

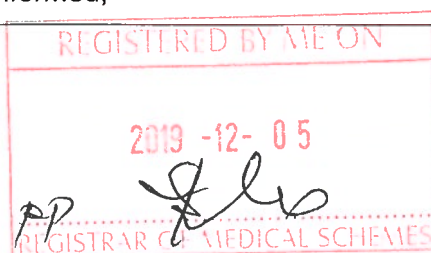
WOOLTRU HEALTHCARE FUND

EXCLUSIONS

APPLICABLE TO ALL BENEFIT OPTIONS

The Fund 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 Fund has been ineffective or would cause harm to a beneficiary, the Fund 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.

	Exclusion
1	The Fund shall advance to, or on behalf of, the Beneficiary such amounts as would not exceed the benefits to which that Beneficiary is entitled for treatment arising out of an injury for which any other third party is liable, provided that:
(a)	The Beneficiary informs the Fund of the potential claim against the other party, and of the relevant health care expenses incurred, in the manner and within the time period applicable to normal claims for benefits under the Fund;
(b)	A claim in respect of the said expenses is lodged by the Beneficiary against the other party concerned and such claim is pursued with due diligence, with the Fund being kept fully informed;



	Exclusion
(c)	Should the Beneficiary not pursue the claim against such other party to the satisfaction of the Fund, it may require the Beneficiary to cede or procure the cession of such claim to the Fund, in which event the Beneficiary shall provide the Fund with all such assistance and co-operation as it may reasonably require in pursuing such claim. Only the cession of general, not special, damages is permissible. The Beneficiary shall be obliged to pay to the Fund so much of the damages actually recovered by him, or on his behalf, as relates to the service in respect of which he has received or benefited from the advances contemplated above.
2	Services for which claims are in excess of the maximum benefits to which the Member is entitled in terms of these Rules.
3	The cost of services provided by persons not registered with any professional body where the provider of such a service is required to register and/or enlist under any law.
4	<p>The purchase of:</p> <ul style="list-style-type: none"> • Sun-screening and tanning agents; • Non-scheduled soaps, shampoos and other topical applications; • Household remedies or preparations of the type advertised to the public; • Slimming preparations, appetite suppressants and patent foods including baby foods; • Mouth protectors, gold in dentures, devices and materials such as floss, toothbrushes and toothpaste.
5	Examinations for insurance, school camps, visa or employment applications.
6	Travelling costs incurred by members or their dependents.
7	Accommodation in old age homes or similar institutions catering for the aged unless clinically warranted and authorised as an alternative to hospitalisation by the Fund's Designated Service Provider in consultation with the Medical Advisor.
8	Accommodation and/or treatment in headache clinics, stress-relief clinics, spas, or resorts for health, slimming, recuperative or other similar purposes. For the purposes of this rule, "accommodation" shall include all related expenses and meals, and "treatment" shall include any of the following: examinations, consultations, investigations, diagnosis, tests, procedures, operations, the supply of any pharmacological or pharmaceutical product or food, the supply and/or fitting of any prosthesis, splint or device, and generally shall include any service or supply by any such enterprise or practice intended to confer a health benefit.
9	The cost of holidays for recuperative purposes, whether deemed medically necessary or not.

REGISTERED BY ME ON

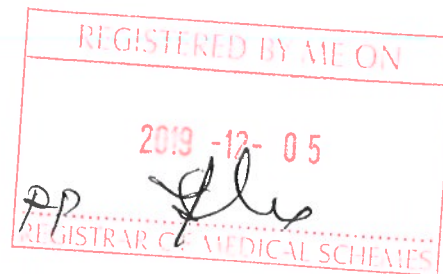
2019 -12- 05

AP *[Signature]*

REGISTERED BY ME ON

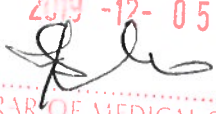
[Signature] *[Signature]*

	Exclusion
10	Charges for appointments not kept.
11	Sunglasses, Plano sunglasses and spectacle cases.
12	Bleaching of teeth that have not been root canal treated. Metal inlays in dentures and front teeth.
13	Sleep therapy and hypno-therapy.
14	Replacement batteries for hearing aids.
15	Costs associated with vocational guidance, child guidance, school readiness, school therapy or attendance at remedial education schools or clinics.
16	Reckless Activities: Participation in any extreme activity where, based on an objective test for reasonable behaviour, the Beneficiary is deemed to be risking injury recklessly, including, but not limited to, such activities as solo-mountaineering, speed contests other than on recognised race tracks, extreme endurance marathons and the like. Activities such as parachuting, mountaineering, motor racing, bungee jumping, ultra-marathons and scuba diving would not be excluded provided they are undertaken within the accepted safety and licensing constraints of the governing bodies of such sport. Subject to PMB's.
17	Expenses incurred by a member or dependants of a member in the case of or arising out of wilful self-injury, professional sport, speed contests and speed trials except for PMB's.
18	Any expense incurred by the actions of a Beneficiary who has been duly certified as permanently mentally unsound.
19	Costs of whatsoever nature incurred for treatment arising out of an injury or disablement resulting from war, invasion, or civil war. Subject to PMB's.
20	Any non-Prescribed Minimum Benefit medicine or treatment not approved by the Fund's appointed Managed Healthcare Organisation.



EXCLUSIONS

PAYABLE SUBJECT TO RELEVANT CONDITIONS

	Exclusion	Conditions required for exception:
A	Examinations, consultations and treatment related to obesity, except:	<p>Out of hospital consultations and treatments will be paid from the MSA for Comprehensive and Saver Options, if there are benefits available. This benefit is excluded for the Network Option.</p> <p>Bariatric surgery: The Fund's Managed Health Care Organisation will review and authorise the motivation where applicable, and will refer the motivation to the Medical Advisor where it is deemed that benefits should be declined or partial benefits should be authorised.</p>
B	<p>Operations, treatment and procedures for cosmetic purposes including but not limited to Batt-ears, breast reductions and tattoo removal, except:</p> <div data-bbox="331 1249 772 1518" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red;">2019 -12- 05</p> <p style="text-align: center; color: red;">PP  REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Motivation required for all in-hospital treatments and operations and subject to authorisation within approved medical guidelines.</p> <p>The Fund's Managed Health Care Organisation will review and authorise the motivation where applicable, and will refer the motivation to the Medical Advisor where it is deemed that benefits should be declined or partial benefits should be authorised.</p> <p>Out of hospital consultations and treatments will be paid from MSA for Comprehensive and Saver Options, if benefits are available.</p> <p>This benefit is excluded for the Network Option.</p>
C	<p>Except for PMB conditions:</p> <p>a) Costs incurred in respect of treatment associated with alcohol abuse or over-dosing, unless such costs are incurred in the public health care system, except:</p>	<p>1st Admission paid by Fund on basis of PMB at any appropriate facility.</p> <p>Subsequent admissions at State facility only.</p>



	Exclusion	Conditions required for exception:
D	<p>Except for PMB conditions:</p> <p>Consultations, investigations, examinations and the treatment of infertility and the artificial insemination of a person as defined in the Human Tissue Act, 1983 (Act 65 of 1983) except:</p>	<p>Claims for in-hospital treatment or investigations as per PMB list will be paid from Hospitalisation benefits.</p> <p>Claims for hospital out-patient services will be as per PMB and will be paid from MME for all three options.</p> <p>Out of hospital consultations and investigations as per PMB will be paid from MME for all three options.</p> <p>Any non-PMB medicine or treatment not approved by the Fund's appointed Managed Health Care Organisation.</p>
E	<p>The purchase or hire of medical or surgical appliances such as Klaasvake mattresses or pillows, special beds, special chairs, special cushions, commodes, sheepskins, waterproof sheets for beds, respiration monitors, humidifiers, iodisers, bedpans, special toilet seats or toilet seat raisers, eye patches, traction equipment, breast pumps, nipple shields, blood pressure monitors, APS therapy machines, TENS machines, Neurostim machines or the repairs or adjustments of sick room or convalescing equipment with the exception of the hire of oxygen cylinders, except:</p>	<p>Motivation required and subject to authorisation within approved medical guidelines.</p> <p>The Fund's Managed Health Care Organisation will review and authorise the motivation where applicable, and will refer the motivation to the Medical Advisor where it is deemed that benefits should be declined or partial benefits should be authorised.</p> <p>Authorised claims will be paid from MSA for Comprehensive and Saver Option, if benefits available.</p> <p>This benefit is excluded for the Core Option.</p>
F	<p>The purchase of food supplements, except:</p> <div data-bbox="300 1570 740 1832" style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center; color: red;">2019-12-05</p> <p style="text-align: center; color: red;">PP <i>[Signature]</i></p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	<p>Supplements for re-feeding following major abdominal surgery.</p> <p>Motivation required and subject to authorisation within approved medical guidelines.</p> <p>The Fund's Managed Health Care Organisation will review and authorise the motivation where applicable, and will refer the motivation to the Medical Advisor where it is deemed that benefits should be declined or partial benefits should be authorised.</p> <p>Authorised claims will be paid from MME.</p>



	Exclusion	Conditions required for exception:
G	The purchase of any drug or device intended to induce, enhance, maintain and promote penile erection or to address erectile dysfunction, (unless the erectile dysfunction has occurred after a prostatectomy, which constitutes a PMB condition), such as erectile appliances, auto injectors and including but not limited to drugs such as Viagra, except:	<p>Motivation required and subject to authorisation within approved medical guidelines, limited to 5 tablets per month.</p> <p>The Fund's Managed Health Care Organisation will review and authorise the motivation where applicable, and will refer the motivation to the Medical Advisor where it is deemed that benefits should be declined or partial benefits should be authorised.</p> <p>Authorised claims will be paid from non-PMB chronic medication if benefits available.</p>
H	Post-natal exercise classes, mother-craft and breast feeding instructions, except:	<p>Where applicable, claims will be paid from MSA for Comprehensive and Saver Option, if benefits available.</p> <p>This benefit is excluded for the Network Option.</p>
J	The cost of contact lenses.	This benefit is excluded for the Network Option.
K	Costs associated with marriage guidance / counselling and or sex therapy.	This benefit is excluded for the Network Option.

