

2027 | Stratum Benefits

COMPACT300

Our **well-rounded option** covers many of the most common **in-** and **out-of-hospital** medical expense shortfalls.

PREMIUMS FOR INDIVIDUALS AND FAMILIES

64 OR **YOUNGER**	64 OR **YOUNGER**	65 OR **OLDER**
INDIVIDUAL R 397	FAMILY R 481	INDIVIDUAL or FAMILY R 758

Premiums are determined by age at entry, and there's no maximum entry age.

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including dependants registered on either plan, up to a maximum of **8 individuals per policy**. 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)				BENEFITS SUBJECT TO AN OVERALL POLICY LIMIT (OPL) *The **OPL** is **R 226 880 per insured person 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 insured person per year**.
	CO-PAYMENT BENEFITS There are **two 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. Limited to **R 22 000 per policy per year**.
	Penalty Co-Payments	✓		When using day clinics, hospitals and healthcare providers outside your medical aid's preferred network for planned medical procedures. Limited to **R 13 000 per policy 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 30 000 per policy per year**.
				• Dental procedures due to accidental events or cancer treatment: Subject to the **OPL** of **R 226 880 per insured person 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 penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using day clinics or hospitals 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.

Stratum Benefits

+27 10 593 0981 | 086 633 3761 | info@stratumbenefits.co.za | +27 10 448 0861 | www.stratumbenefits.co.za

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
	MATERNITY COVER			MATERNITY COVER is made up of various benefits that cover maternity-related **shortfalls** and **refund** co-payments.	
	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-Payments	✓		Claim penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using hospitals outside your medical aid's preferred network.	
	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 **R 32 000 per insured person per event**.	
	RADIOLOGY COVER			RADIOLOGY COVER is made up of various benefits that cover **shortfalls** on basic and specialised radiology, **refund** MRI, CT, and PET scan co-payments, and pay the **difference** in the cost of a scan when your medical aid doesn't cover the total cost.	
	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- and out-of-hospital MRI, CT, and PET scan co-payments from our ADMISSION AND PROCEDURE CO-PAYMENT BENEFIT.	
	MRI, CT and PET Scan Sub-Limits	✓	✓	Our MRI, CT AND PET SCAN SUB-LIMIT BENEFIT covers the **difference** in the cost of in- and out-of-hospital scans when your medical aid pays part of the cost from a **sub-limit** or **annual limit**. Limited to **R 4 400 per insured person per event**.	
	MRI, CT and PET Scan Top-Up	✓	✓	When your medical aid plan's radiology benefit has been reached, we'll **top up** your cover and pay the **total cost** of an in- or out-of-hospital MRI, CT, or PET scan up to our benefit limit. Limited to **R 4 000 per policy per year**.	
	CANCER BENEFITS There are **two benefit categories**.			Covers cancer treatment **shortfalls**, **refunds** cancer-related co-payments, and covers the **total cost** of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached.	
	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. Subject to the **OPL** of **R 226 880 per insured person per year**.	
	Cancer Treatment Top-Up	✓	✓	Covers the **total cost** of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached. Limited to **R 65 000 per insured person per year**.	
	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 limit.	
	ACCIDENTAL EVENTS Individuals of **All Ages**		✓	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 **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.	Limited to **R 6 500 per policy per year**.
				• External medical items received at the medical facility, such as a neck brace: Limited to **R 1 100 per policy per year**, subject to the **R 6 500** benefit limit.	
				• Follow-up visits related to accidental events: Limited to **1 visit per insured person per event**, subject to the **R 6 500** benefit limit.	
	ILLNESS EVENTS Children **12 Years** or **Younger**		✓	Covers children **12 years** or **younger** 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.	

	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 5 500 per policy per year**.

Waiting periods and the **Limited Payout Benefit** 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**.*
	ACCIDENTAL DEATH AND DISABILITY BENEFIT	Pays a benefit amount of **R 15 500** for the principal insured, **R 15 500** for the spouse, and **R 5 500** for every dependant in the event of accidental death or total and permanent disability due to an accident. Limited to **1 event per insured person per year**.
	FIRST-TIME CANCER DIAGNOSIS BENEFIT	Pays a benefit amount when cancer is diagnosed and specific qualifying criteria are met. **Our benefit applies if:** • cancer is diagnosed for the first time in your life; • the diagnosis is made whilst on cover with us; • cancerous cells have invaded the surrounding or underlying tissue; and • cancer is diagnosed **before** age **65**. **Our benefit doesn't apply if the diagnosis:** • was made before your cover start date; • is made during a **General Waiting Period**; • is a second diagnosis, regardless of the cancer type; • is for a tumour histologically described as pre-malignant, non-invasive or cancer in situ; • is for skin cancer, except for malignant melanoma; • is for **Stage 1** breast or prostate cancer; or if • cancerous cells haven't invaded the surrounding or underlying tissue, regardless of the cancer stage. Limited to **1 event** of **R 15 000 per insured person per lifetime**.
LIFESTYLE BENEFIT		This benefit is a complimentary value-added product.
	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.

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

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive **COMPACT300** brochure, visit **www.stratumbenefits.co.za/compact-300/** 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.

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**.

WAITING PERIODS

Waiting periods apply from your and your dependants' cover start dates, but never to accidental events 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 | CO-PAYMENT BENEFITS | SUB-LIMIT BENEFITS | CANCER BENEFITS | FIRST-TIME CANCER DIAGNOSIS 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 | CO-PAYMENT BENEFITS | SUB-LIMIT BENEFITS | CANCER BENEFITS

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

CASUALTY BENEFITS | TRAUMA COUNSELLING BENEFIT | ACCIDENTAL DEATH AND DISABILITY BENEFIT

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 BENEFITS 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.