

Cura GapCo Sub Cover



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Administrators (Pty) Ltd
an authorised financial services provider
Reg No: 1997/017797/07 FSP No: 26848

What does Cura GapCo Sub Cover entail?

Cover	Annual Limit	Benefit Description
Gap Cover	R1 000 000.00 per family No penalty shortfalls will be covered under this policy.	Pays from 100% scheme tariff up to 500% scheme tariff for shortfalls incurred as a result of the service providers who bill higher tariffs than scheme tariffs for in-hospital procedures/services and certain specified out-of-hospital treatments;
		Pays shortfalls incurred as a result of the service providers who bill higher tariffs than scheme tariffs for administering chemotherapy or radiotherapy for the treatment of cancer on an out-patient basis, and/or the necessity for kidney dialysis on an out-patient basis;
		Reconstruction due to a mastectomy, covers from 100% scheme tariff up to 500% scheme tariff, provided that cancer is diagnosed after inception of the Cura policy.
Co-payment waiver (whilst as an in-patient and/or outpatient)	R50 000.00 per family and R30 000.00 per individual member 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-patient and/or outpatient.
Sub-limitation Cover (whilst as an in-patient)	R10 000.00 per family	Sub-limitation Cover - A benefit equal to charges above any sub-limitation imposed by the Medical Scheme for treatment received whilst as an in-patient.
Sub-Limitation on Intra ocular lenses	Included in the above sub-limitation, limited to R9 000.00 per lens per insured per annum.	Charges above any sub-limitation imposed by the Medical Scheme for Intra ocular lenses.
Consumables	R6 000.00 per insured per annum	Will cover shortfalls on disposable items such as surgical gloves, bandages and gauze.
Casualty Benefit	R10 000.00 per family per annum	The cost of a medical or a surgical procedure following an Emergency incurred in a hospital casualty unit of a hospital where such costs were not met by the Medical scheme.
Trauma Counselling	R10 000.00 per family per annum	This benefit covers counselling sessions with a registered counsellor or clinical psychologist that may be required after a serious or traumatic event due to violence, an accident or on the diagnosis of a dread disease, restricted to the insured lives on the Cura policy.
Medical Scheme - Premium Waiver (Death or Total and Permanent Disability)		Following the death or the Total and Permanent Disability of the Principal Member of the Medical Scheme, a benefit equal to the total value of Medical Scheme Contribution calculated for 12 months on the Medical Scheme Option of the Registered Medical Scheme within the stated limitations. Only principal beneficiaries who have not reached the age of 65 years of age qualify for the disability cover.

What are the general exclusions on this policy?

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

- Ward fees, theatre fees and medicines are, however, excluded on this policy;
- Nuclear weapons 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 surgery for obesity, its sequelae or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an insured event otherwise insured;
- Cosmetic surgery shall include surgery for breast reduction or reconstruction unless necessitated as a result of treatment for cancer;
- Routine physical or any procedure 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 except in the course of a disability established by prior call or attendance of a physician;
- Suicide attempted suicide or intentional self-injury;
- The taking 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 the use of alcohol;
- Drug addiction;
- An event directly attributable to the Insured Person where the alcohol content in the blood exceeds the legal level permitted by law;
- Participation in
 - a. Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;
 - b. Aviation other than as a passenger;
 - c. Any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle vessel craft or aircraft);
- No benefits are payable which should be provided by the medical scheme (such as Prescribed Minimum Benefits) this exception includes ward fees, theatre fees, medicines and other hospital expenses;
- Any procedure not covered or declined by the medical scheme;
- No benefits shall be payable for an insured event for which the Insured Member received treatment or advice twelve (12) months prior to becoming an Insured Member. This exclusion only applies to the first twelve (12) months of an Insured Member's cover;
- No benefits shall be payable for pregnancy or childbirth for a period of nine (9)

months from inception of this 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 submission by the claimant.
- The table of benefits applies in the territory of RSA, Botswana, Lesotho, Swaziland and Namibia.

How do I claim?

Following an insured event the Principal Insured Member shall at his own expense:

- Give written notice of the claim within 6 months from the date of treatment for such incident;
- Supply in writing any such proof or other information as Cura may reasonably request, which would include your:
 - > Hospital and doctor's accounts
 - > Medical Scheme remittance advice
- Any benefit payable in respect of hospital confinement shall only become due at the end of a period of such confinement;
- Any claims in terms of this policy will lapse after 12 calendar months from the date of occurrence of the insured incident if the claim is outstanding and not a subject of a then pending court case;
- All benefits payable shall be paid to the Principal Insured Member and not the service provider;
- No benefit payable shall carry interest.

Are there any waiting periods?

- 3 Months' general waiting period;
- 12 Months' waiting period for pre-existing conditions;
- 9 Months' waiting period on pregnancy;
- An underwriting process will determine the waiting period applicable.

Is there a Maximum Entry Age for this policy?

No maximum entry age will be applicable on this policy.

Children are covered until they reach the age of 21 an then have the option to take out their own policy, without new waiting periods. This age may be extended to 25 in respect of an unmarried child who is a full time student.

Premium: R290.00

per family or individual per month