



Administrators (Pty) Ltd



CONSTANTIA

Insurance made personal

Gap Basic Cover

Tel:

010 021 0260

Fax:

086 500 7713

E-mail:

mail@curaadmin.co.za

Underwritten by:

Constantia Insurance Company Ltd,
an authorised FSP 31111

Cura Administrators (Pty) Ltd is an authorised Financial Services Provider (FSP no 26848)



WHAT DOES CURA GAP BASIC COVER ENTAIL?

Cover	Annual Limit	Benefit Description
Overall annual limit of R173 000 per insured		
Gap Cover		Pays from 100% to 500% of scheme rates for shortfalls incurred as a result of service providers who bill in excess of scheme rates for in-hospital.
		Pays from 100% to 500% of scheme rates for reconstruction after a mastectomy, provided that the cancer was diagnosed after policy date of inception.
Co-payment waiver (whilst as an in-patient)	R30 000 per family. No penalty co-payments will be covered under this policy.	A benefit equal to the charges in the form of a co-payment or deductible applied for treatment received whilst as an in-hospital patient (Including co-payments on MRI/CT scans in hospital).
Casualty	R7 500 per family per annum.	The cost of emergency medical treatment or a surgical procedure performed in a hospital casualty unit, should such costs not be covered by the medical scheme. Emergency Triage Index applies. Include: (Orange and Red triage).

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.



HOW DO I CLAIM?

Following an insured event the principal insured shall at his/her own expense:

- Give written notice of the claim within 6 months from the date of medical treatment for such incident;
- Supply in writing any such proof or other information as Cura may reasonably request, which would include:
 - A duly completed Cura claim form;
 - Hospital and related service provider accounts;
 - Member's medical scheme remittance advice;
 - Proof of bank account details of insured for reimbursement purposes;
- Any benefit payable in respect of hospital confinement shall become due at the end of the period of such confinement only;
- 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 ruling 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.



PREMIUM

Entry Age	Monthly Premium
64 or younger	R248.00 per month
65+	R378.00 per month

Premiums (incl. VAT) are for a family, or a single person.

Are any waiting periods applicable? **Yes**

- 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.

Is there a Maximum Entry Age for this policy?

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 after birth.

WHAT ARE THE GENERAL EXCLUSIONS ON THIS POLICY?

Ward fees, theatre fees and medicines are excluded on this policy.

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

- Exposure to discharged nuclear weaponry fallout or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission;
- Investigations, treatment or surgery for obesity, directly or indirectly caused by, or related to, or in consequence of cosmetic surgery. Other than as a result of an insured authorised event;
- Cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessary subsequent to having undergone a mastectomy;
- A routine physical or any procedure of a purely diagnostic nature, or any other examination where there is no indication of impairment in normal health and laboratory diagnostic, or X-rays, except in the course of a previously diagnosed condition;
- Suicide, attempted suicide or intentional self-injury;
- Consumption of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the Insured person) or any illness caused by alcohol abuse;
- Drug addiction;
- Any event directly attributable to the insured person having a blood alcohol concentration exceeding the legal permitted level;
- Participation in
 1. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;
 2. Aviation other than as a passenger (excluding commercial pilots);
 3. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
- Any procedure not covered or declined by the medical scheme;
- No benefit shall be payable for any event for which the insured person received treatment or advice, twelve (12) months prior to becoming an insured person. This exclusion applies to the first twelve (12) months of cover only;
- No benefits shall be payable for pregnancy or childbirth for a period of nine (9) months from date of inception 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;
- Cura benefits do not apply to any territory outside the borders of the Republic of South Africa, Botswana, Lesotho, Swaziland and Namibia.



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