

2024 GENERAL EXCLUSIONS

GENERAL POLICY EXCLUSIONS

We don't pay claims related to:

1. events that occurred before your cover start date, except when claiming from our **TRAUMA COUNSELLING BENEFIT**.
(We cover trauma consultation fees for counselling received after your cover start date, even if the trauma event occurred before your cover start date.)
2. events during waiting periods, except for accidents that occur after your cover start date.
3. events your medical aid pays as concessions, exceptions, or ex-gratia payments.
4. medical events for which pre-authorisation hasn't been obtained from your medical aid or when your medical aid's rules haven't been followed, except if your policy offers a benefit.
(For example, using non-network hospitals when you're on a network-based medical aid plan.)
5. events when benefit limits or your policy's overall limit has been reached.
6. shortfalls that exceed the **300%, 400% or 500% GAP BENEFIT** your policy provides.
7. events your policy doesn't cover or doesn't provide an appropriate benefit to claim from.
8. additional shortfalls when your healthcare or service provider increases their fees after we've finalised your claim.
9. additional shortfalls when your healthcare or service provider agrees to a discount but increases their fee after we've finalised your claim.
10. costs for medical reports.
11. split billing charges.
*(These are upfront payments your healthcare or service providers may ask you to pay before your medical event. These amounts make up the providers' private fees and don't reflect on the accounts submitted to medical aid for payment. We assess shortfalls under our **GAP BENEFIT** when all charges reflect on your providers' accounts and refund upfront co-payments and deductibles your medical aid imposes under our **CO-PAYMENT BENEFITS**.)*
17. external medical items, such as crutches and moon boots, except when claiming from our **CASUALTY BENEFIT**.
18. external prosthetic devices, such as artificial limbs.
19. home and private nursing or admissions to step-down and sub-acute facilities, such as frail care, hospice centres, and rehabilitation facilities, except if your policy offers a benefit.
20. hospital charges, such as ward fees, except if your policy offers a benefit.
21. maxillofacial surgeries and related medical conditions and procedures, except if required for specialised dental surgeries or due to accidents or cancer treatment.
22. mood disorders and emotional and psychological illnesses, except when claiming from our **TRAUMA COUNSELLING BENEFIT**.
23. obesity or treatments required due to obesity.
24. prescription and take-home medication, except when claiming prescription medication from our **CANCER BENEFIT**.
25. reconstructive cosmetic surgery, except if your policy offers a benefit.
26. robotic-assisted surgery co-payments and deductibles, except when claiming from our **ROBOTIC SURGERY CO-PAYMENT BENEFIT**.
27. specialised mechanical and computerised devices, such as ventilators, oxygen and CPAP machines.
28. stem cell harvesting and treatments.

STANDARD NON-LIFE POLICY EXCLUSIONS

We don't pay claims related to:

29. attempted suicide, suicide, and intentional self-injury.
30. deliberate exposure to exceptional danger, except if trying to save a human life.
(Exceptional danger includes, but isn't limited to, hazardous sports and activities, such as skydiving, mixed martial arts fighting (MMA) and speed racing.)
31. events covered by legislation, such as contractual liability and consequential loss.
32. illegal behaviour or breaking the law of the Republic of South Africa.
33. illnesses or injuries caused by using drugs or narcotics, except if prescribed by registered medical practitioners other than the insured person.
34. illnesses or injuries caused by using alcohol.
35. nuclear weapons and nuclear or ionising radiation.
36. participation in active military, police or police reservist duties, civil commotions, invasions, labour disturbances, political acts, rebellions, riots, strikes, terrorist activities, wars, or the activities of locked-out workers.
37. transport charges and healthcare services provided while being transported in emergency vehicles, vessels, or aircraft.

SPECIFIC POLICY EXCLUSIONS

We don't pay claims related to:

12. allied healthcare professionals, except if your policy offers a benefit.
13. assisted reproduction therapy (ART), contraception-related or fertility treatments, except for contraceptive device implants, tubal ligations, and vasectomies if your policy offers a benefit.
14. a second breast reconstruction or any reconstructions after that.
(We cover one event per insured person per lifetime if it's the first reconstruction and if your policy offers a benefit.)
15. diagnosing and treating sleeping disorders.
16. elective and routine procedures or physical examinations,