

# UMVUZO HEALTH MEDICAL SCHEME

## ANNEXURE C

### EXCLUSIONS AND LIMITATIONS

#### PRESCRIBED MINIMUM BENEFITS

The Scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of clinically verified 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 Regulations 15H and 15I of the Act. Both evidence based outcomes and evaluation of cost-effectiveness will be applied in the process.

#### 1. EXCLUSIONS

Unless the Board decides otherwise, the following shall be excluded from benefits.

- 1.1 operations, treatments and procedures of own choice, cosmetic purposes, outside Scheme funding guidelines or where no pathological or clinical substance exists to prove that the procedure is crucial and it is not life saving, life sustaining or life supporting, or where there is no actual or alleged sickness, no services that forms part of an exclusion placed on a beneficiary;
- 1.2 treatment of obesity or eating disorders;
- 1.3 consultations, visits and any tests for and inclusive of the treatment of infertility and artificial insemination of a person, as well as vaso-vasostomies (reversal of sterilisation procedures), except for PMB's;
- 1.4 accommodation for care of the frail and sick-bay care in retirement resorts, homes for the aged and private dwellings; or services regarded as general care as opposed to treatment of crucial conditions,
- 1.5 injuries arising from riots and protest events at work places, professional sport, speed contests or speed trials, as well as pursuit of hazardous sport at own risk, such as the sport commonly known as bungee jumping. No benefits will be paid towards appliances,

medication or services aimed at preventing or treating sport related conditions, except for PMB's;

- 1.6 immunisation which is required by an employer;
- 1.7 services provided by a person who is registered in terms of the Chiropractors, Homoeopaths and Allied Health Service Professions Act, 1982 (Act 63 of 1982) as amended, unless the treatment form part of a managed care treatment plan;
- 1.8 services rendered by service providers for dependence-producing substances, inclusive of services provided by institutions that are registered in terms of section 9 of the Prevention and Treatment of Drug Dependency Act, 1992 (Act 20 of 1992) as amended, except for PMB's;
- 1.9 exercise and/or guidance programmes inclusive of antenatal and breathing exercises;
- 1.10 kilometre charges and travelling expenses claimed by members instead of providers;
- 1.11 holidays for recovery purposes;
- 1.12 sunglasses and/or lenses for sunglasses, contact lens solutions and preparations;
- 1.13 examinations or tests for the purposes of application for emigration or immigration applications, insurance policies, SARS/UIF documentation, employments, admission to schools or universities and medical court reports, as well as fitness examinations and tests;
- 1.14 any treatment arising from an accident or event because the member and/or his dependants were under the influence of alcohol or drugs, unless prescribed and taken according to the instructions of a medical practitioner, except for PMB's;
- 1.15 accounts for appointments not kept by patients;
- 1.16 gold inlays in dentures;
- 1.17 biokinetics and acupuncture;

- 1.18 change-of-sex operations and procedures and other reconstructive surgical procedures of which the execution is likewise not necessitated by functional or physical requirements;
- 1.19 treatment of impotence not related to a sickness which is harmful or a threat to essential bodily functions, or treatment of impotence which is merely recommended for psychic reasons;
- 1.20 the following remedies and medicine:
- (i) Patent foods and nutritional supplements, including baby food;
  - (ii) Non-oral contraceptive preparations, remedies and devices;
  - (iii) remedies for the treatment of infertility, except where prescribed as PMB's;
  - (iv) slimming remedies and preparations for the specific treatment of obesity;
  - (v) household remedies which are not promoted by the medical profession, homeopathic and herbal medicines;
  - (vi) household bandages and dressings;
  - (vii) aphrodisiacs;
  - (viii) sunscreen and sun tanning lotions;
  - (ix) all soaps and shampoos (medicinal or otherwise) and antiseptic agents;
  - (ix) cosmetic products (medicinal or otherwise)
  - (xi) anti-habit-forming products;
  - (xii) anabolic steroids and remedies for body building purposes;
  - (xiii) any medication or drug not listed on the formularies or in line with funding guidelines, also any drug listed as specifically for acute use shall not be funded as chronic and vice versa subject to Regulation 15I(c);

- (xiv) tonics, stimulants, vitamins, biological substances e.g. immunoglobulin, stimulant laxatives;
  - (xv) applicators, medication delivery mechanisms, testing apparatus, toilet preparations, cosmetic or cosmetic based substances;
- 1.21 laparoscopic/orthopaedic arthroscopic procedures: Provided that the Scheme may approve the equivalent of the laparoscopic/arthroscopic procedure and/or limit the funding of a clinically necessary procedure based on scheme funding guidelines and PMB's;
  - 1.22 stereotactic procedures;
  - 1.23 hyperbaric oxygen treatment, except for PMB's;
  - 1.24 neuro stimulators, cochlear implants, bone anchored hearing devices and surgery for neurological conditions where medical treatment forms the mainstay of treatment such as migraine, headaches, Parkinsonism, tremor and chronic pain;
  - 1.25 breast surgery, services or procedures other than for the direct and specific treatment of cancer, tumours, abscesses or infection.
  - 1.26 any service rendered outside the scope of preferred provider networks, limits, authorisation requirements or scheme funding guidelines, except for PMB's;
  - 1.27 refractive surgery, surgery to improve vision;
  - 1.28 costs charged by service providers for motivations or information vital to assess scheme funding guidelines, unless requested by the Scheme to its specifications;
  - 1.29 elective maxillo-facial and oral surgery;
  - 1.30 procedures as alternatives to pharmacological or other therapy unless such a procedure forms part of the Scheme's funding guideline for the condition;
  - 1.31 elective caesarean sections according to Scheme funding guidelines;

- 1.32 prosthesis excluded from benefits are, artificial limbs – other than items specified under Joint replacement prosthesis, cochlear implants, breast implants, artificial sphinters, atrial appendage devices, venous filters, single level spinal prosthesis including artificial disks and cages, external fixators and orthopaedic frames, all types of simulator devices; all types of endovascular prosthesis, endoscopically utilised prosthesis and materials, coils and springs and similar catheter based and minimally invasive surgical interventions; this list may be amended from time to time;
- 1.33 services not specified under benefit headings where covered services are listed, do not qualify for benefits;
- 1.34 nasal and sinus surgery and/or investigations;
- 1.35 surgery for reflux including hiatus hernia unless PMB criteria apply;
- 1.36 spinal procedures unless critical to the patient's health and as verified to the Scheme's satisfaction with written, clinical motivations as per Scheme treatment program;
- 1.37 inpatient cover for diagnostic purposes, cosmetic result purposes, skin conditions, traction and similar conservative spinal pain relief treatments including treatments such as infiltrations, ablation and rhizotomy, radiofrequency, pulsed or non-pulsed, migraine and arthritis treatment;
- 1.38 complications arising from patient own choice treatment or procedures, even when undergone under cover of another medical scheme;
- 1.39 elective or own choice surgery, including hernia repair, tonsillectomy, hysterectomy and joint replacement in the first year of membership, subject to Rule 8.4 of the Rules of the Scheme;
- 1.40 cancer services not funded include services at own choice providers, brachytherapy as an own choice alternative treatment
- 1.41 spinal and head or brain scans unless the condition is a diagnosed PMB and is required in emergencies to

- finalise the diagnosis and will be approved and paid in full or as per Scheme funding guidelines;
- 1.42 rehabilitation services that are outside the stipulated guidelines and rehabilitation levels or rendered at non-preferred providers;
  - 1.43 arthroscopic surgery unless pre-authorized as per funding guidelines and with a specific Rand value;
  - 1.44 services related to self-inflicted events provided that life threatening PMB based complications will be funded in accordance with Funding Guidelines and provider agreements;
  - 1.45 purchase or hiring of non-patient specific devices, such as: -
    - 1.45.1 APS therapy machines or similar;
    - 1.45.2 Binders;
    - 1.45.3 Blood pressure monitors;
    - 1.45.4 Foot orthotics;
    - 1.45.5 Kidney belts;
    - 1.45.6 Mattresses;
    - 1.45.7 Peak flow meters;
    - 1.45.8 Restraining devices;
    - 1.45.9 Humidifiers and nebulisers;
    - 1.45.10 Bedpans;
    - 1.45.11 Special beds or chairs;
    - 1.45.12 Cushions;
    - 1.45.13 Commodes;
    - 1.45.14 Sheepskin;
    - 1.45.15 Waterproof sheets;
    - 1.45.16 Shoes;
    - 1.45.17 Safety railings and any other similar devices/apparatus in altering living space;
    - 1.45.18 Toilet raisers.

## **2. LIMITATION OF BENEFITS**

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

### **S I G N A T U R E S:**

**FS Nkosi**  
**CHAIRPERSON**

**SS Mabuza**  
**TRUSTEE**

**JJ Oosthuizen**  
**PRINCIPAL OFFICER**  
22/09/2017