CORPORATE COMPACT 200

Stratum Benefits Gap Cover

CMAC
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WHY CHOOSE CORPORATE COMPACT 200?

It is our **well-rounded option**, available to employees through their employer, that is packed with just the right benefits to cover the **most often experienced** medical expense shortfalls.

WHO DO WE COVER?

We cover employer groups where **10** or **more** employees join.

We cover you, as the employee, as well as your spouse and all the dependants registered on both your and your spouse's medical aid plans, subject to approval from your employer.

MONTHLY PREMIUM

The monthly premium that each employee pays as part of the employer group is determined by a number of factors, such as the employer group's average age and whether cover is compulsory or voluntary for employees.

OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of **R 165 000 per person per year** applies across **all benefits**, except when you claim from our **Accidental Disability and Death** and **First-Time Cancer Diagnosis Benefits**, as these benefits are offered **over and above** the benefits that form part of the **OPL**.

KEY BENEFITS

GAP COVER

Our benefit provides an **additional 200%** 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**.

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**.

CO-PAYMENT COVER

ADMISSION AND PROCEDURE CO-PAYMENTS

This benefit refunds the co-payments or deductibles that your medical aid requires you to pay before undergoing certain medical procedures and/or diagnostic services, such as MRI/CT scans and scopes, limited to **R 15 000 per policy per year**.

SUB-LIMIT COVER

We cover the difference in cost that you are responsible to pay when your medical aid pays a portion of an internal prosthetic device from a **sub-limit** or **annual limit**, limited to **R 15 000 per person per event**.

10 MONTH BENEFIT RULE

If you claim from our **GAP COVER**, **CO-PAYMENT COVER** and/or **SUB-LIMIT COVER** within the first **10 months** of cover for a medical event related to:

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

we will cover between **20%** and **100%** of the **approved claim amount** as quoted and accepted by your employer, subject to benefit limits where applicable.

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**. If this waiting period does not apply to your policy, your claim will be covered as specified above.

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

CONSTANTIA Insurance made personal
Stratum Benefits

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CANCER COVER

CANCER TREATMENT SHORTFALLS

We cover the difference in cost between what your healthcare providers charge and the rate your medical aid pays from an **oncology benefit** for healthcare services related to your cancer treatment, including co-payments related to your cancer treatment when the **oncology benefit** limit your medical aid plan provides is reached.

CANCER TREATMENT TOP-UP

When the **oncology benefit** limit provided by your medical aid plan is reached, we will cover the cost of your ongoing cancer treatment limited to **R 60 000 per person per year**.

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 6 000 per policy per year**.

TRAUMA COUNSELLING COVER

We cover the cost of your registered counsellor's consultation fees when you:

- witness, or are directly affected by an act of physical violence or an accident;
- receive news of a loved one's or of your own diagnosis of a critical illness; and/or
- mourn the death of a loved one.

You will be refunded for 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 5 000 per policy per year**.

PAYOUT BENEFITS

(**Not** subject to the **OPL**)

ACCIDENTAL DISABILITY AND DEATH

We cover you and/or your spouse for a benefit amount of **R 15 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident.

We also cover your dependants for a benefit amount of **R 5 000 each** in the event of their total and permanent disability or death due to an accident.

Limited to **1 event per person per year**.

FIRST-TIME CANCER DIAGNOSIS

We pay a benefit amount of **R 15 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

WAITING PERIODS

The below waiting periods are standard waiting periods that may or may not apply to your policy, subject to the quote approved by your employer.

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.

10 MONTH PRE-EXISTING PREGNANCY AND CHILDBIRTH WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to pregnancy and childbirth for which advice and/or treatment was received within **12 months** before 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** to view the qualifying criteria that apply to our **First-Time Cancer Diagnosis Benefit**, see 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.