



**Cura  
Administrators**



# 2026

## Cura Top-Up (Gap) Standard Cover

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.

**Telephone:** 010 021 0260 | **Email:** [mail@curaadmin.co.za](mailto:mail@curaadmin.co.za) | **Website:** [www.curaadmin.co.za](http://www.curaadmin.co.za)





## 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

Policyholders need to submit the following documentation to [claims@curaadmin.co.za](mailto:claims@curaadmin.co.za) to initiate the claims procedure:

- 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.
- Member's medical scheme remittance advice.
- Pre-authorisation document 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.

## CONTACT US

**Physical Address:** 829 Rubenstein Drive,  
Moreleta Park,  
Pretoria, 0044

**Postal Address:** P.O. Box 42331,  
Moreleta Park, 0044

**Tel:** 010 021 0260  
**Fax:** 086 743 1363  
**Email:** [mail@curaadmin.co.za](mailto:mail@curaadmin.co.za)  
**Website:** [www.curaadmin.co.za](http://www.curaadmin.co.za)

**Claims Department:**  
[claims@curaadmin.co.za](mailto:claims@curaadmin.co.za)

**New Application / Updates:**  
[newbus2@curaadmin.co.za](mailto:newbus2@curaadmin.co.za)



**Accredited  
Cura Broker**





# STANDARD COVER

## Entry Age

Individual < 64 years  
Family < 64 years  
Individual > 65 years  
Family > 65 years

## Monthly Premium

R376.00 / month  
R578.00 / month  
R578.00 / month  
R796.00 / month

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

Top-Up (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 and certain out-of-hospital procedures.

Designed and priced for young families who are usually planning to start a family or already have a newborn. Our Top-Up (Gap) Standard Cover launches you into the world of Top-Up (Gap) Cover, offering essential benefits and covering medical expense shortfalls for specialists up to 400% of medical scheme rate. The basic options are the most cost-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.**

## STANDARD COVER BENEFITS

The below table shows the amounts that will be covered:

Overall Annual Limit (OAL) of R223 000 per Insured (Limits are subject to regulatory amendments)	
Gap Cover Benefit	Up to 400% Approximately 91 listed out-patient shortfalls are covered
Cover for Prescribed Minimum Benefits (PMB's)	Subject to OAL
In-hospital Co-payments: (MRI/CT scans in-and-out-of-hospital included)	R20 000 per Incident, subject to OAL
BENEFITS	
Consumable shortfalls for in-hospital procedures	R4 000 / Insured
To Take Out Medication (as on hospital account)	R500 per claim, subject to Consumable limit
Trauma Counselling	R10 000 / Policy
Casualty Benefit	R5 000 per claim. Limited to R10 000 per policy per annum
Hyperbaric Oxygen Treatment	Up to 400% List of conditions covered as per master policy. Only the Gap portion will be funded
Obstetrics & Gynaecology	Up to 400% Cervical laser ablation, Hysteroscopy, Phototherapy, Dialation and curettage, as long as the medical scheme pays a portion from Risk
Child Birth in a non-hospital setting such as home birth, water births and registered birthing facilities	Up to 400% As long as the medical scheme pays a portion from Risk
Dental procedure shortfalls in the rooms: Excluding the consultation shortfall, however including the anesthetist gap	Up to 400% Dentistry for children under 12 and Adults are limited to removal of wisdom teeth (if paid out of the medical scheme risk portion)
Ambulance Services: Restricted to road transport where basic or advanced life support is necessary. Limited to the shortfall on the medical scheme payment portion	R2 000 per claim
BENEFITS NOT SUBJECT TO ANNUAL LIMIT OF R223 000 PER INSURED	
Cancer Lump Sum Benefit (Exclusion: Pre-existing Cancer and Skin Cancer) Stage 1 and higher	Once-Off R5 000 / Insured per lifetime

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

## 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."

## 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.

## DEFINITION OF BENEFITS

**THE FOLLOWING BENEFITS ARE SUBJECT TO THE AGGREGATE ANNUAL LIMIT OF R223 000 PER INSURED PERSON.** *(Limit may be subject to regulatory amendment) (Sub-limits may apply)*

### TOP-UP (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 400% of scheme tariff, less the higher of the amount paid by the scheme or the scheme tariff for in-hospital procedures/treatment and certain specified out-of-hospital procedures/treatment. You must belong to a registered South African medical scheme to qualify for Top-Up (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 Top-Up (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.

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### 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 (includes: Orange and Red triage). This excludes medical appliances such as crutches, braces, wheelchairs, and take-home medication.

"Emergency" means the sudden and 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).

### SHORTFALL ON CONSUMABLES:

Consumable medical supplies short-paid by the medical scheme for Treatment received whilst as an in-patient. Non-chargeable items are not covered. Covers shortfalls on disposable items such as surgical gloves, bandages, and gauze.

### TO TAKE OUT MEDICATION:

To Take Out medication shortfalls as on hospital account, paid from scheme risk

### TRAUMA COUNSELLING:

This benefit covers counselling sessions with a registered counsellor or clinical psychologist that may be required after a serious or traumatic event. Insured must receive counselling within (1) one year of trauma incident.

### HYPERBARIC OXYGEN TREATMENT:

List of conditions covered as per master policy. Only the Gap portion will be funded.

### OBSTETRICS & GYNAECOLOGY:

Cervical laser ablation, Hysteroscopy, Phototherapy, Dialation and curettage, as long as the medical scheme pays a portion from risk.

### 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.

### DENTAL PROCEDURE SHORTFALLS IN THE ROOMS:

Dentistry for children under 12 and adults are limited to removal of wisdom teeth (if paid out of the medical scheme risk portion). Excluding the consultation shortfall; however including the anaesthetist gap.

### AMBULANCE SERVICES:

Restricted to road transport and where basic life support or higher qualified is necessary. Limited to the shortfall on the medical scheme payment portion.



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## 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.
- 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).
- 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.
- Hospital accommodation.
- 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.
- No benefits shall be payable for any external appliances.

**The table of benefits do not apply to any territory outside of the borders 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.*



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