

ANNEXURE B - 7

PHAROS MEDICAL PLAN FOOTPRINT PRIMARY 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	
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-authorization 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-authorized 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-authorization 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-authorized 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-authorized procedures only and motivation required.	Limited to the legislated PMBs and CDL through Preferred Provider Network or DSP only
Paediatric ward fees. For Pre-authorized 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-authorization required.	Single Exit Price plus scheme negotiated dispensing fee from Major Fund.
Organ and Corneal transplantation. Pre-authorization 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-authorization required.	Up to 100% of the Pharos Rate from Major Fund. Limited to R10 850 per family per annum.

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SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT

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-authorization required. Generic Reference Pricing and Primary/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-authorization required.	No benefit.
Psychiatric hospitalisation. (Excluding substance abuse) Pre-authorization required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Medical auxiliaries in hospital. Pre-authorization 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-authorization required.	Up to 100% of the Pharos Rate for all services from Major Fund subject to an ambulatory fee 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-authorization 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: No Benefit
PET Scans and Nuclear Studies	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Sterilisation. Pre-authorization 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-authorization required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or the cost, whichever is applicable
Clinical technologist. Pre-authorization 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-authorization 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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PROCEDURE	BENEFIT
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.
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.	No benefit.
Self medication..	No benefit.
Vitamins, minerals, homeopathic and alternative remedies.	No benefit.
Medication for the Prescribed Minimum Benefit Chronic Disease List Conditions and HIV/AIDS. <i>Registration required. Generic Reference Pricing and Primary/Core Formulary apply.</i>	100% of Single Exit Price plus scheme negotiated dispensing fee through DSP.
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.
ONCOLOGY BENEFITS – Subject to ICON Network Protocols 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). <i>Pre-authorisation required.</i>	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost whichever is applicable. <i>ICON Network Protocols Apply</i>
Routine annual monitoring post diagnosis and treatment.	No benefit.

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PROCEDURE	BENEFIT
ONCOLOGY BENEFITS (continued)	
Hormone inhibitors for breast and prostate cancers; Colostomy/stoma bags and materials. Registration required.	Limited to the legislated PMBs and CDL through DSP at UPFS or cost whichever is applicable. Generic Reference Pricing and Primary / 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 DSP ICON Network Protocols 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 Primary / 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 Primary /Core formulary apply.
Physiotherapy.	No benefit.
Biokinetics and dieticians.	No benefit.
Speech therapy, occupational therapy and audiology.	No benefit.
Podiatry (diabetics only).	No benefit.
Reflexology and chiropractics.	No benefit.
Acupuncture and diagnostic electro-dermal screening.	No benefit.
CONSERVATIVE DENTISTRY - No Benefit	
Consultations, prevention, extractions, fillings.	No benefit.
Root canal and dental surgery.	No benefit.
Dental extractions and medically essential fillings in children 6 years and under and dental clearance.	No Benefit
Plastic/Acrylic dentures.	No 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

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PROCEDURE	BENEFIT
OPTICAL BENEFITS – No Benefit	
Test	No benefit.
Examination, including frames and lenses.	No benefit.
Lenses - multi-focal.	No benefit.
Contact lenses.	No benefit.
Lasik and similar procedures.	No benefit.
Cataracts - Senile or clinical pathology only, unless otherwise motivated Pre-authorisation required	100% of Pharos Rate from Major Fund
OUT OF HOSPITAL BENEFITS	
General Practitioners, homeopaths, primary health nurses and specialist consultations, treatment and visits out of hospital.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is the applicable
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 Uniform Patient Fee Schedule price or cost, whichever is the applicable
Private nursing – excludes Frail care Dedicated Professional Nurse pre- authorisation required.	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.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
External prostheses.	No benefit.
Sleep studies and treatment.	No benefit.
Wheelchairs and hearing aids..	No benefit.
Contraception.	No 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.
Radiology excluding MRI & CT scans	No benefit.
Pathology.	No benefit.
Infertility. Pre- authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost, whichever is applicable
Treatment for drug/alcohol/substance abuse. Dedicated Professional Nurse pre- authorisation required.	Limited to the legislated PMBs and CDL through DSPs at UPFS or cost, whichever is applicable Generic Reference Pricing and Primary /Core formulary apply.
Treatment for professional sport injury.	No benefit.