GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)

ANNEXURE E

EXCLUSIONS AND LIMITATIONS

Tanzanite One, Beryl, Ruby, Emerald, Emerald Value and Onyx Options

1. PREAMBLE

1.1 Subject to the provisions of Regulation 8 of the Act, the Scheme shall pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of Prescribed Minimum Benefit Conditions, as defined in Regulation 7 of the Act.

1.2 Where a protocol or a formulary drug preferred by the Scheme has been ineffective or causes or would cause harm or adverse reaction to/in a Beneficiary, the Scheme shall fund the cost of the appropriate substitution treatment without penalty to that Beneficiary, as required by Regulation 15H and 15I of the Act.

2. PRESCRIBED MINIMUM BENEFITS

2.1 Notwithstanding the limitations and exclusions set out in this Annexure E of the GEMS Rules, Beneficiaries shall be entitled to the Prescribed Minimum Benefits as set out in Annexure G of the registered rules of the Scheme.

3. LIMITATIONS AND RESTRICTIONS OF BENEFITS

3.1 Unless otherwise provided for in the benefit schedule of Annexure C of the GEMS Rules pertaining to the Tanzanite One, Beryl, Ruby, Emerald, Emerald Value and Onyx options, or decided by the Board in respect of these options, expenses incurred in connection with any of the conditions and instances listed in this Annexure E shall be limited, restricted and/or

not paid by the Scheme. The following parameters are applicable to limitations and exclusions contained in this Annexure E:

3.1.1 In cases of long-term illnesses, the Scheme shall, based on managed care principles, have the right to determine that a Member or Dependant consult any particular specialist that it may nominate in consultation with the attending practitioner for the purposes of obtaining a second opinion.

3.1.2 The Scheme may require a second opinion in respect of proposed treatment or medicine which may result in a claim for benefits, and for that purpose, the relevant Beneficiary shall consult a dental or medical practitioner nominated by the Scheme and at the cost of the Scheme. In the event that the second opinion proposes different treatment or medicine to the first, the Scheme may in its discretion require that the outcome of the second opinion's proposal be followed.

3.1.3 Unless otherwise decided by the Scheme, benefits in respect of medicines obtained on a prescription are limited to one month's supply (or to the nearest unbroken pack/size) for every such prescription or repeat thereof.

3.1.4 If the Scheme or its managed healthcare organisation has funding guidelines or protocols in respect of covered services and supplies, Beneficiaries will only qualify for benefits in respect of those services and supplies with reference to the available funding guidelines and protocols with due regard to the provision of Regulation 15(H) and 15(I) of the Act.

3.1.5 If the Scheme does not have funding guidelines or protocols in respect of benefits for services and supplies referred to in Annexure C of the GEMS Rules, Beneficiaries will only qualify

for benefits in respect of those services and supplies that the Scheme or its managed healthcare organisation acknowledges as Medically Necessary, and then subject to such conditions as the Scheme or its managed healthcare organisation deem necessary, with due regard to the Act and its Regulations.

3.1.6 "Medically Necessary" in paragraph 3.1.5 above refers to services or supplies that meet all of the following requirements:

3.1.6.1 They are required to restore normal function of an affected limb, organ and/or system;

3.1.6.2 No alternative exists that has a better outcome, is more cost effective, or has a lower risk;

3.1.6.3 They are accepted by the relevant service provider as optimal and necessary for the specific condition and at an appropriate level to render safe and adequate care;

3.1.6.4 They are not rendered or provided for the convenience of the relevant Beneficiary or service provider only; and

3.1.6.5 Clinically accepted South African outcome studies are available and acceptable to the Scheme in respect of such services or supplies; or, where South African outcome studies are not available and acceptable to the Scheme in respect of such services or supplies, clinically accepted international outcome studies are available and

acceptable to the Scheme in respect of such services and supplies.

3.1.7 The Scheme reserves the right not to pay for any new medical technology that is not proven to work, investigational procedures, interventions, drugs or medicines as applied in accepted clinical practice, including new indications for existing medicines, technologies and associated professional services, unless the following clinical data relating to the above have been presented to and accepted by the Medical Advisory Committee of the Scheme's contracted managed healthcare organisation and such data successfully demonstrates:

3.1.7.1 The therapeutic role in clinical medicine;

3.1.7.2 Cost-efficiency and cost-effectiveness;

3.1.7.3 Value relative to existing services or supplies;

3.1.7.4 Local indications, application and outcome studies; and where such is not available, international indications, application and outcome studies; and/or

3.1.7.5 The role in drug therapy as established by the Scheme's managed healthcare organisation.

4. GENERAL EXCLUSIONS

4.1 Unless otherwise decided by the Scheme (and with the express exception of medicines or treatment approved and authorised in terms of any relevant managed healthcare programme of the Scheme), expenses

incurred in connection with any of the following shall not be paid by the Scheme:

4.1.1 All costs that exceed the annual or bi-annual maximum allowed for the particular benefit category, as set out in Annexure C of the GEMS Rules, for the benefits to which a Beneficiary is entitled in terms of the GEMS Rules;

4.1.2 All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease;

4.1.3 All costs for inserting or guiding the insertion of prostheses and/or internal devices (surgically implanted), including all temporary prostheses, and/or all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices, unless Prescribed Minimum Benefits or permitted by managed care protocols and processes;

4.1.4 All costs for healthcare services if, in the opinion of a clinical adviser, such healthcare services are not appropriate and necessary for the symptoms, diagnosis or treatment of a particular medical condition at an affordable level of service and cost;

4.1.5 Charges for appointments which a Beneficiary fails to keep;

4.1.6 Charges for interest billed by a healthcare provider, unless the Scheme is in default, or a Member can prove that the Scheme was at default;

4.1.7 Healthcare services relating to any waiting periods and/or pre-existing conditions, if applicable;

4.1.8 Healthcare services relating to any complication that may arise or may have arisen from any exclusion listed in this Annexure E, unless the complication is a Prescribed Minimum Benefit;

4.1.9 Accommodation and/or treatment in headache and stress relief clinics, spas, health resorts, slimming clinics, recuperative facilities or other similar institutions. 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;

4.1.10 Payment of services not submitted in compliance with the Scheme Rate;

4.1.11 Healthcare services rendered beyond the borders of South Africa; and

4.1.12 All benefits for clinical trials, unless pre-authorised by the relevant managed healthcare programme.

5. EXCLUSIONS IN REGARD TO NON-REGISTERED SERVICE PROVIDERS

5.1 The Scheme shall not pay the costs for services rendered by:

5.1.1 Persons not registered with a recognised professional body constituted directly or indirectly in terms of an Act of Parliament; and/or

5.1.2 Any institution, nursing home or similar institution, except a state or provincial hospital, not duly registered in terms of any law.

6. DENTISTRY AND MAXILLOFACIAL SURGERY EXCLUSIONS

6.1 The Scheme shall not pay the costs for services rendered in respect of:

6.1.1 Orthodontic treatment for all Beneficiaries of Tanzanite One and Beryl and for Beneficiaries of Ruby, Emerald, Emerald Value and Onyx who are 21 years of age or older;

6.1.2 Dental procedures or devices which are not regarded by the relevant managed healthcare programme as Medically Necessary, as defined in paragraphs 3.1.5 and 3.1.6 above;

6.1.3 General anaesthetics, conscious sedation and hospitalisation for dental work, except in the case of Beneficiaries:

6.1.3.1 up to and including the age of six (6) years;

6.1.3.2 with severe trauma; or

6.1.3.3 with bony impactions,

subject to managed care protocols and processes;

6.1.4 All general anaesthetics and conscious sedation in practitioners' rooms, except for conscious sedation in the case of Beneficiaries:

6.1.4.1 up to and including the age of nine (9) years;

6.1.4.2 with severe trauma; or

6.1.4.3 with bony impactions,

subject to managed care protocols and processes;

6.1.5 The provision of gold inlays, except when used as restorative material for posterior tooth crown inlays;

6.1.6 Fluoride treatment for Beneficiaries older than 16 years; and

6.1.7 Osseo-integrated implants, all implant-related procedures and Orthognathic Surgery, save for implant crowns, bridges, and dentures, subject to pre-authorisation, on the Ruby, Emerald, Emerald Value and Onyx benefit options.

7. HOSPITALISATION EXCLUSIONS

7.1 Accommodation and non-healthcare services provided in a geriatric hospital, old age home, frail care centre, senior care facility or similar institution shall not be paid by the Scheme, unless it is part of Prescribed Minimum Benefit care and subject to managed care authorisation.

7.2 Associated hospital and professional costs shall not be paid for a procedure, device or prosthesis that is excluded in terms of the Scheme's clinical protocols.

8. INFERTILITY EXCLUSIONS

8.1 The Scheme shall not pay for the following medical and surgical treatment, which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M (as amended):

8.1.1 Assisted Reproductive Technology (ART);

8.1.2 In-vitro fertilization (IVF);

8.1.3 Gamete Intrafallopian tube transfer (GIFT);

8.1.4 Zygote Intrafallopian tube transfer (ZIFT); and

8.1.5 Intracytoplasmic sperm injection (ICSI).

8.2 The Scheme shall also not pay for:

8.2.1 Vasovasostomy (reversal of vasectomy); and

8.2.2 Salpingostomy for reversal of tubal ligation.

8.3 The Scheme shall honour its Prescribed Minimum Benefit obligations at a DSP only.

9. EXCLUSIONS WITH REGARD TO PHARMACEUTICAL AND HEALTH RELATED SUBSTANCES INCLUDING MEDICINE AND INJECTION MATERIAL

9.1 The Scheme shall not pay the costs for services rendered in respect of the following, unless Prescribed Minimum Benefits:

9.1.1 Anabolic steroids and immunostimulants;

9.1.2 Cosmetic preparations, emollients, moisturizers (medicated or otherwise), soaps, scrubs and other cleansers, skin lightening treatment, sunscreen and sun tanning preparations, medicated shampoos and conditioners, except for the

treatment of lice, scabies and other microbial infections, and coal tar products for the treatment of psoriasis;

9.1.3 Applicators, toiletries and beauty preparations;

9.1.4 Household and biochemical remedies;

9.1.5 Cotton wool and other consumable items;

9.1.6 Patented food and nutritional supplements, including baby food and special milk preparations, unless prescribed for malabsorptive disorders and if registered on the relevant managed healthcare programme or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant disease management programme;

9.1.7 Household remedies, proprietary preparations and preparations not otherwise classified;

9.1.8 Alternative or homeopathic treatment, devices or therapy, unless otherwise provided for in Annexure C of the GEMS Rules;

9.1.9 Medicines not included in a prescription from a medical practitioner or other healthcare professional who is legally entitled and obliged to prescribe such medicines (except for Schedule 0, 1 and 2 medicines supplied by a registered pharmacist);

9.1.10 Contraceptive drugs and appliances, unless otherwise provided for in Annexure C of the GEMS Rules and/or it forms part of the prescribed minimum level of care in respect of PMB category 528M;

9.1.11 Medical treatment for erectile dysfunction and loss of libido, unless a Prescribed Minimum Benefit;

9.1.12 Injection and infusion material, except for out-patient parental treatment (OPAT) and diabetes;

9.1.13 The following medicines, unless they form part of public sector treatment protocols and are authorised by the Scheme's managed healthcare programme:

9.1.13.1 Any specialised drug as defined by the Scheme's contracted managed healthcare organisation that have not convincingly demonstrated a median overall survival advantage of more than three (3) months in locally advanced or metastatic malignancies, unless deemed cost-effective for the specific setting, compared to standard therapy (excluding specialised drugs as defined in established and generally accepted treatment protocols);

9.1.13.2 New chemotherapeutic medicines that have not convincingly demonstrated a survival advantage of more than three (3) months in advanced or metastatic malignancies, unless pre-authorised by the Scheme's contracted managed healthcare organisation as a cost-effective alternative to standard chemotherapy that are reimbursed in accordance with the managed care protocols applied by the Scheme's contracted managed healthcare organisation;

9.1.13.3 Medicines not approved by the South African Health Products Regulatory Authority (SAHPRA) or unless Section 21 authorisation is obtained and pre-authorised by the relevant managed healthcare programme;

9.1.13.4 New medicines that have not been approved by the relevant managed healthcare programme;

9.1.13.5 Medicines for intestinal flora, unless prescribed for Beneficiaries up to and including the age of six (6) years, in which case no event limit shall apply, but excludes Self-Medication: Over-the-Counter (OTC) Medicine;

9.1.13.6 New indications for existing medicines that are still regarded as experimental in terms of the Scheme's protocols and have not been approved by the relevant managed healthcare programme;

9.1.13.7 Medicines defined as exclusions by the relevant managed healthcare programme where applicable on the basis of policies, protocols and guidelines;

9.1.13.8 Slimming preparations for obesity;

9.1.13.9 Smoking cessation and anti-smoking preparations;

9.1.13.10 Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements, and/or mineral combinations, except for registered products that include haematinics and products for use for:

9.1.13.10.1 Infants and pregnant mothers;

9.1.13.10.2 Malabsorption disorders;

9.1.13.10.3 HIV positive patients; and

9.1.13.10.4 COVID-19 positive patients;

and

9.1.13.11 Medicines used specifically to treat alcohol and drug addiction, unless Prescribed Minimum Benefits.

10. MENTAL HEALTH EXCLUSION

10.1 Sleep therapy is not covered or paid for by the Scheme.

11. NON-SURGICAL PROCEDURE AND TEST EXCLUSIONS

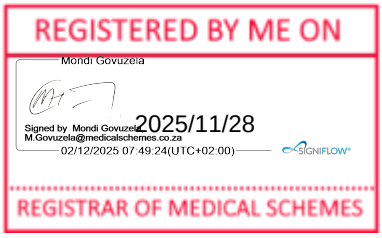
11.1 The following are not paid for by the Scheme:

11.1.1 Epilation-treatment for hair removal; and

11.1.2 Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pair (DTP) 277S and specific conditions pre-authorised by the relevant managed healthcare programme.

12. OPTOMETRY EXCLUSION

12.1 The following are not paid for by the Scheme:



12.1.1 Coloured and other cosmetic effect contact lenses and contact lens accessories and solutions;

12.1.2 Optical devices which are not regarded by the relevant managed healthcare programme as clinically essential or clinically desirable;

12.1.3 Bilateral plano lenses, unless balance lens required in mono vision and protection;

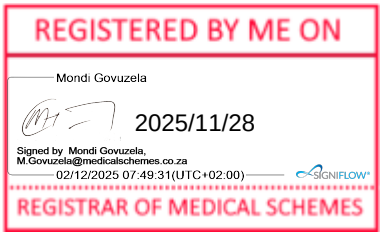
12.1.4 Plano colour contact lenses; and

12.1.5 Sunglasses.

13. EXCLUSIONS WITH REGARD TO ORGANS AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNOSUPRESSIVE MEDICATION

13.1 Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a Member or Dependant are not paid for.

14. ALLIED HEALTH SERVICES EXCLUSIONS



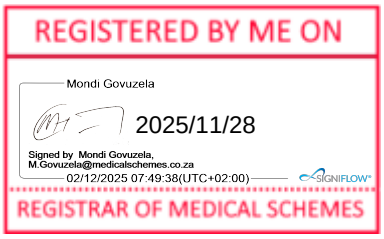
14.1 The following are not paid for by the Scheme:

14.1.1 Art Therapy, Reflexology, Naturopathy, Ayuverdic Medicine, Osteopathy, Aroma Therapy and Massage Therapy;

14.1.2 Claims submitted by providers that are not duly registered by the relevant professional body;

14.1.3 Chiropractor benefits in hospital; and

14.1.4 X-rays performed by chiropractors without certification by the Radiation Control Council.



15. RADIOLOGY AND RADIOGRAPHY EXCLUSIONS

15.1 The following are not paid for by the Scheme:

15.1.1 MRI scans ordered by a general practitioner, unless there is no reasonable access to a specialist;

15.1.2 Positron Emission Tomography for purposes other than that approved by the managed healthcare organisation for the appropriate diagnosis, staging and monitoring of response to treatment and/or the investigation of residual tumour activity or suspected recurrence (restaging);

15.1.3 Bone densitometry performed by a general practitioner or specialist not included in the Scheme's credentialed list which is maintained by the managed healthcare organisation; and

15.1.4 All screening that has not been pre-authorised or is not in accordance with the policies and protocols maintained by the managed healthcare organisation.

16. EMERGENCY SERVICES EXCLUSIONS

16.1 The following Emergency Services are not paid for by the Scheme, unless medically necessary and pre-authorised:

16.1.1 Social transfers;

16.1.2 Patient pick up from home to dialysis treatment; and

16.1.3 Acute admissions to step-down facilities.

17. EXCLUSIONS WITH REGARD TO SURGICAL PROCEDURES

17.1 The Scheme shall not pay for all surgical procedures or treatment for cosmetic purposes which shall, without limitation, include healthcare services related to obesity and related complications, port wine stains, otoplasty for bat ears, hair removal, blepharoplasties (eyelid surgery) unless causing functional impairment, nasal reconstruction (including septoplasties, osteotomies and nasal tip surgery), gender re-assignment surgery other than for gender dysphoria, periodontal plastic procedures for cosmetic reasons and orthagnatic surgery. The Medical Advisory Committee of the managed healthcare organisation shall have the sole discretion to determine whether a particular procedure or treatment is cosmetic in nature based on the motivation received and objective managed care criteria.

17.2 In addition, the following surgical procedures shall not be paid for by the Scheme:

17.2.1 Abdominoplasties and the repair of divarication of the abdominal muscles;

17.2.2 Surgery for gyneacomastia, unless a Prescribed Minimum Benefit;

17.2.3 Blepharoplasties, unless causing demonstrated functional visual impairment and pre-authorised;

17.2.4 Breast augmentation, unless medically necessary and pre-authorised by the Scheme;

17.2.5 Breast reconstruction, unless subsequent to mastectomy for cancer and subject to pre-authorisation by the Scheme;

17.2.6 Breast reductions, subject to Annexure C of the GEMS Rules, unless medically necessary and pre-authorised by the Scheme;

17.2.7 Procedures and devices to treat erectile dysfunction;

17.2.8 In-Hospital Medical Male Circumcisions, unless medically necessary and pre-authorised by the Scheme. Out-of-Hospital Medical Male Circumcisions are funded by the Scheme in terms of Annexure C of the GEMS Rules;

17.2.9 Keloid surgery, except following burns and for functional impairment;

17.2.10 Surgery to correct pectus excavatum / carinatum with no functional and respiratory impairments;

17.2.11 Refractive surgery, unless specifically provided for in Annexure C of the GEMS Rules;

17.2.12 Revision of scars, except following burns and for functional impairment;

17.2.13 Rhinoplasties for cosmetic purposes;

17.2.14 Uvulo palatal pharyngoplasty (UPPP and LAUP for snoring); and

17.2.15 All costs for cosmetic surgery performed over and above the codes authorised for admission.

18. FURTHER EXCLUSIONS WITH REGARD TO SURGICAL PROCEDURES

18.1 The Scheme shall not fund:

18.1.1 Long term implantable ventricular assist devices and total artificial hearts.

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