



CONSTANTIA
Insurance made personal

GapCo Sub
Cover

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Underwritten by:
Constantia Insurance Company Ltd,
an authorised FSP 31111

Product provider of travel insurance: Travel Insurance Consultants (TIC) - TIC is a division of Santam Ltd.
Insurer of travel insurance: Santam Ltd an authorised FSP 3416



WHAT DOES CURA GAPCO SUB COVER ENTAIL?

Cover	Annual Limit	Benefit Description
Overall annual limit of R165 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 procedures/services and certain specified out-of-hospital treatments.
		Pays shortfalls incurred as a result of service providers who bill in excess of the scheme rates for administering chemotherapy or radiotherapy for the treatment of cancer and for dialysis on an out-patient basis.
		Pays from 100% to 500% of scheme rate for reconstructive surgery after a mastectomy, provided the cancer was diagnosed subsequent to inception date.
Co-payment waiver (whilst as an in-patient and/or outpatient)	Subject to overall annual limit per family.	A benefit equal to the charges in the form of a co-payment or deductible applied for treatment received whilst as an in-hospital or outpatient (Including co-payments on MRI/CT scans in and out of hospital).
Use of Non-DSP Hospital Co-payment	R2 500 per family per annum.	The use of a Non-DSP hospital which results in a co-payment will be covered up to R2 500 per family per annum.
Sub-limitation cover (as an in-hospital patient)	R15 000 per family per annum.	A benefit equal to charges above any sub-limitation imposed by the Medical Scheme for treatment received as an in hospital patient.
Sub-Limitation on intra ocular lenses	Included in Sub-limitation Cover above, limited to R9 000 per lens per insured per annum.	Charges above any sub-limitation imposed by the Medical Scheme for intra ocular lenses.
Oncology treatment and co-payment enhancer (For the purpose of this policy outpatient treatment excludes specialist's consultation)	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 R50 000 per insured per treatment cycle.	This benefit covers costs over the sub-limitation and/or the co-payment imposed by the medical scheme for treatment in a private facility for cancer. Treatment includes in- hospital expenses, biological drugs, chemicals, medication and outpatient radiotherapy or chemotherapy.
Consumables	R6 000 per insured per annum.	Covers shortfalls on disposable items such as surgical gloves, bandages and gauze.
Casualty Benefit	R10 000 per family per annum.	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)
Trauma Counselling	R10 000 per family per annum.	This benefit covers counselling sessions with a registered counsellor or clinical psychologist necessary after a serious or traumatic event due to an accident, violence or a dread disease diagnoses. Restricted to insured lives on the Cura policy only. Must receive counselling within (1) one year of trauma incident.
Additional benefits (these benefits do not aggregate to the R165 000 cap)		
International Travel Insurance	R5 000 000 per insured person.	Up to 90 days. Maximum age is 80 years next birthday
Medical Scheme Premium Waiver (Death or total and permanent disability)	Maximum of R5 500 per month.	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 (x12) months medical scheme contributions, calculated at the cost of the current option the insured is registered on. Only members who have not reached the age of 65, qualify for disability 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.

P R E M I U M

Entry Age

64 or younger
65+

Monthly Premium

R382.00 per month
R530.00 per month

Premiums (incl. VAT)

are for a family, or a single person.



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;
- Fully specified hospital and relevant service 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.

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, 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 (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 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 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 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 in any territory outside of the Republic of South Africa, Botswana, Lesotho, Swaziland and Namibia.



Administrators (Pty) Ltd



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Insurance made personal

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

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Company Ltd, an authorised
FSP 31111

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