

CORPORATE ACCESS PLUS



WHY CHOOSE CORPORATE ACCESS PLUS?

It is our **booster option**, available to employees through their employer, that covers specific medical procedures and events that your medical aid plan excludes from cover, as well as provide cover for the **most likely** medical expense shortfall that you may experience on doctors' and specialists' private fees.

WHO DO WE COVER?

We cover employer groups where **10 or more** employees join.

We cover you, as the employee, as well as your spouse and all the dependants registered on both your and your spouse's medical aid plans, subject to approval from your employer.

MONTHLY PREMIUM

The monthly premium that each employee pays as part of the employer group is determined by a number of factors, such as the employer group's average age and whether cover is compulsory or voluntary for employees.

OVERALL POLICY LIMIT (OPL)

An **Overall Policy Limit (OPL)** of R 165 000 per policy per year applies regardless of whether you are covered as an individual or a family. Our **Accidental Disability and Death Benefit** is not subject to the **OPL** as this benefit is offered **over and above** the benefits that form part of the **OPL**.

KEY BENEFITS

ACCESS COVER



We cover the cost of the hospital or day clinic and all your related healthcare providers' accounts when you need one of the below listed medical procedures and/or treatments that your medical aid plan excludes from cover, limited to the rand amounts as indicated **per policy per year**:

| MEDICAL PROCEDURE/EVENT NOT COVERED BY YOUR MEDICAL AID | ACCESS COVER PROVIDES |
|--|-----------------------|
| Arthroscopic surgery | R 50 000 |
| Back and/or neck surgery | R 50 000 |
| Bunion surgery | R 14 000 |
| Cochlear implant, auditory brain implant and internal nerve stimulator surgery (including the procedure, device, processor and hearing aids) | R 80 000 |
| Dental procedures for impacted teeth for children younger than 18 | R 14 000 |
| Dental procedures for reconstructive surgery required due to an accidental event | R 80 000 |
| Endoscopic procedures | R 5 000 |
| Functional nasal surgery | R 23 000 |
| Joint replacement surgery | R 50 000 |
| Knee and/or shoulder surgery | R 25 000 |
| MRI and/or CT scan required due to an accidental event | R 10 000 |
| Non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer) | R 20 000 |
| Oesophageal reflux and hiatus hernia surgery | R 55 000 |
| Removal of varicose veins | R 20 000 |
| Skin disorders (including benign growths and/or lipomas) | R 20 000 |

YOUR NEXT STEP

- When your healthcare provider informs you that you need a medical procedure and/or treatment that forms part of the list of procedures or treatments that we cover, you will be required to obtain cost estimates from your preferred hospital or day clinic and all related healthcare providers.
- We will issue a guarantee of payment as an undertaking to pay your service and/or healthcare providers directly once your claim is approved.

ACCESS COVER 10 MONTH BENEFIT RULE

If you claim from our **ACCESS COVER** within the first **10 months** of cover for a medical event related to:

- arthroscopic surgery;
- back and/or neck surgery;
- bunion surgery;
- cochlear implant, auditory brain implant and internal nerve stimulator surgery, (including the procedure, device, processor and hearing aids);
- dental procedures for impacted teeth for children **younger than 18**;
- endoscopic procedures;
- functional nasal surgery;
- joint replacement surgery;
- knee and/or shoulder surgery;
- non-cancerous breast conditions (including breast reconstruction of a breast not affected by cancer);
- oesophageal reflux and hiatus hernia surgery;
- removal of varicose veins; and/or
- skin disorders (including benign growths and/or lipomas),

we will cover between **20% and 100%** of the **approved claim amount** as quoted and accepted by your employer, subject to the benefit limits.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**. If this waiting period does not apply to your policy, your claim will be covered as specified above.

Accidental events do not form part of this **Benefit Rule** and are never subject to any waiting periods.

GAP COVER

Our **ACCESS COVER** benefit covers specific medical procedures and/or treatments that your medical aid plan **excludes from cover**.

Our **GAP COVER** benefit provides an **additional 500%** cover above your medical aid plan's rate to cover the difference between what your healthcare providers charge and the rate your medical aid pays from a **hospital or risk benefit**, for medical procedures and/or treatments that are **not excluded** from cover.

We cover the shortfalls on medical procedures performed by your doctor and specialist that your medical aid does not cover in full, as well as shortfalls related to:

- consumable items, such as surgical gloves, and medication received during your medical event;
- dental related procedures:
 - such as wisdom teeth extractions, limited to **R 4 000 per policy per year**;
 - for accidental injury or cancer treatment, limited to **R 8 000 per policy per year**;
- pathology;
- physiotherapy;
- Prescribed Minimum Benefit (PMB) medical procedures;
- radiology, which includes:
 - basic radiology, such as black and white x-rays; and/or
 - specialised radiology, limited to **R 5 000 per policy per year**.

GAP COVER 10 MONTH BENEFIT RULE

If you claim from our **GAP COVER** within the first **10 months** of cover for a medical event related to:

- adenoidectomy;
- tonsillectomy;
- myringotomy/grommets;
- cardiovascular procedures;
- cataract removal;
- dentistry;
- hernia repairs;
- joint replacements;
- MRI, CT and PET scans;
- nasal and sinus surgery;
- pregnancy and childbirth;
- spinal procedures;
- scopes (including medical events where a scope is used); and/or
- hysterectomy (full cover applies if a hysterectomy is required due to cancer that is diagnosed after the **General Waiting Period** applicable to your policy),

we will cover between **20%** and **100%** of the **approved claim amount** as quoted and accepted by your employer, subject to benefit limits where applicable.

If, however, your medical event is due to a medical condition that you received advice and/or treatment for within **12 months** before the start date of your policy, your claim will be subject to a **Pre-Existing Condition Waiting Period**. If this waiting period does not apply to your policy, your claim will be covered as specified above.

Accidental events do not form part of this **Benefit Rule** and are never subject to any waiting periods.

CASUALTY COVER

This benefit covers the cost of a casualty event, including all related healthcare services provided at a registered **medical facility** when you need **immediate treatment** due to an **accident**.

We also cover your child dependant **younger than 6** at a registered **casualty facility** when they are **ill** and need **after-hours** medical treatment.

WHEN IS AFTER-HOURS?

After-hours is **Mondays to Fridays** between **18:00pm** and **07:00am** and all-day **Saturdays, Sundays** and **public holidays**.

We will refund the amount that you pay from your **own pocket** or that your medical aid pays from a **day-to-day benefit** or your **medical savings account**, limited to **R 2 000 per policy per year**.

PAYOUT BENEFIT

(Not subject to the OPL)

ACCIDENTAL DISABILITY AND DEATH

We cover you and/or your spouse for a benefit amount of **R 5 000 each** in the event of your and/or your spouse's total and permanent disability or death due to an accident, limited to **1 event per person per year**.

WAITING PERIODS

The below waiting periods are standard waiting periods that may or may not apply to your policy, subject to the quote approved by your employer.

Waiting periods apply from the start date of the policy and from each insured person's cover start date, unless otherwise specified in your **Cover Letter** which you will receive when your cover is activated.

3 MONTH GENERAL WAITING PERIOD

Cover does not apply during this period unless you claim for accidental events that occur after your cover start date.

10 MONTH PRE-EXISTING PREGNANCY AND CHILDBIRTH WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to pregnancy and childbirth for which advice and/or treatment was received within **12 months** before your cover start date.

12 MONTH PRE-EXISTING CONDITION WAITING PERIOD

Cover does not apply during this period for investigations, medical procedures, surgeries and/or treatments related to any illness and/or medical condition that was diagnosed and/or for which advice and/or treatment was received within **12 months** before your cover start date.

*LIFESTYLE BENEFIT

Our **Lifestyle Benefit** is offered at no cost to you.

FUEL REWARDS

Fill up at any **SHELL service station** and get rewarded with **22 cents** per litre of **diesel** and **15 cents** per litre of **petrol**.

*T'S & C'S, BENEFIT AND GENERAL EXCLUSIONS

Visit our website at www.stratumbenefits.co.za to view our policy and benefit exclusions and read more about the T's & C's applicable to our **Lifestyle Benefit** and how to register.

Our Gap Cover policy is not a medical aid, does not provide similar cover as that of a medical aid and cannot be substituted for medical aid membership.