

## SIZWE HOSMED MEDICAL SCHEME

### Exclusions and Limitations of Benefits 2022

#### PREAMBLE

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits ("PMBs") 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 Medical Schemes Act.

#### 1. LIMITATIONS

The following limitations will apply on all benefit options:

- 1.1. The maximum benefits to which a member and his/her dependants shall be entitled in any financial year shall be limited set out in the benefit annexures of the Sizwe Hosmed Medical Scheme ("the Scheme") scheme rules.
- 1.2. All new members admitted during the course of a financial year shall be entitled to the benefits set out in in the benefit annexures with the maximum benefits being adjusted in proportion to the period of membership from the admission date to the last day of such financial year.
- 1.3. In cases of illness of a protracted nature, the Sizwe Hosmed Medical Scheme Board of Trustees ("Board") shall have the right to insist upon a member or a dependant of a member consulting any particular specialist the Board may nominate in consultation with the attending practitioner.
- 1.4. 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.
- 1.5. Where the Fund has Designated Service Providers ("DSP") in place, the benefits will be limited in accordance to the rules specified in in the benefit annexures for each of the registered options.
- 1.6. The Scheme may require a second opinion in respect of proposed treatment or medication which may result in a claim for benefits and for that purpose the relevant beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. The procedure to be followed in obtaining a second opinion is outlined in the relevant Scheme protocol (Protocol Regarding Requests for Second Opinions).
- 1.7. In cases where a specialist is consulted without the recommendation of a general practitioner, the benefit allowed by the Scheme may, at its discretion, be limited to the amount that would have been paid to the general practitioner for the same service.
- 1.8. If the Scheme or its managed healthcare organisation has evidence-based funding guidelines or protocols in respect of covered services and supplies, beneficiaries will only qualify for

benefits in respect of those services and supplies with reference to the available funding guidelines and protocols irrespective of clinical guidelines that are not consistent with the scheme protocols and benefits.

1.9. The Scheme reserves the right not to pay for any new technology. Coverage of new technology will be assessed by the Scheme with due consideration given to:

- 1.9.1. medical necessity.
- 1.9.2. clinical evidence of its use in clinical medicine including outcome studies
- 1.9.3. its cost-effectiveness
- 1.9.4. its affordability
- 1.9.5. its value relative to existing services or supplies
- 1.9.6. its safety

New technology is defined as any clinical intervention of a novel nature as well as those that the Scheme has not had previous experience with.

1.10 The Scheme reserves the right to impose and apply exclusions and limits to the benefits that will be paid for medicines/ procedures/interventions which have been accepted into the practice of clinical medicine through a process of health technology assessment/evaluation.

1.11 Benefits in respect of the cost of emergency medical treatment, as defined in the Medical Schemes Act, whilst abroad, are covered at the applicable Scheme tariff rates and RSA currency; Limited to the benefit entitlement and PMB protocols that would have applied in South Africa.

1.12 A 10% co-payment will be applied on the following procedure codes:

1034 – Autogenous nasal bone transplant: Bone removal included.

1035 – Functional endoscopic sinus surgery: Unilateral.

1036 – Functional endoscopic sinus surgery: Bilateral.

1087 – Sub-total reconstruction consisting of any two of the following: Septoplasty, nasal osteotomy, nasal tip reconstruction.

1085 – Total reconstruction of the nose: including reconstruction of nasal septum (septoplasty), nasal pyramid (osteotomy), and nasal tip.

1.13 Mirena device Fund according to scheme protocol:

- Not covered if used for contraception. Cover for abnormal uterine bleeding.
- Insertion in rooms no co-payment applicable.
- Insertion in theatre – co-payment R 800.00, even if done in conjunction with another procedure.

Mirena device – paid from acute medicine benefit on and MSA subject to PMB on and preauthorisation

1.14 Optical Benefits payable as per managed care protocols at a DSP

1.15 Dental benefits payable as per DSP protocols

1.16 Back and Neck surgery is subject to completion of conservative treatment.

1.17 Da Vinci Robotic Prostatectomy be funded only for PMBs, subject to managed care protocols and preauthorisation. Qualifying beneficiaries will be funded to the PMB level of care.

## 2. GENERAL EXCLUSIONS

General exclusions mentioned in this paragraph are not affected by any specific exclusion. Unless otherwise decided by the Board of Trustees of the Scheme (and with the express exception of medicines or

treatment approved and authorised in terms of any relevant managed healthcare programme), the Scheme shall not be liable in respect of expenses incurred in connection with any of the expenses below:

- 2.1. All costs that exceed the annual or biennial maximum allowed for the category as set out in Annexure A, for the benefits to which the member is entitled in terms of the rules,
- 2.2. Such costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules, unless otherwise agreed by the Board;
- 2.3. All costs for operations, medicines, treatments, and procedures for cosmetic purposes or for personal reasons, and not directly caused by or related to illness, accident, or disease,
- 2.4. All costs for surgical treatment of keloids, unless such keloids are a result of a complication from a PMB condition resulting in functional impairment,
- 2.5. If, in the opinion of the medical advisor, the healthcare service in respect of which a claim is made for any aspect of the management of a medical condition; is not clinically appropriate and/or necessary, not at an appropriate level of care, or not rendered at an affordable cost,
- 2.6. All costs for treatment, if there is no or insufficient evidence of efficacy and safety of such treatment,
- 2.7. Medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled to prescribe such medicines (except for schedule 0, 1, and 2 medicines supplied by a registered pharmacist)
- 2.8. Medicine not approved by the South African Health Products Regulatory Authority (SAHPRA), or other statutory body empowered to approve/register medications
- 2.9. Healthcare services obtained during general and/or condition specific waiting period, imposed upon joining the Scheme
- 2.10. All claims where ICD-10 codes are missing, invalid or incomplete will be rejected
- 2.11. Where the provider of service refuses to provide adequate clinical motivation or supporting evidence of diagnosis the scheme reserves the right to decline funding
- 2.12. Booking fees and birthing fees charged by providers for non-medical reasons
- 2.13. Fees or levies imposed by healthcare practitioners as part of their administration costs
- 2.14. Costs of diagnostic tests done in hospital which are not related to the reason for admission or for which admission is not clinically appropriate.
- 2.15. Appliances, devices, and procedures not scientifically proven,
- 2.16. All costs for services rendered by:
  - 2.16.1. persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
  - 2.16.2. any institution, nursing home or similar institution, except a state or provincial hospital, not registered in terms of any law. Abdominoplasties (including the repair of divarication of the abdominal muscles),
- 2.7 All services rendered outside the Republic of South Africa for which a benefit would have been payable, if such service had been rendered within the Republic of South Africa.
- 2.8 Any services provided by Medical Scientist, including:
  - 2.8.1 Psychometrists and Registered Counsellors
  - 2.8.2 Industrial and Research Psychologist
- 2.9 Accommodation and services provided in a geriatric hospital, old age home, frail care facility

- or the like (unless specifically provided for in in the benefit annexures),
- 2.10 Art therapist, aromatherapist, massage therapist, reflexologist, Chinese medicine practitioners, acupuncturist. Anabolic steroids, immunostimulants (except for immunoglobulins and growth hormones, which are subject to pre- authorisation by the relevant managed healthcare programme),
  - 2.11 Charges for appointments cancelled or which a member or dependant or a member fails to keep.
  - 2.12 The payment of interest on arrear accounts
  - 2.13 Arch supports including shoe inserts,
  - 2.14 Aromatherapy,
  - 2.15 Autopsies,
  - 2.16 Ayurvedic medicine
  - 2.17 Any nasal surgery done by a plastic surgeon unless it is related to a pathological condition or PMB diagnosis,
  - 2.18 Back rests and chair seats,
  - 2.19 Household bandages and dressings (except medicated dressings subject to authorisation by the relevant managed healthcare programme),
  - 2.20 Beds and mattresses,
  - 2.21 Blepharoplasties: unless there is documented evidence of visual impairment where the eyelid has covered or has encroached upon the pupil. Where this applies, benefits are limited to the affected eye only,
  - 2.22 Breast reconstruction unless it is classified as a PMB (unless necessitated by pre- authorised surgical mastectomy, traumatic mastectomy or congenital unilateral absence of a breast which is subject to Scheme protocol),
  - 2.23 Breast reductions and breast augmentations,
  - 2.24 Breast surgery for gynaecomastia, unless PMB,
  - 2.25 Coloured or cosmetic effect contact lenses, plus contact lens accessories and solutions,
  - 2.26 Contraception, IUDs for contraceptive purposes and contraceptive foams (excluding tubal ligation, vasectomy, oral contraception and injectable),
  - 2.27 Injuries arising from speed contests and speed trials unless it is classified as a PMB;
  - 2.28 Surgical treatment of infertility unless it is classified as a PMB;
  - 2.29 Treatment for obesity,
  - 2.30 Holidays for recuperative purposes,
  - 2.31 Travelling expenses
    - 2.31.1 Travelling expenses incurred by a member
    - 2.31.2 Traveling expenses claimed by medical or dental practitioners will be provided for, in line with Rule P of the NHRPL
  - 2.32 The following types of medicines, procedures and appliances are also excluded:
    - 2.32.1 Anabolic steroids;
    - 2.32.2 Anti-diarrhoeal micro-organism;
    - 2.32.3 Anti-malarial for prophylactic use;
    - 2.32.4 Aphrodisiacs;
    - 2.32.5 Cosmetic preparations; medicated or otherwise;
    - 2.32.6 Electric toothbrushes.
    - 2.32.7 Diagnostic monitors and appliances,

- 2.32.8 Essential fatty acid preparations and combinations;
- 2.32.9 Household remedies or preparations of the type generally promoted to the public to increase consumption.
- 2.32.10 Immune sera and immunoglobulins.
- 2.32.11 Medicines used specifically to promote fertility unless classified as a PMB.
- 2.32.12 Medicines used specifically to treat alcoholism and addiction, subject to PMBs.
- 2.32.13 Minerals (single and combined).
- 2.32.14 Musculoskeletal topical agents.
- 2.32.15 Nutritional supplements, including baby foods, and formulas unless it is specially authorised as part of a scheme approved treatment protocol.
- 2.32.16 Preparations used specifically to treat and or prevent obesity.
- 2.32.17 Preparations to treat smoking dependency.
- 2.32.18 Sanitary products (nappies, sanitary pads etc.);
- 2.32.19 Items appearing on the Scheme's non-covered items list for hospitals;
- 2.32.20 Section 21 products.
- 2.32.21 Soaps, shampoos, and other applications (medical or non-medicated).
- 2.32.22 Cosmetic preparations, emollients, moisturisers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and sun tanning preparations, medicated shampoos, and conditioners, not including coal tar products and the treatment of lice infestation, scabies, and other microbial infections (subject to PMB regulations).
- 2.32.23 Surgical appliances and devices for use out of hospital,
- 2.32.24 Syringes and needles for use out of hospital (except for use by diabetics and if classified as a PMB);
- 2.32.25 Tonics, evening primrose oil, fish liver oils, nutritional supplements, multivitamin preparations, and minerals (except prenatal vitamins) as approved by the Scheme's pharmacy benefit management programme.
- 2.32.26 Topical preparations excluding topical steroid and acne preparations.
- 2.32.27 Topical acne facial wash preparations;
- 2.32.28 Topical sun screening, sun tanning and after sun agents,
- 2.32.29 Travel vaccines,
- 2.32.30 Treatment not proven safe and effective, such as natural remedies, herbs, and treatment prescribed by non-licensed practitioners etc.,
- 2.32.31 Treatment prescribed for indicated use (off label),
- 2.32.32 Vaccines, oral and parenteral (except childhood and flu vaccines),
- 2.32.33 Vitamins, multivitamins, and combinations,
- 2.32.34 Voluntary withdrawn products and treatment that might be harmful or unsafe,
- 2.32.35 Acupuncture and Chinese Medicine including Naturopath and Osteopathy,
- 2.33 Electrognathography and other such electronic analyses
- 2.34 Ozone therapy.
- 2.35 Diagnostic kits, agents, and appliances – unless otherwise stated – except for diabetic accessories (subject to PMB regulations and Scheme protocols).
- 2.36 Treatment of depression using sleep therapy.
- 2.37 Treatment for erectile dysfunction and loss of libido.
- 2.38 Patented food and nutritional supplements – including baby food and special milk preparations – unless prescribed for malabsorptive disorders and if registered on the

- relevant managed healthcare programme, or for mother to child transmission(PMTCT) prophylaxis and if registered on the relevant disease management programme.
- 2.39 Gender re-assignment treatment.
  - 2.40 Genioplasties
  - 2.41 Headaches: oral appliances and the ligation of temporal artery and its branches for the treatment of headaches.
  - 2.42 Hirsutism
  - 2.43 Humidifiers, without clinical indication
  - 2.44 Medical and surgical treatment, which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, benefit annexures, Paragraph 9, Code 902M (as amended):
    - 2.44.1 Assisted Reproductive Technology (ART).
    - 2.44.2 In-vitro fertilization (IVF).
    - 2.44.3 Gamete Intrafallopian tube transfer (GIFT).
    - 2.44.4 Zygote Intrafallopian tube transfer (ZIFT).
  - 2.44.5 Intracytoplasmic sperm injection (ICSI).
  - 2.45 Vasovasostomy (reversal of vasectomy), and Salpingostomy for reversal of tubal ligation.
  - 2.46 Ionizers and air purifiers.
  - 2.47 Iridology.
  - 2.48 Surrogate pregnancy; including all services,
  - 2.49 Laxatives, subject to Scheme protocols.
  - 2.50 Medical, surgical, and orthopaedic appliances, devices, and products, including oxygen hire or purchase and attachments,subject to PMB regulations and Scheme protocols.
  - 2.51 Medication in respect of substance abuse treatment unless specifically authorised by the relevant managed healthcareprogramme, subject to PMB regulations.
  - 2.52 Homeopathic medication unless specified in the benefit annexures
  - 2.53 MRI and other scans ordered by a general practitioner,
  - 2.54 Optical devices excluded by the relevant DSP protocols.
  - 2.55 Orthopaedic shoes and boots, subject to Scheme protocols.
  - 2.56 Osteopathy
  - 2.57 Otoplasties
  - 2.58 Pain relieving machines, e.g., TENS, APS.
  - 2.59 Medicines, household remedies and propriety preparations and preparations not otherwise classified,
  - 2.60 Positron Emission Tomography (PET) scans where applicable; subject to ICON protocols and oncology registration.
  - 2.61 Refractive surgery
  - 2.62 Reflexology
  - 2.63 Revision of scars; except following burns and for functional impairment.
  - 2.64 Stethoscopes.
  - 2.65 Sunglasses
  - 2.66 Consultation and treatment by registered counsellors, subject to prescribed minimum benefits.
  - 2.67 Uvulo-palatal pharyngoplasty (UPPP and LAUP).
  - 2.68 Veterinary products

- 2.69 Pharmacy service fees
- 2.70 Fentonplasty
- 2.71 Insulin pumps (except for children seven (7) years or younger with frequent documented events of hypo and/or hyperglycaemia),
- 2.72 Green laser prostatectomy
- 2.73 Allergy screening panels and/or desensitization,
- 2.74 Laparoscopic oesophagogastric fundoplasty (e.g., Nissen, Toupet procedures), except hernia repair and other PMB levels of care.
- 2.75 Organ and haemopoietic stem cell (bone marrow) donations; and immunosuppressive medication to any person other than to a Sizwe Hosmed beneficiary.
- 2.76 The following exclusions apply for emergency medical services: Social transfers, patient pick up from home to dialysis treatment; and Acute admissions to step-down facilities.

### 3. DENTAL EXCLUSIONS

Unless otherwise decided by the Board, and subject to DSP protocols, the Scheme shall not be liable in respect of expenses incurred in connection with any of the following:

- 3.1. Preventative care (Oral hygiene)
- 3.2. Caries susceptibility and microbiological tests,
- 3.3. Preventative care instruction
- 3.4. Preventative care evaluation
- 3.5. Professionally applied fluoride for beneficiaries 13 years and older
- 3.6. Tooth whitening
- 3.7. Cost of prescribed toothpastes, mouthwashes (e.g., Corsodyl) and ointments
- 3.8. Fissure sealants on patients 16 years and older
- 3.9. Fillings/Restorations
- 3.10. Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion, and fluorosis
- 3.11. Resin bonding for restorations charged as a separate procedure to the restoration.
- 3.12. Polishing of restorations
- 3.13. Gold foil restorations
- 3.14. The use of gold in dentures or the cost of gold as an alternative to non-precious metal in crowns, inlays and bridges, and metal frame on full dentures
- 3.15. Dental procedures or devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable, and costs for
- 3.16. Anaesthetics in respect of dental services:
  - 3.16.1 general anaesthesia for dental work except in the case of patients under the age of 7 years and symptomatic bony impaction of third molars and exposures that form part of an Orthodontic treatment plan,
  - 3.16.2 conscious sedation is limited to children below 12 years,
- 3.17 Orthodontic treatment over the age of 21 years; orthodontic plans that continue past the beneficiaries 21st birthday will only be paid up to their 21st birthday, the remainder of the treatment plan will be rejected, and member may be liable,
- 3.18 Periodontal surgery for cosmetic reasons,

- 3.19 use of high impact acrylic and precious metal in dentures or the cost of precious, metal as an alternative to semi-precious or non-precious metal in dental prosthesis.
- 3.19.1 Genioplasty and dental osteotomy.
- 3.20 Oral hygiene instructions.
- 3.21 Fluoride application for beneficiaries above the age of 12 years.
- 3.22 Dental implants, components and surgery associated with dental implants on Access and Essential options.
- 3.23 Hospital admissions in adults based on fear and anxiety alone.
- 3.24 Multiple admissions for extensive (three (3) or more teeth requiring treatment) conservative dental treatment in children seven (7) years and younger (one (1) admission every 24 months allowed).
- 3.25 In-hospital apisectomies and dentectomies,
- 3.26 Soft base to new dentures.
- 3.27 Diagnostic dentures.
- 3.28 Provisional crowns.
- 3.29 Root Canal Therapy and Extractions
  - 3.29.1 Root canal therapy on primary (milk) teeth
  - 2.29.2 Direct and indirect pulp capping procedures
  - 3.29.2 Root canal therapy on wisdom teeth (third molars).
- 3.30 Plastic Dentures/Snoring appliances/Mouth-guards
- 3.31 Diagnostic dentures and the associated laboratory costs
- 3.32 Snoring appliances and the associated laboratory costs
- 3.33 Provisional dentures and associated laboratory costs.
- 3.34 The clinical fee of dental repairs, denture tooth replacements and the addition of a soft base to new dentures (The laboratory fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 3.35 The laboratory cost associated with mouth guards (The clinical fee will be covered at the Scheme Dental Tariff where managed care protocols apply.)
- 3.36 High impact acrylic
- 3.37 Cost of gold, precious metal, semi-precious metal and platinum foil
- 3.38 Laboratory delivery fees
- 3.39 Partial Chrome Cobalt (Metal) Frame Dentures
  - 3.39.1 Metal base to full dentures, including the laboratory cost.
  - 3.39.2 High impact acrylic
  - 3.39.3 Cost of gold, precious metal, semi-precious metal and platinum foil
  - 3.39.4 Laboratory delivery fees
- 3.40 Crown and Bridge
  - 3.40.1 Crowns on third molars
  - 3.40.2 Crown and bridge procedures for cosmetic reasons and the associated laboratory costs
  - 3.40.3 Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs
  - 3.40.4 Occlusal rehabilitations and the associated laboratory costs
  - 3.40.5 Provisional crowns and the associated laboratory costs
  - 3.40.6 Porcelain veneers and inlays/onlays and the associated laboratory costs



- 3.40.7 Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs.
- 3.40.8 Cost of gold, precious metal, semi-precious metal and platinum foil
- 3.40.9 Laboratory delivery fees
- 3.41 Implants
  - 3.41.1 Implants on wisdom teeth (3rd molars).
  - 3.41.2 Laboratory delivery fees.
- 3.42 Orthodontics
  - 3.42.1 Orthodontic treatment for cosmetic reasons and associated laboratory costs
  - 3.42.2 Orthognathic (jaw correction) surgery, other orthodontic related surgery and any related hospital cost including associated laboratory costs.
  - 3.42.3 Individuals 18 years and older
  - 3.42.4 Orthodontic re-treatment and the associated laboratory costs
  - 3.42.5 Cost of invisible retainer material
  - 3.42.6 Laboratory delivery fees
- 3.43 Periodontics
  - 3.43.1 Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemi-section of a tooth.
  - 3.43.2 Perio-chip placement
- 3.44 Additional Dental Exclusions
  - 3.44.1 Electrognathographic recordings, pantographic recordings and other such electronic analyses
  - 3.44.2 Nutritional and tobacco counselling
  - 3.44.3 Caries susceptibility and microbiological tests
  - 3.44.4 Fissure sealants on patients 16 years and older
  - 3.44.5 Pulp tests
  - 3.44.6 Cost of Mineral Trioxide
  - 3.44.7 Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
  - 3.44.8 Appointment not kept
  - 3.44.9 Special report
  - 3.44.10 Dental testimony including dento-legal fees
  - 3.44.11 Treatment plan completed (currently code 8120)
  - 3.44.12 Enamel micro-abrasion
  - 3.44.13 Behaviour management
  - 3.44.14 Intramuscular or subcutaneous injection
  - 3.44.15 Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- 3.45 Maxillo-Facial Surgery and Oral Pathology
  - 3.45.1 Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.
  - 3.45.2 Bone augmentations only funded for dental implants
  - 3.45.3 Bone and other tissue regeneration procedures
  - 3.45.4 Cost of bone regeneration material
  - 3.45.5 The auto-transplantation of teeth
  - 3.45.6 Sinus lift procedures

- 3.45.7 The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943 and 8945).
- 3.46 Hospitalisation (general anaesthetic)
  - 3.46.1 Where the reason for admission to hospital is dental fear or anxiety.
  - 3.46.2 Multiple hospital admissions.
  - 3.46.3 Where the only reason for admission to hospital is to acquire a sterile facility.
  - 3.46.4 The cost of dental materials for procedures performed under general anaesthetic.
  - 3.46.5 The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
    - 3.46.5.1 Apicectomies
    - 3.46.5.2 Dentectomies
    - 3.46.5.3 Frenectomies
    - 3.46.5.4 Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults
    - 3.46.5.5 Professional Preventative care procedures
    - 3.46.5.6 Implantology and associated surgical procedures, and
    - 3.46.5.7 Surgical tooth exposure for orthodontic reasons.

The member, therefore, acknowledges that – notwithstanding anything to the contrary, or not specifically set out in the rules or Annexures of the Scheme – the member is under a duty of care to disclose all and any information or matters to the Scheme, which may in any manner impact upon or affect a decision or discretion which vests in the Scheme, concerning such member or his claim.