



## RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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## H v NETCARE MEDICAL SCHEME

The complaint concerned the non-payment of medical costs incurred by the Complainant's husband while travelling overseas.

The Complainant and her husband (the Dependant) were in Germany when the Dependant fell ill on or around 4 December 2023. He was hospitalized and diagnosed with a perforated infra-renal abdominal aortic aneurysm, requiring an emergency operation. Post-surgery, he spent 48 hours in the ICU before being moved to a normal ward and was discharged on 10 December 2024.

The Complainant submitted a claim for 15,552.80 Euros to cover emergency services, surgery, and hospital fees. She indicated that the Scheme declined the claim, stating that their policy did not cover overseas hospital admissions. The Complainant argued that the Dependant's emergency surgery was unforeseen and necessitated hospitalization.

The complaint was referred to the Scheme under Section 47(1) of the Medical Schemes Act, 1998. The Scheme stated that on 28 June 2023, the Complainant's son-in-law inquired about international cover. The Scheme indicated that it explained that it did not provide international cover and advised the couple to obtain international medical expense insurance through a travel agency. The son-in-law was also informed that only minor claims incurred overseas are covered. The Scheme added that the same information was reiterated in a "year-end benefit letter" sent to the Complainant on 29 November 2023, which explained that only minor incidents are covered while traveling abroad. The Scheme advised that a claim for international medical expenses was received on 29 January 2024 but declined, as the treatment was not minor.

The investigation considered all relevant facts, including clinical evidence, the Medical Schemes Act, its Regulations, and the registered Scheme rules. Section 32 of the Act establishes that the rules of a medical scheme are legally binding and enforceable, governing the relationship between a medical scheme and its members.

In this matter, it was established that the Scheme clearly communicated to the Complainant, through her son-in-law, that no international travel benefits were available and advised them to obtain international travel medical expense insurance. This was reiterated in a year-end benefit letter sent in November 2023, which specified that only minor medical expenses incurred overseas would be covered.

The Registrar found that when the Complainant and Dependant travelled to Germany, they were aware of the limitations of their coverage. The Dependant's condition—a perforated infrarenal abdominal aortic aneurysm—was a major medical emergency requiring immediate and extensive intervention, including surgery and a 5-day hospital stay. This far exceeded the scope of minor medical expenses as outlined in the Scheme's rules.

It was found that the Scheme's funding decision was justified and the complaint was accordingly dismissed.