

The contents of this table are for summary reference purposes only and in no way replaces the Rules of Pharos Medical Plan<sup>TM</sup> which are available on request

| Benefits  | Rainbow Comprehensive   | Rainbow Plus  | Paladin Comprehensive  | Footprint Comprehensive   |                         |                         | Rainbow Primary                 | Footprint Primary              |
|---|---|---|--|---|-------------------------|-------------------------|---------------------------------|--------------------------------|
|   |   |   |  | ≥7500   | 5000 to 7499            | ≤4999                   |                                 |                                |
| <b>With due regard to the Prescribed Minimum Benefits (PMB) and legislated Chronic Disease List (CDL). Scheme Protocols &amp; Policies Apply throughout</b> |   |   |  |   |                         |                         |                                 |                                |
| <b>Overall Annual Limit (OAL)</b>   | Unlimited   | Unlimited   | Unlimited  | Unlimited   |                         |                         | Unlimited                       | Unlimited                      |
| <b>Pharos Rate (P.R.)</b>   | 300 %   | 200 %   | 150 %  | 100 %   |                         |                         | 200 %                           | 100 %                          |
| <b>Hospital</b>   | All Private Hospitals   | All Private Hospitals   | All Private Hospitals  | Preferred Provider Network#<br>100% P.R. other networks 30% co-payment        |                         |                         | All Private Hospitals           | As per Footprint Comprehensive |
| <b>Day to Day</b>   | Yearly Limit & Extended Cover (Dentistry Limited to R18 000 per family/annum) | Limited to Plus account balance   | Yearly Limit & Extended Cover (Limited to R25 000 / family)  | Defined benefits according to type of service (Limited to R12 500 per family) |                         |                         | No Benefit                      | No Benefit                     |
| <b>Yearly Limit for Day to Day benefits</b>   | Annual Allowance plus Accumulated Allowance from prior years                  | Annual Plus account (savings) and Plus account accumulated from the previous year | Annual Allowance plus Accumulated Allowance from prior years | Defined Benefit Limits per service  |                         |                         | No Benefit                      | No Benefit                     |
| <b>Extended Cover</b><br>(After Threshold Benefit *)  | Unlimited at 80% Pharos Rate  | No extended cover   | At 80% of Pharos Rate Sub Limits                             | Not applicable  |                         |                         | No Benefit                      | No Benefit                     |
| <b>Annual Day to Day Allowance (R)</b>  | M : 6 960<br>A : 5 820<br>C : 1 548   | M : 3 240<br>A : 2 592<br>C : 792   | M : 6 000<br>A : 4 008<br>C : 1 800                          | According to type of service.   |                         |                         | No Benefit                      | No Benefit                     |
| <b>Annual Threshold</b><br>(Accumulation to threshold at 100% P.R.)   | M : 9 360<br>A : 7 620<br>C : 2 148   | Not applicable  | M : 8 400<br>A : 5 800<br>C : 3 000                          | Not applicable  |                         |                         | Not Applicable                  | Not Applicable                 |
| <b>Total Monthly Contribution (R)</b>   | M : 3 478<br>A : 2 874<br>C : 816   | M : 1 620<br>A : 1 294<br>C : 392   | M : 2 172<br>A : 1 738<br>C : 534                            | M:1 472<br>A :1 472<br>C 440  | M:982<br>A:982<br>C:296 | M:708<br>A:708<br>C:216 | M :1 344<br>A :1 066<br>C : 312 | M :672<br>A : 672<br>C : 220   |

\* After Threshold Benefit - If you have used your full day to day allowance and your Day to Day Allowance is less than your Annual Threshold, you will need to pay claims from your own pocket and submit these to the scheme in order to close the gap between your Day to Day allowance and Annual Threshold. Once this gap (the self-payment gap) is closed, you will be able to claim for extended cover according to the benefits of the option you belong to.

# - Preferred Provider Network (PPN) Hospitals in the National Hospital Network (NHN) group, Life Healthcare and Clinix. Designated Service Providers – all public hospitals. See rules for full list.



**Major and In- Hospital Specific Benefits – Subject to OAL , Scheme protocols and policies apply throughout**

| <b>Benefits</b>  | <b>Rainbow Comprehensive</b>   | <b>Rainbow Plus</b>  | <b>Paladin Comprehensive</b>  | <b>Footprint Comprehensive</b>   | <b>Rainbow Primary</b>   | <b>Footprint Primary</b>  |
|--|--|--|---|--|--|---|
| <b>General wards, day cases, theatre, medicines, GP's, specialists, and medical auxiliaries whilst admitted.</b> | Major Fund   | Major Fund   | Major Fund  | Major Fund   | Major Fund   | Major Fund  |
| <b>Investigations IVP and Scopes</b>   | Major Fund at 100% Pharos Rate   | Major Fund at 100% Pharos Rate   | Major Fund at 100% Pharos Rate  | When Admitted: Major Fund at 100% Pharos Rate  | Major Fund at 100% Pharos Rate   | When Admitted: Major Fund at 100% Pharos Rate                                       |
| <b>MRI &amp; CT Scans</b>  | Major Fund at 100% Pharos Rate Subject to 20% Co-payment for non PMB   | Major Fund at 100% Pharos Rate Subject to 20% Co-payment for non PMB             | Major Fund at 100% Pharos Rate Subject to 20% Co-payment for non PMB                              | When admitted: Major Fund at 100% Pharos Rate Subject to 20% Co-payment for non PMB. Out of Hospital subject to Specialist Benefit | Major Fund at 100% Pharos Rate Subject to 20% Co-payment for non PMB             | When admitted: Major Fund at 100% Pharos Rate Subject to 20% Co-payment for non PMB |
| <b>Specialised Adult Units (e.g. Intensive Care)</b>   | Major Fund   | Major Fund   | Major Fund  | Major Fund Preferred Provider (PP) or Designated Service Provider (DSP) only   | Major Fund   | Major Fund PP/DSP only  |
| <b>Neonatal Specialised Units</b>  | Major Fund   | Major Fund   | Major Fund Limit R275 000   | Major Fund PP/DSP only   | Major Fund   | Major Fund PP/DSP only  |
| <b>Organ Transplant</b>  | Major Fund   | Major Fund   | Major Fund Limit R180 000 Kidney only   | PMB only   | Major Fund   | PMB only  |
| <b>Renal Dialysis</b>  | Major Fund   | Major Fund   | Major Fund Limit R180 000   | PMB only   | Major Fund   | PMB only  |
| <b>Oncology (Cancer)</b>   | Major Fund ICON Enhanced Limited to R400 000 per 12 month cycle, thereafter 20% co-payment   |  | Major Fund Limit R180 000 ICON  | PMB only   | As per Rainbow Comprehensive   | PMB only  |
| <b>Psychiatry (excluding substance abuse)</b>  | Major Fund 21 days per beneficiary   | Major Fund 21 days per beneficiary   | Major Fund 21 days per beneficiary  | PMB only   | Major Fund 21 days per beneficiary   | PMB only  |
| <b>Dental Procedure under G.A.</b><br>(Children 6yrs and under or dental clearance)                              | Refer to In-hospital benefits – limited to hospital account and Anaesthetist account at option reimbursement rate with R1 500 up-front payment for:<br>Extractions and fillings for children 6 years and under and Dental clearance (standard extraction of 12 teeth or more). Dental Clearance limited to R20 000 |  |   | No Benefit   | As per Rainbow Comprehensive and Rainbow Plus                                    | No Benefit  |
| <b>Impacted Wisdom Teeth</b>   | Major Fund   | Major Fund   | Major Fund  | No Benefit   | Major Fund   | No Benefit  |
| <b>Internal appliances &amp; Internal Orthopaedic Prostheses</b>   | Major Fund<br>Orthopaedic prostheses limited to R38 000 per prosthesis per annum   | Major Fund<br>Orthopaedic prostheses limited to R38 000 per prosthesis per annum | Major Fund<br>Sub Limit R43 500<br>Orthopaedic prostheses limited to R38 000 per family per annum | Major Fund<br>Preferred Provider Network (PPN) or Designated Service Provider (DSP) only.<br>Joint Prostheses PMB only             | Major Fund<br>Orthopaedic prostheses limited to R38 000 per prosthesis per annum | Major Fund<br>PPN or DSP only.<br>Joint Prostheses PMB only                         |



**HIV/AIDS Specific Benefits – Subject to OAL , Scheme protocols and policies**

| <b>Benefits</b>   | <b>Rainbow Comprehensive</b>            | <b>Rainbow Plus</b> | <b>Paladin Comprehensive</b>                    | <b>Footprint Comprehensive</b> | <b>Rainbow Primary</b> | <b>Footprint Primary</b> |
|---|---|---------------------|---|--------------------------------|------------------------|--------------------------|
| <b>HIV/AIDS In-hospital and PMB</b><br><i>(Registration required)</i>                       | Major Fund                              | Major Fund          | Major Fund                                      | PMB only                       | Major Fund             | PMB only                 |
| <b>HIV/AIDS Outside of PMB out of hospital excl ARV's</b><br><i>(Registration required)</i> | Yearly Limit & Extended Cover Unlimited | PMB only            | Yearly Limit & Extended Cover Sub Limit R17 500 | PMB only                       | PMB only               | PMB only                 |

**Medication Specific Benefits – Subject to OAL , Scheme protocols and policies**

|  |  |  |   |  |   |  |
|--|--|--|---|--|---|--|
| <b>Chronic Conditions Covered (Registration required)</b>                                    | All chronic conditions   | PMB/CDL only   | 36 Conditions including CDL (25+11)   | PMB/CDL only   | PMB/CDL only  | PMB/CDL only                             |
| <b>Chronic Medication Formulary (on Mediscor Website www.mediscor.net)</b>                   | CDL:<br>Extended Formulary<br>Non-CDL:<br>Standard Formulary<br>100%, Non-formulary<br>30% co pay                        | Core Formulary   | Standard Formulary  | Core Formulary   | Core Formulary  | Core Formulary                           |
| <b>Reference Pricing</b>   | Generic Reference Pricing  | Generic Reference Pricing                              | Generic Reference Pricing   | Generic Reference Pricing  | Generic Reference Pricing   | Generic Reference Pricing                |
| <b>Chronic Medication Benefit including ARV's (Registration Required)</b>                    | Yearly Limit thereafter Chronic Benefit Unlimited  | PMB only from Major Fund<br>Non- PMB from Plus Account | Yearly Limit thereafter Chronic Subsidy R8500 thereafter unlimited for PMB              | PMB Benefit  | PMB only  | PMB only                                 |
| <b>Specialty Medicines - Oncology (Cancer related) Accumulates to overall oncology limit</b> | ICON enhanced<br>20% co-pay for non PMB.<br>Overall limit R200 000 per annum   |  | PMB only  | PMB only   | ICON+<br>20% co-pay for non PMB. Overall Limit R200 000 per annum | PMB only                                 |
| <b>Specialty Medicines - non-cancer related</b>  | PMB - Major Fund<br>Non-PMB - Yearly Limit thereafter through Extended Cover with 20% co-payment. R200 000 overall limit | PMB - Major Fund<br>Non - PMB – Plus Account           | PMB - Major Fund<br>Non-PMB limited to funds in Yearly Limit                            | PMB - Major Fund<br>Non-PMB- no benefit                                | PMB - Major Fund<br>Non-PMB no benefit                            | PMB - Major Fund<br>Non-PMB - no benefit |
| <b>Acute Prescribed Medication</b>   | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Unlimited   | Plus account thereafter PMB only                       | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Subject to Sub-limit | Dispensing GP: Unlimited Pharmacy as per Out of Hospital Benefit Table | No Benefit  | No Benefit                               |
| <b>Pharmacy Advised Therapy and Over the Counter Medicines (Max R150 per script)</b>         | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Unlimited   | Plus account thereafter PMB only                       | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Subject to Sub-limit | As per Out of Hospital Acute Medicine Benefit                          | No Benefit  | No Benefit                               |



## Out of Hospital Specific Benefits – Subject to OAL , Scheme protocols and policies

| Benefits  | Rainbow Comprehensive  | Rainbow Plus   | Paladin Comprehensive  | Footprint Comprehensive   | Rainbow Primary  | Footprint Primary  |
|---|--|--|--|---|--|--|
| <b>GP's, specialists, homeopaths, psychiatrists, clinical psychologists, primary nurse consults &amp; treatment</b>             | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Unlimited       | Plus account thereafter PMB only                                     | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Subject to Sub-limits | GP: Unlimited at 100% Pharos Rate Specialists and Auxiliaries according to Out of Hospital (OOH) Benefit Table per applicable service | PMB only   | PMB only   |
| <b>Auxiliaries: chiropractics, biokinetics, dieticians, podiatry, audiology, speech, physio &amp; occupational therapies,</b>   | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Unlimited       | Plus account thereafter PMB only                                     | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Subject to Sub-limits | As per applicable OOH Benefit   | PMB only   | PMB only   |
| <b>Post Discharge Benefit (up to 30 days following surgical admission)</b>  | Major Fund<br>8 Physio sessions<br>Pathology<br>Black & White X-rays               | Major Fund<br>8 Physio sessions<br>Pathology<br>Black & White X-rays | Major Fund<br>8 Physio sessions<br>Pathology<br>Black & White X-rays                     | Major Fund<br>8 Physio sessions<br>Pathology<br>Black & White X-rays  | Major Fund<br>8 Physio sessions<br>Pathology<br>Black & White X-rays | Major Fund<br>8 Physio sessions<br>Pathology<br>Black & White X-rays |
| <b>Hospice excluding Frail Care</b>   | Major Fund<br>Maximum 30 days  | Major Fund<br>Maximum 30 days  | Major Fund<br>Maximum 30 days  | PMB only  | Major Fund<br>Maximum 30 days  | PMB Only   |
| <b>Private Nursing excluding Frail Care</b>   | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Maximum 30 days | Plus account thereafter PMB only                                     | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Subject to Sub-limit  | PMB only  | PMB only   | PMB only   |
| <b>Rehabilitation, step down and Private Nursing following admission to hospital (excluding substance abuse and Frail Care)</b> | Major Fund<br>Maximum 30 days  | Major Fund<br>Maximum 30 days  | Major Fund<br>Maximum 30 days  | PMB Only  | Major Fund<br>Maximum 30 days  | PMB Only   |
| <b>Appliances, external prostheses, wheelchairs, hearing aids, sleep studies &amp; treatment</b>                                | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Unlimited       | Plus account thereafter PMB only                                     | Yearly Limit at Cost, thereafter Extended Cover at 80% Pharos Rate Subject to Sub-limits | As per applicable OOH Benefit   | PMB only   | PMB only   |



**Out of Hospital Specific Benefits (continued) – Subject to OAL , Scheme protocols and policies**

| Benefits  | Rainbow Comprehensive                                      | Rainbow Plus                     | Paladin Comprehensive   | Footprint Comprehensive       | Rainbow Primary | Footprint Primary |
|---|--|----------------------------------|---|-------------------------------|-----------------|-------------------|
| <b>Pathology &amp; Radiology (excluding MRI &amp; CT scans)</b> | Yearly Limit & Extended Cover at 80% Pharos Rate Unlimited | Plus account thereafter PMB only | Yearly Limit & Extended Cover at 80% Pharos Rate Subject to Sub-limit | As per applicable OOH Benefit | PMB only        | PMB only          |

**Dentistry Benefits – Subject to OAL, Dental Sub-limits , Scheme protocols and policies**

|  |  |                                  |   |   |   |            |
|--|--|----------------------------------|---|---|---|------------|
| <b>General Dentistry</b> e.g. Consultations, prevention, extractions, fillings, root canal & surgery | 100% Pharos Rate from Yearly Limit & Extended Cover Limit  | Plus account thereafter PMB only | Yearly Limit & Extended Cover Sub-limit                         | As per applicable OOH Benefit – Basic Dentistry only (Fillings, extractions, and examination) | No Benefit                                    | No Benefit |
| <b>Dentistry in hospital</b>   | Refer to In-hospital benefits – limited to hospital account and Anaesthetist account at option reimbursement rate with R1 500 up-front payment for:<br>Extractions and fillings for children 6 years and under and Dental clearance (standard extraction of 12 teeth or more). Dental Clearance limited to R20 000 |                                  |   | No Benefit  | As per Rainbow Comprehensive and Rainbow Plus | No Benefit |
| <b>Crowns &amp; Bridge Work</b>  | 100% Pharos Rate from Yearly Limit & Extended Cover Limit  | Plus account                     | 100% Pharos Rate from Yearly Limit and Extended Cover Sub-limit | No Benefit  | No Benefit                                    | No Benefit |
| <b>Orthodontics</b> (limited to patients 18yrs and younger)  | 100% Pharos Rate from Yearly Limit & Extended Cover Limit  | Plus account                     | 100% Pharos Rate from Yearly Limit and Extended Cover Sub-limit | No Benefit  | No Benefit                                    | No Benefit |
| <b>Jaw Correction (Orthognathic) Surgery</b>   | Major Fund with 20% co-payment   | Major Fund with 20% co-payment   | Major Fund with 20% co-payment                                  | No Benefit  | Major Fund with 20% co-payment                | No Benefit |
| <b>Implants</b>  | 100% Pharos Rate from Yearly Limit and Extended Cover Limit  | Plus account                     | 100% Pharos Rate from Year Limit and Extended Cover Sub-limit   | No Benefit  | No Benefit                                    | No Benefit |

**Optical Specific Benefits – Subject to OAL, Scheme protocols and policies. Iso Leso Guidelines or benefits apply.**

|  |  |              |   |                                     |            |            |
|--|--|--------------|---|-------------------------------------|------------|------------|
| <b>Examination, frames, single &amp; bi-focal lenses</b>                         | Yearly Limit & Defined Extended Cover subject to clinical need. (Frames Max of R800 in extended cover) | Plus account | Yearly Limit & Extended Cover Limit (Defined Iso Leso Benefit - subject to clinical need) | Iso Leso Benefit per 24 months      | No Benefit | No Benefit |
| <b>Multi-focal lenses</b>  |  |              |   | No Benefit                          |            |            |
| <b>Contact Lenses</b><br><i>Optional alternative per benefit year to glasses</i> |  |              |   | Up to Single Vision Glasses Benefit |            |            |
| <b>Lasik surgery</b>   |  |              |   | Accumulated Private Fund            |            |            |



**Emergency Transportation– Subject to OAL. Subject to ER24 Call Centre Protocols and Scheme policies**

| Benefits   | Rainbow Comprehensive  | Rainbow Plus | Paladin Comprehensive | Footprint Comprehensive | Rainbow Primary | Footprint Primary |
|--|--|--------------|-----------------------|-------------------------|-----------------|-------------------|
| <b>Ambulance &amp; Aeromedical services</b><br><i>within borders of RSA, Lesotho &amp; Swaziland</i> | Unlimited subject to an authorized admission as per managed care protocol – ER24 |              |                       |                         |                 |                   |
| <b>Other</b>   |  |              |                       |                         |                 |                   |
| <b>Screening and Preventative Health Benefits according to protocol</b>                              | Major Fund   | Major Fund   | Major Fund            | Major Fund              | Major Fund      | Major Fund        |
| <b>Lifestyle Programme for Chronic Conditions (Fortitude)</b>  | Major Fund   | Major Fund   | Major Fund            | Major Fund              | Major Fund      | Major Fund        |
| <b>Business Travel and Leisure Travel</b><br><i>90 days outside South Africa</i>                     | R10 million medical expenses only<br>Travel must be declared before leaving      |              |                       |                         |                 |                   |

**N.B.**

- All Hospital admissions must be pre-authorized at least 72 hours prior to the admission date unless the admission was as a result of an emergency. Should the patient have been admitted as an emergency, the scheme must be notified within 24 hours of admission or by the first working day after admission. Failure to authorise an admission will incur a 30% penalty. The scheme may also decline authorisation if the admission did not meet the scheme protocol for hospital admissions.**
- All claims must be submitted within the scheme’s stale claim period which is up to 5 months (see rule 35.5 of the scheme rules)**
- All claims must be accompanied by full details and invoices from the providers (see rule 35). Only claims from relevant health care providers will be considered.**
- Members may only change benefit option in January. Upgrades and downgrades are not allowed.**
- Benefits are pro-rated from the date of membership for members who join during a benefit year.**

**PALADIN COMPREHENSIVE OPTION - EXTENDED COVER BENEFIT LIMITS 2012**

Benefits are pro-rated for members who join within a benefit year. Limits are based on the **gross claimed amount**.

**Overall Annual Out of Hospital Benefit including Yearly Limit – R25 000**

All Extended cover reimbursed at 80% of the Pharos Rate or 80% of Single Exit price plus scheme negotiated dispensing fee, whichever applies.

| <b>PROCEDURE/BENEFIT</b>  | <b>Single Member</b>  | <b>Member +1</b> | <b>Member +2</b> | <b>Member +3</b> | <b>Member +4</b> |
|---|---|------------------|------------------|------------------|------------------|
| General Practitioner, homeopath and primary health nurse consultations and procedures.  | R1 000  | R1 750           | R2 250           | R2 750           | R3 245           |
| Specialist consultations and procedures.  | R1 000  | R1 500           | R2 000           | R2 500           | R2 755           |
| Dentistry.  | R4 955  | R5 540           | R6 180           | R6 880           | R7 460           |
| Acute prescriptions and/or self-medication.<br><i>Generic Reference Price and Standard formulary apply.</i>   | R3 430  | R4 275           | R5 120           | R6 810           | R8 505           |
| Optical.  | Subject to Iso Leso Benefit (see separate schedule)   |                  |                  |                  |                  |
| Medical and surgical appliances.  | R3 225 per member family per annum.   |                  |                  |                  |                  |
| Wheelchairs, hearing aids and external prostheses.  | R8 600 per member family per annum.   |                  |                  |                  |                  |
| Psychiatric treatment.<br>Psychology and substance abuse treatment.   | R4 840 per member family per annum.   |                  |                  |                  |                  |
| <u>Auxiliary services:</u><br>Biokinetics , Chiropractics<br>Dieticians<br>Occupational therapist<br>Physiotherapy<br>Podiatry<br>Private nursing<br>Reflexology<br>Speech therapist. | R3 010 per member family per annum.   |                  |                  |                  |                  |
| Radiology (excluding MRI and CT scans).   | R2 700 per member family per annum.   |                  |                  |                  |                  |
| Pathology.  | R3 000 per member family per annum.   |                  |                  |                  |                  |
| Investigative procedures e.g. sleep studies and gastroscopy.  | R8 000 per family per annum<br><i>Pre-authorization required and subject to Scheme Protocols.</i> |                  |                  |                  |                  |

**SUPPLEMENTARY CHRONIC CONDITIONS SPECIFIC TO PALADIN  
COMPREHENSIVE OPTION 2012  
(in addition to the 25 Chronic Disease List Conditions)**

|   |
|---|
| Osteoporosis                                      |
| Osteopaenia                                       |
| Gout  |
| Depression other than provided for in the PMB     |
| Attention Deficit Disorder                        |
| Osteoarthritis                                    |
| Allergic Rhinitis prevention (children only)      |
| Psoriasis   |
| Confirmed Gastro-esophageal Reflux Disease (GERD) |
| HIV/AIDS  |
| Hormone Replacement Therapy                       |

**PALADIN Iso Leso OPTICAL BENEFIT 2012**

|  |   |
|--|---|
| <b>Test</b>  | Up to R300 per test                       |
| <b>Frame</b>   | Up to R545 per frame                      |
| <b>Lenses – Single</b>   | Standard and Surfaced:<br>Up to R180 each |
| <b>Lenses – Bifocal</b><br>(if clinically appropriate)   | Up to R510 each                           |
| <b>Lenses – Multifocal</b><br>(Must be pre-authorized. Does not accumulate to threshold if not clinically motivated) | Up to R750 each                           |
| <b>Contact Lenses</b><br>(no benefit if glasses claimed in same year for same patient)                               | Up to R1 200 total claim per year         |

**PALADIN COMPREHENSIVE - 2012  
Summary of Deductibles (unless Prescribed Minimum Benefit being Treated at a Designated Service Provider)**

| Procedure  | Deductible |
|--|------------|
| Joint replacements   | R7 500     |
| Spine and Back Surgery   | R7 500     |
| Anti-reflux (Nissen) Procedure   | R7 500     |
| Gall Bladder Procedures  | R2 500     |
| Laparoscopic surgery (other than gall bladder, inguinal hernia, diagnostic or for sterilization) | R3 000     |
| Hysterectomy (removal of womb)   | R3 500     |
| Surgery for endometriosis  | R3 500     |
| Sinus Surgery, functional reconstruction of nose, palate or back of throat                       | R2 000     |
| Removal of tonsils, adenoids, ear grommets, Myringotomy  | R1 000     |

**FOOTPRINT COMPREHENSIVE OPTION - OUT OF HOSPITAL BENEFIT LIMITS 2012**

| PROCEDURE/BENEFIT  | Single Member  | Member +1 | Member +2 | Member +3 | Member +4 |
|--|--|-----------|-----------|-----------|-----------|
| Benefits are pro-rated for members who join within a benefit year. <b>Overall Annual Out of Hospital Benefit- R12 500 based on gross paid amount</b> |  |           |           |           |           |
| Benefits reimbursed at 100% of the Pharos Rate or Single Exit Price plus the scheme negotiated dispensing fee, whichever applies.                    |  |           |           |           |           |
| General Practitioner   | Unlimited (Subject to the overall out of hospital limit)   |           |           |           |           |
| Specialists  | R1500  | R2000     | R2000     | R2000     | R2000     |
| Basic Dentistry - <b>(Fillings &amp; Extractions with 1 check-up per patient per annum)</b>  | R1400  | R1800     | R2200     | R2600     | R2600     |
| Acute Medication including OTC <b>(Generic Reference Pricing applies)</b>  | R1200  | R1400     | R1600     | R1800     | R2000     |
| Spectacles and Frames <b>(Limited to one per beneficiary every 2 (Two) years)</b>  | <b>Subject to the Iso Leso Bronze Benefit</b><br>Test: R330 if done alone<br>Single Vision Glasses incl. Frame: R600<br>Bi-focal Glasses incl. Frame: R900<br>Multifocal Glasses: No Benefit<br>Contact Lenses instead of SV Glasses: R600 |           |           |           |           |
| Surgical and Medical appliances  | R3500 per member family per annum  |           |           |           |           |
| Wheelchairs, Hearing Aids and External Protheses   | No Benefit   |           |           |           |           |
| Psychiatric/Psychological Treatment  | Limited to the PMB through DSP Max 21 days in hospital <b>OR</b> 15 out-patient consults per beneficiary per annum   |           |           |           |           |
| <b>Auxiliary Services</b><br>Biokinetics, Dieticians, Occupational Therapists, Speech Therapists, Physiotherapy, Private Nursing                     | R2 250 per member family per annum   |           |           |           |           |
| Basic Radiology and Pathology  | R1800  | R2000     | R2000     | R2200     | R2200     |
| MRI & CT scans   | <b>Out of Hospital:</b> Included in Specialist Benefit   |           |           |           |           |

**FOOTPRINT COMPREHENSIVE AND FOOTPRINT PRIMARY SUMMARY OF SPECIFIED PROCEDURE LIMITATIONS – 2012**

| <b>CONDITION / PROCEDURE</b>   | <b>BENEFIT</b>  |
|--|---|
| <b>CARDIAC (HEART CONDITIONS)</b>  |   |
| Stents, Angiograms and Cardiac catheterization, abnormal heart rhythm such as atrial fibrillation  | For Prescribed Minimum Benefits (PMB) only. Preferred Provider Network (PPN) only   |
| Coronary artery bypass graft and similar procedures, Major blood vessel surgery such as femoral bypass including stents, Heart valve replacement, Aneurysm of major blood vessel, congenital (born with) heart problems. | Limited to the legislated PMB's through Designated Service Provider (DSP) at Uniform Patient Fee Schedule Rate (UPFS) or Pharos Rate (P.R.) whichever is applicable |
| Pace-maker   | R16 275 per family per year   |
| <b>ORTHOPAEDIC &amp; SPINAL SURGERY</b>  |   |
| Internal fixation devices - relating to spinal surgery only (e.g. pins, cages and screws), Spinal infections, Spina Bifida, Spinal fusions and laminectomy   | Limited to the legislated PMBs through DSPs at UPFS or Pharos Rate, whichever is applicable   |
| Muscle and Bone conditions with no surgical treatment indicated e.g. backache  | <b>No Benefit</b>   |
| <b>BRAIN AND NERVOUS SYSTEM</b>  |   |
| Encephalocele, Hydrocephalus, Myaesthesia Gravis, Muscular Dystrophy, Tetanus and Neuro-myopathies   | Limited to the legislated PMBs through DSPs at UPFS or Pharos Rate, whichever is applicable   |
| Other neurosurgery excluding trauma.   | For PMB at Preferred Provider Network (PPN) only.   |
| <b>STOMACH , LIVER, PANCREAS AND BOWELS</b>  |   |
| Hiatus hernia repair with anti-reflux procedure (nissen)   | No Benefit  |
| Cholecystectomy and related procedures   | Subject to Deductible of R2500  |
| Esophageal varices   | Limited to the legislated PMBs through DSPs at UPFS or Pharos Rate, whichever is applicable   |
| <b>LAPAROSCOPIC SURGERY for gall bladder, inguinal hernia, female sterilization and diagnosis only</b>   |   |
| <b>GYNAECOLOGICAL</b>  |   |
| Hysterectomy – vaginal or abdominal with or without repair and removal of ovaries, Endometriosis   | Subject to a Deductible of R3500  |
| <b>EAR NOSE AND THROAT</b>   |   |
| Reconstruction of nose and sinus operations and procedures to the palate   | No Benefit  |
| Tonsillectomy (dissection of the tonsils) and removal of adenoids, Grommets and minor ear procedures   | Subject to a Deductible of R500   |
| <b>OTHER</b>   |   |
| Immunocompromise irrespective of cause   | Limited to R20 000 per family per year  |
| Gauchers   | No Benefit  |
| Guillan barre, polio , rabies, liver failure and obstructions, end stage kidney disease, kidney dialysis and similar conditions  | Limited to the legislated PMBs through DSPs at UPFS or Pharos Rate, whichever is applicable   |

**SUMMARY OF SCHEME EXCLUSIONS 2012 (refer to rule 43 of Scheme Rules for detailed exclusions)**

- Any service that was offered free of charge
- Treatment of infertility or artificial insemination
- Cost of Foods and food products including baby foods
- Travelling expenses by a provider or a member
- Cost of accommodation where the treatment is considered frail care or assistance with daily living
- Holidays and visits to health farms and stress clinics
- Failing to keep an appointment
- Any costs that have been or could be claimed from another insurance such as Road Accident Fund or Compensation of Occupational Injuries, Medical malpractice etc.
- Injuries resulting from participation in professional speed trials
- Cosmetic treatments or any treatment that is not for a functional purpose
- Treatment for obesity unless approved by the Board of Trustees for a member who has participated and complied with the Fortitude Lifestyle Management Programme offered by the scheme
- Treatments by a provider who is not included in terms of the scheme rules such as un-registered therapists
- Experimental and “off-label” use of medicines or treatments
- Medicines that should not be used together
- Any costs for which pre-authorisation was declined
- Any costs related to breast reconstruction and enlargement other than a breast directly affected by cancer
- Any costs related to educational and related psychology treatment
- Any costs related to an injury or condition sustained while a beneficiary was conducting an illegal or criminal act
- Any costs related to injuries or medical conditions caused as a result of self-harm other than the Prescribed Minimum Benefits
- Any costs related to the use of modifier 0018 by a provider (modifier is used for patients with a BMI of 35 or more)
- Claims incurred in a previous year that did not qualify for subsidy (i.e. claims cannot be rolled over for payment in a following year unless the member has accumulated and carried over funds to do so)

**Preferred Provider Networks**

National Hospital Network  
 Life Healthcare Hospitals  
 Clinix Hospital Group  
 CareCross Health/ONECARE Network  
 Clicks Direct Medicines  
 Dis-Chem Pharmacies

**Designated Service Providers (refer to appendix 1 – Scheme Rules)**

All Public Sector Hospitals  
 Folateng Wards  
 CareCross Health General Practitioners  
 Clicks Direct Medicines  
 Dis-Chem Pharmacies

| <b>IMPORTANT CONTACT NUMBERS</b>                             |  |
|--|--|
| <b>Client Services</b>                                       | <b>0860 CARING (0860 227 464)</b>        |
| <b>Pre-Authorisation</b>                                     | <b>0861 GET WELL (0861 438 9355)</b>     |
| <b>Medical Emergencies &amp; Ambulance</b>                   | <b>084 124</b>                           |
| <b>Chronic Medication Registration (Mediscor Chroniline)</b> | <b>0860 119 553</b>                      |
| <b>Fortitude Programme</b>                                   | <b>Your Dedicated Professional Nurse</b> |
| <b>Fraud Tip Off Line</b>                                    | <b>0860 633 633</b>                      |
| <b>HIV/AIDS Programme</b>                                    | <b>0861 GET WELL (0861 438 9355)</b>     |
| <b>HIV/AIDS Confidential Care Line</b>                       | <b>0860 448 2273 (0860 HIV CARE)</b>     |
| <b>“our-baby” Programme</b>                                  | <b>0861 GET WELL (0861 438 9355)</b>     |
| <b>IsoLeso (Optical Network)</b>                             | <b>0860 103 050</b>                      |
| <b>Clicks directmedicines</b>                                | <b>0861 44 44 05</b>                     |
| <b>ICON Oncology Network</b>                                 | <b>021 944 3750</b>                      |
| <b>Pharadigm Lifestyle Programme</b>                         | <b>0860 BE WELL (0860 239 355)</b>       |
| <b>Travel Insurance</b>                                      | <b>Client Services 0860 227 464</b>      |
| <b>Principal Officer</b>                                     | <b>principalofficer@pharosmp.co.za</b>   |
| <b>Council for Medical Schemes</b>                           | <b>012 431 0500</b>                      |
| <b>e-Mail queries</b>  | <b>queries@pharosmp.co.za</b>            |
| <b>e-Mail complaints</b>                                     | <b>complaints@pharosmp.co.za</b>         |