

2014

PRODUCT
RANGE

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GENERAL CONTACT DETAILS

NEW BUSINESS AND POLICY CHANGES

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(e) newbusiness@stratumb.co.za

KWAZULU-NATAL

(t) 086 111 3499 (f) 086 267 6318
(e) newbusinessdbn@stratumb.co.za

WESTERN, NORTHERN AND EASTERN CAPE

(t) 086 111 3499 (f) 086 231 0440
(e) newbusinesswc@stratumb.co.za

CLAIMS

(t) 086 111 3499 (f) 086 616 8992
(e) claims@stratumb.co.za

DEBIT ORDER QUERIES

GAUTENG, NORTH WEST AND FREE STATE

(t) 086 111 3499 (f) 086 231 0437
(e) accounts3@stratumb.co.za

KWAZULU-NATAL

(t) 086 111 3499 (f) 086 231 0438
(e) accounts2@stratumb.co.za

WESTERN, NORTHERN AND EASTERN CAPE

(t) 086 111 3499 (f) 086 762 8424
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CANCELLATIONS

(t) 086 111 3499 (f) 086 239 9624
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ABOUT STRATUM GAP COVER

WHAT IS "MEDICAL GAP"?

You should never assume that your medical scheme will cover the full cost for operations and procedures done in hospital. Medical schemes pay doctors and specialists at a rate of between 100% and 300%, but the reality is that many medical practitioners charge in excess of these rates which could result in a gap between the actual cost and the amount that the medical schemes pay. You will be held liable for this shortfall.

Furthermore, medical schemes may impose upfront co-payments for certain in- and out-of-hospital procedures, depending on your medical scheme option, these co-payments are either payable from your medical savings account or as an out-of-pocket expense.

With a Stratum Benefits gap cover policy, these unforeseen medical expenses could be taken care of!

WHAT ARE THE ADVANTAGES?

- Our products are compatible with all registered South African medical schemes
- Our gap cover products enhance medical scheme benefits
- An additional gap benefit of 500% above the medical scheme rate is provided
- Certain options provide additional cover for co-payments, including out-patient MRI- and CT scans, enhanced benefits for certain in-hospital sub-limits and additional oncology benefits
- Gap cover is not designed to assist with day-to-day cover, however it assists with major in-hospital medical expenses

WHAT DO WE OFFER?

- A choice of 6 different options which cater for an individual or family's needs
- An exclusive option for government employees belonging to *Government Employees Medical Scheme* (GEMS) and a unique option for corporate employer groups (contact Stratum Benefits or your accredited broker for more information).

HOW DO YOU CLAIM?

- As this policy does not form part of your medical scheme you will need to submit a separate claim to Stratum Benefits
- Your completed claim form must be submitted with the following documentation:
 - i. Hospital account/s
 - ii. Doctor, surgeon, specialist and anaesthetist account/s
 - iii. Receipt in the event that you have paid a co-payment/deductible
 - iv. Medical scheme claim statement/remittance advice
- Claims must be submitted within 6 months after the event
- Claims received after 6 months will be considered a stale claim and will be rejected
- Claim forms are available from your broker or can be downloaded from the Stratum Benefits website (www.stratumbenefits.co.za)
- Should a fully completed claim form with all supporting documents be received and approved before the 25th of a month, it will be paid on the 3rd working day of the following month

BASE 500

STANDARD

MAXIMUM
ENTRY AGE BEFORE
70TH BIRTHDAY

PREMIUM
R 112
per individual or family per month

Unique features:
- Additional 500% gap benefit
+ Emergency / Casualty benefit
+ Trauma counselling benefit

Covers the shortfalls that may occur on doctors and specialists accounts when hospitalised or where certain out-patient procedures are performed.

GAP COVER

- An **additional** gap benefit of **500%** above the medical scheme benefit rate of 100% is provided
- Gap benefit is **unlimited**

INCLUDING

In-hospital shortfall cover, per annum, for:

- Radiology (x-rays) and pathology, limited to **R12 000** per insured
- Consumable items, limited to **R6 000** per insured

EMERGENCY / CASUALTY BENEFIT

- Covers the expenses that may occur at a registered emergency room or casualty facility, for treatment required due to an accident
- Benefit is limited to **R2 500** per policy per annum

TRAUMA COUNSELLING BENEFIT

- Covers counselling sessions after a serious and traumatic event due to violence, an accident or on the diagnosis of a dread disease
- Counselling must be done by a registered counsellor or clinical psychologist
- Benefit is limited to **R1 000** per policy per annum

UNDERWRITING CRITERIA

- 3 Months general waiting period
- 6 Months waiting period for endoscopic procedures and related surgery
- 12 Months waiting period for pre-existing medical conditions

12 MONTHS WAITING PERIOD, FROM INCEPTION, ON THE FOLLOWING:

- Tonsillectomy
- Myringotomy / Grommets
- Adenoidectomy
- Hysterectomy (except where cancer is diagnosed)
- Pregnancy and childbirth
- Joint replacements (unless accidental)
- Hernia repairs (unless an emergency)
- Cataract surgery

GENERAL

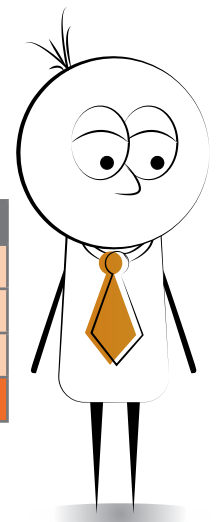
- Maximum entry age before 70th birthday
- Child dependants are covered as per the medical scheme rules. (Proof of child dependency is required annually)

03

ACTUAL CLAIM EXAMPLE

BRAIN TUMOUR

CLAIM	PROCEDURE COST	MEDICAL SCHEME TARIFF	GAP SHORTFALL
Anaesthetist	R 40 467.30	R 13 489.30	R 26 978.20
Neuro-Surgeon	R 64 813.25	R 24 528.60	R 40 284.65
ENT	R 39 320.96	R 14 194.44	R 25 126.52
Total	R 144 601.51	R 52 212.34	R 92 409.37



CO-EVOLUTION 500

STANDARD +

Covers the shortfalls that may occur on doctors and specialists accounts when hospitalised or where certain out-patient procedures are performed, with additional co-payment cover.

GAP COVER

- An **additional** gap benefit of **500%** above the medical scheme benefit rate of 100% is provided
- Gap benefit is **unlimited**

CO-PAYMENT COVER

In-hospital procedure related co-payments, including:

- Out-patient MRI- and CT scans
- Hospital pre-admission co-payments
- Benefit is limited to **R40 000** per policy per annum

INCLUDING

In-hospital shortfall cover, per annum, for:

- Radiology (x-rays) and pathology, limited to **R12 000** per insured
- Consumable items, limited to **R6 000** per insured
- Dental procedures, limited to **R3 000** per insured to a maximum of **R6 000** per family

EMERGENCY / CASUALTY BENEFIT

- Covers the expenses that may occur at a registered emergency room or casualty facility, for treatment required due to an accident
- Benefit is limited to **R2 500** per policy per annum

TRAUMA COUNSELLING BENEFIT

- Covers counselling sessions after a serious and traumatic event due to violence, an accident or on the diagnosis of a dread disease
- Counselling must be done by a registered counsellor or clinical psychologist
- Benefit is limited to **R1 500** per policy per annum

MAXIMUM
ENTRY AGE BEFORE
50TH BIRTHDAY

PREMIUM
R 140
per individual or family per month

Unique features:

- Additional 500% gap benefit
- + Co-payment cover
- + In-hospital dental procedures
- + Emergency / Casualty benefit
- + Trauma counselling benefit

UNDERWRITING CRITERIA

- 3 Months general waiting period
- 6 Months waiting period for endoscopic procedures and related surgery
- 12 Months waiting period for pre-existing medical conditions

12 MONTHS WAITING PERIOD, FROM INCEPTION, ON THE FOLLOWING:

- Tonsillectomy
- Myringotomy / Grommets
- Adenoidectomy
- Hysterectomy (except where cancer is diagnosed)
- Pregnancy and childbirth
- Joint replacements (unless accidental)
- Hernia repairs (unless an emergency)
- Cataract surgery

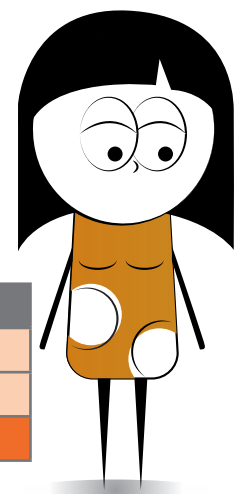
GENERAL

- Maximum entry age before 50th birthday
- Child dependants are covered as per the medical scheme rules. (Proof of child dependency is required annually)

ACTUAL CLAIM EXAMPLE

COLONOSCOPY

CLAIM	PROCEDURE COST	MEDICAL SCHEME TARIFF	GAP SHORTFALL
Hospital	R 2 120.00 (co-payment)	R 0.00	R 2 120.00
Anaesthetist	R 5 547.40	R 1 941.20	R 3 606.20
Total	R 7 667.40	R 1 941.20	R 5 726.20



COMPREHENSIVE

SELECT

Covers the shortfalls that may occur on doctors and specialists accounts when hospitalised or where certain out-patient procedures are performed, with additional co-payment- and cancer cover.

GAP COVER

- An **additional** gap benefit of **500%** above the medical scheme benefit rate of 100% is provided
- Gap benefit is **unlimited**

CO-PAYMENT COVER

In-hospital procedure related co-payments, including:

- Out-patient MRI- and CT scans
- Hospital pre-admission co-payments
- Benefit is limited to **R40 000** per policy per annum

* CANCER COVER

Additional cover for:

- Oncology related co-payments
- Biological drugs, where sub-limits are imposed by medical schemes (Stratum Benefits formulary applies)
- Benefit is limited to **R250 000** per policy per annum

INCLUDING

In-hospital shortfall cover, per annum, for:

- Radiology (x-rays) and pathology, limited to **R12 000** per insured
- Consumable items, limited to **R6 000** per insured
- Wisdom teeth extractions, limited to **R5 000** per child dependant
- Dental procedures, limited to **R6 000** per insured to a maximum of **R10 000** per family

ADDITIONAL BENEFITS

- **12 Months** gap policy premium waiver benefit upon the death, permanent disability or forced retrenchment of the premium payer
- Accidental death benefit on the lives of the principal insured and the spouse, limited to **R5 000** per life

EMERGENCY / CASUALTY BENEFIT

- Covers the expenses that may occur at a registered emergency room or casualty facility, for treatment required due to an accident
- Benefit is limited to **R2 500** per policy per annum

TRAUMA COUNSELLING BENEFIT

- Covers counselling sessions after a serious and traumatic event due to violence, an accident or on the diagnosis of a dread disease
- Counselling must be done by a registered counsellor or clinical psychologist
- Benefit is limited to **R2 000** per policy per annum

MAXIMUM
ENTRY AGE BEFORE
70TH BIRTHDAY

PREMIUM
R 167
per individual
R 195
per family
Per month



Unique features:

- Additional 500% gap benefit
- + Co-payment cover
- + Cancer cover
- + In-hospital dental procedures
- + Emergency / Casualty benefit
- + Trauma counselling benefit

*Add a maximum of 2 adult dependants under the age of 70 at an additional monthly cost of **R55.00** per dependant (Provided they are adult dependants on your registered medical scheme)*

UNDERWRITING CRITERIA

- 3 Months general waiting period
- 6 Months waiting period for endoscopic procedures and related surgery
- 12 Months waiting period for pre-existing medical conditions
- *Total exclusion for any pre-diagnosed cancer (applicable to the Cancer Cover benefit)

12 MONTHS WAITING PERIOD, FROM INCEPTION, ON THE FOLLOWING:

- Tonsillectomy
- Myringotomy / Grommets
- Adenoidectomy
- Hysterectomy (except where cancer is diagnosed)
- Pregnancy and childbirth
- Joint replacements (unless accidental)
- Hernia repairs (unless an emergency)
- Cataract surgery

GENERAL

- Maximum entry age before 70th birthday
- Child dependants are covered as per the medical scheme rules. (Proof of child dependency is required annually)

* STRATUM BENEFITS FORMULARY LIMITED TO:

Herceptin, Mylotarg, Nexavar, Gleevec, Sprycel, Faslodex, Velcade, Tarceva, Alimta, Zevalin, Avastin, Erbitux, Sutent, Fludara, Mabthera with specific oncological condition and/or specific sub-groups of cancers limited to the sub-groups of the following categories:

HER 2 + Breast cancer	Hairy cell leukemia
Acute myeloid leukemia	Myelodysplasia
Advanced hepatocellular carcinoma	HER-ve breast cancer
Acute lymphoblastic leukemia	Gastrointestinal stromal tumor
Chronic myeloid leukemia	Multiple myeloma
Chronic lymphocytic leukemia	Non-small cell lung cancer
Non -hodgkins lymphoma	Metastatic colorectal cancer
Advanced renal cell carcinoma	Head and neck cancer

ELITE

COMPLETE

Covers the shortfalls that may occur on doctors and specialists accounts when hospitalised or where certain out-patient procedures are performed, with additional co-payment- and cancer cover as well as sub-limit enhancer benefits.

GAP COVER

- An **additional** gap benefit of **500%** above the medical scheme benefit rate of 100% is provided
- Gap benefit is **unlimited**

CO-PAYMENT COVER

In-hospital procedure related co-payments, including:

- Out-patient MRI- and CT scans
- Hospital pre-admission co-payments
- Benefit is **unlimited**

* CANCER COVER

Additional cover for:

- Oncology related co-payments
- Biological drugs, where sub-limits are imposed by medical schemes (Stratum Benefits formulary applies)
- Benefit is limited to **R350 000** per policy per annum

SUB-LIMIT COVER

Provides additional cover for certain:

- In-hospital benefits where a sub-limit is imposed, eg. internal prostheses
- Benefit is limited to **R15 000** per event to a maximum of **R60 000** per insured per annum

INCLUDING

In-hospital shortfall cover, per annum, for:

- Radiology (x-rays) and pathology, limited to **R12 000** per insured
- Consumable items, limited to **R6 000** per insured
- Physiotherapy, limited to **R6 000** per insured
- Wisdom teeth extractions, limited to **R5 000** per insured
- Dental procedures, limited to **R6 000** per insured to a maximum of **R10 000** per family

ADDITIONAL BENEFITS

- **12 Months** gap policy premium waiver benefit upon the death, permanent disability or forced retrenchment of the premium payer
- Accidental death benefit on the lives of the principal insured and the spouse, limited to **R5 000** per life and **R3 000** per child dependant (including stillbirths)

EMERGENCY / CASUALTY BENEFIT

- Covers the expenses that may occur at a registered emergency room or casualty facility, for treatment required due to an accident
- Benefit is limited to **R2 500** per policy per annum

TRAUMA COUNSELLING BENEFIT

- Covers counselling sessions after a serious and traumatic event due to violence, an accident or on the diagnosis of a dread disease
- Counselling must be done by a registered counsellor or clinical psychologist
- Benefit is limited to **R2 000** per policy per annum

MAXIMUM
ENTRY AGE BEFORE
70TH BIRTHDAY

PREMIUM
R 187
per individual
R 235
per family
Per month



Unique features:

- Additional 500% gap benefit
- + Co-payment cover
- + Cancer cover
- + Sub-limit cover
- + In-hospital dental procedures
- + Emergency / Casualty benefit
- + Trauma counselling benefit

Add a maximum of 2 adult dependants under the age of 70 at an additional monthly cost of **R65.00** per dependant (Provided they are adult dependants on your registered medical scheme)

UNDERWRITING CRITERIA

- 3 Months general waiting period
- 6 Months waiting period for endoscopic procedures and related surgery
- 12 Months waiting period for pre-existing medical conditions
- * Pre-diagnosed cancer is covered provided that the insured is in remission for 5 years prior to policy inception (applicable to the Cancer Cover benefit)

12 MONTHS WAITING PERIOD, FROM INCEPTION, ON THE FOLLOWING:

- Tonsillectomy
- Myringotomy / Grommets
- Adenoidectomy
- Hysterectomy (except where cancer is diagnosed)
- Pregnancy and childbirth
- Joint replacements (unless accidental)
- Hernia repairs (unless an emergency)
- Cataract surgery

GENERAL

- Maximum entry age before 70th birthday
- Child dependants are covered as per the medical scheme rules. (Proof of child dependency is required annually)

* STRATUM BENEFITS FORMULARY LIMITED TO:

Herceptin, Mylotarg, Nexavar, Gleevec, Sprycel, Faslodex, Velcade, Tarceva, Alimta, Zevalin, Avastin, Erbitux, Sutent, Fludara, Mabthera with specific oncological condition and/or specific sub-groups of cancers limited to the sub-groups of the following categories:

HER 2 + Breast cancer	Hairy cell leukemia
Acute myeloid leukemia	Myelodysplasia
Advanced hepatocellular carcinoma	HER-ve breast cancer
Acute lymphoblastic leukemia	Gastrointestinal stromal tumor
Chronic myeloid leukemia	Multiple myeloma
Chronic lymphocytic leukemia	Non-small cell lung cancer
Non-hodgkins lymphoma	Metastatic colorectal cancer
Advanced renal cell carcinoma	Head and neck cancer

SENIOR 500

EXCLUSIVE

Covers the shortfalls that may occur on doctors and specialists accounts when hospitalised or where certain out-patient procedures are performed, with additional co-payment cover.

GAP COVER

- An **additional** gap benefit of **500%** above the medical scheme benefit rate of 100% is provided
- Gap benefit is **unlimited**

CO-PAYMENT COVER

In-hospital procedure related co-payments, including:

- Out-patient MRI- and CT scans
- Hospital pre-admission co-payments
- Benefit is limited to **R15 000** per policy per annum

INCLUDING

In-hospital shortfall cover, per annum, for:

- Radiology (x-rays) and pathology, limited to **R12 000** per insured
- Consumable items, limited to **R6 000** per insured

EMERGENCY / CASUALTY BENEFIT

- Covers the expenses that may occur at a registered emergency room or casualty facility, for treatment required due to an accident
- Benefit is limited to **R1 500** per policy

TRAUMA COUNSELLING BENEFIT

- Covers counselling sessions after a serious and traumatic event due to violence, an accident or on the diagnosis of a dread disease
- Counselling must be done by a registered counsellor or clinical psychologist
- Benefit is limited to **R1 000** per policy per annum

INDIVIDUALS
RANGING
BETWEEN
70 & 85
YEARS OF AGE

PREMIUM
R 180
per individual or family per month

Unique features:
- Additional 500% gap benefit
+ Co-payment cover
+ Emergency / Casualty benefit
+ Trauma counselling benefit

UNDERWRITING CRITERIA

- 3 Months general waiting period
- 6 Months waiting period for endoscopic procedures and related surgery
- 12 Months waiting period for pre-existing medical conditions

12 MONTHS WAITING PERIOD, FROM INCEPTION, ON THE FOLLOWING:

- Tonsillectomy
- Myringotomy / Grommets
- Adenoidectomy
- Hysterectomy (except where cancer is diagnosed)
- Pregnancy and childbirth
- Joint replacements (unless accidental)
- Hernia repairs (unless an emergency)
- Cataract surgery

GENERAL

- Maximum entry age between 70 and 85 years of age
- Child dependants are covered as per the medical scheme rules. (Proof of child dependency is required annually)

07

ACTUAL CLAIM EXAMPLE

HIP REPLACEMENT

CLAIM	PROCEDURE COST	MEDICAL SCHEME TARIFF	GAP SHORTFALL
Orthopaedic Surgeon	R 26 810.70	R 8 275.34	R 18 535.36
Anaesthetist	R 3 390.40	R 1 818.81	R 1 571.59
Total	R 30 201.10	R 10 094.15	R 20 106.95

HOSPITAL OPTIMISER

ENHANCER

MAXIMUM
 ENTRY AGE BEFORE
70TH BIRTHDAY

Unique features:
 - Additional cover for overall annual hospital limits

This plan increases an overall annual hospital limit as imposed by certain medical scheme options.

COVER

- Additional cover is provided when the overall annual hospital limit is reached
- The in-hospital limit is increased to R2 000 000 per annum

EXAMPLE

Medical scheme A has an overall annual hospital limit of R300 000. This limit could easily be exceeded by a prolonged hospital stay. This plan will ensure continuous private medical care by increasing the overall annual limit to R2 000 000, thus giving the insured an additional R1 700 000 cover. The alternative could result in a forced transfer to a state facility.

Medical Scheme Annual Hospital Limit	Stratum Benefit	Premium
R 300 000	R1 700 000	R 70.00
R 500 000	R1 500 000	R 60.00
R 800 000	R1 200 000	R 58.00
R 1 000 000	R1 000 000	R 56.00

UNDERWRITING CRITERIA

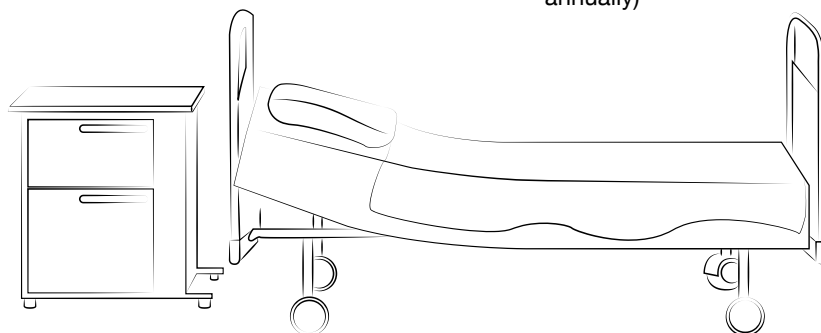
- 3 Months general waiting period
- 6 Months waiting period for endoscopic procedures and related surgery
- 12 Months waiting period for pre-existing medical conditions

12 MONTHS WAITING PERIOD, FROM INCEPTION, ON THE FOLLOWING:

- Tonsillectomy
- Myringotomy / Grommets
- Adenoidectomy
- Hysterectomy (except where cancer is diagnosed)
- Pregnancy and childbirth
- Joint replacements (unless accidental)
- Hernia repairs (unless an emergency)
- Cataract surgery

GENERAL

- Maximum entry age before 70th birthday
- Child dependants are covered as per the medical scheme rules. (Proof of child dependency is required annually)



08

GENERAL EXCLUSIONS

IMPORTANT

The Company shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:

1. Nuclear weapons, nuclear material, ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste resulting from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
2. Investigations, treatment or surgery for obesity, the equivalent of cosmetic or reconstructive surgery, breast reconstruction or implants or surgery directly or indirectly caused by, related to or in consequence of cosmetic surgery other than as a result of an event otherwise insured.
3. Routine physical examinations, procedures of a purely diagnostic nature or any other examination where there is no objective indication of impairment in normal health and laboratory diagnostic or x-ray examinations.
4. Suicide, attempted suicide or intentional self-injury.
5. Drug- and alcohol addiction including:
 - a) The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner or any illness caused by the use of alcohol.
 - b) An event directly attributable to the insured person having an alcohol content exceeding the recognized legal limit per 100 milliliters of blood or the insured person suffering from alcoholism.
6. Military-, police- and police reservist activities, whilst on active duty.
7. Participation in:
 - a) Civil commotion, labor disturbances, riots, strikes and activities of locked out workers or the insured person's own criminal act.
 - b) International or fighter aviation other than as a passenger.
 - c) Hazardous sports, professional or semi-professional, including any form of para-gliding, hang-gliding, motor boat-, motor vehicle- and motor cycle racing, skiing and rugby.
 - d) Any form of race or speed test other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft.
(Stratum Benefits reserves the right to add to this list from time to time).
8. Conservative and specialised dentistry but not applicable to:
 - a) Maxillofacial surgery required due to an accident (proof will be required).
 - b) In-hospital dental co-payments on Co-Evolution 500, Comprehensive, Elite and Senior 500 plans.
 - c) Account shortfalls on in-hospital wisdom teeth extractions on Comprehensive (for child dependants) and Elite plans (for all insured persons).
 - d) Account shortfalls on in-hospital dental procedures on Co-Evolution 500, Comprehensive and Elite plans.
(Benefits must be granted by the medical scheme and must be paid from a risk benefit).
9. Any claims not covered by the insured person's medical scheme at 100% of medical scheme tariff and above.
10. Internal and external appliances and prostheses excluded on all options, but not applicable to internal appliances and prostheses on Elite plan.
11. Auxiliary services /allied accounts but not applicable to:
 - a) Services under the Trauma Counselling Benefit on all plans
 - b) In-hospital physiotherapy on Elite plan.
12. Medical scheme exclusions.
13. Medical scheme sub-limit benefits but not applicable to certain in-hospital sub-limit benefits on Elite plan.
14. Medication including take home medication and medication under the Emergency Casualty Benefit.
15. Investigations, treatment or surgery for artificial insemination, hormone treatment for infertility or contraception applicable to all options but not applicable to tubal ligation and vasectomy on Elite plan.
16. Hospital account shortfalls and ward fees but not applicable to consumable items.
17. Accounts paid from day-to-day benefits or medical scheme savings accounts, including:
 - a) Consultations in a doctor's rooms at a hospital facility, where an insured person has not been admitted, but not applicable to:
 - b) Co-payments that are paid from a medical scheme savings account.
18. Depression, insanity, emotional illness, mental or mental stress-related conditions.
19. The insured person's deliberate exposure to exceptional danger except in an attempt to save a human life.
20. PMB conditions (other than that of an accidental nature and where all medical scheme rules have been applied).
21. Step-down facilities.
22. Co-payments applied as a result of:
 - a) Prescribed Minimum Benefit related treatment and surgery
 - b) The voluntary use of a non-designated service provider
 - c) Selective/split billing where a co-payment is charged on the doctor's account.
(Co-payment benefits are not available on Base 500 and Hospital Optimiser plans)
23. Account shortfalls and related co-payments for cancer treatment but not applicable to Comprehensive and Elite plans.

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