

Rainbow Primary offers unlimited hospital cover at a first class tariff in any private hospital. This is the ideal hospital plan for those who want peace of mind for in-hospital events only.

## In-Hospital Major Benefits

### Overall Annual Limit (OAL) Unlimited

Benefits payable up to 300% of Pharos Rate\* (PR)  
All benefits are subject to Scheme Rules, Policies & Managed Care Protocols  
Sub-limits applicable.

### Specific Services in Hospital - Pre-Authorisation Required

Maternity including Neonatal Intensive Care Units	Unlimited 300% PR
Psychiatric	21 days / beneficiary, 300% PR
Renal Dialysis	Unlimited. 300% PR
Organ Transplant	Unlimited. 300% PR
Oncology	Unlimited. 300% PR
Routine medical admissions (Annexure G)	Unlimited. 300% PR R1000 up-front payment, if non PMB
Post-Discharge, Physiotherapy Black and White X-rays & Pathology	300% PR - Limited to 30 days after Pre-Authorised Surgery. Maximum 8 sessions Physio in 30 day period
Daycase Procedures and Minor Theatre (excluding Dentistry)	300% PR
Casualty Fees for Trauma Treatment on day of Injury	300% PR
Investigations e.g. gastroscopy, laparoscopy, arthroscopy, hysteroscopy	Unlimited. 100% PR
Specialised Radiology e.g. MRI, CT, PET, Nuclear studies	Unlimited. 100% PR 20% Co-payment, if non PMB
Internal Orthopaedic Prosthesis	R38 000/beneficiary/annum 100 % Pharos negotiated price
Internal Appliances	100 % Pharos negotiated price
Advanced electronic devices	No benefit
TTO Appliances	No benefit.
TTO Medication	Maximum 7 days supply
Immuno-compromise & Opportunistic Infections	R35 000/family/annum. 100% PR
HIV/AIDS (Registration required)	Unlimited. 300% PR
Sub-acute, Step-down & Rehab (excluding substance abuse)	300% PR. Maximum of 30 days
Impacted Wisdom Teeth	100% PR, R1000 due by member
Dental Procedures - child 6 years and under and Dental Clearance	300% PR for Hospital account and Anaesthetist subject to R1500 up-front payment by member.

## Emergency Transportation

Unlimited subject to an authorised admission as per Managed Care Protocol

### 24 HOUR EMERGENCY LINE:

**084 124**  
**0861 101 569**

## Chronic Medication

- **PMB only for legislated CDL conditions**
- **Generic reference pricing & Mediscor primary/core formulary**

Registration required

### RAINBOW PRIMARY CONTRIBUTIONS 2010

Principal	Adult	Child
R 1 072	R 804	R 248

This marketing document is for summary reference purposes only and in no way supersedes the Pharos Rules which are available from the Administrator.

\*This is the negotiated service provider rate that Pharos sets for the re-imbusement of claims as described in the Pharos Rules.

CDL - Chronic Disease List  
OAL - Overall Annual Limit

DSP - Designated Service Provider  
PMB - Prescribed Minimum Benefit

MCP - Managed Care Protocol  
TTO's - To Take Out