

ANNEXURE B - 5

**PHAROS MEDICAL PLAN
FOOTPRINT COMPREHENSIVE OPTION
BENEFIT SCHEDULE 2012**

With due regard to the Prescribed Minimum Benefits (PMB) and legislated Chronic Disease List (CDL).

SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT

OVERALL ANNUAL LIMIT (OAL) –Unlimited per family per annum.

Subject to Listed and Specified Procedure Limitations as per Annexure F and an Out of Hospital overall Limit of R12 500 per family per annum. All Benefits paid at 100% of the Pharos Rate.

PROCEDURE	BENEFIT
HOSPITALISATION BENEFITS ALL HOSPITAL BENEFITS ARE SUBJECT TO SPECIFIC LIMITATIONS AS PER ANNEXURE F UNLESS SPECIFIED OTHERWISE Hospital Preferred Provider Network (PPN) and Designated Service Providers (DSP) apply Unless otherwise stated, use of a non PPN will incur a 30% co-payment	
General Practitioners and Specialists - operations, diagnostic examinations, procedures and visits when admitted. (Excluding dental procedures) Pre-authorisation required.	Up to 100% of the Pharos Rate from Major Fund.
Ward fees (medical and surgical) and day cases with general anaesthetic. (General Ward fees only) For Pre-authorised admissions and/or procedures only.	Up to 100% of the PPN Rate from Major Fund.
Day Case Fees, Facility Fees and Minor Theatre Fees, (excluding Dentistry) Pre-authorisation required.	Up to 100% of the PPN Rate from Major Fund.
Casualty Fees for trauma (e.g. fractures and lacerations requiring sutures)	Up to 100% of the Pharos Rate from Major Fund for treatment delivered on the day of injury.
Theatre fees. For Pre-authorised procedures only.	Up to 100% of the PPN Rate from Major Fund.
Specialised units (e.g. Intensive Care (I.C.U.), Cardiac units and High Care fees). (Excluding Neo-natal). For Pre-authorised procedures only and motivation required.	Limited to the legislated PMBs and CDL through Preferred Provider Network or DSP only
Paediatric ward fees. For Pre-authorised admissions and/or procedures only and will only be covered if patient is admitted to a specialised paediatric ward.	Up to 100% of the PPN Rate from Major Fund.
Advanced electronic devices e.g. implantable defibrillators and nerve stimulators.	No benefit.
Medicines whilst hospitalised. Pre-authorisation required.	Single Exit Price plus scheme negotiated dispensing fee from Major Fund.
Organ & Corneal transplantation. Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Joint Replacement	No Benefit
Blood products including the cost of blood and blood equivalents. Pre-authorisation required.	Up to 100% of the Pharos Rate from Major Fund. Limited to R10 850 per family per annum.

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PROCEDURE	BENEFIT
HOSPITALISATION BENEFITS (Continued) ALL HOSPITAL BENEFITS ARE SUBJECT TO SPECIFIC LIMITATIONS AS PER ANNEXURE F UNLESS SPECIFIED OTHERWISE	
All TTO's (hospital take home) – Medication. Pre-authorisation required. Generic Reference Pricing and Core Formulary apply.	Single Exit Price plus scheme negotiated dispensing fee from Major Fund. Maximum supply 7 (seven) days.
All TTO's (hospital take home) – Appliances. Pre-authorisation required.	Up to 100% of Pharos negotiated cost from the Surgical and Medical Appliance limit
Psychiatric hospitalisation. (Excluding substance abuse) Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Medical auxiliaries in hospital. Pre-authorisation required.	Up to 100% of the Pharos Rate from Major Fund.
Investigations: IVP and all 'scopes including but not limited to: gastroscopy, colonoscopy, oesophagoscopy, sigmoidoscopy, arthroscopy, cystoscopy, bronchoscopy, laparoscopy, ureteroscopy, hysteroscopy, laryngoscopy, colposcopy, hysterosalpingogram Pre-authorisation required.	Up to 100% of the Pharos Rate for all services from Major Fund, ambulatory fee applies unless otherwise indicated. Out of hospital benefits limited to the legislated PMB's through DSPs at UPFS or cost whichever is applicable.
MRI scans, CT scans Pre-authorisation required.	In Hospital: Up to 100% of the Pharos Rate from the Major Fund – subject to a 20% co-payment for non-PMB. Out of Hospital: Subject to the Specialist Benefit Limit
PET Scans and Nuclear Studies	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Sterilisation. Pre-authorisation required.	Up to 100% of the Pharos Rate from Major Fund.
Attempted suicide/ Self inflicted condition. Authorisation required subject to rules 4.25 and 4.48	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Sub-acute, step-down, Private Nursing and rehabilitation facilities following admission to hospital. (Excluding substance abuse and Frail Care) Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Clinical technologist. Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Post discharge physiotherapy, pathology and black and white x-rays related to authorised surgery up to 30 days post discharge Pre-authorisation required.	Up to 100% of the Pharos Rate from Major Fund. Physiotherapy limited to 8 (eight) sessions within the 30 day post discharge period.

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HOSPITALISATION BENEFITS (Continued) ALL HOSPITAL BENEFITS ARE SUBJECT TO SPECIFIC LIMITATIONS AS PER ANNEXURE F UNLESS SPECIFIED OTHERWISE	
MATERNITY BENEFITS – Subject to Pharos Birth Management Policy	
Ante-natal classes.	No Benefit
Ante-natal scans.	Up to 100% of Pharos Rate from Major Fund for 2 (two) 2D scans per pregnancy, unless medically indicated.
Ante-natal Consultations	12 (twelve) Consultations at 100% of Pharos Rate from the Major Fund of which 1 can be with a Specialist Obstetrician/Gynaecologist. Thereafter subject to the out of hospital Specialist Benefit Limit
Vaginal delivery.	Up to 100% of the Pharos Rate from Major Fund. Maximum 3 (three) days.
Medically indicated Caesarean section.	Up to 100% of the Pharos Rate from Major Fund. Maximum 4 (four) days.
Non-medically indicated Caesarean section.	No Benefit
Home birth, registered midwife birth and specialised birthing units. <i>Scheme accredited provider only.</i>	Up to 100% of the Pharos Rate from Major Fund.
Neo-natal hospitalisation including premature delivery. <i>Pre-authorisation required.</i>	Limited to the legislated PMBs and CDL through Preferred Provider Network or DSP only
MEDICATION BENEFITS	
Prescribed medicines.	Single Exit Price plus scheme negotiated dispensing fee subject to the out of hospital Acute Medication Benefit <i>Generic Reference Pricing & Core Formulary apply.</i>
Self medication.	Single Exit Price plus scheme negotiated dispensing fee subject to the out of hospital Acute Medication Benefit <i>Generic Reference Pricing applies.</i>
Vitamins, minerals, homeopathic and alternative remedies.	Single Exit Price plus scheme negotiated dispensing subject to the out of hospital Acute Medication Benefit
Medication for the Prescribed Minimum Benefit Chronic Disease List Conditions and HIV/AIDS. <i>Registration required.</i>	Limited to the legislated PMBs and CDL through DSPs at Single Exit Price plus scheme negotiated dispensing fee. <i>Generic Reference Pricing & Core Formulary apply.</i>
Speciality Medicines and Biologicals for non-cancer conditions. <i>(Pre-authorisation required).</i>	Limited to the legislated PMBs and CDL through DSP at Single Exit Price plus scheme negotiated dispensing fee.

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PROCEDURE	BENEFIT
ONCOLOGY BENEFITS – Subject to ICON Network or Public Hospital Protocol	
Chemo- and radiotherapy including treatment planning, diagnostic costs and directly related treatment (e.g. blood transfusions, analgesia, anti-emetics and adjuvant treatment). Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost whichever is applicable.
Routine annual monitoring post diagnosis and treatment.	Subject to the out of hospital Benefits as applicable
Hormone inhibitors for breast and prostate cancers; Colostomy/stoma bags and materials. Registration required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost whichever is applicable. Generic Reference Pricing and Core Formulary apply.
Natural product cancer therapy if chemo- and/or radiotherapy not chosen.	No benefit.
Speciality Medicines and biologicals - cancer (oncology) related.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost whichever is applicable. Generic Reference Pricing and Core Formulary apply.
HIV / AIDS BENEFITS	
HIV/AIDS out of hospital and Anti-Retroviral Therapy. Registration required. Subject to Pharos HIV Policy.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost, whichever is applicable Generic Reference Pricing and Core formulary apply.
MEDICAL AUXILIARY BENEFITS	
Renal dialysis. Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost, whichever is applicable Generic Reference Pricing and Core formulary apply.
Physiotherapy.	Subject to the out of hospital Auxiliary benefit
Biokinetics and dieticians.	Subject to the out of hospital Auxiliary benefit
Speech therapy, occupational therapy and audiology.	Subject to the out of hospital Auxiliary benefit
Podiatry (diabetics only).	Subject to the out of hospital Auxiliary benefit
Reflexology and chiropractics. (Scheme recognised provider only).	Subject to the out of hospital Auxiliary benefit
Acupuncture and diagnostic electro-dermal screening.	No Benefit
CONSERVATIVE DENTISTRY	
Consultations, prevention, extractions, fillings.	Subject to the out of hospital Dental benefit
Root canal and dental surgery.	No Benefit
Dental extractions and medically essential fillings in children 6 years and under and dental clearance. (Pre-authorisation Required)	Subject to the out of hospital Dental benefit
Plastic/Acrylic dentures.	Subject to the out of hospital Dental benefit

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PROCEDURE	BENEFIT
SPECIALISED DENTISTRY	
Crowns and bridgework	No Benefit
Metal frame dentures.	No Benefit
Orthodontics.	No Benefit
Orthognathic Surgery following orthodontic treatment.	No Benefit
Conservative periodontics.	No Benefit
Implants.	No benefit.
Impacted wisdom teeth.	No Benefit
OPTICAL BENEFITS – Subject to Isoleso Benefit	
Test (<i>Only applicable when no spectacles are prescribed</i>)	Limited to R330 per test
Examination, including frames and lenses.	Single vision glasses limited to R650 and 1 (one) per beneficiary in 24 months. Bifocals must be clinically motivated & limited to R975 and 1 (one) per beneficiary in 24 months.
Lenses - multi-focal.	No benefit.
Contact lenses.	Limited to the benefit for Single Vision glasses as an alternative to glasses
Cataracts - Senile or clinical pathology only, unless otherwise motivated Pre-authorisation required	100% of Pharos Rate from Major Fund
OUT OF HOSPITAL BENEFITS	
Lasik and similar procedures.	No Benefit
General Practitioners.	100% of the Pharos Rate, Subject to the overall out of hospital benefit
Specialists	Subject to the out of hospital Specialist Benefit
Screening for cancer and serious illness and preventative health services	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Psychiatric treatment and clinical psychology.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable.
Private nursing – excludes Frail care	No Benefit
Hospice and or terminal care but excluding frail care. Pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Ambulance services within the borders of South Africa, Lesotho and Swaziland. Limited to emergency transportation and pre-authorised inter-hospital transfer only as authorised by Network provider	Unlimited according to Managed Care Protocol and Network Provider
External - Medical and surgical appliances. Dedicated Professional Nurse pre-authorisation required.	Subject to the out of hospital Surgical and Medical Appliances benefit
External prostheses.	No Benefit
Sleep studies and treatment.	No Benefit
Wheelchairs and hearing aids.	No Benefit
Contraception.	Subject to the out of hospital Acute Medication Benefit
Business travel outside South Africa. Application required. Conditions apply	Limited to Medical expenses as provided by EuropAssist. Limited to R10 million per family per annum. Medical expenses cover only.

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PROCEDURE	BENEFIT
OUT OF HOSPITAL BENEFITS	
Radiology excluding MRI & CT scans	Subject to the out of hospital Pathology and Radiology benefit
Pathology.	Subject to the out of hospital Pathology and Radiology benefit
Infertility. <i>Pre-authorisation required.</i>	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost, whichever is applicable
Treatment for drug/alcohol/substance abuse. <i>Dedicated Professional Nurse pre-authorisation required.</i>	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost, whichever is applicable Generic Reference Pricing and Core formulary apply.
Treatment for professional sport injury. <i>Pre-authorisation required.</i>	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable

Out of Hospital Benefit Limits

Procedure/Benefit	Single Member	Member +1	Member +2	Member +3	Member +4
Benefits are pro-rated for members who join within a benefit year. Overall Annual Out of Hospital Benefit- R12 500 based on gross paid amount 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 -(Fillings & Extractions with 1 check-up per patient per annum)	R1400	R1800	R2200	R2600	R2600
Acute Medication including OTC (Generic Reference Pricing applies)	R1200	R1400	R1600	R1800	R2000
Spectacles and Frames (Limited to one per beneficiary every 2 (Two) years)	Subject to the IsoLeso Bronze Benefit Test: R330 if done alone Single Vision Glasses incl. Frame: R650 Bi-focal Glasses incl. Frame: R975 Multifocal Glasses: No Benefit Contact Lenses instead of SV Glasses: R650				
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 OR 15 out-patient consults per beneficiary per annum				
Auxiliary Services 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	Out of Hospital: Included in Specialist Benefit				