

## ANNEXURE B - 1

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

With due regard to the Prescribed Minimum Benefits (PMBs) and legislated Chronic Disease List (CDL)  
**SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT**

**OVERALL ANNUAL LIMIT (OAL) – UNLIMITED**

Benefits claimable from the Yearly Limit, with the exception of Dental Benefits, will be paid at the total cost claimed as long as funds are available.

Dental Benefits will be paid at 100% of the Pharos Rate from the Yearly Limit and thereafter at 80% of the Pharos Rate from Extended Cover up to a maximum paid amount of R18 000 per family per annum for all dental benefits

Accumulation to Threshold will be at 100% of the Pharos Rate.

Extended Cover will be reimbursed at up to 80% of the Pharos Rate or 80% of Single Exit Price plus scheme negotiated dispensing fee, whichever applies.

PROCEDURE	BENEFIT
<b>HOSPITALISATION BENEFITS</b>	
General Practitioners and Specialists operations, diagnostic examinations, procedures and visits when admitted. <b>(Excluding dental procedures). Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Ward fees (medical and surgical) and day cases with general anaesthetic. (General Ward fees only) <b>For Pre-authorised admissions and/or procedures only.</b>	Up to 300% of the Pharos Rate from Major Fund.
Day Case Fees, Facility Fees and Minor Theatre Fees, (excluding Dentistry)  <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Theatre fees. <b>For Pre-authorised procedures only.</b>	Up to 300% of the Pharos Rate from Major Fund.
Casualty Fees for trauma (e.g. fractures and lacerations requiring sutures)	Up to 300% of the Pharos Rate from Major Fund for treatment delivered on the day of injury.
Intensive Care and High Care ward fees. <b>For Pre-authorised admissions and/or procedures only. Motivation required.</b>	Up to 300% of the Pharos Rate from Major Fund. Subject to the Pharos Ventilation Protocol.
Paediatric ward fees. <b>For Pre-authorised admissions and/or procedures only and will only be covered if patient is admitted to a specialised paediatric ward.</b>	Up to 300% of the Pharos Rate from Major Fund.
Internal prostheses and appliances including standard pace makers, internal fixation devices, stents, delivery mechanisms and artificial joints. <b>Pre-authorisation required.</b>	100% of Pharos negotiated price from Major Fund Artificial Discs – Subject to Peer Review or Second opinion  Maximum of a claimed amount of R38 000 per joint prosthesis.
Advanced electronic devices (E.g. implantable defibrillators and nerve stimulators). <b>Pre-authorisation required.</b>	100% of Pharos negotiated price from Yearly Limit. Thereafter subject to Extended Cover.

**PHAROS MEDICAL PLAN  
RAINBOW COMPREHENSIVE OPTION  
BENEFIT SCHEDULE 2012 (Continued)**

With due regard to the Prescribed Minimum Benefits (PMB) and legislated Chronic Disease List (CDL)  
**SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT**

PROCEDURE	BENEFIT
<b>HOSPITALISATION BENEFITS (Continued)</b>	
Medicines whilst hospitalised. <b>Pre-authorisation required.</b>	Single Exit Price plus scheme negotiated dispensing fee from Major Fund.
Organ Transplantation. <b>(Limited to heart, kidney and liver).</b> <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Blood products. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
TTO's (hospital take home) - Medication. <b>Pre-authorisation required.</b>	Single Exit Price plus scheme negotiated dispensing fee from Major Fund. Maximum supply 7 (seven) days.
TTO's (hospital take home) - Appliances. <b>Pre-authorisation required.</b>	100% of Pharos negotiated price from Yearly Limit. Thereafter subject to Extended Cover.
Psychiatric hospitalisation. <b>(Excluding substance abuse).</b> <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund unless treatment is in accordance with PMB protocol through DSP. Maximum 21 (twenty-one) days per beneficiary.
Medical auxiliaries in hospital. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Day Case Investigations such as arthroscopy, cystoscopy, bronchoscopy, laparoscopy, ureteroscopy. <b>Pre-authorisation required.</b>	Up to 100% of the Pharos Rate for all services from Major Fund.
Ambulatory Investigations such as IVP, gastroscopy, colonoscopy, oesophagoscopy, sigmoidoscopy, hysteroscopy, laryngoscopy, colposcopy, hysterosalpingogram. <b>Pre-authorisation required.</b>	Ambulatory fees up to 100% of the Pharos Rate for all services from Major Fund, .
MRI scans, CT scans whether admitted or out of hospital. <b>Pre-authorisation required.</b>	Up to 100% of the Pharos Rate from the Major Fund – subject to a 20% co-payment for non PMB
PET Scans and Nuclear Studies	Subject to the Oncology benefits and Protocols.
Treatment of Immunocompromise and Opportunistic infections irrespective of cause.	Up to 100% of the Pharos Rate, limited to a claimed amount of R35 000 per family per annum.
Sterilisation. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Attempted suicide / Self-inflicted condition. <b>Authorisation required subject to rules 4.25 and 4.48.</b>	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. <b>(Excluding substance abuse and Frail Care).</b> <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund. Maximum 30 days.
Clinical technologist. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Post discharge physiotherapy, pathology and black and white x-rays related to authorised surgery up to 30 days post discharge <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund. Physiotherapy limited to 8 (eight) sessions within the 30 day post discharge period.

**PHAROS MEDICAL PLAN  
RAINBOW COMPREHENSIVE OPTION  
BENEFIT SCHEDULE 2012 (Continued)**

With due regard to the Prescribed Minimum Benefits (PMB) and legislated Chronic Disease List (CDL).  
**SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT**

PROCEDURE	BENEFIT
<b>MATERNITY BENEFITS – Subject to Pharos Birth Management Policy – Registration required.</b>	
Ante-natal classes. <b>Registered practitioner only.</b>	Up to 100% of Cost from Yearly Limit.
Ante-natal scans.	Up to 300% of Pharos Rate from Major Fund for 2 (two) 2D scans per pregnancy unless medically indicated.
Vaginal delivery.	Up to 300% of the Pharos Rate from Major Fund.
Ante-natal Consultations -	12 (twelve) Consultations at 100% of Pharos Rate from the Major Fund of which 4 can be with a Specialist Obstetrician/Gynaecologist. Thereafter up to 100% of Cost from Yearly Limit subject to Extended Cover
Medically indicated Caesarean section.	Up to 300% of the Pharos Rate from Major Fund.
Non-medically indicated Caesarean section.	Limited to a claimed amount of R16 275 for all services.
Home birth, registered midwife birth and specialised birthing units. <b>Scheme accredited provider only.</b>	Up to 300% of the Pharos Rate from Major Fund.
Neo-natal hospitalisation. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
<b>MEDICATION BENEFITS – Subject to Pharos Medication Policy</b>	
Prescribed medicines.	Single Exit Price plus scheme negotiated dispensing fee from Yearly Limit. Thereafter subject to Extended Cover at 80% of Single Exit Price plus scheme negotiated dispensing fee.
Self medication.	Single Exit Price plus scheme negotiated dispensing fee from Yearly Limit. Thereafter subject to Extended Cover at 80% of Single Exit Price plus scheme negotiated dispensing fee.
Vitamins, minerals, homeopathic and alternative remedies,	Single Exit Price plus scheme negotiated dispensing fee from Yearly Limit. Limited to 20% of Annual Threshold unless authorised.
Medication for chronic conditions including anti-rejection medication. <b>Registration required.</b>	Generic Reference Pricing applies to reimbursement and accumulation to threshold.  Reimbursement from Yearly Limit thereafter unlimited through Chronic Medication Subsidy.  CDL - Mediscor Extended Formulary  Non CDL - Mediscor Standard Formulary with 30% co-payment for non formulary.

<b>PHAROS MEDICAL PLAN RAINBOW COMPREHENSIVE OPTION BENEFIT SCHEDULE 2012 (Continued)</b> With due regard to the Prescribed Minimum Benefits (PMB) and legislated Chronic Disease List (CDL). <b>SCHEME PROTOCOLS &amp; POLICIES APPLY THROUGHOUT</b>	
PROCEDURE	BENEFIT
<b>MEDICATION BENEFITS (Continued) – Subject to Pharos Medication Policy</b>	
Speciality Medicines and Biologicals for non-cancer conditions.  <b>(Pre-authorisation required).</b>	100% of Single Exit Price plus scheme negotiated dispensing fee.  PMB Conditions - according to PMB protocol from the Major Fund.  Non- PMB conditions from the Yearly Limit, thereafter through Chronic Medication Subsidy subject to a 20% co-payment and overall limit of R 200 000.
<b>ONCOLOGY BENEFITS – Subject to The ICON Network Protocols Overall Limit of R400 000 per 12 month cycle, thereafter 20% co-payment</b>	
Chemo- and radiotherapy including treatment planning, diagnostic costs and directly related treatment (e.g. blood transfusions, analgesia and anti-emetics). <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Adjuvant treatment. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Routine annual monitoring post diagnosis and treatment.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Hormone inhibitors for breast and prostate cancers; Colostomy/stoma bags and materials. <b>Registration required.</b>	Single Exit Price plus scheme negotiated dispensing fee from the Yearly Limit, thereafter unlimited through Chronic Medication subsidy.
Natural product cancer therapy if chemo- and/or radiotherapy not chosen. <b>Pre-authorisation required.</b>	100% of Pharos negotiated price from Major Fund.
Speciality Medicines and biologicals - cancer (oncology) related.	100% Single Exit price plus scheme negotiated dispensing fee from the Major Fund - Subject to ICON Network Protocols. Sub limit of R200 000 with 20% co-payment accrues to overall oncology limit of R400 000. Herceptin for early stage Breast Cancer - no co-payment for 9 week course. 20% co-pay for 12 month cycle.
<b>HIV / AIDS BENEFITS</b>	
HIV/AIDS out of hospital. <b>Registration required.</b> <b>Subject to the Pharos HIV Policy.</b>	100% of cost from Yearly Limit. Thereafter subject to Extended Cover.
HIV/AIDS in hospital. <b>Registration required.</b> <b>Subject to the Pharos HIV Policy.</b>	100% of cost for treatment under the PMB protocols. Subject to Appendix 5 Rule 1.5.1.1, treatment outside of the PMB protocols, up to 300% of the Pharos Rate from Major Fund subject to specific motivation.
Anti-Retroviral Therapy. <b>Registration required.</b> <b>Subject to Pharos HIV Policy.</b>	Single Exit Price plus scheme negotiated dispensing fee from Yearly Limit, thereafter unlimited through Chronic Medication subsidy.
<b>MEDICAL AUXILIARY BENEFITS</b>	
Renal dialysis. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund.
Physiotherapy.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.

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**SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT**

PROCEDURE	BENEFIT
Biokinetics and chiropractics.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Speech therapy, occupational therapy and audiology.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Podiatry and dieticians.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Reflexology. <b><i>Scheme recognised provider only.</i></b>	Up to 100% of Cost from Yearly Limit.
Acupuncture and diagnostic electro-dermal screening. <b><i>Scheme recognised provider only.</i></b>	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Other practices recognised by the Board of Trustees.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
<b>DENTAL BENEFITS – Subject to Pharos Dental Protocols and an overall dental limit of a total paid amount of R18,000 per family per annum. Paid at 100% of the Pharos Rate from Private Fund and 80% of the Pharos Rate from Extended Cover</b>	
<b>CONSERVATIVE DENTISTRY</b>	
Consultations, prevention, extractions, fillings.	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit.
Root canal and dental surgery.	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit.
Dental extractions and medically essential fillings in children 6 years and under. <b><i>Pre-authorisation Required</i></b>	Up to 300% Pharos Rate for the hospital account and anaesthetist from the Major Fund subject to an up-front payment of R1500. (Dentist and other accounts from the Yearly Limit and Extended Cover) Subject to the overall dental limit.
Dental Clearance – standard extractions only for 12 (twelve) or more teeth <b><i>Pre-authorisation required</i></b>	Up to 300% Pharos Rate for the hospital account and anaesthetist from the Major Fund limited to R20 000 - subject to an up-front payment of R1500 (Dentist and other accounts from the Yearly Limit and Extended Cover) Subject to the overall dental limit.
Plastic/Acrylic dentures.	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit
<b>SPECIALISED DENTISTRY</b>	
Crowns and bridgework.	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit.
Metal frame dentures.	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit.
Orthodontics. <b><i>(Excluding jaw correction surgery, lingual orthodontics and orthodontic re-treatment). Pre-authorisation required.</i></b>	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit. <b><i>Patients 18yrs and younger only.</i></b> 1 (one) family member at a time, unless identically aged siblings
Orthognathic Surgery following orthodontic treatment.	Up to 100% of the Pharos Rate from the Major Fund Subject to a 20% co-payment.

PHAROS MEDICAL PLAN RAINBOW COMPREHENSIVE OPTION BENEFIT SCHEDULE 2012 (Continued) With due regard to the Prescribed Minimum Benefits (PMB) and legislated Chronic Disease List (CDL). SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT	
PROCEDURE	BENEFIT
<b>SPECIALISED DENTISTRY (Continued)</b>	
Conservative periodontics. <b>Dedicated Professional Nurse Pre- authorisation required.</b>	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit.
Implants. <b>Dedicated Professional Nurse Pre- authorisation required.</b>	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover and overall dental limit.
Impacted wisdom teeth. <b>Pre-authorisation required and subject to radiological evidence.</b>	Up to 100% of the Pharos Rate. R1000 up-front payment, thereafter from Major Fund.
<b>OPTICAL BENEFITS</b>	
Lenses - single vision and bi-focal.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Lenses - multi-focal. <b>Dedicated Professional Nurse pre- authorisation required.(Does not accumulate to threshold unless medically indicated).</b>	Up to 100% of Cost from Yearly Limit.
Frames. <b>(Amounts exceeding R1000 do not accumulate to threshold).</b>	Up to 100% of Cost from Yearly Limit. Thereafter subject to Limited Extended Cover. Extended Cover Limited to R800.
Contact lenses. <b>(Optional alternative to glasses, no benefit for both glasses and contacts in same benefit year)</b>	Up to 100% of Cost for lenses from Yearly Limit. Extended Cover according to Clinical protocol and Dedicated Professional Nurse pre-authorisation.
Cataracts - Senile or clinical pathology only, unless otherwise motivated <b>Pre-authorisation required</b>	Up to 300% of Pharos Rate from Major Fund
<b>OUT OF HOSPITAL BENEFITS</b>	
General Practitioners, primary health nurses, homeopathic and specialist consultations, treatment and visits out of hospital.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Screening for cancer and serious illness and preventative health services	Subject to the General Screening and Primary and Preventative Health Care policy and PMB.
Psychiatric treatment and clinical psychology.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Private nursing (excludes Frail Care). <b>Dedicated Professional Nurse pre- authorisation required.</b>	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover. Maximum 30 (thirty) days.
Hospice and or terminal care but excluding frail care. <b>Pre-authorisation required.</b>	Up to 300% of the Pharos Rate from Major Fund. Maximum 30 (thirty) days per member family.
Ambulance services (including air transportation) within the borders of South Africa, Lesotho and Swaziland. <b>Subject to medical justification and authorisation by Network Provider.</b>	Unlimited according to Managed Care Protocol and Network Provider.
External - Medical and surgical appliances. <b>Dedicated Professional Nurse pre- authorisation required.</b>	100% of Pharos negotiated price from Yearly Limit. Thereafter subject to Extended Cover.
External prostheses. <b>Dedicated Professional Nurse pre- authorisation required.</b>	100% of Pharos negotiated price from Yearly Limit. Thereafter subject to Extended Cover.

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PROCEDURE	BENEFIT
<b>OUT OF HOSPITAL BENEFITS (Continued)</b>	
Sleep studies and treatment. <b>Dedicated Professional Nurse pre- authorisation required.</b>	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover.
Wheelchairs and hearing aids. <b>Dedicated Professional Nurse pre- authorisation required.</b>	100% of Pharos negotiated price from Yearly Limit. Thereafter subject to Extended Cover.
Contraception.	Single Exit Price plus scheme negotiated dispensing fee from Yearly Limit.
Business travel outside South Africa. <b>Application required. Conditions apply</b>	Limited to Medical expenses as provided by EuropAssist. Limited to R10 Million per family per annum. <b>Medical expenses cover only.</b>
Radiology excluding MRI & CT scans.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Pathology.	Up to 100% of Cost from Yearly Limit. Thereafter subject to Extended Cover.
Infertility.  <b>Pre-authorisation required.</b>	Limited to the legislated PMBs and CDL through DSPs at UPFS or Cost, whichever is applicable.
Treatment for drug/alcohol/substance abuse. <b>Dedicated Professional Nurse pre- authorisation required.</b>	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover.
Treatment for professional sport injuries. <b>Pre-authorisation required.</b>	Up to 100% of the Pharos Rate from Yearly Limit. Thereafter subject to Extended Cover.