StratumBenefits

Your leading medical shortfall specialist

FSP 2111

PRODUCT RANGE

2017


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.

INTRODUCTION

MEDICAL SHORTFALL SOLUTIONS FOR INDIVIDUALS

GAP COVER PRODUCT RANGE

PRIMARY HEALTHCARE PRODUCT RANGE

MEDICAL SHORTFALL SOLUTIONS FOR EMPLOYER GROUPS

GAP COVER PRODUCT RANGE

PRIMARY HEALTHCARE PRODUCT RANGE

THE ~~FINE~~ CLEAR PRINT

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.

HEAD OFFICE

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OPERATING HOURS

Mon - Thurs	8:00 - 16:30
Fri	8:00 - 16:00

367 Surrey Avenue, Block C & D, Ferndale, Randburg, 2194
Suite 386, Private Bag X09, Weltevredenpark, 1715

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 to 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.

MONTHLY PREMIUM ..... **R 180**

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

⊕ BASE

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.

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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.

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 in the event of an accident, when immediate treatment is required for physical injury resulting from an external force outside your body, due to impact with someone or something
- We will refund the cost of the casualty event to you, when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the event from your **medical scheme savings account**

WHAT WE COVER YOU FOR

Our **CASUALTY BENEFIT** covers the cost of your casualty event up to **R 5 000** per policy per year for:

- Doctor or specialist consultations
- Basic black and white x-rays *(but not including specialised radiology such as MRI, CT and PET scans)*
- 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

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
- We will refund the cost of the registered counsellor's, clinical psychologist's or psychiatrist's consultation fee when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the fees from your **medical scheme savings account**

WHAT WE COVER YOU FOR

- Our **TRAUMA COUNSELLING BENEFIT** covers your consultation fees up to **R 5 000** per policy per year

CANCER DIAGNOSIS BENEFIT

WHY WE COVER YOU

Our **CANCER 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 **CANCER 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

MONTHLY PREMIUM ..... **R 225**

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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**

WHAT WE COVER YOU FOR

- 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 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 in the event of an accident, when immediate treatment is required for physical injury resulting from an external force outside your body, due to impact with someone or something
- We will refund the cost of the casualty event to you, when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the event from your **medical scheme savings account**

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 black and white x-rays *(but not including specialised radiology such as MRI, CT and PET scans)*
- 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

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
- We will refund the cost of the registered counsellor's, clinical psychologist's or psychiatrist's consultation fee when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the fees from your **medical scheme savings account**

WHAT WE COVER YOU FOR

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

CANCER DIAGNOSIS BENEFIT

WHY WE COVER YOU

Our **CANCER 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 **CANCER 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

MONTHLY PREMIUM ..... **R 320**

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

⊕ ELITE

Our ELITE option has 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 displays our unwavering commitment to you, we make every second count and every minute a memorable one.

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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**

WHAT WE COVER YOU FOR

- 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 and 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

Where a private upfront fee is applied by your doctor or specialist which is not claimable from your medical scheme, cover is not applicable.

ONCOLOGY BENEFITS

WHY WE COVER YOU

Our **ONCOLOGY BENEFITS** alleviate the financial pressure that is not conducive to an environment of healing by offering you superior and unique benefits for your necessary oncology treatment.

WHEN AND WHAT WE COVER YOU FOR

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 and is limited to **R 450 000** 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 and is limited to **R 100 000** per person per year

CANCER DIAGNOSIS BENEFIT

- Our **CANCER DIAGNOSIS BENEFIT** provides a once-off payment of **R 30 000** when you are diagnosed with cancer for the first time and treatment is required as part of an approved oncology treatment plan

SUB-LIMIT BENEFIT

WHY WE COVER YOU

Our **SUB-LIMIT BENEFIT** affords you the opportunity to ensure that your health and recovery remain a priority, when your medical scheme applies a rand amount limit to internal prostheses or MRI & CT scans leaving you liable to pay a portion of the cost.

WHEN WE COVER YOU

- You are covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit, from which you can claim for internal prostheses as part of an in-hospital medical procedure but the device costs more than the amount your medical scheme pays
- You are also covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit, from which you can claim for MRI & CT scans as part of an in- or out-of-hospital medical procedure

WHAT WE COVER YOU FOR

- 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
- 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

EXAMPLE OF HOW OUR SUB-LIMIT BENEFIT ENSURES YOUR MEDICAL SHORTFALL IS COVERED

MEDICAL PROCEDURE	CHARGE FOR INTERNAL PROSTHESES OR SCANS	YOUR MEDICAL SCHEME PAYS	SUB-LIMIT BENEFIT WILL COVER
Hip Replacement	R 47 000	R 37 200	**R 9 800**
Cardiac Pacemaker	R 33 000	R 28 800	**R 4 200**
Cochlear Implants	R 188 000	R 168 000	**R 20 000**
MRI & CT Scans	R 7 450	R 4 950	**R 2 500**

Where the sub-limit or annual limit is exhausted at the time of the event and your medical scheme does not pay a portion towards your service provider's account, 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 in the event of an accident, when immediate treatment is required for physical injury resulting from an external force outside your body, due to impact with someone or something
- We will refund the cost of the casualty event to you, when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the event from your **medical scheme savings account**

WHAT WE COVER YOU FOR

Our **CASUALTY BENEFIT** covers the cost of your casualty event up to **R 10 000** per policy per year for:

- Doctor or specialist consultations
- Basic black and white x-rays *(but not including specialised radiology such as MRI, CT and PET scans)*
- 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

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
- We will refund the cost of the registered counsellor's, clinical psychologist's or psychiatrist's consultation fee when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the fees from your **medical scheme savings account**

WHAT WE COVER YOU FOR

- Our **TRAUMA COUNSELLING BENEFIT** covers your consultation fees up to **R 10 000** per policy per year

ADDITIONAL BENEFITS

WHY WE COVER YOU

Our **ADDITIONAL BENEFITS** offer you and your loved ones the security of knowing that when you are faced with unexpected change resulting in financial difficulty, we ensure your cover will remain unchanged because we believe a load shared is a load halved.

WHEN AND WHAT WE COVER YOU FOR

- 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 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 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

MONTHLY PREMIUM ..... **R 240**

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

⊕ G-FORCE

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.

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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**

WHAT WE COVER YOU FOR

- 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 and is limited to **R 15 000** 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.

ONCOLOGY BENEFITS

WHY WE COVER YOU

Our **ONCOLOGY BENEFITS** alleviate the financial pressure that is not conducive to an environment of healing by offering you superior and unique benefits for your necessary oncology treatment.

WHEN AND WHAT WE COVER YOU FOR

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 and 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 and is limited to **R 100 000** per person per year

CANCER DIAGNOSIS BENEFIT

- Our **CANCER 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

SUB-LIMIT BENEFIT

WHY WE COVER YOU

Our **SUB-LIMIT BENEFIT** affords you the opportunity to ensure that your health and recovery remain a priority, when your medical scheme applies a rand amount limit to internal prostheses, non-PMB day procedures or MRI & CT scans leaving you liable to pay a portion of the cost.

WHEN WE COVER YOU

- You are covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit, from which you can claim for internal prostheses as part of an in-hospital medical procedure but the device costs more than the amount your medical scheme pays
- You are covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit for certain non-PMB day procedures, but the medical procedure costs more than the amount your medical scheme pays
- You are also covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit, from which you can claim for MRI & CT scans as part of an in- or out-of-hospital medical procedure

WHAT WE COVER YOU FOR

- Our **SUB-LIMIT BENEFIT** provides cover when you become liable to settle a portion of your internal prosthesis provider's account or the service provider's account relating to the non-PMB day 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** 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

EXAMPLE OF HOW OUR SUB-LIMIT BENEFIT ENSURES YOUR MEDICAL SHORTFALL IS COVERED

MEDICAL PROCEDURE	CHARGE FOR INTERNAL PROSTHESES	YOUR MEDICAL SCHEME PAYS	SUB-LIMIT BENEFIT WILL COVER
Hip Replacement	R 47 000	R 37 200	**R 9 800**
Cardiac Pacemaker	R 33 000	R 28 800	**R 4 200**
Cochlear Implants	R 188 000	R 173 000	**R 15 000**

Where the sub-limit or annual limit is exhausted at the time of the event and your medical scheme does not pay a portion towards your service provider's account, 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 in the event of an accident, when immediate treatment is required for physical injury resulting from an external force outside your body, due to impact with someone or something
- We will refund the cost of the casualty event to you, when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the event from your **medical scheme savings account**

WHAT WE COVER YOU FOR

Our **CASUALTY BENEFIT** covers the cost of your casualty event up to **R 7 000** per policy per year for:

- Doctor or specialist consultations
- Basic black and white x-rays *(but not including specialised radiology such as MRI, CT and PET scans)*
- 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

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
- We will refund the cost of the registered counsellor's, clinical psychologist's or psychiatrist's consultation fee when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the fees from your **medical scheme savings account**

WHAT WE COVER YOU FOR

- Our **TRAUMA COUNSELLING BENEFIT** covers your consultation fees up to **R 7 000** per policy per year

ADDITIONAL BENEFITS

WHY WE COVER YOU

Our **ADDITIONAL BENEFITS** offer you and your loved ones the security of knowing that when you are faced with unexpected change resulting in financial difficulty, we ensure your cover will remain unchanged because we believe a load shared is a load halved.

WHEN AND WHAT WE COVER YOU FOR

- 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 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 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

MONTHLY PREMIUM ..... R 95

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

⊕ HOSPITAL OPTIMISER

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.

HOSPITAL OPTIMISER BENEFIT

WHY WE COVER YOU

Our **HOSPITAL OPTIMISER BENEFIT** affords you the opportunity that you deserve, to continue to receive the very best private healthcare when you require hospitalisation due to an unforeseen event and have reached your medical scheme's overall annual hospital limit.

WHEN WE COVER YOU

- You will be covered when your medical scheme provides you with a hospital benefit but applies a rand amount limit from which you can claim every year. Once this rand amount limit is reached, you will be liable to pay all hospitalisation and related service providers' accounts thereafter

WHAT WE COVER YOU FOR

- 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

EXAMPLE OF HOW OUR HOSPITAL OPTIMISER BENEFIT ENSURES YOUR MEDICAL SHORTFALL IS COVERED

YOUR MEDICAL SCHEME'S OVERALL ANNUAL HOSPITAL LIMIT (OAL)	+ HOSPITAL OPTIMISER BENEFIT WILL COVER	= HOSPITAL OPTIMISER BENEFIT INCREASES YOUR OAL
R 150 000	R 1 850 000	R 2 000 000
R 300 000	R 1 700 000	
R 800 000	R 1 200 000	
R 1 000 000	R 1 000 000	

Your claim will be assessed in line with your medical scheme rules and the applicable rate your medical scheme pays, therefore when your service providers charge a rate considerably more than the medical scheme rate, cover is not applicable.

MONTHLY PREMIUM ..... **R 180**
ADD OUR **GAP BENEFIT** ..... **R 40**

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

⊕ ACCESS OPTIMISER

Our ACCESS OPTIMISER option has 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.

ACCESS OPTIMISER BENEFIT

WHY WE COVER YOU

Our **ACCESS OPTIMISER BENEFIT** leaves you feeling comforted and confident knowing that when your medical scheme does not cover specific medical procedures that are excluded but necessary for your wellbeing, your leading medical shortfall specialist will.

WHEN WE COVER YOU

- You are covered 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

WHAT WE COVER YOU FOR

- Our **ACCESS OPTIMISER BENEFIT** provides cover for your hospital and service providers' accounts up to the rand amount limit for the below listed medical procedures, with a policy limit of **R 100 000** per year

MEDICAL PROCEDURE NOT COVERED BY YOUR MEDICAL SCHEME	ACCESS OPTIMISER BENEFIT WILL COVER
Dental procedures for impacted teeth for child dependants under 18 years of age	**R 14 000**
Dental procedures for reconstructive plastic surgery due to an accident	**R 80 000**
Functional nasal surgery	**R 23 000**
Oesophageal reflux and hiatus hernia surgery	**R 55 000**
Back and neck surgery	**R 80 000**
Joint replacement surgery	**R 50 000**
Cochlear implant, auditory brain implant and internal nerve stimulator surgery including the device and processor	**R 80 000**
Bunion surgery	**R 14 000**
Arthroscopic surgery	**R 80 000**
Varicose veins surgery	**R 20 000**

IMPORTANT TO KNOW

- Our **ACCESS OPTIMISER BENEFIT** ensures that you have the right of choice, which should be yours alone when your doctor informs you that you require a medically necessary procedure but your medical scheme excludes the procedure because it is listed as a specific exclusion. We do not decide which service providers you may use but allow you to inform us of whom you trust.
- The rand amount limits our **ACCESS OPTIMISER BENEFIT** provides for the medical procedure you require, will be used to cover all service providers' costs. You will be liable for the difference where your chosen service providers charge a rate that exceeds the rand amount limit we provide. You will be required to provide us with a quotation from each service provider, whom we will contact on your behalf and provide a guarantee of payment where applicable. Payment will be made directly to the service providers once your claim has been approved.
- Where you were reasonably aware of and / or experienced symptoms of a medical condition **12 months** prior to your cover start date, which may or may not have been diagnosed by a medical practitioner, cover is not applicable.

ADD OUR GAP BENEFIT

Our **ACCESS OPTIMISER BENEFIT** covers medically necessary procedures that your medical scheme won't.

When our **GAP BENEFIT** is added for an additional **R 40**, the shortfall that exists between what your medical scheme pays and the fee charged for private healthcare for medical procedures that do **not** form part of your medical scheme's list of specific exclusions, will be covered.

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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.

GAP COVER FOR INDIVIDUALS

WE COVER

- You, your spouse and any child dependant of whom you are the parent or legal guardian
- You, whether you belong to a medical scheme or not
- Full time students between the ages of 21 and 28 will pay a child dependant premium provided proof of studies is supplied yearly

MONTHLY PREMIUM

OPTIONS	MAXIMUM ENTRY AGE	PRINCIPAL INSURED	SPOUSE	CHILD DEPENDANT
SOLUTION A	65	R 32	R 28	R 24
SOLUTION B		R 225	R 170	R 110
SOLUTION C		R 260	R 220	R 150

⊕ DENTAL ASSURE

Our DENTAL ASSURE option has been cleverly arranged to provide you with essential cover whether you belong to a medical scheme or not. From basic and affordable dental benefits to specialised dentistry and eye care, you can rest assured that your leading medical shortfall specialist has you covered.

BASIC DENTISTRY

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
CONSULTATIONS	Limited to **2 consultations** at **R 295** per consultation per person, with a policy rand amount limit of **R 590** per person per year.	Limited to **4 consultations** at **R 295** per consultation per person, with a policy rand amount limit of **R 1 180** per person per year.	Limited to **2 consultations** at **R 280** per consultation per person, with a policy rand amount limit of **R 560** per person per year.
FILLINGS	Limited to **2 fillings** at **R 300** per filling per person, with a policy rand amount limit of **R 600** per person per year.	Limited to **4 fillings** at **R 400** per filling per person, with a policy rand amount limit of **R 1 600** per person per year.	Limited to **2 fillings** at **R 300** per filling per person, with a policy rand amount limit of **R 600** per person per year.
X-RAYS	Limited to **2 x-rays** at **R 75** per x-ray per person, with a policy rand amount limit of **R 150** per person per year.	Limited to **5 x-rays** at **R 85** per x-ray per person, with a policy rand amount limit of **R 425** per person per year.	Limited to **2 x-rays** at **R 65** per x-ray per person, with a policy rand amount limit of **R 130** per person per year.
EXTRACTIONS	Limited to **2 extractions** at **R 180** per extraction per person, with a policy rand amount limit of **R 360** per person per year.	Limited to **3 extractions** at **R 200** per extraction per person, with a policy rand amount limit of **R 600** per person per year.	Limited to **2 extractions** at **R 150** per extraction per person, with a policy rand amount limit of **R 300** per person per year.
EMERGENCY ROOT CANAL	Limited to **2 emergency root canal treatments** at **R 190** per treatment per person, with a policy rand amount limit of **R 380** per person per year.	Limited to **3 emergency root canal treatments** at **R 270** per treatment per person, with a policy rand amount limit of **R 810** per person per year.	Limited to **2 emergency root canal treatments** at **R 190** per treatment per person, with a policy rand amount limit of **R 380** per person per year.
BITE PLATE		Limited to **1 bite plate** at **R 800** per person per year.	
MOUTH GUARD		Limited to **1 mouth guard** at **R 400** per person, every **2 years**.	

*Within the first **3 months** of cover a general waiting period will apply, where no claims can be submitted.*

UNDERWRITTEN BY DENTAL RISK UNDERWRITING MANAGERS (PTY) LTD

TERMS AND CONDITIONS APPLY | E&OE

SPECIALISED DENTISTRY

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
POLICY RAND AMOUNT LIMIT Each benefit has its own rand amount limit but when combined cannot exceed the rand amount limit per person per year.	Limited to **R 1 160** per person per year.	Limited to **R 20 000** per person per year.	Limited to **R 10 000** per person per year.
TEMPORARY CROWNS	Limited to **2 temporary crowns** at **R 450** per crown per person, with a policy rand amount limit of **R 900** per person per year.	Limited to **2 temporary crowns** at **R 450** per crown per person, with a policy rand amount limit of **R 900** per person per year.	
WISDOM TEETH	Limited to **2 wisdom teeth extractions** at **R 580** per extraction per person, with a policy rand amount limit of **R 1 160** per person per year.		
CROWN AND BRIDGE WORK		Limited to **2 crown and bridge work treatments** at **R 4 000** per treatment per person, with a policy rand amount limit of **R 8 000** per person per year.	Limited to **1 crown and bridge work treatment** at **R 4 000** per treatment per person, with a policy rand amount limit of **R 4 000** per person per year.
DENTAL IMPLANTS		Limited to **2 dental implants** at **R 7 000** per implant per person, with a policy rand amount limit of **R 14 000** per person per year.	Limited to **1 dental implant** at **R 6 000** per implant per person, with a policy rand amount limit of **R 6 000** per person per year.
DENTURES		Limited to **1 full set of dentures** per person every **5 years**, with a policy rand amount limit of **R 3 500** per event.	Limited to **1 full set of dentures** per person every **5 years**, with a policy rand amount limit of **R 3 500** per event.
ORTHODONTIC TREATMENT		Limited to **1 orthodontic treatment plan** per person per lifetime, with a policy rand amount limit of **R 17 000**.	
IN-HOSPITAL WISDOM TEETH EXTRACTIONS		Limited to **2 wisdom teeth extractions** at **R 3 500** per extraction per person, with a policy rand amount limit of **R 7 000** per person per year.	Limited to **2 wisdom teeth extractions** at **R 3 500** per extraction per person, with a policy rand amount limit of **R 7 000** per person per year.
OUT-OF-HOSPITAL WISDOM TEETH EXTRACTIONS		Limited to **4 wisdom teeth extractions** at **R 1 000** per extraction per person, with a policy rand amount limit of **R 4 000** per person per year.	Limited to **4 wisdom teeth extractions** at **R 1 000** per extraction per person, with a policy rand amount limit of **R 4 000** per person per year.
ROOT CANAL TREATMENT		Limited to **2 root canal treatments** at **R 1 500** per treatment per person, with a policy rand amount limit of **R 3 000** per person per year.	Limited to **2 root canal treatments** at **R 1 500** per treatment per person, with a policy rand amount limit of **R 3 000** per person per year.

*Solution B and C require a compulsory Panoramic Scan for all insured persons older than 18, before any dental benefits will be authorised. Within the first **6 months** of cover a general waiting period will apply, where no claims can be submitted.*

EYE CARE BENEFITS

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
EYE TEST			Limited to **1 eye test** per person every **2 years**, with a policy limit of **R 423** per eye test per person less **R 100 excess** payable by you.
LENSES, FRAMES & CONTACT LENSES			Limited to **R 320** per **clear plastic single vision lenses** and **R 550** per frame per person, every **2 years**. OR Limited to a maximum of **R 950** per **clear plastic bifocal / multifocal lenses** and **R 550** per frame per person, every **2 years**. OR Limited to **R 720** per **set of contact lenses** per person, every **2 years**. **R 100 excess** payable by you per claim.
EYECARE SPECIALIST CONSULTATION			Limited to **1 specialist consultation fee** up to a maximum of **R 800** per consultation per person, less **R 100 excess** payable by you every **2 years**.
PERSONAL ACCIDENT EYE COVER (NO GENERAL WAITING PERIOD APPLIES TO THIS SPECIFIC BENEFIT)			Limited to **R 25 000** per person per event.
ALL RISK INSURANCE			Limited to **R 1 500** per replacement or repair claim of either your lenses or your frame, less **R 100 excess** payable by you.

*Within the first **6 months** of cover a general waiting period will apply, where no claims can be submitted.*

ADDITIONAL BENEFITS

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
DENTAL TRAUMA & EMERGENCY BENEFIT	Limited to **1 dental event** up to a policy rand amount limit of **R 16 000** per person per year.	Limited to **1 dental event** up to a policy rand amount limit of **R 25 000** per person per year.	Limited to **1 dental event** up to a policy rand amount limit of **R 25 000** per person per year.

*Within the **first month** of cover a general waiting period will apply, where no claims can be submitted.*

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
POLICY PREMIUM WAIVER	Limited to a **3 month** period in the event of: • The **forced retrenchment** of the premium payer, limited to **1 occurrence** per policy every **5 years**. AND / OR • The **death** of the premium payer, limited to **1 occurrence** per lifetime of the policy.	Limited to a **3 month** period in the event of: • The **forced retrenchment** of the premium payer, limited to **1 occurrence** per policy every **5 years**. AND / OR • The **death** of the premium payer, limited to **1 occurrence** per lifetime of the policy.	Limited to a **3 month** period in the event of: • The **forced retrenchment** of the premium payer, limited to **1 occurrence** per policy every **5 years**. AND / OR • The **death** of the premium payer, limited to **1 occurrence** per lifetime of the policy.

*Within the first **6 months** of cover a general waiting period will apply, where no claims can be submitted.*

PRIMARY HEALTHCARE FOR INDIVIDUALS

WE COVER

- You, your spouse and any child dependant of whom you are the parent or legal guardian
- You, whether you belong to a medical scheme or not
- Full time students between the ages of 21 and 28 will pay a child dependant premium provided proof of studies is supplied yearly

MONTHLY PREMIUM

OPTIONS	MAXIMUM ENTRY AGE	PRINCIPAL INSURED	SPOUSE	CHILD DEPENDANT
DAY-TO-DAY BENEFITS ONLY	55	R 285	R 190	R 75
DAY-TO-DAY AND EMERGENCY & ACCIDENTAL BENEFITS		R 370	R 265	R 95
EMERGENCY & ACCIDENTAL BENEFITS ONLY	60	R 205 per family		

⊕ ESSENTIAL PRIMARY PLUS

Our ESSENTIAL PRIMARY PLUS option has been thoughtfully engineered because we believe that every South African deserves access to the very best essential and affordable primary healthcare. We therefore offer a short term insurance policy which provides DAY-TO-DAY and EMERGENCY & ACCIDENTAL cover, that will not only fit but benefit you and your lifestyle.

DAY-TO-DAY BENEFITS

Our unique **DAY-TO-DAY BENEFITS** are provided by a specific group of general practitioners, pharmacies, dentists, pathologists, radiologists and an emergency evacuation provider who have agreed to offer you and your loved ones with the cover you not only want, but deserve.

BENEFIT DESCRIPTION	UNIQUE FEATURES
DOCTOR VISITS Your general practitioner provides you with the advice and medical treatment you need, when you are ill and concerned about your health. **BASIC MEDICAL PROCEDURES** Your general practitioner can perform minor medical and surgical procedures in their rooms during a consultation, such as the stitching of a wound, circumcision or the removal of a mole. **MEDICATION** Your general practitioner can prescribe or provide acute medicine during a consultation to treat a short term illness, such as a chest infection. **BASIC BLOOD AND OTHER BASIC TESTS** Your pathologist provides the necessary test results, such as blood test results, to help your general practitioner put together a treatment plan best suited for your health. **BASIC X-RAYS** Your radiologist provides the necessary x-ray results for black and white x-rays, to help your general practitioner put together a treatment plan best suited for your health.	You and your loved ones will have access to a group of skilled service providers offering basic medical services when your health requires it. Our combination of generous and comprehensive benefits will ensure that you have access to your nominated general practitioner who can perform minor medical procedures, prescribe and provide acute medicine as well as request basic pathology and radiology, during your doctor visits. There is **no limit** on the number of times that you may visit your general practitioner.
CHRONIC MEDICATION Your general practitioner can prescribe or provide medicine during a consultation to treat a long term illness.	Limited to **Diabetes Type 1**, **Hypertension** and **HIV / AIDS**.
BASIC DENTISTRY Your dentist provides you with basic dentistry when you need fillings, extractions, treatment for an abscess or basic dental x-rays.	Limited to **R 800** per person per year.
ADDITIONAL DENTISTRY Your dentist provides you with the urgent dental treatment you need when an unexpected physical injury results in loss or damage to your teeth causing severe pain, such as a broken tooth.	Limited to **R 3 000** per person per year.
BASIC EYE CARE Your optometrist examines your eyes to prescribe and provide the necessary glasses you need to see objects up close or in the distance more clearly.	Limited to **1 eye test** and **1 pair of monofocal** or **bifocal lenses** for near and / or far sight and **a standard frame** per person every **2 years**.
MATERNITY CARE Your gynaecologist provides you, the soon-to-be mom, with one-on-one maternity consultations including ultrasound scans of your growing baby and the advice you need about your health during your pregnancy.	Limited to **R 2 500** per policy per year which includes your **2 maternity check-ups** and **ultrasound scans**.

EMERGENCY & ACCIDENTAL BENEFITS

Our unique **EMERGENCY & ACCIDENTAL BENEFITS** are provided by your nearest, registered private hospital and the hospital's casualty facility. Each benefit has its own rand amount limit but when combined cannot exceed **R 1 000 000** per policy per year.

BENEFIT DESCRIPTION	UNIQUE FEATURES
HOSPITALISATION DUE TO AN EMERGENCY We cover your hospital and related service providers' accounts when you need immediate treatment due to a medical emergency that requires stabilisation at your nearest private hospital before you can be transferred to a public facility should you need further treatment. *Examples of medical emergencies can include but is not limited to a heart attack or a stroke.*	Limited to **R 15 000** per person per event.
HOSPITALISATION DUE TO AN ACCIDENT We cover your hospital and related service providers' accounts when you need immediate treatment due to accidental impact caused by someone or something which results in severe physical injury. *Examples of accidents can include but is not limited to severe injuries resulting from vehicle accidents or working with factory machinery.*	Limited to **R 1 000 000** per person per event.
CASUALTY FACILITY We cover your casualty facility and related service providers' accounts when you need immediate treatment due to accidental impact caused by someone or something which results in physical injury. *Examples of accidents can include but is not limited to minor injuries resulting from vehicle accidents or working with factory machinery.*	Limited to **R 5 000** per person per event.
24 HOUR MEDICAL EMERGENCY SERVICES When life happens and every second counts, your national emergency contact centre provides the immediate assistance you and your loved ones need.	• Access to the national 24 hour emergency contact centre for all your medical emergencies • Emergency transport services by air or road • Ambulance transfers between hospitals • Assisting in returning a loved one's body home for funeral arrangements to be made • Telephonic medical advice

When you are admitted into a private facility for a planned medical procedure such as giving birth, cover is not applicable.

EXCLUSIVELY TAILORED FOR EMPLOYER GROUPS
WITH A MINIMUM OF 10 QUALIFYING EMPLOYEES

PREMIUM SUBJECT TO EMPLOYER GROUP PROPOSAL

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

⊕ CORPORATE ELITE

Our CORPORATE ELITE option has 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 displays our unwavering commitment to you, we make every second count and every minute a memorable one.

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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**

WHAT WE COVER YOU FOR

- 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 and 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

Where a private upfront fee is applied by your doctor or specialist which is not claimable from your medical scheme, cover is not applicable.

ONCOLOGY BENEFITS

WHY WE COVER YOU

Our **ONCOLOGY BENEFITS** alleviate the financial pressure that is not conducive to an environment of healing by offering you superior and unique benefits for your necessary oncology treatment.

WHEN AND WHAT WE COVER YOU FOR

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 and is limited to **R 450 000** 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 and is limited to **R 100 000** per person per year

CANCER DIAGNOSIS BENEFIT

- Our **CANCER DIAGNOSIS BENEFIT** provides a once-off payment of **R 30 000** when you are diagnosed with cancer for the first time and treatment is required as part of an approved oncology treatment plan

SUB-LIMIT BENEFIT

WHY WE COVER YOU

Our **SUB-LIMIT BENEFIT** affords you the opportunity to ensure that your health and recovery remain a priority, when your medical scheme applies a rand amount limit to internal prostheses or MRI & CT scans leaving you liable to pay a portion of the cost.

WHEN WE COVER YOU

- You are covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit, from which you can claim for internal prostheses as part of an in-hospital medical procedure but the device costs more than the amount your medical scheme pays
- You are also covered when your medical scheme provides you with a rand amount limit, known as a sub-limit or annual limit, from which you can claim for MRI & CT scans as part of an in- or out-of-hospital medical procedure

WHAT WE COVER YOU FOR

- 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
- 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

EXAMPLE OF HOW OUR SUB-LIMIT BENEFIT ENSURES YOUR MEDICAL SHORTFALL IS COVERED

MEDICAL PROCEDURE	CHARGE FOR INTERNAL PROSTHESES OR SCANS	YOUR MEDICAL SCHEME PAYS	SUB-LIMIT BENEFIT WILL COVER
Hip Replacement	R 47 000	R 37 200	**R 9 800**
Cardiac Pacemaker	R 33 000	R 28 800	**R 4 200**
Cochlear Implants	R 188 000	R 168 000	**R 20 000**
MRI & CT Scans	R 7 450	R 4 950	**R 2 500**

Where the sub-limit or annual limit is exhausted at the time of the event and your medical scheme does not pay a portion towards your service provider's account, 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 in the event of an accident, when immediate treatment is required for physical injury resulting from an external force outside your body, due to impact with someone or something
- We will refund the cost of the casualty event to you, when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the event from your **medical scheme savings account**

WHAT WE COVER YOU FOR

Our **CASUALTY BENEFIT** covers the cost of your casualty event up to **R 10 000** per policy per year for:

- Doctor or specialist consultations
- Basic black and white x-rays *(but not including specialised radiology such as MRI, CT and PET scans)*
- 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

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
- We will refund the cost of the registered counsellor's, clinical psychologist's or psychiatrist's consultation fee when your medical scheme does not provide you with cover and you become liable to pay out of your own pocket or when your medical scheme pays the fees from your **medical scheme savings account**

WHAT WE COVER YOU FOR

- Our **TRAUMA COUNSELLING BENEFIT** covers your consultation fees up to **R 10 000** per policy per year

ADDITIONAL BENEFITS

WHY WE COVER YOU

Our **ADDITIONAL BENEFITS** offer you and your loved ones the security of knowing that when you are faced with unexpected change resulting in financial difficulty, we ensure your cover will remain unchanged because we believe a load shared is a load halved.

WHEN AND WHAT WE COVER YOU FOR

- 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 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 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

EXCLUSIVELY TAILORED FOR EMPLOYER GROUPS
WITH A MINIMUM OF 10 QUALIFYING EMPLOYEES

PREMIUM SUBJECT TO EMPLOYER GROUP PROPOSAL

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

⊕ CORPORATE ACCESS

Our CORPORATE ACCESS option has 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.

ACCESS OPTIMISER BENEFIT

WHY WE COVER YOU

Our **ACCESS OPTIMISER BENEFIT** leaves you feeling comforted and confident knowing that when your medical scheme does not cover specific medical procedures that are excluded but necessary for your wellbeing, your leading medical shortfall specialist will.

WHEN WE COVER YOU

- You are covered 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

WHAT WE COVER YOU FOR

- Our **ACCESS OPTIMISER BENEFIT** provides cover for your hospital and service providers' accounts up to the rand amount limit for the below listed medical procedures, with a policy limit of **R 100 000** per year

MEDICAL PROCEDURE NOT COVERED BY YOUR MEDICAL SCHEME	ACCESS OPTIMISER BENEFIT WILL COVER
Dental procedures for impacted teeth for child dependants under 18 years of age	**R 14 000**
Dental procedures for reconstructive plastic surgery due to an accident	**R 80 000**
Functional nasal surgery	**R 23 000**
Oesophageal reflux and hiatus hernia surgery	**R 55 000**
Back and neck surgery	**R 80 000**
Joint replacement surgery	**R 50 000**
Cochlear implant, auditory brain implant and internal nerve stimulator surgery including the device and processor	**R 80 000**
Bunion surgery	**R 14 000**
Arthroscopic surgery	**R 80 000**
Varicose veins surgery	**R 20 000**

IMPORTANT TO KNOW

- Our **ACCESS OPTIMISER BENEFIT** ensures that you have the right of choice, which should be yours alone when your doctor informs you that you require a medically necessary procedure but your medical scheme excludes the procedure because it is listed as a specific exclusion. We do not decide which service providers you may use but allow you to inform us of whom you trust.
- The rand amount limits our **ACCESS OPTIMISER BENEFIT** provides for the medical procedure you require, will be used to cover all service providers' costs. You will be liable for the difference where your chosen service providers charge a rate that exceeds the rand amount limit we provide. You will be required to provide us with a quotation from each service provider, whom we will contact on your behalf and provide a guarantee of payment where applicable. Payment will be made directly to the service providers once your claim has been approved.
- Where you were reasonably aware of and / or experienced symptoms of a medical condition **12 months** prior to your cover start date, which may or may not have been diagnosed by a medical practitioner, cover is not applicable.

GAP BENEFIT

Our **ACCESS OPTIMISER BENEFIT** covers medically necessary procedures that your medical scheme won't.

Our **GAP BENEFIT** is added to cover the shortfall that exists between what your medical scheme pays and the fee charged for private healthcare for medical procedures that do **not** form part of your medical scheme's list of specific exclusions.

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) medical procedures

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 black and white x-rays *(but not including 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 *(but not including take home medication)*

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

CHARGE FOR CHILDBIRTH	YOUR MEDICAL SCHEME PAYS	GAP BENEFIT WILL COVER	YOU ARE 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.

EXCLUSIVELY TAILORED FOR EMPLOYER GROUPS
WITH A MINIMUM OF 10 QUALIFYING EMPLOYEES

WE COVER

- You, your spouse and any child dependant of whom you are the parent or legal guardian
- You, whether you belong to a medical scheme or not
- Full time students between the ages of 21 and 28 will pay a child dependant premium provided proof of studies is supplied yearly

⊕ CORPORATE ASSURE

Our CORPORATE ASSURE option has been cleverly arranged to provide you with essential cover whether you belong to a medical scheme or not. From basic and affordable dental benefits to specialised dentistry and eye care, you can rest assured that your leading medical shortfall specialist has you covered.

BASIC DENTISTRY

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
CONSULTATIONS	Limited to **2 consultations** at **R 295** per consultation per person, with a policy rand amount limit of **R 590** per person per year.	Limited to **4 consultations** at **R 295** per consultation per person, with a policy rand amount limit of **R 1 180** per person per year.	Limited to **2 consultations** at **R 280** per consultation per person, with a policy rand amount limit of **R 560** per person per year.
FILLINGS	Limited to **2 fillings** at **R 300** per filling per person, with a policy rand amount limit of **R 600** per person per year.	Limited to **4 fillings** at **R 400** per filling per person, with a policy rand amount limit of **R 1 600** per person per year.	Limited to **2 fillings** at **R 300** per filling per person, with a policy rand amount limit of **R 600** per person per year.
X-RAYS	Limited to **2 x-rays** at **R 75** per x-ray per person, with a policy rand amount limit of **R 150** per person per year.	Limited to **5 x-rays** at **R 85** per x-ray per person, with a policy rand amount limit of **R 425** per person per year.	Limited to **2 x-rays** at **R 65** per x-ray per person, with a policy rand amount limit of **R 130** per person per year.
EXTRACTIONS	Limited to **2 extractions** at **R 180** per extraction per person, with a policy rand amount limit of **R 360** per person per year.	Limited to **3 extractions** at **R 200** per extraction per person, with a policy rand amount limit of **R 600** per person per year.	Limited to **2 extractions** at **R 150** per extraction per person, with a policy rand amount limit of **R 300** per person per year.
EMERGENCY ROOT CANAL	Limited to **2 emergency root canal treatments** at **R 190** per treatment per person, with a policy rand amount limit of **R 380** per person per year.	Limited to **3 emergency root canal treatments** at **R 270** per treatment per person, with a policy rand amount limit of **R 810** per person per year.	Limited to **2 emergency root canal treatments** at **R 190** per treatment per person, with a policy rand amount limit of **R 380** per person per year.
BITE PLATE		Limited to **1 bite plate** at **R 800** per person per year.	
MOUTH GUARD		Limited to **1 mouth guard** at **R 400** per person, every **2 years**.	

*Within the first **3 months** of cover a general waiting period will apply, where no claims can be submitted.*

UNDERWRITTEN BY DENTAL RISK UNDERWRITING MANAGERS (PTY) LTD

TERMS AND CONDITIONS APPLY | E&OE

SPECIALISED DENTISTRY

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
POLICY RAND AMOUNT LIMIT Each benefit has its own rand amount limit but when combined cannot exceed the rand amount limit per person per year.	Limited to **R 1 160** per person per year.	Limited to **R 20 000** per person per year.	Limited to **R 10 000** per person per year.
TEMPORARY CROWNS	Limited to **2 temporary crowns** at **R 450** per crown per person, with a policy rand amount limit of **R 900** per person per year.	Limited to **2 temporary crowns** at **R 450** per crown per person, with a policy rand amount limit of **R 900** per person per year.	
WISDOM TEETH	Limited to **2 wisdom teeth extractions** at **R 580** per extraction per person, with a policy rand amount limit of **R 1 160** per person per year.		
CROWN AND BRIDGE WORK		Limited to **2 crown and bridge work treatments** at **R 4 000** per treatment per person, with a policy rand amount limit of **R 8 000** per person per year.	Limited to **1 crown and bridge work treatment** at **R 4 000** per treatment per person, with a policy rand amount limit of **R 4 000** per person per year.
DENTAL IMPLANTS		Limited to **2 dental implants** at **R 7 000** per implant per person, with a policy rand amount limit of **R 14 000** per person per year.	Limited to **1 dental implant** at **R 6 000** per implant per person, with a policy rand amount limit of **R 6 000** per person per year.
DENTURES		Limited to **1 full set of dentures** per person every **5 years**, with a policy rand amount limit of **R 3 500** per event.	Limited to **1 full set of dentures** per person every **5 years**, with a policy rand amount limit of **R 3 500** per event.
ORTHODONTIC TREATMENT		Limited to **1 orthodontic treatment plan** per person per lifetime, with a policy rand amount limit of **R 17 000**.	
IN-HOSPITAL WISDOM TEETH EXTRACTIONS		Limited to **2 wisdom teeth extractions** at **R 3 500** per extraction per person, with a policy rand amount limit of **R 7 000** per person per year.	Limited to **2 wisdom teeth extractions** at **R 3 500** per extraction per person, with a policy rand amount limit of **R 7 000** per person per year.
OUT-OF-HOSPITAL WISDOM TEETH EXTRACTIONS		Limited to **4 wisdom teeth extractions** at **R 1 000** per extraction per person, with a policy rand amount limit of **R 4 000** per person per year.	Limited to **4 wisdom teeth extractions** at **R 1 000** per extraction per person, with a policy rand amount limit of **R 4 000** per person per year.
ROOT CANAL TREATMENT		Limited to **2 root canal treatments** at **R 1 500** per treatment per person, with a policy rand amount limit of **R 3 000** per person per year.	Limited to **2 root canal treatments** at **R 1 500** per treatment per person, with a policy rand amount limit of **R 3 000** per person per year.

*Solution B and C require a compulsory Panoramic Scan for all insured persons older than 18, before any dental benefits will be authorised. Within the first **6 months** of cover a general waiting period will apply, where no claims can be submitted.*

EYE CARE BENEFITS

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
EYE TEST			Limited to **1 eye test** per person every **2 years**, with a policy limit of **R 423** per eye test per person less **R 100 excess** payable by you.
LENSES, FRAMES & CONTACT LENSES			Limited to **R 320** per **clear plastic single vision lenses** and **R 550** per frame per person, every **2 years**. OR Limited to a maximum of **R 950** per **clear plastic bifocal / multifocal lenses** and **R 550** per frame per person, every **2 years**. OR Limited to **R 720** per **set of contact lenses** per person, every **2 years**. **R 100 excess** payable by you per claim.
EYECARE SPECIALIST CONSULTATION			Limited to **1 specialist consultation fee** up to a maximum of **R 800** per consultation per person, less **R 100 excess** payable by you every **2 years**.
PERSONAL ACCIDENT EYE COVER (NO GENERAL WAITING PERIOD APPLIES TO THIS SPECIFIC BENEFIT)			Limited to **R 25 000** per person per event.
ALL RISK INSURANCE			Limited to **R 1 500** per replacement or repair claim of either your lenses or your frame, less **R 100 excess** payable by you.

*Within the first **6 months** of cover a general waiting period will apply, where no claims can be submitted.*

ADDITIONAL BENEFITS

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
DENTAL TRAUMA & EMERGENCY BENEFIT	Limited to **1 dental event** up to a policy rand amount limit of **R 16 000** per person per year.	Limited to **1 dental event** up to a policy rand amount limit of **R 25 000** per person per year.	Limited to **1 dental event** up to a policy rand amount limit of **R 25 000** per person per year.

*Within the **first month** of cover a general waiting period will apply, where no claims can be submitted.*

BENEFIT DESCRIPTION	SOLUTION A UNIQUE FEATURES	SOLUTION B UNIQUE FEATURES	SOLUTION C UNIQUE FEATURES
POLICY PREMIUM WAIVER	Limited to a **3 month** period in the event of: • The **forced retrenchment** of the premium payer, limited to **1 occurrence** per policy every **5 years**. AND / OR • The **death** of the premium payer, limited to **1 occurrence** per lifetime of the policy.	Limited to a **3 month** period in the event of: • The **forced retrenchment** of the premium payer, limited to **1 occurrence** per policy every **5 years**. AND / OR • The **death** of the premium payer, limited to **1 occurrence** per lifetime of the policy.	Limited to a **3 month** period in the event of: • The **forced retrenchment** of the premium payer, limited to **1 occurrence** per policy every **5 years**. AND / OR • The **death** of the premium payer, limited to **1 occurrence** per lifetime of the policy.

*Within the first **6 months** of cover a general waiting period will apply, where no claims can be submitted.*

EXCLUSIVELY TAILORED FOR EMPLOYER GROUPS
WITH A MINIMUM OF 10 QUALIFYING EMPLOYEES

PREMIUM SUBJECT TO EMPLOYER GROUP PROPOSAL

WE COVER

- You, your spouse and any child dependant of whom you are the parent or legal guardian
- You, whether you belong to a medical scheme or not
- Full time students between the ages of 21 and 28 will pay a child dependant premium provided proof of studies is supplied yearly

⊕ CORPORATE ESSENTIAL

Our CORPORATE ESSENTIAL option has been thoughtfully engineered because we believe that every South African deserves access to the very best essential and affordable primary healthcare. We therefore offer a short term insurance policy which provides DAY-TO-DAY and EMERGENCY & ACCIDENTAL cover, that will not only fit but benefit you and your lifestyle.

DAY-TO-DAY BENEFITS

Our unique **DAY-TO-DAY BENEFITS** are provided by a specific group of general practitioners, pharmacies, dentists, pathologists, radiologists and an emergency evacuation provider who have agreed to offer you and your loved ones with the cover you not only want, but deserve.

BENEFIT DESCRIPTION	UNIQUE FEATURES
DOCTOR VISITS Your general practitioner provides you with the advice and medical treatment you need, when you are ill and concerned about your health. **BASIC MEDICAL PROCEDURES** Your general practitioner can perform minor medical and surgical procedures in their rooms during a consultation, such as the stitching of a wound, circumcision or the removal of a mole. **MEDICATION** Your general practitioner can prescribe or provide acute medicine during a consultation to treat a short term illness, such as a chest infection. **BASIC BLOOD AND OTHER BASIC TESTS** Your pathologist provides the necessary test results, such as blood test results, to help your general practitioner put together a treatment plan best suited for your health. **BASIC X-RAYS** Your radiologist provides the necessary x-ray results for black and white x-rays, to help your general practitioner put together a treatment plan best suited for your health.	You and your loved ones will have access to a group of skilled service providers offering basic medical services when your health requires it. Our combination of generous and comprehensive benefits will ensure that you have access to your nominated general practitioner who can perform minor medical procedures, prescribe and provide acute medicine as well as request basic pathology and radiology, during your doctor visits. There is **no limit** on the number of times that you may visit your general practitioner.
CHRONIC MEDICATION Your general practitioner can prescribe or provide medicine during a consultation to treat the following long term illnesses: Addison's Disease, Asthma, Bi-polar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy Disease, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Chronic Obstructive Pulmonary Disorder (COPD), Diabetes Insipidus, Diabetes Mellitus Type 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV / AIDS, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis and Tuberculosis.	Limited to a list of **27 chronic medical conditions**.
BASIC DENTISTRY Your dentist provides you with basic dentistry when you need fillings, extractions, treatment for an abscess or basic dental x-rays.	Limited to **R 1 000** per person per year.
ADDITIONAL DENTISTRY Your dentist provides you with the urgent dental treatment you need when an unexpected physical injury results in loss or damage to your teeth causing severe pain, such as a broken tooth.	Limited to **R 5 000** per person per year.
BASIC EYE CARE Your optometrist examines your eyes to prescribe and provide the necessary glasses you need to see objects up close or in the distance more clearly.	Limited to **1 eye test** and **1 pair of monofocal** or **bifocal lenses** for near and / or far sight and **a standard frame** per person every **2 years**.
MATERNITY CARE Your gynaecologist provides you, the soon-to-be mom, with one-on-one maternity consultations including ultrasound scans of your growing baby and the advice you need about your health during your pregnancy.	Limited to **R 2 500** per policy per year which includes your **2 maternity check-ups** and **ultrasound scans**.

EMERGENCY & ACCIDENTAL BENEFITS

Our unique **EMERGENCY & ACCIDENTAL BENEFITS** are provided by your nearest, registered private hospital and the hospital's casualty facility. Each benefit has its own rand amount limit but when combined cannot exceed **R 1 000 000** per policy per year.

BENEFIT DESCRIPTION	UNIQUE FEATURES
HOSPITALISATION DUE TO AN EMERGENCY We cover your hospital and related service providers' accounts when you need immediate treatment due to a medical emergency that requires stabilisation at your nearest private hospital before you can be transferred to a public facility should you need further treatment. *Examples of medical emergencies can include but is not limited to a heart attack or a stroke.*	Limited to **R 16 500** per person per event.
HOSPITALISATION DUE TO AN ACCIDENT We cover your hospital and related service providers' accounts when you need immediate treatment due to accidental impact caused by someone or something which results in severe physical injury. *Examples of accidents can include but is not limited to severe injuries resulting from vehicle accidents or working with factory machinery.*	Limited to **R 1 000 000** per person per event.
CASUALTY FACILITY We cover your casualty facility and related service providers' accounts when you need immediate treatment due to accidental impact caused by someone or something which results in physical injury. *Examples of accidents can include but is not limited to minor injuries resulting from vehicle accidents or working with factory machinery.*	Limited to **R 5 000** per person per event.
24 HOUR MEDICAL EMERGENCY SERVICES When life happens and every second counts, your national emergency contact centre provides the immediate assistance you and your loved ones need.	• Access to the national 24 hour emergency contact centre for all your medical emergencies • Emergency transport services by air or road • Ambulance transfers between hospitals • Assisting in returning a loved one's body home for funeral arrangements to be made • Telephonic medical advice

When you are admitted into a private facility for a planned medical procedure, cover is not applicable.

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, waiting periods will apply before you are able to claim from any of your policy benefits.

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 accidental 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 were reasonably aware of and / or experienced symptoms of **12 months** prior to your cover start date. 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 the following conditions, unless due to an accidental event, when immediate treatment is required for physical injury resulting from an external force outside your body due to impact with someone or something, where applicable:

- Pregnancy & Childbirth
- Hysterectomy (unless due to cancer diagnosis)
- Joint Replacement
- Nasal & Sinus
- Cardiac
- Spinal
- Hernia Repair
- Endoscopic, Microscopic and Arthroscopic procedures (specialised tools to view, examine and operate on any part of your body)
- MRI & CT Scans as well as specialised radiology
- Dentistry
- Cataracts

PRE-DIAGNOSED CANCER WAITING PERIOD

Where cancer is diagnosed before the first day your cover starts, all cancer and related procedure 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.

EXCEPTIONS TO THE RULE

- Our **Access Optimiser** option is subject to a **3 month** general waiting period and a **total policy exclusion** where no claims can be submitted for medical conditions that you were reasonably aware of and / or experienced symptoms which may or may not have been diagnosed by a medical practitioner, **12 months** prior to your cover start date
- Our **Essential Primary Plus** option is subject to a **2 month** general waiting period, **10 month** waiting period on MATERNITY CARE as well as a **12 month** waiting period on BASIC EYE CARE and CHRONIC MEDICATION
- Our **Dental Assure** option is subject to a **3 month** general waiting period on BASIC DENTISTRY and a **6 month** general waiting period on SPECIALISED DENTISTRY, EYE CARE BENEFITS & ADDITIONAL BENEFITS
- Waiting periods applicable to our Corporate Product Range are subject to the demographic profile of the employer group

WHAT OUR BENEFITS DO NOT COVER

GAP BENEFIT DOES NOT COVER

1) Service providers' accounts where your medical scheme did not pay any portion towards the account or towards an individual line item on the account
2) Service providers' accounts where your medical scheme benefit limit is exceeded
3) 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, also known as a block or insured benefit
4) Service providers' accounts where the treatment dates differ from the date of the in- or out-of-hospital medical event
5) Service providers' accounts for consultations prior or following an in- or out-of-hospital medical event
6) Hospital accounts where the hospital charged more than what your medical scheme paid towards theatre and ward fees
7) Service providers' accounts paid by you whilst you are in your medical scheme self-payment gap
8) Service providers' accounts paid by your medical scheme from your above threshold benefit
9) MRI, CT and PET scan accounts
10) Disposable items and medication which your medical scheme did not pay as part of your medical procedure performed in- or out-of-hospital or take home medication
11) 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 OUR BENEFITS DO NOT COVER

CO-PAYMENT BENEFIT DOES NOT COVER

1) 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
2) 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

1) 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, also known as a block or insured benefit
2) Unapproved cancer treatment costs if your medical scheme did not authorise the treatment as part of your oncology treatment plan
3) Service providers' accounts for cancer treatment where you had not followed your medical scheme rules and / or for the voluntary use of a service provider that does not form part of your medical scheme's network
4) Unapproved biological medication costs if your medical scheme did not authorise the medication as part of your initial or ongoing oncology treatment plan
5) Once-off payments for cancer that was diagnosed before the first day your cover starts or whilst your **3 month** general waiting period applies. Payments for a secondary diagnosis or for a cancer diagnosis that did not require an approved medical scheme oncology treatment plan
6) Once-off payments for any form of cancer that does not require additional treatment other than specialist consultations, cryosurgery and / or cryotherapy as part of your approved oncology treatment plan

SUB-LIMIT BENEFIT DOES NOT COVER

1) Service providers' accounts where your medical scheme applied a sub-limit or annual limit as a rand amount to in- and out-of-hospital medical procedures other than internal prostheses, non-PMB day procedures and MRI & CT scans
2) Service providers' accounts where your medical scheme sub-limit or annual limit is exhausted at the time of the event and your medical scheme did not pay a portion towards your service provider's account

CASUALTY BENEFIT DOES NOT COVER

1) Service providers' accounts where the treatment dates differ from the date of the casualty event such as a return visit to the casualty facility or doctor's rooms
2) Service providers' accounts where the casualty event was not due to an accident and did not require immediate treatment for physical injury which resulted from an external force outside of the body due to impact with someone or something
3) Service providers' accounts where your medical scheme provided a casualty benefit and paid the accounts in full from your medical scheme hospital benefit or day-to-day benefit, also known as a block or insured benefit
4) MRI & CT scan accounts
5) Disposable items and medication which your medical scheme did not pay as part of your casualty event or medication prescribed when you leave the casualty facility

TRAUMA COUNSELLING BENEFIT DOES NOT COVER

1) Registered counsellor's, clinical psychologist's or psychiatrist'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
2) Service providers' accounts where your medical scheme provided a trauma counselling benefit and paid the account in full from your medical scheme hospital benefit or day-to-day benefit, also known as a block or insured benefit
3) The fee charged by your counsellor, clinical psychologist or psychiatrist if they are not registered with a recognised South African regulatory body

ADDITIONAL BENEFITS DO NOT COVER

1) Events where disability is of a temporary and not of a permanent nature
2) Death, permanent disability or forced retrenchment of any insured person on cover other than the person noted as the premium payer
3) Events where death is due to natural causes applicable to our ACCIDENTAL DEATH BENEFIT

HOSPITAL OPTIMISER BENEFIT DOES NOT COVER

1) Service providers' accounts where the rate charged is considerably more than your applicable medical scheme rate
2) Service providers' accounts for hospitalisation where you had not followed your medical scheme rules and / or for the voluntary use of a service provider that does not form part of your medical scheme's network

ACCESS OPTIMISER BENEFIT DOES NOT COVER

1) Medical procedures for a medical condition that you were reasonably aware of and / or experienced symptoms thereof which may or may not have been diagnosed by a medical practitioner **12 months** prior to applying for cover
2) Medical procedures listed as specific exclusions by your medical scheme that do not form part of our list of medical procedures covered
3) Service providers' accounts where your medical scheme paid a portion towards the account
4) Service providers' accounts where your medical scheme applied an overall annual limit (OAL) as a rand amount to in-hospital medical procedures
5) Service providers' accounts where your medical scheme sub-limit benefit is exhausted at the time of the event
6) Service providers' accounts where your chosen service providers charge a rate that exceeds the rand amount limit we provide

DENTAL ASSURE & CORPORATE ASSURE OPTIONS DO NOT COVER

1) Implants where a tooth was extracted in preparation for dental implants prior to your cover start date
2) Fillings and crowns / caps where the reason for changing an existing filling and crown / cap is due to headaches, fatigue or other medical conditions that are not directly related to the tooth structure or where the procedure is due to cosmetic reasons
3) Teeth that are in the process of eruption but are not impacted
4) Orthodontic treatment where you are already undergoing treatment for braces prior to your cover start date
5) Dental claims for treatment that commenced during your applicable waiting period
6) Dental treatment due to cosmetic reasons unless the clinical functionality of your mouth and / or tooth is effected according to our protocols

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:

1) Medical scheme exclusions where no underlying cover exists unless our benefit specifically makes provision for cover
2) An event where your chosen gap cover or primary healthcare policy does not provide the relevant benefit for you to claim from
3) Service providers' accounts where you had not followed your medical scheme or primary healthcare rules and / or for the voluntary use of a hospital or service provider that did not form part of the respective network unless our benefit specifically makes provision for cover
4) An event that occurs during an applicable policy waiting period
5) Obesity
6) Non-medically necessary reconstructive cosmetic surgery
7) Costs incurred for external prostheses or appliances such as artificial limbs, wheelchairs and crutches
8) Admission to a step down facility such as frail care centres
9) Artificial insemination, hormone treatment for infertility or contraceptives but not including tubal ligation and vasectomies
10) Depression, insanity, emotional or mental illness as well as any stress-related conditions
11) Osseointegrated dental implants and related medical procedures necessary for this specific procedure, such as tooth extraction
12) Maxillo facial surgery and related medical conditions and / or medical procedures unless immediate treatment is required due to accidental impact caused by someone or something resulting in severe physical injury
13) Robotic surgery, specialised mechanical or computerised appliances, equipment and all related service providers' accounts
14) Costs associated with supporting medical reports that assist in the finalisation of a claim
15) 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
16) Riots, wars, political acts, public disorder, terrorism, civil commotions, labour disturbances, strikes, lock-out, or any attempted such acts
17) 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
18) Attempted suicide, intentional self-injury and deliberate exposure to exceptional danger except in an attempt to save a human life
19) Drug and alcohol addiction
20) Active military, police and police reservist activities whilst on active duty
21) 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
22) Events that occur for which the actual damage is covered by law
23) Any loss arising from any contractual liability
24) Consequential loss or damage, except where it is specifically stated that loss or damage of this nature will be covered