



Our **booster option** covers specific medical procedures, treatments, scans, and surgeries that some medical aid plans exclude.


CORPORATE ACCESS

We cover **5 or more employees** as an employer group if you join through your employer.
If your employer agrees to your spouse and dependants joining, add them to your policy.



Premiums are determined by factors such as the size of the employer group, the average age, and whether cover is compulsory or voluntary.

ASK US FOR A CORPORATE QUOTE

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including dependants registered on either plan. Child dependants may remain on your policy regardless of age but must apply for their own policy when applying for their own medical aid plan. Full-time students **26 or younger** may remain on your policy, even if they belong to a different medical aid plan, provided proof of full-time studies is submitted annually.

OVERALL POLICY LIMIT (OPL)				KEY BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) <i>An OPL of R 210 580 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		
	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 isn't listed as a PMB.	
	Medical Procedures, Treatments, Scans and Surgeries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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 15 000
Arthroscopic surgery					R 72 000
Back or neck surgery					R 72 000
Bunion surgery					R 20 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids if part of a bimodal solution)					R 85 000
Dental procedures for impacted teeth for children younger than 18					R 20 000
Dental procedures for reconstructive surgery required due to an accident					R 85 000
Endoscopic procedures					R 10 000
Functional nasal surgery					R 30 000
Joint replacement surgery (including non-PMB joint replacements and internal prosthetic devices)					R 60 000
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.

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	CASUALTY BENEFITS There are two benefit categories .			Covers shortfalls when your medical aid pays part of the cost of a casualty event from a risk, insured day-to-day or block benefit , or the total cost when paid from your medical savings account or pocket , subject to our benefit limit.
	ACCIDENTAL EVENTS Individuals of All Ages		☑	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 received 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 10 years or younger for after-hours illness-related events at any registered casualty facility between 18:00 and 7:00 Monday through Friday and all day Saturday, Sunday, and public holidays.
	OVERALL POLICY LIMIT (OPL)			BENEFIT NOT SUBJECT TO THE 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 BENEFIT			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** brochure, visit www.stratumbenefits.co.za/corporateaccess/ or scan the **QR code**.

WAITING PERIODS**UNDERWRITING APPLICABLE TO EMPLOYEES**

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 accidental events that occur after your and your dependants' cover start dates.

Unless we confirm otherwise, the following benefit is subject to this waiting period:

ACCESS 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:

ACCESS BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS

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.

BENEFIT & GENERAL EXCLUSIONS

Gap Cover works with your medical aid cover.

Gap Cover 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 a medical event before we step in and take care of the rest. However, not every medical event will qualify for benefits as policies are 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.



GENERAL EXCLUSIONS

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, for short, animated videos that explain how our benefits work.

FREQUENTLY ASKED QUESTIONS

Reading through frequently asked questions is one way of understanding **Gap Cover** better.

Go to our **Frequently Asked Questions** page, www.stratumbenefits.co.za/gap-cover-faqs/, or scan the QR code.

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.