



**Cura
Administrators**



2026

Cura Non-PMB Surgery Cover

Listed Procedure Enhancer - LPE

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

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ABOUT US

Cura was founded in 1997 and now offers a wide-range of products including **Top-Up Cover, Health Insurance, Funeral Cover, Cancer Cover, Incident Assistance** and a **Non-PMB Surgery Support**. Our 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 pride ourselves on being fair & transparent and always try to make our processes as simple as possible.

Cura is an authorised financial services provider (FSP no. 26848)

CLAIMS PROCEDURE

Following an Insured Incident, the Principal Insured Person shall at their own expense:

- As soon as possible, notify the Administrator of any possible claim, but not later than 180 (one hundred and eighty) days from the 1st (first) day of Treatment for such Insured Incident.
 - Supply in writing any such proof or other information as the Insurer may reasonably request.
 - As often as required, provide authority for the Insurer to inspect all current and/or past medical or other information, including the results of any blood tests.
 - Where the Insured Person is not a Principal Insured Person, the Principal Insured Person shall provide or obtain the necessary permission or consent to comply with this condition, failing which all benefits in respect of any claims subject to this condition shall be avoidable.
 - In the event of a claim paid by the Insurer and reprocessed by the Medical Scheme, resulting in an additional payment by the Medical Scheme, the Principal Insured Person is obligated to refund the Insurer.
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- Claims can only be processed for payment once all the information and documents related to a claim are received.
 - Any claim in terms of this Policy will prescribe after 12 (twelve) 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.
 - Where the Insurer rejects or disputes a claim or the quantum of a claim, or voids the Policy, the Principal Insured has 90 (ninety) days (the "representation period") from receipt of the Insurer's written notification to dispute the decision of the Insurer.
 - Any Benefit payable in respect of Hospital Confinement shall only become due at the end of a period of such confinement. However, payments on account can be made to the Principal Insured Person at the end of a 30 (thirty) day period of Hospital Confinement at the discretion of the Insurer.
 - The Insurer will negotiate with and request the Insured Person's appointed intermediary or Healthcare Provider to negotiate any discount and pay the Benefit payable in terms of this Policy directly to the Service Provider, should a discount be granted.
 - All benefits payable shall be paid to the Principal Insured Person or their legal representative, whose receipt shall in every case be a full discharge to the Insurer.
 - No benefit payable shall carry interest.

CONTACT US

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Claims Department:
claims@curaadmin.co.za
New Application / Updates:
newbus2@curaadmin.co.za



**Accredited
Cura Broker**



NON-PMB SURGERY SUPPORT COVER

Entry Age

Individual < 64 years
Individual > 65 years

Monthly Premium

R375.00 / month
R535.00 / month

*Premiums are paid monthly and are VAT inclusive.
Premiums are reviewed and may be adjusted annually.*

This product is designed to work alongside a cost effective medical scheme option where DSP restrictions apply, helping our clients gain access to the surgeries and procedures they need.

This cover 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.

This product is for individuals earning less than R40k per month and who are on a capitated medical scheme option.

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.



Gap Cover is underwritten by GENRIC Insurance Company Limited (FSP: 43638).

GENRIC is an authorised Financial Services Provider and licensed non-life insurer

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



NON-PMB SURGERY SUPPORT COVER BENEFITS

Overall Annual Limit (OAL) of R223 000 per Insured (Limits are subject to regulatory amendments)	
Cover Benefit	Up to 100% of the Medical Scheme Rate
Listed Procedures In-Hospital Cover of: Management of Dentistry; functional nasal surgery; oesophageal reflux and hiatus hernia; back and neck treatment or surgery; joint surgery; cochlear implants, auditory brain implants and internal nerve stimulators; Bunionectomy; Arthroscopy; Removal of varicose veins; and Skin disorders.	A benefit equal to the cost of in-hospitalisation and associated medical expenses relating to one of the below-mentioned procedures, less the cover provided in terms of the Insured's Medical Scheme option. No penalty. Co-payment will be payable by the insured person in the event that a non DSP hospital is used.
General Surgery Including Out-Patient Treatment (excl. consultations): Surgical biopsy of breast lump, Hernia repairs: Limited to Inguinal Hernia, Femoral Hernia, Umbilical Hernia, Epigastric Hernia, Spigelian Hernia, Inguinal Hernia, Drainage of abscess, Ischio-rectal abscess drainage, Closure of colostomy, Surgical haemorrhoidectomy (excluding sclerotherapy or band ligation), Lymph node biopsy, and Endoscopy.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Urology Including Out-Patient Treatment: asectomy, Cystoscopy, Orchidopexy, Prostate biopsy, Circumcision.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Ear, Nose and Throat (ENT) Surgery Including Out-Patient Treatment: Direct laryngoscopy, Tonsillectomy, Laser ENT Surgery, Conventional ENT Surgery, Nasal surgery (Turbinectomy and Septoplasty), Sinus surgery (FESS), Myringotomy, Grommets (insertion and removal).	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Orthopaedic Surgery Including Out-Patient Treatment: Arthroscopy, Carpal Tunnel Release, Ganglion surgery, Bunionectomy.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Paediatric Surgery Including Out-Patient Treatment: Orchidopexy.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Hepatobiliary Surgery Including Out-Patient Treatment: Needle biopsy of the liver.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Cardiothoracic Surgery Including Out-Patient Treatment: Bronchoscopy, Lung biopsy.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
General Medical Cardiology Including Out-Patient Treatment: Coronary angioplasty, Coronary angiogram.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Neurology Including Out-Patient Treatment: 48-hour halter EEG.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Immunology Including Out-Patient Treatment: Plasmapheresis.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Gastroenterology Including Out-Patient Treatment: Oesophagoscopy, Gastroscopy, Colonoscopy, ERCP.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Radiology Including Out-Patient Treatment: Myelogram, Bronchography, Angiograms – Limited to Carotid, Cerebral, Coronary and Peripheral Angiograms.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Obstetrics & Gynaecology Including Out-Patient Treatment: Tubal ligation, Childbirth in a non-hospital setting, Incision and drainage of Bartholin's cyst, Marsupialisation of Bartholin's cyst, Cervical laser ablation, Hysteroscopy, Phototherapy, Dilation and curettage.	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Pathology	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Dermatology	Up to 100% of the Medical Scheme Rate whilst In-and-Out of Hospital
Ambulance Services	The benefit is limited to road transport where basic life support or advanced life support is required, and it is limited to the shortfall on the Medical Scheme payment portion up to R2 000 (two thousand rand) per event.

NB: The Policy Wording will supersede any and all Cura Administrators' digital/print marketing material and correspondence.

GENERAL EXCLUSIONS

We shall not be liable for Hospitalisation, bodily Injury, sickness or disease directly or indirectly caused by or related to or in consequence of:

- Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For this exception, combustion shall include any self-sustaining process of nuclear fission.
- Any claim arising directly or indirectly from active involvement in a war, invasion, act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or political risk of any kind, or any act of any person acting on behalf of or in connection with any organisation, group or activity aimed at overthrowing any government by force or any deliberate act of terrorism or violence.
- Any participation in riot, strike, or public disorder (including civil commotion, labour disturbances or lock-out) or any act or activity resulting in or calculated to bring about riot, strike, or such disorder.
- Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riots, strikes, or the activities of locked-out workers.
- The act of any lawfully established authority, police force, security force or any other local, provincial, or national body, in controlling, preventing, suppressing or in any other way dealing with any event referred to in the clauses above.
- Compensation in terms of the War Damage Insurance Act 85 of 1976.
- Any loss arising from any contractual liability.
- Any consequential loss or damage whatsoever.
- Any attempt by an Insured Person to commit an unlawful act.
- Any claim payable in terms of alternate proclaimed legislation, such as the Compensation for Occupational Injuries Act 90 of 1993, and the Road Accident Fund Act 56 of 1996.
- An event not covered by this Policy and/or falling outside of the Policy's intention.
- 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 Incident otherwise insured.
- Cosmetic Surgery shall include Surgery for breast reduction or reconstruction unless necessitated as a result of Treatment for Cancer.
- Any 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.
- An event where pre-authorisation was not obtained or approved from the Medical Scheme or where Medical Scheme Rules were not adhered to.
- Any dependent not registered on the Policy at the time of the Incident.
- Any benefit not covered by the selected Cura Plan Option.
- Suicide, attempted suicide or any intentional or deliberate self-injury and/or self-exposure to danger or risk except to save a human life.
- Any Illness, Injury or consequence from alcohol, drug or substance intoxication, use, abuse, or addiction, directly or indirectly traceable to the Insured Person being affected, permanently or temporarily. Claims may be considered where registered drugs are administered and prescribed by a Registered Medical Professional.
- Drug addiction.
- An event directly attributable to the Insured Person where the alcohol content in the blood exceeds the legal level permitted by law.
- Any Psychiatric or Psychological Condition or emotional or nervous conditions, including, but not limited to, depression, insanity, psychosis, stress-related and affective disorders. Participation in:
 - Active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riots, strikes or the activities of locked-out workers.
 - Aviation other than as a passenger. (Excluding commercial pilots).
 - 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 that should be provided by the Medical Scheme.
- No benefits shall be payable due to the Insured person's failure to comply with the Medical Scheme Rules regarding the failure to make use of a Hospital that is a Designated Service Provider, Preferred Service Provider, Associated Hospital or Network Hospital. This exclusion does not apply to traditional Cancer Treatment if such Designated Service Provider is a Public Hospital, Public Clinics, or otherwise indicated under the table of benefits.
- No benefits are payable for ward fees, theatre fees, medicines, and other Hospital expenses. Excluding shortfalls on consumables, private rooms and TTO medication as stated to be included in the selected Plan Option.
- Any procedure not covered or declined by the Medical Scheme.
- No benefits shall be payable for an Insured Incident for which the Insured Person received Treatment or advice 12 (twelve) months before becoming an Insured Person. This exclusion only applies to the first 12 (twelve) months of an Insured Person's cover.
- No benefit shall be payable for the severe Illness benefit if the Insured Person was diagnosed with Cancer (as defined) before the Inception Date of this Policy, notwithstanding the 12 (twelve) month Waiting Period.
- Investigations, Treatment, or Surgery related to infertility, artificial insemination, hormone Treatment for infertility, or any other form of assisted reproduction.
- No benefits shall be payable in the event of fraudulent submission by the claimant.
- Sub-Limitations imposed by a Medical Scheme as a result of an agreement between a member and a Medical Scheme will not qualify for benefits in terms of this Policy.
- A Co-Payment or deductible as a result of an agreement between a member and a Medical Scheme will not qualify for benefits in terms of this Policy.
- Split Billing.
- Consultations in the rooms of a general medical practitioner (GP).



Cura Administrators (Pty) Ltd

Contact Cura on 010 021 0260 or visit the website www.curaadmin.co.za

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