

1. 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 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 Act.

Expenses incurred in connection with any one of the following will not be paid by the Scheme -

- 1.1. all costs which, in the opinion of the Scheme's medical advisor, are not –
 - 1.1.1. medically necessary and appropriate to meet the health care needs of the Beneficiary,
 - 1.1.2. consistent with the diagnosis or condition;
 - 1.1.3. rendered in a cost effective manner and type of setting appropriate to the supply of the service required for purposes other than comfort or convenience.
 - 1.2. No claim shall be payable by the Scheme if, in the opinion of the medical advisor and/or dental and oral consultant, the health care service in respect of which such claim is made, is not appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition at an affordable level of service and cost.
 - 1.3. all costs for treatment, if its efficacy and safety cannot be proved to the satisfaction of the Scheme or have not been published in scientific peer-reviewed journals or in standard medical texts.
 - 1.4. any health benefit not included in the list of Prescribed Minimum Benefits ("PMBs") (including newly developed interventions or technologies) shall be deemed to be excluded from the benefits until and unless the benefits are revised in terms of the Act to include it;
 - 1.5. all costs for treatment for which no valid nine digit NAPPI code is provided, including a compound compiled by an allied healthcare professional;
 - 1.6. except for the PMBs and PMB related conditions, all costs for operations, medicines, treatment and procedures for cosmetic purposes or elective procedures. This includes, but is not limited to radial keratotomy, excimer laser, phacic implants, cochlear implants, abdominal lipectomy, total or sub-total cosmetic reconstruction of the nose, cosmetic rhinoplasty, genioplasty, collagen implantation, blepharoplasty, otoplasty, abdominoplasty, breast augmentation and breast reductions, gastric by-pass surgery for obesity, revision of scars and keloids, in vitro fertilisation or GIFT procedure, hyperbaric oxygen therapy, hypnotherapy, narcoanalysis, sleep therapy and oral hygiene instructions by a dental practitioner;
 - 1.7. all costs related to the treatment of erectile dysfunction and loss of libido;
 - 1.8. all costs related to gender re-alignment for personal reasons and not directly caused by or related to illness, accident or disease;
 - 1.9. PCR pathology tests excluding tests for the purposes of neonatal care or tests that form part of PMB treatment protocols;
 - 1.10. all optical devices which are not regarded as clinically essential or clinically desirable (SPECTRA Cobalt only);
 - 1.11. charges for appointments that a Beneficiary of a Member fails to keep;
 - 1.12. executive medical examinations and insurance fitness examinations;
 - 1.13. any costs incurred in a research environment; all costs for medical treatment
 - 1.14. recuperative holidays;
 - 1.15. member and/or beneficiary travel related expenses;
 - 1.16. purchase of:
 - 1.16.1. applicators, toiletries and beauty preparations;
 - 1.16.2. patented foods, including baby foods;
 - 1.16.3. food and nutritional supplements;
 - 1.16.4. diagnostic home kits not related to PMB/CDL;
 - 1.16.5. contact lens solutions;
 - 1.16.6. household and biochemical remedies, except as provided for under the Pharmacist Advised Therapy benefit as detailed in Limitation of benefits in paragraph 2 of this Annexure;
 - 1.16.7. pain control devices, apnoea monitors and household appliances, e.g. toilet seat raisers, shower and bath rails;
 - 1.17. elective treatment such as weight reduction courses, fitness programmes (including biokinetic general fitness programmes), health spas, treatment for phobias;
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- 1.18. procedures or treatment where technology has been in use for less than 2 years and has not proved to be beneficial in terms of patient clinical outcomes;
 - 1.19. all costs in respect of treatment that is more than the annual maximum benefit to which a Member is entitled in terms of the registered Rules of the Scheme;
 - 1.20. Costs for services rendered by:
 - 1.20.1. persons not registered with a recognised professional body constituted in terms of any applicable legislation in the Republic of South Africa;
 - 1.20.2. any institution, nursing home or similar institution not registered in terms of any South African law, other than a state hospital or provincial hospital;
 - 1.20.3. CT, MRI, Bone Density, Radio-isotope and PET scans unless the practitioner is duly registered as a Radiologist with the relevant authority;
 - 1.21. costs for accommodation and frail care in old age homes and other geriatric institutions including frail care and assistance in the home environment;
 - 1.22. health care services relating to any complication that may arise from any exclusion, except for PMBs;
 - 1.23. Claims for all medical services shall be accompanied by the appropriate ICD10 coding. Failing which, the provisions of rule 15.1.1 will apply.
 - 1.24. lenses implanted to treat presbyopia in beneficiaries without cataracts, and with cataracts where the visual impairment is less than 6/9;
 - 1.25. variable-focus cataract-replacement lenses;
 - 1.26. CT angiogram for non-PMBs;
 - 1.27. Diagnostic and/or other Arthroscopy of the hip joint for non-PMBs;
 - 1.28. Khyphoplasty and Rhizotomy spinal procedures for non-PMBs;
 - 1.29. Prostate ablation in lieu of transurethral resection for non-PMBs;
 - 1.30. Transcatheter aortic valve replacement or implantation for non-PMBs;
 - 1.31. reversal of sterilization procedures provided that the Board may decide to grant benefits in exceptional circumstances;
 - 1.32. pre-natal and/or post-natal exercises;
 - 1.33. bandages and plasters, unless prescribed after an operation or injury;
 - 1.34. muscular fatigue tests, except if requested by a specialist and a medical practitioner's motivation is enclosed;
 - 1.35. blood pressure appliances, provided that the Board may decide to grant benefits in exceptional circumstances;
 - 1.36. all costs in respect of conditions that were specifically excluded from benefits when the Member was admitted to the Scheme for twelve months from the date of coverage subject to rule 8.5.
 - 1.37. compensation for pain and suffering, loss of income, funeral expenses or claims for damages;
 - 1.38. nappies for use by Children. Costs in respect of nappies for Adult use will only be granted if motivation has been received by the Scheme from the Beneficiary's medical practitioner and the Scheme has granted prior authorization for the purchase of these nappies;
 - 1.39. claims relating to the following: -
 - 1.39.1. aptitude tests;
 - 1.39.2. IQ tests;
 - 1.39.3. school readiness tests;
 - 1.39.4. questionnaires;
 - 1.39.5. marriage counselling;
 - 1.39.6. treatment in respect of learning problems; and
 - 1.39.7. treatment in respect of behavioural problems.
 - 1.40. The following optical items and/or services are specifically excluded:
 - 1.40.1. repairs to frames or lenses;
 - 1.40.2. contact lens solution;
 - 1.40.3. sunglasses;
 - 1.40.4. lens tints equal to or greater than (=>) 35%;
 - 1.40.5. coloured contacts
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