



ACCESS OPTIMISER

Our **booster option** covers specific medical procedures, treatments, scans, and surgeries that some medical aid plans exclude.

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 | IF YOU OR ANYONE IN THE FAMILY IS 65 OR OLDER |
|--|--|
| <div>R 197</div> <div></div> <div>INDIVIDUAL or FAMILY</div> | <div>R 262</div> <div></div> <div>INDIVIDUAL or FAMILY</div> |

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.

Sometimes, two **Gap Cover** policies are better than one.

ACCESS OPTIMISER is ideal if your medical aid plan excludes any of the medical procedures and treatments listed above.

However, if you're on a 100%, 200%, or 300% medical aid plan and want cover for shortfalls on doctors' and specialists' private fees and additional cover for cancer treatment, co-payments, and internal prosthetic devices, **ACCESS OPTIMISER** with **COMPACT³⁰⁰** or **MERIDIAN⁴⁰⁰** is an ideal combination.

Consider a combination of **ACCESS OPTIMISER** and **ELITE⁵⁰⁰** for the highest level of cover and additional benefits for out-patient specialist consultations, private room fees, scopes, and specialised scans.



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

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.

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.

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.

WHAT WE COVER

We cover all the healthcare and service providers' accounts related to a casualty event, typically including:

- | | |
|--|--|
| <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. | <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.

