

CORPORATE ELITE500

We cover **5** or **more employees** as an employer group if you join through your employer. If your employer agrees to your spouse and dependants joining, add them to your policy.

Premiums are determined by factors such as the size of the employer group, the average age, and whether cover is compulsory or voluntary.

ASK US FOR A CORPORATE QUOTE

Our **premier option**, available exclusively for **employer groups**, offers the widest range of **in-** and **out-of-hospital** benefits at our highest level of cover.

One **Gap Cover** policy covers you and your spouse, even if you belong to different medical aid plans, including dependants registered on either plan. 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** 500% 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 **three 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 insured person 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 **2 co-payments** up to **R 17 000 per co-payment per policy per year**.
	Robotic Surgery Co-Payments	✓		When co-payments apply to robotic-assisted surgeries, such as prostatectomies. Limited to **R 11 000 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 50 000 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

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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-Payments	✓		Claim penalty co-payments from our PENALTY CO-PAYMENT BENEFIT when using hospitals 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 or the paediatrician, charge more than the rate your medical aid applies to post-natal consultations.
	Immunisations and Birth Control		✓	Subject to our PREVENTATIVE CARE BENEFIT that covers **shortfalls** or the **total cost** of childhood immunisations and contraceptive device implants.
	**SUB-LIMIT BENEFITS** There are **four benefit categories**.			Covers the **difference** in the cost of the below-listed scopes, devices, and treatments when your medical aid pays part of the cost from a **sub-limit** or **annual limit**, or **tops-up** cover when your medical aid plan's internal prosthetic device benefit limit has been reached.
	Colonoscopies, Enteroscopies and Gastroscopies	✓	✓	Covers: • **shortfalls** on the anaesthetist's account for in- or out-of-hospital scopes; or the • **difference** if your medical aid pays part of the cost of a scope. Limited to **R 7 000 per insured person per event**.
	Internal Prosthetic Device Shortfalls	✓		Covers the **difference** in the cost of internal prosthetic devices implanted into your body. Limited to **R 40 000 per insured person per event**.
	Internal Prosthetic Device Top-Up	✓		Covers the **total cost** of any internal prosthetic device up to our benefit limit when your medical aid plan's benefit limit has been reached. Limited to **R 10 000 per insured person per event**.
	Renal Dialysis Treatments		✓	Covers the **difference** in the cost of renal dialysis treatments. Limited to **R 30 000 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, pay the **difference** in the cost of a scan when your medical aid doesn't cover the total cost, or **tops-up** cover when your medical aid plan's radiology benefit limit has been reached.
	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 6 000 per insured person per event**.
	MRI, CT and PET Scan Top-Up	✓	✓	Our MRI, CT AND PET SCAN TOP-UP BENEFIT covers the **total cost** of in- and out-of-hospital MRI, CT or PET scans when your medical aid plan's radiology benefit limit has been reached. Limited to **R 6 500 per policy per year**.

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

	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT		
	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 35 000 per insured person 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. 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 up to the available **OPL** 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**.	
	PHYSICAL REHABILITATION TOP-UP BENEFIT		✓	Covers the **total cost**, up to our benefit limit, of ongoing physical rehabilitation at a sub-acute or step-down facility following an accident when your medical aid plan's benefit limit has been reached. Includes cover for all the related healthcare providers' accounts for on-site treatment subject to the physical rehabilitation treatment plan approved by your medical aid. Limited to **R 10 000 per insured person 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 **4 consultations** up to **R 1 300 per consultation per policy per year**.	
	CASUALTY BENEFITS There are **three 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 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 16 000 per policy per year**.
				• External medical items received at the medical facility, such as a neck brace: Limited to **R 2 200 per policy per year**, subject to the **R 16 000** benefit limit.	
				• Follow-up visits related to accidental events: Limited to **1 visit per insured person per event**, subject to the **R 16 000** 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.	
	ILLNESS EVENTS Individuals **13 Years** or **Older**		✓	Covers individuals **13 years** or **older** 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 **R 2 200 per policy 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 11 000 per policy 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 **R 2 200 per policy 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 the hospital charges a lodger or nursery fee. The person the lodger fee applies to must be registered on your **Gap Cover** policy. Limited to **R 3 800 per policy per year**.
	ACCIDENTAL DEATH AND DISABILITY BENEFIT			Pays a benefit amount of **R 25 500** for the principal insured, **R 25 500** 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 30 000 per insured person per lifetime**.
	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). Limited to **6 months** up to **R 4 500 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). Limited to **12 months**.
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 policy per year**, for up to **30 days per insured traveller**. 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.

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

COMPREHENSIVE BROCHURE

This is a condensed benefit brochure. To view or download our comprehensive CORPORATE ELITE[500] brochure, visit www.stratumbenefits.co.za/corporateelite/ or scan the **QR code**.

WAITING PERIODS

Waiting periods may 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 | MRI, CT AND PET SCAN TOP-UP BENEFIT | OUT-PATIENT SPECIALIST CONSULTATION BENEFIT | PREVENTATIVE CARE BENEFIT | PRIVATE ROOM BENEFIT | 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 | MRI, CT AND PET SCAN TOP-UP BENEFIT | OUT-PATIENT SPECIALIST CONSULTATION BENEFIT | PRIVATE ROOM BENEFIT

EXCEPTION TO THE RULE

The following benefits aren't subject to waiting periods:

PHYSICAL REHABILITATION TOP-UP BENEFIT | 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 may apply to applicants who switch cover from another **Gap Cover** provider.

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 between **20%** and **100%** of the **approved claim amount**, subject to applicable benefit limits.

The percentage is determined by the quote your employer accepted.

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 may 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.

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