

ANNEXURE C

PRESCRIBE MINIMUM BENEFITS

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 15 I of the Act.

GENERAL EXCLUSIONS

1. Services not mentioned in the benefits as well as services which, in the opinion of the Scheme, are not aimed at the treatment of an actual or supposed illness or disablement which impairs or threatens essential body function (the process of ageing will not be regarded as an illness or a disablement):
2. Sleep Therapy;
3. Reversal of sterilisation procedures provided that the Board may decide to grant benefits in exception circumstances;
4. The artificial insemination of a person in or outside the human body as defined in the Human Tissue Act, 1983 (Act 65 of 1983) provided that, in the case of artificial insemination, the scheme's responsibility on the treatment will be;
 - ◆ as it is prescribed in the public hospital.
 - ◆ as defined in the prescribed minimum benefits (PMBs), and
 - ◆ subject to pre-authorisation and prior approval by the scheme


REGISTRAR OF MEDICAL HEALTH

5. Charges for appointments which a member or dependant failed to keep with service providers;
6. Pre-natal and /or post-natal exercises;
7. Operations, treatments and procedures, by choice, for cosmetic purposes where no pathological substance exists which proves the necessity of the procedure, and/or which is not life -saving, life-sustaining or life-supporting; for example, breast reduction, breast augmentation, otoplasty, total nose reconstruction, lipectomy, subcutaneous mastectomy, minor superficial varicose veins treatment with sclerotherapy, abdominal bowel bypass surgery, etc. Members have the opportunity to lodge an appeal to Polmed's Clinical Committee, when an application for a procedure was declined.
8. Plastic and Reconstructive surgery is excluded from benefits, unless prior approved by the Scheme as clinically essential and not cosmetic.
9. Accommodation in an old-age home or other institution that provides general care for the aged and /or chronically ill patients, unless approved by the Scheme;
10. Aids for participation in sport, e.g. mouthguards;
11. Gold inlays in dentures, soft and metal base to new dentures, invisible retainers, osseo-integrated implants and bleaching of vital (living) teeth;
12. Fixed orthodontic for beneficiaries above the age of 21 years;
13. Any orthopaedic and medical aids that are not clinically essential, subject to PMBs;



14. Reports, investigations or tests for insurance purposes, admission to universities or schools, fitness tests and examinations, medical court reports, employment, emigration or immigration, etc.;
15. Sex change operations;
16. Bandages and plasters, unless prescribed after an operation or injury;
17. Beneficiaries travelling costs except services according to the benefits in Annexure A/B;
18. Accounts of persons not registered with a recognised professional body constituted in terms of an Act of Parliament.
19. Accommodation in spa's, health or rest resorts;
20. Holidays for recuperative purpose;
21. The treatment of obesity, provided that with prior motivation the Scheme may approve benefits for the treatment of morbid obesity;
22. Muscular fatigue tests, except if requested by a specialist and a doctor's motivation is enclosed;
23. Any treatment as a result of surrogate pregnancy;
24. Blood pressure appliances: provided that the Board may decide to grant benefits in exceptional circumstances;
25. Non-functional prosthesis used for reconstructive/restorative surgery, excluding PMBs diagnosis, provided that the Board may decide to grant the benefit in exceptional circumstances;
26. Benefits for costs of repair, maintenance, parts or accessories for the appliances or prosthesis;

APPROVED BY ME ON



REGISTRAR OF MEDICAL SCHEMES

27. Unless otherwise indicated by the Board, costs for services rendered by any institution, not registered in terms of any law.
28. All costs in respect of sickness conditions that were specifically excluded from benefits when the member was admitted to the Scheme for twelve months from the date of coverage;
29. Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof;
30. Any health benefit not included in the list of prescribe benefits (including newly developed interventions or technologies where the long term safety and cost to benefit cannot be supported) shall be deemed to be excluded from the benefits.
31. Compensation for pain and suffering, loss of income, funeral expenses or claims for damages;
32. Nappies excluded and benefits for adult use will only be granted if prior authorized with motivation;
33. Benefits for organ transplant donors to recipients who are not members of the Scheme;
34. Claims relating to the following:
- Aptitude tests
 - IQ tests
 - School readiness
 - Questionnaires
 - Marriage counselling
 - Learning problems
 - Behavioural



35. Benefits for tints and photo chromic lenses;
36. Cosmetics and sun blocks; sunblock may be considered for clinical reasons in albinism.

