

Stratum Benefits⁺

What is Health Insurance?

Health insurance typically pays for defined medical and surgical procedures, acute and chronic medication, and dentistry, depending on the type of cover you apply for. Health insurance reimburses you for expenses incurred due to illness or injury or pays your healthcare providers directly.

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

For example, if you belong to a medical aid hospital plan, you can also 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 benefits could be used for GP visits instead of depleting your medical savings account.



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 for **less than 12 months** or have a break in cover, your policy will be subject to standard waiting periods.

If you transfer after being on medical aid or health insurance for **12 months or longer** with no break in cover in the **preceding 12 months** before your cover start date, your policy may be subject to waiting periods.

WHAT DOCUMENTS DO WE NEED?

- The 2024 Health Insurance Client Application Form; and
- a membership certificate from the current medical aid administrator or policy document from the current health insurance provider dated not older than **31 days**.

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

Yes! You can switch to the Day-to-Day or 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.
- Full waiting periods apply if there isn't continuous cover between the last day with your current medical aid or health insurance provider and your new policy's start date unless we offer an underwriting concession.
- The Policy Schedule 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 applies to the **Day-to-Day Benefits, 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 applies to the Chronic Medication Benefit.
- **12 MONTH EYE CARE WAITING PERIOD**
During the first 12 months of cover a waiting period applies to the Eye Care Benefit.

The Certificate of Membership 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 12 months	Medical aid cover with day-to-day benefits for e.g. chronic medication and treatment benefits for 12 months or longer with no break in cover
2 Months	No waiting period

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 12 months or longer with no break in cover
9 Months	No waiting period

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 12 months or longer with no break in cover
12 Months	12 Months	No waiting period

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 12 months or longer with no break in cover
12 Months	No waiting period

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 12 months	Health insurance cover with day-to-day benefits for e.g. chronic medication and treatment benefits for 12 months or longer with no break in cover
2 Months	No waiting period

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 8 months	Health insurance cover with pre-birth maternity benefit for 12 months or longer
9 Months	Remaining months to be carried over, namely 1 month in this example	No waiting period

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 8 months	Health insurance cover with chronic medication benefit for 12 months or longer with no break in cover
12 Months	Remaining months to be carried over, namely 4 months in this example	No waiting period

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 8 months	Health insurance cover with eye care benefit for 12 months or longer with no break in cover
12 Months	Remaining months to be carried over, namely 4 months in this example	No waiting period

The master policy issued is the source of all benefits, rights, obligations and exclusions.