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 Council of Medical Services Accreditation No. 2012/137/01

Stratum Benefits

Gap Cover

2020 CORPORATE PRODUCT RANGE



Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Constantia Insurance Company Limited, an authorised FSP 31111. This document is a summary and does not replace any information provided in your policy contract. In the event of any differences, your policy contract will apply. Terms and conditions apply.



APPLY FOR CORPORATE GAP COVER

E-mail your Client Application Form to:

e yourportfolio@stratumbenefits.co.za

Apply online:

w www.stratumbenefits.co.za

QUERIES AND POLICY CHANGES

For policy amendments and benefit enquiries, email us at:

e yourportfolio@stratumbenefits.co.za

CORPORATE GAP COVER CLAIMS

E-mail your Client Claim Form or follow up on a claim:

e yourclaim@stratumbenefits.co.za

Submit your claim online:

w www.stratumbenefits.co.za

STRATUM BENEFITS (PTY) LTD

REG NO.: 2003/018155/07

HEAD OFFICE

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Randburg,

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f 086 633 3761

e info@stratumbenefits.co.za

w www.stratumbenefits.co.za

REGIONAL OFFICES

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PORT ELIZABETH

10 Mendelssohn Avenue, Pari Park,

Port Elizabeth, 6070

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STRATUM BENEFITS BUSINESS HOURS

Mon - Thurs 8:00 - 16:30

Fri 8:00 - 16:00

OVERVIEW 02



GAP COVER²⁰⁰

CORPORATE COMPACT²⁰⁰ 08



GAP COVER⁵⁰⁰

CORPORATE ELITE PLUS 12















CORPORATE ELITE 16






OPTIMISER

CORPORATE ACCESS PLUS 22

CORPORATE GAP COVER PRODUCT RANGE OVERVIEW

	CORPORATE COMPACT ²⁰⁰	CORPORATE ELITE PLUS
OVERALL POLICY LIMIT (OPL)	R 165 000 per person per year	
KEY BENEFITS		
 GAP COVER	200% Benefit limits apply (OPL)	500% Benefit limits apply (OPL)
 CO-PAYMENT COVER		
ADMISSION AND PROCEDURE CO-PAYMENTS	R 15 000 per policy per year (OPL)	No benefit limit (OPL)
ROBOTIC SURGERY CO-PAYMENT	⊗	R 10 000 per policy per year (OPL)
PENALTY CO-PAYMENT	⊗	1 up to R 10 000 per policy per year (OPL)
 SUB-LIMIT COVER		
INTERNAL PROSTHETIC DEVICES	R 15 000 per person per event (OPL)	R 30 000 per person per event (OPL)
RENAL DIALYSIS TREATMENTS	⊗	R 30 000 per person per event (OPL)
COLONOSCOPIES AND GASTROSCOPIES	⊗	R 3 000 per person per event (OPL)
MRI AND CT SCANS	⊗	R 3 000 per person per event (OPL)
 PRIVATE WARD COVER	⊗	R 2 500 per policy per year (Not subject to OPL)
 CANCER COVER		
BREAST RECONSTRUCTION	⊗	1 up to R 30 000 per person per lifetime (OPL)
CANCER TREATMENT SHORTFALLS	No benefit limit (OPL)	No benefit limit (OPL)
CANCER TREATMENT TOP-UP	R 60 000 per person per year (OPL)	No benefit limit (OPL)
 PHYSICAL REHABILITATION TOP-UP COVER	⊗	R 10 000 per person per year
 OUT-PATIENT SPECIALIST CONSULTATION COVER	⊗	R 1 000 per consultation Limited to 3 per policy per year
 CASUALTY COVER	R 6 000 per policy per year (OPL)	R 12 000 per policy per year (OPL)
 TRAUMA COUNSELLING COVER	R 5 000 per policy per year (OPL)	R 10 000 per policy per year (OPL)
 PREVENTATIVE CARE COVER	⊗	R 1 000 per policy per year (OPL)
PAYOUT AND WAIVER BENEFITS		
	NOT SUBJECT TO OPL	
 ACCIDENTAL DISABILITY AND DEATH	R 15 000 Principal Insured R 15 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year	R 25 000 Principal Insured R 25 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year
 FIRST-TIME CANCER DIAGNOSIS	R 15 000 per person per lifetime	R 30 000 per person per lifetime
 MEDICAL AID CONTRIBUTION WAIVER	⊗	6 Months Limited to R 4 500 per month
 STRATUM POLICY PREMIUM WAIVER	⊗	12 Months

CORPORATE ELITE	CORPORATE ACCESS PLUS
R 165 000 per person per year	R 165 000 per policy per year
500% Benefit limits apply (OPL)	500% Benefit limits apply (OPL)
	⊗
No benefit limit (OPL)	⊗
R 10 000 per policy per year (OPL)	⊗
1 up to R 10 000 per policy per year (OPL)	⊗
	⊗
R 30 000 per person per event (OPL)	⊗
R 30 000 per person per event (OPL)	⊗
R 3 000 per person per event (OPL)	⊗
R 3 000 per person per event (OPL)	⊗
R 2 500 per policy per year (Not subject to OPL)	⊗
	⊗
⊗	⊗
No benefit limit (OPL)	⊗
No benefit limit (OPL)	⊗
R 10 000 per person per year	⊗
⊗	⊗
R 12 000 per policy per year (OPL)	R 2 000 per policy per year (OPL)
R 10 000 per policy per year (OPL)	⊗
R 1 000 per policy per year (OPL)	⊗
NOT SUBJECT TO OPL	
R 25 000 Principal Insured R 25 000 Spouse R 5 000 Other Dependants Limited to 1 event per person per year	R 5 000 Principal Insured R 5 000 Spouse Limited to 1 event per person per year
R 30 000 per person per lifetime	⊗
6 Months Limited to R 4 500 per month	⊗
6 Months	⊗

	CORPORATE COMPACT ²⁰⁰	CORPORATE ELITE PLUS
LIFESTYLE BENEFITS		
 FUEL REWARDS	22 Cents per litre diesel and 15 cents per litre petrol	
 INTERNATIONAL TRAVEL INSURANCE	⊗	1 Trip per policy per year Maximum 31 days
 ACCESS COVER	⊗	⊗

MONTHLY PREMIUM

Determined by a number of factors, such as the employer group's average age and whether cover is

CORPORATE ELITE	CORPORATE ACCESS PLUS
22 Cents per litre diesel and 15 cents per litre petrol	
1 Trip per policy per year Maximum 31 days	⊗
⊗	Covers specific medical procedures and treatments that your medical aid plan excludes (OPL):
	<ul style="list-style-type: none"> R 5 000 • Endoscopic procedures R 10 000 • MRI and/or CT scan (due to an accidental event) R 14 000 • Bunion surgery • Dental procedures - impacted teeth (children younger than 18) R 20 000 • Non-cancerous breast conditions (incl. breast reconstruction of unaffected breast) • Removal of varicose veins • Skin disorders (incl. benign growths and/or lipomas) R 23 000 • Functional nasal surgery R 25 000 • Knee and/or shoulder surgery R 50 000 • Arthroscopic surgery • Back and/or neck surgery • Joint replacement surgery R 55 000 • Oesophageal reflux and hiatus hernia surgery R 80 000 • Cochlear implant, auditory brain implant and internal nerve stimulator surgery (incl. procedure, device, processor & hearing aids) • Dental procedures for reconstructive surgery (due to an accidental event)

compulsory or voluntary for employees.



GAP COVER **200**

CORPORATE COMPACT 200

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;
- 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**),
- tonsillectomy;
- cardiovascular procedures;
- dentistry;
- joint replacements;
- nasal and sinus surgery;
- spinal procedures;

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.

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.

GAP COVER 500

+ CORPORATE ELITE PLUS

WHY CHOOSE CORPORATE ELITE PLUS?

It is our **premium option** that offers the **widest range** of benefits to employees through their employer.

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 **Private Ward, Accidental Disability and Death, First-Time Cancer Diagnosis, Medical Aid Contribution Waiver and Stratum Policy Premium Waiver 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 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**.

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 6 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 12 000 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.

ROBOTIC SURGERY CO-PAYMENT

We will refund the co-payment that your medical aid requires you to pay before undergoing robotic surgery, limited to **R 10 000 per policy per year**.

PENALTY CO-PAYMENT

We will also refund the co-payment that you are required to pay when you make use of a hospital or day clinic outside your medical aid's preferred network, limited to **1 co-payment** of up to **R 10 000 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 the following medical events from a **sub-limit or annual limit**:

INTERNAL PROSTHETIC DEVICES

Limited to **R 30 000 per person per event**.

RENAL DIALYSIS TREATMENTS

Limited to **R 30 000 per person per event**.

COLONOSCOPIES AND GASTROSCOPIES

Limited to **R 3 000 per person per event**.

MRI AND CT SCANS

We will also cover the difference in cost that you are responsible to pay, or the full amount of a scan when your medical aid plan's **sub-limit or annual limit** is reached, limited to **R 3 000 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;
- 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**),
- tonsillectomy;
- cardiovascular procedures;
- dentistry;
- joint replacements;
- nasal and sinus surgery;
- spinal procedures;

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.

PRIVATE WARD COVER 

(Not subject to the OPL)

This benefit covers the hospital fees that you are responsible to pay when your medical aid plan does not provide cover for:

- a private ward that you choose to use;
- a lodger fee for your spouse, or any other person who is registered on your **Gap Cover** policy, who stays with you when you are hospitalised; and/or
- a nursery fee when you are admitted to hospital and are unable to take care of your child dependant who is also registered on your **Gap Cover** policy.

Limited to **R 2 500 per policy per year**.

CANCER COVER **BREAST RECONSTRUCTION**

Our **Gap Cover** benefit covers the difference in cost between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit** for a mastectomy and the reconstruction of an **affected** breast.

Our **Breast Reconstruction** benefit covers you when you have a breast reconstruction done on an **unaffected** breast that your medical aid plan excludes from cover, limited to **1 event** of up to **R 30 000 per person per lifetime**, *subject to specific qualifying criteria.

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.

PHYSICAL REHABILITATION TOP-UP COVER 

Our benefit covers the cost of admission and therapy in a sub-acute or step-down facility when the **rehabilitation benefit** your medical aid plan provides is reached and you require ongoing physical rehabilitation treatment due to an accident, limited to **R 10 000 per person per year**.

OUT-PATIENT SPECIALIST CONSULTATION COVER 

Subject to a standard 3 Month General Waiting Period.

We cover the difference in cost between what your specialist charges for a consultation in their private rooms and the rate your medical aid plan applies to out-patient specialist consultation fees.

Your medical aid must pay a portion of your specialist's consultation fee from a **hospital, risk, or day-to-day benefit** or from your **medical savings account**.

Limited to **R 1 000 per consultation** with a maximum of **3 consultations per policy 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 12 000 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 10 000 per policy per year**.

PREVENTATIVE CARE COVER 

Our benefit covers the cost of your healthcare provider's consultation fee and the cost of the following preventative tests and/or procedures:

- contraceptive device implant;
- full blood count;
- mammogram;
- pap smear; and/or
- prostate screening.

When you pay an amount from your **own pocket** or your medical aid pays an amount from a **day-to-day benefit** or your **medical savings account**, we will refund the amount to you limited to **R 1 000 per policy per year**.

PAYOUT AND WAIVER BENEFITS

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH 

We cover you and/or your spouse for a benefit amount of **R 25 000 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 30 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

MEDICAL AID CONTRIBUTION WAIVER 

When the person responsible for paying your monthly medical aid plan contributions becomes totally and permanently disabled or passes away, we will continue to pay your monthly contributions up to **R 4 500 per month for 6 months**.

STRATUM POLICY PREMIUM WAIVER 

We will continue to pay your policy premiums for **12 months** when the person responsible for paying the monthly premiums is forcibly retrenched, becomes totally and permanently disabled or passes away.

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.

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 BENEFITS**

Our **Lifestyle Benefits** are 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**.

INTERNATIONAL TRAVEL INSURANCE 

We cover acute illness and/or injury when you travel outside of South African borders. Whether you travel alone, or together with your dependants registered on your **Gap Cover** policy, our benefit is limited to **1 trip per policy per year** to a maximum of **31 days**, *subject to specific qualifying criteria.

***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 **Breast Reconstruction** and **First-Time Cancer Diagnosis Benefits**, see our policy and benefit exclusions and read more about the **T's & C's** applicable to our **Lifestyle Benefits** and how to register.

CORPORATE ELITE

WHY CHOOSE CORPORATE ELITE?

It is one of our **premium options** that offer a **wide range** of benefits to employees through their employer.

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 **Private Ward, Accidental Disability and Death, First-Time Cancer Diagnosis, Medical Aid Contribution Waiver and Stratum Policy Premium Waiver 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 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**.

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 6 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 12 000 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.

ROBOTIC SURGERY CO-PAYMENT

We will refund the co-payment that your medical aid requires you to pay before undergoing robotic surgery, limited to **R 10 000 per policy per year**.

PENALTY CO-PAYMENT

We will also refund the co-payment that you are required to pay when you make use of a hospital or day clinic outside your medical aid's preferred network, limited to **1 co-payment** of up to **R 10 000 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 the following medical events from a **sub-limit or annual limit**:

INTERNAL PROSTHETIC DEVICES

Limited to **R 30 000 per person per event**.

RENAL DIALYSIS TREATMENTS

Limited to **R 30 000 per person per event**.

COLONOSCOPIES AND GASTROSCOPIES

Limited to **R 3 000 per person per event**.

MRI AND CT SCANS

We will also cover the difference in cost that you are responsible to pay, or the full amount of a scan when your medical aid plan's **sub-limit or annual limit** is reached, limited to **R 3 000 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;
- 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 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.

PRIVATE WARD COVER

(Not subject to the OPL)

This benefit covers the hospital fees that you are responsible to pay when your medical aid plan does not provide cover for:

- a private ward that you choose to use;
- a lodger fee for your spouse, or any other person who is registered on your **Gap Cover** policy, who stays with you when you are hospitalised; and/or
- a nursery fee when you are admitted to hospital and are unable to take care of your child dependant who is also registered on your **Gap Cover** policy.

Limited to **R 2 500 per policy per year**.

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.

PHYSICAL REHABILITATION TOP-UP COVER

Our benefit covers the cost of admission and therapy in a sub-acute or step-down facility when the **rehabilitation benefit** your medical aid plan provides is reached, and you require ongoing physical rehabilitation treatment due to an accident, limited to **R 10 000 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 12 000 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 10 000 per policy per year**.

PREVENTATIVE CARE COVER

Our benefit covers the cost of your healthcare provider's consultation fee and the cost of the following preventative tests and/or procedures:

- contraceptive device implant;
- full blood count;
- mammogram;
- pap smear; and/or
- prostate screening.

When you pay an amount from your **own pocket** or your medical aid pays an amount from a **day-to-day benefit** or your **medical savings account**, we will refund the amount to you limited to **R 1 000 per policy per year**.

PAYOUT AND WAIVER BENEFITS

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH

We cover you and/or your spouse for a benefit amount of **R 25 000 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 30 000 per person per lifetime** when cancer is diagnosed for the first time in your life, *subject to specific qualifying criteria.

MEDICAL AID CONTRIBUTION WAIVER

When the person responsible for paying your monthly medical aid plan contributions becomes totally and permanently disabled or passes away, we will continue to pay your monthly contributions up to **R 4 500 per month for 6 months**.

STRATUM POLICY PREMIUM WAIVER

We will continue to pay your policy premiums for **6 months** when the person responsible for paying the monthly premiums is forcibly retrenched, becomes totally and permanently disabled or passes away.

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 BENEFITS**

Our **Lifestyle Benefits** are 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**.

INTERNATIONAL TRAVEL INSURANCE

We cover acute illness and/or injury when you travel outside of South African borders. Whether you travel alone, or together with your dependants registered on your **Gap Cover** policy, our benefit is limited to **1 trip per policy per year** to a maximum of **31 days**, *subject to specific qualifying criteria.

***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 Benefits** 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.



OPTIMISER

CORPORATE ACCESS PLUS

WHY CHOOSE CORPORATE ACCESS PLUS?

It is our **booster option**, available to employees through their employer, 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 shortfall that you may experience on doctors' and specialists' private fees.

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 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 younger than 18	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 and/or treatment that forms part of the list of procedures 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 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 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 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 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.

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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**.

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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.

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*LIFESTYLE BENEFIT

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