



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



CURA

GAP BASIC

Tel:

010 021 0260

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Website:

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A photograph of two young women sitting on a blanket in a park. The woman on the left is wearing a yellow shirt and is covering the eyes of the woman on the right, who is wearing a white shirt and has her hands covering her eyes. They are both smiling. The background shows trees with autumn foliage and a bright sun. A large yellow swoosh graphic is overlaid on the bottom left of the image.

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

Underwritten by:
Constantia Insurance Company Ltd, a licensed non-life insurer and an authorised FSP (FSP 31111)


A photograph of a modern office hallway. The hallway has a polished floor and glass walls on the left side. At the end of the hallway, there is a brick wall with a framed picture. The lighting is warm and ambient.

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 our services is based on superior and continuing client service.

This, in turn, flows from our sincere concern for every client and his or her family.



CONTACT US

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Pretoria, 0044

Postal Address: P.O. Box 42331,
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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



CLAIMING PROCEDURE

Policyholders need to submit the following documentation, including certified copies as required, to claims@curaadmin.co.za to initiate the claiming process:

- 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 doctor's accounts;
 - Pathology & radiology reports if requested;
 - Members medical scheme remittance advice;
 - Proof of banking details 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 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.

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Entry Age	Monthly Premium
Individual < 64 years	R166.00 / month
Family < 64 years	R267.00 / month
Individual / Family > 65 years	R408.00 / month

Premiums are paid monthly and are VAT inclusive.





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.

Our Gap Basic 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 R177 800 per Insured (Limits are subject to regulatory amendments)		
 Gap Cover	Up to 500% (In-hospital procedures)	
 Cover for all Prescribed Minimum Benefits (PMB's)	Cover for PMB's	
 In-hospital Co-payments / Deductibles (Includes out-of-hospital MRI and CT scans)	OAL (R177 800)	
 Benefits	Oncology Treatment	R10 000 / Insured
	Dental Procedures	R2 500 / Family per annum
	Shortfall on Consumables In-Hospital	R2 000 / Insured
	Casualty Benefit	R10 000 / Family

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.

Our Gap Basic Policy is underwritten by Constantia Insurance Company Ltd FSP 1113



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 after birth.

DEFINITION OF BENEFITS

THE FOLLOWING BENEFITS ARE SUBJECT TO THE AGGREGATE ANNUAL LIMIT OF R177 800 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. 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.

ONCOLOGY TREATMENT:

The co-payment or deductible that your medical aid charges you or approved treatment after the higher of your oncology limit or R200 000 has been reached, including co-payments on items such as biological medication, radiotherapy, and chemotherapy per treatment cycle.

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 (no benefit will be payable under this policy where a member commits suicide within two years of the inception date of the policy);
- 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) or 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.

SUB-LIMIT: Dental Procedures:

The cost of emergency medical treatment or a surgical procedure due to accidental impact resulting in severe physical injury or due to cancer. Implants are not included as part of this benefit.

SHORTFALL ON CONSUMABLES:

Benefit equal to the cost of consumables not covered by the Medical Scheme for treatment received for an in-patient treatment. Covers shortfalls on disposable items such as surgical gloves, bandages, and gauze.

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).

“Emergency” means the sudden and, at the time, 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).

- Drug Addiction;
- 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;



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), underwritten by the Constantia Life and Health Assurance Company Limited (FSP 49986) and Constantia Insurance Company Limited (FSP 31111) and managed by Ambledown Financial Services (Pty) Ltd (FSP No. 10287).

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