

EXCLUSIONS AND LIMITATIONS

Notwithstanding anything to the contrary contained in these Rules, the benefits payable in terms of these Rules shall be limited as set out in this ANNEXURE unless prescribed as a minimum benefit.

1. No benefit shall be paid in respect of any service rendered to a Member or any of his dependants, where the date of service was prior to the Member's date of admission to the Scheme.
2. No benefit shall be paid in respect of any service rendered to a member or any of his dependants, where the date of service was after the date of the member leaving the employ of the employer, except as provided in Rules 6.2 and 6.3.
3. No benefit will be paid in respect of members' appointments cancelled or not kept.
4. No benefit will be paid in respect of traveling expenses incurred by the member.
5. Unless otherwise decided by the Trustees, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.
6. In cases where a specialist is consulted without the prior recommendation of a general practitioner, the Scheme may, at the discretion of the Trustees, pay a benefit based on the cost of that treatment as if it had been provided by a general practitioner.
7. Unless otherwise decided by the Trustees, expenses incurred in connection with any of the following will not be paid by the Scheme;

All costs incurred for treatment of sickness, conditions or injuries sustained by a member or dependant and for which any other party may be liable, unless the Trustees are satisfied that there is no reasonable prospect of recovering adequate damages from the other party. Where such a claim is repudiated, the member shall be entitled to such

benefits as would have applied under normal circumstances irrespective of the lapse of time;

expenses incurred by a member or dependant arising out of, speed contest and speed trials;

attempted suicide, or willful self-injury, unless such costs are in respect of PMBs and is incurred from the Designated Service Providers appointed by the Scheme. A co-payment will apply in respect of PMB related services voluntarily obtained from a non-DSP;

inoculations initiated by the employer or needed for legal employment or social purposes;

treatment for cosmetic purposes and obesity;

operations, treatments and examinations of a member's own choosing, where it is not due to illness, suspected illness, accident or other medical disability;

treatment for infertility and artificial insemination of a person as defined in the Human Tissue Act, 1983; (Act 65 of 1983) unless such costs are incurred from the Designated Service Providers appointed by the Scheme or such costs are incurred in respect of PMBs.

Telephonic consultations;

Holidays for recuperative purposes;

Purchase of patent medicine and proprietary preparations, applicators, toiletries and beauty preparations, bandages, cotton wool, patented foods including baby foods, tonics, slimming preparations and drugs advertised to the public, household remedies, and medicines not prescribed by a person legally entitled to prescribe;

Treatment relating to Cystic Fibrosis of the lungs and pancreas, haemophilia and spina bifida, unless provided by the Designated Service Providers appointed by the Scheme.

All costs that are more than the annual limits of the benefits to which a member is entitled in terms of the Rules;

Accommodation and or treatment in headache and stress-relief clinics, men's clinics, spas and resort for health, slimming, chiropractic, homeopathic or other similar purposes;

All costs of services rendered by providers of services not registered with a recognised professional body constituted in terms of any law; or

Any institution, nursing home or similar institution not registered in terms of any law, except a state or provincial hospital, or any treatment given on an experimental basis.