



2021

BENEFIT BROCHURE

ENERGY PLAN

PRIVATE HOSPITAL COVER
COMPREHENSIVE PRIMARY CARE

CHOICE OF BENEFITS
TO SUIT YOUR NEEDS

Accessible Care • Affordable Prices



ENERGY PLAN

Comprehensive Care

- Designed for families needing Comprehensive Healthcare Cover.
- Unlimited Private Hospital Cover.
- Comprehensive Healthcare services out of Hospital.
- Full cover for chronic medicine for all Chronic Disease List (CDL) conditions including Non-CDL benefit for additional chronic conditions.
- Cover for comprehensive healthcare services for maternity
- Preventative Care tailored for families.

- **PRIVATE HOSPITAL COVER**
- **CHOICE OF DESIGNATED SERVICE PROVIDER**
- **CHOICE OF BENEFITS TO SUIT YOUR NEEDS**

Thebemed Medical Aid Scheme is inspired by the vision of the pioneering black-owned Thebe Investment Corporation. The sole shareholder at the time was Batho Batho Trust, a community-based trust which included Nelson Mandela (Chairman), Walter Sisulu and Reverend Beyers Naude as original Trustees and Dr Enos Mabuza as the first Chairman of Thebe. Thebe is driven by a commitment to serve the broader interests of communities at large.

ThebeMed Medical Aid Scheme was established on the 12th of September 2002 and is focused primarily on providing healthcare to beneficiaries previously excluded from cover. The Scheme is providing healthcare predominately in the mining, logistics and agricultural industries. ThebeMed is driven by a commitment to serve the broader interests of communities at large to provide quality healthcare solutions at affordable and sustainable manner.



ENERGY 2021



Members are not allowed to change networks during the year; however members may change their Primary Care Provider by contacting the Call Centre at the start of the year. The choice of Network (Core, Medium & Open) is based on member level and not beneficiary level e.g. the main member will select a Network and all the family dependants must choose a Primary Care Provider from that specific network.

ENERGY PLAN CONTRIBUTION RATES

		CORE	MEDIUM	OPEN
		2 PRIMARY CARE PROVIDERS	3 PRIMARY CARE PROVIDERS	ANY PRIMARY CARE PROVIDERS
		Hospital Network: Mediclinic, Life Healthcare, National Hospital Network (NHN), Amcoal Highveld Hospital, Vaalpark Netcare Medical Centre, N17 Netcare Private Hospital, Pretoria Netcare East Hospital Pathology Network: Medilab, Ampath, Lancet and Vermaak and Hamadi.	Hospital Network: Mediclinic, Life Healthcare, National Hospital Network (NHN), Amcoal Highveld Hospital and Netcare. Pathology Network: Medilab, Ampath, Lancet, Vermaak, Hamadi, Pathcare and Togalab.	Hospital Network: All Hospital Networks Pathology Network: All providers
INCOME				
	0 - R4 000	R1 720	R2 148	R 2 418
	R4 001 - R7 500	R2 663	R2 958	R 3 479
	R7 501 - R10 000	R4 201	R4 544	R 5 450
	R10 001+	R4 706	R4 951	R 6 189
	0 - R4 000	R2 980	R3 726	R4 192
	R4 001 - R7 500	R3 810	R4 231	R4 971
	R7 501 - R10 000	R5 670	R6 132	R7 359
	R10 001+	R6 106	R6 428	R8 033
*	0 - R4 000	R3 152	R3 938	R4 470
	R4 001 - R7 500	R4 024	R4 471	R5 252
	R7 501 - R10 000	R5 993	R6 478	R7 776
	R10 001+	R6 450	R6 792	R8 489
Adult rate	0 - R4 000	R1 260	R1 578	R1 774
	R4 001 - R7 500	R1 147	R1 273	R1 492
	R7 501 - R10 000	R1 469	R1 588	R1 909
	R10 001+	R1 400	R1 477	R1 844

ALL BENEFITS WILL BE PRO-RATED FOR MEMBERS ADMITTED DURING THE BENEFIT YEAR. ALL COSTS PAYABLE AT 100% OF NEGOTIATED TARIFF.

* Additional child dependants above M+2 included free of charge. Additional adult dependants charged at adult rate. Please refer to the rules for definition of dependants



OUT OF HOSPITAL BENEFITS

ALL BENEFITS ARE PAYABLE AT DESIGNATED SERVICE PROVIDER (DSP)*.
SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.



GP CONSULTATIONS

(If Non-DSP* GP is used voluntarily:
25% co-payment is payable by the member / visit)

- UNLIMITED
- 100% OF Negotiated Tariff (Energy Core and Energy Medium)
- 100% of Scheme Tariff (Energy Open)



SPECIALIST CONSULTATIONS

(Subject to appropriate referral by GP)

- | | | |
|------|---|---|
| M | = | 3 |
| M+2 | = | 5 |
| M+3+ | = | 7 |
- Limited to 3 visits/beneficiary/year



CHRONIC MEDICATION

(Subject to Registration;
Pre-authorisation; Internal Treatment
Protocols & Medicine Formulary;
PMB* and renewal of prescription
every 6 months)

- 100% of Cost at Single Exit Price & Regulated Dispensing Fee
- Subject to Generic and Scheme Formulary Services provided by DSP*
- **Other chronic (NON-CDL) medicine:** Limited to R12 000 / family and R4 000 / beneficiary / year
- **CDL/PMB Chronic Disease List medicine:** Unlimited
Payable first from Other Chronic Medicine



PHARMACY ADVISED THERAPY

(Over the counter medicines in consultation with pharmacist, restricted to Schedule 0, 1 and 2 medicines)

- Limited to R175 / Script
- Subject to Limit of R850 / family / year
- 100% Cost at Single Exit Price and Regulated Dispensing Fee



PHYSIOTHERAPY

(Appropriate referral by GP / Specialist)

- **IN HOSPITAL**
Subject to Admitting GP/Specialist Payment up to 3 days, thereafter treatment plan and progress report required
- **OUT OF HOSPITAL**
Limited to R2 700 / family / year
100% of Negotiated tariff
PMB* based on internal protocols



ACUTE MEDICATION

(Medication, Injection & Material)

- | | | |
|------|---|---------|
| M | = | R4 440 |
| M+1 | = | R6 355 |
| M+2 | = | R8 000 |
| M+3+ | = | R10 145 |
- Limited to R4 440/beneficiary/year
 - 100% of cost at Single Exit Price and Regulated Dispensing Fee
 - Subject to Generic & Schemes Formulary



CONSERVATIVE DENTISTRY

(Consultations, Fillings and Extractions, Scaling, Polishing and X-rays)

- Subject to Pre-authorisation
- 100% of Thebemed Dental Rates
- Based on DENIS* clinical protocols



MEDICAL AND ORTHOPAEDIC APPLIANCES

(Services In/Out of Hospital
Subject to Pre-authorisation and
GP/Specialist referral. PMB* based on
internal protocols)

- Limited to an overall R8 000 / family / year
 - 100% Negotiated Tariff
- The following Appliance sub-limits are applicable:
- **Wheelchair:**
One every 3-year cycle / beneficiary
 - **Speech and Hearing Aid:**
One every 3-year cycle / beneficiary



OPTOMETRY

(Frames, Lenses, Readers, Contact Lenses and Disposable Contact Lenses.
Subject to pre-authorisation)

- 1 Pair of frames limited to R813 / beneficiary / 2 years
- Single and Bifocal lenses covered at 100% at DSP* Negotiated rate
- Contact Lenses Limited to R1 235 / beneficiary / 2 years
- No benefit for Contact Lenses if Frames are purchased



AUXILIARY, ALTERNATIVE HEALTHCARE PRACTITIONERS

(Includes Chiropractors, Homeopaths, Podiatry, Hearing Aid Acousticians, Audiology, Dieticians, Occupational Therapists, Orthotics and Speech Therapists, Registered Nursing Services and Psychologist)

- Appropriate referral by GP / Specialist.
Subject to Treatment Plan and Progress Report from the provider after the 3rd visit)
- OUT OF HOSPITAL:
 - Collective Limited of R4 000 / family / year
 - 100% of Negotiated Tariff
 - PMB* based on internal protocols



SPECIALISED DENTISTRY

(Crown and Orthodontics)

- Limit R2 500 / person limited to R5 000 / family / year
- Subject to Pre-authorisation
- 100% of Thebemed Dental Rates.
- Based on DENIS* clinical protocols

HOSPITAL & ANAESTHETICS

- Impacted teeth only
- Subject to Pre-authorisation
- Based on admission protocols

OUT OF HOSPITAL BENEFITS



RADIOLOGY

(Including Radiography, Specialised Radiology and Angiography, Managed by Request Form as prescribed by the GP and referred Specialist)

- IN HOSPITAL
Subject to Hospitalisation benefits
- OUT OF HOSPITAL
Limited to R3 495 / family / year



PATHOLOGY

(Managed by Request Form as prescribed by the GP and referred Specialist)

- UNLIMITED
- 100% of Negotiated Tariff
- PMB* based on internal protocols



MRI / PET / CAT SCANS

(Subject to Pre-authorization)

- 2 MRI or CT Scans / beneficiary / year (In or Out of Hospital).
- 100% of Negotiated Tariff.
- PMB* based on internal protocols.



REFRACTION TESTS

- 1 Test / beneficiary / 2 years
- 100% of Negotiated Tariff
- Managed by PPN*

IN HOSPITAL BENEFITS

ALL BENEFITS AND SERVICES MUST BE PRE-AUTHORISED PRIOR TO ADMISSION, BY THE RELEVANT MANAGED HEALTHCARE COMPANY ON 0861 84 32 36. PRE-AUTHORISATION IS NOT A GUARANTEE OF PAYMENT. SCHEME RULES, FORMULARY, INTERNAL PROTOCOLS AND PMB'S WILL BE APPLIED WHERE APPLICABLE.



HOSPITALISATION

(Including accommodation, neonatal intensive care, theatre, materials and all related services)

- UNLIMITED
- 100% of Negotiated Tariff.
- Based on internal protocols
- Subject to PMB's
- Based on the Clinical Outcomes and Tariff Negotiations.
- The Scheme has the right to channel cases to the most competitive network



DIAGNOSTIC INVESTIGATIONS

(Pathology and Radiology)
Subject to GP / Specialist referral

- 100% of Negotiated Tariff
- PMB* based on internal protocols

MRI / PET / CAT SCANS

(Subject to Pre-authorization and Specialist referral)
PMB* based on internal protocols)

- 2 MRI or CT Scans / beneficiary / year (In/Out of Hospital).
- 100% of Negotiated Tariff.



PLANNED HOSPITAL PROCEDURES

- 100% of Negotiated Tariff.
- R1 000 Co-payment for the planned procedure: Removal of skin lesions
- R1 500 Co-payment for these planned procedures:
Tonsillectomy, Adenoidectomy, Vasectomy, Functional endoscopic sinus surgery.
- R3 500 Co-payment for these planned procedures:
Back and neck pain without neurological symptoms, Arthroscopy, Colonoscopy, Gastrosocopy, Hysterectomy, Laparoscopy, Nissen Fundoplication (Reflux Surgery)
- R8 000 Co-payment for these planned procedures:
Spinal Surgery and Joint Replacements.
- Subject to PMB's and internal protocols



AUXILIARY, ALTERNATIVE HEALTHCARE AND PHYSIOTHERAPIST PRACTITIONERS

(Includes Dieticians, Occupational Therapists, Physiotherapist and Speech Therapists)

(Referred by treating doctor)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols.
- Treatment Plan and Progress Report should be submitted during the hospital event to manage the clinical outcome.

IN HOSPITAL BENEFITS



TAKE HOME MEDICATION

- 7 Days supply / beneficiary / hospital stay



RENAL DIALYSIS

(Including Immune Suppressive Medication)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols and Treatment Plan



BLOOD TRANSFUSIONS & BLOOD REPLACEMENT PRODUCTS

- 100% of Negotiated Tariff.
- PMB* based on internal protocols



ONCOLOGY

(Radiotherapy, Chemotherapy and related materials)

- 100% of Negotiated Tariff.
- PMB* based on internal protocols.



ALTERNATIVES TO HOSPITALISATION

(Subject to Pre-authorisation & Case Management. PMB* based on internal protocols)

- UNLIMITED
- **At Step Down, Sub-acute & Terminal Care Facilities**
- 100% of Negotiated Tariff.
- PMB* based on internal protocols



ORGAN TRANSPLANTS

- 100% of Negotiated Tariff.
- PMB* based on Department of Health protocols



MENTAL HEALTH

(Psychiatric Treatment In and Out of Hospital). Appropriate referral by GP/ Specialist. Subject to Pre-authorisation for In and Out of Hospital, Treatment Plan Submission & Progress Report from the Provider

- Limited to R16 500 / family / year
- 100% of Negotiated Tariff
- PMB* 21 Days based on internal protocols
- Payment up to 3 days for Psychologist charging therapy sessions with Psychiatrist in the same admission, thereafter pre-authorisation required with treatment plan and progress report



MATERNITY

(Home Delivery: By Registered Midwife)

- UNLIMITED
- **Normal, Caesarean & Home Delivery**
- 100% of Negotiated Tariff.
- Maternity Vitamins limited to R100 / month / female beneficiary based on generic substitute and Schemes formulary.
- PMB* based on internal protocols
- 2 Maternity Sonars



With registration on the Thebe Bambino Programme

- 1 Additional Sonar
- 2 Additional gynae visits / pregnancy
- 3 Post Natal Midwife Consultations
- Maternity Bag at 7 months - Mother and baby essentials to get you started on your journey to motherhood



MEDICAL RESCUE

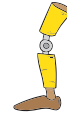
(Ambulance, Medical Emergency Evacuation Transport to Advisory Services)

- 100% of Negotiated Tariff at DSP*
- Subject to Pre-authorisation



MAXILLOFACIAL SURGERY

- 100% of Negotiated Tariff
- PMB* based on Department of Health protocols



INTERNAL & EXTERNAL PROSTHESIS

- Limited to an overall R55 000 / family / year
- Prosthesis sub-limits are applicable:
 - Vascular: R22 000
 - Joint replacement R40 000
 - Functional: R22 000;
 - Major Musculoskeletal: R17 000
- 100% of Negotiated Tariff and based on internal protocols



DRUG & ALCOHOL REHABILITATION

(Account will only be paid if the full course of treatment is completed)

- Limited to 21 days / beneficiary / year
- 100% of Negotiated Tariff.
- PMB* based on internal protocols
- Subject to Contracted Private Facility

myHealth

Health and Wellness Management Programme

- INFORMS MEMBERS OF POTENTIAL HEALTH RISKS
- SUPPLIES A **BASKET OF CARE** FOR THOSE DIAGNOSED WITH A CHRONIC CONDITION.
- SUPPORTS MEMBERS WITH MOTIVATION, COACHING, ADVICE, RESOURCES AND TOOLS TO HELP THEM ACHIEVE THEIR GOALS.

POWERED BY **momentum**
wellness



MYPLAN2B WELL

www.thebemed.co.za/myhealth

- Rate your health
- Choose your goal & register for e-coaching
- Personalise your meal
- Design your fitness plan
- Track your results
- 1 Membership / beneficiary / year for beneficiaries over 18 years
- Subject to online registration



HEALTH ASSIST

Limited to referral from DSP* GP & Specialist
100% of Negotiated Tariff.
(Test to be done at DSP Pathologist)

- 1 Health Risk Assessment Test (over 18yrs) / beneficiary / year. Available at DSP* Pharmacy without a DSP* GP referral
- 1 Flu Vaccine (over 12 yrs) / beneficiary / year
- 1 Blood Sugar/Glucose Test (over 15 yrs) / beneficiary / year
- 1 Colon Cancer Test (over 50 yrs) / beneficiary / year
- 1 HIV Wellness Test / beneficiary / year
- 1 Bone Density Scan (over 50 yrs) / beneficiary / year. Limited to R1 800
- 1 Dental Checkup / beneficiary / year
- 2 Dietician Consultations for BMI 35+ / beneficiary / 6 months. Limited to R1 200 (over 12 yrs)
- 1 Biokinetic Consultation / beneficiary / year Subject to Dietician Consultations for BMI 35+ and Limited to R300 (over 12 yrs)



THEBEMED MOSADI

All benefits payable at DSP*

- 100% of Negotiated Tariff at DSP*
- 1 Pap Smear / beneficiary / year (females over 18 years)
- 1 Mammogramme / beneficiary every 2 years (females over 40 yrs)
- Contraceptives - Oral, injectable and patch only
- Limited to R180 (Energy) and R150 (Fantasy and Universal) / script / month



TELEPHONIC SUPPORT 08002B WELL (0800 229 355)

Trauma & Short Term (Relationship, Family, Health, Lifestyle) Counselling
24 hours a day / 7 days a week Mon - Fri: 08h00 to 16h00

- UNLIMITED



THEBEMED MONNA

All benefits payable at DSP*

- 100% of Negotiated Tariff at DSP*
- 1 Mens Health Consultation (males over 18 yrs)
- Circumcision - Limited to R1 300 / beneficiary
- 1 PSA (males over 40 yrs) / beneficiary / 2 years
- Internal protocols applicable



YOUTH ASSIST

Designed to help the youth deal with conflict, drug and alcohol abuse, teenage pregnancies and abortions.

- 2 Free sessions at registered social worker or psychologist for beneficiaries 12-17 years / beneficiary / year
- Limited to R1 200 / beneficiary



HIV ASSIST

Includes Consultations, Counselling, Medication and Pathology Test. Members encouraged to register on the HIV/AIDS Management Programme

- 100% of Negotiated Tariff. Subject to PMB's
- Pre-exposure prophylaxis included



CHRONIC DISEASE

Subject to Registration on the Disease Management Programme

- Subject to Disease Management protocols
- Basket of Care



FREE AIRTIME

Sign up with Thebemed and receive a FREE SIM CARD. This provides easy communication with consultants and you receive R55 airtime monthly.



EDUCATE



IDENTIFY



DIAGNOSE



TREAT



SUPPORT

For detailed information contact Momentum Wellness on **08002B WELL (0800 229 355)**



Available in all official South African languages



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Just request a call, or send your question via text



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www.hellodocor.co.za



Dial *120*1019#

from your phone and follow the prompts to request a call.

Works on all phones

- Expert advice from qualified doctors FREE for ThebeMed Medical Aid Scheme members.
- Send a Call Back request from the Hello Doctor App, and a doctor will call you back within an hour.
- Check your symptoms on the App to get an idea of what's wrong.
- Get daily tips from a doctor to stay healthy.

ABBREVIATIONS

BHF	- Board of Healthcare Funders
BMI	- Body Mass Index
DSP	- Designated Service Provider
NON-DSP	- Service Providers that fall outside of the DSP List
CO-PAYMENT	- Payment that needs to be made to service providers that are not on the DSP* list, including certain planned hospital procedures and services to specialists not referred
CDL	- Chronic Disease List
DENIS	- Dental Information Systems
GP	- General Practitioner
ICD10	- International Statistical Classification of Disease and Related Health Problems
PMB	- Prescribed Minimum Benefits
PPN	- Preferred Provider Negotiators
SEP	- Single Exit Price
THEBE BAMBINO PROGRAMME	- Thebemed's Maternity Programme
VCT	- Voluntary Counselling and Treatment

CHRONIC DISEASE LISTING

Chronic medication for the following disease listing is considered as Prescribed Minimum Benefits (PMBs)*.

- Addison's Disease
- ADHD
- Allergic Rhinitis
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Crohn's Disease
- Depression
- Diabetes Insipidus
- Diabetes Mellitus Type I
- Diabetes Mellitus Type II
- Epilepsy
- Gastro-oesophageal reflux disease
- Glaucoma
- Gout
- Haemophilia
- Hyperlipidaemia
- Hypothyroidism
- Incontinence
- Multiple Sclerosis
- Osteoarthritis
- Parkinson's Disease
- Psoriasis
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis

EXCLUSIONS & LIMITATIONS

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, 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.

Expenses incurred with any of the following will not be paid by the scheme, except where included as Prescribed Minimum Benefits:

1. Treatment or operations for cosmetic purposes including Blepharoplasties, Genioplasties, Rhinoplasties, Otoplasties, removal of tattoos, Labial frenectomies for patients over the age of 8 years old, etc.
2. Treatment for obesity including Liposuction, tummy tuck, Bariatric Surgery, etc.
3. Cosmetic breast reduction and reconstruction, refractive surgery and human growth hormones
4. Treatment for infertility or artificial insemination limited to Prescribed Minimum Benefits in State Hospitals
5. Holidays for recuperative purposes
6. Services rendered by persons not registered with a recognised body in South Africa constituted in terms of any law
7. Purchase of medicines and proprietary preparations, including but limited to:
 - Bandages and aids
 - Nutritional / food supplements including patented baby foods and special formulae
 - Acne treatment including Roaccutane and Diane, refer to Scheme
 - Contraceptives available from state institutions
 - Toning and slimming products
 - Domestic and biochemical remedies
 - Vitamins except when prescribed for prenatal conditions, children under 12 years. Including people living with HIV/AIDS and registered on the programme
 - Aphrodisiacs
 - All soaps and shampoo (medicated or otherwise)
 - Anabolic steroids
 - Contact lenses preparations
 - Medicines and preparations advertised to the public and readily available without prescription, except where indicated in relevant benefit option
8. Examinations for insurance, visas, employment, school camps and similar purposes
9. Services rendered during any waiting periods that are imposed on the member or any dependant joining the scheme
10. Travel costs other than in an ambulance for emergency service to hospital only
11. Appointments not kept and fees for writing prescriptions
12. Telephonic consultations including after-hours consultations / fees except in emergency situations
13. Non-PMB claims resulting from war, invasion, act of foreign enemy, hostilities, warlike operations (whether the war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, wherever a member has been participating
14. Convalescent or recuperative homes or clinics for the aged and chronically ill including frail care
15. Loss of libido, including Viagra and Caverject
16. Acupuncture, reflexology and aromatherapy
17. Ante- and Postnatal exercise, except under Prescribed minimum Benefits and Post-natal visits at registered nurse once registered on the Bambino Programme
18. Osseo-integrated tooth implants
19. X-rays performed by anyone other than a registered Radiologist, Radiographer, Registered Radiographer Assistant or Dentist
20. Benefits in respect of the cost of medical expenses incurred whilst overseas are subject to approval by the Board of Trustees, if approved, cover will be at the applicable South African tariff
21. Complications arising from procedures or / and condition which is a scheme exclusion
22. Revision of scars Keloid removal except for burns and functional impairment
23. All expenses incurred due to elective Caesarean surgery are not covered by the Scheme
24. Purchase or hire of medical, surgical or other appliances or devices not provided for in the rules or protocols or not scientifically proven. Including appliances to treat headaches, autopsies, back rests and chair seats, beds and mattresses, blood pressure monitors, electronic tooth brushes, humidifiers, pain relieving machines (e.g. TENS and APS),
25. Erythropoietin unless pre-authorised
26. Gender re-alignment
27. Uvulopalatopharyngoplasty
28. Hyperbaric oxygen treatment except for Prescribed Minimum Benefits
29. Organ donations to anyone other than a member or dependent of the scheme
30. Exclusions listed under "Dental Benefit Exclusions Summary"; available on request from Scheme
31. Positron Emission Tomography (PET) scans where applicable
32. Alternative Health Practitioners (Osteopathy; Registered Counsellors; Reflexology; Phytotherapy; Therapeutic massage therapy)
33. 3D and 4D Maternity scans
34. MRI scans ordered by a general practitioner, unless there is no reasonable access to a specialist
35. X-rays performed by chiropractors
36. Chiropractor and Podiatry benefits in hospital
37. Sleep therapy
38. Bilateral gynaecomastia
39. Stethoscopes and sphygmomanometers (blood pressure monitors)
40. CT colonography (virtual colonoscopy) for screening
41. MDCT Coronary Angiography for screening
42. Epilation – treatment for hair removal
43. Facet joint injections and percutaneous radiofrequency ablations
44. Organs and haemopoietic stem cell (bone marrow) donations to any person other than a member or dependent of a member on this Fund
45. Counselling by Registered Counsellors and/or Art Therapist. Subject to Prescribed Minimum Benefits
46. Allergy screening panels and/or desensitisation
47. Arch supports and chair seats
48. Beds and mattresses
49. Insulin pumps except for children 7 years or younger with frequent documented events of hypo and hyperglycemia
50. Blepharoplasties unless causing demonstrated functional visual impairment and pre-authorised
51. Persons attending on behalf of another registered beneficiary or main member at a registered healthcare services provider
52. Visiting a healthcare service provider with the sole purpose of obtaining a sick certificate without any treatment received
53. Maternity Bag is not available for mothers after birth, that did not register on the Bambino Programme
54. Biokinetics in and out of hospital, except under Health Assist benefit and protocol rule or when authorised under the Back treatment protocol

