



PHAROSTM
MEDICAL PLAN

Footprint Comprehensive 2010

Footprint Comprehensive is an entry level product for persons with cost considerations and modest healthcare needs who are looking for good value for money and total freedom of choice.

In-Hospital Major Benefits

Overall Annual Limit (OAL) Unlimited

Benefits payable up to 100% of Pharos Rate* (PR)
All benefits are subject to Scheme Rules, Policies & Managed Care Protocols
Sub-limits and deductibles may apply as per Scheme Rules.

Specific Services in Hospital - Pre-Authorisation Required

Maternity including Neonatal ICU	100% PR Neo-natal including NICU limited to R82 000
Specialised Units e.g. ICU	100% PR Limited to R32 550/ family/ annum
Psychiatric	5 days / beneficiary. 100% PR
Percutaneous Cardiac procedures including stents	100% PR. Stents limited to a maximum of 2 and R30 000 limit per family per annum
Arrhythmia	R30 000 /family / annum , excluding pace-maker
Pace maker	R16 275 /family/ annum
Neurosurgery not related to trauma	R54 500/family / annum
Blood and related products	R10 850 / annum
Internal fixation devices	R16 275 / admission
Renal Dialysis	PMB at Designated Service Provider
Organ Transplant	PMB at Designated Service Provider
Oncology	PMB at Designated Service Provider
Routine medical admissions	100% PR R500 up-front payment, if non-PMB
Post-Discharge, Physiotherapy Black and White X-rays & Pathology	100% PR - Limited to 30 days after Pre-Authorised Surgery. Maximum 8 sessions Physio in 30 day period
Daycase Procedures and Minor Theatre (excluding Dentistry)	100% PR
Casualty Fees for Trauma Treatment on day of Injury	100% PR
Investigations e.g. gastroscopy, laparoscopy, arthroscopy, hysteroscopy	100% PR
Specialised Radiology e.g. MRI, CT, Nuclear studies	100% PR 20% Co-payment, if non-PMB
Spinal Surgery	PMB at Designated Service Provider
Joint Replacement	No benefit
Advanced electronic devices	No benefit
TTO Appliances	No benefit
TTO Medicines	Maximum 7 days supply
Immunocompromise & Opportunistic Infections	R20 000/family/annum. 100% PR
HIV/AIDS (Registration required)	PMB at Designated Service Provider
Sub-acute, Step-down & Rehab (excluding substance abuse)	100% PR. Maximum of 14 days
Impacted Wisdom Teeth	100% PR, R500 up-front payment
Dental Procedures - child 6 years and under and Dental Clearance	100% PR for Hospital account and Anaesthetist subject to R1500 up-front payment by member. Dentist and associated accounts 100% PR from Yearly Limit/Extended Cover

Out of Hospital Benefits

Benefits are subject to available funds in the **Yearly Limit** and will be paid at cost of treatment^o.
Dental paid at 100% Pharos Rate.
The Yearly Limit holds the **Annual Allowance** and any accumulated funds from previous years.

Annual Allowance & Threshold Values

Income Band	Below R7 000	R7 000 & above
Principal	R 1600	R 6 012
Adult	R 600	R 1 992
Child	R 200	R 1 116

Unused Annual Threshold at year end may be transferred through to the next benefit year as per Scheme Rules.

Once members have reached their Yearly Limit, claims will be paid from **Extended Cover** at 80 % of Pharos Rate subject to applicable MCP and Extended Cover Sub-limits.

OAL for out of hospital benefits including the Yearly Limit, Chronic Subsidy & Extended Cover is R12 500 /family.

Deductibles

Procedure	Deductible
Nissen (Hiatus Hernia, Anti-reflux procedure)	R 1 250
Cholecystectomy	R 1 250
Hysterectomy	R 1 000
Sinus & Nasal surgery	R 1 000
Tonsils, Adenoids & Grommets	R 500

Emergency Transportation

Unlimited subject to an authorised admission as per Managed Care Protocol

24 HOUR EMERGENCY LINE:

**084 124
0861 101 569**

Chronic Medication

- **PMB CDL - Unlimited**
- **Generic reference pricing & Mediscor basic formulary**

Registration required

FOOTPRINT COMPREHENSIVE CONTRIBUTIONS 2010

Income Band	Below R7 000	R7 000 & above
Principal	R 970	R 1 398
Adult	R 774	R 1 116
Child	R 258	R 380

This marketing document is for summary reference purposes only and in no way supersedes the Pharos Rules which are available from the Administrator.

* This is the negotiated service provider rate that Pharos sets for the re-imbursalment of claims as described in the Pharos Rules - Preferred Providers may apply.
Up-front payments may be claimed from the Yearly Limit but do not accumulate to threshold.

^o Accumulates at 80% Pharos Rate

CDL - Chronic Disease List
OAL - Overall Annual Limit

DSP - Designated Service Provider
PMB - Prescribed Minimum Benefit

MCP - Managed Care Protocol
TTO's - To Take Out