










Premiums are determined by age at entry, and there's no maximum entry age.

IF YOU'RE 35 OR YOUNGER	IF YOU'RE BETWEEN 36 AND 64	IF EVERYONE IN THE FAMILY IS 64 OR YOUNGER	IF YOU OR ANYONE IN THE FAMILY IS 65 OR OLDER
 R 228 INDIVIDUAL	 R 292 INDIVIDUAL	 R 292 FAMILY	 R 636 INDIVIDUAL or FAMILY







MERIDIAN⁴⁰⁰

Our middle-of-the-range option covers the most often experienced in-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 or major medical benefit.
Medical Expense Shortfalls	<input checked="" type="checkbox"/>		Pays up to an additional 400% on top of your medical aid plan's rate to cover shortfalls related to in-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.			Refunds 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	<input checked="" type="checkbox"/>		Claim day clinic and hospital admission and procedure-related co-payments, such as in-hospital scopes and scans. Subject to the OPL of R 198 660 per insured person per year.
Penalty Co-Payments	<input checked="" type="checkbox"/>		When using a day clinic or hospital outside your medical aid's preferred network for a planned medical procedure. Limited to 1 co-payment up to R 9 000 per policy per year.
Scope Co-Payments		<input checked="" type="checkbox"/>	Claim the co-payments and deductibles that apply to out-of-hospital scopes, such as cystoscopies and gastroscopies. Limited to 2 co-payments up to R 4 000 per co-payment 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	<input checked="" type="checkbox"/>		GAP BENEFIT covers shortfalls when dentists and specialists charge more than your medical aid plan's rate for the following in-hospital medical events: <ul style="list-style-type: none"> Dental procedures, such as dental implants and wisdom teeth extractions: Limited to R 7 000 per policy per year. Dental procedures due to accidents or cancer treatments: Limited to R 14 000 per policy per year.
Admission and Procedure Co-Payments	<input checked="" type="checkbox"/>		Claim day clinic and hospital admission and dental procedure-related co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT. Claim the penalty co-payment from our PENALTY CO-PAYMENT BENEFIT when using a day clinic or hospital 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 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 .
	Penalty Co-Payments	✓		Claim the penalty co-payment from our PENALTY CO-PAYMENT BENEFIT when using a hospital outside your medical aid's preferred network.
	SUB-LIMIT BENEFIT	✓		Covers the difference in the cost of internal prosthetic devices implanted into your body when your medical aid pays part of the cost from a sub-limit or annual limit . Limited to 2 events up to R 20 000 per event per policy per year .
	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-hospital basic and specialised radiology.
	MRI, CT and PET Scan Co-Payments	✓		Claim in-hospital MRI, CT, and PET scan co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT .
	MRI, CT and PET Scan Co-Payments		✓	Claim out-of-hospital MRI, CT, and PET scan co-payments. Limited to 2 co-payments up to R 4 000 per co-payment per policy per year .
	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 .
	CANCER BENEFIT			Covers cancer treatment shortfalls and refunds cancer-related co-payments, when your medical aid plan's oncology benefit limit has been reached.
	Cancer Treatment Shortfalls	✓	✓	<ul style="list-style-type: none"> 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. Limited to R 50 000 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, and external medical items given at the medical facility, such as a neck brace.
	Illness Events		✓	Covers the whole family 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 3 consultations up to R 2 000 per consultation per policy per year .

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

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive MERIDIAN⁴⁰⁰ brochure, visit www.stratumbenefits.co.za/meridian400/ or scan the QR code.



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

UNDERWRITING APPLICABLE TO FIRST-TIME JOINERS

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 **CO-PAYMENT BENEFITS** **SUB-LIMIT BENEFIT** **CANCER 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** **CANCER BENEFIT**

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFIT **TRAUMA COUNSELLING BENEFIT**

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 **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**.

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**.

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.

📞 Call your financial advisor, 🌐 visit www.stratumbenefits.co.za/apply-today/ to apply online, or 📄 download and email the application form.