

# unique benefits

## We pay more from risk:

- Unlimited private hospitalisation
- Post-hospitalisation treatment for up to 30 days after discharge from hospital
- 7 days of take-home medication
- All specialised radiology like MRI and CT Scans
- Trauma treatment at a casualty ward whether admitted to hospital or not
- Monthly prescription for female contraceptives: oral, patch and IUDs including Mirena®
- Contracted fixed rates at partner providers.

## We add more value to every day:

- Child rates for financially dependent children up to 27 years of age
- Upgrade to a higher option any time of the year on diagnosis of a dread disease or in the case of a life-changing event
- Emergency medical transport anywhere in SA through Europ Assistance
- A Fedhealth Baby Programme that offers education, support, great give-aways and the support of a Doula during labour
- 24-Hour Fedhealth Nurseline
- Free trauma counselling for practical and emotional support
- Comprehensive HIV/AIDS and other disease management programmes.

# contributions

contributions							
Rand amounts paid monthly to the Scheme for cover received as well as annual benefit values							
maxima plus (including OHEB and Savings)							
	Risk	+	Savings	=	TOTAL	Annual Safety Net*	Annual OHEB
Member	4 519		284		4 803	11 100	7 030
Adult Dependant	3 844		241		4 085	8 470	5 080
Child Dependant	1 356		84		1 440	2 940	1 560

\* Up to a maximum of three children

healthcare spending							
Examples of healthcare spend available for various family structures, as well as annual safety net levels and self-payment gaps							
	Annual Savings	+	Annual OHEB	=	Annual Day-to-Day	Annual Safety Net Level	Annual Self-Payment Gap
M	3 408		7 030		10 438	11 100	662
M + AD	6 300		12 110		18 410	19 570	1 160
M + AD + CD	7 308		13 670		20 978	22 510	1 532

M - member AD - adult dependant CD - child dependant

Customer Contact Centre 0860 002 153

This document is a summary for information purposes only and does not supersede the Rules of the Scheme. In the event of any discrepancy between the summary and the Rules, the Rules will prevail. A copy of the Rules is available on request.

2014  
member guide



maxima plus

FEDHEALTH

# maxima plus

For the mature, professional and responsible, and whose health is a priority.

major medical benefit	
All costs for hospitalisation are covered from this benefit and must be pre-authorized	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Overall annual limit (OAL)</b>	Unlimited
<b>Healthcare Professional Tariff (HPT) Specialists tariff</b>	
- Fedhealth Specialist Partners	Covered at cost
- Non-Fedhealth Specialist Partners	Covered at 200% of FR
<b>Other Healthcare Professionals including GPs</b>	Covered at 300% of FR
<b>Prescribed Minimum Benefits (PMBs)</b>	Unlimited in state hospitals
<b>Hospitalisation costs</b>	Unlimited at negotiated tariff
<b>Co-payments</b>	See details opposite
<b>Alternatives to hospitalisation</b>	
Sub-acute facilities, physical rehabilitation facilities, nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
<b>Ambulance services</b>	Unlimited with Europ Assistance
<b>Appliances, external accessories, orthotics, blood, blood equivalents and blood products</b>	Unlimited at cost
<b>Additional medical services (dietetics, occupational therapy and speech therapy) and physical therapy (physiotherapy and biokinetics)</b>	Unlimited at cost
<b>Maxillo-facial surgery</b> Incl surgical extraction of impacted wisdom teeth	Unlimited, subject to approval (See HPT) Co-payment applies to surgical extraction of impacted wisdom teeth
<b>Emergency treatment in a casualty ward</b>	Unlimited at FR
<b>Female health benefit: contraceptives</b>	Unlimited at MPL*
<b>Terminal care benefit</b>	R25 000 at FR
<b>Immune deficiency related to HIV infection</b>	Unlimited (See HPT)
<b>Oncology</b>	Unlimited. Subject to Enhanced Protocols (See HPT)
- Specialised medication	R280 370
<b>Organ transplant including immunosuppression medication</b>	Unlimited (See HPT)
- Corneal graft	R16 800 per beneficiary
<b>Pathology</b>	Unlimited at FR
<b>Post-hospitalisation benefit</b>	Up to 30 days after discharge at FR
<b>Post-natal midwifery benefit</b>	4 consultations per pregnancy at FR
<b>Prostheses</b>	
- Internal	Various sub-limits apply (See table)
- External	R17 700

major medical benefit (continued)	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Psychiatric services</b>	R32 600 (See HPT)
<b>Renal Dialysis (chronic)</b> - Haemodialysis and peritoneal dialysis	Unlimited at FR
<b>Specialised medication benefit (eg. biologicals) - oncology &amp; non-oncology</b>	R280 370
<b>Specialised radiology</b>	Unlimited at FR
<b>Take-out medicines</b>	7 days medication per hospital event at MPL*
<b>HPT</b> - Healthcare Professional Tariff <b>*MPL</b> - Medicine Price List <b>FR</b> - Fedhealth Rate <b>*PMB</b> - Prescribed Minimum Benefits	

co-payments	
CO-PAYMENTS (PER EVENT) APPLICABLE ON THE HOSPITAL/ FACILITY BILL ONLY	
Colonoscopy, Upper GI endoscopy	R1 900
Extraction of wisdom teeth	R3 170
Hiatus hernia surgery	No co-payment
Rhizotomies and facet pain block (limited to 1 of either procedures per beneficiary per year)	R3 400
Balloon Sinuplasty	R5 600
Spinal surgery	No co-payment
Joint replacements	No co-payment
<b>Arthroscopic procedures</b>	
Ankle, Knee, Shoulder	No co-payment
Hip, Wrist	No co-payment
<b>Laparoscopic procedures</b>	
Appendectomy, Hernia repairs (other than inguinal hernia repair)	No co-payment
Diagnostic, Nissen/ Toupey	No co-payment
Nephrectomy	No co-payment
All arthroscopic and laparoscopic procedures not listed above	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered

day-to-day benefit	
Day-to-day expenses are covered from available funds in the Out-of-Hospital Expenses Benefit (OHEB) and Savings Account. Limits may apply when calculating certain claims for accumulation to Safety Net. These limits will also apply for refunds from OHEB and Safety Net	
BENEFIT	LIMIT PER FAMILY PER YEAR
<b>Co-payments in Safety Net</b>	No co-payment
<b>Appliances, external accessories and orthotics</b>	R12 600 per family per year before and after Safety Net. (R3 500 sub-limit for foot orthotics). Subject to OHEB*, Savings and Safety Net
<b>Alternative healthcare</b>	Subject to OHEB* and Savings. Does not accumulate to or pay from Safety Net
Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	
<b>Additional medical services</b>	R14 100 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
Audiology, dietetics, occupational therapy, orthotics, podiatry, psychologists, social workers and speech therapy, etc	
<b>Dentistry (Advanced)</b>	R6 030 per beneficiary per year, R18 000 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
Including oral surgery, osseo-integrated implants, orthognathic surgery and orthodontic treatment	
<b>Biokinetics, Chiropractics, Dentistry (Basic), Radiology (General), Pathology and Physiotherapy</b>	Subject to OHEB*, Savings and Safety Net. Unlimited once Safety Net is reached
<b>General Practitioners</b>	
- Fedhealth GP Partners	Subject to OHEB* then unlimited from Risk
- Non-Fedhealth GP Partners	Subject to OHEB*, Savings and Safety Net. Unlimited once Safety Net is reached
<b>Maternity</b>	2 x 2D antenatal scans per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
<b>Optometry</b>	R2 700 per beneficiary per year, R8 210 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net examinations
Frames, single vision, bifocal, multifocal or special lenses, lens add-ons, contact lenses, readers and optometric examinations	

## day-to-day benefit (continued)

BENEFIT	LIMIT PER FAMILY PER YEAR
<b>Over-the-counter medication</b>	Subject to Savings only. Does not accumulate to or pay from Safety Net
<b>Prescribed medication</b>	R8 040 per beneficiary per year, R16 000 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
<b>Radiology (Specialised)</b>	Paid from the Major Medical Benefit if pre-authorised
<b>Specialists excluding psychiatrists</b>	
- Fedhealth Specialist Partners	Subject to OHEB*, Savings and accumulation at cost to Safety Net. Unlimited at cost once Safety Net is reached
- Non-Fedhealth Specialist Partners	Subject to OHEB*, Savings and Safety Net. Accumulation to Safety Net at Fedhealth Rate only. Unlimited at Fedhealth Rate once Safety Net is reached
<b>Specialists: Psychiatrists</b>	
- Fedhealth Psychiatrist Partners	Subject to Additional Medical Services limit of R14 100 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net. Accumulation to and refund from Safety Net at cost.
- Non-Fedhealth Psychiatrist Partners	Subject to Additional Medical Services limit of R14 100 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net. Accumulation to and refund from Safety Net at Fedhealth Rate only

\*MPL - Medicine Price List    FR - Fedhealth Rate    \* OHEB - Out-of-Hospital Expenses Benefit

### SAFETY NET BENEFIT

The Safety Net Benefit pays for certain day-to-day expenses once OHEB and Savings have been depleted and claims have accumulated up to the required level. The Safety Net Level is reached through the accumulation of claims paid from OHEB, Savings and the member's own pocket through the year at the Fedhealth Rate unless otherwise specified. Where limits apply, expenses will only accumulate up to this limit and this limit will also apply to refunds from Safety Net.

## internal prosthesis benefit table

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

BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Detachable platinum coils</b>	R40 839
<b>Cardiac stents</b>	R40 310
<b>Cardiac valves</b>	R35 866
<b>Cardiac pacemakers</b>	R47 081
<b>Aorta stent grafts</b>	R47 081
<b>Intraocular lenses (per lens)</b>	R2 645
<b>Shoulder replacement</b>	R35 866
<b>Elbow replacement</b>	R35 866
<b>Hip replacement</b>	R35 866
<b>Knee replacement</b>	R35 866
<b>Total ankle replacement</b>	See combined benefit limit for all unlisted internal prosthesis*
<b>Bone lengthening devices</b>	
<b>Spinal plates and screws</b>	
<b>Carotid stents</b>	
<b>Peripheral arterial stent grafts</b>	
<b>Embolic protection devices</b>	*R29 095
<b>Other approved spinal implantable devices</b>	
<b>Combined benefit for all unlisted internal prosthesis</b>	

## screening benefit

This benefit provides access to a number of screening and preventative programmes aimed at improving members' health

BENEFIT	CRITERIA	LIMIT PER BENEFICIARY
<b>Women's Health</b> Breast cancer screening with mammography	Women; 50 to 70	1 every 3 years
Cervical cancer screening (PAP smear - test only) <i>Liquid based Cytology will be reimbursed up to the rate for a standard PAP smear</i>	Women; 21 to 65	1 every 3 years
<b>Children's Health</b> Immunisation Programme (as per State EPI)	Various (see list)	Various
<b>Cardiac Health</b> Cholesterol screening (full lipogram)	All lives; aged 20 years and older	1 every 5 years
<b>Geriatric Health</b> Pneumococcal vaccination	All lives; older than 65	1 per lifetime
Bone densitometry	Women; older than 65	1 per lifetime
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every 2 years
<b>General</b> Flu vaccination	All lives	1 every year

## immunisation benefit

AGE OF CHILD	VACCINE
<b>At Birth</b>	Tuberculosis (Bacilles Calmette Guerin)
	OPV (0) Oral Polio Vaccine
<b>6 Weeks</b>	OPV (1) Oral Polio Vaccine
	RV (1) Rotavirus Vaccine
	DTaP-IPV//Hib (1), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined
	Hep B (1) Hepatitis B Vaccine
	PCV <sub>7</sub> (1) Pneumococcal Conjugated Vaccine
<b>10 Weeks</b>	DTaP-IPV//Hib (2), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined
	Hep B (2) Hepatitis B Vaccine
<b>14 Weeks</b>	RV (2) Rotavirus Vaccine (should not be administered after 24 weeks)
	DTaP-IPV//Hib (3), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined
	Hep B (3) Hepatitis B Vaccine
	PCV <sub>7</sub> (2) Pneumococcal Conjugated Vaccine
<b>9 Months</b>	Measles Vaccine (1)
	PCV <sub>7</sub> (3) Pneumococcal Conjugated Vaccine
<b>18 Months</b>	DTaP-IPV//Hib (4), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined
	Measles Vaccine (2)
<b>6 Years</b>	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine
<b>12 Years</b>	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine

## chronic disease benefit

Medication for approved chronic diseases is covered from this benefit

### COVER

Limit	R12 200 per beneficiary, subject to an overall limit of R22 800 per family per year
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### IN-BENEFIT (Lists 1 and 2 below)

Conditions covered	51 conditions See lists 1 & 2 below
Formulary	No formulary restrictions
Designated Service Provider (DSP)	Service provider of choice

### OUT-OF-BENEFIT (List 1 below only)

Formulary	Comprehensive formulary
Designated Service Provider (DSP)	Service provider of choice

### HIV/ AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD TRANSMISSION, RAPE & POST-EXPOSURE PROPHYLAXIS

Limit	Unlimited
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**In-benefit** means that you have not exhausted your Chronic Disease Benefit limit.

**Out-of-benefit** means that you have exhausted your Chronic Disease Benefit limit.

Non-compliance with DSP and/ or formulary requirements, as per the specific option will attract a co-payment of 40%. If this is in respect of a PMB condition, then the co-payment is not refundable from Savings.

All medicine claims are subject to the Medicine Price List (MPL), a generic reference price list, and the maximum negotiated dispensing fee. Where the dispensing fee has not been negotiated, a maximum dispensing fee of 26% / R26 will apply.

### CHRONIC CONDITIONS LISTS

**LIST 1. PMB Conditions:** 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

**LIST 2. Additional chronic conditions covered on Maxima Plus:** Angina, Ankylosing Spondylitis, Anorexia Nervosa, Attention Deficit Disorder (in children only), Barrett's Oesophagus, Bulimia Nervosa, Conn's Syndrome, Cushing's Syndrome, Deep Vein Thrombosis, Depression, Dermatomyositis, Gastro-Oesophageal Reflux Disease, Generalised Anxiety Disorder, Narcolepsy, Polyarteritis Nodosa, Pulmonary Interstitial Fibrosis, Obsessive Compulsive Disorder, Panic Disorder, Paraplegia/Quadriplegia (associated medicine), Post-Traumatic Stress Syndrome, Scleroderma, Thromboangitis Obliterans, Thrombocytopenic Purpura, Tourette's Syndrome, Valvular Heart Disease, Zollinger-Ellison Syndrome

\*PMB - Prescribed Minimum Benefits