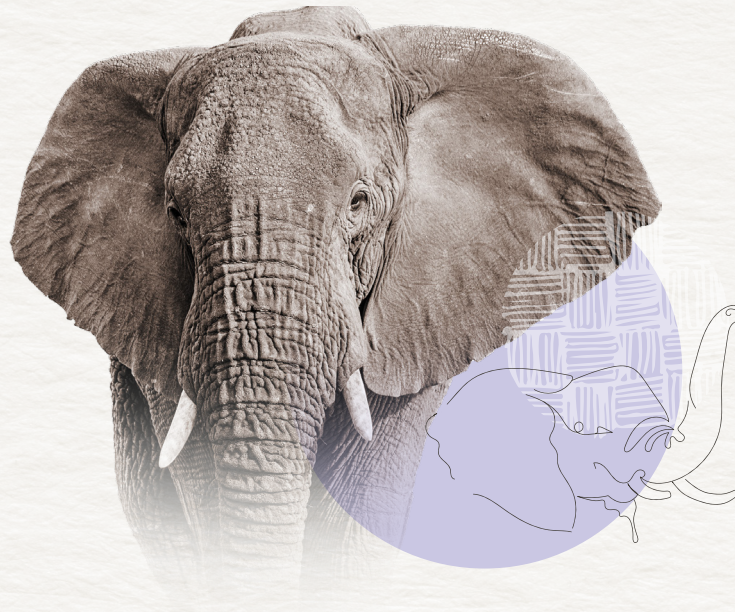


| 2024 |

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



INDIVIDUAL or FAMILY

IF YOU OR ANYONE IN THE FAMILY IS
65 OR OLDER



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 OPTIMISER

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
Adenoidectomy, myringotomy (grommets) or tonsillectomy	R 5 000
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.

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

ACCESS OPTIMISER is the best fit if your medical aid plan excludes any of the listed medical procedures. 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, consider **ACCESS OPTIMISER** and **COMPACT³⁰⁰**, or **ACCESS OPTIMISER** with **MERIDIAN⁴⁰⁰** or **ELITE⁵⁰⁰**.



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.

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 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 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**.



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. events your policy doesn't cover or doesn't provide an appropriate benefit to claim from.
7. additional shortfalls when your healthcare or service provider increases their fees after we've finalised your claim.
8. additional shortfalls when your healthcare or service provider agrees to a discount but increases their fee after we've finalised your claim.
9. costs for medical reports.
10. split billing charges.
(These are upfront payments your healthcare or service providers may ask you to pay before your medical event.)

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.
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.
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.

