

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefits obtained in South Africa 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 15L of the Act.

1. No benefits shall be payable in respect of the following, unless the Board decides otherwise, or unless benefits are specifically provided for in a Schedule annexed to these rules:
 - 1.1. Emergency/ambulance transportation outside the borders of South Africa;
 - 1.2. Operations, treatment and procedures for cosmetic purposes, however, a member may apply for benefits relating to operations, treatments or procedures for cosmetic purposes on medical grounds, and prior approval must be obtained for any such expenses in respect of treatment and operations of a cosmetic or reconstructive nature. An application for benefits in respect of said treatment and/or operations shall be accompanied by a medical report stating the reasons therefore and the estimated costs thereof. The member may be required to consult a medical practitioner nominated by the Scheme for a second opinion. The provisions of rule 16.4 shall mutatis mutandis apply with regard to costs;
 - 1.3. 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 for the Prescribed Minimum Benefits which are covered by the Scheme as specified in paragraph (b) of the preamble to Annexure B;

- 1.4. Services for which benefits are in excess of the maximum benefits to which the member is entitled in terms of these rules; These services shall, however be funded at the specified rate, from available Savings, following the depletion of available insured benefits, for members participating in the Core Saver, Comprehensive and Plus plans (excludes all PMB claims). The difference between the specified rate and the tariff/s charged by a provider or providers may be funded from Savings, on request from a member (excludes all PMB claims);

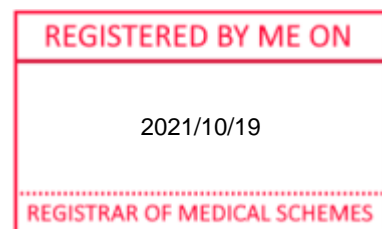
- 1.5. Unless the product is prescribed by a medical practitioner and approved by the Scheme, the purchase or hire of medical or surgical appliances such as Klaasvakie mattresses or pillows, special beds, special chairs, special cushions, commodes, sheepskins, waterproof sheets for beds, respiration 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 or other similar medical or surgical appliances as determined from time to time;

- 1.6. The cost of services by persons not registered with any professional body where any provider of a service is required to register and/or enlist under any law in order to practise;

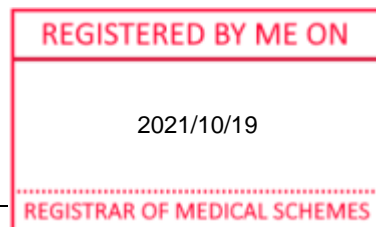
- 1.7. The purchase of:
 - 1.7.1. medicines, other than medicines on the written prescription of a person legally entitled to prescribe;
 - 1.7.2. sun-screening and tanning agents;
 - 1.7.3. non-scheduled soaps, shampoos and other topical applications;

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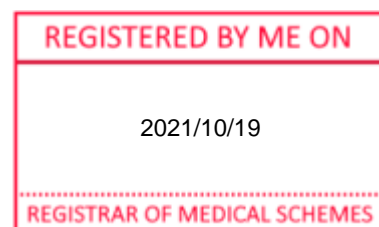
- 1.7.4. household remedies or preparations of the type advertised to the public;
- 1.7.5. slimming preparations, appetite suppressants, food supplements and patent foods including baby foods;
- 1.7.6. aphrodisiacs and/or any drug or device intended to induce, enhance, maintain and promote penile erection or to address erectile dysfunction such as erectile appliances, auto injectors and including but not limited to drugs such as Viagra®;
- 1.7.7. mouth protectors unless on written prescription from a person qualified to prescribe;
- 1.7.8. gold in dentures, devices and materials such as floss, toothbrushes and tooth paste;
- 1.7.9. anabolic steroids such as, but not limited to, Primobolan® and Deca-durabolin®, unless authorised by Bankmed for the relevant treatment of a bona fide medical condition; these items will not be funded for use by full or part-time athletes or bodybuilders.
- 1.8. Examinations for insurance, school camp, visa, employment or similar purposes, including, but not limited to, aptitude and intelligence testing;
- 1.9. Travelling and/or accommodation costs incurred by members or their dependants;
- 1.10. Accommodation in unregistered old age homes or similar institutions catering for the aged;



- 1.11. Accommodation and/or treatment in headache and stress-relief clinics, spas and 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;
- 1.12. The cost of holidays for recuperative purposes, whether deemed medically necessary or not;
- 1.13. Charges for appointments not kept, interest charged for late payment of claims, including legal costs and/or collection fees arising from a member's failure to pay a healthcare practitioner in accordance with his/her agreement with such healthcare practitioner for the timely payment of claims;
- 1.14. Ante- and post-natal exercise classes, mother-craft and breast feeding instructions (Unless such services are pre-authorized under the Scheme's maternity programme);
- 1.15. Sunglasses, Plano sunglasses and spectacle cases;
- 1.16. Replacement batteries for hearing aids;
- 1.17. Clinical trials, unless pre-authorization has been obtained from Bankmed, and/or any costs associated with investigations and treatment where no actual or perceived sickness condition exists;
- 1.18. Healthcare services that include experimental, unproven or unregistered treatment and/or healthcare provider;



- 1.19. Costs associated with vocational guidance, child guidance, marriage guidance or counselling, sex therapy, school readiness, school therapy or attendance at remedial education schools or clinics, and/or the completion of medical and other questionnaires not requested by Bankmed;
 - 1.20. Bleaching of teeth that have not been root canal treated and metal inlays in dentures and front teeth;
 - 1.21. Sleep therapy and hypnotherapy;
 - 1.22. The cost of complications arising from any exclusions as per this Annexure, unless the treatment and cost of such complication is a statutory prescribed minimum benefit obtained in South Africa, in which case payment shall be made in accordance with the provisions of paragraphs b(i) and b(ii) of the preamble to Annexure B (Benefits) of these rules;
2. Subject to the rights of members to the prescribed minimum benefits, if a relevant health service is not “medically appropriate” as defined in rule 4.24 of these rules, no benefits shall be payable in respect of any such service. The Board reserves the right to determine otherwise either in a specific case or in general from time to time. Any such determination shall be subject to review by the Board at any time in its discretion.
 3. Health services that have been reviewed by managed care principles and techniques as evidenced by the Scheme’s managed care protocols and guidelines may be declined (for example – scaling and polishing of teeth more than twice a year);
 4. Any health care services listed in this annexure/schedule may be paid from accumulated savings balances, where available (excludes all PMB claims).



5. It being noted that the provisions of the Medical Schemes Act (Act 131 of 1998) and the regulations pertaining to prescribed minimum benefits (PMB) do not apply to treatment obtained outside the borders of South Africa (foreign claims), the submission and payment of such foreign claims shall be subject to the following:

5.1. the exclusions set out in this Annexure;

5.2. coverage for all incidents that are not excluded, being limited to the same benefit limit and Rand value for each service, as would have been granted if the services had been obtained in South Africa, at the relevant Scheme rate or negotiated/contracted rate usually applicable to a normal (non-PMB) claim within a specified service category; or from Savings;

5.3. all non-emergency/planned hospital admissions being subject to prior approval by the Scheme.

