EXCLUSIONS AND LIMITATIONS

Exclusions

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits as per regulation 8 of the Medical Schemes Act. Furthermore, where a protocol or a 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 Medical Schemes Act.

The following exclusions will apply to a member and/or his dependants, unless the particular exclusion is covered under the statutory Prescribed Minimum Benefits (PMBs):

1. Unless otherwise provided for or decided by the Board of Trustees, expenses incurred in connection with any of the following will not be paid by the scheme:

1.1 All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the scheme.

1.2 Subject to rule 8.4.1 of the main constitution, a general waiting period of 3 months will apply to a member and his dependants from the date of joining the scheme.

1.3 Subject to rule 8.4.2 of the main constitution, a condition specific waiting period of not more than 12 months in respect of pre-existing sickness conditions will apply to a member and his dependants from the date of joining the scheme.

1.4 All costs incurred during waiting periods and for conditions will not be disclosed.

1.5 Professional fees and expenses incurred by healthcare professionals:

- After hours consultations according to member’s choice.
- Appointments not honoured by beneficiaries.
- Charges for interest by health care providers, if due to member negligence.
- Costs incurred for insurance medical purposes.
- Fees for medical reports and motivations by any service provider, unless required by the scheme.
- Discretionary conditions and services with hospital admissions not authorised.
- Telephonic consultations with healthcare providers.

1.6 Costs for services rendered by:

1.6.1 Persons not registered with a recognised professional body constituted in terms of an Act of Parliament of the Republic of South Africa; or

1.6.2 Any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law of the Republic of South Africa.

1.7 Frail Care - accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill.

1.8 Holidays for recuperative purposes, whether deemed medically necessary or not.

1.9 All costs for rehabilitation for any particular sickness or condition, except for PMBs.

1.10 Private nursing fees in respect of both mother and child in postpartum cases.

1.11 Cosmetic procedures (Unless a PMB):

- All costs for cosmetic procedures / treatment / medication, accept if as a result of an accident, illness or disease.
- The costs of breast reduction and enlargement operations are excluded, except in the case of a breast reconstruction after a radical mastectomy.
- Abdominal lipectomy.
- Face lift.
- Genioplasty.
- Blepharoplasty.
- Hair removal or implants.
- Periodontal plastic procedures for cosmetic purposes.
- Removal of scars, tattoos by salabrasion, chemosurgery or any such skin abrasion.
- Removal of skin blemishes, port wine stains.
- Surgery related to transsexual procedures.
- Otoplasty for bat ears.
- Nasal reconstruction, including septoplasties, osteotomies and nasal tip surgery.
- Sclerotherapy are subject to medical specialist motivation.

1.12 Dental procedures and treatments:

- Dental extractions for non-medical purposes.
- Bleaching of teeth that have not been root canal treated.
- High impact acrylic dentures.
- The cost of the use of gold in dentures.
- The discretion of the medical specialist.


1.14 In respect of infertility (PMB Code 902M), the following services are excluded:

- Assisted reproductive technology (ART) techniques including in-vitro fertilisation (IVF).
- Gamete intrafallopian tube transfer (GIFT).
- Zygote intrafallopian transfer (ZIFT).
- Intracytoplasmic sperm injection (ICSI).

1.15 Circumcision, except in phimosis or evidence-based medical indications. Female oral contraceptives will not be covered from the Hospital Benefit, but may be claimed from savings or day-to-day risk benefits where applicable or available. Any other contraceptive devices or measures will not be covered.

1.16 Reversal of Vasectomies or tubal ligation (sterilisation). Vasectomies and tubal ligation (sterilisation) are covered from the Hospital Benefits.

1.17 All costs related to the treatment, medication or surgical procedures of obesity, including bariatric surgery, gastric stapling, wiring of the jaw for weight loss purposes etc.

1.18 All costs relating to a treatment if the efficacy and safety of such treatment cannot be proved.

1.19 The purchase of:

- Patent medicines and proprietary preparations;
- Applicators, toiletries and beauty preparations;
- Bandages, cotton wool and other consumable items;
- Patented foods, including baby foods (Unless a PMB);
- Tonics, slimming preparations and drugs as advertised to the public;
- Household and biochemical remedies;
- Contraceptives, unless specifically provided for in the Medicine Formulary applicable to each respective medical scheme option; and
- Vitamins and minerals (Unless a PMB);
- Nutritional supplements and baby foods/milk substitutes;
- Anabolic steroids;
- Sunscreen agents;
- Skin lightening treatments;
- Sun glasses.

1.20 Medication not registered by the Medicine Control Council, unless otherwise specified, e.g. homeopathic medicines which are covered in certain medical scheme options and subject to limits.

1.21 Travelling expenses incurred by members, excluding benefits covered by Emergency Medical Services in the event of an emergency medical condition.

1.22 All costs, which in the opinion of the Medical Advisor are not medically necessary or appropriate to meet the healthcare needs of the patient.

1.23 Medical examinations or inoculations initiated by the employer.

1.24 The utilization of certain specialised technologies to perform a procedure, where an alternative, more cost effective method of performing the procedure is are excluded unless prior clinical motivation from the attending specialist practitioner is obtained more than 7 working days in advance, and subject to approval by the medical advisor of the medical scheme. If authorised a co-payment of R5 000 will be levied.
EXCLUSIONS AND LIMITATIONS (continued)

1.25 Alternative and / or complementary health services that are not supported by evidence based medicine are excluded:
   - Acupuncture.
   - Aromatherapy.
   - Ayurvedics.
   - Chelation therapy.
   - Colonic irrigation.
   - Iridology.
   - Masseurs.
   - Osteopathy.
   - Phytotherapy.
   - Reflexology.
   - Traditional medicine.

1.26 Certain conditions relating to educational and / or psychological performance and / or behaviour, except for the PMBs:
   - Behavioural problems.
   - Concentration / learning / reading problems.
   - Co-ordination abnormalities.
   - Delayed speech development.
   - Dyslexia.
   - Sexual disorders.
   - Career guidance.
   - Marriage counselling.

1.27 Costs incurred for surrogate parenting.

1.28 Products, devices and appliances:
   - Gum guards for sport purposes.
   - Oral appliances specified for the treatment of headaches.
   - APS / Tense Therapy Machines.
   - Back rest and / or seats.
   - Contact lens solutions.
   - Chair seats, excluding wheelchair seats.
   - Cushions.
   - Disposable nappies.
   - Face creams.
   - Health shoes.
   - Klasmatie mattresses, mattresses or pillows.
   - Linen savers and / or protectors and / or waterproof sheets.
   - Prescription and non-prescription sunglasses.
   - Protective gear.
   - Sheep skins.
   - Shoe inserts.
   - Shower and bath rails.

1.29 All healthcare costs relating to medical procedures, prostheses or practices that may be new or deemed to be experimental, with insufficient evidence based outcomes are excluded.

2. Limitation Of Benefits

2.1 The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.

2.2 Members admitted during the course of a financial year are entitled to the benefits set out in the third column of Annexure B, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of that particular financial year.

   Unless otherwise decided by the Board of Trustees, benefits in respect of medicines obtained on a prescription are limited to one month’s supply for every such prescription or repeat thereof.

3. Benefits Excluded Insofar As These Are Not Prescribed Under The PMB Benefits

3.1 Medicine and injection material

3.1.1 The following medicine, unless they form part of the public sector protocols and are authorised by the relevant managed healthcare programme:

   Any specialised drugs as defined by the managed care company (e.g. biological, tyrosine kinase inhibitors) that have not convincingly demonstrated a median overall survival advantage of more than 3 (three) months in locally advanced or metastatic solid organ malignant tumours, unless deemed cost effective for the specific setting, compared to standard therapy (excluding specialised drugs) as defined in established and generally accepted treatment protocols, for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer.

   The scheme reserves the right not to pay for any new medical technology, or investigational procedures, interventions, new drugs or medicines as applied in clinical medicine, including new indications for existing medicines or technologies unless they have demonstrated:

   - Evidence based efficacy in clinical medicine.
   - Affordability by the scheme.

3.1.2 Admission to Hospital for the purposes of administering treatments which may be provided in a doctor’s rooms.

3.1.3 Axis and Axis ED Options (Hospital plan)

   Admission to hospital for the administration of drugs or medicines, excluding / unrelated to chemotherapy, which may be administered to a patient as an out-patient in the doctor rooms e.g. Aredia® infusions. Aclasta® injections, Avastin® injections etc.