













2017 GAP COVER PRODUCT RANGE OVERVIEW





































2017 PRODUCT OVERVIEW	⊕ BASE	⊕ CO-EVOLUTION	⊕ ELITE & ⊕ CORPORATE ELITE	⊕ G-FORCE	⊕ HOSPITAL OPTIMISER	⊕ ACCESS OPTIMISER & ⊕ CORPORATE ACCESS
	Our BASE option has been created by ordinary people with a vision to offer extraordinary benefits. We cover you when your medical scheme does not pay your private healthcare fees in full and remove the anxiety of unforeseen expenses for a casualty event, provide support when trauma counselling is necessary and be there for you when you are diagnosed with cancer for the first time.	Our CO-EVOLUTION option has been tried and tested, resulting in a solution to combine benefits that fit your lifestyle best. We cover you when your medical scheme does not pay your private healthcare fees in full, provide benefits for unplanned casualty events, trauma counselling support when the course of your life has been altered as well as offer a helping hand in your time of need when you are diagnosed with cancer for the first time.	Our ELITE & CORPORATE ELITE options have been thoughtfully engineered, transcending our gap cover offering to an extraordinary discovery. As your medical shortfall specialist, we not only lead the way but pave the road for your journey with the brand that is leading a market revolution. From covering the gap that exists when your medical scheme does not pay your private healthcare fees to an array of benefits that will display our unwavering commitment to you, we make every second count and every minute a memorable one.	Our G-FORCE option has been crafted with government employees in mind because we believe one size does not fit all. Our benefits ensure that you and your loved ones are covered when your medical scheme does not pay your private healthcare fees in full. As your leading medical shortfall specialist, we believe that our remarkable benefits offer solutions that are tailored to fill the gaps in your medical scheme cover.	Our HOSPITAL OPTIMISER option has been expertly crafted to provide you with additional cover when your medical scheme's overall annual hospital limit has been reached due to several hospital admissions or prolonged hospitalisation caused by a major medical event. You and your family will have the peace of mind knowing that you will continue to receive cover in a private facility and will not have to be admitted to a public facility for any current or future hospital admissions.	Our ACCESS OPTIMISER & CORPORATE ACCESS options have been skilfully designed to provide you with the necessary key in unlocking access to the cover you not only need but deserve, when treatment is required for a medical procedure that is not claimable from your medical scheme, because the procedure is listed as a specific exclusion.
	BENEFIT OVERVIEW					
	GAP BENEFIT	GAP BENEFIT	GAP BENEFIT	GAP BENEFIT	HOSPITAL OPTIMISER BENEFIT	GAP BENEFIT <i>(Optional to add to our ACCESS OPTIMISER BENEFIT but automatically included in our CORPORATE ACCESS)</i>
	N/A	CO-PAYMENT BENEFIT	CO-PAYMENT BENEFIT	CO-PAYMENT BENEFIT		
	N/A	N/A	ONCOLOGY BENEFIT	ONCOLOGY BENEFIT		
	N/A	N/A	ONCOLOGY OPTIMISER BENEFIT	ONCOLOGY OPTIMISER BENEFIT		
	CANCER DIAGNOSIS BENEFIT	CANCER DIAGNOSIS BENEFIT	CANCER DIAGNOSIS BENEFIT	CANCER DIAGNOSIS BENEFIT		
	N/A	N/A	SUB-LIMIT BENEFIT	SUB-LIMIT BENEFIT		ACCESS OPTIMISER BENEFIT
	CASUALTY BENEFIT	CASUALTY BENEFIT	CASUALTY BENEFIT	CASUALTY BENEFIT		
	TRAUMA COUNSELLING BENEFIT	TRAUMA COUNSELLING BENEFIT	TRAUMA COUNSELLING BENEFIT	TRAUMA COUNSELLING BENEFIT		
	N/A	N/A	ADDITIONAL BENEFITS	ADDITIONAL BENEFITS		
	ROAD ACCIDENT BENEFIT	ROAD ACCIDENT BENEFIT	ROAD ACCIDENT BENEFIT	ROAD ACCIDENT BENEFIT		

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GAP BENEFIT Our GAP BENEFIT provides an additional 500% cover when you become liable for the difference between what your service providers charge and what your medical scheme pays from your medical scheme hospital benefit . There is no limit on the number of times you may claim per year for account shortfalls related to the following: <ul style="list-style-type: none"> • Doctors or specialists • Basic black and white x-rays <i>(but not including specialised radiology such as MRI, CT and PET scans)</i> • Pathology • Physiotherapy • Disposable items such as surgical gloves, bandages and gauze • Medication provided as part of your in- or out-of-hospital event <i>(but not including take home medication)</i> 	✓	✓	✓	✓	✗	✓ ✗ Our GAP BENEFIT can be taken voluntarily on our ACCESS OPTIMISER option for additional premium of R 40 per month. Our GAP BENEFIT is automatically included in our CORPORATE ACCESS option.
CO-PAYMENT BENEFIT Our CO-PAYMENT BENEFIT covers in- and out-of-hospital medical procedure related co-payments or deductibles, represented as either a rand amount or a percentage.	✗	✓	✓ Our CO-PAYMENT BENEFIT has no limit on the number of times you may claim per year. You will also be covered for 1 co-payment up to an amount of R 8 250 per policy per year, for the voluntary use of a hospital or a day clinic outside your medical scheme's designated network.	✓	✗	✗


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ONCOLOGY BENEFIT You are covered when your medical scheme only pays a portion towards your approved oncology treatment such as radiotherapy, chemotherapy, basic and specialised radiology, pathology, specialist consultations, registered oncology facility fees, biological or specialised medication etc. The difference you are liable for may be referred to as a co-payment by certain medical schemes or may reflect as a rand amount where your service provider charges a rate considerably more than what your medical scheme pays. Our ONCOLOGY BENEFIT covers you when your medical scheme only pays a portion towards your service providers' accounts.	⊗	⊗	 Our ONCOLOGY BENEFIT is limited to R 450 000 per person per year.	 Our ONCOLOGY BENEFIT is limited to R 100 000 per person per year.	⊗	⊗
ONCOLOGY OPTIMISER BENEFIT You are covered when your medical scheme provides you with an oncology benefit but applies a rand amount limit from which you can claim per year. Once this rand amount limit is reached, you will be liable to pay all treatment costs thereafter. Our ONCOLOGY OPTIMISER BENEFIT covers your oncology treatment costs when your medical scheme no longer does.	⊗	⊗	 Our ONCOLOGY OPTIMISER BENEFIT is limited to R 100 000 per person per year.	 Our ONCOLOGY OPTIMISER BENEFIT is limited to R 100 000 per person per year.	⊗	⊗
CANCER DIAGNOSIS BENEFIT Our DIAGNOSIS BENEFIT provides a once-off payment when you are diagnosed with cancer for the first time and treatment is required as part of an approved oncology treatment plan.	 Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 5 000 .	 Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 5 000 .	 Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 30 000 .	 Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 5 000 .	⊗	⊗
SUB-LIMIT BENEFIT Our SUB-LIMIT BENEFIT provides cover when you become liable to settle a portion of your internal prosthesis provider's account.	⊗	⊗	 Our SUB-LIMIT BENEFIT provides cover when you become liable to settle a portion of your internal prosthesis provider's account, up to R 30 000 per event with a maximum of R 60 000 per person per year.	 Our SUB-LIMIT BENEFIT provides cover when you become liable to settle a portion of your internal prosthesis providers account or for service providers related to your non-PMB out-of-hospital medical procedure, up to R 20 000 per event with a maximum of R 60 000 per person per year.	⊗	⊗
You will also be covered for a total number of 2 MRI or CT scans .	⊗	⊗	 You will also be covered for a total number of 2 MRI or CT scans up to an amount of R 2 500 per scan per policy per year, when you become liable to settle a portion of your service provider's account.	 You will also be covered for a total number of 2 MRI or CT scans up to an amount of R 2 500 per scan per policy per year, when you become liable to settle a portion of your service provider's account.	⊗	⊗

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CASUALTY BENEFIT Our CASUALTY BENEFIT covers the cost of your casualty event for: <ul style="list-style-type: none"> • Doctor or specialist consultations • Basic black and white x-rays (<i>but not including specialised radiology such as MRI, CT and PET scans</i>) • Pathology • Disposable items such as surgical gloves, bandages and gauze • Medication provided as part of your casualty event at the casualty facility • Upfront casualty co-payments or facility fees 	 Our CASUALTY BENEFIT covers the cost of your casualty event up to R 5 000 per policy per year.	 Our CASUALTY BENEFIT covers the cost of your casualty event up to R 6 000 per policy per year.	 Our CASUALTY BENEFIT covers the cost of your casualty event up to R 10 000 per policy per year.	 Our CASUALTY BENEFIT covers the cost of your casualty event up to R 7 000 per policy per year.		
TRAUMA COUNSELLING BENEFIT Our TRAUMA COUNSELLING BENEFIT covers your consultation fees in the event that you witnessed or were directly affected by an act of physical violence or an accident resulting in serious bodily injury or upon the diagnosis of a dread disease.	 Our TRAUMA COUNSELLING BENEFIT covers your consultation fees up to R 5 000 per policy per year.	 Our TRAUMA COUNSELLING BENEFIT covers your consultation fees up to R 6 000 per policy per year.	 Our TRAUMA COUNSELLING BENEFIT covers your consultation fees up to R 10 000 per policy per year.	 Our TRAUMA COUNSELLING BENEFIT covers your consultation fees up to R 7 000 per policy per year.		
ADDITIONAL BENEFITS Our GAP POLICY PREMIUM WAIVER BENEFIT covers your Stratum Benefits policy premium in the event of death, permanent disability or forced retrenchment of the Stratum Benefits policy premium payer.			 Our GAP POLICY PREMIUM WAIVER BENEFIT covers your Stratum Benefits policy premium for 12 months in the event of death, permanent disability or forced retrenchment of the Stratum Benefits policy premium payer.	 Our GAP POLICY PREMIUM WAIVER BENEFIT covers your Stratum Benefits policy premium for 12 months in the event of death, permanent disability or forced retrenchment of the Stratum Benefits policy premium payer.		
Our MEDICAL SCHEME CONTRIBUTION WAIVER BENEFIT covers your medical scheme contribution in the event of death or permanent disability of the medical scheme contribution payer.			 Our MEDICAL SCHEME CONTRIBUTION WAIVER BENEFIT covers your medical scheme contribution for 6 months to a maximum of R 4 500 per month in the event of death or permanent disability of the medical scheme contribution payer.	 Our MEDICAL SCHEME CONTRIBUTION WAIVER BENEFIT covers your medical scheme contribution for 6 months to a maximum of R 4 500 per month in the event of death or permanent disability of the medical scheme contribution payer.		
Our ACCIDENTAL DEATH BENEFIT provides a payment in the event of the accidental death of the principal insured or spouse and for the accidental death of a dependant.			 Our ACCIDENTAL DEATH BENEFIT provides a payment of R 10 000 in the event of the accidental death of the principal insured or spouse and R 5 000 for the accidental death of a dependant.	 Our ACCIDENTAL DEATH BENEFIT provides a payment of R 10 000 in the event of the accidental death of the principal insured or spouse and R 5 000 for the accidental death of a dependant.		
HOSPITAL OPTIMISER BENEFIT Our HOSPITAL OPTIMISER BENEFIT covers your hospital and related service providers' accounts when your medical scheme no longer does.					 Our HOSPITAL OPTIMISER BENEFIT covers your hospital and related service providers' accounts when your medical scheme no longer does, by increasing your overall annual hospital limit up to R 2 000 000 per policy per year.	

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ACCESS OPTIMISER BENEFIT Our ACCESS OPTIMISER BENEFIT provides cover when your medical scheme excludes a medically necessary procedure because the procedure forms part of a specific list of exclusions in addition to your general exclusions, leaving you liable to pay all hospitalisation and related service providers' accounts in full.	⊗	⊗	⊗	⊗	⊗	 Our ACCESS OPTIMISER BENEFIT provides cover for your hospital and service providers' accounts up to a specified rand amount limit per medical procedure not covered by your medical scheme, with a policy limit of R 100 000 per year.

GENERAL OVERVIEW & MONTHLY PREMIUMS

WHO WE COVER	<ul style="list-style-type: none"> You and your spouse even if you are not on the same medical scheme or medical scheme option All dependants registered on your or your spouse's medical scheme option Individuals of all ages 	<ul style="list-style-type: none"> You and your spouse even if you are not on the same medical scheme or medical scheme option All dependants registered on your or your spouse's medical scheme option Individuals of all ages 	<ul style="list-style-type: none"> You and your spouse even if you are not on the same medical scheme or medical scheme option All dependants registered on your or your spouse's medical scheme option Individuals of all ages 	<ul style="list-style-type: none"> You and your spouse even if you are not on the same medical scheme or medical scheme option All dependants registered on your or your spouse's medical scheme option Individuals of all ages 	<ul style="list-style-type: none"> You and your spouse even if you are not on the same medical scheme or medical scheme option All dependants registered on your or your spouse's medical scheme option Individuals of all ages 	<ul style="list-style-type: none"> You and your spouse even if you are not on the same medical scheme or medical scheme option All dependants registered on your or your spouse's medical scheme option Individuals of all ages
MONTHLY PREMIUM	R 180	R 225	R 320	R 240	R 95	R 180 R 40 (Add our GAP BENEFIT)