

ELITE⁵⁰⁰

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'RE 65 OR OLDER	IF YOU OR ANYONE IN THE FAMILY IS 65 OR OLDER
R 529  INDIVIDUAL	R 650  FAMILY	R 858  INDIVIDUAL	R 1 049  FAMILY

Our **top-of-the-range option** offers the widest range of **in- and out-of-hospital** benefits at the highest level of cover.

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including dependants registered on either plan. Child dependants may remain on your policy regardless of age but must apply for their own policy when applying for their own medical aid plan. Full-time students **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.

OVERALL POLICY LIMIT (OPL)				BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) <i>An OPL of R 219 845 per insured 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.</i>	
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
	GAP BENEFIT			Covers shortfalls when doctors, specialists and other healthcare providers charge more than your medical aid plan's rate, as long as your medical aid pays an amount from a hospital benefit , also known as a risk, major medical, insured day-to-day or block benefit .	
	Medical Expense Shortfalls	✓	✓	Pays up to an additional 500% on top of your medical aid plan's rate to cover shortfalls related to in- and out-of-hospital medical procedures, surgeries, treatments, consumable items, medication administered during your medical event, pathology, physiotherapy, and Prescribed Minimum Benefit (PMB) medical procedures. Subject to the OPL of R 219 845 per insured person per year .	
	CO-PAYMENT BENEFITS There are three benefit categories .			Refunds co-payments that your medical aid imposes as rand amounts or percentages for admissions and medical procedures, as long as the co-payments are paid from your medical savings account or pocket .	
	Admission and Procedure Co-Payments	✓	✓	Claim as many co-payments as needed when admitted to a day clinic or hospital or before undergoing a medical procedure, such as an in- or out-of-hospital scope or scan. Subject to the OPL of R 219 845 per insured person per year .	
	Penalty Co-Payments	✓		When using day clinics, hospitals and healthcare providers outside your medical aid's preferred network for planned medical procedures. Limited to 2 co-payments up to R 16 000 per co-payment per policy per year .	
	Robotic Surgery Co-Payments	✓		When co-payments apply to robotic-assisted surgeries, such as prostatectomies. Limited to R 10 000 per policy per year .	
	DENTAL COVER			DENTAL COVER is made up of various benefits that cover dental procedure-related shortfalls and refund co-payments .	
	Specialist Shortfalls	✓		Subject to our GAP BENEFIT that covers shortfalls when dentists and specialists charge more than your medical aid plan's rate for the following in-hospital medical events: • Dental procedures, such as dental implants and wisdom teeth extractions: Limited to R 50 000 per policy per year . • Dental procedures due to accidental events or cancer treatment: Subject to the OPL of R 219 845 per insured person per year .	
	Admission and Procedure Co-Payments	✓		Claim day clinic or hospital admission and dental procedure-related co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT . Claim penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using day clinics or hospitals outside your medical aid's preferred network.	

Waiting periods and the **Limited Payout Benefit** may apply. Refer to the **Waiting Periods** page.

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	MATERNITY COVER			MATERNITY COVER is made up of various benefits that cover pre- to post-bump shortfalls and refund co-payments.
	BEFORE THE DELIVERY Pre-Natal Consultations		✓	Subject to our OUT-PATIENT SPECIALIST CONSULTATION BENEFIT that covers shortfalls when healthcare professionals, such as your gynaecologist or obstetrician, charge more than the rate your medical aid applies to virtual or face-to-face consultations in the rooms.
	Preventative Procedures		✓	Subject to our PREVENTATIVE CARE BENEFIT that covers shortfalls or the total cost of pre-natal procedures, such as a flu vaccination in your second trimester or a full blood count test.
	THE DELIVERY Childbirth Shortfalls	✓	✓	Subject to our GAP BENEFIT that covers shortfalls when healthcare professionals, such as your gynaecologist or midwife, charge more than your medical aid plan's rate for delivering your baby in the hospital or at home.
	Admission and Procedure Co-Payments	✓		When co-payments apply to elective caesareans, claim it from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT .
	Penalty Co-Payments	✓		Claim penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using hospitals outside your medical aid's preferred network.
	Private Room	✓		Subject to our PRIVATE ROOM BENEFIT that covers shortfalls or the total cost of a private hospital room when your medical aid excludes it.
	AFTER THE DELIVERY Post-Natal Consultations		✓	Subject to our OUT-PATIENT SPECIALIST CONSULTATION BENEFIT that covers shortfalls when healthcare professionals, such as your gynaecologist or the paediatrician, charge more than the rate your medical aid applies to post-natal consultations.
	Immunisations and Birth Control		✓	Subject to our PREVENTATIVE CARE BENEFIT that covers shortfalls or the total cost of childhood immunisations and contraceptive device implants.
	SUB-LIMIT BENEFITS There are four benefit categories .			Covers the difference in the cost of the below-listed scopes, devices, and treatments when your medical aid pays part of the cost from a sub-limit or annual limit , or tops-up cover when your medical aid plan's internal prosthetic device benefit limit has been reached.
	Colonoscopies, Enteroscopies and Gastroscopies	✓	✓	Covers: • shortfalls on the anaesthetist's account for in- or out-of-hospital scopes; or the • difference if your medical aid pays part of the cost of a scope. Limited to R 7 000 per insured person per event .
	Internal Prosthetic Device Shortfalls	✓		Covers the difference in the cost of internal prosthetic devices implanted into your body. Limited to R 40 000 per insured person per event .
	Internal Prosthetic Device Top-Up	✓		Covers the total cost of any internal prosthetic device up to our benefit limit when your medical aid plan's benefit limit has been reached. Limited to R 10 000 per insured person per event .
	Renal Dialysis Treatments	✓		Covers the difference in the cost of renal dialysis treatments. Limited to R 30 000 per insured person per event .
	RADIOLOGY COVER			RADIOLOGY COVER is made up of various benefits that cover shortfalls on basic and specialised radiology, refund MRI, CT, and PET scan co-payments, pay the difference in the cost of a scan when your medical aid doesn't cover the total cost, or tops-up cover when your medical aid plan's radiology benefit limit has been reached.
	Radiology Shortfalls	✓	✓	Subject to our GAP BENEFIT that covers 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.
	MRI, CT and PET Scan Co-Payments	✓	✓	Claim in- and out-of-hospital MRI, CT, and PET scan co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT .
	MRI, CT and PET Scan Sub-Limits	✓	✓	Our MRI, CT AND PET SCAN SUB-LIMIT BENEFIT covers the difference in the cost of in- and out-of-hospital scans when your medical aid pays part of the cost from a sub-limit or annual limit . Limited to R 6 000 per insured person per event .
	MRI, CT and PET Scan Top-Up	✓	✓	Our MRI, CT AND PET SCAN TOP-UP BENEFIT covers the total cost of in- and out-of-hospital MRI, CT or PET scans when your medical aid plan's radiology benefit limit has been reached. Limited to R 6 000 per policy per year .

Waiting periods and the **Limited Payout Benefit** may apply. Refer to the **Waiting Periods** page.

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	CANCER BENEFITS There are three benefit categories .			Covers the total cost of a breast reconstruction procedure of an unaffected breast, cancer treatment shortfalls , total cost of ongoing treatment, and refunds cancer-related co-payments.
	Breast Reconstruction			Covers the total cost of a breast implant reconstruction procedure or flap breast reconstruction surgery of an unaffected breast up to our benefit limit when your medical aid excludes the reconstruction. Limited to 1 event up to R 30 000 per insured person per lifetime .
	Cancer Treatment Shortfalls			- Covers shortfalls when healthcare providers charge more than what your medical aid pays from an oncology benefit for in- or out-of-hospital cancer treatment. Typically covers biological medication, chemotherapy, radiotherapy, oncologist consultations, and specialised radiology, such as bone density and PET scans, subject to the oncology treatment plan approved by your medical aid. Refunds oncology-related co-payments imposed by your medical aid as rand amounts or percentages when your medical aid plan's oncology benefit limit has been reached. Subject to the OPL of R 219 845 per insured person per year.
	Cancer Treatment Top-Up			Covers the total cost of ongoing cancer treatment up to the available OPL when your medical aid plan's oncology benefit limit has been reached. Subject to the OPL of R 219 845 per insured person per year .
	PHYSICAL REHABILITATION TOP-UP BENEFIT			Covers the total cost , up to our benefit limit, of ongoing physical rehabilitation at a sub-acute or step-down facility following an accident when your medical aid plan's benefit limit has been reached. Includes cover for all the related healthcare providers' accounts for on-site treatment subject to the physical rehabilitation treatment plan approved by your medical aid. Limited to R 10 000 per insured person per year .
	OUT-PATIENT SPECIALIST CONSULTATION BENEFIT			Covers shortfalls when specialists charge more than the rate your medical aid applies to virtual or face-to-face consultations in the rooms, as long as your medical aid pays an amount from a risk benefit , also known as an insured day-to-day or block benefit , or your medical savings account . Limited to 4 consultations up to R 1 300 per consultation per policy per year .
	CASUALTY BENEFITS There are three benefit categories .			Covers 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 the total cost when paid from your medical savings account or pocket , subject to our benefit limits.
	ACCIDENTAL EVENTS Individuals of All Ages			Covers the whole family at any registered medical facility, such as the doctor's room or hospital's emergency unit, when medical treatment is required within 24 hours of an accident. Typically covers basic and specialised radiology, co-payments, facility and doctors' consultation fees, and medication administered during an event. - External medical items received at the medical facility, such as a neck brace: Limited to R 2 000 per policy per year, subject to the R 15 000 benefit limit. - Follow-up visits related to accidental events: Limited to 1 visit per insured person per event, subject to the R 15 000 benefit limit.
	ILLNESS EVENTS Children 10 Years or Younger			Covers children 10 years or younger for after-hours illness-related events at any registered casualty facility between 19:00 and 7:00 Monday through Friday and all day Saturday, Sunday, and public holidays.
	ILLNESS EVENTS Individuals 11 Years or Older			Covers individuals 11 years or older for after-hours illness-related events at any registered casualty facility between 19:00 and 7:00 Monday through Friday and all day Saturday, Sunday, and public holidays.
	TRAUMA COUNSELLING BENEFIT			Covers shortfalls when your medical aid pays part of your registered counsellor's consultation fees from a risk, insured day-to-day or block benefit, or the total cost when paid from your medical savings account or pocket, subject to our benefit limit. Covers you when: - you witness an accident or act of physical violence; - are directly affected by an accident or act of physical violence, for example, suffering bodily injury resulting in total and permanent disability; - receive news of a loved one's or your own diagnosis of a critical illness; or - mourn the death of a loved one. Limited to R 10 000 per policy per year.
	PREVENTATIVE CARE BENEFIT			Covers shortfalls when your medical aid pays part of your healthcare provider's consultation fee or the cost of the below-listed preventative tests or procedures from a risk, insured day-to-day or block benefit, or the total cost when paid from your medical savings account or pocket, subject to our benefit limit: - blood glucose tests; - bone density scans; - childhood immunisations; - cholesterol tests; - contraceptive device implants; - flu vaccinations; - full blood counts; - Human Papillomavirus vaccinations (HPV vaccines); - mammograms and breast sonars; - pap smears; - prostate-specific antigen screenings; and - testicular screenings. Limited to R 2 000 per policy per year.

Waiting periods may apply. Refer to the **Waiting Periods** page.

OVERALL POLICY LIMIT (OPL)				BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL) <i>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.</i>	
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
	PRIVATE ROOM BENEFIT			Covers shortfalls when your medical aid pays part of the cost of a private hospital room from a hospital or risk benefit or the total cost up to our benefit limit when your medical aid excludes it from cover. Claim from us when choosing a private hospital room, or when the hospital charges a lodger or nursery fee. The person the lodger fee applies to must be registered on your Gap Cover policy. Limited to R 3 500 per policy per year.	
	ACCIDENTAL DEATH AND DISABILITY BENEFIT			Pays a benefit amount of R 25 000 for the principal insured, R 25 000 for the spouse, and R 5 000 for every dependant in the event of accidental death or total and permanent disability due to an accident. Limited to 1 event per insured person per year.	
	FIRST-TIME CANCER DIAGNOSIS BENEFIT			Pays a benefit amount when cancer is diagnosed and specific qualifying criteria are met. Our benefit applies if: - cancer is diagnosed for the first time in your life; - the diagnosis is made whilst on cover with us; - cancerous cells have invaded the surrounding or underlying tissue; and - cancer is diagnosed before age 65. Our benefit doesn't apply if the diagnosis: - was made before your cover start date; - is made during a General Waiting Period; - is a second diagnosis, regardless of the cancer type; - is for a tumour histologically described as pre-malignant, non-invasive or cancer in situ; - is for skin cancer, except for malignant melanoma; - is for Stage 1 breast or prostate cancer; or if - cancerous cells haven't invaded the surrounding or underlying tissue, regardless of the cancer stage. Limited to 1 event of R 30 000 per insured person per lifetime.	
	MEDICAL AID CONTRIBUTION WAIVER BENEFIT			Pays your medical aid contributions in the event of the contribution payer's accidental death or total and permanent disability due to an accident. If your employer pays your medical aid contributions, the contributions must form part of your total salary package. Limited to 6 months up to R 4 500 per month per medical aid membership.	
	STRATUM POLICY PREMIUM WAIVER BENEFIT			Pays your Gap Cover policy premiums in the event of the premium payer's accidental death or total and permanent disability due to an accident. If your employer pays your Gap Cover premiums, the premiums must form part of your total salary package. Limited to 12 months.	
LIFESTYLE BENEFITS				These benefits are complimentary value-added products.	
	INTERNATIONAL TRAVEL INSURANCE			Covers 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 when travelling alone, or share the 31-day benefit period when travelling with a dependant. Inform us of your upcoming trip at least 7 days before departure and send proof of travel. Visit our website at www.stratumbenefits.co.za/international-travel-insurance/ for more information about this benefit and how to register.	
	WELLNESS CARELINE			Coming in 2026. Access a confidential support service through our partnership with Reality Wellness Group. Connect with qualified registered counsellors and social workers for one-on-one counselling, offered telephonically or virtually. Support is available 24/7 in all 11 official languages. Download the Reality Wellness Group Mobile App for expert resources, inspiring talks, and practical tools to support your overall well-being. Visit www.stratumbenefits.co.za/wellness-careline/ for more information on counselling services and app features, and to get your access code to create your Mobile App profile.	

Waiting periods may apply. Refer to the **Waiting Periods** page.

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive **ELITE⁵⁰⁰** brochure, visit www.stratumbenefits.co.za/elite500/ or scan the QR code.



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.

**WAITING PERIODS**

Waiting periods apply from your and your dependants' cover start dates, but never to accidental events that occur after your 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 benefits are subject to this waiting period:

GAP BENEFIT | CO-PAYMENT BENEFITS | SUB-LIMIT BENEFITS | CANCER BENEFITS | MRI, CT AND PET SCAN TOP-UP BENEFIT | OUT-PATIENT SPECIALIST CONSULTATION BENEFIT | PREVENTATIVE CARE BENEFIT | PRIVATE ROOM BENEFIT | FIRST-TIME CANCER DIAGNOSIS 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 benefits are subject to this waiting period:

GAP BENEFIT | CO-PAYMENT BENEFITS | SUB-LIMIT BENEFITS | CANCER BENEFITS | MRI, CT AND PET SCAN TOP-UP BENEFIT | OUT-PATIENT SPECIALIST CONSULTATION BENEFIT | PRIVATE ROOM BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

PHYSICAL REHABILITATION TOP-UP BENEFIT | CASUALTY BENEFITS | TRAUMA COUNSELLING BENEFIT | ACCIDENTAL DEATH AND DISABILITY BENEFIT | MEDICAL AID CONTRIBUTION WAIVER BENEFIT | STRATUM POLICY PREMIUM WAIVER BENEFIT

SWITCHING COVER FROM ANOTHER GAP COVER PROVIDER

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**.

**LIMITED PAYOUT BENEFIT**

Unless we confirm otherwise, the **Limited Payout Benefit** applies from your and your dependants' cover start dates.

HOW IT WORKS

If you claim from our **GAP BENEFIT**, **CO-PAYMENT BENEFITS** or **SUB-LIMIT BENEFITS** for any of the listed medical procedures or scans in the first **10 months** of cover, we'll pay **20%** of the **approved claim amount**, subject to applicable benefit limits.

If your medical event is related to a pre-existing medical condition for which you received advice or treatment **12 months** before your cover start date, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

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

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

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.



GENERAL EXCLUSIONS

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**.



EXPLAINER VIDEOS

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



FREQUENTLY ASKED QUESTIONS

Reading through frequently asked questions is one way of understanding **Gap Cover** better.

Go to our **Frequently Asked Questions** page, www.stratumbenefits.co.za/gap-cover-faqs/, or scan the QR code.



GET COVER!

There's only one thing left to do.

Call your financial advisor, visit www.stratumbenefits.co.za/get-cover/ to apply online, or download and email the application form.

