

2024 BENEFIT EXCLUSIONS

ASSESSING CLAIMS

All the line items shown on your healthcare and service providers' accounts make up the cost of a medical procedure or event. They are coded to describe a medical procedure, such as a gastroscopy, or a healthcare service, such as in-hospital physiotherapy.

When you claim, we assess the shortfalls between what your provider charged for a line item and what your medical aid paid per line item.

Unless the benefit you're claiming from has different qualifying criteria, your medical aid must pay a portion of the cost of a medical procedure before we can cover the shortfalls.

Click the link for examples of how our **Gap Benefit** covers the most often experienced shortfalls:

www.stratumbenefits.co.za/gap-cover-claims-examples/

KEY BENEFITS SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

1. GAP BENEFIT

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰, CORPORATE ELITE PLUS⁵⁰⁰, ACCESS CO-PAY PLUS³⁰⁰, CORPORATE ACCESS CO-PAY PLUS³⁰⁰ & CORPORATE ACCESS PLUS⁵⁰⁰

This benefit covers the shortfalls when your medical procedure costs more than your medical aid plan's rate, as long as your medical aid pays an amount from a **hospital benefit**.

We pay up to an additional **300%**, **400%** or **500%** on top of your medical aid plan's rate to cover shortfalls on your doctors', specialists', and healthcare providers' accounts for in- and out-of-hospital medical events, except if your policy provides in-hospital cover only.

Our benefit doesn't apply:

- 1.1 if your medical aid doesn't pay part of the cost of a charged line item from a hospital benefit.
- 1.2 if your medical aid pays the total cost of a charged line item, as there won't be a shortfall for us to cover.
- 1.3 if your medical aid pays part of or the total cost of a charged line item from your medical savings account.
- 1.4 if your medical aid doesn't pay part of the cost of a charged line item because a benefit limit on your medical aid plan has been reached.
- 1.5 if your medical aid processes a charged line item against your self-payment gap.
(A self-payment gap applies when you use all the funds in your medical savings account, after which you must pay for day-to-day medical expenses up to a specific amount before your medical aid plan's benefits kick in again.)
- 1.6 to allied healthcare providers, except clinical perfusionists, dental hygienists, midwives, nurses, physiotherapists, and radiographers.
(Allied healthcare providers are qualified healthcare professionals who aren't medical doctors, specialists, or dentists but have specialised training and expertise in various disciplines supporting patient care, diagnosis, treatment, and rehabilitation.)
- 1.7 if your healthcare providers agree to charge fixed fees under a global fee payment arrangement but charge more than what was agreed with your medical aid.
- 1.8 to hospital accounts, except consumable items and medication.
- 1.9 to out-of-hospital (out-patient) consultations, except if a medical procedure is performed during the consultation.
(MERIDIAN⁴⁰⁰ and CORPORATE NOVA⁵⁰⁰ don't provide out-of-hospital cover.)
- 1.10 to pre-natal consultations, including ancillary procedures and investigations performed during or after a consultation.
- 1.11 **Limited Payout Benefit:** If you claim in the first **10 months** of your cover start date for any of the medical procedures or scans listed below, we'll pay **20%** of the **approved claim amount**, subject to the benefit's rand amount limit, where applicable:

Adenoidectomy; cardiovascular procedures; cataract removal; dentistry; hernia repair; hysterectomy (full cover applies if due to cancer when diagnosed after a **General Waiting Period**); joint replacements; MRI, CT, and PET scans; myringotomy (grommets); nasal and sinus surgery; pregnancy and childbirth; scopes (including medical events where scopes are used); spinal procedures; or tonsillectomy.

If your medical event is related to a medical condition for which you received advice or treatment **12 months** before your cover start date, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

Employer groups receive a payout of between **20%** and **100%** under the **Limited Payout Benefit** as quoted.

2. CO-PAYMENT BENEFIT

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰, CORPORATE ELITE PLUS⁵⁰⁰, ACCESS CO-PAY PLUS³⁰⁰ & CORPORATE ACCESS CO-PAY PLUS³⁰⁰

This benefit refunds co-payments and deductibles that your medical aid imposes for admissions to network and non-network day clinics and hospitals and for medical procedures, such as in- and out-of-hospital scopes and scans, as long as the co-payments or deductibles are paid from your **medical savings account** or **pocket**.

Our benefit doesn't refund:

- 2.1 co-payments and deductibles not paid from your medical savings account or pocket.
- 2.2 co-payments and deductibles when using day clinics and hospitals not part of your medical aid's preferred provider network. (**COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ and CORPORATE ELITE PLUS⁵⁰⁰ cover these co-payments under our **PENALTY CO-PAYMENT BENEFIT**.)**
- 2.3 excess amounts when you pay medical aid imposed co-payments and deductibles to your healthcare or service providers but pay more than the required amount. (*Excess amounts will be for your pocket.*)
- 2.4 co-payments and deductibles for cancer treatment. (**COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ and CORPORATE ELITE PLUS⁵⁰⁰ cover these co-payments under our **CANCER BENEFIT**.)**
- 2.5 co-payments and deductibles for acute, chronic, formulary, non-formulary, and over-the-counter medication.
- 2.6 co-payments and deductibles for out-of-hospital (out-patient) consultations.
- 2.7 **Limited Payout Benefit:** If you claim in the first **10 months** of your cover start date for any of the medical procedures or scans listed below, we'll pay **20%** of the **approved claim amount**, subject to the benefit's rand amount limit, where applicable:

Adenoidectomy; cardiovascular procedures; cataract removal; dentistry; hernia repair; hysterectomy (full cover applies if due to cancer when diagnosed after a **General Waiting Period**); joint replacements; MRI, CT, and PET scans; myringotomy (grommets); nasal and sinus surgery; pregnancy and childbirth; scopes (including medical events where scopes are used); spinal procedures; or tonsillectomy.

If your medical event is related to a medical condition for which you received advice or treatment **12 months** before your cover start date, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

Employer groups receive a payout of between **20%** and **100%** under the **Limited Payout Benefit** as quoted.

3. SUB-LIMIT BENEFIT

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the difference in the cost of specific medical procedures and treatments when your medical aid pays part of the cost from a **sub-limit** or **annual limit**.

Our benefit doesn't apply:

- 3.1 to medical procedures and treatments, except colonoscopies, enteroscopies, gastroscopies, internal prosthetic devices, renal dialysis treatments, MRI, CT, and PET scans. (**COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰ and MERIDIAN⁴⁰⁰ cover only internal prosthetic devices, MRI, CT, and PET scans. CORPORATE NOVA⁵⁰⁰ covers only internal prosthetic devices.**)
- 3.2 if your medical aid doesn't pay part of the cost of a colonoscopy, enteroscopy, gastroscopy, internal prosthetic device, renal dialysis treatment, MRI, CT, or PET scan from a sub-limit or annual limit. (**COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰ and MERIDIAN⁴⁰⁰ cover only internal prosthetic devices, MRI, CT, and PET scans. CORPORATE NOVA⁵⁰⁰ covers only internal prosthetic devices.**)
- 3.3 **Limited Payout Benefit:** If you claim in the first **10 months** of your cover start date for any of the medical procedures or scans listed below, we'll pay **20%** of the **approved claim amount**, subject to the benefit's rand amount limit, where applicable:

Adenoidectomy; cardiovascular procedures; cataract removal; dentistry; hernia repair; hysterectomy (full cover applies if due to cancer when diagnosed after a **General Waiting Period**); joint replacements; MRI, CT, and PET scans; myringotomy (grommets); nasal and sinus surgery; pregnancy and childbirth; scopes (including medical events where scopes are used); spinal procedures; or tonsillectomy.

If your medical event is related to a medical condition for which you received advice or treatment **12 months** before your cover start date, the claim will be subject to a **Pre-Existing Medical Condition Waiting Period**.

Employer groups receive a payout of between **20%** and **100%** under the **Limited Payout Benefit** as quoted.

4. CANCER BENEFIT

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰
& CORPORATE ELITE PLUS⁵⁰⁰

4.1 BREAST RECONSTRUCTION

ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰ ONLY

This benefit covers the cost of reconstructing an unaffected breast if your medical aid plan excludes the reconstruction.

Our benefit doesn't apply:

- 4.1.1 to the mastectomy of an unaffected breast.
- 4.1.2 if the cancer diagnosis of the affected breast is lower than **Stage 2**.
- 4.1.3 if the mastectomy of the affected and unaffected breasts and reconstruction of both breasts aren't done simultaneously, except when clinically motivated to be performed in different stages.
- 4.1.4 to the second reconstruction of an affected or unaffected breast or any subsequent reconstruction procedure.
(Our benefit applies to the first breast reconstruction in your lifetime.)
- 4.1.5 if your medical aid pays the total cost of the reconstruction of an unaffected breast, as there won't be a shortfall for us to cover.

4.2 CANCER TREATMENT SHORTFALLS

This benefit covers the shortfalls when your healthcare providers charge more than your medical aid plan's rate for in- or out-of-hospital cancer treatment, as long as your medical aid pays an amount from an **oncology benefit**.

Our benefit also refunds oncology-related co-payments and deductibles your medical aid imposes after reaching your medical aid plan's oncology benefit limit.

Our benefit doesn't apply:

- 4.2.1 to cancer treatment not approved by your medical aid as part of an oncology treatment plan.
- 4.2.2 if your medical aid doesn't pay part of the cost of a charged line item from an oncology benefit.
- 4.2.3 if your medical aid pays the total cost of a charged line item from an oncology benefit, as there won't be a shortfall for us to cover.
- 4.2.4 to co-payments and deductibles your medical aid imposes before reaching your medical aid plan's oncology benefit limit.
(Our benefit applies to co-payments and deductibles imposed by your medical aid after reaching your medical aid plan's oncology benefit limit.)
- 4.2.5 to co-payments and deductibles your medical aid imposes for precision and innovative oncology medication.

4.3 CANCER TREATMENT TOP-UP

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰ ONLY

This benefit covers the cost of ongoing cancer treatment when your medical aid plan's oncology benefit limit has been reached.

Our benefit doesn't apply:

- 4.3.1 to cancer treatment not approved by your medical aid as part of an oncology treatment plan.
- 4.3.2 if your medical aid pays the total cost from an oncology benefit, as there won't be a shortfall for us to cover.
- 4.3.3 if your medical aid pays part of or the total cost from your medical savings account, except if your medical aid specifically agrees to use available funds in your medical savings account.
- 4.3.4 when using healthcare and service providers who aren't part of your medical aid's preferred oncology network.

5. MRI, CT AND PET SCAN TOP-UP BENEFIT

ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the cost of in- and out-of-hospital MRI, CT, and PET scans when your medical aid plan's radiology benefit limit has been reached.

Our benefit doesn't apply:

- 5.1 if your medical aid plan doesn't provide an MRI, CT, or PET scan benefit.
- 5.2 if your medical aid pays the total cost from a radiology benefit, as there won't be a shortfall for us to cover.
- 5.3 if your medical aid pays part of or the total cost from your medical savings account, except if your medical aid specifically agrees to use available funds in your medical savings account.
- 5.4 if your medical aid processes it against your self-payment gap.
(A self-payment gap applies when you use all the funds in your medical savings account, after which you must pay your day-to-day medical expenses up to a specific amount before your medical aid plan's benefits kick in again.)

6. PHYSICAL REHABILITATION TOP-UP BENEFIT

ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the cost of ongoing physical rehabilitation treatment due to an accident when your medical aid plan's benefit limit has been reached.

Our benefit doesn't apply:

- 6.1 to events unrelated to accidental events.
- 6.2 to admissions and treatment not approved by your medical aid as part of a physical rehabilitation treatment plan.
- 6.3 if your medical aid pays part of or the total cost from your medical savings account, except if your medical aid specifically agrees to use available funds in your medical savings account.
- 6.4 when using healthcare and service providers not part of your medical aid's preferred network.
- 6.5 to treatment received off-site or after discharge.
- 6.6 to counsellors, clinical psychologists, and psychiatrists.

7. OUT-PATIENT SPECIALIST CONSULTATION BENEFIT

ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the shortfalls when specialists charge more than your medical aid plan's rate for virtual and face-to-face consultations in the rooms, as long as your medical aid pays an amount from a **risk benefit**, also known as a **hospital, major medical, insured day-to-day or block benefit**, or from your **medical savings account**.

Our benefit doesn't apply:

- 7.1 to consultations, except virtual and out-patient specialist consultations in the rooms.
- 7.2 to out-patient specialist consultations during a **General Waiting Period**.
- 7.3 if your medical aid pays the total cost of out-patient specialist consultations from a risk benefit, your medical savings account, or a combination thereof, as there won't be a shortfall for us to cover.
- 7.4 if your medical aid doesn't pay part of the cost of out-patient specialist consultations from a risk benefit or your medical savings account.
- 7.5 if your medical aid processes it against your self-payment gap.
(A self-payment gap applies when you use all the funds in your medical savings account, after which you must pay your day-to-day medical expenses up to a specific amount before your medical aid plan's benefits kick in again.)
- 7.6 if the difference between what the specialist charges and the amount your medical aid pays is more than your medical aid plan's rate.
(Your medical aid plan's rate is our point of reference. If an amount above your medical aid plan's rate is paid, we'll cover the difference between what the specialist charged and what your medical aid paid. If an amount below your medical aid plan's rate is paid, we'll cover the difference between the rate and what was charged.)
- 7.7 if there's no difference between what the specialist charges and the rate your medical aid applies, as there won't be a shortfall for us to cover.
- 7.8 to general practitioners' or allied healthcare providers' consultations.
- 7.9 Our benefit doesn't refund out-patient consultations or any portion your medical aid pays from your medical savings account.

8. CASUALTY BENEFIT

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE NOVA⁵⁰⁰, CORPORATE ELITE⁵⁰⁰, CORPORATE ELITE PLUS⁵⁰⁰, ACCESS OPTIMISER, CORPORATE ACCESS, ACCESS CO-PAY PLUS³⁰⁰, CORPORATE ACCESS CO-PAY PLUS³⁰⁰ & CORPORATE ACCESS PLUS⁵⁰⁰

This benefit covers the shortfalls or total cost of casualty events when medical treatment is required due to an accident or after-hour illness, as long as the cost is paid from your **medical savings account** or **pocket**.

Our benefit doesn't apply:

- 8.1 to accidental events if medical treatment isn't provided within **24 hours** of an event.
- 8.2 to medication not administered during a casualty event, a follow-up visit to a registered medical facility following an accidental event, or to take-home and prescription medication.
(MERIDIAN⁴⁰⁰ and CORPORATE NOVA⁵⁰⁰ don't cover follow-up visits.)
- 8.3 to external medical items, such as a neck brace or arm sling, except those received on the day of an accidental event.
- 8.4 to follow-up visits, except those related to accidental events.
(MERIDIAN⁴⁰⁰ and CORPORATE NOVA⁵⁰⁰ don't cover follow-up visits.)
- 8.5 to follow-up visits related to accidental events when the follow-up visit follows a hospital admission.
(A hospital admission following a casualty event becomes a new medical event, and claims will be assessed based on the hospital admission.)

- 8.6 to illness-related events if medical treatment isn't provided after hours or at a registered casualty facility. (After-hours is between 18:00 and 7:00 on Mondays to Fridays and all day on Saturdays, Sundays and public holidays.)
COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, ACCESS OPTIMISER, CORPORATE ACCESS, ACCESS CO-PAY PLUS³⁰⁰, CORPORATE ACCESS CO-PAY PLUS³⁰⁰ & CORPORATE ACCESS PLUS⁵⁰⁰ cover children **10 years or younger**.
MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ and CORPORATE ELITE PLUS⁵⁰⁰ cover insured persons of all ages.)
- 8.7 if your medical aid doesn't pay part of or the total cost of a charged line item from your medical savings account or if you don't pay it from your pocket.

9. TRAUMA COUNSELLING BENEFIT

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, MERIDIAN⁴⁰⁰, ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the shortfalls or total cost of trauma counsellors' consultations when counselling is required due to specific traumatic events, as long as the cost is paid from your **medical savings account** or **pocket**.

Our benefit doesn't apply:

- 9.1 to counselling, except when you've witnessed or are directly affected by physical violence or an accidental event.
- 9.2 to counselling, except when a loved one is diagnosed with a critical illness, passes away or when you're diagnosed with a critical illness.
- 9.3 to counselling, except when declared totally and permanently disabled due to an accidental event.
- 9.4 to treatment and medication.
- 9.5 if your medical aid doesn't pay part of or the total cost of counselling consultations from your medical savings account or if you don't pay it from your pocket.

10. PREVENTATIVE CARE BENEFIT

ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the shortfalls or total cost of healthcare providers' consultations and specific preventative tests and procedures, as long as the cost is paid from your **medical savings account** or **pocket**.

Our benefit doesn't apply:

- 10.1 to consultations, preventative tests or procedures, except blood glucose tests, bone density scans, childhood immunisations, cholesterol tests, contraceptive device implants, flu vaccinations, full blood counts, Human Papillomavirus vaccinations (HPV vaccines), mammograms, breast sonars, pap smears, prostate-specific antigen screenings, and testicular screenings.
- 10.2 if your medical aid doesn't pay part of or the total cost of a charged line item from your medical savings account or if you don't pay it from your pocket.

BENEFITS NOT SUBJECT TO THE OVERALL POLICY LIMIT (OPL)

11. PRIVATE ROOM BENEFIT

ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

This benefit covers the cost of a private room or the hospital's lodger or nursery fee if your medical aid excludes the fees.

Our benefit doesn't apply:

- 11.1 if your medical aid pays the total cost, as there won't be a shortfall for us to cover.
- 11.2 if your medical aid, the hospital, or day clinic admits you to a private room for clinical reasons.
- 11.3 if the hospital's lodger or nursery fee is for someone not registered on your **Gap Cover** policy.

PAYOUT BENEFITS

12.1 ACCIDENTAL DEATH AND DISABILITY

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰, CORPORATE ELITE PLUS⁵⁰⁰, ACCESS OPTIMISER, CORPORATE ACCESS, ACCESS CO-PAY PLUS³⁰⁰, CORPORATE ACCESS CO-PAY PLUS³⁰⁰ & CORPORATE ACCESS PLUS⁵⁰⁰

A benefit amount is payable in the event of the insured person's accidental death or total and permanent disability due to an accident.

Our benefit doesn't apply:

- 12.1.1 to events unrelated to an accidental event.
- 12.1.2 to events that exceed one claimable event per qualifying person in a benefit year.

12.2 FIRST-TIME CANCER DIAGNOSIS

COMPACT³⁰⁰, CORPORATE COMPACT³⁰⁰, ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

A benefit amount is payable when cancer is diagnosed for the first time in your life that meets specific qualifying criteria.

Our benefit doesn't apply:

- 12.2.1 if the diagnosis isn't the first cancer diagnosis in your life.
- 12.2.2 to a cancer diagnosis before your cover start date or during a **General Waiting Period**.
- 12.2.3 if pre-cancer cells are detected, but a cancer diagnosis hasn't been confirmed.
- 12.2.4 to tumours histologically described as pre-malignant, non-invasive or cancer in situ.
- 12.2.5 if cancerous cells haven't invaded surrounding or underlying tissue, regardless of the cancer stage.
- 12.2.6 to skin cancer, except malignant melanoma.
- 12.2.7 to **Stage 1** breast or prostate cancer.
- 12.2.8 to cancer diagnosed at age **65 or older**.

13. WAIVER BENEFITS

13.1 MEDICAL AID CONTRIBUTION WAIVER

ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

In the event of the medical aid contribution payer's accidental death or total and permanent disability due to an accident, we'll cover your monthly medical aid contributions.

Our benefit doesn't apply:

- 13.1.1 to the accidental death or disability of a person not noted as the medical aid contribution payer.
 - 13.1.2 if the medical aid contribution payer is a person, company, or entity that doesn't solely fund your medical aid contributions.
 - 13.1.3 if the company or entity paying your medical aid contributions is co-owned by two or more insured persons registered on your **Gap Cover** policy, as neither person will be regarded as a medical aid contribution payer in their private capacity.
 - 13.1.4 if your medical aid contributions are paid on your behalf as a company or entity employee, but the medical aid contributions don't form part of your total salary package.
 - 13.1.5 if your medical aid contributions are paid by a trust of which you're a trust member but not a trust beneficiary.
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13.2 STRATUM POLICY PREMIUM WAIVER

ELITE⁵⁰⁰, CORPORATE ELITE⁵⁰⁰ & CORPORATE ELITE PLUS⁵⁰⁰

In the event of the policy premium payer's accidental death or total and permanent disability due to an accident, we'll cover your monthly policy premiums.

Our benefit doesn't apply:

- 13.2.1 to the accidental death or disability of a person not noted as the policy premium payer.
 - 13.2.2 if the policy premium payer is a person, company, or entity that doesn't solely fund your policy premiums.
 - 13.2.3 if the company or entity paying your policy premiums is co-owned by two or more insured persons registered on your policy, as neither person will be regarded as a policy premium payer in their private capacity.
 - 13.2.4 if your policy premiums are paid on your behalf as a company or entity employee, but the policy premiums don't form part of your total salary package.
 - 13.2.5 if your policy premiums are paid by a trust of which you're a trust member but not a trust beneficiary.
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14. ACCESS BENEFIT

ACCESS OPTIMISER, CORPORATE ACCESS, ACCESS CO-PAY PLUS³⁰⁰, CORPORATE ACCESS CO-PAY PLUS³⁰⁰ & CORPORATE ACCESS PLUS⁵⁰⁰

This benefit covers the total cost of specific medical procedures, treatments, scans, and surgeries if your medical aid plan excludes the medical event as part of a particular list of exclusions or when it only covers Prescribed Minimum Benefit (PMB) medical procedures.

Our benefit doesn't apply:

- 14.1 if your medical aid processes the medical event against your self-payment gap.
(A self-payment gap applies when you use all the funds in your medical savings account, after which you must pay your day-to-day medical expenses up to a specific amount before your medical aid plan's benefits kick in again.)
- 14.2 if your medical aid pays part of or the total cost of the medical event, as there won't be a shortfall for us to cover.
- 14.3 to medical aid plan exclusions, except the listed medical events we cover.