

⊕ GAP COVER PRODUCT RANGE OVERVIEW 2018

2018 PRODUCT OVERVIEW	⊕ EDGE ²⁰⁰	⊕ COMPACT ²⁰⁰	⊕ BASE	⊕ CO-EVOLUTION	⊕ ELITE	⊕ ACCESS OPTIMISER
	Our EDGE²⁰⁰ option has been innovatively designed to give you the best start when insuring yourself against unforeseen medical shortfalls. We cover you, as the only individual insured on this option, when your medical scheme does not pay your private healthcare fees in full, remove the anxiety of unforeseen expenses for a casualty event and cover your gap cover policy premium when life happens.	Our COMPACT²⁰⁰ option has been conceptualised with medical scheme members in mind because when account shortfalls affect your financial wellbeing, we'll absorb the impact. Complete peace of mind is offered by our comprehensive benefits that fill the gaps in your medical scheme cover. We cover you when your medical scheme does not pay your private healthcare fees in full, refund upfront co-payment costs and lend a helping hand when you need oncology treatment.	Our BASE option provides real cover with real benefits when your medical scheme does not pay your private healthcare fees in full, when the unforeseen expense of a casualty event causes anxiety and lends emotional and financial support when circumstances outside of your control alter the course of your life.	Our CO-EVOLUTION option has been expertly combined to provide just the right benefits when unforeseen medical expenses occur. From covering the gap that exists when your medical scheme does not pay your private healthcare fees in full, to benefits for co-payments, casualty events, trauma counselling, cancer diagnosis and accidental death, you can rest assured that we have you covered.	Our ELITE option has been thoughtfully created with a clear vision to provide elite benefits that offer best-in-class cover to ensure complete peace of mind knowing we have you covered. This option is perfectly suited for individuals who don't compromise on cover. We don't.	Our ACCESS OPTIMISER option has been skillfully designed to provide you with the necessary cover for a medical procedure that is not claimable from your medical scheme, because the procedure is listed as a specific exclusion.
	BENEFIT OVERVIEW					
	GAP BENEFIT	GAP BENEFIT	GAP BENEFIT	GAP BENEFIT	GAP BENEFIT	GAP BENEFIT <i>(Optional to add)</i>
	N/A	CO-PAYMENT BENEFIT	N/A	CO-PAYMENT BENEFIT	CO-PAYMENT BENEFIT	ACCESS OPTIMISER BENEFIT
	N/A	ONCOLOGY BENEFIT	N/A	N/A	ONCOLOGY BENEFIT	
	N/A	<i>ONCOLOGY OPTIMISER BENEFIT</i>	N/A	N/A	<i>ONCOLOGY OPTIMISER BENEFIT</i>	
	N/A	<i>CANCER DIAGNOSIS BENEFIT</i>	CANCER DIAGNOSIS BENEFIT	CANCER DIAGNOSIS BENEFIT	<i>CANCER DIAGNOSIS BENEFIT</i>	
	N/A	SUB-LIMIT BENEFIT	N/A	N/A	SUB-LIMIT BENEFIT	
	CASUALTY BENEFIT	CASUALTY BENEFIT	CASUALTY BENEFIT	CASUALTY BENEFIT	CASUALTY BENEFIT	
N/A	TRAUMA COUNSELLING BENEFIT	TRAUMA COUNSELLING BENEFIT	TRAUMA COUNSELLING BENEFIT	TRAUMA COUNSELLING BENEFIT		
N/A	N/A	N/A	N/A	REHAB OPTIMISER BENEFIT		
N/A	N/A	N/A	N/A	PREVENTATIVE CARE BENEFIT		
ADDITIONAL BENEFIT	ADDITIONAL BENEFIT	ADDITIONAL BENEFIT	ADDITIONAL BENEFIT	ADDITIONAL BENEFITS	ADDITIONAL BENEFIT	
<i>GAP POLICY PREMIUM WAIVER BENEFIT</i>	N/A	N/A	N/A	<i>GAP POLICY PREMIUM WAIVER BENEFIT</i>		
N/A	N/A	N/A	N/A	<i>MEDICAL SCHEME CONTRIBUTION WAIVER BENEFIT</i>		
N/A	<i>ACCIDENTAL DEATH BENEFIT</i>	<i>ACCIDENTAL DEATH BENEFIT</i>	<i>ACCIDENTAL DEATH BENEFIT</i>	<i>ACCIDENTAL DEATH BENEFIT</i>	<i>ACCIDENTAL DEATH BENEFIT</i>	

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OVERALL POLICY LIMIT (OPL) Our gap cover options are subject to OVERALL POLICY LIMITS (OPLs) per year.	✔	✔	✔	✔	✔	✔
	Subject to an OVERALL POLICY LIMIT (OPL) of R 150 000 per year.	Subject to an OVERALL POLICY LIMIT (OPL) of R 150 000 per person per year.	Subject to an OVERALL POLICY LIMIT (OPL) of R 150 000 per person per year.	Subject to an OVERALL POLICY LIMIT (OPL) of R 150 000 per person per year.	Subject to an OVERALL POLICY LIMIT (OPL) of R 150 000 per person per year.	Our ACCESS OPTIMISER option is subject to an OVERALL POLICY LIMIT (OPL) of R 100 000 per policy per year or when adding our GAP BENEFIT increases to R 150 000 per policy per year.
GAP BENEFIT Our GAP BENEFIT provides an additional 200% or 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 for account shortfalls related to the following: <ul style="list-style-type: none"> • Doctors and specialists • Dentistry and related procedures • Basic radiology • Specialised radiology limited to MRI, CT and PET scans • Pathology • Physiotherapy • Consumable items such as surgical gloves, bandages and gauze • Medication provided as part of your in- or out-of-hospital event 	✔	✔	✔	✔	✔	✔ ⊗
	Additional 200% cover. Dentistry and related procedures limited to R 3 000 per year. Specialised radiology limited to R 2 000 per year.	Additional 200% cover. Dentistry and related procedures limited to R 3 000 per policy per year. Specialised radiology limited to R 2 000 per policy per year.	Additional 500% cover. Dentistry and related procedures limited to R 3 000 per policy per year. Specialised radiology limited to R 2 000 per policy per year.	Additional 500% cover. Dentistry and related procedures limited to R 3 000 per policy per year. Specialised radiology limited to R 2 000 per policy per year.	Additional 500% cover. Dentistry and related procedures limited to R 5 000 per policy per year. Specialised radiology limited to R 2 000 per policy per year.	Additional 500% cover. Dentistry and related procedures limited to R 3 000 per policy per year. Specialised radiology limited to R 2 000 per policy per year.

INSURED BY CONSTANTIA INSURANCE COMPANY LIMITED (FSP 3111) AND UNDERWRITTEN BY AMBLEDOWN FINANCIAL SERVICES (PTY) LTD (FSP 10287)
THIS POLICY IS A NON-MEDICAL SCHEME PRODUCT, PROVIDING BENEFITS THAT CANNOT BE COMPARED TO OR SUBSTITUTED FOR MEDICAL SCHEME MEMBERSHIP

T'S & C'S APPLY | E&OE

BENEFIT	⊕ EDGE ²⁰⁰	⊕ COMPACT ²⁰⁰	⊕ BASE	⊕ CO-EVOLUTION	⊕ ELITE	⊕ ACCESS OPTIMISER
<p>CO-PAYMENT BENEFIT</p> <p>Our CO-PAYMENT BENEFIT covers in- and out-of-hospital medical procedure related and specialised radiology scan co-payments, deductibles or hospital admission fees, represented as either a rand amount or a percentage.</p>	⊗	✔	⊗	✔	✔	⊗
<p>Our CO-PAYMENT BENEFIT is limited to R 15 000 per policy per year.</p>		<p>Our CO-PAYMENT BENEFIT does not have a benefit limit but is subject to the OPL.</p>		<p>Our CO-PAYMENT BENEFIT is limited to R 50 000 per policy per year.</p>	<p>Our CO-PAYMENT BENEFIT does not have a benefit limit but is subject to the OPL.</p> <p>You will also be covered for 1 co-payment up to an amount of R 8 500 per policy per year, for the voluntary use of a non-DSP.</p>	
<p>ONCOLOGY BENEFIT</p> <p>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.</p> <p>Our ONCOLOGY BENEFIT covers you when your medical scheme only pays a portion towards your service providers' accounts.</p>	⊗	✔	⊗	⊗	✔	⊗
<p>Our ONCOLOGY BENEFIT does not have a benefit limit but is subject to the OPL.</p>		<p>Our ONCOLOGY BENEFIT does not have a benefit limit but is subject to the OPL.</p>			<p>Our ONCOLOGY BENEFIT does not have a benefit limit but is subject to the OPL.</p>	
<p>ONCOLOGY OPTIMISER BENEFIT</p> <p>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.</p> <p>Our ONCOLOGY OPTIMISER BENEFIT covers your oncology treatment costs when your medical scheme no longer does.</p>	⊗	✔	⊗	⊗	✔	⊗
<p>Our ONCOLOGY OPTIMISER BENEFIT is limited to R 50 000 per person per year.</p>		<p>Our ONCOLOGY OPTIMISER BENEFIT does not have a benefit limit but is subject to the OPL.</p>			<p>Our ONCOLOGY OPTIMISER BENEFIT does not have a benefit limit but is subject to the OPL.</p>	
<p>CANCER DIAGNOSIS BENEFIT</p> <p>Our DIAGNOSIS BENEFIT provides a once-off payment when you are diagnosed with cancer for the first time and the diagnosis aligns to specific qualifying criteria.</p>	⊗	✔	✔	✔	✔	⊗
<p>Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 15 000, not subject to the OPL.</p>		<p>Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 5 000, not subject to the OPL.</p>	<p>Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 5 000, not subject to the OPL.</p>	<p>Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 5 000, not subject to the OPL.</p>	<p>Our CANCER DIAGNOSIS BENEFIT provides a once-off payment of R 30 000, not subject to the OPL.</p>	
<p>SUB-LIMIT BENEFIT</p> <p>Our SUB-LIMIT BENEFIT provides cover when you become liable to settle a portion of your internal prosthesis provider's account, or the service providers' accounts relating to your non-PMB day procedure or renal dialysis treatment, as indicated.</p>	⊗	✔	⊗	⊗	✔	⊗
<p>Our SUB-LIMIT BENEFIT provides cover for your internal prosthesis provider's account, up to R 15 000 per event with a maximum of R 30 000 per person per year.</p>		<p>Our SUB-LIMIT BENEFIT provides cover for your internal prosthesis provider's account, up to R 15 000 per event with a maximum of R 30 000 per person per year.</p>			<p>Our SUB-LIMIT BENEFIT provides cover for your internal prosthesis provider's account, or the service providers' accounts relating to your non-PMB day procedure or renal dialysis treatment, up to R 30 000 per event with a maximum of R 60 000 per person per year.</p> <p>You will also be covered for 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, or the full amount of your service provider's account.</p>	

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BENEFIT	⊕ EDGE ²⁰⁰	⊕ COMPACT ²⁰⁰	⊕ BASE	⊕ CO-EVOLUTION	⊕ ELITE	⊕ ACCESS OPTIMISER
CASUALTY BENEFIT Our CASUALTY BENEFIT covers the cost of your casualty event for: <ul style="list-style-type: none"> • Doctors and specialists • Basic and specialised radiology • Pathology • Consumable items such as surgical gloves, bandages and gauze • Medication provided as part of your casualty event at the registered medical facility • Upfront casualty co-payments or facility fees 	✔	✔	✔	✔	✔	✘
	Our CASUALTY BENEFIT is limited to R 2 500 per policy per year.	Our CASUALTY BENEFIT is limited to R 5 000 per policy per year.	Our CASUALTY BENEFIT is limited to R 6 000 per policy per year.	Our CASUALTY BENEFIT is limited to R 7 000 per policy per year.	Our CASUALTY BENEFIT is limited to R 10 000 per policy per year.	
TRAUMA COUNSELLING BENEFIT Our TRAUMA COUNSELLING BENEFIT covers your consultation fees in the event that you witnessed or were directly affected by an act of physical violence or an accident resulting in serious bodily injury or death, when you are diagnosed with a dread disease or are affected by a loved one's diagnosis of a dread disease or death.	✘	✔	✔	✔	✔	✘
		Our TRAUMA COUNSELLING BENEFIT is limited to R 5 000 per policy per year.	Our TRAUMA COUNSELLING BENEFIT is limited to R 6 000 per policy per year.	Our TRAUMA COUNSELLING BENEFIT is limited to R 7 000 per policy per year.	Our TRAUMA COUNSELLING BENEFIT is limited to R 10 000 per policy per year.	
REHABILITATION OPTIMISER BENEFIT Our REHABILITATION OPTIMISER BENEFIT covers your rehabilitation treatment costs when your medical scheme provides you with a rehabilitation benefit for accidental events but applies a rand amount limit or a limit to the number of days you may be admitted from which you can claim per year. Once these limits are reached, you will be liable to pay all treatment costs thereafter. You are covered for rehabilitation treatment provided by on-site therapists as well as your stay at a registered sub-acute or step-down facility when your medical scheme no longer does.	✘	✘	✘	✘	✔	✘
					Our REHABILITATION OPTIMISER BENEFIT is limited to R 10 000 per person per year.	
PREVENTATIVE CARE BENEFIT Our PREVENTATIVE CARE BENEFIT covers your consultation fee or the cost of a Pap smear, prostate screening (PSA test) or full blood count (FBC test) to help diagnose certain cancers.	✘	✘	✘	✘	✔	✘
					Our PREVENTATIVE CARE BENEFIT is limited to R 500 per policy per year.	
ADDITIONAL BENEFITS Our GAP POLICY PREMIUM WAIVER BENEFIT covers your Stratum Benefits policy premium in the event of death, permanent disability or forced retrenchment of the Stratum Benefits policy premium payer.	✔	✘	✘	✘	✔	✘
	Our GAP POLICY PREMIUM WAIVER BENEFIT covers your Stratum Benefits policy premium for 12 months in the event of death, permanent disability or forced retrenchment of the Stratum Benefits policy premium payer, not subject to the OPL .				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, not subject to the OPL .	
Our MEDICAL SCHEME CONTRIBUTION WAIVER BENEFIT covers your medical scheme contribution in the event of death or permanent disability of the medical scheme contribution payer.	✘	✘	✘	✘	✔	✘
					Our MEDICAL SCHEME CONTRIBUTION WAIVER BENEFIT covers your medical scheme contribution for 6 months to a maximum of R 4 500 per month, in the event of death or permanent disability of the medical scheme contribution payer, not subject to the OPL .	

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Our ACCIDENTAL DEATH BENEFIT provides a lump sum payment in the event of the accidental death of the principal insured, spouse or dependant, as indicated.	⊗	✔ Our ACCIDENTAL DEATH BENEFIT provides a payment of R 15 000 in the event of the accidental death of the principal insured or spouse, and R 5 000 for the accidental death of a dependant, not subject to the OPL .	✔ Our ACCIDENTAL DEATH BENEFIT provides a payment of R 6 000 in the event of the accidental death of the principal insured or spouse, not subject to the OPL .	✔ Our ACCIDENTAL DEATH BENEFIT provides a payment of R 7 000 in the event of the accidental death of the principal insured or spouse, not subject to the OPL .	✔ Our ACCIDENTAL DEATH BENEFIT provides a payment of R 25 000 in the event of the accidental death of the principal insured or spouse, and R 5 000 for the accidental death of a dependant, not subject to the OPL .	✔ Our ACCIDENTAL DEATH BENEFIT provides a payment of R 5 000 in the event of the accidental death of the principal insured or spouse, not subject to the OPL .																																
ACCESS OPTIMISER BENEFIT Our ACCESS OPTIMISER BENEFIT provides cover when your medical scheme excludes a medical procedure that forms part of a specific list of exclusions, over and above the general exclusions applicable to your medical scheme option, leaving you liable to pay all hospitalisation and related service providers' accounts in full.	⊗	⊗	⊗	⊗	⊗	✔ Our ACCESS OPTIMISER BENEFIT provides cover for your hospital and service providers' accounts up to a specified rand amount limit per medical procedure not covered by your medical scheme.																																
WE COVER	<ul style="list-style-type: none"> You, whether you are the main member or dependant on a medical scheme option. You, as the only individual insured on this option. 	INDIVIDUALS 64 AND YOUNGER <ul style="list-style-type: none"> We cover you and your spouse on one policy, even if you belong to different medical schemes or medical scheme options, including all dependants registered on your or your spouse's medical scheme option. INDIVIDUALS 65 AND OLDER <ul style="list-style-type: none"> We cover you and your spouse on one policy, even if you belong to different medical schemes or medical scheme options, or you and one other dependant registered on your medical scheme option. Where either one, or both individuals are 65 and older the 65+ premium will apply, limited to two insured individuals per policy. 																																				
MONTHLY PREMIUM	<table border="1"> <tr><th>18 - 27 *</th></tr> <tr><td>Single R 100</td></tr> <tr><th>28 - 64 *</th></tr> <tr><td>Single R 180</td></tr> <tr><th>65+ *</th></tr> <tr><td>Single R 300</td></tr> </table> <small>*Limited to one insured individual per policy</small>	18 - 27 *	Single R 100	28 - 64 *	Single R 180	65+ *	Single R 300	<table border="1"> <tr><th>64 AND YOUNGER</th></tr> <tr><td>Single R 180</td></tr> <tr><td>Family R 210</td></tr> <tr><th>65+ *</th></tr> <tr><td>Single or Family ... R 350</td></tr> </table> <small>*Limited to two insured individuals per policy</small>	64 AND YOUNGER	Single R 180	Family R 210	65+ *	Single or Family ... R 350	<table border="1"> <tr><th>64 AND YOUNGER</th></tr> <tr><td>Single R 180</td></tr> <tr><td>Family R 205</td></tr> <tr><th>65+ *</th></tr> <tr><td>Single or Family ... R 350</td></tr> </table> <small>*Limited to two insured individuals per policy</small>	64 AND YOUNGER	Single R 180	Family R 205	65+ *	Single or Family ... R 350	<table border="1"> <tr><th>64 AND YOUNGER</th></tr> <tr><td>Single R 200</td></tr> <tr><td>Family R 250</td></tr> <tr><th>65+ *</th></tr> <tr><td>Single or Family ... R 400</td></tr> </table> <small>*Limited to two insured individuals per policy</small>	64 AND YOUNGER	Single R 200	Family R 250	65+ *	Single or Family ... R 400	<table border="1"> <tr><th>64 AND YOUNGER</th></tr> <tr><td>Single R 295</td></tr> <tr><td>Family R 355</td></tr> <tr><th>65+ *</th></tr> <tr><td>Single or Family ... R 575</td></tr> </table> <small>*Limited to two insured individuals per policy</small>	64 AND YOUNGER	Single R 295	Family R 355	65+ *	Single or Family ... R 575	<table border="1"> <tr><th>64 AND YOUNGER</th></tr> <tr><td>Single or Family ... R 235</td></tr> <tr><td>⊕ Add Gap Benefit R 65</td></tr> <tr><th>65+ *</th></tr> <tr><td>Single or Family ... R 285</td></tr> <tr><td>⊕ Add Gap Benefit R 115</td></tr> </table> <small>*Limited to two insured individuals per policy</small>	64 AND YOUNGER	Single or Family ... R 235	⊕ Add Gap Benefit R 65	65+ *	Single or Family ... R 285	⊕ Add Gap Benefit R 115
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