

ANNEXURE C

EXCLUSIONS AND LIMITATIONS

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.

The following exclusions and limitations will apply to both options:

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 on either option:
 - 7.1 Except for PMBs, expenses incurred by a Member or Dependant arising out of speed contests and speed trials;
 - 7.2 attempted suicide, or wilful self-injury, unless such costs are in respect of PMBs and are 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;
 - 7.3 inoculations initiated by the employer or needed for legal employment or social purposes;
 - 7.4 treatment for cosmetic purposes and obesity; unless such costs are incurred in respect of PMBs.
 - 7.5 operations, treatments and examinations of a member's own choosing and non-essential medical items, where it is not due to illness, suspected illness, accident or other medical disability;
 - 7.6 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.
 - 7.7 Telephonic consultations;
 - 7.8 Holidays for recuperative purposes;

The following exclusions and limitations will apply to both options (continued):

- 7.9 Except for PMB's, the 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;
- 7.10 All costs that are more than the annual limits of the Benefits to which a Member is entitled in terms of the Rules;
- 7.11 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;
- 7.12 All costs of services rendered by providers of services not registered with a recognised professional body constituted in terms of any law; or
- 7.13 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.
- 7.14 The purchase of sunglasses, tinting of contact lenses and spectacle cases.
- 7.15 All costs relating to Lasik eye surgery.

Specific Exclusions relating to Primary Care on the Primary Option:

In addition to any exclusions or limitations described in the Rules of the Scheme, the following specific exclusions are relevant to the primary care on the Primary Option:

- 1. Any services obtained from a non-CareCross provider and not covered under the 'Out of Network' benefit; except as allowed for in terms of the PMB algorithms, will be subject to a co-payment of 30% of the total cost of the admission;
- 2. Travel expenses;
- 3. Treatment for cosmetic purposes and obesity, except as allowed for in terms of the PMB algorithms
- 4. Reports, examinations and tests for insurance policies, legal reasons;
- 5. Injuries arising from, or appliances, for professional sport, bungee jumping or parachute jumping, unless a PMB;
- 6. Accommodation in an old age home, general care institutions, spa's, health or holiday resorts;
- 7. Treatment of alcohol or drug abuse unless such costs are incurred from the Designated Service Providers appointed by the Scheme or such costs are incurred in respect of PMBs. A co-payment will apply in respect of PMB related services voluntarily obtained from a non-DSP.
- 8. Auxilliary services such as acupuncture, biokinetics, chiropractors, herbalists, nature and homeopaths;
- 9. Biological or specialised drugs except as allowed for in terms of the PMB algorithms;
- 10. Injuries sustained during participation in strikes, illegal picketing, riots or physical struggle;
- 11. Teaching aids for handicapped children;
- 12. Nutritional supplements, tonics, stimulants, vitamins, minerals unless a PMB;
- 13. Contraceptives and devices to prevent pregnancy;
- 14. Root canal treatment and other advanced dentistry.