

C.1 GENERAL EXCLUSIONS APPLICABLE TO ALL BENEFIT OPTIONS

- 1.1** 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 benefits are, in general, excluded from benefits:

- 1.1.1** All travel expenses for doctors and patients.
- 1.1.2** Medical aids, orthopaedic, surgical and medical appliances, apart from those defined in Annexures B.1 to B.4 of the Scheme Rules and those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.1.3** Reports, examinations and tests requested for emigration, immigration, visas, insurance policies, employment, admission to schools and universities, court medical reports, muscle-function tests, fitness examinations, apart from those forming part of the Tempo programme, and tests, adoption of children and retirement because of ill health.
- 1.1.4** Any operations, treatment and procedures for non-functional or cosmetic purposes.
- 1.1.5** Accounts for services rendered by persons not registered with the Health Professions Council of South Africa, Associated Health Service Professions Board or any other similar Healthcare body in the country where the service was rendered.
- 1.1.6** Accounts in respect of:
 - 1.1.6.1** All costs of whatsoever nature incurred for treatment of sickness conditions or injuries sustained by a member or a dependant and for which any other party is liable. The member is however entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment in respect of medical expenses, the member will reimburse the Scheme any money paid out in respect of this benefit by the Scheme.
 - 1.1.6.2** Obesity.
 - 1.1.6.3** Appliances and medication to prevent injuries during sports and recreational activities.

- 1.1.6.4** Injuries arising from illegal actions on the basis of which the member or his dependants took part in a criminal offence, except those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.1.6.5** Appointments not kept by members.
- 1.1.6.6** Administration fees charged by service providers except where these are charged in the treatment of certain PMB conditions and are available in the state sector.
- 1.1.7** Accommodation in an old-age home or institution providing general care and nursing services to persons, e.g. the infirm aged and chronically sick patients, or similar institutions.
- 1.1.8** Costs related to surrogate arrangement(s) or those services obtained with a view to the confirmation of a surrogate motherhood agreement or in the execution of such an agreement, including expenses that relate directly or indirectly to the artificial fertilisation and pregnancy of the surrogate mother, the birth of the child and the confirmation of the surrogate motherhood agreement. Provided that:
- 1.1.8.1** Bestmed shall, however, fund the costs of the pregnancy and the delivery up to PMB level of care where the surrogate mother is a member or dependant of the Scheme. The Scheme will not be responsible for any costs related to the child born out of the surrogate arrangement after the delivery.
- 1.1.8.2** Where the commissioning parent(s) is/are a member(s) or dependant(s) of the Scheme, the Scheme will not be liable to fund the costs of the pregnancy and delivery, but will be liable for the cost of treatment once the baby is registered on the Scheme in accordance with the Bestmed Rules.
- 1.1.9** Examinations, tests and treatment of impotence and of infertility or artificial insemination or artificial fertilisation of a person within or outside the human body as defined in the National Health Act (Act 61 of 2003)(NHA) and more specifically the Regulations: general control of human bodies, tissue, blood, blood products and gametes, issued in terms of the NHA. In the case of artificial insemination, Bestmed shall not make any contribution in respect of the preparatory expenses, i.e. pre-insemination expenses or insemination outside the female body, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.1.10** Costs in excess of the annual maximum benefits to which the member is entitled under Bestmed's rules.

- 1.1.11** Any costs in respect of conditions specifically excluded from benefits because of a waiting period at admission or registration of the member and his dependants with Bestmed.
- 1.1.12** The costs of holidays for recuperation purposes, accommodation in spa's, health resorts and places of rest even if prescribed by a treating provider.
- 1.1.13** Costs arising from a person's association with the official armed forces for which he is covered by the Government.
- 1.1.14** Benefits not referred to in this Schedule or services not rendered in terms of accepted protocol or are not aimed at the treatment of an actual or supposed condition or deficiency, disadvantaging or endangering essential bodily functions.
- 1.1.15** Breast surgery for cancer except where this is related to carcinoma, tumours and abscesses on Pace1, Rhythm and all the Beat options.
- 1.1.16** Refractive surgery and all types of procedures to improve or stabilise vision, apart from cataracts, except where:
 - 1.1.16.1** Hyperopia is measured greater than +3; or
 - 1.1.16.2** Myopia is measured more negative than -5; or
 - 1.1.16.3** Astigmatism is measured more negative than -2.5.
 - 1.1.16.4** Pre-Authorisation shall apply.
- 1.1.17** Any cost charged by a service provider for medical motivations or prior motivations as stipulated by these Rules, unless the Scheme has requested such foretasted medical motivations.
- 1.1.18** Costs arising from lost or damaged devices, apparatus, spectacles or contact lenses.
- 1.1.19** Psychometric tests.
- 1.1.20** The following exclusions relating to oral and dental benefits:
 - 1.1.20.1** The cost of gold, metal or other inlays in a denture and/or crown.
 - 1.1.20.2** Bleaching of vital teeth.
 - 1.1.20.3** Lingual orthodontics.
 - 1.1.20.4** Myobrace system.
- 1.1.21** Procedures considered by Bestmed as cosmetic or of a cosmetic approach where alternative procedures exist.
- 1.1.22** Items indicated in the Dental Schedule as "by arrangement" or "N/A".
- 1.1.23** Procedures requiring prior authorisation for which no authorisation was applied for.
- 1.1.24** Sunglasses.
- 1.1.25** Ambulance transportation from a hospital to a patient's home or from a patient's home to a consulting room of any medical practitioner, except where the clinical condition and/or injury is of such a nature that transportation by any other means will not be possible and may endanger the members' life.

1.1.26 Transport fees, renting of birth pools, antenatal consultations, doulas and breastfeeding support for home confinements by a midwife and midwife-assisted births in an Active Hospital Birth Unit.

1.2 The following benefits do not apply to certain options according to the design of such an option:

1.2.1 Any out-of-hospital services for Beat1 members (day-to-day benefits), including non-CDL chronic medicine, acute medicine and over-the-counter medicine.

1.2.2 Biological or other high-cost medicine, apart from those defined in Annexures B.1 to B.4 of the Scheme Rules and those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.2.3 Surgical dentistry for the Rhythm options, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.2.4 External prosthesis, apart from those defined in Annexures B.1 to B.4 of the Scheme Rules and those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.2.5 Specialised dentistry for the Rhythm options.

1.2.6 Supplementary services out of hospital for the Rhythm options, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.2.7 Non-PMB complications for breast reduction for all options.

1.2.8 Facility fee as part of out-of-network visits for Rhythm2.

1.2.9 Specialised diagnostic imaging (MRI, CT scans, PET scans, angiography, etc.) for the Rhythm1 option, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.2.10 Radiology or pathology tests requested by Specialists not listed on the radiology or pathology tariff list for the Rhythm options, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.2.11 Contact lens solutions, mirror or other graded tinted lenses, accessories, or enhancements for glasses for all options, unless it is provided for on the benefit option(s).

1.2.12 Refractive surgery for the Beat1, Beat1 Network, Beat2, Beat2 Network and Rhythm options.

1.2.13 Functional nasal surgery and surgery procedures where CNS stimulators are used for example epilepsy, Parkinsonism, etc. for the Rhythm options, will be excluded from benefits except for PMB conditions.

1.3 The following is a list of exclusions applicable to the Rhythm benefit options. These exclusions might be in addition to the exclusions indicated in Annexure C1.

- 1.3.1** Any services obtained from a non-Bestmed Rhythm Network supplier other than those covered under the “Out of Network” benefit, except where services are involuntarily obtained.
- 1.3.2** Travel expenses.
- 1.3.3** Cosmetic treatment, operations, procedures and applicators, toilet preparations, etc.
- 1.3.4** Reports, examinations and tests for insurance policies, legal reasons.
- 1.3.5** Accommodation in an old age home, general care institutions, spa’s, health or holiday resorts.
- 1.3.6** Treatment for obesity.
- 1.3.7** Treatment and operations of choice and non-essential medical items.
- 1.3.8** Acupuncture, chiropractors, herbalists, nature and homeopaths.
- 1.3.9** Chronic psychiatric conditions and mental disorders except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.3.10** Injuries sustained during participation in strikes, illegal picketing, riots or physical struggle, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.3.11** Nutritional supplements, tonics, stimulants, vitamins, minerals not provided for on the benefit option(s), except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.3.12** Contraceptives and devices to prevent pregnancy not provided for on the benefit option(s), except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.3.13** Treatment for infertility and sexual dysfunction except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 1.3.14** Root canal treatment and other advanced dentistry.
- 1.3.15** Services in respect of the treatment of any sickness condition or injury sustained by a beneficiary for which any other party may be liable. A beneficiary is however entitled to such benefits as would have applied under normal conditions, provided that on receipt of payment in respect of medical expenses, the member will reimburse the Scheme any money paid out in respect of this benefit by the Scheme.

- 1.3.16** Biologics not forming part of the care-out drug list except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.

1.4 Other limitations of benefits

Benefits in respect of medicines obtained on prescription of a designated service provider are limited to the prescribed quantities, but in any event to not more than one month's supply thereof.

1.5 Voluntary use of a non-DSP

1.5.1 Should a beneficiary voluntarily choose not to make use of a Hospital DSP on the Rhythm and the efficiency-discount sub-options, Beat1 Network, Beat2 Network and Beat3 Network, a co-payment of R15 025 will apply.

1.5.2 A co-payment of R2 872 shall be incurred per event if a day procedure is done in an acute hospital that is not a day hospital. If a DSP is used and the DSP does not work in a day hospital, the co-payment shall not apply if it is done in an acute hospital, if it is arranged with the Scheme before the time.

C.2 MEDICINE EXCLUSIONS (PMB'S NOT APPLICABLE)

- 2.1** Preparations for the specific treatment of obesity, including dietary supplements.
- 2.2** Patent and household remedies, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 2.3** Nutritional supplements (including patent and baby foods) not provided for on the benefit option(s), except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 2.4** Medicines used specifically to treat infertility and sexual dysfunction, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 2.5** Aphrodisiacs.
- 2.6** Sun-screening agents (medicated or otherwise) on Beat1 and Beat1 Network.
- 2.7** All soaps and shampoos (medicated or otherwise).
- 2.8** Cosmetic substances.
- 2.9** Anti-habit substances.
- 2.10** Anabolic steroids.
- 2.11** Unless specifically provided for on the benefit options, tonics, stimulants, biological substances, vitamins, minerals and vitamin/mineral combinations are excluded, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector: Provided that Bestmed will contribute for prenatal medicine.
- 2.12** Unregistered medicines will not be considered for benefits until such time that it is registered by the South African Health Products Regulatory Authority (SAHPRA).
- 2.13** Unregistered indications or "off label" use of medicines will not be considered for benefits except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 2.14** Haematinics for the Rhythm options, except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 2.15** Biological and Biotechnological substances for the Rhythm options except for those that are prescribed in the treatment of certain PMB conditions and are available in the state sector.
- 2.16** Stimulant laxatives.

C.3 LIMITATION OF BENEFITS

- 3.1** The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.1 to B.4 including any sub-benefit options registered.
- 3.2** Members admitted during the course of a financial year are entitled to the benefits adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular financial year.
- 3.3** Benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof. The Scheme may, at its sole discretion and according to the relevant protocols, grant an advance supply of medicine upon receipt of the relevant application.