INDIVIDUAL GAP COVER PRODUCT RANGE & PREMIUM OVERVIEW

				MERIDIAN ⁴⁰⁰			COMPACT ³⁰⁰			
	OVERALL POLICY LIMIT (OPL)	R 198 660 per insured person per year								
	IN- OR OUT-OF-HOSPITAL COVER									
0	KEY BENEFITS SUBJECT TO THE OPL	\oslash		400%	\oslash	\oslash	300%			
	CO-PAYMENT BENEFITS			1		1	I			
	SSION AND PROCEDURE CO-PAYMENTS	\oslash		Subject to OPL of R 198 660 per person	\oslash	\oslash	R 20 000 per policy			
PENALTY CO-PAYMENTS		\bigcirc		1 Co-payment up to R 9 000 per policy	\bigcirc		R 10 000 per policy			
ROBO	TIC SURGERY CO-PAYMENTS	\bigcirc		\otimes	\bigcirc	+	\otimes			
SCOPE	CO-PAYMENTS		\bigcirc	2 Co-payments up to R 4 000 per co-payment per policy	\bigcirc	\bigcirc	Subject to Admission and Procedure Co-Payment Benefit			
	DENTAL COVER									
SPECI	ALIST SHORTFALLS	\oslash		Subject to Gap Benefit	\oslash	\oslash	Subject to Gap Benefit			
Dental extract	procedures such as wisdom teeth ions	\bigcirc		R 7 000 per policy	\bigcirc	\bigcirc	R 6 000 per policy			
	procedures due to accidents or treatments	\bigcirc		R 14 000 per policy	\bigcirc	\odot	R 32 000 per policy			
ADMI	SSION AND PROCEDURE CO-PAYMENTS	\bigcirc		Subject to Admission and Procedure Co-Payment Benefit	\bigcirc	\bigcirc	Subject to Admission and Procedure Co-Payment Benefit			
PENAL	TY CO-PAYMENTS	\bigcirc		Subject to Penalty Co-Payment Benefit	\bigcirc		Subject to Penalty Co-Payment Benefit			
	MATERNITY COVER									
CHILD	BIRTH SHORTFALLS	\oslash	\oslash	Subject to Gap Benefit	\oslash	\oslash	Subject to Gap Benefit			
ADMI	SSION AND PROCEDURE CO-PAYMENTS	\bigcirc	+	Subject to Admission and Procedure Co-Payment Benefit	\bigcirc	+	Subject to Admission and Procedure Co-Payment Benefit			
PENAI	TY CO-PAYMENTS	\bigcirc		Subject to Penalty Co-Payment Benefit	\bigcirc		Subject to Penalty Co-Payment Benefit			
PRE- A	ND POST-NATAL CONSULTATIONS		\bigcirc	\otimes		\bigcirc	\otimes			
PREVE	ENTATIVE PROCEDURES		\odot	\otimes		\odot	\otimes			
PRIVA	TEROOM	\bigcirc	+	\times	\bigcirc	+	\otimes			
4.	RADIOLOGY COVER		1	1	1	1	1			
RADIOLOGY SHORTFALLS		\oslash		Subject to Gap Benefit	\oslash	\oslash	Subject to Gap Benefit			
ADMISSION AND PROCEDURE CO-PAYMENTS		\bigcirc		Subject to Admission and Procedure Co-Payment Benefit	\bigcirc	\odot	Subject to Admission and Procedure Co-Payment Benefit			
MRI, CT AND PET SCAN CO-PAYMENTS			\bigcirc	2 Co-payments up to R 4 000 per co-payment per policy	\bigcirc	\bigcirc	Subject to Admission and Procedure Co-Payment Benefit			
MRI, C	T AND PET SCAN SUB-LIMITS	\oslash	\bigcirc	R 5 000 per person per event	\bigcirc	\bigcirc	R 3 500 per person per event			
MRI, C	T AND PET SCAN TOP-UP	\bigcirc	\bigcirc	\times	\bigcirc	\bigcirc	\otimes			

ELITE ⁵⁰⁰				ACCESS
R 198 660 per insured person per year				
		IN	OUT	
		KEY	BENE	FITS SUBJECT TO
500%	\bigcirc	\bigcirc		
	S			
Subject to OPL of R 198 660 per person		\oslash	\bigcirc	
2 Co-payments up to R 15 000 per co-payment per policy		\oslash		
R 10 000 per policy		\oslash		
Subject to Admission and Procedure Co-Payment Benefit		\oslash	\bigcirc	
	0			
Subject to Gap Benefit		\oslash	\odot	
R 8 000 per policy		\oslash	\bigcirc	
R 48 000 per policy		\oslash	\odot	
Subject to Admission and Procedure Co-Payment Benefit		\oslash	\bigcirc	
Subject to Penalty Co-Payment Benefit		\oslash		
Subject to Gap Benefit		\oslash	\bigcirc	
Subject to Admission and Procedure Co-Payment Benefit		\bigcirc	† ·	
Subject to Penalty Co-Payment Benefit		\oslash		
Subject to Out-Patient Specialist Consultation Benefit			$ \bigcirc$	
Subject to Preventative Care Benefit			\bigcirc	
Subject to Private Room Benefit		\oslash		
	49			
Subject to Gap Benefit		\oslash	\odot	
Subject to Admission and Procedure Co-Payment Benefit		\bigcirc	$ \oslash$	
Subject to Admission and Procedure Co-Payment Benefit		\bigcirc	$ \oslash$	
R 5 000 per person per event		\oslash	\bigcirc	
R 5 000 per policy		\oslash	\odot	

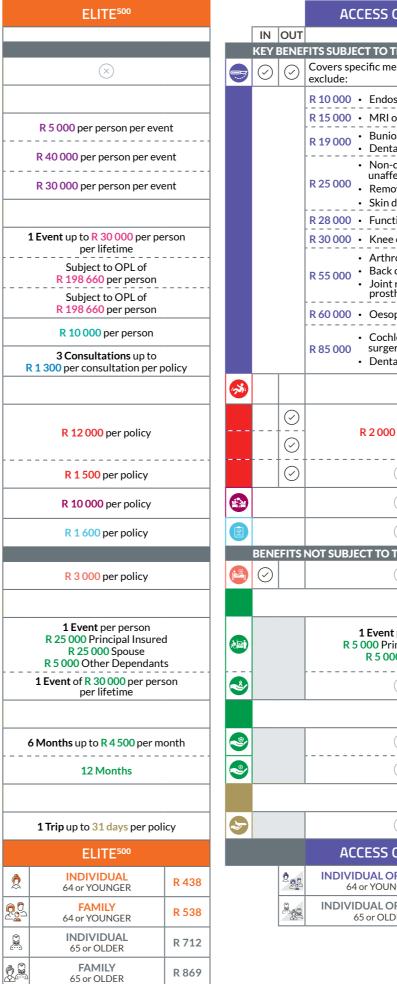
OPTIMISER

ACCESS CO-PAY PLUS³⁰⁰

R 198 660 per insured person per year

O THE OPL	
(\times)	300%
(\times)	R 5 000 per policy
$\stackrel{\scriptstyle (\times)}{}$	\otimes
\bigotimes	\times
\bigotimes	Subject to Admission and Procedure Co-Payment Benefit
(\times)	Subject to Gap Benefit
\otimes	R 6 000 per policy
\bigotimes	R 32 000 per policy
\bigotimes	Subject to Admission and Procedure Co-Payment Benefit
\bigotimes	\otimes
	·
(\times)	Subject to Gap Benefit
\bigotimes	Subject to Admission and Procedure Co-Payment Benefit
\bigotimes	\otimes
$\stackrel{(\times)}{\sim}$	\otimes
\bigotimes	\otimes
\bigotimes	\otimes
(\times)	Subject to Gap Benefit
\bigotimes	Subject to Admission and Procedure Co-Payment Benefit
\bigotimes	Subject to Admission and Procedure Co-Payment Benefit
\bigotimes	\times
\bigotimes	\otimes

					MERIDIAN ⁴⁰⁰					COMPACT ³⁰⁰	
	IN- OR OUT-OF-HOSPITAL COVER	IN	OUT				IN	OUT	_		
	KEY BENEFITS SUBJECT TO THE OPL										
3	ACCESS BENEFIT	\oslash	\odot		(\times)		\bigcirc	\odot		(\times)	
3	SUB-LIMIT BENEFIT										
	NOSCOPIES, ENTEROSCOPIES AND ROSCOPIES	\oslash	\bigcirc		(\times)		\bigcirc	\odot		\otimes	
INTERNAL PROSTHETIC DEVICES		\odot	†		2 Events up to R 20 000 per event per po		\odot			R 30 000 per person per e	vent
ENAI	DIALYSIS TREATMENTS	+			×		+	\bigcirc		\times	
2	CANCER BENEFIT		1	<u> </u>			<u> </u>				
REAS		\oslash			$\overline{\times}$		\bigcirc			\otimes	
ANC	ER TREATMENT SHORTFALLS	\bigcirc	\odot	R 50 000 per person			\odot	\bigcirc	Subject to OPL of R 198 660 per person		
CANC	ER TREATMENT TOP-UP	\bigcirc	$ \bigcirc$		\otimes			\bigcirc		R 60 000 per person	
	PHYSICAL REHABILITATION TOP-UP BENEFIT	-	\bigcirc		$\overline{\times}$	·		\bigcirc		×	
	OUT-PATIENT SPECIALIST CONSULTATION BENEFIT		\oslash		(\times)			\oslash		(\times)	
~	CASUALTY BENEFIT			<u> </u>			<u> </u>				
	ENTAL EVENTS		\bigcirc		R 9 500 per person per ev	vent		\bigcirc			
ILLNESS EVENTS CHILDREN 10 YEARS OR YOUNGER			\odot	2 Events up to R 3 000 per event		+	\oslash		R 6 000 per policy		
ILLNESS EVENTS INDIVIDUALS 11 YEARS OR OLDER			\odot		per policy			\odot		\otimes	
	TRAUMA COUNSELLING BENEFIT		\oslash	R	3 Consultations up to 2 000 per consultation per	o r policy				R 5 000 per policy	
	PREVENTATIVE CARE BENEFIT		\bigcirc		(\times)	. ,		\oslash		(\times)	
	BENEFITS NOT SUBJECT TO THE OPL										
	PRIVATE ROOM BENEFIT	\oslash			(\times)		\odot			(\times)	
PAYO	UT BENEFITS										
	ACCIDENTAL DEATH AND DISABILITY				\otimes				1 Event per person R 15 000 Principal Insured R 15 000 Spouse R 5 000 Other Dependants		
2	FIRST-TIME CANCER DIAGNOSIS				\times					1 Event of R 15 000 per per per lifetime	rson
VAIV	ER BENEFITS										
2	MEDICAL AID CONTRIBUTION				(×)					(\mathbf{x})	
	STRATUM POLICY PREMIUM WAIVER	•		\otimes		-			\otimes		
IFES	I I I I I I I I I I I I I I I I I I I			<u> </u>							
~	INTERNATIONAL TRAVEL INSURANCE				\otimes					$\overline{\times}$	
	MONTHLY PREMIUMS*				MERIDIAN ⁴⁰⁰					COMPACT ³⁰⁰	
Premiu	ms increase annually on 1 January			2	INDIVIDUAL 35 or YOUNGER	R 228			٩	INDIVIDUAL 64 or YOUNGER	R 30
				٢	INDIVIDUAL BETWEEN 36 AND 64	R 292				FAMILY 64 or YOUNGER	R 36
					FAMILY 64 or YOUNGER	R 292			 M	INDIVIDUAL OR FAMILY 65 or OLDER	R 57
					INDIVIDUAL OR FAMILY	R 636		l	<u>-</u>	US OF OLDER	
					65 or OLDER						



ACCESS OPTIMISER

ACCESS CO-PAY PLUS³⁰⁰

D THE OPL medical proced	ures and	treatr	nents that some medical aid plar	าร						
doscopic proced RI or CT scan (du										
nion surgery										
			th (children younger than 18) (incl. breast reconstruction of							
affected breast) moval of varicos n disorders (incl	e veins									
nctional nasal su										
ee or shoulder s	urgery									
hroscopic surge ck or neck surge nt replacement osthetic devices)	ry	incl. n	on-PMB joint replacements and i	nternal						
sophageal reflux	x and hia	tus he	rnia surgery							
gery (incl. proce	dure, de	vice, p	mplant and internal nerve stimul rocessor and hearing aids) tive surgery (due to an accident)	ator						
00 per policy			R 2 000 per policy							
\otimes		\otimes								
(\times)		(\times)								
$\left(\times\right)$			$\left(\times\right)$							
O THE OPL										
(×)			(×)							
			1 Frank							
nt per person Principal Insured 000 Spouse	ł	1 Event per person R 5 000 Principal Insured R 5 000 Spouse								
\otimes		\otimes								
		1								
\bigotimes		$\overline{\times}$								
\otimes		\otimes								
(\times)		\otimes								
5 OPTIMISE	R		ACCESS CO-PAY PLUS ³⁰	00						
OR FAMILY UNGER	R 179	200	INDIVIDUAL OR FAMILY 64 or YOUNGER	R 368						
OR FAMILY	R 239		INDIVIDUAL OR FAMILY 65 or OLDER	R 489						