the cost from a **sub-limit** or **annual limit**.

Limited to **2 events** up to **R 20 000 per event per policy per year**.

GOOD TO KNOW

- External medical items aren't covered.
- Look at RADIOLOGY COVER to see what we cover for MRI, CT, and PET scans.
- 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, or a sub-limit or annual limit to in- and out-of-hospital MRI, CT, or PET scans? We've got the cover you need.

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

RADIOLOGY SHORTFALLS IN-HOSPITAL COVER	MRI, CT AND PET SCAN CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL COVER	MRI, CT AND PET SCAN CO-PAYMENTS AND DEDUCTIBLES OUT-OF-HOSPITAL COVER	MRI, CT AND PET SCAN SUB-LIMIT 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-hospital basic and specialised radiology, • as long as your medical aid pays an amount from a **hospital benefit,** also known as a **risk** or **major medical benefit.**	We **refund** co-payments and deductibles that your **medical aid imposes** for in-hospital MRI, CT, and PET scans, as long as the co-payments or deductibles are paid from your **medical savings account** or **pocket**.	We **refund** co-payments and deductibles that your **medical aid imposes** for 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**.	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, we'll cover the **difference**.
WHAT WE COVER			
We pay up to an **additional** 400% on top of your medical aid plan's rate to cover shortfalls on basic and specialised radiology. Subject to our GAP BENEFIT.	Claim as many radiology-related co-payments and deductibles as needed. Subject to our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.	Limited to **2 co-payments** up to **R 4 000 per co-payment per policy per year**.	Limited to **R 5 000 per insured person per event**.

GOOD TO KNOW

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

CANCER BENEFIT

CANCER TREATMENT SHORTFALLS
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**.

WHAT WE COVER

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

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 has been reached.

Limited to **R 50 000 per insured person per year**.

GOOD TO KNOW
- Your medical aid may impose co-payments or deductibles for precision and innovative oncology medication that apply from the onset of cover. Our benefit refunds co-payments and deductibles that apply after an oncology benefit limit has been reached.
- Unless we confirm otherwise, waiting periods apply. Refer to the **Waiting Periods** page.

CASUALTY BENEFIT

Our benefit has **two categories**.

ACCIDENTAL EVENTS
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.

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.

Limited to **R 9 500 per insured person per event**.

ILLNESS EVENTS
OUT-OF-HOSPITAL COVER

HOW IT WORKS

We cover the whole family 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.

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; and
- medication administered during an event.

Limited to **2 events** up to **R 3 000 per event per policy per year**.

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**.

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.

TRAUMA COUNSELLING BENEFIT

OUT-OF-HOSPITAL COVER

When dealing with a traumatic event and wanting to see a counsellor, 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 **3 consultations** up to **R 2 000 per consultation per policy per year**.

GOOD TO KNOW

- Trauma affects everyone at different times. We provide cover even if the traumatic event occurred before your cover start date.
- Our benefit applies even if your medical aid doesn't cover trauma counselling consultations.
- 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 BENEFITS | SUB-LIMIT BENEFIT | CANCER 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 BENEFITS | SUB-LIMIT BENEFIT | CANCER BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFIT | TRAUMA COUNSELLING 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, CO-PAYMENT BENEFITS or SUB-LIMIT 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, except when claiming from our TRAUMA COUNSELLING BENEFIT.
   (We cover trauma consultation fees for counselling received after your cover start date, even if the trauma event 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, except if your policy offers a benefit.
   (*For example, using non-network hospitals when you're on a network-based medical aid plan.*)
5. events when benefit limits or your policy's overall limit has been reached.
6. shortfalls that exceed the 400% 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 BENEFITS.)

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, except if your policy offers a benefit.
20. hospital charges, such as ward fees.
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, except when claiming from our TRAUMA COUNSELLING BENEFIT.
23. obesity or treatments required due to obesity.
24. prescription and take-home medication, except when claiming prescription medication from our CANCER BENEFIT.
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.