

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 standard (including OHEB and Savings)					
	Risk	+ Savings	= TOTAL	Annual Safety Net*	Annual OHEB
Member	2 048	186	2 234	8 990	3 720
Adult Dependant	1 745	158	1 903	6 870	2 690
Child Dependant	613	56	669	2 320	369

* 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	2 232	3 720	5 952	8 990	3 038
M + AD	4 128	6 410	10 538	15 860	5 322
M + AD + CD	4 800	6 779	11 579	18 180	6 601

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 standard

FEDHEALTH

maxima standard

For those who can afford more cover and appreciate the value of hospital protection with some day-to-day cover.

major medical benefit	
All costs for hospitalisation are covered from this benefit and must be pre-authorised	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
Overall annual limit (OAL)	Unlimited
Healthcare Professional Tariff (HPT) Specialists tariff	
- Fedhealth Specialist Partners	Covered at cost
- Non-Fedhealth Specialist Partners	Covered at 100% of FR
Other Healthcare Professionals including GPs	Covered at 200% of FR
Prescribed Minimum Benefits (PMBs)	Unlimited in state hospitals
Hospitalisation costs	Unlimited at negotiated tariff
Co-payments	See details opposite
Alternatives to hospitalisation	
Sub-acute facilities, physical rehabilitation facilities	PMB level of care only
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Ambulance services	Unlimited with Europ Assistance
Appliances, external accessories, orthotics, blood, blood equivalents and blood products	Unlimited at cost
Additional medical services (dietetics, occupational therapy and speech therapy) and physical therapy (physiotherapy and biokinetics)	Unlimited at cost
Maxillo-facial surgery Incl surgical extraction of impacted wisdom teeth	Unlimited, subject to approval (See HPT) Co-payment applies to surgical extraction of impacted wisdom teeth
Emergency treatment in a casualty ward	Unlimited at FR
Female health benefit: contraceptives	Unlimited at MPL*
Terminal care benefit	R25 000 at FR
Immune deficiency related to HIV infection	Unlimited (See HPT)
Oncology	R448 000. Subject to Standard Protocols. DSP-ICON* above limit (See HPT)
- Specialised medication	No benefit
Organ transplant including immunosuppression medication	R330 000 (See HPT)
- Corneal graft	R16 800 per beneficiary
Pathology	Unlimited at FR
Post-hospitalisation benefit	Up to 30 days after discharge at FR
Post-natal midwifery benefit	4 consultations per pregnancy at FR
Prostheses	
- Internal	Various sub-limits apply (See table)
- External	R9 410

major medical benefit (continued)	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
Psychiatric services	R20 300 (See HPT)
Renal Dialysis (chronic)	
- Haemodialysis and peritoneal dialysis	R330 000 at FR
Specialised medication benefit (eg. biologicals) - oncology & non-oncology	No benefit
Specialised radiology	Unlimited at FR
Take-out medicines	7 days medication per hospital event at MPL*
HPT - Healthcare Professional Tariff *MPL - Medicine Price List FR - Fedhealth Rate *PMB - Prescribed Minimum Benefits *ICON - Independent Clinical Oncology Network	

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
Co-payments in Safety Net	20% co-payment
Appliances, external accessories and orthotics	R9 450 per family per year before and after Safety Net. (R3 500 sub-limit for foot orthotics). Subject to OHEB*, Savings and Safety Net
Alternative healthcare	Subject to OHEB* and Savings. Does not accumulate to or pay from Safety Net
Accupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	
Additional medical services	R9 450 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	
Dentistry (Advanced)	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	
Biokinetics, Chiropractics, Dentistry (Basic), Radiology (General), Pathology and Physiotherapy	Subject to OHEB*, Savings and Safety Net. Unlimited once Safety Net is reached
General Practitioners	
- 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

day-to-day benefit (continued)	
BENEFIT	LIMIT PER FAMILY PER YEAR
Maternity	2 x 2D antenatal scans per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
Optometry	Frames, single vision, bifocal, multifocal or special lenses, lens add-ons, contact lenses, readers and optometric examinations
Over-the-counter medication	Subject to Savings only. Does not accumulate to or pay from Safety Net
Prescribed medication	R8 040 per beneficiary per year, R16 000 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
Radiology (Specialised)	Paid from the Major Medical Benefit if pre-authorised
Specialists excluding psychiatrists	
- 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
Specialists: Psychiatrists	
- Fedhealth Psychiatrist Partners	Subject to Additional Medical Services limit of R9 450 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 R9 450 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

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	R3 170
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	R6 340
Arthroscopic procedures	
Ankle, Knee, Shoulder	R1 900
Hip, Wrist	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered
Laparoscopic procedures	
Appendectomy, Hernia repairs (other than inguinal hernia repair)	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered
Diagnostic, Nissen/ Toupey	R1 900
Nephrectomy	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered
All arthroscopic and laparoscopic procedures not listed above	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered

immunisation benefit

AGE OF CHILD	VACCINE
At Birth	Tuberculosis (Bacilles Calmette Guerin)
	OPV (0) Oral Polio Vaccine
6 Weeks	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
	PCV7 (1) Pneumococcal Conjugated Vaccine
10 Weeks	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
14 Weeks	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
	PCV7 (2) Pneumococcal Conjugated Vaccine
9 Months	Measles Vaccine (1)
	PCV7 (3) Pneumococcal Conjugated Vaccine
18 Months	DTaP-IPV//Hib (4), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined
	Measles Vaccine (2)
6 Years	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine
12 Years	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine

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
Detachable platinum coils	R40 839
Cardiac stents	R22 430
Cardiac valves	R22 430
Cardiac pacemakers	R22 430
Aorta stent grafts	R47 081
Intraocular lenses (per lens)	R2 645
Shoulder replacement	R22 430
Elbow replacement	R22 430
Hip replacement	R22 430
Knee replacement	R22 430
Total ankle replacement	
Bone lengthening devices	
Spinal plates and screws	
Carotid stents	See combined benefit limit for all unlisted internal prosthesis*
Peripheral arterial stent grafts	
Embolic protection devices	
Other approved spinal implantable devices	
Combined benefit for all unlisted internal prosthesis	*R20 102

screening benefit

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

BENEFIT	CRITERIA	LIMIT PER BENEFICIARY
Women's Health 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
Children's Health Immunisation Programme (as per State EPI)	Various (see list)	Various
Cardiac Health Cholesterol screening (full lipogram)	All lives; aged 20 years and older	1 every 5 years
General Flu vaccination	All lives	1 every year

chronic disease benefit

Medication for approved chronic diseases is covered from this benefit

COVER	
Limit	R4 590 per beneficiary, subject to an overall limit of R9 130 per family per year
IN-BENEFIT (Lists 1 and 2 below)	
Conditions covered	39 conditions See lists 1 & 2 below
Formulary	Comprehensive formulary
Designated Service Provider (DSP)	Service provider of choice
OUT-OF-BENEFIT (List 1 below only)	
Formulary	Restrictive formulary
Designated Service Provider (DSP)	Medi-Rite pharmacy
HIV/ AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD TRANSMISSION, RAPE & POST-EXPOSURE PROPHYLAXIS	
Limit	Unlimited
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 Standard: Ankylosing Spondylitis, Anorexia Nervosa, Attention Deficit Disorder (in children only), Bulimia Nervosa, Depression, Dermatomyositis, Generalised Anxiety Disorder, Narcolepsy, Obsessive Compulsive Disorder, Panic Disorder, Paraplegia/Quadriplegia (associated medicine), Post-Traumatic Stress Syndrome, Scleroderma, Tourette's Syndrome

*PMB - Prescribed Minimum Benefits