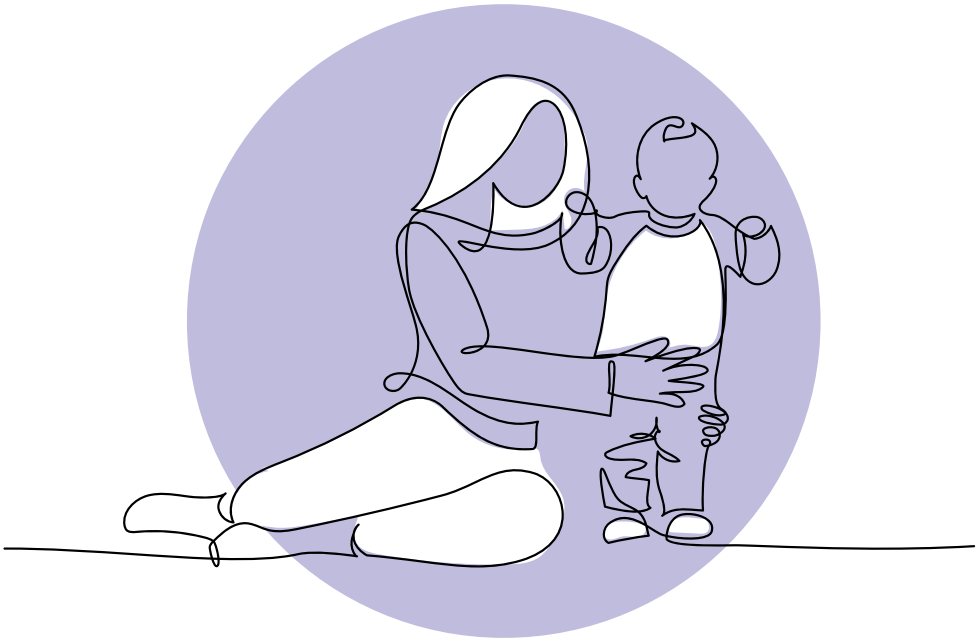
| 2023 |

Stratum Benefits



ACCESS CO-PAY PLUS[300]

It's our **booster option** that covers specific medical procedures and events if your medical aid plan excludes it from cover, and provides cover for the **most often experienced** medical expense shortfalls on doctors' and specialists' accounts.

ACCESS CO-PAY PLUS[300] 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 ANY **DEPENDANT** IS **65** OR **OLDER**
R 344 INDIVIDUAL or FAMILY	R 457 INDIVIDUAL or FAMILY

One **Gap Cover** policy covers you, your spouse and all the dependants registered on your and your spouse's medical aid plans.

ACCESS CO-PAY PLUS[300]

Stratum Benefits

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KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

*An **OPL** of **R 185 837 per policy per year** applies to the following benefits. All approved claim amounts will be deducted from the available **OPL**.*

ACCESS BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

If your medical aid plan excludes any of the medical procedures listed below, you can claim the costs from us.

HOW IT WORKS

Our benefit is designed to help cover the costs of an upcoming medical procedure when:

- your medical aid plan doesn't provide cover because your medical procedure forms part of a specific list of exclusions,
- or when your medical aid plan only covers Prescribed Minimum Benefit (PMB) medical procedures but your medical procedure is listed as a non-PMB medical procedure.

You'll be required to obtain cost estimates from the service providers, such as the day clinic or hospital, and healthcare providers, such as the surgeon and anaesthetist, who you choose as the preferred providers for your upcoming medical event.

Send a claim form, and the cost estimates to us to assess. If your claim is approved, we'll issue a guarantee of payment to all the providers as an undertaking that we'll pay them directly after the medical procedure is performed.

WHAT WE COVER

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

MEDICAL PROCEDURE/EVENT NOT COVERED BY YOUR MEDICAL AID	ACCESS BENEFIT
Arthroscopic surgery	R 50 000
Back or neck surgery	R 50 000
Bunion surgery	R 14 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)	R 80 000
Dental procedures for impacted teeth for children **younger** than **18**	R 14 000
Dental procedures for reconstructive surgery required due to an accidental event	R 80 000
Endoscopic procedures	R 5 000
Functional nasal surgery	R 23 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)	R 50 000
Knee or shoulder surgery	R 25 000
MRI or CT scan required due to an accidental event	R 10 000
Non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer)	R 20 000
Oesophageal reflux and hiatus hernia surgery	R 55 000
Removal of varicose veins	R 20 000
Skin disorders (including benign growths or lipomas)	R 20 000

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 are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Each insured person can claim for their upcoming medical event, but the benefit limits are shared subject to the available **OPL**.

If your medical aid plan excludes any of the listed medical procedures and imposes co-payments and deductibles, **Access Co-Pay Plus**300 is your best fit.

GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

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**.

WHAT WE COVER

We pay up to an **additional** 300% cover on top of what your medical aid provides to cover shortfalls on your doctors', specialists' and healthcare providers' accounts related to the following in- and out-of-hospital medical events:
- blood tests;
- consumable items, such as catheters, medical gloves and syringes;
- medication administered during your medical event;
- medical procedures, surgeries and treatments;
- physiotherapy; and
- Prescribed Minimum Benefit (PMB) medical procedures.

Subject to the **OPL** of **R 185 837 per policy 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 are met, you shouldn't incur any out-of-pocket medical expenses related to PMBs.
- Your medical aid could refer to a **hospital benefit** as a **risk**, **major medical**, **insured day-to-day** or **block benefit**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Have a look at **DENTAL**, **MATERNITY** and **RADIOLOGY COVER** to see what other shortfalls we cover.

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

WHAT WE COVER

Claim as many admission and procedure-related co-payments and deductibles as needed, as long as it doesn't exceed **R 5 000 per policy per year**.

GOOD TO KNOW

- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate, and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefit is subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

Our **CO-PAYMENT BENEFIT** also covers co-payments and deductibles specific to dentistry, childbirth and specialised radiology.
Have a look at **DENTAL**, **MATERNITY** and **RADIOLOGY COVER**.

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.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS 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**.	We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages on: • day clinic and hospital admissions and dental-related procedures done in- or out-of-hospital, • as long as the co-payment or deductible is paid from your **medical savings account** or **your pocket**.
WHAT WE COVER	
We pay up to an **additional** 300% cover on top of what your medical aid provides 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 related to accidental injury and cancer treatment. Limited to **R 16 000 per policy per year**.	Claim as many admission and dental-procedure related co-payments and deductibles as needed, as long as it doesn't exceed **R 5 000 per policy per year**.

GOOD TO KNOW

- Your medical aid could refer to a **hospital** or **insured day-to-day benefit** as a **risk**, **major medical** or **block benefit**.
- We don't refund payments that your healthcare providers may ask you to pay to them before your medical event. This is known as split billing. We only refund co-payments and deductibles that your medical aid imposes. Ask your healthcare provider to submit a detailed account to your medical aid for payment that reflects their private fee. That way, your medical aid can pay their portion up to your medical aid plan's rate and we can assess the shortfalls under our **GAP BENEFIT**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. 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

HOW IT WORKS AND WHAT WE COVER

CHILDBIRTH IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENTS AND DEDUCTIBLES IN-HOSPITAL 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 the delivery of your baby in hospital or at home, • as long as your medical aid pays an amount from a **hospital benefit**. Subject to our **GAP BENEFIT**.	We **refund** co-payments and deductibles that your **medical aid imposes** on elective caesareans as long as the co-payment or deductible is paid from your **medical savings account** or **your pocket**. Subject to our **CO-PAYMENT BENEFIT**.

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Your medical aid could refer to a **hospital benefit** as a **risk** or **major medical benefit**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. 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.

GAP BENEFIT IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENT BENEFIT ADMISSION AND PROCEDURE CO-PAYMENTS 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**.	We **refund** co-payments and deductibles that your **medical aid imposes** as rand amounts or percentages on in- or out-of-hospital basic and specialised radiology, as long as the co-payment or deductible is paid from your **medical savings account** or **your pocket**.
WHAT WE COVER	
We pay up to an **additional 300%** cover on top of what your medical aid provides to cover shortfalls on basic and specialised radiology. Subject to the **OPL** of **R 185 837 per policy per year**.	Claim as many radiology-related co-payments and deductibles as needed, as long as it doesn't exceed **R 5 000 per policy per year**.

GOOD TO KNOW

- Your medical aid could also refer to a **hospital** or **insured day-to-day benefit** as a **risk**, **major medical** or **block benefit**.
- Our benefits are subject to waiting periods and the **10 Month Limited Payout Benefit** unless we confirm otherwise. Refer to the **Waiting Periods** page.

CASUALTY BENEFIT

Our benefit has **two categories**.

ACCIDENTAL EVENTS OUT-OF-HOSPITAL COVER	ILLNESS OUT-OF-HOSPITAL COVER
HOW IT WORKS	
We cover the whole family at any registered medical facility, such as your doctor's room or the emergency unit at your nearest hospital, when: • an accident caused by physical impact results in bodily injury, • and medical treatment is required **within 24 hours** of the event. We'll **refund** the **shortfalls** or **total cost** of your casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.	Children aged **10 years** or **younger** are covered at any registered casualty facility when: • they fall ill and require medical treatment after-hours, • between **18:00** and **7:00** on Mondays to Fridays or any time on Saturdays, Sundays and public holidays. We'll **refund** the **shortfalls** or **total cost** of the casualty event when your medical aid pays it from your **medical savings account** or when you pay it from **your pocket**.
WHAT WE COVER	
All the healthcare and service providers' accounts related to your event are covered, which typically include: • basic and specialised radiology; • co-payments and deductibles; • facility and consultation fees; • medication administered; • pathology; and • external medical items given to you at the facility on the day, such as a neck brace or arm sling. Go to any registered medical or casualty facility for a follow-up visit related to your accident to have, for example, stitches or a cast removed. You don't have to go back to the same facility.	All the healthcare and service providers' accounts related to the event are covered, which typically include: • basic and specialised radiology; • co-payments and deductibles; • facility and consultation fees; • medication administered; and • pathology.

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

GOOD TO KNOW

- Our benefit applies even if your medical aid doesn't provide cover for casualty visits.
- You're covered from the first day your policy starts because this benefit isn't subject to any waiting periods.

If you go to a registered medical facility for treatment due to an accident and get admitted to hospital directly afterwards, the hospital admission becomes a new medical event, and any further claims submitted will be assessed based on the hospital admission and not the initial casualty event.

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 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 that results in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...
means bodily injury resulting in total and absolute disablement that is beyond hope of improvement, which prevents the insured person from following their usual occupation or any other similar occupation for which they're suited by education or training. If the insured person is an individual or pensioner who's no longer gainfully employed, the 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 the first day your policy starts because this benefit isn't subject to any waiting periods.

LIFESTYLE BENEFIT

This Lifestyle Benefit is a complimentary value-add product.

Visit our website at **www.stratumbenefits.co.za** for more information about this **LIFESTYLE BENEFIT** and how to register.

EXTRA HIGH SCHOOL LEARNING SUPPORT

WHAT'S ON OFFER

Gr.8 to **Gr.12** high school learners can access various e-learning solutions through Boston Online Home Education.

These solutions offer mind-stimulating offerings such as online CAPS and Cambridge International Curriculum content, educational webinars, career guidance for learners looking to enter the tertiary world, a wide variety of short learning programs and more.

After registering online, a coupon with a unique voucher number will be issued to access the Boston Online Home Education platform.

Your child has access to this platform during their high school years for as long as they remain covered on your policy.

Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.

WAITING PERIODS

UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

Waiting periods apply:

- from your policy's start date;
- to enhanced benefits when you upgrade to an option that provides more comprehensive cover; and
- each dependant's cover start date when they're added to your policy.

Accidental events that occur after your policy's start date are never subject to any waiting periods.

The below waiting periods will apply unless we confirm otherwise:

3 MONTH GENERAL WAITING PERIOD

You don't have cover during this period except for accidental events that occur after your policy's start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

You don't have cover during this period for investigations, medical procedures, surgeries or treatments related to any illness or medical condition diagnosed or that you received advice or treatment for **12 months** before your policy's start date.

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** to read more about our **Gap Cover Transfer Process for Individuals**.

10 MONTH LIMITED PAYOUT BENEFIT

The **10 Month Limited Payout Benefit** applies from your policy's start date and each dependant's cover start date when they're added to your policy, unless we confirm otherwise.

GAP BENEFIT AND CO-PAYMENT BENEFIT

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 events listed below, we'll cover **20%** of the **approved claim amount** subject to benefit limits where applicable:

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

ACCESS BENEFIT

HOW IT WORKS

If you claim from our **ACCESS BENEFIT** in the first **10 months** of cover for any of the medical events listed below, we'll cover **20%** of the approved claim amount subject to the benefit limits:

- arthroscopic surgery;
- back or neck surgery;
- bunion surgery;
- cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids);
- dental procedures for impacted teeth for children **younger** than **18**;
- endoscopic procedures;
- functional nasal surgery;
- joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices);
- knee or shoulder surgery;
- non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer);
- oesophageal reflux and hiatus hernia surgery;
- removal of varicose veins; or
- skin disorders (including benign growths or lipomas).

GOOD TO KNOW

- The **10 Month Limited Payout Benefit** applies to medical events unrelated to pre-existing medical conditions. If the medical event is related to a medical condition for which you or your dependants received advice or treatment **12 months** before your policy's start date or their cover start date, the claim will be subject to a **Pre-Existing Condition Waiting Period**.

GENERAL EXCLUSIONS

Your **Gap Cover** policy consists of various benefits that cover medical expense shortfalls. Depending on the benefit you're claiming from, 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, subject to the benefit's qualifying criteria.

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

BENEFIT EXCLUSIONS

Your **Gap Cover** policy offers a range of benefits with specific qualifying criteria.

For a detailed description of what you can and can't claim for, find the benefit exclusions applicable to your option in your Policy Schedule, go to www.stratumbenefits.co.za/benefit-exclusions/ or scan the **QR code** to view or download our **Benefit Exclusions**.