

ANNEXURE C EXCLUSIONS

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.

Unless prescribed as a minimum benefit or otherwise provided for or decided by the Netcare Medical Scheme Board, expenses incurred in connection with any of the following will not be paid by the Scheme.

- Wilful self-inflicted injury except for PMB's.
- Holidays for recuperative purposes.
- Accommodation and services provided in a geriatric hospital, old age home, frail care facility, or the like.
- 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.
- Treatment consequential to medical procedures for which the Scheme does not pay unless such treatment is required to treat a complication of an excluded procedure and such complication constitute a PMB condition.
- Expenses relating to, or incurred in a research environment.
- Medical examinations and tests for insurance or fitness purposes and overseas visits.
- Treatment of injuries arising from members and beneficiaries professionally participating in any sport or speed contests unless if such injury constitute a PMB condition.
- When members use any dependence-producing drugs or intoxicating liquor or the member is being under the influence of any dependence-producing drugs except for PMB's.
- Treatment of obesity and slimming preparations.
- The treatment of infertility and artificial insemination, including all costs relating to sperm count tests, in-vitro fertilisation, gamete intrafallopian transfer, GIFT procedures, zygote intrafallopian transfer (ZIFT) procedures, embryo transport, surrogate parenting, donor semen (and related



costs including collection and preparation), and non-medically necessary amniocentesis other than stipulated in the Regulations to the Medical Schemes Act No 131 of 1998.

- Interest and/or legal fees relating to overdue medical accounts.
- Domestic and biochemical remedies.
- Exceeded annual or pro-rated limits.
- Patent foods and baby food unless authorised in the treatment of a PMB condition.
- Bandages, cotton wool or similar aids, sunscreen, shampoos, and skin cleansing remedies.
- Infertility: in respect of Code 902M (Diagnosis: Infertility), medical and surgical management shall be limited to the following procedures or interventions:

- Hysterosalpingogram
- The following blood tests:
 - Day 3 FSH/LH
 - Oestradiol
 - Thyroid function (TSH)
 - Prolactin
 - Rubella
 - HIV
 - VDRL
 - Chlamydia
 - Day 21 Progesterone

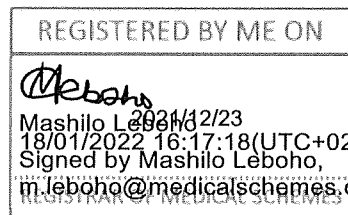


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- Laparoscopy
- Hysteroscopy
- Surgery (uterus and tubal)
- Manipulation of ovulation defects and deficiencies
- Semen Analysis (volume; count; mobility; morphology; MAR-test)
- Basic Counseling and advice on sexual behaviour, temperature charts etc.
- Treatment of local infections.
- Cosmetic procedures including but not limited to gastroplasty, bat ears, blepharoplasty, dermabrasion, lipectomy, breast augmentation and reduction, liposuction, nasal reconstruction, revision of scars and face lifts.
- Vitamins, tonics and mineral supplements not prescribed in conjunction with an antibiotic or unless authorised in the treatment of a PMB condition. Illness, injury or disease arising from war, unrest or riots except for PMB's.
- Appointments not kept.
- Orthodontic treatment for those 21 years of age and older.

Additional exclusions applicable to the Netcare Network Option are as follows (with due regard to Prescribed Minimum Benefits):

1. All cosmetic treatment including, but not limited to, septoplasties, osteotomies and nasal tip surgery.
2. Benign breast disease.
3. All costs relating to cochlear implants, processors and hearing aids.
4. All costs relating to auditory brain implants.
5. All costs relating to internal nerve stimulators.
6. All costs relating to joint replacements.
7. Arthroscopy.
8. Back surgery.
9. Neck surgery.
10. Knee and shoulder surgery.
11. In-hospital management of:
 - Conservative back treatment.
 - Conservative neck treatment.
 - Dentistry (services of surgical procedures which involve the hard or soft tissues of the mouth).
 - Skin disorders (non- life-threatening) including benign growths and lipomas.
 - Nail disorders.
 - Investigations and diagnostic work-up.
 - Endoscopic procedures.
 - Functional nasal problems and functional sinus problems.
12. Surgery for oesophageal reflux and hiatus hernia repairs.
13. Removal of Varicose Veins.
14. Correction of Hallux Valgus/Bunion and Tailor's Bunion/Bunionette.
15. Surgery and other healthcare services to correct refractive errors of the eye.
16. Elective Caesarean Section except in cases where it is medically necessary.



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The Scheme will also not cover any healthcare expenses related directly or indirectly to these healthcare services.