



Our **middle-of-the-range option** covers the most often experienced **in-hospital** medical expense shortfalls.

| 2025 |

StratumBenefits<sup>+</sup>

## CORPORATE MERIDIAN<sup>400</sup>




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
	<b>GAP BENEFIT</b>		
	Medical Expense Shortfalls	☑	
	<b>CO-PAYMENT BENEFITS</b> There are <b>three benefit categories</b> .		
	Admission and Procedure Co-Payments	☑	
	Penalty Co-Payments	☑	
	Scope Co-Payments		☑
	<b>DENTAL COVER</b>		
	Specialist Shortfalls	☑	
	Admission and Procedure Co-Payments	☑	

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

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	<b>MATERNITY COVER</b>			MATERNITY COVER is made up of various benefits that cover maternity-related <b>shortfalls</b> and <b>refund</b> co-payments.
	<b>THE DELIVERY</b> Childbirth Shortfalls	☑	☑	GAP BENEFIT covers <b>shortfalls</b> 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 <b>ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT</b> .
	Penalty Co-Payments	☑		Claim the penalty co-payment from our <b>PENALTY CO-PAYMENT BENEFIT</b> when using a hospital outside your medical aid's preferred network.
	<b>SUB-LIMIT BENEFIT</b>	☑		Covers the <b>difference</b> in the cost of internal prosthetic devices implanted into your body when your medical aid pays part of the cost from a <b>sub-limit</b> or <b>annual limit</b> . Limited to <b>2 events</b> up to <b>R 20 000 per event per policy per year</b> .
	<b>RADIOLOGY COVER</b>			RADIOLOGY COVER is made up of various benefits that cover <b>shortfalls</b> on basic and specialised radiology, <b>refund</b> MRI, CT, and PET scan co-payments, and pay the <b>difference</b> in the cost of a scan when your medical aid doesn't cover the total cost.
	Radiology Shortfalls	☑		GAP BENEFIT covers <b>shortfalls</b> when the radiologist or radiology facility charges more than your medical aid plan's rate for <b>in-hospital</b> basic and specialised radiology.
	MRI, CT and PET Scan Co-Payments	☑		Claim <b>in-hospital</b> MRI, CT, and PET scan co-payments from our <b>ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT</b> .
	MRI, CT and PET Scan Co-Payments		☑	Claim <b>out-of-hospital</b> MRI, CT, and PET scan co-payments. Limited to <b>2 co-payments</b> up to <b>R 4 000 per co-payment per policy per year</b> .
	MRI, CT and PET Scan Sub-Limits	☑	☑	Our <b>MRI, CT AND PET SCAN SUB-LIMIT BENEFIT</b> covers the <b>difference</b> in the cost of <b>in- and out-of-hospital</b> scans when your medical aid pays part of the cost from a <b>sub-limit</b> or <b>annual limit</b> . Limited to <b>R 5 000 per insured person per event</b> .
	<b>CANCER BENEFIT</b>			Covers cancer treatment <b>shortfalls</b> and <b>refunds</b> 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"> <li>Covers <b>shortfalls</b> when healthcare providers charge more than what your medical aid pays from an <b>oncology benefit</b> 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.</li> <li><b>Refunds</b> 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.</li> </ul> Limited to <b>R 50 000 per insured person per year</b> .
	<b>CASUALTY BENEFITS</b> There are <b>two benefit categories</b> .			Covers <b>shortfalls</b> when your medical aid pays part of the cost of a casualty event from a <b>risk, insured day-to-day or block benefit</b> , or the <b>total cost</b> when paid from your <b>medical savings account</b> or <b>pocket</b> , subject to our benefit limits.
	ACCIDENTAL EVENTS Individuals of <b>All Ages</b>		☑	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 <b>within 24 hours</b> 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 received at the medical facility, such as a neck brace. Limited to <b>R 9 500 per insured person per event</b> .
	ILLNESS EVENTS Individuals of <b>All Ages</b>		☑	Covers the whole family for after-hours illness-related events at any registered casualty facility between <b>18:00</b> and <b>7:00</b> Monday through Friday and all day Saturday, Sunday, and public holidays. Limited to <b>2 events</b> up to <b>R 3 000 per event per policy per year</b> .
	<b>TRAUMA COUNSELLING BENEFIT</b>		☑	Covers <b>shortfalls</b> when your medical aid pays part of your registered counsellor's consultation fees from a <b>risk, insured day-to-day or block benefit</b> , or the <b>total cost</b> when paid from your <b>medical savings account</b> or <b>pocket</b> , subject to our benefit limit. Covers you when: <ul style="list-style-type: none"> <li>you witness an accident or act of physical violence;</li> <li>are directly affected by an accident or act of physical violence, for example, suffering bodily injury resulting in total and permanent disability;</li> <li>receive news of a loved one's or your own diagnosis of a critical illness; or</li> <li>mourn the death of a loved one.</li> </ul> Limited to <b>3 consultations</b> up to <b>R 2 000 per consultation per policy per year</b> .

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 **CORPORATE MERIDIAN<sup>400</sup>** brochure, visit [www.stratumbenefits.co.za/corporate-meridian400/](http://www.stratumbenefits.co.za/corporate-meridian400/) 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 benefits are subject to this waiting period:

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

**EXCEPTION TO THE RULE**

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS	TRAUMA COUNSELLING BENEFIT
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**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** for any of the listed medical procedures or scans in the first **10 months** of cover, we'll pay between **20%** and **100%** of the **approved claim amount**, subject to applicable benefit limits.

The percentage is determined by the quote your employer accepted.

If your medical event is related to a pre-existing 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**.

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| <ul style="list-style-type: none"> <li>• adenoidectomy;</li> <li>• cardiovascular procedures;</li> <li>• cataract removal;</li> <li>• dentistry;</li> <li>• hernia repair;</li> </ul> | <ul style="list-style-type: none"> <li>• hysterectomy (full cover if due to cancer diagnosed after the <b>General Waiting Period</b>);</li> <li>• joint replacements;</li> <li>• MRI, CT, and PET scans;</li> <li>• myringotomy (grommets);</li> </ul> | <ul style="list-style-type: none"> <li>• nasal and sinus surgery;</li> <li>• pregnancy and childbirth;</li> <li>• scopes (including medical events where a scope is used);</li> <li>• spinal procedures; or</li> <li>• tonsillectomy.</li> </ul> |
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## 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/](http://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/](http://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](https://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/](http://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/](http://www.stratumbenefits.co.za/apply-today/) to apply online, or download and email the application form.