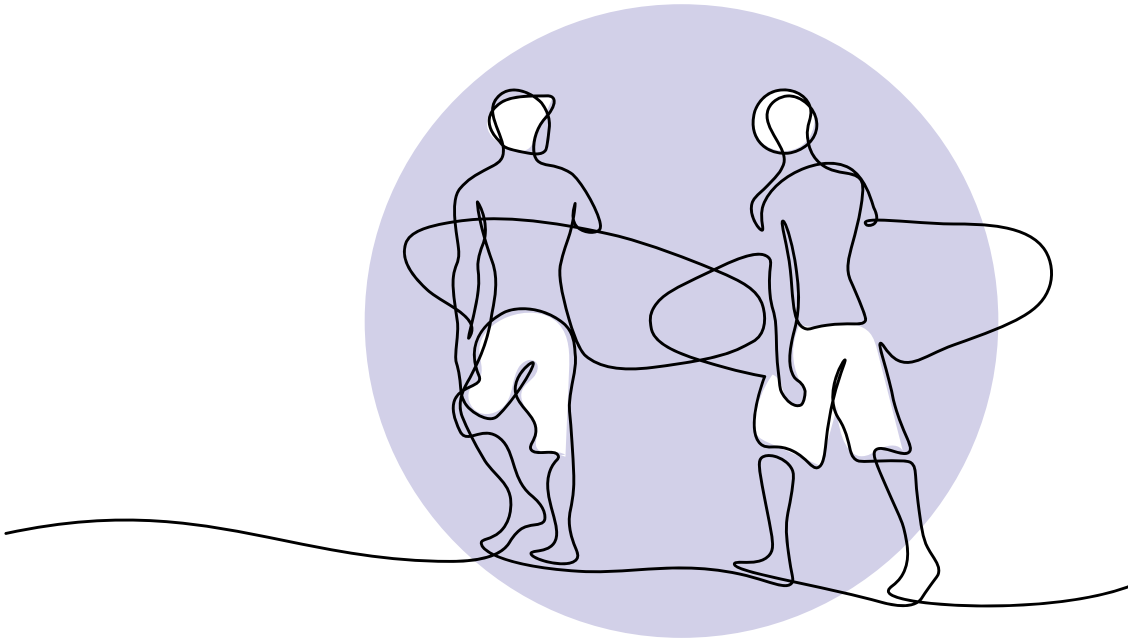


| 2023 |

StratumBenefits⁺



ACCESS OPTIMISER

It's our **booster option** that covers specific medical procedures and events if your medical aid plan excludes it from cover.

ACCESS OPTIMISER 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

R 167

INDIVIDUAL or FAMILY

IF YOU OR ANYONE IN THE FAMILY IS
65 OR OLDER

R 223

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 OPTIMISER

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.

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

If your medical aid plan excludes any of the listed medical procedures, **Access Optimiser** is your best fit. 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, our **Compact³⁰⁰** or **Elite** option, together with **Access Optimiser**, is worth considering.



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.

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.

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.

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.

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 has general exclusions that apply to your policy and not only to specific benefits.

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 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**.

