

LUMA300

Our **purpose-built individual option** offers a broad range of **in-** and **out-of-hospital benefits** for individuals who only need cover for themselves.

PREMIUMS FOR INDIVIDUALS

35 OR **YOUNGER**	36 OR **OLDER**
INDIVIDUAL R 275	INDIVIDUAL R 700

Premiums are based on your age at entry, with no maximum entry age.
The **36** or **older** premium applies if you join at age **36** or **older**, or once you turn **36**.
For your dependants to enjoy cover, you'll need to change to one of our family options.

OVERALL POLICY LIMIT (OPL)				BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) *The **OPL** is **R 226 880 per year**, or any higher amount published by the Regulator during the year. The following benefits are subject to the **OPL**, with approved claims reducing the available amount.*
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	GAP BENEFIT			Covers **shortfalls** when doctors, specialists and other healthcare providers charge more than your medical aid plan's rate, as long as your medical aid pays an amount from a **hospital benefit**, also known as a **risk**, **major medical**, **insured day-to-day** or **block benefit**.
	Medical Expense Shortfalls	✓	✓	Pays up to an **additional** 300% on top of your medical aid plan's rate to cover **shortfalls** related to in- and out-of-hospital medical procedures, surgeries, treatments, consumable items, medication administered during your medical event, pathology, physiotherapy, and Prescribed Minimum Benefit (PMB) medical procedures. Subject to the **OPL** of **R 226 880 per year**.
	CO-PAYMENT BENEFITS There are **four benefit categories**.			**Refunds** co-payments that your **medical aid imposes** as rand amounts or percentages for admissions and medical procedures, as long as the co-payments are paid from your **medical savings account** or **pocket**.
	Admission and Procedure Co-Payments	✓	✓	Claim as many co-payments as needed when admitted to a day clinic or hospital or before undergoing a medical procedure, such as an in- or out-of-hospital scope or scan. Subject to the **OPL** of **R 226 880 per year**.
	Penalty Co-Payment	✓		When using a day clinic, hospital and healthcare provider outside your medical aid's preferred network for planned medical procedures. Limited to **1 co-payment** up to **R 16 500 per year**.
	Robotic Surgery Co-Payments	✓		When co-payments apply to robotic-assisted surgeries, such as prostatectomies. Limited to **R 16 500 per year**.
	Scope Co-Payments		✓	We refund co-payments for out-of-hospital scopes, such as cystoscopies and gastroscopies. Limited to **2 co-payments** up to **R 4 000 per co-payment per year**.
	DENTAL COVER			DENTAL COVER is made up of various benefits that cover dental procedure-related **shortfalls** and **refund** co-payments.
	Specialist Shortfalls	✓		Subject to our GAP BENEFIT that covers **shortfalls** when dentists and specialists charge more than your medical aid plan's rate for the following in-hospital medical events:
				• Dental procedures, such as dental implants and wisdom teeth extractions: Limited to **R 25 000 per year**.
				• Dental procedures due to accidental events or cancer treatment: Limited to **R 50 000 per year**.
	Admission and Procedure Co-Payments	✓		Claim day clinic or hospital admission and dental procedure-related co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.
				Claim the penalty co-payment from our PENALTY CO-PAYMENT BENEFIT when using a day clinic or hospital outside your medical aid's preferred network.

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

GUARDRISK TAILORED RISK SOLUTIONS

Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. This document is a summary and does not replace any information provided in your Policy Schedule. In the event of any differences, refer to your Policy Schedule. Terms and conditions apply.

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

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	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	MATERNITY COVER			MATERNITY COVER is made up of various benefits that cover pre- to post-bump **shortfalls** and **refund** co-payments.
	BEFORE THE DELIVERY Pre-Natal Consultations		✓	Subject to our OUT-PATIENT SPECIALIST CONSULTATION BENEFIT that covers **shortfalls** when healthcare professionals, such as your gynaecologist or obstetrician, charge more than the rate your medical aid applies to virtual or face-to-face consultations in the rooms.
	Preventative Procedures		✓	Subject to our PREVENTATIVE CARE BENEFIT that covers **shortfalls** or the **total cost** of pre-natal procedures, such as a flu vaccination in your second trimester or a full blood count test.
	THE DELIVERY Childbirth Shortfalls	✓	✓	Subject to our GAP BENEFIT that covers **shortfalls** 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 ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.
	Penalty Co-Payment	✓		Claim the penalty co-payment from our PENALTY CO-PAYMENT BENEFIT when using a hospital outside your medical aid's preferred network.
	Private Room	✓		Subject to our PRIVATE ROOM BENEFIT that covers **shortfalls** or the **total cost** of a private hospital room when your medical aid excludes it.
	AFTER THE DELIVERY Post-Natal Consultations		✓	Subject to our OUT-PATIENT SPECIALIST CONSULTATION BENEFIT that covers **shortfalls** when healthcare professionals, such as your gynaecologist, charge more than the rate your medical aid applies to post-natal consultations.
	Birth Control		✓	Subject to our PREVENTATIVE CARE BENEFIT that covers **shortfalls** or the **total cost** of contraceptive device implants.
	SUB-LIMIT BENEFIT Internal Prosthetic Device Shortfalls	✓		Covers the **difference** in the cost of internal prosthetic devices implanted into your body when your medical aid pays part of the cost from a **sub-limit** or **annual limit**. Limited to **2 events** up to **R 20 000 per event per year**.
	RADIOLOGY COVER			RADIOLOGY COVER is made up of various benefits that cover **shortfalls** on basic and specialised radiology, and **refund** MRI, CT and PET scan co-payments.
	Radiology Shortfalls	✓	✓	Subject to our GAP BENEFIT that covers **shortfalls** when the radiologist or radiology facility charges more than your medical aid plan's rate for in- or out-of-hospital basic and specialised radiology.
	MRI, CT and PET Scan Co-Payments	✓		Claim **in-hospital** MRI, CT, and PET scan co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.
	MRI, CT and PET Scan Co-Payments		✓	Claim **out-of-hospital** MRI, CT, and PET scan co-payments. Limited to **2 co-payments** up to **R 4 000 per co-payment per year**.
	CANCER BENEFITS There are **three benefit categories**.			Covers the costs and expenses of a breast reconstruction procedure, cancer treatment **shortfalls**, **total cost** of ongoing treatment, and **refunds** cancer-related co-payments.
	Breast Reconstruction	✓		Covers the costs and expenses incurred for breast implant reconstruction or flap breast reconstruction surgery of an **unaffected** breast that's not covered by your medical aid plan. Limited to **1 event** up to **R 15 000 per lifetime**.
	Cancer Treatment Shortfalls	✓	✓	• Covers **shortfalls** when healthcare providers charge more than what your medical aid pays from an **oncology benefit** 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. • **Refunds** 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. Limited to **R 50 000 per year**.
	Cancer Treatment Top-Up	✓	✓	Covers the **total cost** of ongoing cancer treatment up to the available **OPL** when your medical aid plan's oncology benefit limit has been reached. Limited to **R 50 000 per year**.
	OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		✓	Covers **shortfalls** when specialists charge more than the rate your medical aid applies to virtual or face-to-face consultations in the rooms, as long as your medical aid pays an amount from a **risk benefit**, also known as an **insured day-to-day** or **block benefit**, or your **medical savings account**. Limited to **2 consultations** up to **R 1 000 per consultation per year**.

Waiting periods may apply. Refer to the **Waiting Periods** page.

	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 limits.	
	ACCIDENTAL EVENTS		✓	Covers you 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, and medication administered during accidental events. • External medical items received at the medical facility, such as a neck brace: Limited to **2 events** up to **R 1 000 per event per year**, subject to the **R 3 000** benefit limit. • Follow-up visits related to accidental events: Limited to **1 visit per year**, subject to the **R 3 000** benefit limit.	Limited to **R 3 000 per event**.
	ILLNESS EVENTS		✓	We cover you for after-hours illness-related events at any registered casualty facility between **19:00** and **7:00** Monday through Friday and all day Saturday, Sunday, and public holidays. Limited to **2 events** up to **R 2 500 per event per year**.	
	TRAUMA COUNSELLING BENEFIT		✓	Covers **shortfalls** when your medical aid pays part of your registered counsellor's consultation fees 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. Covers you when: • you witness an accident or act of physical violence; • are directly affected by an accident or act of physical violence, for example, suffering bodily injury resulting in total and permanent disability; • receive news of a loved one's or your own diagnosis of a critical illness; or • mourn the death of a loved one. Limited to **R 5 000 per year**.	
	PREVENTATIVE CARE BENEFIT		✓	Covers **shortfalls** when your medical aid pays part of your healthcare provider's consultation fee or the cost of the below-listed preventative tests or procedures 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: • blood glucose tests; • bone density scans; • childhood immunisations; • cholesterol tests; • contraceptive device implants; • flu vaccinations; • full blood counts; • Human Papillomavirus vaccinations (HPV vaccines); • mammograms and breast sonars; • pap smears; • prostate-specific antigen screenings; and • testicular screenings. Limited to **2 events** up to **R 550 per event per year**.	

Waiting periods may apply. Refer to the **Waiting Periods** page.

OVERALL POLICY LIMIT (OPL)				BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL) *The following benefits aren't subject to the **OPL** and are available over and above benefits that fall within the **OPL**.*
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT	
	PRIVATE ROOM BENEFIT	✓		Covers **shortfalls** when your medical aid pays part of the cost of a private hospital room from a **hospital** or **risk benefit** or the **total cost** up to our benefit limit when your medical aid excludes it from cover. Claim from us when choosing a private hospital room, or when a nursery fee is charged while you're in hospital and need to nurse your baby. Limited to **R 2 500 per year**.
	ACCIDENTAL DEATH AND DISABILITY BENEFIT			You are covered for **R 15 000** if you pass away or become totally and permanently disabled due to an accident. Limited to **1 event per year**.
	MEDICAL AID CONTRIBUTION WAIVER BENEFIT			Pays your medical aid contributions in the event of the contribution payer's accidental death or total and permanent disability due to an accident. If your employer pays your medical aid contributions, the contributions must form part of your total salary package (cost to company). If you pay the contributions for your own individual medical aid membership, this benefit won't apply in the event of your accidental death, as there'll be no dependants remaining on the membership who require ongoing cover. Limited to **6 months** up to **R 3 000 per month per medical aid membership**.
	STRATUM POLICY PREMIUM WAIVER BENEFIT			Pays your **Gap Cover** policy premiums in the event of the premium payer's accidental death or total and permanent disability due to an accident. If your employer pays your **Gap Cover** premiums, the premiums must form part of your total salary package (cost to company). If you're both the insured person and policy premium payer, this benefit won't apply in the event of your accidental death, as there'll be no insured person remaining on the policy who requires ongoing cover. Limited to **12 months**.

Waiting periods may apply. Refer to the **Waiting Periods** page.

LIFESTYLE BENEFITS		These benefits are complimentary value-added products.
	INTERNATIONAL TRAVEL INSURANCE	Cover is provided for emergency hospital treatment following an acute illness or accidental injury while travelling for leisure **outside South Africa**. Limited to **1 trip per year,** for up to **30 days**. Inform us of your upcoming trip at least **7 working days** before departure and send proof of travel. Visit our website at www.stratumbenefits.co.za/international-travel-insurance/ for more information about this benefit and how to register.
	WELLNESS CARELINE	Access a confidential support service through our partnership with **Reality Wellness Group**. Connect with qualified registered counsellors and social workers for one-on-one counselling, offered telephonically or virtually. Support is available 24/7 in all 11 official languages. Download the **Reality Wellness Group** Mobile App for expert resources, inspiring talks, and practical tools to support your overall well-being. Visit www.stratumbenefits.co.za/wellness-careline/ for more information on counselling services and app features, and to get your access code to create your Mobile App profile.

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive LUMA300 brochure, visit www.stratumbenefits.co.za/luma300/ or scan the **QR code**.

GAP MATCH

This guiding tool matches the best-suited **Gap Cover** option with your medical aid plan.

Go to www.stratumbenefits.co.za/gap-match/ or scan the **QR code**.

Chat with your financial advisor to find your best-fit option, or contact our **Client Support Centre** for general information.

WAITING PERIODS

Waiting periods apply from your cover start date, but never to accidental events that occur after your start date.

3 MONTH GENERAL WAITING PERIOD

There's no cover during this period except for accidental events that occur after your cover start date.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

GAP BENEFIT | CO-PAYMENT BENEFITS | SUB-LIMIT BENEFIT | CANCER BENEFITS | PRIVATE ROOM BENEFIT | OUT-PATIENT SPECIALIST CONSULTATION BENEFIT | PREVENTATIVE CARE 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 cover start date.

Unless we confirm otherwise, the following benefits are subject to this waiting period:

GAP BENEFIT | CO-PAYMENT BENEFITS | SUB-LIMIT BENEFIT | CANCER BENEFITS | PRIVATE ROOM BENEFIT | OUT-PATIENT SPECIALIST CONSULTATION BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS | TRAUMA COUNSELLING BENEFIT | ACCIDENTAL DEATH AND DISABILITY BENEFIT | MEDICAL AID CONTRIBUTION WAIVER BENEFIT | STRATUM POLICY PREMIUM WAIVER BENEFIT

SWITCHING COVER FROM ANOTHER GAP COVER PROVIDER

Transfer underwriting applies to applicants who switch cover from another **Gap Cover** provider.

Go to www.stratumbenefits.co.za/gap-cover-transfer-process-for-individuals or scan the **QR code** for our **Gap Cover Transfer Process for Individuals**.

LIMITED PAYOUT BENEFIT

Unless we confirm otherwise, the **Limited Payout Benefit** applies from your cover start date.

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 **20%** of the **approved claim amount**, subject to applicable benefit limits.

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 will be subject to a **Pre-Existing Medical Condition Waiting Period**.

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

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**.

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.

Call your financial advisor, visit www.stratumbenefits.co.za/get-cover/ to apply online, or download and email the application form.