

ANNEXURE C: EXCLUSIONS AND LIMITATIONS

REGISTERED BY ME ON



Mashilo Leboho 2021/10/27
03/11/2021 15:21:24 (UTC+02:00)
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REGISTRAR OF MEDICAL SCHEMES ES&P/10/04

1. PRESCRIBED MINIMUM BENEFITS

The Scheme shall pay in full, without any co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits as per Regulation 8 of the Act. Furthermore, where a protocol or formulary drug preferred by the Scheme has been ineffective or would cause harm to a beneficiary, the Scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by Regulation 15H and 15I of the Act.

2. LIMITATIONS AND RESTRICTIONS OF BENEFITS

Unless otherwise decided by the Trustees, the following limitations and restrictions will be applied to the application of benefits:

- 2.1. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme.
- 2.2. In cases where a specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.
- 2.3. Unless otherwise decided by the Scheme, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest broken pack) for every such prescription or repeat thereof.

- 2.4. If the Scheme does not have funding guidelines or protocols in respect of benefits for services and supplies referred to in Annexure B, beneficiaries will only qualify for benefits in respect of those services and supplies if the Scheme or its managed healthcare organisation acknowledges them as medically necessary, and then subject to such conditions as the Scheme or its managed healthcare organisation may impose.
- 2.5. The Scheme reserves the right not to pay for any new technology. Coverage of new technology will be assessed by the Scheme with due consideration given to:
- 2.5.1. medical necessity;
 - 2.5.2. clinical evidence of its use in clinical medicine including outcome studies;
 - 2.5.3. its cost-effectiveness;
 - 2.5.4. its affordability;
 - 2.5.5. its value relative to existing services or supplies;
 - 2.5.6. its safety.
- 2.6. New technology is defined as any clinical intervention of a novel nature as well as those with which the Scheme has not had previous experience.
- 2.7. The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology
- 2.8. Benefits in respect of the cost of emergency medical treatment whilst abroad are covered at the applicable Malcor Rate using the then prevailing exchange rate into RSA currency.


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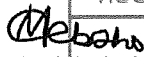
3. BENEFITS EXCLUDED

General exclusions mentioned in this paragraph are not affected by medicines or treatment approved and authorised in terms of any Scheme approved managed healthcare programme. Expenses incurred in connection with any of the following will not be paid by the Scheme:

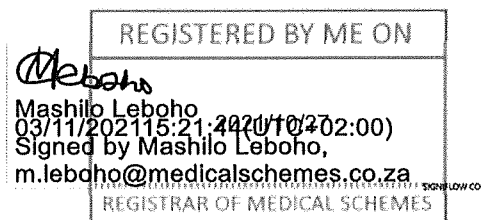
- 3.1. all costs that exceed the maximum allowed for benefits to which the member is entitled in terms of the rules;
- 3.2. all costs for operations, medicines, and procedures for cosmetic purposes or for non-clinical reasons;
- 3.3. if, in the opinion of the medical advisor, the healthcare service in respect of which a claim is made is not appropriate and necessary for any aspect of the management of the medical condition;
- 3.4. all costs for treatment, if the efficacy and safety of such treatment cannot be proved;
- 3.5. Purchase of the following:
 - homemade remedies; and
 - alternative medicines.
- 3.6. Beneficiaries admitted during the course of a financial year are entitled to the benefits set out in the relevant benefit option chosen, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular financial year.

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- 3.7. all costs for services rendered by:
 - 3.7.1. persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
 - 3.7.2. any institution, nursing home or similar institution, not registered in terms of the applicable law;
- 3.8. abdominoplasties (including the repair of divarication of the abdominal muscles);
- 3.9. accommodation and services provided in a geriatric hospital, old age home, frail care facility, or the like;
- 3.10. acupuncture;
- 3.11. anabolic steroids, immunostimulants (except for immunoglobulin and growth hormones, which are subject to pre-authorisation by the relevant managed healthcare programme);
- 3.12. ante and postnatal exercises;
- 3.13. appointments which a beneficiary fails to keep;
- 3.14. appliances, devices and procedures not scientifically proven or appropriate;
- 3.15. aromatherapy;
- 3.16. autopsies;
- 3.17. ayurvedics;

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- 3.18. leg rests, back rests and chair sets;
- 3.19. bandages and dressings (except medicated dressings subject to authorisation by the relevant managed healthcare programme);
- 3.20. beds and mattresses;
- 3.21. bilateral gynaecomastia in beneficiaries under the age of 18 years (in beneficiaries over 18 years Scheme protocols will apply);
- 3.22. blepharoplasties;
- 3.23. breast augmentation;
- 3.24. breast reconstruction (unless necessitated by pre-authorised surgical mastectomy, traumatic mastectomy or congenital unilateral absence of a breast which is subject to Scheme protocols);
- 3.25. breast reductions, unless PMB;
- 3.26. nasal surgery done by a plastic surgeon, nasal cautery (procedure code 1069) if done with other intranasal procedures;
- 3.27. external cardiac assistive devices;
- 3.28. coloured or cosmetic effect contact lenses, and contact lens accessories and contact lens solutions;
- 3.29. cosmetic preparations, emollients, moisturisers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and sun tanning preparations, medicated shampoos and conditioners, not including coal tar products and the treatment of lice infestation, scabies and other microbial infections;



- 3.30. dental procedures or devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable; and costs for:
- 3.30.1. anaesthetics in respect of dental services, except where approved by the Scheme's dental advisor:
 - 3.30.2. general anaesthetics, conscious analog-sedation and hospitalisation for dental work except in the case of patients under the age of 12 years and bony impaction of third molars;
- 3.31. labial frenectomies in respect of beneficiaries under the age of 12 years;
- 3.32. orthodontic treatment over the age of 21 years;
- 3.33. use of high impact acrylic and precious metal in dentures or the cost of precious metal as an alternative to semi-precious or non-precious metal in dental prosthesis;
- 3.34. osseo-integrated tooth implants (including related sinus lift or bone graft procedures) in a hospital setting, except where approved by the Scheme's dental advisor;
- 3.35. diagnostic kits, agents and appliances except for diabetic accessories;
- 3.36. sleep therapy;
- 3.37. treatment for erectile dysfunction and loss of libido;

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- 3.38. tonics, evening primrose oil, fish liver oils, nutritional supplements, minerals and food and nutritional supplements including baby food and special milk preparations unless usage is specifically recommended by a Scheme approved managed healthcare programme of which the beneficiary is a member or allowed by Scheme (benefit is confined to single and multivitamins and iron prescribed by a doctor and vitamins for members receiving authorised HIV and/or Oncology treatment and/or vitamins for women that are pregnant)
- 3.39. gender reassignment treatment;
- 3.40. genioplasties;
- 3.41. oral appliances and the ligation of temporal artery and its branches for the treatment of headaches;
- 3.42. hirsutism;
- 3.43. holidays for recuperative purposes;
- 3.44. humidifiers;
- 3.45. hyperbaric oxygen therapy;
- 3.46. infertility treatment, unless PMB;
- 3.47. ionizers and air purifiers;
- 3.48. iridology;
- 3.49. surrogate pregnancy;

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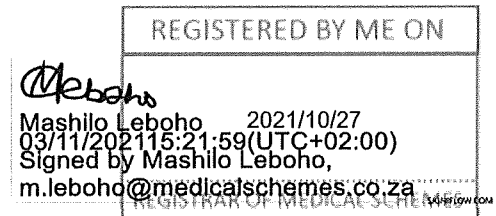
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- 3.50. keloid surgery, except for burns and functional impairment deemed by the Scheme to be medically necessary;
- 3.51. laxatives;
- 3.52. medication in connection with substance abuse treatment unless specifically authorised by the relevant managed healthcare programme;
- 3.53. medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines;
- 3.54. medicine not approved by the Medicine Control Council or other statutory body empowered to approve/register medications;
- 3.55. MRI, CT scans and PET scans ordered by a general practitioner;
- 3.56. obesity treatment;
- 3.57. orthopaedic shoes and boots;
- 3.58. osteopathy;
- 3.59. otoplasties;
- 3.60. pain relieving machines, e.g. TENS, APS machines;
- 3.61. refractive eye surgery/excimer laser treatment except on Plan A;
- 3.62. reflexology;
- 3.63. revision of scars;



- 3.64. rhinoplasties;
- 3.65. smoking cessation treatment and anti-smoking preparations;
- 3.66. stethoscopes;
- 3.67. sphygmomanometers/blood pressure monitors;
- 3.68. sunglasses;
- 3.69. travelling expenses;
- 3.70. uvulopalatalpharyngoplasty (UPPP) and Laser – assisted uvuloplasty (LAUP);
- 3.71. pharmacy service and facility fees;
- 3.72. services rendered during any waiting periods that are imposed on a member or any dependant joining the Scheme;
- 3.73. all claims where ICD10 codes are missing on the related account or are, invalid or incomplete;
- 3.74. Rhizotomy and / or facet joint injections of the spine, except where approved by the Scheme's medical advisor.

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