



CORPORATE ELITE⁵⁰⁰

Our **comprehensive option** offers a wide range of **in- and out-of-hospital** benefits.

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) <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 .
	CO-PAYMENT BENEFITS Our benefit has three categories .			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 as many day clinic and hospital admission and procedure-related co-payments, such as in- or out-of-hospital scopes and scans, as needed. Subject to the OPL of R 198 660 per person per year .
	Penalty Co-Payments	✓		When using day clinics or hospitals outside your medical aid's preferred network for planned medical procedures. Limited to 2 co-payments up to R 15 000 per co-payment per policy per year .
	Robotic Surgery Co-Payments	✓		When co-payments apply to robotic-assisted surgeries, such as prostatectomies. Limited to R 10 000 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: • Dental procedures, such as dental implants, orthodontic treatment and wisdom teeth extractions: Limited to R 8 000 per policy per year . • Dental procedures due to accidents or cancer treatments: Limited to R 48 000 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 . Claim penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using day clinics or hospitals outside your medical aid's preferred network.







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

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	MATERNITY COVER			MATERNITY COVER is made up of various benefits that cover pre- to post-bump shortfalls and refund co-payments.
	BEFORE THE DELIVERY Preventative Procedures		✓	PREVENTATIVE CARE BENEFIT covers shortfalls or the total cost of pre-natal procedures, such as a flu vaccination in your second trimester or a full blood count test.
	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 .
	Penalty Co-Payments	✓		Claim penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using hospitals outside your medical aid's preferred network.
	Private Room	✓		PRIVATE ROOM BENEFIT covers shortfalls or the total cost of a private hospital room when your medical aid excludes it.
	AFTER THE DELIVERY Immunisations and Birth Control		✓	PREVENTATIVE CARE BENEFIT covers shortfalls or the total cost of childhood immunisations and contraceptive device implants.
	SUB-LIMIT BENEFIT Our benefit has three categories .			Covers the difference in the cost of the below-listed medical events when your medical aid pays part of the cost from a sub-limit or annual limit .
	Colonoscopies, Enteroscopies and Gastroscopies	✓	✓	Covers: • shortfalls on the anaesthetist's account for in- or out-of-hospital scopes; or the • difference if your medical aid pays part of the cost of a scope. Limited to R 5 000 per insured person per event .
	Internal Prosthetic Devices	✓		Covers the difference in the cost of internal prosthetic devices implanted into your body. Limited to R 40 000 per insured person per event .
	Renal Dialysis Treatments	✓		Covers the difference in the cost of renal dialysis treatments. Limited to R 30 000 per insured person per event .
	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 .
	MRI, CT and PET Scan Sub-Limits	✓	✓	Our MRI, CT AND PET SCAN SUB-LIMIT BENEFIT covers the difference in the cost of in- and out-of-hospital scans when your medical aid pays part of the cost from a sub-limit or annual limit . Limited to R 5 000 per insured person per event .
	MRI, CT and PET Scan Top-Up	✓	✓	Our MRI, CT AND PET SCAN TOP-UP BENEFIT covers the total cost of in- and out-of-hospital MRI, CT or PET scans when your medical aid plan's radiology benefit limit has been reached. Limited to R 5 000 per policy per year .
	CANCER BENEFIT Our benefit has two categories .			Covers the total cost of reconstructing an unaffected breast when your medical aid excludes the reconstruction, covers cancer treatment shortfalls , refunds cancer-related co-payments, and covers the total cost of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached.
	Cancer Treatment Shortfalls	✓	✓	• Covers shortfalls when healthcare providers charge more than what your medical aid pays from an oncology benefit for in- or out-of-hospital cancer treatment. Typically covers biological medication, chemotherapy, radiotherapy, oncologist consultations, and specialised radiology, such as bone density and PET scans, subject to the oncology treatment plan approved by your medical aid. • Refunds oncology-related co-payments imposed by your medical aid as rand amounts or percentages when your medical aid plan's oncology benefit limit has been reached. Subject to the OPL of R 198 660 per insured person per year .
	Cancer Treatment Top-Up	✓	✓	Covers the total cost of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached. Subject to the OPL of R 198 660 per insured person per year .

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

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	PHYSICAL REHABILITATION TOP-UP BENEFIT		✓	Covers the total cost of ongoing physical rehabilitation due to an accident in a sub-acute or step-down facility, including all the related healthcare providers' accounts for on-site treatment when your medical aid plan's benefit limit or the number of days you may stay at the facility has been reached, subject to the physical rehabilitation treatment plan approved by your medical aid. Limited to R 10 000 per insured person per year .
	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.
	Illness Events Individuals 11 Years or Older		✓	Covers insured persons aged 11 years or older 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 10 000 per policy per year .
	PREVENTATIVE CARE BENEFIT		✓	Refunds shortfalls or the total cost of healthcare providers' consultations and costs of any of the below-listed preventative immunisations, procedures, scans, screenings, tests or vaccinations when paid from your medical savings account or pocket , or when your medical aid doesn't provide cover: <ul style="list-style-type: none"> • blood glucose tests; • bone density scans; • childhood immunisations; • cholesterol tests; • contraceptive device implants; • flu vaccinations; • full blood counts; • Human Papillomavirus vaccinations (HPV vaccine); • mammograms and breast sonars; • pap smears; • prostate-specific antigen screenings; and • testicular screenings. Limited to R 1 600 per policy per year .

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

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	
	PRIVATE ROOM BENEFIT	<input checked="" type="checkbox"/>		<p>Covers shortfalls or the total cost of a private hospital room when paid from your medical savings account or pocket, or when your medical aid excludes it.</p> <p>Claim from us when choosing a private hospital room, or when the hospital charges a lodger or nursery fee. The person the lodger fee applies to must be covered on your Gap Cover policy.</p> <p>Limited to R 3 000 per policy per year.</p>
	ACCIDENTAL DEATH AND DISABILITY			<p>Pays a benefit amount of R 25 000 for the principal insured, R 25 000 for the spouse, and R 5 000 for every dependant in the event of accidental death or total and permanent disability due to an accident.</p> <p>Limited to 1 event per insured person per year.</p>
	FIRST-TIME CANCER DIAGNOSIS			<p>Pays a benefit amount when cancer is diagnosed and specific qualifying criteria are met.</p> <p>Our benefit applies if:</p> <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. <p>Our benefit doesn't apply if the diagnosis:</p> <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. <p>Limited to 1 event of R 30 000 per insured person per lifetime.</p>
	MEDICAL AID CONTRIBUTION WAIVER			<p>Pays your medical aid contributions in the event of the contribution payer's accidental death or total and permanent disability due to an accident.</p> <p>If your employer pays your medical aid contributions, the contributions must form part of your total salary package.</p> <p>Limited to 6 months up to R 4 500 per month per medical aid membership.</p>
	STRATUM POLICY PREMIUM WAIVER			<p>Pays your Gap Cover policy premiums in the event of the premium payer's accidental death or total and permanent disability due to an accident.</p> <p>If your employer pays your Gap Cover premiums, the premiums must form part of your total salary package.</p> <p>Limited to 6 months.</p>
	LIFESTYLE BENEFIT			<p>This benefit is a complimentary value-add product.</p> <p>Visit our website at www.stratumbenefits.co.za for more information about this benefit and how to register.</p>
	INTERNATIONAL TRAVEL INSURANCE			<p>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.</p> <p>Limited to 1 trip per policy per year for a maximum of 31 days shared between all travellers.</p> <p>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.</p> <p>If your medical aid or any other insurance policy provides similar cover, our international travel insurance partner's benefit doesn't apply.</p>

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

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive **CORPORATE ELITE⁵⁰⁰** brochure, visit www.stratumbenefits.co.za/corporateelite/ 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:

GAP BENEFIT	CO-PAYMENT BENEFITS	SUB-LIMIT BENEFIT
MRI, CT AND PET SCAN TOP-UP BENEFIT	CANCER BENEFIT	PREVENTATIVE CARE BENEFIT
PRIVATE ROOM 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 benefits are subject to this waiting period:

GAP BENEFIT	CO-PAYMENT BENEFITS	SUB-LIMIT BENEFIT
MRI, CT AND PET SCAN TOP-UP BENEFIT	CANCER BENEFIT	PRIVATE ROOM BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

PHYSICAL REHABILITATION BENEFIT	CASUALTY BENEFIT	TRAUMA COUNSELLING BENEFIT
ACCIDENTAL DEATH AND DISABILITY BENEFIT	MEDICAL AID CONTRIBUTION WAIVER BENEFIT	STRATUM POLICY PREMIUM WAIVER 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**, **CO-PAYMENT BENEFITS** or **SUB-LIMIT 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.