



GapCo Sub CA Plus  
Cover





# CURA GAPCO SUB CA PLUS BENEFITS

- **Gap benefits:** Pays upwards of the **100% scheme tariff to maximum of 600%** for account shortfalls due to service provider (all disciplines of providers, such as Medical Specialists, General Practitioners, Midwives, Physiotherapists, Technologists, etc) charging in excess of scheme tariffs, for pre-authorised in-hospital procedures/services as well as certain out-of-hospital treatments. **(R2 000 000 per annum per family)** – Benefits are also available for any Hospital plan of Medical Schemes.
- **Shortfalls due to a mastectomy** covers from 100% up to 600% of scheme tariff, provided that cancer is diagnosed after the inception of this policy.
- **Co-Payment benefit:** Reimbursement of upfront member hospital co-payments on authorised admissions, including co-payments on endoscopically performed procedures stipulated in the Medical Scheme rules. **(R100 000 per annum per family)** – Benefits are also available for any Hospital plan of Medical Schemes.
- **MRI and CT-scan Co-Payment limit:** Reimbursement of member co-payments imposed by the scheme for in and out of hospital authorised scans. (Included in Co-payment limit) – Only available for out-of-hospital MRI & CT scans where the Medical Scheme offers the benefit out-of-hospital.
- **Use of Non-DSP Hospital Co-payment:** The use of a Non-DSP hospital which results in a co-payment will be covered up to R10 000.00 per annum per family. (Included in Co-payment limit) – Benefits are also available for any Hospital plan of Medical Schemes.
- **Sub-limitation benefit:** Reimbursement of costs exceeding the imposed scheme benefit limits on e.g. prosthesis for authorised in-hospital procedures to a maximum of R70 000 per family per annum. – Benefits are also available for any Hospital plan of Medical Schemes.
- **Radiology Benefit:** A combined capped amount of R15 000 for radiology and pathology services where a member's available out-of-hospital benefits are depleted. (Included in Sub-limitation benefit) – Only available for out-of-hospital Radiology where the Medical Scheme offers the benefit out-of-hospital.
- **Pathology Benefit:** A combined capped amount of R15 000 for pathology and radiology services where a member's available out-of-hospital benefits are depleted. (Included in Sub-limitation benefit) – Only available for out-of-hospital Pathology where the Medical Scheme offers the benefit out-of-hospital.
- **Intraocular Lenses:** A capped amount of R9 000 per lens is available for Intraocular Lenses. (Included in Sub-limitation benefit) – Benefits are also available for any Hospital plan of Medical Schemes.
- **Oncology treatment and co-payment enhancer:** Cancer treatment in a private hospital is subject to an excess of R200 000 (meaning the scheme must have an oncology limit of at least R200 000 or more), per treatment cycle, provided such treatment was received in a private institution and limited to R500 000 per insured person per treatment cycle. This benefit will enhance your oncology treatment, once the scheme's sub-limitation has been reached and / or co-payment is imposed by the medical scheme for treatment in a private facility for cancer. Treatment includes in-hospital expenses, biological drugs, in-and-outpatient radiotherapy or chemotherapy. – Benefits are also available for any Hospital plan of Medical Schemes.
- Cancer treatment and drugs will not be covered if any pre-existing form of cancer occurred or manifested prior to the policy inception date, unless the insured person has been in complete remission (as defined) for a period of 3 years or more.
- **Consumables Benefit:** Cover to a maximum of R6 000 per family per annum for in hospital shortfalls on disposable consumables such as surgical gloves, bandages and gauze; – Benefits are also available for any Hospital plan of Medical Schemes.
- **Casualty Benefit:** Cover to a maximum of R10 000 per family per annum for EMERGENCY treatment in a hospital casualty unit, where the full account was not covered by the medical scheme as well as for a casualty event funded from a member's medical savings account or day-to-day benefit limit; – Benefits are also available for any Hospital plan of Medical Schemes.
- **Trauma Counselling Benefit:** Covers services of a clinical psychologist or a registered counsellor necessary for the treatment of a beneficiary experiencing serious trauma due to any act of violence, an accident or a diagnosis of a dread disease to a maximum amount of R10 000 per family per annum and this applies to policy beneficiaries only. Cura will also reimburse the client should these costs be funded by the medical scheme from a member's available annual day-to-day benefit or savings limit; – Benefits are also available for any Hospital plan of Medical Schemes. Must receive counselling within (1) one year of trauma incident.
- **Medical Scheme Premium Waiver:** Following the death or the total and permanent disability of the principal member of the medical scheme, Cura will cover the cost of the medical scheme contributions for a period of 12 months for the remaining Cura and Medical Scheme registered beneficiaries only. Only members who have not reached the age of 65 qualify for the disability cover; – Benefits are also available for any Hospital plan of Medical Schemes.
- **Cura Gap Plus Premium Waiver:** Following the death or the total and permanent disability of the principal insured on the Cura GapCo Sub CA Plus product, the Cura policy premiums will be waived for a period of 12 months - applicable to registered Cura beneficiaries only. Only principal beneficiaries who have not reached the age of 65 years of age qualify for the disability cover. – Benefits are also available for any Hospital plan of Medical Schemes.

## PREMIUM

**R390.00** per month for a family, or a single person.





## HOW DO I CLAIM?

Following an insured event the principal insured shall at 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
  - Fully specified hospital and relevant service

### 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
- Cancer treatment and drugs will not be covered if any pre-existing form of cancer occurred or manifested prior to the policy inception date, unless the insured person has been in complete remission (as defined) for a period of 3 years or more.
- An underwriting process will determine the waiting period applicable.

- provider accounts
- Member 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 and not the service provider;
- No benefit payable shall accrue interest.

### 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 to 25 years in respect of an unmarried child dependant who is a fulltime student, provided proof thereof can be provided to Cura Administrators.

## WHAT ARE THE GENERAL EXCLUSIONS ON THIS POLICY?

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

Cura shall not be liable for hospitalisation, bodily injury, sickness or disease directly or indirectly caused by, 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 attributed to, 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 due to cancer;
- A routine physical or any procedure of a purely diagnostic nature, or any other examination where there is no indication of impaired health nor laboratory diagnostics 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;
- An event directly attributable to the insured individual 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;
  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 benefits shall be payable for an insured event for which the insured person received treatment or advice twelve (12) months prior to becoming an insured. This exclusion only 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 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;
- Cura benefits do not apply to any territory outside of the Republic of South Africa, Botswana, Lesotho, Swaziland and Namibia.



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