



Exclusions

There is a broad range of medical services available in the healthcare industry, and more treatments are introduced every year as medical science advances. Medihelp gives preference to life-saving medical treatment when granting cover. Medical schemes are required to cover the diagnosis, treatment and care costs of the prescribed minimum benefits (PMB) set out in the Medical Schemes Act in full without applying co-payments or limits. Services must comply with the treatment algorithms for the PMB conditions as set out in legislation as well as Medihelp's managed healthcare protocols, which may include medicine formularies. Should a protocol or a formulary medicine be ineffective or harmful, Medihelp will pay the cost of the appropriate substitution treatment in full. The following treatments are excluded from benefits on your plan:

General

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap)
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and in the case of a service provider, where such costs do not relate to a prescribed minimum benefit
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems
- Operations, treatments and procedures –
 - of own choice; and
 - for cosmetic purposes.
- The completion of medical and other questionnaires/certificates not requested by Medihelp and the services related thereto, including medical tests for career purposes or recreational activities
- Costs for evidence in a lawsuit
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, subject to prescribed minimum benefits
- Appointments not kept



Medical conditions

- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 or other institutions whose services are of a similar nature, other than stipulated in the Regulations to the Medical Schemes Act, 1998
- Treatment of impotence



Procedures and services

- The artificial insemination of a person as defined in the National Health Act 61 of 2003
- Immunisation (including immunisation procedures and material) which is required by an employer, excluding flu immunisations and standard child immunisations
- Exercise, guidance and rehabilitation programmes
- Services rendered by social workers and counsellors not registered as clinical psychologists
- Costs of visits at home and home programmes
- When only accommodation and general care services are rendered
- The cost of transport with an ambulance/emergency vehicle –
 - from a hospital/other institution to a residence;
 - in the event of a visit to friends/family; and
 - to the rooms of a medical doctor when the objective of the visit/consultation/treatment does not pertain to admission in a hospital

- The cost of harvesting and/or preserving human tissues, including, but not limited to, stem cells, for future use thereof to treat a medical condition which has not yet been diagnosed in a beneficiary
- Pathology services requested by a person other than a medical doctor
- Radiology services requested by a person other than a medical doctor, with the exception of a chiropractor who may request black and white X-rays
- Emergency room facility fees
- Physiotherapy services associated with the removal of impacted wisdom teeth
- When authorisation for a hospital admission is declined, the hospital stay and all other related services rendered during such hospital stay are excluded from benefits
- Services rendered by a service provider outside his scope of practice
- Large joint replacements and surgery, subject to PMB
- Breast augmentation and reduction
- Gastroplasty
- Gender-affirming surgery
- Lipectomy
- Epilation
- Otoplasty/reconstruction of the ear
- Refractive surgery
- Sclerotherapy
- Clinical psychology, subject to PMB
- Psychiatric nursing, subject to PMB
- Hyperbaric oxygen treatment
- Optometry services
- Positron emission tomography (PET imaging)
- Obesity-related treatment, subject to PMB
- Cochlear implants – all related procedures, services and devices, subject to PMB
- Robotic-assisted prostatectomy



Medicines, consumables and other products

- Substances not registered by the South African Health Products Regulatory Authority (SAHPRA). This excludes medicine items exempted from section 21 of the Medicines and Related Substances Control Act 101 of 1965, as amended.
- Bandages, cotton wool, dressings, plasters and similar material that are not used by a supplier of service during a treatment/procedure
- Food substitutes, food supplements and patent food, including baby food
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics)
- Appetite suppressants
- All products classified as patent substances by Medihelp's pharmaceutical benefit management programme
- Suntan lotions
- Anabolic steroids
- Contact lens solutions
- Combination analgesic medicine, including opioid and opioid combination analgesic medicine items, claimed from acute medicine benefits exceeding 360 units per beneficiary per year
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year
- Sedative hypnotics for more than 90 days' use per beneficiary per year
- Nappies for adults and babies
- Smoking cessation and anti-smoking preparations
- Probiotics claimed from acute medicine benefits
- Homeopathic and naturopathic medicine items that do not have valid NAPPI codes
- All biological/biosimilar and other medicine items as per Medihelp's medicine exclusion list
- High technology treatment modalities, surgical devices and medication
- Medicine products derived from blood products, e.g. autologous blood serum eye drops



Dental procedures and services

- All procedures and services are excluded except for the removal of impacted teeth (3rd molars – dentist's account only for item codes 8941/8943/8945)
- Plastic dentures
- Snoring appliances
- Mouthguards



Hospitalisation (general anaesthetic)

- Where the reason for admission to hospital is dental fear or anxiety
- Multiple hospital admissions
- Where the only reason for admission to hospital is to acquire a sterile facility
- The cost of dental materials for procedures performed under general anaesthesia
- The hospital and anaesthetist claims for the following procedures will not be covered when performed under general anaesthesia:
 - Apicectomies
 - Dentectomies
 - Frenectomies
 - Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for adults
 - Professional oral hygiene procedures
 - Implantology and associated surgical procedures
 - Surgical tooth exposure for orthodontic reasons and other orthodontic-related surgery



Appliances

- Blood pressure apparatus
- Commode
- Toilet seat raiser
- Hospital beds for use at home
- Devices to improve sight
- Mattresses and pillows
- Bras without external breast prostheses
- Insulin pumps and consumables
- Back, leg, arm and neck supports, crutches, orthopaedic footwear, elastic stockings and peak flow measurement apparatus
- Implanted hearing device
- Neurostimulators
- Wheelchairs
- CPAP apparatus
- Speech and hearing aids (including repairs and related services), artificial eyes, artificial limbs, external breast prostheses and associated services