

ANNEXURE B – 3

**PHAROS MEDICAL PLAN
METHCARE
BENEFIT SCHEDULE 2012**

With due regard to the Prescribed Minimum Benefits (PMB) and Legislated Chronic Disease List (CDL)
Scheme Protocols & Policies apply throughout
The Overall Annual Limit per incident per year is R500 000

HOSPITALISATION COVER (PRE-AUTHORISATION REQUIRED)

PROCEDURE/BENEFIT	LIMITS
Admission to Public Hospital Facility	Up to the Overall Annual Limit at 100% of cost thereafter unlimited
Admission to Private Hospital Facility	Up to the Overall Annual Limit at 100% of cost thereafter unlimited through Public Hospital facility as per Appendix 5. Individual Benefit Limits apply
Co-payment applies on the Hospital Account at Private Hospital Facility.	50% of the first R4 400 per incident for the members account thereafter 10% of the remainder, up to a maximum co-payment of R10 000
All accounts other than on the Hospital account.	20% co-payment and individual Benefit Limits apply
General Ward fees (but excl. psychiatric admission).	Subject to Overall Annual Limit.
All Procedures excluding dental.	Subject to Overall Annual Limit.
Psychiatric hospitalisation (Excluding substance abuse)	Maximum 21 days per family per year.
Prosthesis (Subject to Overall Annual Limit).	Maximum R21 800 per family per year.
Surgical/electronic/nuclear appliances.	R3 900 per beneficiary per annum.
Ambulance fee as part of hospital admission subject to authorisation by ER24.	Subject to Overall Annual Limit within Borders of South Africa, Lesotho and Swaziland only as per ER24.
Births – Natural.	Subject to Overall Annual Limit.
Births – Caesarean section.	Subject to Overall Annual Limit.
Blood transfusions.	Subject to Overall Annual Limit.
Cancer treatment as per ICON Network Protocols	Subject to Overall Annual Limit.
Dialysis including hospital fee.	Subject to Overall Annual Limit.
Drugs/ Dressings.	Subject to Overall Annual Limit.
Pathology for Pre-authorized admission.	Subject to Overall Annual Limit.
Radiology for Pre-authorized admission.	Subject to Overall Annual Limit.
Theatre fees.	Subject to Overall Annual Limit.
General Practitioners and Specialists (in-hospital).	Subject to Overall Annual Limit.
Intensive care (excluding psychiatric admission).	Subject to Overall Annual Limit.
Treatment of Immunocompromise and opportunistic infections irrespective of cause.	Claimed amount of R35 000 per family per annum.

**PHAROS MEDICAL PLAN
METHCARE**

BENEFIT SCHEDULE 2012 (Continued)

With due regard to the Prescribed Minimum Benefits (PMB) and Legislated Chronic Disease List (CDL)
Scheme Protocols & Policies apply throughout

DAY-TO-DAY COVER

ALL BENEFITS ARE 80% OF COST OF TREATMENT UNLESS OTHERWISE SPECIFIED

PROCEDURE/BENEFIT	LIMITS - 20% co-payment applies
Radiology (X-rays), Pathology and Histology. CAT scans, MRI scans.	Maximum R3000 per family per year for all services. 1 incident per family per annum.
Nursing services (Private) + hospice.	Maximum R12 020 per beneficiary per annum.
Medical appliances, Crutches, Wheelchair, Neck brace and Walking ring.	Maximum R3780 per beneficiary per annum.
Optical benefit – subject to Isoleso Network only Test when no spectacles are prescribed or claimed. Examination including Frame and Lenses. Single Vision. Bifocals. Multifocals (must be clinically motivated).	R 330 per beneficiary per annum. R 650 per beneficiary per annum. R 975 per beneficiary per annum. R 1 300 per beneficiary per annum.
General dentistry (excludes Impacted Wisdom Teeth). Consultations, Prevention. Extractions, Fillings, Dental Surgery. Root Canal. Plastic Dentures – 1 per jaw every 4 years.	Maximum R3540 per family per annum.
Specialised dentistry. Crowns and Bridges. Metal Frame Dentures. Orthodontics. Implants.	Maximum R5660 per family per annum.
Hearing aids.	Maximum R9030 per beneficiary in every 24 month period.
Medicines – Acute (On prescription only). Generic Reference Pricing applies.	Maximum R4590 per family per year.
Medicines – CDL Chronic (Must be registered). Generic Reference Pricing applies.	Unlimited through DSP - subject to scheme protocols and formulary at 100% of the cost.
Medicines – Chronic (Must be registered). Generic Reference Pricing applies.	Maximum R8090 per family per annum at cost of treatment subject to formulary.
Physiotherapist, Biokineticist, Chiropractor.	Maximum R2120 per family per year for all services.
Audiologist, Dietician, Occupational Therapist, Speech Therapist.	Maximum R1700 per family per year for all services.
General Practitioners and Specialists (out-patient).	Maximum R4970 per family per year for all services.
Clinical Psychologist and Psychiatrist	Maximum R3150 per family per for all services
Chiropodist, Homeopath, Naturopath, Osteopaths, Podiatrists and Orthoptists.	Maximum R1700 per family per year for all services.
General Practitioners and Specialists (out-patient) for CDL.	Subject to scheme protocols and formulary.