



CORPORATE ACCESS CO-PAY PLUS³⁰⁰

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 and deductibles.

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.


We cover **5 or more employees** as an employer group if you join through your employer.

Ask your employer if your spouse and dependants may join.







If your employer says yes to your spouse and dependants joining, add them to your policy.

Premiums and waiting periods are determined by the group's size, average age and whether cover is compulsory or voluntary.


ASK US FOR A CORPORATE QUOTE!

OVERALL POLICY LIMIT (OPL)			KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) 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.	
	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 is a non-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. Limited per insured person per year .
MEDICAL PROCEDURES AND TREATMENTS NOT COVERED BY YOUR MEDICAL AID				ACCESS BENEFIT
Adenoidectomy, myringotomy (grommets) or tonsillectomy				R 5 000
Arthroscopic surgery				R 55 000
Back or neck surgery				R 55 000
Bunion surgery				R 19 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)				R 85 000
Dental procedures for impacted teeth for children younger than 18				R 19 000
Dental procedures for reconstructive surgery required due to an accident				R 85 000
Endoscopic procedures				R 10 000
Functional nasal surgery				R 28 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)				R 55 000
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.

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	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 198 660 per insured person per year .
	CO-PAYMENT BENEFIT			Refund 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 day clinic and hospital admission and procedure-related co-payments, such as in- or out-of-hospital scopes and scans. Limited to R 5 000 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	✓	✓	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 32 000 per policy per year.
	Admission and Procedure Co-Payments	✓	✓	Claim day clinic and 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	✓	✓	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.
	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 co-payments and pay the difference in the cost of MRI, CT and PET scans when your medical aid doesn't cover the total cost.
	Radiology Shortfalls	✓	✓	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.
	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 .
	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.
				Limited to R 2 000 per policy per year .

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

OVERALL POLICY LIMIT (OPL)		BENEFIT NOT SUBJECT TO AN OVERALL POLICY LIMIT (OPL) <i>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.</i>
	ACCIDENTAL DEATH AND DISABILITY	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.

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive **CORPORATE ACCESS CO-PAY PLUS³⁰⁰** brochure, visit www.stratumbenefits.co.za/corporate-access-co-pay-plus300/ or scan the QR code.



WAITING PERIODS

UNDERWRITING APPLICABLE TO EMPLOYER GROUPS

Waiting periods may 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:

ACCESS BENEFIT **GAP BENEFIT** **CO-PAYMENT 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**

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFIT **ACCIDENTAL DEATH AND DISABILITY BENEFIT**

SWITCHING COVER FROM ANOTHER GAP COVER PROVIDER

Transfer underwriting may apply to applicants who switch cover from another Gap Cover provider.

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** or **CO-PAYMENT 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 between **20%** and **100%** 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 may be subject to a **Pre-Existing Medical Condition Waiting Period**.

Gap Cover works with your medical aid cover.

Your **Gap Cover** policy 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 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/benefit-exclusions/ or scan the QR code to view or download our **Benefit Exclusions**.



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.

GET COVER!

There's only one thing left to do.

🗨️ Speak with your HR, call your financial advisor, 🌐 visit www.stratumbenefits.co.za/apply-today/ to apply online, or 📄 download and email the application form.