

ANNEXURE B – 6

PHAROS MEDICAL PLAN RAINBOW PRIMARY 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	
PROCEDURE	BENEFIT
HOSPITALISATION BENEFITS	
General Practitioners and Specialists - operations, diagnostic examinations, procedures and visits when admitted. (Excluding dental procedures) Pre-authorisation required.	Up to 200% 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 200% of the Pharos Rate from Major Fund.
Day Case Fees, Facility Fees and Minor Theatre Fees, (excluding Dentistry) Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
Casualty Fees for trauma (e.g. fractures and lacerations requiring sutures.) Theatre fees. For Pre-authorised procedures only.	Up to 200% of the Pharos Rate from Major Fund for treatment delivered on the day of injury. Up to 200% of the Pharos Rate from Major Fund.
Intensive Care and High Care ward fees. For Pre-authorised admissions and/or procedures only. Motivation required.	Up to 200% of the Pharos Rate from Major Fund Subject to the Pharos Ventilation Protocol.
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 200% of the Pharos Rate from Major Fund.
Routine Medical Admissions (Refer Annexure G) Pre-authorisation required.	Up to 200% of the Pharos Rate R1000 up-front payment of Hospital bill, thereafter from Major Fund.
Internal prostheses and appliances including standard pace makers, internal fixation devices, stents, delivery mechanisms and artificial joints. Pre-authorisation required.	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).	No benefit.
Medicines whilst hospitalised. Pre-authorisation required.	Single Exit Price plus scheme negotiated dispensing fee from Major Fund.
Organ Transplantation. (Limited to heart, kidney and liver). Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.

**PHAROS MEDICAL PLAN
RAINBOW PRIMARY 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
HOSPITALISATION BENEFITS (Continued)	
Blood products. Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
TTO's (hospital take home) - Medication. Pre-authorisation required.	Single Exit Price plus scheme negotiated dispensing fee from Major Fund. Maximum supply 7 (seven) days.
TTO's (hospital take home) - Appliances.	No benefit.
Psychiatric hospitalisation. (Excluding substance abuse) Pre-authorisation required.	Up to 200% 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. Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
Day Case Investigations such as arthroscopy, cystoscopy, bronchoscopy, laparoscopy, ureteroscopy. Pre-authorisation required.	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. Pre-authorisation required.	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. Pre-authorisation required.	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. Pre-authorisation required.	Up to 200% 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.	Up to 200% of the Pharos Rate from Major Fund. Maximum 30 days
Clinical technologist. Pre-authorisation required.	Up to 200% 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 Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund. Physiotherapy limited to 8 (eight) sessions within the 30 day post discharge period.

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SCHEME PROTOCOLS & POLICIES APPLY THROUGHOUT

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 4 can be with a Specialist Obstetrician/Gynaecologist.
Vaginal delivery.	Up to 200% of the Pharos Rate from Major Fund.
Medically indicated Caesarean section.	Up to 200% of the Pharos Rate from Major Fund.
Non-medically indicated Caesarean section.	Limited to R16 275 for all services.
Home birth, registered midwife birth and specialised birthing units. Scheme accredited provider only.	Up to 200% of the Pharos Rate from Major Fund.
Neo-natal hospitalisation. Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
MEDICATION BENEFITS – Subject to Pharos Medication Policy	
Prescribed medicines.	No benefit.
Self medication.	No benefit.
Vitamins, minerals, homeopathic and alternative remedies.	No benefit.
Medication for chronic conditions including anti-rejection medication. Registration required.	Limited to the legislated PMBs and CDL through DSPs. Generic Reference Pricing and Primary/Core Formulary apply.
Speciality Medicines and Biologicals for non-cancer conditions. (Pre-authorisation required).	100% of Single Exit Price plus scheme negotiated dispensing fee. PMB Conditions - according to PMB protocol from the Major Fund. Non- PMB conditions - No Benefit
ONCOLOGY BENEFITS – Subject to the ICON Network Protocols Limited to R400 000 per 12 month cycle, thereafter 20% co-payment	
Chemo- and radiotherapy including treatment planning, diagnostic costs and directly related treatment (E.g. blood transfusions, analgesia and anti-emetics). Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
Adjuvant treatment. Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
Routine annual monitoring post diagnosis and treatment.	No benefit.
Hormone inhibitors for breast and prostate cancers; Colostomy/stoma bags and materials. Registration required.	Limited to the legislated PMBs and CDL through DSPs. Generic Reference Pricing and Primary/Core formulary apply.
Natural product cancer therapy if chemo- and/or radiotherapy not chosen. Pre-authorisation required.	100% of Pharos negotiated price from Major Fund.

PHAROS MEDICAL PLAN RAINBOW PRIMARY OPTION BENEFIT SCHEDULE 2012 (Continued)	
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PROCEDURE	BENEFIT
Oncology Benefits (Continued)	
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 R 400 000. Herceptin for early stage Breast Cancer - no co-payment for 9 week course. 20% co-pay for 12 month cycle.
HIV / AIDS BENEFITS	
HIV/AIDS out of hospital. Registration required. Subject to the Pharos HIV Policy.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
HIV/AIDS in hospital. Registration required. Subject to the Pharos HIV Policy.	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 200% of the Pharos Rate from Major Fund subject to specific motivation.
Anti-Retroviral Therapy. Registration required. Subject to Pharos HIV Policy.	Limited to the legislated PMBs through DSPs and in line with Scheme Protocols. Generic Reference Pricing and Primary/Core Formulary apply.
MEDICAL AUXILIARY BENEFITS	
Renal dialysis. Pre-authorisation required.	Up to 200% of the Pharos Rate from Major Fund.
Physiotherapy.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
Biokinetics and chiropractics.	No benefit.
Speech therapy, occupational therapy and audiology.	No benefit.
Podiatry and dieticians.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
Reflexology.	No benefit.
Acupuncture and diagnostic electro-dermal screening.	No benefit.
Other practices recognised by the Board of Trustees.	No benefit.
DENTAL BENEFITS	
CONSERVATIVE DENTISTRY	
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 (Pre-authorisation Required)	Up to 200% Pharos Rate for the hospital account and anaesthetist from the Major Fund subject to an up-front payment of R1500. (Dentist and other accounts – no benefit).

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PROCEDURE	BENEFIT
CONSERVATIVE DENTISTRY (Continued)	
Dental Clearance – standard extractions only for 12 (twelve) or more teeth Pre-authorisation required	Up to 200% 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 – 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.	Up to 100% of the Pharos Rate from the Major Fund subject to a 20% co-payment.
Conservative periodontics.	No benefit.
Implants.	No benefit.
Impacted wisdom teeth. Pre-authorisation required and subject to radiological evidence.	Up to 100% of the Pharos Rate. First R1000 of Hospital bill for the Member's account, thereafter from Major Fund.
OPTICAL BENEFITS - No Benefit	
Lenses - single vision and bi-focal.	No benefit.
Lenses - multi-focal.	No benefit.
Frames.	No benefit.
Contact lenses.	No benefit.
Lasik and similar procedures.	No benefit.
Cataracts - Senile or clinical pathology only, unless otherwise motivated Pre-authorisation required	Up to 200% of Pharos Rate from Major Fund
OUT OF HOSPITAL BENEFITS	
General Practitioners, primary health nurses, homeopathic 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 applicable.
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.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable.
Private nursing. Dedicated Professional Nurse pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable.
Hospice and or terminal care but excluding frail care. Pre-authorisation required.	Up to 200% 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. Subject to medical justification and authorisation by Network Provider.	Unlimited according to Managed Care Protocol and Network Provider
External - Medical and surgical appliances. Dedicated Professional Nurse pre-authorisation required.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
External prostheses.	No benefit.

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PROCEDURE	BENEFIT
OUT OF HOSPITAL BENEFITS (Continued)	
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 and CT scans	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
Pathology.	Limited to the legislated PMBs and CDL through DSPs at Uniform Patient Fee Schedule price or cost, whichever is applicable
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 Uniform Patient Fee Schedule price or cost, whichever is applicable
Treatment for professional sport injuries.	No benefit.