

# 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 or for cosmetic purposes, or services that fall 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 including 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 pre-authorized 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 or related services 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 preference or 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 or orthopaedic arthroscopic procedures that are not specified in the Scheme's Funding guidelines;
- 1.18 hyperbaric oxygen treatment, except for PMB's;
- 1.19 neuro stimulators, devices for chronic pain management, cochlear implants, bone anchored hearing devices;
- 1.20 breast surgery, services or procedures other than for the direct and specific treatment of cancer, tumours, abscesses or infection;

- 1.21 in hospital/day theatre treatment or procedures for skin or subcutaneous lesions including, keloids, lipomas, molluscum contagiosum, solar keratosis;
- 1.22 any service rendered outside the scope of preferred provider groupings, limits, or defined benefit structures such as coding baskets or authorisation requirements;
- 1.23 refractive surgery, or any procedures to improve vision except for beneficiaries on the Extreme option;
- 1.24 costs charged by service providers for motivations or information vital to assess scheme funding guidelines, unless requested by the Scheme to its specifications;
- 1.25 procedures as adjunctive treatment or as alternatives to pharmacological or other therapy unless such a procedure forms part of the Scheme's funding guideline for the condition;
- 1.26 All items utilised during a pre-authorized endovascular or catheter based procedure will be subject to the appropriate limit for the procedure as per the beneficiary's benefit option and within the ambit of the relevant Funding guideline. Unauthorized catheter based procedures will not be funded;
- 1.27 nasal surgery except where services are pre-authorized in accordance with the Scheme's Funding guideline;
- 1.28 investigations and surgery for reflux including hiatus hernia unless PMB criteria apply;
- 1.29 spinal and back procedures and treatment plans are subject to the Scheme's Spinal program, its Funding guidelines, criteria and processes. Services outside these parameters are excluded;
- 1.30 inpatient cover to do tests or for diagnostic purposes or for conditions where treatment is specified as being covered on an outpatient basis such as arthritis and migraine;
- 1.31 traction and similar conservative spinal pain relief treatments including treatments such as infiltrations, ablation and rhizotomy, radiofrequency, pulsed or non-pulsed;

- 1.32 complications arising from patient own choice treatment or procedures, even when undergone under cover of another medical scheme;
- 1.33 unapproved treatment plans for any chronic or managed condition; and
- 1.34 services or claims from providers related to: fraud, waste or abuse or material misrepresentation on non-disclosure of factual information.

## 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**  
20/09/2024



**SS Mabuza**  
**TRUSTEE**



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