

# UMVUZO HEALTH MEDICAL SCHEME

## ANNEXURE C

### EXCLUSIONS AND LIMITATIONS

#### PRESCRIBED MINIMUM BENEFITS (PMB)

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 proven to be 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 for cosmetic purposes, outside Scheme funding guidelines or where no pathological or clinical substance exists to prove that the procedure is crucial and it is lifesaving, life sustaining or life supporting, or where there is no actual or alleged sickness, and are not related to any services that forms part of an exclusion placed on a beneficiary;
- 1.2 treatment of obesity procedures;
- 1.3 any tests for and inclusive of the treatment of infertility and artificial insemination of a person, as well as 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 or approved palliative care;
- 1.5 services rendered by service providers for dependence-producing substances, except for PMB's;

- 1.6 exercise and/or guidance programmes inclusive of antenatal and breathing exercises, unless approved as part of a managed care program;
- 1.7 kilometre charges and travelling expenses claimed by members instead of providers;
- 1.8 holidays for recovery purposes;
- 1.9 sunglasses and/or lenses for sunglasses, contact lens solutions and preparations;
- 1.10 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;
- 1.11 accounts for appointments not kept by patients;
- 1.12 gold inlays in dentures;
- 1.13 acupuncture;
- 1.14 change-of-sex operations and procedures and other reconstructive surgical procedures of which the execution is likewise not necessitated by functional or physical requirements;
- 1.15 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;
- 1.16 the following remedies and medicine: -
  - (i) patent foods and nutritional supplements, including baby food;
  - (ii) non-oral contraceptive preparations, remedies and devices;
  - (iii) slimming remedies and preparations for the specific treatment of obesity;
  - (iv) unregistered medicine and/or household remedies;
  - (v) aphrodisiacs;

- (vi) sunscreen and sun tanning lotions;
  - (vii) all soaps and shampoos, except medicinal soaps and shampoos;
  - (viii) cosmetic products (medicinal or otherwise);
  - (ix) anti-habit-forming products;
  - (x) anabolic steroids and remedies for body building purposes;
  - (xi) any unapproved medication or drug; and
  - (xii) tonics, stimulants, biological substances e.g. immunoglobulin, stimulant laxatives, or any unapproved vitamins.
- 1.17 laparoscopic/orthopaedic arthroscopic procedure: Provided that the Scheme may fund laparoscopic/arthroscopic equipment, items and services as set out in the corresponding Funding Guidelines and subject to Scheme approved preferred providers and PMB criteria;
- 1.18 hyperbaric oxygen treatment, except for PMB's;
- 1.19 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;
- 1.20 breast surgery, services or procedures other than for the direct and specific treatment of cancer, tumours, abscesses or infection;
- 1.21 any service rendered outside the scope of preferred provider networks, limits, authorisation requirements or scheme funding guidelines;
- 1.22 refractive surgery, surgery to improve vision except for beneficiaries on the Extreme option;
- 1.23 costs charged by service providers for motivations or information vital to assess scheme funding guidelines, unless requested by the Scheme to its specifications;

- 1.24 elective maxillo-facial and oral surgery;
- 1.25 procedures as alternatives to pharmacological or other therapy unless such a procedure forms part of the Scheme's funding guideline for the condition;
- 1.26a prosthesis excluded from benefits are, cochlear implants, elective breast implants, artificial sphincters, atrial appendage devices, venous filters, all types of simulator devices, coils and springs;
- 1.26b endovascular and catheter-based procedures except where the procedure is specifically described in a corresponding Funding Guideline and where pre-authorisation accordingly. All items utilised during the endovascular procedure will be subject to the endovascular limit for the procedure and per benefit option;
- 1.27 nasal and sinus surgery and/or investigations except where services are pre-authorised in accordance with the Scheme's Funding Guideline;
- 1.28 surgery for reflux including hiatus hernia unless PMB criteria apply;
- 1.29 spinal or any other procedure unless critical to the patient's health and as verified to the Scheme's satisfaction with written, clinical motivations as per Scheme treatment program;
- 1.30 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;
- 1.31 complications arising from patient own choice treatment or procedures, even when undergone under cover of another medical scheme;
- 1.32 unapproved oncology treatment plans;
- 1.33 unapproved rehabilitation treatment plans;
- 1.34 arthroscopic surgery unless pre-authorised as per funding guidelines;
- 1.35 purchase or hiring of non-patient specific devices.

## 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.

### SIGNATURES:



**MF Nqume**  
**CHAIRPERSON**  
15/09/2023



**SS Mabuza**  
**TRUSTEE**



**HB van Zyl**  
**PRINCIPAL OFFICER**

