

Stratum Benefits ⁺

Gap Cover

2020 INDIVIDUAL PRODUCT RANGE



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StratumBenefits ⁺



086 111 3499



086 633 3761



info@stratumbenefits.co.za



www.stratumbenefits.co.za



APPLY FOR GAP COVER
 E-mail your Client Application Form to:
e yourapplication@stratumbenefits.co.za
 Apply online:
w www.stratumbenefits.co.za

QUERIES AND POLICY CHANGES
 For policy amendments, benefit enquiries, option changes, adding or removing dependants or debit order changes, email us at:
e yoursupport@stratumbenefits.co.za

GAP COVER CLAIMS
 E-mail your Client Claim Form or follow up on a claim:
e yourclaim@stratumbenefits.co.za
 Submit your claim online:
w www.stratumbenefits.co.za

STRATUM BENEFITS (PTY) LTD
 REG NO.: 2003/018155/07

HEAD OFFICE
 367 Surrey Avenue,
 Block C & D,
 Ferndale,
 Randburg,
 2194
 Suite 386,
 Private Bag X09,
 Weltevredenpark,
 1715
t 086 111 3499 / 010 593 0981
f 086 633 3761
e info@stratumbenefits.co.za
w www.stratumbenefits.co.za

REGIONAL OFFICES

CAPE TOWN
 Corner Lubbe & Langeberg Roads,
 Unit 4, Frazzitta Business Park,
 Durbanville, 7550
t 021 914 6985 **f** 086 459 6033

DURBAN
 2 Hopedene Grove, Main House,
 Morningside, Durban, 4001
t 031 940 1918 **f** 086 541 7036

SATELLITE OFFICE

PORT ELIZABETH
 10 Mendelssohn Avenue, Pari Park,
 Port Elizabeth, 6070
t 041 366 1140 **f** 086 582 8361

OPERATING HOURS

Mon - Thurs 8:00 - 16:30
Fri 8:00 - 16:00

OVERVIEW 02



GAP COVER²⁰⁰

COMPACT²⁰⁰ 08



GAP COVER⁵⁰⁰

ELITE 12

CO-EVOLUTION 16

BASE 20






OPTIMISER








ACCESS OPTIMISER PLUS 24

INDIVIDUAL GAP COVER PRODUCT RANGE & PREMIUM OVERVIEW











	COMPACT ²⁰⁰	ELITE
OVERALL POLICY LIMIT (OPL)	R 165 000 per person per year	
KEY BENEFITS		
GAP COVER	200% Benefit limits apply (OPL)	500% Benefit limits apply (OPL)
CO-PAYMENT COVER		
ADMISSION AND PROCEDURE CO-PAYMENTS	R 15 000 per policy per year (OPL)	No benefit limit (OPL)
ROBOTIC SURGERY CO-PAYMENT	⊗	R 10 000 per policy per year (OPL)
PENALTY CO-PAYMENT	⊗	1 up to R 10 000 per policy per year (OPL)
SUB-LIMIT COVER		
INTERNAL PROSTHETIC DEVICES	R 15 000 per person per event per year (OPL)	R 30 000 per person per event per year (OPL)
RENAL DIALYSIS TREATMENTS	⊗	R 30 000 per person per event per year (OPL)
COLONOSCOPIES AND GASTROSCOPIES	⊗	R 3 000 per person per event per year (OPL)
MRI AND CT SCANS	⊗	R 3 000 per person per event per year (OPL)
PRIVATE WARD COVER	⊗	R 2 500 per policy per year (Not subject to OPL)
CANCER COVER		
BREAST RECONSTRUCTION	⊗	1 up to R 30 000 per person per lifetime (OPL)
CANCER TREATMENT SHORTFALLS	No benefit limit (OPL)	No benefit limit (OPL)
CANCER TREATMENT TOP-UP	R 60 000 per person per year (OPL)	No benefit limit (OPL)
PHYSICAL REHABILITATION TOP-UP COVER	⊗	R 10 000 per person per year
OUT-PATIENT SPECIALIST CONSULTATION COVER	⊗	R 1 000 per consultation Limited to 3 per policy per year
CASUALTY COVER	R 6 000 per policy per year (OPL)	R 12 000 per policy per year (OPL)
TRAUMA COUNSELLING COVER	R 5 000 per policy per year (OPL)	R 10 000 per policy per year (OPL)
PREVENTATIVE CARE COVER	⊗	R 1 000 per policy per year (OPL)
PAYOUT AND WAIVER BENEFITS NOT SUBJECT TO OPL		
ACCIDENTAL DISABILITY AND DEATH	R 15 000 Principal Insured R 15 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year	R 25 000 Principal Insured R 25 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year
FIRST-TIME CANCER DIAGNOSIS	R 15 000 per person per lifetime	R 30 000 per person per lifetime
MEDICAL AID CONTRIBUTION WAIVER	⊗	6 Months Limited to R 4 500 per month
STRATUM POLICY PREMIUM WAIVER	⊗	12 Months

CO-EVOLUTION	BASE	ACCESS OPTIMISER PLUS
R 165 000 per person per year		R 165 000 per policy per year
500% Benefit limits apply (OPL)	500% Benefit limits apply (OPL)	200% or 500% Benefit limits apply (OPL)
		⊗
R 50 000 per policy per year (OPL)	⊗	⊗
⊗	⊗	⊗
⊗	⊗	⊗
		⊗
⊗	⊗	⊗
⊗	⊗	⊗
⊗	⊗	⊗
⊗	⊗	⊗
		⊗
⊗	⊗	⊗
⊗	⊗	⊗
⊗	⊗	⊗
⊗	⊗	⊗
R 8 000 per policy per year (OPL)	R 7 000 per policy per year (OPL)	R 2 000 per policy per year (OPL)
R 7 000 per policy per year (OPL)	R 6 000 per policy per year (OPL)	⊗
⊗	⊗	⊗
NOT SUBJECT TO OPL		
R 7 000 Principal Insured R 7 000 Spouse Limited to 1 event per person per year	R 6 000 Principal Insured R 6 000 Spouse Limited to 1 event per person per year	R 5 000 Principal Insured R 5 000 Spouse Limited to 1 event per person per year
R 5 000 per person per lifetime	R 5 000 per person per lifetime	⊗
⊗	⊗	⊗
⊗	⊗	⊗

		COMPACT ²⁰⁰	ELITE
LIFESTYLE BENEFITS			
 FUEL REWARDS	22 Cents per litre diesel and 15 cents per litre petrol		
 INTERNATIONAL TRAVEL INSURANCE	⊗	1 Trip per policy per year Maximum 31 days	
 ACCESS COVER	⊗	⊗	

MONTHLY PREMIUM	COMPACT ²⁰⁰		ELITE	
	INDIVIDUAL 64 or YOUNGER	R 213		INDIVIDUAL 64 or YOUNGER R 342
	FAMILY 64 or YOUNGER	R 248		FAMILY 64 or YOUNGER R 420
	INDIVIDUAL OR FAMILY 65 or OLDER	R 414		INDIVIDUAL 65 or OLDER R 555
				FAMILY 65 or OLDER R 679

CO-EVOLUTION	BASE	ACCESS OPTIMISER PLUS
22 Cents per litre diesel and 15 cents per litre petrol		
1 Trip per policy per year Maximum 31 days	1 Trip per policy per year Maximum 31 days	⊗
⊗	⊗	Covers specific medical procedures and treatments that your medical aid plan excludes (OPL):

CO-EVOLUTION		BASE	ACCESS OPTIMISER PLUS	
	INDIVIDUAL 64 or YOUNGER R 236		INDIVIDUAL 64 or YOUNGER R 213	 INDIVIDUAL OR FAMILY 64 or YOUNGER 200% GAP R 299
	FAMILY 64 or YOUNGER R 306		FAMILY 64 or YOUNGER R 250	 INDIVIDUAL OR FAMILY 64 or YOUNGER 500% GAP R 345
	INDIVIDUAL OR FAMILY 65 or OLDER R 473		INDIVIDUAL OR FAMILY 65 or OLDER R 414	 INDIVIDUAL OR FAMILY 65 or OLDER 200% GAP R 383
				 INDIVIDUAL OR FAMILY 65 or OLDER 500% GAP R 467

- R 10 000**
- MRI and/or CT scan (due to an accidental event)
- R 14 000**
- Bunion surgery
 - Dental procedures - impacted teeth (children younger than 18)
- R 20 000**
- Non-cancerous breast conditions (incl. breast reconstruction of unaffected breast)
 - Removal of varicose veins
 - Skin disorders (incl. benign growths and/or lipomas)
- R 23 000**
- Functional nasal surgery
- R 25 000**
- Knee and/or shoulder surgery
- R 50 000**
- Arthroscopic surgery
 - Back and/or neck surgery
 - Joint replacement surgery
- R 55 000**
- Oesophageal reflux and hiatus hernia surgery
- R 80 000**
- Cochlear implant, auditory brain implant and internal nerve stimulator surgery (incl. procedure, device, processor & hearing aids)
 - Dental procedures for reconstructive surgery (due to an accidental event)



GAP COVER 200

COMPACT 200

WHY CHOOSE COMPACT 200?

It is our **well-rounded option** that is packed with just the right benefits to cover the **most often experienced** medical expense shortfalls.

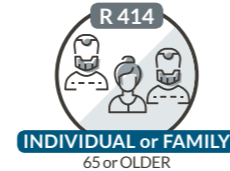
WHO DO WE COVER?

We cover individuals and families.

Our family options cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

MONTHLY PREMIUM

As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.



OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of R 165 000 per person per year applies across **all benefits**, except when you claim from our **Accidental Disability and Death** and **First-Time Cancer Diagnosis Benefits**, as these benefits are offered **over and above** the benefits that form part of the **OPL**.

KEY BENEFITS

GAP COVER

Our benefit provides an **additional 200%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit**.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
 - such as wisdom teeth extractions, limited to **R 4 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 8 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
 - basic radiology, such as black and white x-rays; and/or
 - specialised radiology, limited to **R 5 000 per policy per year**.

CO-PAYMENT COVER

ADMISSION AND PROCEDURE CO-PAYMENTS

This benefit refunds the co-payments or deductibles that your medical aid requires you to pay before undergoing certain medical procedures and/or diagnostic services, such as MRI/CT scans and scopes, limited to **R 15 000 per policy per year**.

SUB-LIMIT COVER

We cover the difference in cost that you are responsible to pay when your medical aid pays a portion of an internal prosthetic device from a **sub-limit or annual limit**, limited to **R 15 000 per person per event per year**.

10 MONTH BENEFIT RULE

If you claim from our **GAP COVER**, **CO-PAYMENT COVER** and/or **SUB-LIMIT COVER** within the first 10 months of cover for a medical event related to:

- adenoidectomy;
- myringotomy/grommets;
- cataract removal;
- hernia repairs;
- MRI, CT and PET scans;
- pregnancy and childbirth;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if required due to cancer when diagnosed after the **General Waiting Period**), we will cover only **20%** of the **approved claim amount**, subject to benefit limits where applicable.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to waiting periods.

CANCER COVER

CANCER TREATMENT SHORTFALLS

We cover the difference in cost between what your healthcare providers charge and the rate your medical aid pays from an **oncology benefit** for healthcare services related to your cancer treatment, including co-payments related to your cancer treatment when the **oncology benefit** limit your medical aid plan provides is reached.

CANCER TREATMENT TOP-UP

When the **oncology benefit** limit provided by your medical aid plan is reached, we will cover the cost of your ongoing cancer treatment limited to **R 60 000 per person per year**.

CASUALTY COVER

This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are **ill** and need **after-hours** medical treatment.

WHEN IS AFTER-HOURS?

After-hours is **Mondays to Fridays** between **18:00pm** and **07:00am** and all-day **Saturdays, Sundays** and **public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 6 000 per policy per year**.

TRAUMA COUNSELLING COVER

We cover the cost of your registered counsellor's consultation fees when you:

- witness, or are directly affected by an act of physical violence or an accident;
- receive news of a loved one's or of your own diagnosis of a critical illness; and/or
- mourn the death of a loved one.

You will be refunded for the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 5 000 per policy per year**.

PAYOUT BENEFITS

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH

We cover you and/or your spouse for a benefit amount of **R 15 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident.

We also cover your dependants for a benefit amount of **R 5 000 each** in the event of their total and permanent disability or death due to an accident.

Limited to **1 event per person per year**.

FIRST-TIME CANCER DIAGNOSIS

We pay a benefit amount of **R 15 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

*LIFESTYLE BENEFIT

Our **Lifestyle Benefit** is offered at no cost to you.

FUEL REWARDS

Fill up at any **SHELL service station** and get rewarded with **22 cents** per litre of **diesel** and **15 cents** per litre of **petrol**.

*T'S & C'S, BENEFIT AND GENERAL EXCLUSIONS

Visit our website at www.stratumbenefits.co.za to view the qualifying criteria that apply to our **First-Time Cancer Diagnosis Benefit**, see our policy and benefit exclusions and read more about the **T's & C's** applicable to our **Lifestyle Benefit** and how to register.

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

GAP COVER 500

ELITE

WHY CHOOSE ELITE?

It is our **premium option** that offers the **widest range** of benefits.

WHO DO WE COVER?

We cover individuals and families.

Our family options cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

MONTHLY PREMIUM

As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.



INDIVIDUAL
64 or YOUNGER



FAMILY
64 or YOUNGER



INDIVIDUAL
65 or OLDER



FAMILY
65 or OLDER



OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of R 165 000 per person per year applies across **all benefits**, except when you claim from our **Private Ward, Accidental Disability and Death, First-Time Cancer Diagnosis, Medical Aid Contribution Waiver and Stratum Policy Premium Waiver Benefits**, as these benefits are offered **over and above** the benefits that form part of the **OPL**.

KEY BENEFITS

GAP COVER

Our benefit provides an **additional 500%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit**.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
 - such as wisdom teeth extractions, limited to **R 6 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 12 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
 - basic radiology, such as black and white x-rays; and/or
 - specialised radiology, limited to **R 5 000 per policy per year**.

CO-PAYMENT COVER

ADMISSION AND PROCEDURE CO-PAYMENTS

This benefit refunds the co-payments or deductibles that your medical aid requires you to pay before undergoing certain medical procedures and/or diagnostic services, such as MRI/CT scans and scopes.

ROBOTIC SURGERY CO-PAYMENT

We will refund the co-payment that your medical aid requires you to pay before undergoing robotic surgery, limited to **R 10 000 per policy per year**.

PENALTY CO-PAYMENT

We will also refund the co-payment that you are required to pay when you make use of a hospital or day clinic outside your medical aid's preferred network, limited to **1 co-payment** of up to **R 10 000 per policy per year**.

SUB-LIMIT COVER

We cover the difference in cost that you are responsible to pay when your medical aid pays a portion of the following medical events from a **sub-limit or annual limit**:

INTERNAL PROSTHETIC DEVICES

Limited to **R 30 000 per person per event per year**.

RENAL DIALYSIS TREATMENTS

Limited to **R 30 000 per person per event per year**.

COLONOSCOPIES AND GASTROSCOPIES

Limited to **R 3 000 per person per event per year**.

MRI AND CT SCANS

We will also cover the difference in cost that you are responsible to pay, or the full amount of a scan when your medical aid plan's **sub-limit or annual limit** is reached, limited to **R 3 000 per person per event per year**.

10 MONTH BENEFIT RULE

If you claim from our **GAP COVER, CO-PAYMENT COVER** and/or **SUB-LIMIT COVER** within the first **10 months** of cover for a medical event related to:

- adenoidectomy;
- myringotomy/grommets;
- cataract removal;
- hernia repairs;
- MRI, CT and PET scans;
- pregnancy and childbirth;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if required due to cancer when diagnosed after the **General Waiting Period**),
- tonsillectomy;
- cardiovascular procedures;
- dentistry;
- joint replacements;
- nasal and sinus surgery;
- spinal procedures;

we will cover only **20%** of the **approved claim amount**, subject to benefit limits where applicable.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to waiting periods.

PRIVATE WARD COVER



(Not subject to the OPL)

This benefit covers the hospital fees that you are responsible to pay when your medical aid plan does not provide cover for:

- a private ward that you choose to use;
- a lodger fee for your spouse, or any other person who is registered on your **Gap Cover** policy, who stays with you when you are hospitalised; and/or
- a nursery fee when you are admitted to hospital and are unable to take care of your child dependant who is also registered on your **Gap Cover** policy.

Limited to **R 2 500 per policy per year**.

CANCER COVER



BREAST RECONSTRUCTION

Our **Gap Cover** benefit covers the difference in cost between what your healthcare providers charge and the rate your medical aid pays from a **hospital** or **risk benefit** for a mastectomy and the reconstruction of an **affected breast**.

Our **Breast Reconstruction** benefit covers you when you have a breast reconstruction done on an **unaffected breast** that your medical aid plan excludes from cover, limited to **1 event** of up to **R 30 000 per person per lifetime**, *subject to specific qualifying criteria.

CANCER TREATMENT SHORTFALLS

We cover the difference in cost between what your healthcare providers charge and the rate your medical aid pays from an **oncology benefit** for healthcare services related to your cancer treatment, including co-payments related to your cancer treatment when the **oncology benefit** limit your medical aid plan provides is reached.

CANCER TREATMENT TOP-UP

When the **oncology benefit** limit provided by your medical aid plan is reached, we will cover the cost of your ongoing cancer treatment.

PHYSICAL REHABILITATION TOP-UP COVER



Our benefit covers the cost of admission and therapy in a sub-acute or step-down facility when the **rehabilitation benefit** your medical aid plan provides is reached and you require ongoing physical rehabilitation treatment due to an accident, limited to **R 10 000 per person per year**.

OUT-PATIENT SPECIALIST CONSULTATION COVER



Subject to a standard 3 Month General Waiting Period.

We cover the difference in cost between what your specialist charges for a consultation in their private rooms and the rate your medical aid plan applies to out-patient specialist consultation fees.

Your medical aid must pay a portion of your specialist's consultation fee from a **hospital, risk, or day-to-day benefit** or from your **medical savings account**.

Limited to **R 1 000 per consultation** with a maximum of **3 consultations per policy per year**.

CASUALTY COVER



This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are **ill** and need **after-hours** medical treatment.

WHEN IS AFTER-HOURS?

After-hours is **Mondays to Fridays** between **18:00pm and 07:00am** and all-day **Saturdays, Sundays** and **public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 12 000 per policy per year**.

TRAUMA COUNSELLING COVER



We cover the cost of your registered counsellor's consultation fees when you:

- witness, or are directly affected by an act of physical violence or an accident;
- receive news of a loved one's or of your own diagnosis of a critical illness; and/or
- mourn the death of a loved one.

You will be refunded for the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 10 000 per policy per year**.

PREVENTATIVE CARE COVER



Our benefit covers the cost of your healthcare provider's consultation fee and the cost of the following preventative tests and/or procedures:

- contraceptive device implant;
- full blood count;
- mammogram;
- pap smear; and/or
- prostate screening.

When you pay an amount from your **own pocket** or your medical aid pays an amount from a **day-to-day benefit** or your **medical savings account**, we will refund the amount to you limited to **R 1 000 per policy per year**.

PAYOUT AND WAIVER BENEFITS

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH



We cover you and/or your spouse for a benefit amount of **R 25 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident.

We also cover your dependants for a benefit amount of **R 5 000 each** in the event of their total and permanent disability or death due to an accident.

Limited to **1 event per person per year**.

FIRST-TIME CANCER DIAGNOSIS



We pay a benefit amount of **R 30 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

MEDICAL AID CONTRIBUTION WAIVER



When the person responsible for paying your monthly medical aid plan contributions becomes totally and permanently disabled or passes away, we will continue to pay your monthly contributions up to **R 4 500 per month for 6 months**.

STRATUM POLICY PREMIUM WAIVER



We will continue to pay your policy premiums for **12 months** when the person responsible for paying the monthly premiums is forcibly retrenched, becomes totally and permanently disabled or passes away.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

***LIFESTYLE BENEFITS**

Our **Lifestyle Benefits** are offered at no cost to you.

FUEL REWARDS



Fill up at any **SHELL service station** and get rewarded with **22 cents** per litre of **diesel** and **15 cents** per litre of **petrol**.

INTERNATIONAL TRAVEL INSURANCE



We cover acute illness and/or injury when you travel outside of South African borders. Whether you travel alone, or together with your dependants registered on your **Gap Cover** policy, our benefit is limited to **1 trip per policy per year** to a maximum of **31 days**, *subject to specific qualifying criteria.

***T'S & C'S, BENEFIT AND GENERAL EXCLUSIONS**

Visit our website at www.stratumbenefits.co.za to view the qualifying criteria that apply to our **Breast Reconstruction** and **First-Time Cancer Diagnosis Benefits**, see our policy and benefit exclusions and read more about the **T's & C's** applicable to our **Lifestyle Benefits** and how to register.

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

CO-EVOLUTION

WHY CHOOSE CO-EVOLUTION?

It is our **middle of the range option** that provides cover for the **most likely** medical expense shortfalls that you may experience on doctors' and specialists' private fees and co-payments.

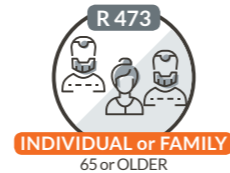
WHO DO WE COVER?

We cover individuals and families.

Our family options cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

MONTHLY PREMIUM

As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.



OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of R 165 000 per person per year applies across **all benefits**, except when you claim from our **Accidental Disability and Death** and **First-Time Cancer Diagnosis Benefits**, as these benefits are offered **over and above** the benefits that form part of the **OPL**.

KEY BENEFITS

GAP COVER

Our benefit provides an **additional 500%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit**.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
 - such as wisdom teeth extractions, limited to **R 4 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 8 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
 - basic radiology, such as black and white x-rays; and/or
 - specialised radiology, limited to **R 5 000 per policy per year**.

CO-PAYMENT COVER

ADMISSION AND PROCEDURE CO-PAYMENTS

This benefit refunds the co-payments or deductibles that your medical aid requires you to pay before undergoing certain medical procedures and/or diagnostic services, such as MRI/CT scans and scopes, limited to **R 50 000 per policy per year**.

10 MONTH BENEFIT RULE

If you claim from our **GAP COVER** and/or **CO-PAYMENT COVER** within the first **10 months** of cover for a medical event related to:

- adenoidectomy;
- myringotomy/grommets;
- cataract removal;
- hernia repairs;
- MRI, CT and PET scans;
- pregnancy and childbirth;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if required due to cancer when diagnosed after the **General Waiting Period**),
- tonsillectomy;
- cardiovascular procedures;
- dentistry;
- joint replacements;
- nasal and sinus surgery;
- spinal procedures;

we will cover only **20%** of the **approved claim amount**, subject to benefit limits where applicable.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to waiting periods.

CASUALTY COVER

This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are ill and need **after-hours** medical treatment.

WHEN IS AFTER-HOURS?

After-hours is **Mondays to Fridays** between **18:00pm** and **07:00am** and all-day **Saturdays, Sundays** and **public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 8 000 per policy per year**.

TRAUMA COUNSELLING COVER



We cover the cost of your registered counsellor's consultation fees when you:

- witness, or are directly affected by an act of physical violence or an accident;
- receive news of a loved one's or of your own diagnosis of a critical illness; and/or
- mourn the death of a loved one.

You will be refunded for the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 7 000 per policy per year**.

PAYOUT BENEFITS

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH



We cover you and/or your spouse for a benefit amount of **R 7 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident, limited to **1 event per person per year**.

FIRST-TIME CANCER DIAGNOSIS



We pay a benefit amount of **R 5 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

***LIFESTYLE BENEFITS**

Our **Lifestyle Benefits** are offered at no cost to you.

FUEL REWARDS



Fill up at any **SHELL service station** and get rewarded with **22 cents per litre of diesel** and **15 cents per litre of petrol**.

INTERNATIONAL TRAVEL INSURANCE



We cover acute illness and/or injury when you travel outside of South African borders. Whether you travel alone, or together with your dependants registered on your **Gap Cover** policy, our benefit is limited to **1 trip per policy per year** to a maximum of **31 days**, *subject to specific qualifying criteria.

***T'S & C'S, BENEFIT AND GENERAL EXCLUSIONS**

Visit our website at www.stratumbenefits.co.za to view the qualifying criteria that apply to our **First-Time Cancer Diagnosis Benefit**, see our policy and benefit exclusions and read more about the **T's & C's** applicable to our **Lifestyle Benefits** and how to register.

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



BASE

WHY CHOOSE BASE?

It is our **foundation option** that provides cover for the **most frequent** medical expense shortfalls that you may experience on doctors' and specialists' private fees.

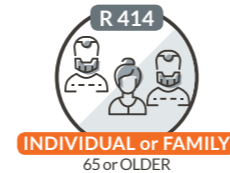
WHO DO WE COVER?

We cover individuals and families.

Our family options cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

MONTHLY PREMIUM

As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.



OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of R 165 000 per person per year applies across **all benefits**, except when you claim from our **Accidental Disability and Death** and **First-Time Cancer Diagnosis Benefits**, as these benefits are offered **over and above** the benefits that form part of the **OPL**.

KEY BENEFITS

GAP COVER

Our benefit provides an **additional 500%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit**.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
 - such as wisdom teeth extractions, limited to **R 4 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 8 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
 - basic radiology, such as black and white x-rays; and/or
 - specialised radiology, limited to **R 5 000 per policy per year**.

CASUALTY COVER

This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are **ill** and need **after-hours** medical treatment.

WHEN IS AFTER-HOURS?

After-hours is **Mondays to Fridays** between **18:00pm** and **07:00am** and all-day **Saturdays, Sundays** and **public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 7 000 per policy per year**.

10 MONTH BENEFIT RULE

If you claim from our **GAP COVER** within the first **10 months** of cover for a medical event related to:

- adenoidectomy;
- myringotomy/grommets;
- cataract removal;
- hernia repairs;
- MRI, CT and PET scans;
- pregnancy and childbirth;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if required due to cancer when diagnosed after the **General Waiting Period**),
- tonsillectomy;
- cardiovascular procedures;
- dentistry;
- joint replacements;
- nasal and sinus surgery;
- spinal procedures;

we will cover only **20%** of the **approved claim amount**, subject to benefit limits where applicable.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to waiting periods.

TRAUMA COUNSELLING COVER



We cover the cost of your registered counsellor’s consultation fees when you:

- witness, or are directly affected by an act of physical violence or an accident;
- receive news of a loved one’s or of your own diagnosis of a critical illness; and/or
- mourn the death of a loved one.

You will be refunded for the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 6 000 per policy per year**.

PAYOUT BENEFITS

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH



We cover you and/or your spouse for a benefit amount of **R 6 000 each** in the event of your and/or your spouse’s total and permanent disability or death due to an accident, limited to **1 event per person per year**.

FIRST-TIME CANCER DIAGNOSIS



We pay a benefit amount of **R 5 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person’s cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

***LIFESTYLE BENEFITS**

Our **Lifestyle Benefits** are offered at no cost to you.

FUEL REWARDS



Fill up at any **SHELL service station** and get rewarded with **22 cents** per litre of **diesel** and **15 cents** per litre of **petrol**.

INTERNATIONAL TRAVEL INSURANCE



We cover acute illness and/or injury when you travel outside of South African borders. Whether you travel alone, or together with your dependants registered on your **Gap Cover** policy, our benefit is limited to **1 trip per policy per year** to a maximum of **31 days**, *subject to specific qualifying criteria.

***T’S & C’S, BENEFIT AND GENERAL EXCLUSIONS**

Visit our website at www.stratumbenefits.co.za to view the qualifying criteria that apply to our **First-Time Cancer Diagnosis Benefit**, see our policy and benefit exclusions and read more about the **T’s & C’s** applicable to our **Lifestyle Benefits** and how to register.

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

OPTIMISER

ACCESS OPTIMISER PLUS

WHY CHOOSE ACCESS OPTIMISER PLUS?

It is our **booster option** that covers specific medical procedures and events that your medical aid plan excludes from cover, as well as provide cover for the **most likely** medical expense shortfalls that you may experience on doctors' and specialists' private fees.

WHO DO WE COVER?

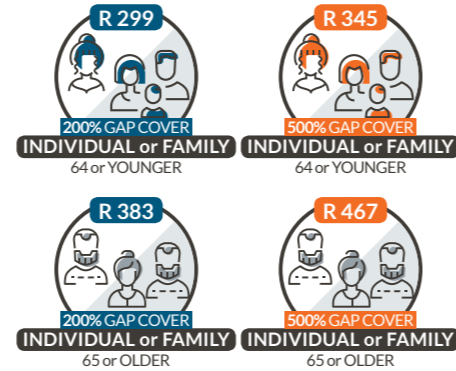
We cover individuals and families.

Our family options cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

MONTHLY PREMIUM

A standard monthly premium applies regardless of whether you join as an individual or whether you and all your dependants join.

As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.



KEY BENEFITS

ACCESS COVER

We cover the cost of the hospital or day clinic and all your related healthcare providers' accounts when you need one of the below listed medical procedures and/or treatments that your medical aid plan excludes from cover, limited to the rand amounts as indicated **per policy per year**:

MEDICAL PROCEDURE/EVENT NOT COVERED BY YOUR MEDICAL AID	ACCESS COVER PROVIDES
Arthroscopic surgery	R 50 000
Back and/or neck surgery	R 50 000
Bunion surgery	R 14 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)	R 80 000
Dental procedures for impacted teeth for children younger than 18	R 14 000
Dental procedures for reconstructive surgery required due to an accidental event	R 80 000
Endoscopic procedures	R 5 000
Functional nasal surgery	R 23 000
Joint replacement surgery	R 50 000
Knee and/or shoulder surgery	R 25 000
MRI and/or CT scan required due to an accidental event	R 10 000
Non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer)	R 20 000
Oesophageal reflux and hiatus hernia surgery	R 55 000
Removal of varicose veins	R 20 000
Skin disorders (including benign growths and/or lipomas)	R 20 000

YOUR NEXT STEP

- When your healthcare provider informs you that you need a medical procedure or treatment that forms part of the list of procedures and/or treatments that we cover, you will be required to obtain cost estimates from your preferred hospital or day clinic and all related healthcare providers.
- We will issue a guarantee of payment as an undertaking to pay your service and/or healthcare providers directly once your claim is approved.

ACCESS COVER 10 MONTH BENEFIT RULE

If you claim from our **ACCESS COVER** within the first **10 months** of cover for a medical event related to:

- arthroscopic surgery;
- back and/or neck surgery;
- bunion surgery;
- cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids);
- dental procedures for impacted teeth for children **younger than 18**;
- endoscopic procedures;
- functional nasal surgery;
- joint replacement surgery;
- knee and/or shoulder surgery;
- non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer);
- oesophageal reflux and hiatus hernia surgery;
- removal of varicose veins; and/or
- skin disorders (including benign growths and/or lipomas), we will cover only **20%** of the **approved claim amount**, subject to the benefit limits.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to any waiting periods.



OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of **R 165 000 per policy per year** applies regardless of whether you are covered as an individual or a family. Our **Accidental Disability and Death Benefit** is not subject to the **OPL** as this benefit is offered **over and above** the benefits that form part of the **OPL**.

GAP COVER

Our **ACCESS COVER** benefit covers specific medical procedures and/or treatments that your medical aid plan **excludes from cover**.

Our **GAP COVER** benefit provides an **additional 200% or 500%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit** for medical procedures and/or treatments that are **not excluded** from cover.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
 - such as wisdom teeth extractions, limited to **R 4 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 8 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
 - basic radiology, such as black and white x-rays; and/or
 - specialised radiology, limited to **R 5 000 per policy per year**.

GAP COVER 10 MONTH BENEFIT RULE

If you claim from our **GAP COVER** within the first 10 months of cover for a medical event related to:

- adenoidectomy;
- tonsillectomy;
- myringotomy/grommets;
- cardiovascular procedures;
- cataract removal;
- dentistry;
- hernia repairs;
- joint replacements;
- MRI, CT and PET scans;
- nasal and sinus surgery;
- pregnancy and childbirth;
- spinal procedures;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if a hysterectomy is required due to cancer that is diagnosed after the **General Waiting Period** applicable to your policy),

we will cover only **20%** of the **approved claim amount**.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to waiting periods.

CASUALTY COVER

This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are ill and need **after-hours** medical treatment.

WHEN IS AFTER-HOURS?

After-hours is **Mondays to Fridays** between **18:00pm and 07:00am** and all-day **Saturdays, Sundays and public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 2 000 per policy per year**.

PAYOUT BENEFIT

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH

We cover you and/or your spouse for a benefit amount of **R 5 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident, limited to **1 event per person per year**.

WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

*LIFESTYLE BENEFIT

Our **Lifestyle Benefit** is offered at no cost to you.

FUEL REWARDS

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*T'S & C'S, BENEFIT AND GENERAL EXCLUSIONS

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

