# Exclusions

MedElite



A broad range of medical services is 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 (PMBs) 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;
  - for non-functional purposes; and/or
  - for cosmetic purposes
  - all complications arising from operations, treatments and procedures of own choice, for non-functional procedure and/or cosmetic procedures
- 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 of 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 of 1998
- Treatment of impotence

## Procedures and services - subject to funding guidelines

- 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
- Gender affirmation care
- Exercise, guidance, and rehabilitation programmes, unless mandated in terms of the Medihelp Rules
- Services rendered by social workers and counsellors not registered as clinical psychologists, unless mandated in terms of the Medihelp Rules
- Costs of visits at home and home programmes, unless mandated in terms of the Medihelp Rules

- Hospital admissions or healthcare services rendered in hospital which could reasonably have been performed on an outpatient basis or for which admission to hospital is not necessary (including diagnostic or investigative purposes)
- 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, and a sonar
- 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
- New technology and/or high-cost treatment modalities, surgical devices, medication and/or experimental procedures or treatments, unless mandated in terms of the Rules of Medihelp
- Breast augmentation and reduction
- Epilation
- Otoplasty/reconstruction of the ear
- Sclerotherapy
- Positron emission tomography (PET imaging)
- Obesity-related treatment and procedures (including but not limited to gastroplasty, lipectomy) subject to PMB
- Cryopreservation

## 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
- Sun protection products
- 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, unless mandated in terms of the Medihelp Rules
- Homeopathic and naturopathic medicine items that do not have valid NAPPI codes
- All specialised medicines (including biological and/or biosimilar medicines)

## Dental procedures and services

### General

- Special reports
- Dental testimony, including dento-legal fees
- Behaviour management
- Intramuscular and subcutaneous injections
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures
- Appointments not kept
- Treatment plan completed (item code 8120)
- Electrognathographic recordings, pantographic recordings, and other such electronic analyses
- Caries susceptibility and microbiotical tests
- Pulp tests
- Cost of mineral trioxide
- Enamel microabrasion

### Oral hygiene/general preventive care

- Oral hygiene instruction
- Oral hygiene evaluation
- Professionally applied fluoride for beneficiaries older than 13 years
- Dental bleaching
- Nutritional and tobacco counselling
- Cost of prescribed toothpastes, mouthwashes (for example Corsodyl) and ointments
- Fissure sealants on patients 16 years and older

### Fillings/restorations

- Fillings to restore teeth damaged due to tooth-brush abrasion, attrition, erosion, and fluorosis
- Resin bonding for restorations charged as a separate procedure to the restoration
- Polishing of restorations
- Gold foil restorations
- Ozone therapy
- The replacement of amalgam (silver) fillings with composite (white) fillings

### Root canal therapy and extractions

- Root canal therapy on primary (milk) teeth
- Root canal treatment on wisdom teeth (third molars)
- Direct and indirect pulp capping procedures

### Plastic dentures/snoring appliances/ mouthguards

- Diagnostic dentures and the associated laboratory costs
- Snoring appliances and the associated laboratory costs
- Provisional dentures and the associated laboratory costs
- The laboratory cost associated with mouthguards (the clinical fee will be covered at the Medihelp Dental Tariff where managed care protocols apply)
- High impact acrylic
- Cost of gold, precious metal, semi-precious metal, and platinum foil
- Laboratory delivery fees

### Partial metal frame dentures

- Metal base to full dentures, including the laboratory cost
- High impact acrylic
- Cost of gold, precious metal, semi-precious metal, and platinum foil
- Laboratory delivery fees

### Crowns and bridges

- Crown or crown retainers on wisdom teeth (third molars)
- Pontics on second molars
- Crown and bridge procedures for cosmetic reasons and the associated laboratory costs
- Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs
- Occlusal rehabilitations and the associated laboratory costs
- Provisional crowns and the associated laboratory costs
- Porcelain veneers and inlays and the associated laboratory costs
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs
- Cost of gold, precious metal, semi-precious metal, and platinum foil
- Laboratory delivery fees

### Implants

- Implants on wisdom teeth (third molars)
- Dolder bars and associated abutments on implants, including the laboratory cost
- Laboratory delivery fees

## Orthodontics

- Orthodontic treatment for cosmetic reasons and associated laboratory costs
- Orthodontic treatment for individuals 18 years and older
- Orthodontic re-treatment and the associated laboratory costs
- Cost of invisible retainer material
- Laboratory delivery fees
- Orthodontic-related surgery

## Periodontics

- Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting, and hemisection of a tooth
- Perio chip placement

## Maxillofacial surgery and oral pathology

- Orthognathic (jaw correction) and other orthodontic-related surgery and any related hospital and laboratory costs
- Bone augmentations
- Bone and other tissue regeneration procedures
- Cost of bone regeneration material
- The auto-transplantation of teeth
- Sinus lift procedures
- The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8943, and 8945)

## 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 (for beneficiaries older than 7 years)
  - Conservative dental treatment (fillings, extractions, and root canal therapy) in hospital for adults
  - Professional oral hygiene procedures
  - Implantology and associated surgical procedures

## Appliances

- Blood pressure monitoring apparatus, unless mandated in terms of the Medihelp Rules
- Commode
- Toilet seat raiser
- Hospital beds for use at home
- Devices to improve sight, other than the stated spectacle and contact lens benefits
- Mattresses and pillows

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