

StratumBenefits⁺

Your leading medical shortfall specialist

FSP 2111



CO-EVOLUTION
PRODUCT
2016



Your forthright
leading medical shortfall
specialist that consistently
delivers **transparent**
quality & remarkable value.
Making every second
count & every minute a
memorable one.

A VIEW FROM ABOVE

Why, how & what Stratum Benefits offers you at a glance.

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ENGAGE WITH YOUR SPECIALIST TODAY

Our strategic national footprint ensures that you are always covered no matter where you are in the Republic of South Africa.



CLIENT APPLICATION FORM SUBMISSIONS

Submitting your Client Application Form for processing is as easy as 1, 2, 3.

e yourapplication@stratumbenefits.co.za

CLIENT QUERIES & POLICY ADMINISTRATION

For a remarkable service experience contact one of your Client Support Specialists to enquire about, update or amend your profile details, product selected, product benefits, underwriting applicable, payment summary and status.

e yoursupport@stratumbenefits.co.za

CLIENT CLAIM SUBMISSIONS & ADMINISTRATION

From submitting your claim, to attending to your query in an exceptional and personal way, we make every second count and every minute a memorable one.

e yourclaim@stratumbenefits.co.za

EMPLOYER GROUP SCHEME ADMINISTRATION

Contact one of your Employer Group Scheme Specialists to enquire about, update or amend your employer group profile details, employees' details, tax invoices and billing statements.

e yourinvoice@stratumbenefits.co.za

BROKER PORTFOLIO ADMINISTRATION

Contact one of your Broker Portfolio Specialists to enquire about, update or amend your broker contract details or for any commission statement queries.

e yourportfolio@stratumbenefits.co.za

STRATUM BENEFITS (PTY) LTD

REG NO: 2003/018155/07

Stratum Benefits head office is located in Johannesburg, regional branches in Durban and Cape Town as well as satellite branches in Port Elizabeth and Bloemfontein.

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ONE UNITED VISION

Become a partner today, with the brand that is leading the market through an inspired belief that's beyond the rational, it's a cause to support, it is faith, it is a revolution!



THE REVOLUTION

"We make every second count and every minute a memorable one, keeping in touch with you every step of the way, from signup being as easy as 1, 2, 3 to queries & processing claims in an exceptional and personal way."

We cover the gap that exists between what your medical scheme pays and the fee charged for private healthcare. Be sure to get the very best medical shortfall cover you need and the service excellence you deserve.

As your forthright leading medical shortfall specialist, we engineer our products that not only fit, but benefit you and your lifestyle to ensure your medical shortfall is covered. Leading you to more than what you want, it's delivering an experience that you need.

Through One United Vision our Brand Ambassadors voice the revolution, going Above & Beyond actions or results that can be measured. This inspired thinking guarantees your forthright leading medical shortfall specialist, consistently delivers transparent quality and remarkable value. Join the revolution and sign up today, to transcend your experience from the ordinary to the extraordinary.

OUR VALUES

QUALITY THAT'S TRANSPARENT

We provide and enable distinct service excellence through unparalleled consistency in everything that's communicated visually and verbally.

SPECIALISTS THAT LEAD THE WAY

We are steadfast market leaders that lead by inspiration, drive innovation through ingenuity as well as provide engineered solutions that not only fit but benefit our clients and their lifestyle.

A PERSONAL TOUCH

We work to humanise our brand through personal interaction that breathes life into our refreshing approach. Through One United Vision we are more than a team, we are family, we are Brand Ambassadors who not only voice a revolution but establish emotional connections that personalise each and every one of our clients' experiences with us.

REMARKABLE VALUE

An inspired promise to transcend each and every experience from the ordinary to the extraordinary. Providing an unrivalled level of expertise whilst bringing you the ultimate in client service and satisfaction.

FORTHRIGHTNESS

Honesty is the best policy to win over clients trust and enable brand loyalty. Authenticity is achieved by doing and saying the things we believe in, trust becomes loyalty and it is this loyalty that supports our long term longevity.

SPEED & DELIVERY

We make every second count and every minute a memorable one. Piloting a new era, a revolution, that's inspiring Above & Beyond approach takes flight by going that extra mile for every broker, every client and everyone.

WE COVER

- 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

⊕ CO-EVOLUTION

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.



GAP BENEFIT

WHY WE COVER YOU

Our **GAP BENEFIT** leaves you feeling assured that when an in- or out-of-hospital medical procedure is necessary and your service provider, such as your doctor or specialist, charges a rate considerably more than what your medical scheme pays, the unexpected difference you are liable for won't leave you out of pocket.

WHEN WE COVER YOU

- You are covered when your service providers charge a rate considerably more than what your medical scheme pays from your **medical scheme hospital benefit** and not from your **medical scheme savings account** or **day-to-day benefit**
- You are covered for medical procedures performed both in-hospital as well as in doctors' or specialists' private rooms, day clinics or other registered facilities
- You are covered for Prescribed Minimum Benefit (PMB) conditions

WHAT WE COVER YOU FOR

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:

- Doctors or specialists
- Basic radiology but excluding specialised radiology such as MRI, CT and PET scans
- Pathology
- Physiotherapy
- Disposable items such as surgical gloves, bandages and gauze
- Medication provided as part of your in- or out-of-hospital event

EXAMPLE OF HOW OUR GAP BENEFIT ENSURES YOUR MEDICAL SHORTFALL IS COVERED

CHARGE FOR	YOUR MEDICAL	GAP BENEFIT	YOU ARE
CHILDBIRTH	SCHEME PAYS	WILL COVER	LIABLE FOR
Gynaecologist R 18 000	R 12 000	R 6 000	R 0
Anaesthetist R 5 000	R 3 000	R 2 000	R 0
Paediatrician R 3 500	R 2 500	R 1 000	R 0

Where your hospital charges a rate considerably more than what your medical scheme pays towards theatre and ward fees, cover is not applicable.

CO-PAYMENT BENEFIT

WHY WE COVER YOU

Our **CO-PAYMENT BENEFIT** provides you with the peace of mind that your leading medical shortfall specialist has you covered, when you are required to pay upfront costs before a medically necessary procedure can be performed.

WHEN WE COVER YOU

- You are covered when your medical scheme requires you to settle a fee, known as a co-payment or a deductible, prior to undergoing certain in- and out-of-hospital medical procedures
- We will refund the co-payment or deductible, which is either settled by you or deducted from your **medical scheme savings account** or **day-to-day benefit**

WHAT WE COVER YOU FOR

- Our **CO-PAYMENT BENEFIT** covers co-payments or deductibles, represented as either a rand amount or a percentage and is limited to **R 40 000** per policy per year

Where a co-payment or deductible is applied by your medical scheme for the voluntary use of a service provider outside of the designated network or where a private upfront fee is applied by your doctor or specialist which is not claimable from your medical scheme, cover is not applicable.

CASUALTY BENEFIT

WHY WE COVER YOU

Our **CASUALTY BENEFIT** offers you rich benefits to ensure that you and your loved ones not only receive the very best medical care, but also not having to worry about an unforeseen out of pocket expense for a casualty event.

WHEN WE COVER YOU

- You are covered at a registered casualty facility, when immediate treatment is required for physical injury resulting from an external force outside your body, due to impact with someone or something
- You are covered when your medical scheme does not provide you with cover and you become liable to pay the cost of the casualty event
- We will refund the amount to you, when your medical scheme pays the casualty event from your **medical scheme savings account** or **day-to-day benefit**

WHAT WE COVER YOU FOR

Our **CASUALTY BENEFIT** covers the cost of your casualty event up to **R 6 000** per policy per year for:

- Doctor or specialist consultations
- Basic radiology but excluding specialised radiology such as MRI, CT and PET scans
- Pathology
- Disposable items such as surgical gloves, bandages and gauze
- Medication provided to you as part of your casualty event
- Upfront casualty co-payments or facility fees

EXAMPLE OF HOW OUR CASUALTY BENEFIT ENSURES YOUR MEDICAL SHORTFALL IS COVERED

CHARGE FOR CASUALTY EVENT	YOUR MEDICAL SCHEME PAYS	CASUALTY BENEFIT WILL COVER	YOU ARE LIABLE FOR
R 3 500	R 0	R 3 500	R 0

TRAUMA COUNSELLING BENEFIT

WHY WE COVER YOU

Our **TRAUMA COUNSELLING BENEFIT** ensures you receive not only the support you need but the support you deserve, when circumstances outside of your control have the ability to alter the course of your life.

WHEN WE COVER YOU

- You are covered 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
- You are covered when your medical scheme does not provide you with cover and you become liable to pay the registered counsellor's, clinical psychologist's or psychiatrist's consultation fee
- We will refund the amount to you, when your medical scheme pays the consultation fee from your **medical scheme savings account** or **day-to-day benefit**

WHAT WE COVER YOU FOR

- Our **TRAUMA COUNSELLING BENEFIT** covers your consultation fees up to **R 6 000** per policy per year

DIAGNOSIS BENEFIT

WHY WE COVER YOU

Our **DIAGNOSIS BENEFIT** lends a helping hand by offering a humble gesture that assists you on the road to recovery.

WHEN AND WHAT WE COVER YOU FOR

- Our **DIAGNOSIS BENEFIT** provides a once-off payment of **R 5 000** when you are diagnosed with cancer for the first time and treatment is required as part of an approved oncology treatment plan

THE ~~FINE~~ CLEAR PRINT

Can you spot the fine print? Honesty is the best policy to winning over a client's trust and as your forthright leading medical shortfall specialist we believe in consistently delivering quality that is transparent. You won't have to read between the lines because we have removed the red tape for you. Simple. Clear. Concise.



YOUR WAITING PERIODS

From the first day that your cover starts with us, a waiting period will apply before you are able to claim from any of your policy benefits. Waiting periods protect our clients from increased premiums, ensuring that your policy remains affordable.

3 MONTH GENERAL WAITING PERIOD

Within the first **3 months** of cover a general waiting period will apply, where no claims can be submitted unless you are claiming for an unforeseen event, when immediate treatment is required for physical injury resulting from an external force outside your body due to impact with someone or something.

6 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Within the first **6 months** of cover a waiting period for pre-existing medical conditions will apply, where no claims can be submitted for a procedure or surgery relating to any illness or condition that you had signs or symptoms of **12 months** before the first day your cover starts. A condition can still be regarded as pre-existing even if you hadn't seen your doctor about it.

10 MONTH CONDITION SPECIFIC WAITING PERIOD

Within the first **10 months** of cover a waiting period will apply, where no claims can be submitted for a procedure or surgery relating to:

- Pregnancy & childbirth
- Hysterectomy (unless due to cancer)
- Joint replacement (unless due to physical injury caused by an external force)
- Nasal & sinus
- Cardiac (relating to the heart)
- Spinal
- Hernia repair
- Endoscopic procedures (procedures performed with specialised tools to view and operate on the internal organs and vessels of your body)
- Dentistry
- Cataract

PRE-DIAGNOSED CANCER WAITING PERIOD

Where cancer is diagnosed before the first day your cover starts, claims can only be submitted after you have been in remission for a minimum period of **3 consecutive years** from the date you are confirmed to be in remission.

WHAT YOUR BENEFITS DO NOT COVER

GAP BENEFIT DOES NOT COVER

- Service providers' accounts where your medical scheme did not pay any portion towards the account, or an individual line item on the account
- Service providers' accounts where your medical scheme paid a portion of or the full amount of the account, from your medical scheme savings account or day-to-day benefit
- Service providers' accounts where the treatment dates differ from the date of the in- or out-of-hospital medical event
- Hospital accounts where the hospital charged more than what your medical scheme paid towards theater and ward fees
- Service providers' accounts paid by you whilst you are in your medical scheme self-payment gap
- Service providers' accounts paid by your medical scheme from your above threshold benefit
- MRI, CT and PET scan accounts where the radiologist charged more than what your medical scheme paid towards specialised radiology or where your medical scheme has made no payment towards the account
- Medication which your medical scheme did not pay as stock charges for a medical procedure performed in- or out-of-hospital or medication prescribed when you are discharged from hospital
- Allied service providers' accounts for diagnostic, technical, therapeutic, direct patient care and support services, such as occupational and speech therapy unless our benefit specifically makes provision for cover

WHAT YOUR BENEFITS DO NOT COVER

CO-PAYMENT BENEFIT DOES NOT COVER

- Penalty co-payments or deductibles applied where you had not followed your medical scheme rules and / or for the voluntary use of a hospital or service provider that did not form part of your medical scheme's network unless our benefit specifically makes provision for cover
- Split billing invoicing where a private lump sum fee is charged by your doctor or specialist prior or immediately after a medical procedure is performed, which you are responsible to pay and cannot claim from your medical scheme

ONCOLOGY BENEFITS DO NOT COVER

- Once-off payments for cancer that was diagnosed before the first day your cover starts, payments for a secondary diagnosis or for a cancer diagnosis that did not require an approved medical scheme oncology treatment plan

CASUALTY BENEFIT DOES NOT COVER

- Service providers' accounts where the casualty event did not require immediate treatment for a physical injury resulting from an external force outside of the body due to an impact with someone or something
- Service providers' accounts where your medical scheme provided a casualty benefit and paid the accounts in full from your medical scheme hospital benefit
- MRI & CT scan accounts
- Medication which your medical scheme did not pay as stock charges for a medical procedure performed in-or out-of-hospital or medication prescribed when you are discharged from hospital

TRAUMA COUNSELLING BENEFIT DOES NOT COVER

- Registered counsellor's or clinical psychologist's accounts in the event that you did not witness or were not directly affected by an act of physical violence or an accident resulting in serious bodily injury or were not diagnosed with a serious dread disease
- Service providers' accounts where your medical scheme provided a trauma counselling benefit and paid the account in full from your medical scheme hospital benefit
- The fee charged by your counsellor or clinical psychologist if they are not registered with a recognised South African regulatory body

GENERAL EXCLUSIONS

We do not cover you for hospitalisation, sickness, disease, loss, damage, death, bodily injury or liability that is caused by or results from:

- Medical scheme exclusions where no underlying cover exists unless our benefit specifically makes provision for cover
- An event where your chosen gap cover or primary healthcare policy does not provide the relevant benefit for you to claim from
- An event that occurs during an applicable policy waiting period
- Obesity or non-medically necessary reconstructive cosmetic surgery
- Costs incurred for external prostheses or appliances such as artificial limbs, wheelchairs, crutches and slings
- Admission to a step down facility such as frail care centres
- Artificial insemination, hormone treatment for infertility or contraceptives but not including tubal ligation and vasectomies
- Depression, insanity, emotional or mental illness as well as any stress-related conditions
- Osseointegrated dental implants
- Maxillofacial surgery unless immediate treatment is required due to accidental impact caused by someone or something resulting in severe physical injury
- Specialised mechanical or computerised appliances and equipment required during an operation or procedure
- Supporting medical reports to assist in the finalisation of a claim
- Expenses incurred for transport charges or for services rendered whilst being transported in any emergency vehicle, vessel or aircraft but not including the **24 HOUR MEDICAL EMERGENCY SERVICES BENEFITS**
- Riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, public disorder or any attempted such acts
- A deliberate criminal or fraudulent act or any illegal activity conducted by you or a member of your household which directly or indirectly results in loss, damage or injury
- Attempted suicide, intentional self-injury and deliberate exposure to exceptional danger except in an attempt to save a human life
- Drug and alcohol addiction
- Active military, police and police reservist activities, whilst on active duty
- Nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel, nuclear waste or from the combustion of nuclear fuel that includes any self-sustaining process of nuclear fission
- Events that occur for which the actual damage is covered by law
- Any loss arising from any contractual liability
- Consequential loss or damage, except where it is specifically stated that damage or loss of this nature will be covered