

ACCESS CO-PAY PLUS³⁰⁰

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

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.

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		
	ACCESS BENEFIT			Covers the cost of the below-listed medical procedures, treatments, scans and surgeries if your medical aid plan excludes it or only covers Prescribed Minimum Benefit (PMB) medical procedures, but your medical event isn't listed as a PMB.	
	Medical Procedures, Treatments, Scans and Surgeries	✓	✓	Covers the admission to a day clinic or hospital and all the related service and healthcare providers' fees up to the benefit limit specific to your medical event. Each benefit limit applies 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

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

	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 for medical procedures not excluded by your medical aid plan, 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 300% 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 BENEFIT			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 co-payments 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. Limited to R 7 000 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: <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. 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 .
	MATERNITY COVER			MATERNITY COVER is made up of various benefits that cover maternity-related shortfalls and refund co-payments.
	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 .
	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, and pay the difference in the cost of an MRI or CT scan when your medical aid doesn't cover the total cost.
	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 and CT Scan Sub-Limits		✓	Our MRI AND CT SCAN SUB-LIMIT BENEFIT covers the difference in the cost of out-of-hospital scans when your medical aid pays part of the cost from a sub-limit or annual limit . Limited to R 2 000 per policy per year .
	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 limit.
	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, medication administered during an event, external medical items received at the medical facility, such as a neck brace, and follow-up visits related to accidental events.
	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.

Limited to R 4 000 per policy per year.

Waiting periods and the **Limited Payout Benefit** 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>
	ACCIDENTAL DEATH AND DISABILITY BENEFIT	Pays a benefit amount of R 5 000 for the principal insured and R 5 000 for the spouse in the event of accidental death or total and permanent disability due to an accident. Limited to 1 event per insured person per year .
LIFESTYLE BENEFIT		This benefit is a complimentary value-added product.
	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.

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive **ACCESS CO-PAY PLUS³⁰⁰** brochure, visit www.stratumbenefits.co.za/accessco-payplus300/ 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:

ACCESS BENEFIT | GAP BENEFIT | CO-PAYMENT BENEFIT | SUB-LIMIT 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:

ACCESS BENEFIT | GAP BENEFIT | CO-PAYMENT BENEFIT | SUB-LIMIT BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS | ACCIDENTAL DEATH AND DISABILITY 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 BENEFIT** or **SUB-LIMIT BENEFIT** 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.

