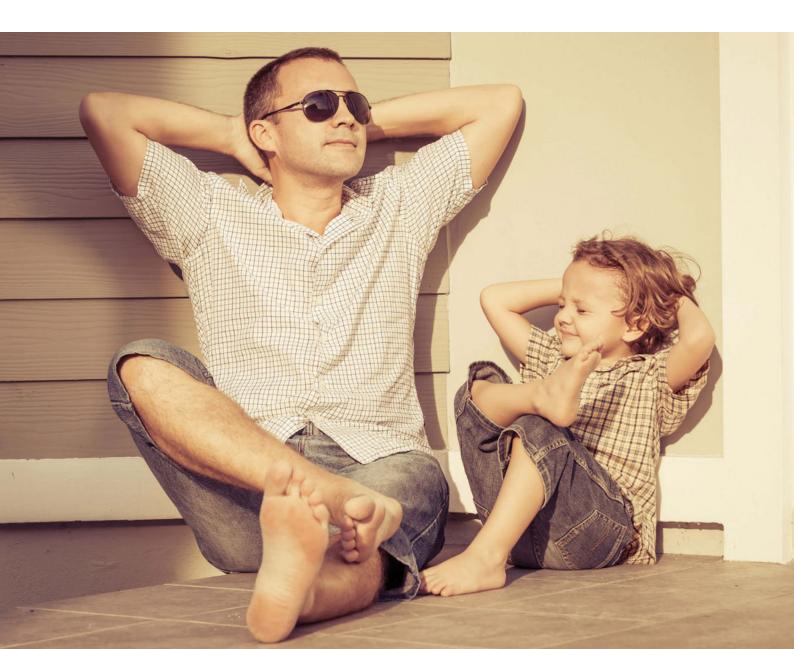
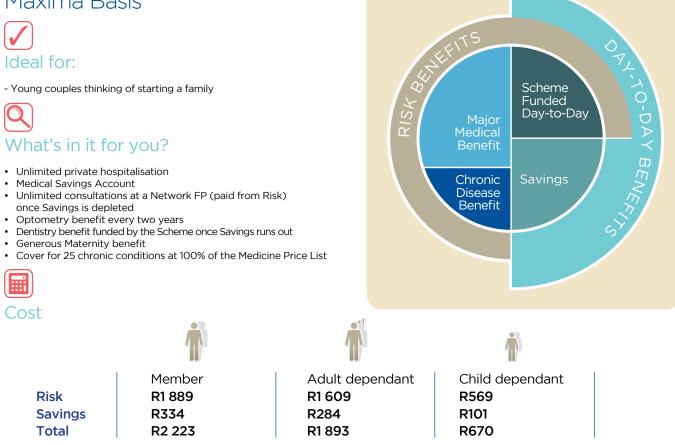


maxima rates & benefits guide saver options Maxima Basis





Maxima Basis



Major Medical Benefit

Please note: All reimbursements for treatment by healthcare professionals depend on the type of healthcare professional and the reimbursement rates agreed to by the Scheme.

- No overall annual limit
- Use any hospital of your choice
- If you use Fedhealth Network FPs and Specialists, you will enjoy unlimited cover at cost
- If you use out-of-network specialists and FPs, we will cover you up to 100% of the Fedhealth Rate and any differences will have to be paid by you directly to the healthcare provider.

Prescribed Minimum Benefits (PMB)

- Treatment for PMB conditions can be funded in two ways:
- 1) To have treatment for your PMB conditions covered in full, you have to use Fedhealth Network FPs and Specialists.
- 2) Should you choose not to use network providers, the Scheme will only refund the treatment at 100% of the Fedhealth Rate and you will be responsible for a co-payment.

Also included in the Major Medical Benefit are:

BENEFIT	ALL LIMITS PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
Healthcare Professionals in hospital - Fedhealth Network FPs and Specialists - Non-Fedhealth Network FPs - Non-Fedhealth Network Specialists - Other Healthcare Professionals	Unlimited Covered at cost Covered at 100% of Fedhealth Rate Covered at 100% of Fedhealth Rate Covered at 200% of Fedhealth Rate
Additional medical services (dietetics, occupational therapy and speech therapy) and physical therapy (physiotherapy and biokinetics)	Unlimited
Alternatives to hospitalisation - Nursing services, private nurse practitioners & nursing agencies - Sub-acute facilities, physical rehabilitation facilities	Unlimited Covered up to PMB level of care
Ambulance Services	Unlimited with Europ Assistance
Appliances, external accessories, orthotics, blood, blood equivalents and blood products	Unlimited
Balloon sinuplasty	No benefit
Immune deficiency related to HIV infection	Unlimited



Maternity - Fedhealth Network FPs and Specialists (eg. gynaecologists and paediatricians) - Non-Fedhealth Network FPs - Non-Fedhealth Network Specialists - Other Healthcare Professionals	Unlimited Covered at cost Covered at 100% of Fedhealth Rate Covered at 100% of Fedhealth Rate Covered at 200% of Fedhealth Rate	
Postnatal midwifery benefit	4 consultations per pregnancy	
Maxillo-facial surgery - Surgical extraction of impacted wisdom teeth	Unlimited You pay a co-payment of R3 500 on the hospital bill	
Oncology: Oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology at designated service provider* and subject to standard treatment protocols	R250 000 at an ICON specialist	
Specialised Medication for oncology (also see below)	No benefit on this option	
Organ transplant including immunosuppression medication	R250 000	
- Corneal graft	No benefit	
Pathology, radiology (general)	Unlimited at 100% of the Fedhealth Rate	
Prostheses - Internal - External	Various sub-limits apply, please see below R10 500	
Psychiatric services: Accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R22 600	
Renal dialysis (chronic): Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R250 000 at 100% of the Fedhealth Rate	
Rhizotomies & facet pain block	No benefit	
Specialised Medication (eg. biologicals) Benefit (oncology & non-oncology)	No benefit	
Take-out medicines	7 days medication for each hospital event	
Terminal care benefit	R27 900 at 100% of the Fedhealth Rate	

*Designated service provider is ICON - Independent Clinical Oncology Network

Internal Prosthesis Benefit

This benefit does not include osseo-integrated implants for the purpose of replacing a missing tooth or teeth. Hip and knee bilateral replacements will be allowed for up to double the amount for a single hip and knee replacement. Prostheses paid at cost subject to limits.
Limits per family

	Limits per family	
Cardiac pacemakers	PMBs only	
Aorta stent grafts	R52 651	
Carotid stents	[
Peripheral arterial stent grafts		
Embolic protection devices		
Shoulder replacement		
Elbow replacement	See combined benefit limit	
Hip replacement	for all unlisted internal prosthesis*	
Knee replacement		
Bone lengthening devices		
Spinal plates and screws		
Other approved spinal implantable devices	— [
Intraocular lenses (per lens)	R2 958	
Detachable platinum coils	R45 670	
Cardiac stents	PMBs only	
Cardiac valves	PMBs only	
*Combined benefit limit for all unlisted internal prosthesis	R22 480	
Procedures with a co-payment on the hospital/facility bill:		
Colonoscopy, Upper GI endoscopy	R3 500	
Surgical extraction of impacted wisdom teeth	R3 500	
Open hiatus hernia surgery	R3 500	
Spinal surgery	R5 000	
Joint replacements	R5 000	
Arthroscopic procedures: hip, wrist	R6 500	
Other arthroscopic procedures	R3 500	
All laparoscopic procedures	R5 500	

03

Chronic Disease Benefit

Maxima Basis offers unlimited cover for medication for all 25 PMB chronic conditions as well as HIV/Aids. Cover is subject to a restrictive formulary of approved medications which must be obtained from a Medi-Rite Pharmacy or Pharmacy Direct, our Designated Service Providers (DSP). A 40% co-payment will apply when using medication not on the list or for using any other pharmacy except Medi-Rite or Pharmacy Direct for the dispensing of your medication.

The following 25 chronic conditions are covered:				
Addison's Disease Asthma Bipolar Mood Disorder Bronchiectasis Cardiac Failure Cardiomyopathy COPD/Emphysema/Chronic Bronchitis Chronic Renal Disease Coronary Artery Disease	Crohn's Disease Diabetes Insipidus Diabetes Mellitus type 1 & 2 Dysrhythmias Epilepsy Glaucoma Haemophilia Hyperlipidaemia Hypertension	Hypothyroidism Multiple Sclerosis Parkinson's Disease Rheumatoid Arthritis Schizophrenia Systemic Lupus Erythematosus Ulcerative Colitis		



We believe prevention is better than cure, and as such, Maxima Basis gives you access to screening and preventative programmes aimed at improving your health. The following procedures are covered:

Women's health

- 1 mammogram every 3 years for females aged 50 74
- 1 Pap smear every 3 years for females aged 21 65 (liquid based cytology will be reimbursed up to the rate for a standard Pap smear) Children's health
- Complete immunisation programme as per state EPI
- Cardiac healt
- 1 cholesterol screening (full lipogram) every 5 years for all members aged 20 and older
- General
- 1 flu vaccination once a year for all members

Health risk assessments

- 1 wellness screening (blood pressure, finger prick cholesterol and glucose tests) once a year for all members
- 1 preventative screening (waist-to-hip ratio, body fat %, flexibility, posture and fitness) once a year for all members
- · Certain wearable devices (such as activity trackers) payable from Savings up to R750 per device for all members, as per approved list



Day-to-Day Benefits

Your day-to-day expenses like visits to doctors and specialists, short-term courses of medicine, x-rays and dentistry will be paid directly out of your Savings. You have the following funds available for the year:

Member: **R4 008**

Adult dependant: **R3 408**

Child dependant: R1 212

Once your Savings has been depleted, you will have to pay for your day-to-day expenses from your own pocket.

Call the doctor

Even if your current year's Savings has run out, you will enjoy unlimited cover for FP consultations, as long as you use an FP on the Fedhealth network.

Looking after those pearly whites

Even if your current year's Savings is depleted, the Scheme will pay for two annual dentist consultations per beneficiary including scaling and polishing – provided you use one of our contracted dentists and the treatment falls within our list of approved dental procedures.

Oh baby!

Welcoming a teeny tiny baby into your family must be one of life's happiest moments! We like to make this special event even more joyful by not only ensuring that your day-to-day benefits cover all your pregnancy costs, but also offering you the value-adding Fedhealth Baby Programme. We pay pregnancy costs from Savings if you have funds available. Consultations with a gynaecologist will be covered at cost from your Savings, and if you use a Fedhealth Network gynaecologist, the costs will covered in full at the agreed rate. Just remember, non-network gynaecologists may charge more for consultations, which will result in your day-to-day funds being depleted sooner. We'll be with you every step of the way – nine months and beyond!

Should your current year's Savings run out, the Scheme will still pay for two 2D antenatal scans per year, antenatal classes up to R950 by a midwife, a total of six ante- or postnatal consultations or a mix thereof with a midwife, network gynaecologist or network FP, and one amniocentesis per year. But if babies can wait... The Scheme pays for certain female contraceptives like the Pill, contraceptive rings, IUD (including the Mirena) and certain injectables, from the Major Medical Benefit.

We keep a close eye

Maxima Basis brings you optical benefits through an Optical Network Provider paid from the Major Medical Benefit. This benefit offers: one comprehensive consultation per beneficiary, one pair of single vision or bifocal lenses per beneficiary, and a frame to the value of R182 per beneficiary (Savings can be used to buy more expensive frames).

This benefit runs over a 24-month period (in other words, it's available every two years).



Plus, for more value-added support benefits paid from Risk to make your day-to-day medical spending go further, like **specialised radiology**, please go to page 5 of this brochure.