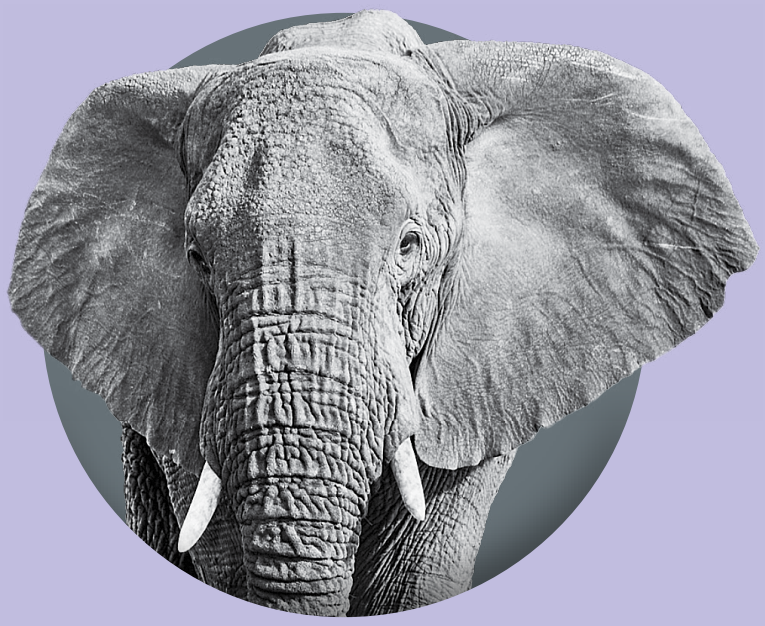
| 2025 |

Stratum Benefits



ACCESS OPTIMISER

Our **booster option** covers specific medical procedures, treatments, scans, and surgeries that some medical aid plans exclude.

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 197 INDIVIDUAL or FAMILY	R 262 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.

Child dependants registered on your or your spouse's medical aid plan may remain on your **Gap Cover** policy regardless of age. However, when a child dependant applies for their own medical aid membership, they must apply for their own policy.

A full-time student **26** or **younger** may remain on your policy even if they belong to a different medical aid plan, provided proof of full-time studies is submitted annually. Distance and online learning don't qualify.

Stratum Benefits

+27 10 593 0981 086 633 3761 info@stratumbenefits.co.za +27 10 448 0861 www.stratumbenefits.co.za

KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

*An **OPL** of **R 210 580 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; or
- 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.

Limited **per insured person per year**.

MEDICAL PROCEDURES AND TREATMENTS NOT COVERED BY YOUR MEDICAL AID	ACCESS BENEFIT
Adenoidectomy, myringotomy (grommets) or tonsillectomy	**R 15 000**
Arthroscopic surgery	**R 72 000**
Back or neck surgery	**R 72 000**
Bunion surgery	**R 20 000**
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids if part of a bimodal solution)	**R 85 000**
Dental procedures for impacted teeth for children **younger** than **18**	**R 20 000**
Dental procedures for reconstructive surgery required due to an accident	**R 85 000**
Endoscopic procedures	**R 10 000**
Functional nasal surgery	**R 30 000**
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)	**R 60 000**
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.

Sometimes, two **Gap Cover** policies are better than one.

ACCESS OPTIMISER is ideal if your medical aid plan excludes any of the medical procedures and treatments listed above.

However, if you're on a 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 prosthetic devices, ACCESS OPTIMISER with COMPACT[300] or MERIDIAN[400] is an ideal combination.

Consider a combination of ACCESS OPTIMISER and ELITE[500] for the highest level of cover and additional benefits for out-patient specialist consultations, private room fees, scopes, and specialised scans.

CASUALTY BENEFITS

There are **two benefit categories**.

ACCIDENTAL EVENTS INDIVIDUALS OF ALL AGES 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 **10 years** or **younger** are covered for after-hours illness-related events at any registered casualty facility between **18:00** and **7:00** Monday through Friday and all day Saturday, Sunday, and public holidays.

We'll cover the **shortfalls** when your medical aid pays part of the cost of a casualty event from a **risk**, **insured day-to-day** or **block benefit**, or **refund** the **total cost** when paid from your **medical savings account** or **pocket**, subject to our benefit limit.

WHAT WE COVER

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

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

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

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

GOOD TO KNOW

- If you're admitted to the hospital after being treated in the casualty or medical facility for an accidental-related event, or your child is admitted after being treated in the casualty facility for an after-hours illness-related event, 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.

GAP MATCH

This guiding tool matches the best-suited **Gap Cover** option with your medical aid plan.

Go to www.stratumbenefits.co.za/gap-match/ or scan the **QR code**.

Chat with your financial advisor to sign up, or contact our **Client Support Centre** for general questions and information.

EXPLAINER VIDEOS

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

WAITING PERIODS

UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

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

3 MONTH GENERAL WAITING PERIOD

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

Unless we confirm otherwise, the following benefit is subject to this waiting period:

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 benefit is subject to this waiting period:

ACCESS BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS

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**.

BENEFIT & GENERAL EXCLUSIONS

Gap Cover works with your medical aid cover.

Gap Cover 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 a medical event before we step in and take care of the rest. However, not every medical event will qualify for benefits as policies are subject to benefit and general exclusions.

BENEFIT EXCLUSIONS

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

Benefit exclusions apply only to specific benefits, not the entire policy. They limit or exclude cover for certain medical procedures, treatments, and events within a particular benefit category.

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

General exclusions are standard conditions and events that aren't covered, regardless of the specific claim or benefit. These exclusions apply to the entire policy, not only a specific benefit.

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 accidental events that occur after your cover start date.
3. line items that don't meet the South African medical coding standards, such as CPT, NHRPL, and ICD-10.
4. events your medical aid pays as concessions, exceptions, or ex-gratia payments.
5. 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.
   (For example, using non-network hospitals on a network-based medical aid plan.)
6. events when benefit limits or your policy's overall limit has been reached.
7. events your policy doesn't cover or provides 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.)

SPECIFIC POLICY EXCLUSIONS

We don't pay claims related to:

12. allied healthcare professionals, except if your policy offers a benefit.
13. assisted reproductive therapy (ART), fertility treatments or contraceptives.
14. a second breast reconstruction or any subsequent reconstruction procedure.
    (We cover one event per insured person provided it's the first breast reconstruction in your lifetime and your policy offers a benefit.)
15. diagnosing or treating sleeping disorders.
16. elective, prophylactic (preventative), routine procedures or physical examinations, such as medical tests for insurance purposes, risk-reducing mastectomies, and scopes based on family history, except if your policy offers a benefit.
17. external medical items, such as arm slings, compression socks, crutches, moon boots and neck braces, except when claiming from our CASUALTY BENEFIT for items received at the medical facility.
18. external prosthetic devices, such as artificial limbs.
19. home or private nursing or admission to a step-down or sub-acute facility, such as frail care centres, hospice centres, mental health facilities, and rehabilitation facilities.
20. hospital charges, such as ward fees, except if your policy offers a benefit.
21. mood disorders or emotional or psychological illnesses.
22. obesity or treatments required due to obesity.
23. prescription or take-home medication.
24. reconstructive cosmetic surgery, except if your policy offers a benefit.
25. robotic-assisted surgery co-payments.
26. specialised mechanical or computerised devices, such as CPAP machines, glucometers, insulin pumps, oxygen machines, and ventilators.
27. stem cell harvesting or treatments.

STANDARD NON-LIFE POLICY EXCLUSIONS

We don't pay claims related to:

28. attempted suicide, suicide, or intentional self-injury.
29. deliberate exposure to exceptional danger, except if trying to save a human life.
    (Exceptional danger includes but isn't limited to hazardous sports or activities, such as skydiving, mixed martial arts fighting (MMA), and speed racing.)
30. events covered by legislation, such as contractual liability and consequential loss.
31. illegal behaviour or breaking the law of the Republic of South Africa.
32. illness or injury caused by using drugs or narcotics, except if prescribed by a healthcare provider, provided the healthcare provider isn't an insured person.
33. illness or injury caused by using alcohol.
34. nuclear weapons, nuclear material or ionising radiation.
35. participation in active military, police or police reservist duty, civil commotion, invasion, labour disturbance, political act, rebellion, riot, strike, terrorist activity, war, or the activity of locked-out workers.
36. transport charges or healthcare services provided while being transported in an emergency vehicle, vessel, or aircraft.

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.