LIMITATION OF BENEFITS AND GENERAL EXCLUSIONS APPLICABLE TO STANDARD CARE, MANAGED CARE AND VALUE CARE PLANS

EFFECTIVE 1 JANUARY 2014

1 Limitation of Benefits

1.1 The maximum benefits to which a member and his/her registered dependants shall be entitled, in any financial year, shall be limited as set out in Annexures B1, B2 and B3.

1.2 In addition, the following general limitations of benefits shall apply to all benefit options:

1.2.1 Where a member or registered dependant has a health condition of a protracted nature, the Board shall have the right to insist upon him/her consulting a particular specialist, who the Board may nominate in consultation with the attending practitioner. In such cases, if the specialist’s advice is not acted upon, no further benefits will be allowed for that particular health condition.

1.2.2 Unless a benefit is prescribed as a minimum benefit in the Act, or unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month’s supply (or to the nearest unbroken pack) for every such prescription or repeat thereof.
1.2.3 A member or registered dependant who is admitted during the course of a financial year shall be entitled to the benefits set out in Annexures B1, B2 and B3. The maximum benefits to which he/she shall be entitled will be adjusted in proportion to the period of membership, which will be calculated from the date of admission to the end of that financial year.

2 Excluded benefits

Unless otherwise decided by the Board, with due regard to the PMBs and with the exception of medicines approved and authorized in terms of the Chronic Medication Programme, the following expenses incurred by a member or a registered dependant will not be paid by the Scheme -

2.1 all costs incurred for the treatment of obesity;

2.2 all costs for operations, medicines, treatments and procedures for cosmetic purposes, including, but not limited to, breast augmentations, breast reductions, blepharoplasties, abdominoplasties, rhinoplasties, cochlear implants and bat-ear corrections; or for any other reasons not directly caused by or related to an illness, accident or disease;

2.3 all costs related to wilful self-inflicted injuries, except those costs which are specifically mentioned in terms of the prescribed minimum benefits;

2.4 all costs related to in vitro fertilisation, gamete intrafallopian transfer (GIFT) procedures, zygote intrafallopian transfer (ZIFT) procedures,
embryo transport, surrogate parenting, donor semen and related costs including collection and preparation, and amniocenteses which are not medically necessary;

2.5 all costs for sex transformation operations and for reversal of voluntary sterilisation;

2.6 all costs in respect of injuries arising from professional sport, speed contests and speed trials;

2.7 all costs related to holidays for recuperative purposes, tests for medical insurance and executive medical examinations/fitness.

2.8 all costs for experimental, investigative or unproved services, treatments, devices, appliances and pharmacological regimes;

2.9 DELETED 1 January 2012 and placed under 3.14 below

2.10 all costs related to the purchase of -

2.10.1 slimming preparations used to treat or prevent obesity;

2.10.2 medicines not registered with the Medicines Control Council and proprietary preparation;

2.10.3 the purchase of medicines not included in a prescription from a medical practitioner or other person who is legally entitled to prescribe medicine, except for medicines
purchased in accordance with the pharmaceutical advisory therapy (PAT) benefit, reflected in Annexures B1 and B2;

2.10.4 food/nutritional supplements, including all baby food and milk supplements, except where clinically indicated for managed care protocols;

2.10.5 medicines used specifically to treat infertility, except in the case of PMBs;

2.10.6 bandages and dressings;

2.10.7 aphrodisiacs;

2.10.8 soaps, shampoos and other similar topical applications;

2.10.9 cosmetics, emollients and moisturisers;

2.10.10 anabolic steroids;

2.10.11 multivitamin preparations and vitamin combinations, except where clinically indicated for managed care protocols;

2.10.12 contact lens preparations;

2.10.13 cosmetic preparations, medicated or otherwise;
2.10.14 preparations not easily classified;

2.10.15 geriatric vitamins / mineral supplements;

2.10.16 single vitamin preparations;

2.10.17 homemade medicines;

2.10.18 tonics; and

2.10.19 Immunoglobulins, except where clinically indicated for managed care protocols;

2.11 all costs related to paternal DNA testing and investigations, including genetic testing for familial cancers;

2.12 all costs that are more than the annual maximum benefit to which a member or registered dependant is entitled in terms of the Rules, unless otherwise agreed by the Board;

2.13 DELETED 1 January 2013.

2.14 all costs, of whatsoever nature, incurred for the treatment of a health condition for which another party is liable, the member is entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment in respect of medical expenses, the member will reimburse the scheme any money paid out by the

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scheme in respect of the event;

2.15 DELETED 1 January 2013.

2.16 all costs for services rendered by -

2.16.1 persons not registered in terms of any law;

2.16.2 any institution, except a public hospital, which is not registered as a private hospital, unattached theatre or day clinic;

2.16.3 any institution not licensed in terms of the Mental Health Act of 1973;

provided that if a member incurs a cost for a service rendered outside the Republic of South Africa which, in the Board’s opinion, would have been a payable benefit if rendered within the Republic of South Africa, such service shall be deemed to have been rendered in the Republic of South Africa;

2.17 all costs related to charges for appointments which a member or registered dependant fails to keep;

2.18 all costs for the use of gold in dentures or the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges;

2.19 all costs for organ donations to any person other than to a member or
registered dependant of a member;

2.20 all optical devices which are not regarded by the South African Optometric Association as clinically essential or clinically desirable;

2.21 all costs for general anaesthetics and hospitalisation for dental work, except in the case of trauma, patients under the age of seven years and impacted third molars;

2.22 all costs for a health care service which, in the opinion of the Scheme's Medical Adviser are not appropriate and necessary for the diagnosis or treatment of a health condition;

2.23 all costs for travelling expenses;

2.24 all costs for interest and/or legal fees relating to overdue medical accounts;
2.25 co-payments from the medical savings account for non-pmb hospital admissions;

2.26 frail care for Standard Care Plan.

3. Specific limitations of benefits and general exclusions applicable to the Value Care Plan inclusive of the aforementioned points

3.1 all services not obtained through a Prime Cure designated service provider, or referrals not pre-authorised, or not provided in terms of the Prime Cure protocol subject to PMB;

3.2 frail care treatment;

3.3 the following medicines are specifically excluded from cover in respect of CDL conditions -

3.3.1 Erythropoietin (unless the beneficiary is eligible for renal transplantation);

3.3.2 Infliximab and related biological for inflammatory bowel disease and rheumatoid arthritis;

3.3.3 interferon’s.

3.4 PET scan procedures;

3.5 medicines classified as biologicals;

3.6 deep brain stimulator devices for Parkinson’s disease or epilepsy;

3.7 implant devices for pain management;
3.8 polysomnogram and CPAP titrations;

3.9 should a beneficiary choose not to make use of a DSP, a co-payment equal to the difference between the Prime Cure agreed tariff and the tariff of the Non-DSP, will apply;

3.10 facility fees;

3.11 no cover for off formulary medication as prescribed by a specialist;

3.12 injury or illness that occur beyond the borders of the republic of South-Africa;

3.13 dental extractions for non-medical purposes;

3.14 all costs related to radial keratotomy and eximer laser keratectomy;

3.15 immunoglobulin’s for chronic use;

3.16 Roaccutane and Retin-A or any skin lightening treatment;

3.17 iron chelating agents; and

3.18 private nursing care.