



| 2024 |

Stratum Benefits⁺

A **64 or younger** policy premium will increase to the **65 or older** policy premium when adding a **65 or older** dependant.

IF YOU'RE 64 OR YOUNGER	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU OR ANYONE IN THE FAMILY IS 65 OR OLDER
<p>R 275</p> <p>INDIVIDUAL</p>	<p>R 323</p> <p>FAMILY</p>	<p>R 532</p> <p>INDIVIDUAL or FAMILY</p>

BASE⁵⁰⁰

Our foundation option covers the most often experienced in- and out-of-hospital medical expense shortfalls.



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. When a child dependant moves to their own medical aid plan, they must apply for cover on their own policy.




OVERALL POLICY LIMIT (OPL)			KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) <i>An OPL of R 198 660 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		
GAP BENEFIT			Covers shortfalls when doctors, specialists and other healthcare providers charge 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 .	
Medical Expense Shortfalls	✓	✓	Pays up to an additional 500% 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 198 660 per insured person per year .	
DENTAL COVER			DENTAL COVER is made up of various benefits that cover dental procedure-related shortfalls .	
Specialist Shortfalls	✓	✓	GAP BENEFIT covers shortfalls when dentists and specialists charge more than your medical aid plan's rate for the following in- and out-of-hospital medical events: <ul style="list-style-type: none"> Dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions: Limited to R 6 000 per policy per year. Dental procedures due to accidents or cancer treatments: Limited to R 16 000 per policy per year. 	
MATERNITY COVER	✓	✓	GAP BENEFIT 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.	
RADIOLOGY COVER	✓	✓	GAP BENEFIT 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.	

Waiting periods and the **Limited Payout Benefit** may apply. Refer to the **Waiting Periods** page.



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. This document is a summary and does not replace any information provided in your Policy Schedule. If there are any differences, please refer to your Policy Schedule. Terms and conditions apply.
Gap Cover is not a medical aid, does not provide similar cover as medical aid and cannot be substituted for a medical aid membership.

	CASUALTY BENEFIT Our benefit has two categories .	Refunds shortfalls or the total cost of casualty events when paid from your medical savings account or pocket , or when your medical aid doesn't provide cover.	
	Accidental Events	✓	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 given at the medical facility, such as a neck brace, and follow-up visits related to an accident.
	Illness Events Children 10 Years or Younger	✓	Covers children aged 10 years or younger for after-hour illness events at any registered casualty facility between 18:00 and 7:00 on Mondays to Fridays and all day on Saturdays, Sundays and public holidays.
	TRAUMA COUNSELLING BENEFIT	✓	Refunds shortfalls or the total cost of trauma counselling consultation fees when paid from your medical savings account or pocket , or when your medical aid doesn't provide cover. Covers you when: <ul style="list-style-type: none"> • you witness an act of physical violence or an accident or when you're directly affected by it; • receive news of a loved one's diagnosis of a critical illness or when you're diagnosed; • mourn the death of a loved one; or when • an accident leaves you totally and permanently disabled. Limited to R 6 000 per policy per year .

OVERALL POLICY LIMIT (OPL)		BENEFITS NOT SUBJECT TO AN 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>	
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT
	ACCIDENTAL DEATH AND DISABILITY		
			Pays a benefit amount of R 6 000 for the principal insured and R 6 000 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 .
	FIRST-TIME CANCER DIAGNOSIS		
			Pays a benefit amount when cancer is diagnosed and specific qualifying criteria are met. Our benefit applies if: <ul style="list-style-type: none"> • cancer is diagnosed for the first time in your life; • the diagnosis is made whilst on cover with us; • cancerous cells have invaded the surrounding or underlying tissue; and • cancer is diagnosed before age 65. Our benefit doesn't apply if the diagnosis: <ul style="list-style-type: none"> • was made before your cover start date; • is made during a General Waiting Period; • is a second diagnosis, regardless of the cancer type; • is for a tumour histologically described as pre-malignant, non-invasive or cancer in situ; • is for skin cancer, except for malignant melanoma; • is for Stage 1 breast or prostate cancer; or if • cancerous cells haven't invaded the surrounding or underlying tissue, regardless of the cancer stage. Limited to 1 event of R 5 000 per insured person per lifetime .
	LIFESTYLE BENEFIT		
			This benefit is a complimentary value-add product. Visit our website at www.stratumbenefits.co.za for more information about this benefit and how to register.
	INTERNATIONAL TRAVEL INSURANCE		
			Covers acute illness and injury when travelling for leisure outside South African borders. Please inform us of your upcoming trip at least 7 days before departure and send proof of travel. Limited to 1 trip per policy per year for a maximum of 31 days shared between all travellers. If you travel alone, you'll be insured for up to 31 days , but if you travel with a dependant, the 31 days will be divided between the travellers. If your medical aid or any other insurance policy provides similar cover, our international travel insurance partner's benefit doesn't apply.

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

GAP MATCH

GAP MATCH is a guiding tool that 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 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 accidents that occur after your start dates.

3 MONTH GENERAL WAITING PERIOD

There's no cover during this period except for accidents that occur after your and your dependants' cover start dates.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

GAP BENEFIT **FIRST-TIME CANCER DIAGNOSIS 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 benefit is subject to this waiting period:

GAP BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFIT **TRAUMA COUNSELLING BENEFIT** **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** in the first **10 months** of cover for any of the medical procedures or scans listed below and the medical event isn't related to a pre-existing medical condition, we'll pay **20%** of the **approved claim amount**, subject to the benefit's rand amount limits, where applicable:

- 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.

GOOD TO KNOW

- If your medical event is related to a 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**.

Gap Cover works with your medical aid cover.

Your **Gap Cover** policy includes benefits that cover medical expense shortfalls.

Depending on the benefit's qualifying criteria, your medical aid must first pay a portion of the cost of your medical event before we step in and take care of the rest. However, not every medical event will qualify for benefits as your policy is 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/2024-policy-schedules/ or scan the **QR code**. Click on your **Gap Cover** option to view or download our **Benefit Exclusions** in your **Policy Schedule**.



GENERAL EXCLUSIONS

The following 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, or scan the **QR code** for short, animated videos that explain how our benefits work.

OPTION CHANGE

📞 Call your financial advisor about changing your option, 🌐 visit www.stratumbenefits.co.za/gap-cover-profile-update-form/ to request an option change or contact our **Client Support Centre** for general questions and information.