Cura Administrators

An authorised Financial Service Provider
FSP 26848 | Reg No.: 1997/017797/07

2025

GAP COVER (TOP-UP)

Cura Administrators (Pty) Ltd. is an Authorised Financial Services Provider (FSP 26848) underwritten by GENRIC Insurance Company Limited (FSP 43638).
GENRIC is an Authorised Financial Services Provider and licensed non-life insurer.

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Your Accredited Cura Broker:

GENRIC Insurance

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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.

2025 CURA BENEFITS AND LIMITS SUMMARY

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GENRIC Insurance

TOP-UP BENEFITS:	STUDENT	BASIC	STANDARD	ADVANCED	ADVANCED PLUS	ULTIMATE	ULTIMATE PLUS
Overall Annual Limit (OAL) of R210 580 per Insured: (Limit subject to regulatory amendments)	✓	✓	✓	✓	✓	✓	✓
Cover for Prescribed Minimum Benefits (PMB's):	✓	✓	✓	✓	✓	✓	✓
Gap Cover:	Up to 400% (In-Hospital procedures only)	Up to 400% (In-Hospital procedures only)	Up to 500%	Up to 500%	Up to 500%	Up to 600%	Up to 700%
Out-Patient Cover: (Day procedure performed in a Doctor's room)	No Benefit	No Benefit	Approximately 55 listed out-patient shortfalls are covered	Approximately 55 listed out-patient shortfalls are covered	Approximately 55 listed out-patient shortfalls are covered	Approximately 55 listed out-patient shortfalls are covered	Approximately 55 listed out-patient shortfalls are covered
In-hospital Co-payments: (MRI/CT scans out-of- hospital included)	R15 000 per Incident, subject to OAL	R20 000 per Incident, subject to OAL	R20 000 per Incident, subject to OAL	R210 580 Per Insured	R210 580 Per Insured	R210 580 Per Insured	R210 580 Per Insured
Penalty Co-payment: Non use of Designated Service Provider (DSP) hospital	No Benefit	No Benefit	No Benefit	R8 000 per claim - 2 claims per policy	R13 000 per claim - 2 claims per policy	R15 000 per claim - 2 claims per policy	R18 000 per claim - 2 claims per policy
Co-payments for Robotic-assisted Surgeries:	No Benefit	No Benefit	No Benefit	No Benefit	Limited to R15 000 / Policy / Per annum	Limited to R30 000 / Policy / Per annum	Limited to R30 000 / Policy / Per annum
Hyperbaric oxygen treatment for: List of conditions covered as per master policy. Only the Gap portion will be funded	No Benefit	No Benefit	Up to 500%	Up to 500%	Up to 500%	Up to 600%	Up to 700%
SUB-LIMITATIONS: (OAL FOR SUB-LIMITATIONS OF THE SCHEME)	No Benefit	No Benefit	No Benefit	R15 000 / Policy	R35 000 / Policy	R70 000 / Insured	R80 000 / Insured
• Internal Prosthesis: Pacemakers, Stents, Cochlear Implants, Hips; Knees; and Breast Prosthesis due to cancer, etc.	No Benefit	No Benefit	No Benefit	Included in Sub-limit	Included in Sub-limit	Included in Sub-limit	Included in Sub-limit
• Sub-limitations on ocular lenses: (Subject to Sub-limitation benefit)	No Benefit	No Benefit	No Benefit	R9 000 / Per Lens	R9 000 / Per Lens	R9 000 / Per Lens	R9 000 / Per Lens
External Prosthesis: *Excl. on Medical Scheme Hospital Plans*	No Benefit	No Benefit	No Benefit	No Benefit	R3 000 / Policy	R4 000 / Policy	R5 000 / Policy
External Medical Appliances: Limited to CPAP Machine, Hearing Aids, and Compression stockings, Mirena Device, Insulin Pump (children under 18 yrs) and Glucometer (if you belong to diabetes program). *Only covers the Gap portion or once the medical scheme limit has been depleted.*	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	R5 000 / Policy	R7 500 / Policy
Radiology and Pathology Services: *Combined capped amount where a member's out of hospital benefits and / or savings of any kind with an annual limit indicated by the medical scheme are depleted.*	No Benefit	No Benefit	No Benefit	R10 000 / Policy	R15 000 / Policy	R13 000 / Insured	R14 000 / Insured
Obstetrics & gynaecology: Cervical laser ablation, Hysteroscopy, Phototherapy, Dilation and curettage, as long as the medical scheme pays a portion from Risk	No Benefit	No Benefit	Up to 500%	Up to 500%	Up to 500%	Up to 600%	Up to 700%
Child Birth in a non-hospital setting such as Home birth, water births and registered birthing facilities, as long as the medical scheme pays a portion from Risk	No Benefit	No Benefit	Up to 500%	Up to 500%	Up to 500%	Up to 600%	Up to 700%
Oncology Benefit: Approved treatment after the oncology limit (Excess R200 000) have been reached including co-payments on term such as biological medication, radiotherapy, chemotherapy, and PET scans, per treatment cycle.	No Benefit	No Benefit	No Benefit	R100 000 / Insured	R210 580 Per Insured	R210 580 Per Insured	R210 580 Per Insured
Oncology Booster: Co-payment on Biological medication from day one.	No Benefit	No Benefit	No Benefit	Included in above Oncology limit	Included in above Oncology limit	Included in above Oncology limit	Included in above Oncology limit
Benefit due to a Mastectomy on the unaffected breast - 1 event per person, per lifetime (subject to qualifying criteria) if there is a short payment or ex-gratia benefit given by the medical scheme: (Internal Prostheses included)	No Benefit	No Benefit	No Benefit	Limited to R25 000 and 1 Event / Insured / Lifetime	Limited to R30 000 and 1 Event / Insured / Lifetime	Limited to R40 000 and 1 Event / Insured / Lifetime	Limited to R40 000 and 1 Event / Insured / Lifetime

Non-Listed Biological Cancer Drugs: (If scheme provided a portion)	No Benefit	No Benefit	No Benefit	Limited to R25 000 / Policy / Annum	Limited to R30 000 / Policy / Annum	Limited to R35 000 / Policy / Annum	Limited to R40 000 / Policy / Annum
Co-Payment on Rheumatoid Arthritis Biological Medication:	No Benefit	No Benefit	No Benefit	Limited to R5 000 / Policy / Annum	Limited to R10 000 / Policy / Annum	Limited to R20 000 / Policy / Annum	Limited to R30 000 / Policy / Annum
Specialist Consultation: **Only the gap portion of the Specialist Consultation will be covered for out of hospital.*	No Benefit	No Benefit	No Benefit	No Benefit	R500 / Claim (Max 2)	R600 / Claim (Max 3)	R600 / Claim (Max 4)
Dental trauma benefit: Due to accidental impact resulting in severe physical injury - Implants covered	R3 000 / Policy	No Benefit	No Benefit	No Benefit	R7 500 / Policy	R10 000 / Insured	R10 000 / Insured
Dental procedures shortfalls: Due to cancer, implants are included.	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	Limited to R50 000 per policy, subject to OAL	Limited to R50 000 per policy, subject to OAL
Dental procedure shortfalls in the rooms: Removal of wisdom teeth (If paid out of the Medical scheme Risk Portion) Excluding the consultation shortfall, however including anaesthetists gap	No Benefit	No Benefit	Up to 500%	Up to 500%	Up to 500%	Up to 600%	Up to 700%
Hospital account shortfalls on Consumables: Covers shortfalls on disposable items such as surgical gloves, bandages, and dressings.	No Benefit	R4 000 / Insured	R5 000 / Insured	R5 500 / Insured	R6 000 / Insured	R6 500 / Insured	R7 000 / Insured
TTO medication shortfalls as on hospital account, paid from Scheme Risk.	No Benefit	R500 per claim, subject to Consumable limit	R500 per claim, subject to Consumable limit	R500 per claim, subject to Consumable limit	R500 per claim, subject to Consumable limit	R500 per claim, subject to Consumable limit	R500 per claim, subject to Consumable limit
Casualty Benefit: The cost of any emergency treatment and/or procedure performed in the hospital casualty unit, Medicross or Intercare should such cost not be covered by the medical scheme. Emergency Triage Index applies. (Includes: Orange and Red triage - Radiology and Pathology included). Excludes: Medical appliances and take home medication.	R15 000 / Policy	R10 000 / Policy	R10 000 / Policy	R10 000 / Policy	R12 500 / Policy	R13 000 / Insured	R15 000 / Insured
Trauma Counselling: This benefit covers counselling sessions with registered counsellors or clinical psychologists that may be required after a serious or traumatic event. Must receive counselling within one (1) year of trauma incident.	R10 000 / Policy	R10 000 / Policy	R10 000 / Policy	R10 000 / Policy	R10 000 / Policy	R10 000 / Insured	R10 000 / Insured
Post hospital rehabilitation: Covers stay at a registered sub-acute or step-down facility for rehabilitation treatment, including therapy provided by on-site therapists (Sub-limit per policy and once Medical Scheme benefit limits are depleted).	No Benefit	No Benefit	No Benefit	No Benefit	R4 000 / Policy	R12 000 / Policy	R12 000 / Policy
Private Room Cover: Claim the shortfalls when the medical scheme pays part of the cost of a private hospital room.	No Benefit	No Benefit	No Benefit	No Benefit	Limited to R5 000 / Policy / Annum	Limited to R10 000 / Policy / Annum	Limited to R10 000 / Policy / Annum
Additional Benefits (These benefits do not aggregate to the R210 580 cap per insured)							
Cancer Lump Sum Benefit: Stage 1 Cancer and higher. Excludes pre-existing Cancer and Skin Cancer.	No Benefit	No Benefit	FIRST-TIME CANCER DIAGNOSIS pays a benefit amount of R10 000 per insured person per lifetime	FIRST-TIME CANCER DIAGNOSIS pays a benefit amount of R14 000 per insured person per lifetime	FIRST-TIME CANCER DIAGNOSIS pays a benefit amount of R18 000 per insured person per lifetime	FIRST-TIME CANCER DIAGNOSIS pays a benefit amount of R25 000 per insured person per lifetime	FIRST-TIME CANCER DIAGNOSIS pays a benefit amount of R30 000 per insured person per lifetime
Accidental Death Benefit: Must meet the definition of Accidental.	No Benefit	No Benefit	No Benefit	No Benefit	R5 000 / Insured	R10 000 / Insured	R15 000 / Insured
Premature Birth: Lump Sum Benefit (Birth between 24 to 36 weeks of pregnancy).	No Benefit	No Benefit	No Benefit	No Benefit	R2 500 / Policy	R2 500 / Policy	R5 000 / Policy
International Medical Travel Cover: Maximum of 90 days per multiple trips. Maximum age is 80 years at next birthday.	No Benefit	No Benefit	No Benefit	R5 Million / Insured	R5 Million / Insured	R5 Million / Insured	R5 Million / Insured
12 Months Medical Scheme Premium Waiver: Accidental Death and Permanent Disability of the Principal member as a result of an accident.	No Benefit	No Benefit	No Benefit	Maximum R5 500 / Month	Maximum R6 000 / Month	No Maximum / Month	No Maximum / Month
Gap Premium Waiver: Accidental Death and Permanent Disability of Principal member as a result of an accident.	No Benefit	No Benefit	No Benefit	6 Months	6 Months	12 Months	12 Months
Monthly Premium Per Individual < 65 Years	**Individual (18 to 27 Years) R200.00**	**R220.00**	**R345.00**	**R480.00**	**R525.00**	**R680.00**	**R750.00**
Monthly Premium Per Family < 65 Years		**R340.00**	**R530.00**	**R561.00**	**R615.00**	**R800.00**	**R905.00**
Monthly Premium Per Individual > 65 Years		**R340.00**	**R530.00**	**R561.00**	**R615.00**	**R800.00**	**R905.00**
Monthly Premium Per Family > 65 Years		**R515.00**	**R730.00**	**R760.00**	**R850.00**	**R1,105.00**	**R1,190.00**

**Premiums are reviewed and may be adjusted annually.* **These benefits are excluded on Medical Scheme Hospital Plans*

CURA TOP-UP (Gap Cover)

Gap Cover is a Short-term insurance accident and health 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 and certain out-of-hospital procedures.

The insured will receive a benefit equal to the Gap (subject to limitations) for in-hospital and specified out-patient treatment. The Gap is defined as services rendered by a Medical Practitioner who charges above the Medical Scheme tariff.

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, but a Top-Up on certain benefits allowed by legislation.

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 12-months of the inception date of the policy);
- 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;
- 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.
- Participation in:
  - Active military duty, police duty, police reservist duty, 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;
- Drug Addiction;
- 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/psycho-neurotic disorders;
- No benefits shall be payable in the event of fraudulent claim submission.
- Hospital accommodation

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.
- This age may be extended up to 27 (twenty-seven) in respect of an unmarried child who is financially dependent on the Principal Insured Person, is not employed, is covered under the Principal Insured Person's medical scheme **(Affidavit for above will be required)** and/or is a full-time student at a recognised institute.
- All newborns must be registered on this policy within 30 days after birth.

HOW TO CLAIM

Policyholders need to submit the following documentation 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;
- 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;
- 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;
  - Pre-authorisation letter from your medical scheme for procedure
  - 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;
- All benefits payable shall be paid to the principal insured member and not the service provider;
- No benefit payable shall accrue interest.

WAITING PERIODS APPLICABLE

- 3-month general waiting period.
- 12-month waiting period for pre-existing conditions.
- 9-months waiting period on pregnancy (if pregnant with inception)

Concessions on the above waiting period will be considered for group schemes.

Cura benefits do not apply to any territory outside of the Republic of South Africa, Botswana, Lesotho, Swaziland, Namibia, Zimbabwe and Mozambique.

For all terms and conditions, benefits, limitations, and exclusions, please refer to your Policy Wording, or contact your broker.