

## ACCESS OPTIMISER PLUS

### WHY CHOOSE ACCESS OPTIMISER PLUS?

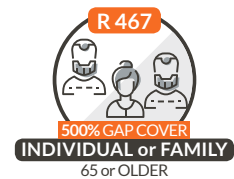
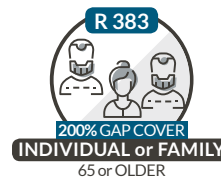
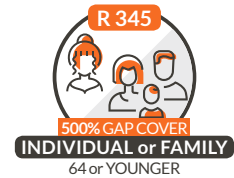
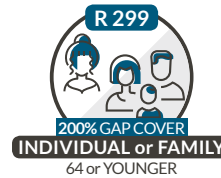
It is our **booster option** that covers specific medical procedures and events that your medical aid plan excludes from cover, as well as provide cover for the **most likely** medical expense shortfalls that you may experience on doctors' and specialists' private fees.

### WHO DO WE COVER?

We cover individuals and families. Our family options cover you, your spouse and all the dependants registered on both your and your spouse's medical aid plans.

### MONTHLY PREMIUM

A standard monthly premium applies regardless of whether you join as an individual or whether you and all your dependants join. As an individual aged **65 or older**, you will be covered under the **65+ individual option**. If you apply for cover as a family, and either you or one of your dependants is **65 years or older**, you and your family will be covered under the **65+ family option**.



### OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of R 165 000 per policy per year applies regardless of whether you are covered as an individual or a family.

Our **Accidental Disability and Death Benefit** is not subject to the **OPL** as this benefit is offered **over and above** the benefits that form part of the **OPL**.

### KEY BENEFITS

#### ACCESS COVER



We cover the cost of the hospital or day clinic and all your related healthcare providers' accounts when you need one of the below listed medical procedures and/or treatments that your medical aid plan excludes from cover, limited to the rand amounts as indicated **per policy per year**:

MEDICAL PROCEDURE/EVENT NOT COVERED BY YOUR MEDICAL AID	ACCESS COVER PROVIDES
Arthroscopic surgery	R 50 000
Back and/or neck surgery	R 50 000
Bunion surgery	R 14 000
Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids)	R 80 000
Dental procedures for impacted teeth for children <b>younger than 18</b>	R 14 000
Dental procedures for reconstructive surgery required due to an accidental event	R 80 000
Endoscopic procedures	R 5 000
Functional nasal surgery	R 23 000
Joint replacement surgery	R 50 000
Knee and/or shoulder surgery	R 25 000
MRI and/or CT scan required due to an accidental event	R 10 000
Non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer)	R 20 000
Oesophageal reflux and hiatus hernia surgery	R 55 000
Removal of varicose veins	R 20 000
Skin disorders (including benign growths and/or lipomas)	R 20 000

### YOUR NEXT STEP

- When your healthcare provider informs you that you need a medical procedure or treatment that forms part of the list of procedures and/or treatments that we cover, you will be required to obtain cost estimates from your preferred hospital or day clinic and all related healthcare providers.
- We will issue a guarantee of payment as an undertaking to pay your service and/or healthcare providers directly once your claim is approved.

### ACCESS COVER 10 MONTH BENEFIT RULE

If you claim from our **ACCESS COVER** within the first 10 months of cover for a medical event related to:

- arthroscopic surgery;
- back and/or neck surgery;
- bunion surgery;
- cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids);
- dental procedures for impacted teeth for children **younger than 18**;
- endoscopic procedures;
- functional nasal surgery;
- joint replacement surgery;
- knee and/or shoulder surgery;
- non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer);
- oesophageal reflux and hiatus hernia surgery;
- removal of varicose veins; and/or
- skin disorders (including benign growths and/or lipomas),

we will cover only **20% of the approved claim amount**, subject to the benefit limits.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to any waiting periods.

## GAP COVER

Our **ACCESS COVER** benefit covers specific medical procedures and/or treatments that your medical aid plan **excludes from cover**.

Our **GAP COVER** benefit provides an **additional 200% or 500%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit** for medical procedures and/or treatments that are **not excluded** from cover.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
  - such as wisdom teeth extractions, limited to **R 4 000 per policy per year**;
  - for accidental injury or cancer treatment, limited to **R 8 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
  - basic radiology, such as black and white x-rays; and/or
  - specialised radiology, limited to **R 5 000 per policy per year**.

### GAP COVER 10 MONTH BENEFIT RULE

If you claim from our **GAP COVER** within the first 10 months of cover for a medical event related to:

- adenoidectomy;
- tonsillectomy;
- myringotomy/grommets;
- cardiovascular procedures;
- cataract removal;
- dentistry;
- hernia repairs;
- joint replacements;
- MRI, CT and PET scans;
- nasal and sinus surgery;
- pregnancy and childbirth;
- spinal procedures;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if a hysterectomy is required due to cancer that is diagnosed after the **General Waiting Period** applicable to your policy),

we will cover only **20%** of the **approved claim amount**.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**.

Accidental events do not form part of this **Benefit Rule** and are never subject to waiting periods.

## CASUALTY COVER

This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are ill and need **after-hours** medical treatment.

### WHEN IS AFTER-HOURS?

**After-hours** is **Mondays to Fridays** between **18:00pm** and **07:00am** and all-day **Saturdays, Sundays** and **public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 2 000 per policy per year**.

## PAYOUT BENEFIT

(Not subject to the OPL)

## ACCIDENTAL DISABILITY AND DEATH

We cover you and/or your spouse for a benefit amount of **R 5 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident, limited to **1 event per person per year**.

### WAITING PERIODS

Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

#### 3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

#### 12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

### \*LIFESTYLE BENEFIT

Our **Lifestyle Benefit** is offered at no cost to you.

## FUEL REWARDS

Fill up at any **SHELL service station** and get rewarded with **22 cents** per litre of **diesel** and **15 cents** per litre of **petrol**.

### \*T'S & C'S, BENEFIT AND GENERAL EXCLUSIONS

Visit our website at [www.stratumbenefits.co.za](http://www.stratumbenefits.co.za) to view our policy and benefit exclusions and read more about the **T's & C's** applicable to our **Lifestyle Benefit** and how to register.

*Our Gap Cover policy is not a medical aid, does not provide similar cover as that of a medical aid and cannot be substituted for medical aid membership.*