



ACCESS CO-PAY PLUS³⁰⁰

Our **booster option** covers specific medical procedures, treatments, scans, and surgeries that some medical aid plans exclude. It also covers the **most often experienced in- and out-of-hospital** medical expense shortfalls for medical procedures that aren't excluded, and refunds co-payments.

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



INDIVIDUAL or FAMILY

IF YOU OR ANYONE IN THE FAMILY
IS 65 OR OLDER



INDIVIDUAL or FAMILY

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including the dependants registered on either medical aid plan.

Child dependants registered on your or your spouse's medical aid plan may remain on your **Gap Cover** policy regardless of age. However, when a child dependant applies for their own medical aid membership, they must apply for their own policy. A full-time student **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. Distance and online learning don't qualify.





KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL)

An **OPL of R 210 580 per 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**.



ACCESS BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

Claim the cost of any medical procedure, treatment, scan or surgery listed below if your medical aid plan excludes it.

HOW IT WORKS

Our benefit helps cover the cost of an upcoming medical event if:

- your medical aid plan excludes it from cover; or
- only covers Prescribed Minimum Benefit (PMB) medical procedures, but your medical event isn't listed as a PMB.

PMBs are specific benefits your medical aid must provide for a defined list of medical procedures.

Please send us the cost estimates from all the service providers you choose as your preferred providers, such as the day clinic or hospital, surgeon, and anaesthetist and a claim form. If your claim is approved, we'll issue a guarantee of payment to all the providers as an undertaking to pay them directly after your medical event.

WHAT WE COVER

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

Limited **per insured person per year**.

MEDICAL PROCEDURES AND TREATMENTS NOT COVERED BY YOUR MEDICAL AID	ACCESS BENEFIT
Adenoidectomy, myringotomy (grommets) or tonsillectomy	R 15 000
Arthroscopic surgery	R 72 000
Back or neck surgery	R 72 000
Bunion surgery	R 20 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids if part of a bimodal solution)	R 85 000
Dental procedures for impacted teeth for children younger than 18	R 20 000
Dental procedures for reconstructive surgery required due to an accident	R 85 000
Endoscopic procedures	R 10 000
Functional nasal surgery	R 30 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)	R 60 000
Knee or shoulder surgery	R 30 000
MRI or CT scan required due to an accident	R 15 000
Non-cancerous breast conditions (including breast reconstruction of an unaffected breast)	R 25 000
Oesophageal reflux and hiatus hernia surgery	R 60 000
Removal of varicose veins	R 25 000
Skin disorders (including benign growths and lipomas)	R 25 000

GOOD TO KNOW

- Unless we confirm otherwise, waiting periods apply. Refer to the **Waiting Periods** page.

ACCESS CO-PAY PLUS³⁰⁰ is ideal if your medical aid plan excludes any of the medical procedures and treatments listed above, covers doctors' and specialists' private fees at 100%, 200%, or 300% of the medical aid rate, and imposes procedure-related co-payments.



GAP BENEFIT

IN- AND OUT-OF-HOSPITAL COVER

HOW IT WORKS

Our **ACCESS BENEFIT** helps cover the cost of specific medical procedures, treatments, scans, and surgeries if your medical aid plan excludes it or only covers Prescribed Minimum Benefit (PMB) medical procedures.

Our **GAP BENEFIT** covers the shortfalls on medical procedures, treatments, scans, and surgeries not excluded by your medical aid plan.

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**, also known as a **risk, major medical, insured day-to-day or block benefit**.

WHAT WE COVER

We pay up to an **additional 300%** on top of your medical aid plan's rate to cover shortfalls on your doctors', specialists' and healthcare providers' accounts related to the following in- and out-of-hospital medical events:

- consumable items, such as catheters, medical gloves and syringes;
- medication administered during your medical event;
- medical procedures, surgeries and treatments;
- physiotherapy;
- pathology, such as blood, saliva and urine tests; and
- Prescribed Minimum Benefit (PMB) medical procedures.

Subject to the **OPL of R 210 580 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 for PMBs aren't met, we'll assess the shortfalls when you incur out-of-pocket medical expenses.
- Look at **DENTAL, MATERNITY** and **RADIOLOGY COVER** to see what other shortfalls we cover.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. Refer to the **Waiting Periods** page.



CO-PAYMENT BENEFIT

If your medical aid requires upfront payment before you're admitted to the hospital or undergo 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 that your **medical aid imposes** as rand amounts or percentages for:

- admissions to day clinics and hospitals and medical procedures, such as in- or out-of-hospital scopes and scans,
- as long as the co-payments are paid from your **medical savings account or pocket**.

WHAT WE COVER

Claim admission and procedure-related co-payments.

Limited to **R 6 500 per policy per year**.

GOOD TO KNOW

- If your healthcare provider asks you to pay an amount before your medical event, it's called **split billing**. The upfront amount makes up the provider's private fee that doesn't reflect on the account submitted to your medical aid for payment. Ask your provider to submit a detailed account reflecting their private fee to your medical aid so we can assess any shortfalls under our **GAP BENEFIT**.
- Look at **DENTAL, MATERNITY** and **RADIOLOGY COVER** to see what co-payments we cover for dentistry, childbirth and specialised radiology.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. Refer to the **Waiting Periods** page.



DENTAL COVER

If you're booked into a day clinic or hospital for extractions, 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.

SPECIALIST SHORTFALLS IN-HOSPITAL COVER	CO-PAYMENTS IN-HOSPITAL COVER
HOW IT WORKS	
We cover the shortfalls when: <ul style="list-style-type: none">the cost of your dental-related procedure performed in a day clinic or hospital is 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.	We refund co-payments that your medical aid imposes as rand amounts or percentages for: <ul style="list-style-type: none">admissions to day clinics and hospitals and in-hospital dental-related procedures,as long as the co-payments are paid from your medical savings account or pocket.
WHAT WE COVER	
We pay up to an additional 300% on top of your medical aid plan's rate to cover shortfalls on your dentists' and specialists' accounts related to the following in-hospital medical events: <ul style="list-style-type: none">dental procedures, such as dental implants and wisdom teeth extractions. Limited to R 30 000 per policy per year . <ul style="list-style-type: none">dental procedures due to accidental events or cancer treatment. Subject to the OPL of R 210 580 per insured person per year . Subject to our GAP BENEFIT .	Claim admission and dental procedure-related co-payments. Subject to our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT .

GOOD TO KNOW

- If your healthcare provider asks you to pay an amount before your medical event, it's called **split billing**. The upfront amount makes up the provider's private fee that doesn't reflect on the account submitted to your medical aid for payment. Ask your provider to submit a detailed account reflecting their private fee to your medical aid so we can assess any shortfalls under our **GAP BENEFIT**.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. 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	
CHILDBIRTH SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	CO-PAYMENTS IN-HOSPITAL COVER
HOW IT WORKS AND WHAT WE COVER	
We cover the shortfalls when: <ul style="list-style-type: none">healthcare professionals, such as your gynaecologist, obstetrician or midwife, charge more than your medical aid plan's rate for delivering your baby in the hospital or at home,as long as your medical aid pays an amount from a hospital benefit, also known as a risk or major medical benefit. Subject to our GAP BENEFIT .	We refund co-payments that your medical aid imposes for elective caesareans as long as the co-payments are paid from your medical savings account or pocket . Subject to our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT .

GOOD TO KNOW

- Send us a medical aid membership certificate or birth certificate to add your newborn.
- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. 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.

RADIOLOGY SHORTFALLS IN- AND OUT-OF-HOSPITAL COVER	MRI, CT AND PET SCAN CO-PAYMENTS IN- AND OUT-OF-HOSPITAL COVER
HOW IT WORKS	
<p>We cover the shortfalls when:</p> <ul style="list-style-type: none"> 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, also known as a risk, major medical or block benefit. 	<p>We refund co-payments that your medical aid imposes as rand amounts or percentages for in- or out-of-hospital MRI, CT, and PET scans, as long as the co-payments are paid from your medical savings account or pocket.</p>
WHAT WE COVER	
<p>We pay up to an additional 300% on top of your medical aid plan's rate to cover shortfalls on basic and specialised radiology. Subject to our GAP BENEFIT.</p>	<p>Claim radiology-related co-payments. Subject to our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.</p>

GOOD TO KNOW

- Unless we confirm otherwise, waiting periods and the **Limited Payout Benefit** apply. Refer to the **Waiting Periods** page.



CASUALTY BENEFITS

There are **two benefit categories**.

ACCIDENTAL EVENTS INDIVIDUALS OF ALL AGES OUT-OF-HOSPITAL COVER	ILLNESS EVENTS CHILDREN 10 YEARS OR YOUNGER OUT-OF-HOSPITAL COVER
HOW IT WORKS	
<p>Visit any registered medical facility within 24 hours of an accident, such as the doctor's room or emergency unit at the nearest hospital, when anyone in the family requires medical treatment for bodily injury.</p> <p>We'll cover the 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 refund the total cost when paid from your medical savings account or pocket, subject to our benefit limit.</p>	<p>Children 10 years or younger are covered for after-hours illness-related events at any registered casualty facility between 18:00 and 7:00 Monday through Friday and all day Saturday, Sunday, and public holidays.</p>
WHAT WE COVER	
<p>We cover all the healthcare and service providers' accounts related to a casualty event, typically including:</p> <ul style="list-style-type: none"> basic and specialised radiology and pathology; co-payments; facility and doctors' consultation fees; medication administered during an event; external medical items received at the medical facility, such as a neck brace or arm sling; and follow-up visits related to accidental events, such as having stitches or a cast removed. 	<p>We cover all the healthcare and service providers' accounts related to a casualty event, typically including:</p> <ul style="list-style-type: none"> basic and specialised radiology and pathology; co-payments; facility and doctors' consultation fees; and medication administered during an event.
Limited to R 3 000 per policy per year.	

GOOD TO KNOW

- If you're admitted to the hospital after being treated in the casualty or medical facility for an accidental-related event, or your child is admitted after being treated in the casualty facility for an after-hours illness-related event, the admission becomes a new medical event, and claims will be assessed based on the hospital admission.
- Our benefit applies even if your medical aid doesn't cover casualty events.
- You're covered from day one because this benefit isn't subject to any waiting periods.



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 accidental 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 resulting in bodily injury caused by physical impact.

TOTAL AND PERMANENT DISABILITY...

means bodily injury resulting in complete and absolute disablement beyond hope of improvement, preventing an employed insured person from following their usual occupation or similar work for which they're suited by education or training.

If the insured person is an individual or pensioner who's not gainfully employed, 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 day one because this benefit isn't subject to any waiting periods.

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.



EXPLAINER VIDEOS

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

