

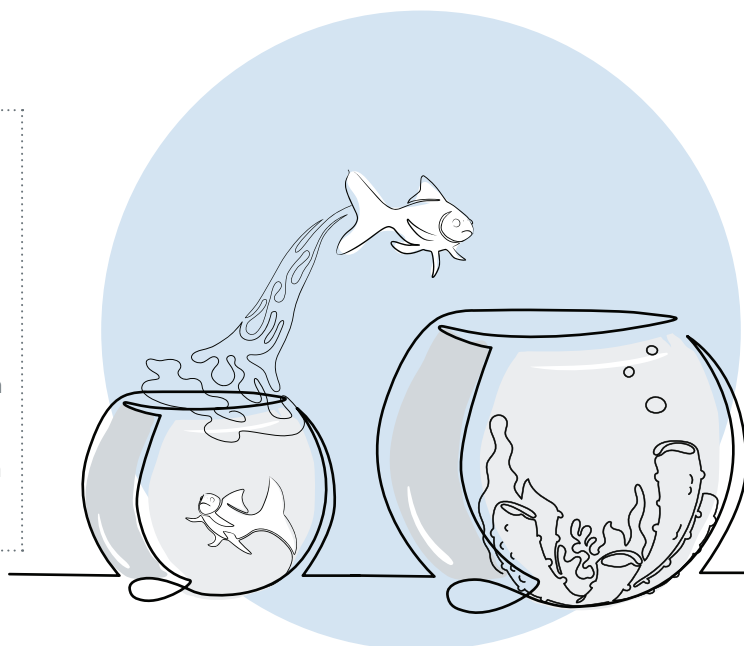
# Stratum Benefits<sup>+</sup>

## What is Health Insurance?

Health insurance is a type of insurance cover that typically pays for defined medical and surgical procedures, acute and chronic medication, and dentistry to name a few. Health insurance can reimburse you for expenses incurred due to illness or injury, or pay your healthcare provider directly.

Health insurance can be taken as standalone health cover, or it can be taken in addition to medical aid cover.

For example, if you belong to a medical aid hospital plan, you can take the Day-to-Day Benefit Option as this provides benefits for GP and specialist visits, blood tests, x-rays and eye care. In the same way, if you belong to a comprehensive medical aid plan the Day-to-Day Benefit Option will allow you to use less of your medical aid savings for GP visits.



## HEALTH INSURANCE TRANSFER PROCESS FOR INDIVIDUALS

This policy isn't a medical aid plan, doesn't provide similar cover as that of a medical aid, and can't be substituted for a medical aid membership.

### WHEN CAN YOU SWITCH COVER?

When you've been on medical aid or health insurance cover for at least 12 months and transfer without a break in cover.

### WHAT DOCUMENTS DO WE NEED?

- The 2022 Health Insurance Member Application Form; and
- a membership certificate from the current medical aid administrator or policy document from the current health insurance provider that's **not older than 30 days**.

### CAN YOU SWITCH TO ANY OF THE HEALTH INSURANCE BENEFIT OPTIONS?

Yes! You can switch to either the Day-to-Day Benefit Option and/or the Emergency & Accident Benefit Option.

### REPLACEMENT POLICY DISCLOSURE

- A change in terms and conditions, monthly premium and benefits will apply because benefit and fee structures of products are different.
- If there's a break in cover of **30 days or more** between the end date of cover with your current medical aid or health insurance provider and the start date of your new health insurance policy, you'll receive full waiting periods.
- The Policy Schedule that you'll receive when your cover is activated explains the general exclusions, terms and conditions of cover in more detail.

### STANDARD WAITING PERIODS

Waiting periods may apply to your policy when you switch cover:

- **2 MONTH GENERAL WAITING PERIOD**  
During the first 2 months of cover a general waiting period may apply to the **Day-to-Day, Wellness Assessment and Preventative Care Benefits**.
- **9 MONTH PRE-BIRTH CONSULTATION WAITING PERIOD**  
During the first 9 months of cover a waiting period may apply to the Pre-Birth Consultation Benefit.
- **12 MONTH CHRONIC MEDICATION WAITING PERIOD**  
During the first 12 months of cover a waiting period may apply to the Chronic Medication Benefit.
- **12 MONTH EYE CARE WAITING PERIOD**  
During the first 12 months of cover a waiting period may apply to the Eye Care Benefit.

The Certificate of Membership that you'll receive when your new health insurance policy is activated will confirm the waiting periods that apply to each insured person.

WAITING PERIODS WHEN SWITCHING FROM MEDICAL AID COVER TO THE ESSENTIAL PRIMARY PLUS | **DAY-TO-DAY BENEFIT OPTION**

**GENERAL WAITING PERIOD**

Medical aid cover for less than <b>12 months</b>	Medical aid cover with day-to-day benefits for e.g. chronic medication and treatment benefits for <b>12 months</b> or longer with no break in cover
<b>2 Months</b>	<b>0 Months</b>

**PRE-BIRTH CONSULTATION WAITING PERIOD**

Medical aid cover with pre-birth consultation benefit funded from the Medical Savings Account (regardless of cover period)	Medical aid cover with pre-birth consultation benefit for <b>12 months</b> or longer with no break in cover
<b>9 Months</b>	<b>0 Months</b>

**CHRONIC MEDICATION WAITING PERIOD**

Medical aid cover with no chronic medication benefit (regardless of cover period)	Medical aid cover with chronic medication benefit funded from the Medical Savings Account (regardless of cover period)	Medical aid cover with chronic medication benefit for <b>12 months</b> or longer with no break in cover
<b>12 Months</b>	<b>12 Months</b>	<b>0 Months</b>

**EYE CARE WAITING PERIOD**

Medical aid cover with eye care benefit funded from the Medical Savings Account (regardless of cover period)	Medical aid cover with eye care benefit for <b>12 months</b> or longer with no break in cover
<b>12 Months</b>	<b>0 Months</b>

WAITING PERIODS WHEN SWITCHING FROM HEALTH INSURANCE COVER TO THE ESSENTIAL PRIMARY PLUS | **DAY-TO-DAY BENEFIT OPTION**

**GENERAL WAITING PERIOD**

Health insurance cover for less than <b>12 months</b>	Health insurance cover with day-to-day benefits for e.g. chronic medication and treatment benefits for <b>12 months</b> or longer with no break in cover
<b>2 Months</b>	<b>0 Months</b>

**PRE-BIRTH CONSULTATION WAITING PERIOD**

Health insurance cover with no pre-birth maternity benefit	E.g. Health insurance cover with pre-birth maternity benefit for <b>8 months</b>	Health insurance cover with pre-birth maternity benefit for <b>12 months</b> or longer
<b>9 Months</b>	Remaining months to be carried over, namely <b>1 month</b> in this example	<b>0 Months</b>

**CHRONIC MEDICATION WAITING PERIOD**

Health insurance cover with no chronic medication benefit (regardless of cover period)	E.g. Health insurance cover with chronic medication benefit for <b>8 months</b>	Health insurance cover with chronic medication benefit for <b>12 months</b> or longer with no break in cover
<b>12 Months</b>	Remaining months to be carried over, namely <b>4 months</b> in this example	<b>0 Months</b>

**EYE CARE WAITING PERIOD**

Health insurance cover with no eye care benefit (regardless of cover period)	E.g. Health insurance cover with eye care benefit for <b>8 months</b>	Health insurance cover with eye care benefit for <b>12 months</b> or longer with no break in cover
<b>12 Months</b>	Remaining months to be carried over, namely <b>4 months</b> in this example	<b>0 Months</b>