

MERIDIAN⁴⁰⁰

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

IF YOU'RE 35 OR YOUNGER

IF YOU'RE **BETWEEN** 36 AND 64

IF EVERYONE IN THE **FAMILY** IS 64 OR YOUNGER

IF YOU OR ANYONE IN THE FAMILY IS 65 OR OLDER









Our middle-of-the-range option covers the most often experienced in-hospital medical expense shortfalls.

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) 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.
	IN- OR OUT-OF-HOSPITAL COVER	Z	OUT	
0	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 or major medical benefit .
	Medical Expense Shortfalls	\odot		Pays up to an additional 400% on top of your medical aid plan's rate to cover shortfalls related to in-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 .
3	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-hospital scope or scan.
				Subject to the OPL of R 219 845 per insured person per year.
	Penalty Co-Payments	\bigcirc		When using a day clinic, hospital and healthcare provider outside your medical aid's preferred network for a planned medical procedure.
				Limited to 1 co-payment up to R 10 500 per policy per year.
	Scope Co-Payments		\bigcirc	Claim the co-payments that apply to out-of-hospital scopes, such as cystoscopies and gastroscopies.
				Limited to 2 co-payments up to R 4 000 per co-payment per policy per year.
0	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:
		\odot		Dental procedures, such as dental implants and wisdom teeth extractions: Limited to R 10 000 per policy per year.
				Dental procedures due to accidental events or cancer treatment: Limited to R 28 000 per policy per year.
	Admission and Procedure Co-Payments	\bigcirc		Claim day clinic or hospital admission and dental procedure-related co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.
				Claim the penalty co-payment from our PENALTY CO-PAYMENT BENEFIT when using a day clinic or hospital outside your medical aid's preferred network.

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



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. This document is a summary and does not replace any information provided in your Policy Schedule. In the event of any differences, refer to your Policy Schedule. Terms and conditions apply

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











	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
	MATERNITY COVER			MATERNITY COVER is made up of various benefits that cover pre- and refund co-payments.	to post-bump shortfalls
	BEFORE THE DELIVERY Preventative Procedures		⊘	Subject to our PREVENTATIVE CARE BENEFIT that covers shortfa pre-natal procedures, such as a flu vaccination in your second trime count test.	
	THE DELIVERY Childbirth Shortfalls	Ø	⊘	Subject to our GAP BENEFIT that covers shortfalls when healthcare your gynaecologist or midwife, charge more than your medical aid pyour baby in the hospital or at home.	
	Admission and Procedure Co-Payments	⊘		When co-payments apply to elective caesareans, claim it from our PROCEDURE CO-PAYMENT BENEFIT.	ADMISSION AND
	Penalty Co-Payments	⊘		Claim the penalty co-payment from our PENALTY CO-PAYMENT E hospital outside your medical aid's preferred network.	BENEFIT when using a
	AFTER THE DELIVERY Immunisations and Birth Control		⊘	Subject to our PREVENTATIVE CARE BENEFIT that covers shortfa childhood immunisations and contraceptive device implants.	lls or the total cost of
	SUB-LIMIT BENEFIT Internal Prosthetic Device Shortfalls	\bigcirc		Covers the difference in the cost of internal prosthetic devices impla when your medical aid pays part of the cost from a sub-limit or annu Limited to 2 events up to R 20 000 per event per policy per year.	
4	RADIOLOGY COVER			RADIOLOGY COVER is made up of various benefits that cover sho specialised radiology, refund MRI, CT, and PET scan co-payments, a in the cost of a scan when your medical aid doesn't cover the total	and pay the difference
	Radiology Shortfalls	\bigcirc		Subject to our GAP BENEFIT that covers shortfalls when the radiol facility charges more than your medical aid plan's rate for in-hospit radiology.	
	MRI, CT and PET Scan Co-Payments	\bigcirc		Claim in-hospital MRI, CT, and PET scan co-payments from our AD PROCEDURE CO-PAYMENT BENEFIT.	MISSION AND
	MRI, CT and PET Scan Co-Payments		Ø	Claim out-of-hospital MRI, CT, and PET scan co-payments. Limited to 2 co-payments up to R 4 000 per co-payment per policy	/ per year.
	MRI, CT and PET Scan Sub-Limits		\oslash	Our MRI, CT AND PET SCAN SUB-LIMIT BENEFIT covers the diffein- and out-of-hospital scans when your medical aid pays part of thor annual limit. Limited to R 5 000 per insured person per event.	erence in the cost of
2	CANCER BENEFITS		ļ	Covers cancer treatment shortfalls , total cost of ongoing treatment, ar co-payments when your medical aid plan's oncology benefit limit has	
	Cancer Treatment Shortfalls	∅		 Covers shortfalls when healthcare providers charge more than we pays from an oncology benefit for in- or out-of-hospital cancer the Typically covers biological medication, chemotherapy, radiotherapy, and specialised radiology, such as bone density and PET scans, sure treatment plan approved by your medical aid. Refunds oncology-related co-payments imposed by your medical apercentages when your medical aid plan's oncology benefit limit has Limited to R 50 000 per insured person per year. 	eatment. oncologist consultations, bject to the oncology iid as rand amounts or
	Cancer Treatment Top-Up	\bigcirc	\bigcirc	Covers the total cost of ongoing cancer treatment when your medi benefit limit has been reached. Limited to R 50 000 per insured person per year.	cal aid plan's oncology
%	CASUALTY BENEFITS There are two 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		\odot	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 2 events up to R 1 000 per insured person per event, subject to the R 9 500 benefit limit.	Limited to R 9 500 per insured person per event.
	ILLNESS EVENTS Individuals of All Ages		\bigcirc	Covers the whole family 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.	Limited to 2 events up to R 3 000 per event 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	
	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.
			\odot	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 3 consultations up to R 2 000 per consultation per policy per year.
Ŷ	PREVENTATIVE CARE BENEFIT		\odot	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; • pap smears; • prostate-specific antigen screenings; and • testicular screenings. Limited to 2 events up to R 500 per event per policy per year.

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

OVERALL POLICY LIMIT (OPL)		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.
LIFESTYLE BENEFIT		This benefit is a complimentary value-added product.
		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.
	WELLNESS CARELINE	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.

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive MERIDIAN 400 brochure, visit www.stratumbenefits.co.za/meridian 400 / 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 | PREVENTATIVE CARE 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

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS | TRAUMA COUNSELLING 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.



Q 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.

