



Cura Administrators

Cura Administrators (Pty) Ltd, an authorised Financial Service Provider (FSP 26848)



2024 GAP STANDARD COVER

Cura Administrators (Pty) Ltd. is an Authorised Financial Services Provider (FSP 26848) underwritten by GENERIC Insurance Company Limited (FSP 43638). GENERIC is an Authorised Financial Services Provider and licenced non-life insurer.

Telephone: 010 021 0260 | **Email:** mail@curaadmin.co.za | **Website:** www.curaadmin.co.za

WHAT WE
STAND FOR
SETS US
APART

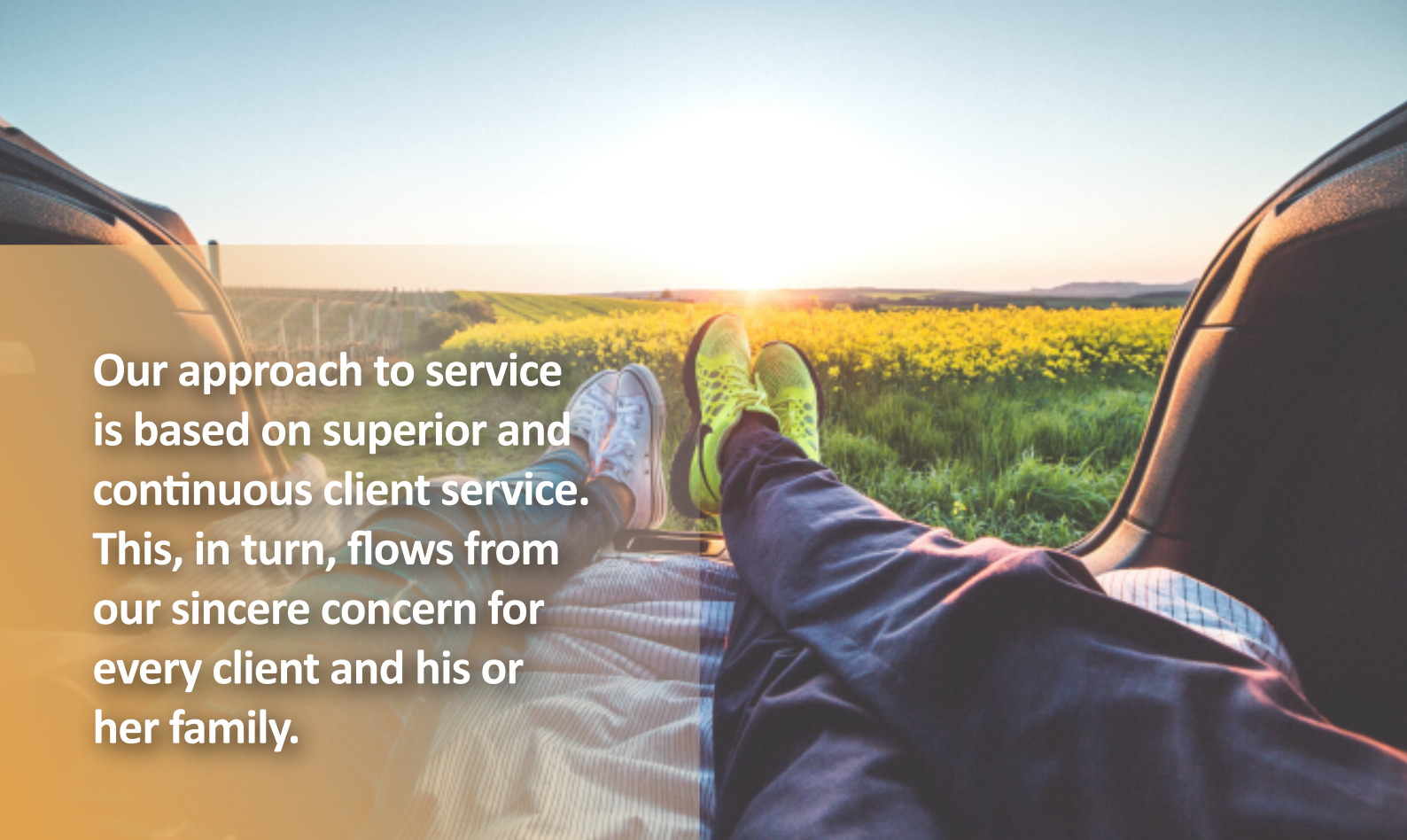
ABOUT US

Founded in 1997, Cura Administrators is an authorised financial services provider (FSP no. 26848) and consults on and administers various groups' health related products and funeral plans for clients throughout South Africa.

We specialise in Accident and Health Insurance, Cancer Cover and Funeral Cover. Cura products are available to clients on all open Medical Schemes and most Closed Schemes but are independently provided and are therefore transferable in the event of a change in the client's Medical Scheme.

**We don't just sell solutions;
we create them.**





Our approach to service is based on superior and continuous client service. This, in turn, flows from our sincere concern for every client and his or her family.

CLAIMING PROCEDURE

All required relevant documents must be submitted to us within 180 (one hundred and eighty) days after the event date. Claims can be emailed to claims@curaadmin.co.za.

Documents Required:

- Cura Administrators claim form completed and signed by the policyholder.
 - Detailed hospital and related accounts substantiating your claim.
 - Medical scheme statement reflecting all payments by medical scheme for treatment dates of health event.
 - Medical reports substantiating the clinical information or any other documentation if requested by our claims team.
 - Pre-authorisation letter from medical scheme for co-payment claims.
 - Proof of banking details
-
- Any claims in terms of this policy will lapse after 12 calendar months from the date of occurrence of the insured incident provided it is not subject to the outcome of a pending court case.
 - All benefits payable shall be paid to the principal insured member and not the service provider.
 - No benefit payable shall accrue interest.

CONTACT US

Physical Address: 829 Rubenstein Drive,
Moreleta Park,
Pretoria, 0044

Postal Address: P.O. Box 42331,
Moreleta Park, 0044

Tel: 010 021 0260
Fax: 086 743 1363
Email: mail@curaadmin.co.za
Website: www.curaadmin.co.za

Claims Department:
claims@curaadmin.co.za

New Application / Updates:
newbus2@curaadmin.co.za



**Accredited
Financial Adviser**

STANDARD COVER



Entry Age

Individual < 64 years
 Family < 64 years
 Individual > 65 years
 Family > 65 years

Monthly Premium

R315.00 / month
 R485.00 / month
 R485.00 / month
 R670.00 / month

Premiums are paid monthly and are VAT inclusive.
 Premiums are reviewed and may be adjusted annually.

Gap Cover is an Insurance Product that provides cover for you and your immediate family for the shortfall (Gap) resulting from any Medical Practitioner charging above the Medical Scheme Tariff for in-hospital surgical procedures and certain out of hospital procedures.

Designed and priced for young families who are usually planning to start a family or already have a newborn. Our Gap Standard Cover launches you into the world of Gap Cover, offering essential benefits and covering medical expense shortfalls for Specialists up to 500% of medical aid rate. The basic options are the most price-effective Gap Cover.

**This is not a medical scheme, and the cover is not the same as that of a medical scheme.
 This policy is not a substitute for medical scheme membership.**

WHAT ARE THE BENEFITS COVERED?

The table below shows the amount that will be covered by the different membership categories per policy.

Overall Annual Limit (OAL) of R201 000 per Insured (Limits are subject to regulatory amendments)		
Gap Cover	Up to 500% Approximately 55 listed out-patient shortfalls are covered	
Cover for Prescribed Minimum Benefits (PMB's)	Cover for PMB's	
Co-payment In-Hospital (MRI/CT scans in-and-out-of-hospital included)	R20 000 per Incident, subject to OAL	
Benefits	Shortfall on Consumables (In hospital)	R6 000 / Insured
	Casualty Benefit	R10 000 / Policy
	Trauma Counselling	R10 000 / Policy
BENEFITS NOT SUBJECT TO ANNUAL LIMIT OF R201 000 PER INSURED	12 Month Medical Scheme Premium Waiver Accidental Death and Permanent Disability of Principal member due to an accident	Maximum R5 000 / month



Gap Cover is underwritten by GENRIC Insurance Company Limited (FSP: 43638).
 GENRIC is an authorised Financial Services Provider and licensed non-life insurer

WAITING PERIODS APPLICABLE

- 3-month general waiting period.
- 12-month waiting period for pre-existing conditions.
- 9-month waiting period on pregnancy.

Concessions on the above waiting period will be considered for group schemes.

MAXIMUM ENTRY AGE

No Maximum entry age is applicable to this policy. Child dependants are covered until they reach the age of 21 years, with the option to continue cover as a principal insured and no new underwriting or waiting periods will apply.

The age of 21 may be extended up to 26 years in respect of an unmarried child dependant who is a fulltime student, provided proof thereof can be provided to Cura Administrators. All newborns must be registered on this policy within 30 days.

DEFINITION OF BENEFITS

THE FOLLOWING BENEFITS ARE SUBJECT TO THE AGGREGATE ANNUAL LIMIT OF R201 000 PER INSURED PERSON (Limit may be subject to regulatory amendment) (Sub-limits may apply)

GAP COVER:

The shortfall that arises after your medical aid has processed your account, as a result of the service providers charging above scheme tariff for authorised in-hospital procedures. The benefit pays up to 500% of scheme tariff less the higher of the amount paid by the scheme or the scheme tariff for in-hospital procedures/treatment and certain specified out-of-hospital procedures/treatment. You must belong to a registered South African medical scheme to qualify for Gap Cover.

PRESCRIBED MINIMUM BENEFITS:

A set of defined benefits, as per the Medical Schemes Act, in terms of which all medical schemes must cover the costs related to the diagnosis, treatment and care of any emergency medical condition; a limited set of 270 medical conditions; and 27 chronic conditions.

CO-PAYMENT BENEFIT:

A co-payment or deductible is an upfront amount that needs to be paid to the hospital/day clinic/radiologist before undergoing certain procedures, as specified by your Medical Scheme. When you experience a co-payment for a procedure or scan (as specified by your Medical Scheme) you would need to pay for the co-payment up-front and then claim the amount back from your Cura Gap Policy. If your Medical Scheme pays for co-payments from your day-to-day benefits, you may still claim the amount. This benefit includes out-of-hospital MRI/CT scans.

GENERAL EXCLUSIONS

The Product Provider shall not be liable for costs incurred for hospitalisation, bodily injury, sickness, or related disease directly or indirectly because of or in consequence of:

- Exposure to discharged nuclear weaponry fallout or by ionising radiation or contamination by radioactivity from any nuclear matter or from any nuclear waste from the combustion of nuclear fuel. For this exception, combustion shall include any self-sustaining process of nuclear fission.
- Suicide, attempted suicide, or intentional self-injury.
- Consuming any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Drug Addiction.
- An event directly attributable to the insured person having a blood alcohol concentration exceeding the legal permitted level, or the insured person presenting with alcoholism or an illness resulting from alcohol abuse.

The table of benefits do not apply to any territory outside of the borders of the Republic of South Africa, Botswana, Lesotho, Swaziland, and Namibia.

CASUALTY UNIT BENEFIT:

The cost of emergency medical treatment or a surgical procedure performed in the hospital casualty unit, should such cost not be covered by the Medical Scheme. Emergency Triage Index applies. (Include: Orange and Red triage). This excludes medical appliances such as crutches, braces, wheelchairs, and take-home medication. "Emergency" means the sudden and unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or death. The determination of an Emergency will be done through diagnosis (through classification by the attending Medical Practitioner and / or the Casualty Unit) and not on symptoms presented. Emergency Triage Index applies (Orange and red triage).

SHORTFALL ON CONSUMABLES:

Consumable Medical Supplies short-paid by the Medical Scheme for Treatment received whilst as an In-Patient. Non-chargeable items are not covered. Covers shortfalls on disposable items such as surgical gloves, bandages, and gauze.

TRAUMA COUNSELLING:

This benefit covers counselling sessions with a registered counsellor or clinical psychologist that may be required after a serious or traumatic event. Insured must receive counselling within (1) one year of trauma incident.

- Participation in:
 - Active military duty, police duty, police reservist duty (only applicable to Gap Cover and short-term products), civil commotion, labour disturbances, riot, strike, or the activities of locked out workers).
 - Aviation other than as a passenger (excl. commercial pilots);
 - Any form of race or speed test, other than on foot or non-mechanically propelled vehicle, vessel, craft, or aircraft.
- Any procedure not covered or declined by the medical scheme.
- No benefits shall be payable for an insured event for which the insured person received treatment or advice 12 months prior to becoming an insured person. This exclusion applies to the first 12 months of cover only.
- No benefits shall be payable for pregnancy or childbirth for a period of 9 months from inception of the policy.
- Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility.
- Depression, insanity or mental stress or psychotic/psychoneurotic disorders.
- No benefits shall be payable in the event of fraudulent claim submission.
- No benefits shall be payable for any external appliances;



Cura Administrators (Pty) Ltd

Contact Cura on 010 021 0260 or visit the website www.curaadmin.co.za

**Cura Administrators (Pty) Ltd is an authorised Financial Services Provider (FSP:26848).
Gap Cover is underwritten by GENRIC Insurance Company Limited (FSP: 43638).
GENRIC is an authorised Financial Services Provider and licensed non-life insurer.**

© 2024 Cura Administrators all rights reserved.

