

| 2023 |

StratumBenefits⁺






BASE

It's our **foundation option** that covers the **most frequent** medical expense shortfalls that you're most likely to experience on doctors' and specialists' private fees.

BASE PREMIUMS FOR INDIVIDUALS AND FAMILIES

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

IF YOU'RE 64 OR YOUNGER	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU OR ANY DEPENDANT IS 65 OR OLDER
 <p>R 252</p> <p>INDIVIDUAL</p>	 <p>R 296</p> <p>FAMILY</p>	 <p>R 488</p> <p>INDIVIDUAL or FAMILY</p>

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



BASE



KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

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



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 500%** 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 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 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.



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 benefit can assist with the shortfalls.

GAP BENEFIT 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**.

WHAT WE COVER

We pay up to an **additional 500%** 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**.

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**.
- Our benefit is 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.

THE DELIVERY

HOW IT WORKS AND WHAT WE COVER

CHILDBIRTH

IN- AND OUT-OF-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**.

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 benefit is 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?

GAP BENEFIT

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**.

WHAT WE COVER

We pay up to an **additional 500%** 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 insured person 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 benefit is 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 7 000 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.



TRAUMA COUNSELLING BENEFIT

OUT-OF-HOSPITAL COVER

When you're dealing with a traumatic event and want to see a counsellor about it, 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 **R 6 000 per policy per year**.

GOOD TO KNOW

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

Trauma affects everyone at different times. We provide cover even if the traumatic event occurred before the start date of your policy.

BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

The following benefits aren't subject to the OPL because we give these benefits to you over and above those that form part of the OPL.

PAYOUT BENEFITS



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 6 000 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.



FIRST-TIME CANCER DIAGNOSIS

HOW IT WORKS

When cancer is diagnosed for the first time in your life, a benefit amount is payable if the diagnosis meets specific qualifying criteria.

Our benefit applies when:

- you're diagnosed with cancer for the first time in your life after the start date of your policy;
- cancerous cells have invaded surrounding or underlying tissue; and
- cancer is diagnosed **before** age 65.

Our benefit doesn't apply when the diagnosis is for:

- a tumour, that is histologically described as pre-malignant, non-invasive or as cancer in-situ;
- skin cancer, other than malignant melanoma;
- Stage 1 breast or prostate cancer; or when
- cancerous cells haven't invaded surrounding or underlying tissue, regardless of the stage of cancer.

WHAT WE COVER

The benefit amount payable on a first-time cancer diagnosis is **R 5 000 per insured person per lifetime**.

GOOD TO KNOW

- This benefit is subject to a **General Waiting Period**, which means you can't claim for a cancer diagnosis made during this waiting period.
- We look at the following cancer stages when assessing a claim:
 - **Stage 1** usually means the cancer is small and contained within the organ it started in.
 - **Stage 2** usually means the tumour is larger than Stage 1, but the cancer hasn't started to spread into surrounding tissues. Sometimes Stage 2 means cancer cells have spread into lymph nodes close to the tumour. This depends on the type of cancer.
 - **Stage 3** usually means the cancer is larger than Stage 2. It may have started to spread into surrounding tissues, and cancer cells in the lymph nodes are nearby.
 - **Stage 4** means cancer has spread from where it started to another body organ, such as the liver or lung. This is also called secondary or metastatic cancer.

If you're diagnosed with Stage 2 cancer that hasn't spread when the first diagnosis is made, our benefit won't apply.

LIFESTYLE BENEFITS

These Lifestyle Benefits are complimentary value-add products.

Visit our website at www.stratumbenefits.co.za for more information about the LIFESTYLE BENEFITS 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.



INTERNATIONAL TRAVEL INSURANCE

WHAT'S ON OFFER

The whole family is covered for acute illness and injury when travelling for leisure outside South African borders, limited to **1 trip per policy per year** for a maximum of **31 days**. Inform us of your upcoming trip at least **7 days** before departure and submit proof of travel. If your medical aid or any other insurance policy provides similar cover, our international travel insurance partner won't offer this cover.

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 **GAP 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.

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**.

