

2016

maxima rates & benefits guide  
comprehensive options  
Maxima Standard



# Maxima Standard



## Ideal for:

- Young, growing families
- Single professionals

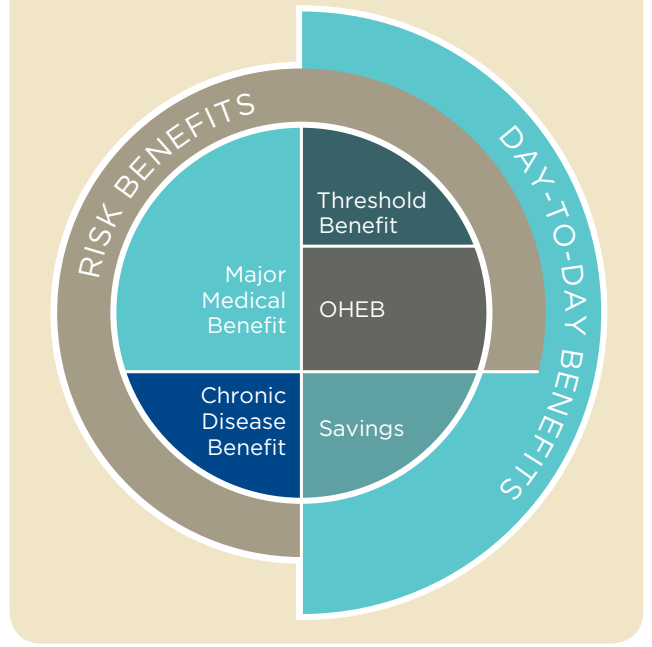


## What's in it for you?

- Unlimited private hospitalisation
- Day-to-day claims for expenses like medical consultations first funded from a Savings Account, then from the Out-of-Hospital Expenses Benefit and then a Threshold Benefit
- Extensive cover for 39 chronic conditions
- Risk benefits like unlimited visits to Network FPs



## Cost



**Risk**  
**Savings**  
**Total**

Member  
**R2 476**  
**R217**  
**R2 693**

Adult dependant  
**R2 109**  
**R185**  
**R2 294**

Child dependant  
**R741**  
**R65**  
**R806**



## 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 be covered unlimited **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 the treatment for your PMB conditions **covered in full**, you will 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 have a co-payment should the healthcare professional charge more.

Also included in the Major Medical Benefit are:

BENEFIT	ALL LIMITS PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Healthcare Professionals in hospital</b> - 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
<b>Additional medical services</b> (dietetics, occupational therapy and speech therapy) and <b>physical therapy</b> (physiotherapy and biokinetics)	Unlimited
<b>Alternatives to hospitalisation</b> Nursing services, private nurse practitioners & nursing agencies Sub-acute facilities, physical rehabilitation facilities	Unlimited Covered up to PMB level of care
<b>Ambulance Services</b>	Unlimited with Europ Assistance
<b>Appliances, external accessories, orthotics, blood, blood equivalents and blood products</b>	Unlimited
<b>Immune deficiency related to HIV infection</b>	Unlimited
<b>Maternity</b> - 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
<b>Postnatal midwifery benefit</b>	4 consultations per pregnancy

<b>Maxillo-facial surgery</b> - Surgical extraction of impacted wisdom teeth	Unlimited You pay a co-payment of R3 500 on the hospital bill
<b>Oncology:</b> Oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology at preferred provider* and subject to standard treatment protocols. DSP* above limit	R400 000
<b>Specialised Medication for oncology (also see below)</b>	No benefit
<b>Organ transplant including immunosuppression medication</b> - Corneal graft	R400 000 R18 700
<b>Pathology, radiology (general)</b>	Unlimited at 100% of the Fedhealth Rate
<b>Prostheses</b> - Internal - External	Various sub-limits apply, please see below R10 500
<b>Psychiatric services:</b> Accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R22 600
<b>Renal dialysis (chronic):</b> Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R400 000 at 100% of the Fedhealth Rate
<b>Specialised Medication (eg. biologicals) Benefit (oncology &amp; non-oncology)</b>	No benefit
<b>Take-out medicines</b>	7 days medication for each hospital event
<b>Terminal care benefit</b>	R27 900 at 100% of the Fedhealth Rate

\*Preferred provider and DSP 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
Aorta stent grafts	R52 651
Detachable platinum coils	R45 670
Cardiac stents	R25 083
Cardiac valves	R25 083
Cardiac pacemakers	R25 083
Intraocular lenses (per lens)	R2 958
Shoulder replacement	R25 083
Elbow replacement	R25 083
Hip replacement (See ICPS on page 21)	R25 083
Knee replacement (See ICPS on page 21)	R25 083
Total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*
Bone lengthening devices	
Spinal plates and screws	
Carotid stents	
Peripheral arterial stent grafts	
Emboic protection devices	
Other approved spinal implantable devices	
<b>*Combined benefit limit for all unlisted internal prosthesis</b>	

### Procedures with a co-payment on the hospital/facility bill:

Colonoscopy, Upper GI endoscopy	R2 000
Surgical extraction of impacted wisdom teeth	R3 500
Rhizotomies & facet pain block (limited to 1 of either procedures per beneficiary per year)	R3 500
Balloon sinuplasty	R3 500
Spinal surgery	R3 500
Joint replacements (See ICPS on page 21)	R3 500
Arthroscopic procedures: hip, wrist	R2 000
Other arthroscopic procedures	R2 000
All laparoscopic procedures	R3 500



We refer to General Practitioners (GP) as Family Practitioners (FP).

## ICPS giving you a hip and a knee up without a co-payment

You know us, we're all about the coordination of your care to ensure you recover quicker and more effectively. As such, we recommend our new Improved Clinical Pathway Services (ICPS) for members who need hip and knee replacements. A 'clinical pathway' basically means that a network of the relevant healthcare professionals will oversee every step of your hip or knee replacement journey, from FP referral to surgery right through to your full rehabilitation. As the patient, you benefit since this coordinated approach has been proven to result in better health outcomes and patient satisfaction! So, you'll be back on your feet before you know it thanks to a managed process that includes your pre-op assessment, a rapid recovery plan with pre-operative strengthening, physiological anaesthesia, minimally traumatic surgery, and aggressive postoperative physiotherapy. Another great advantage is that if you use ICPS, you won't have any co-payment on your hip or knee replacement. It therefore makes sense to avoid co-payments by using ICPS. Simply visit [www.icpservices.co.za](http://www.icpservices.co.za) or call 0860 002 153 to find an ICPS surgeon.



## Chronic Disease Benefit

Your medication for approved chronic diseases is covered from this benefit.

Limit	R5 120 per beneficiary, subject to an overall limit of R10 200 per family per year
<b>IN-BENEFIT (Lists 1 and 2 below)</b>	
Conditions covered	39 conditions - See lists 1 and 2 below
Formulary	Restrictive formulary
Designated Service Provider (DSP)	Service provider of choice
<b>OUT-OF-BENEFIT (List 1 below only)</b>	
Formulary	Restrictive formulary
Designated Service Provider (DSP)	Medi-Rite pharmacy and Pharmacy Direct
<b>HIV/ AIDS MEDICINE BENEFIT (including treatment for mother-to-child transmission, rape &amp; post-exposure prophylaxis)</b>	
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 will attract a co-payment of 40%. Where PMB conditions are concerned, the co-payment will not be 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.

### 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
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### 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
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## Screening Benefit

We believe that prevention is better than cure, and as such, Maxima Standard 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 health

- 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

Day-to-day expenses are covered from available funds in the Savings Account, Out-of-Hospital Expenses Benefit (OHEB) and carry-over Savings. Limits may apply when calculating certain claims for accumulation to Threshold. These limits will also apply to refunds from OHEB and Threshold.

The Threshold Benefit pays for certain day-to-day expenses once Savings and OHEB have been depleted and claims have accumulated up to the required level. The Threshold Level is reached through the accumulation of claims paid from Savings, OHEB 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 Threshold. **A 20% co-payment** will apply to all claims paid from the Threshold Benefit on Maxima Standard. No co-payment will apply to FP or specialist consultations in network.

Day to day medical expense	Limits	How the Savings Account covers the expense	How the Out-of-Hospital Expenses Benefit covers the expense	How the expense adds up towards the threshold level	How the Threshold Benefit covers the expense
<b>Additional medical services:</b> Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, speech therapy, social workers	Limit of R10 500 per family per year for the total of all additional medical services	At cost	Up to the Fedhealth Rate until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at Fedhealth Rate to the maximum of the limit	Covered at Fedhealth Rate up to the limit
<b>Alternative healthcare:</b> Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including medicines prescribed by alternative healthcare professionals)	No limit	At cost	Up to the Fedhealth Rate	Does not add up to threshold level	Not covered
<b>Antenatal scans</b>	Two 2D antenatal scans per person per year	At cost	Up to the Fedhealth Rate until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at Fedhealth Rate to the maximum of the limit	Covered at Fedhealth Rate up to the limit
<b>Appliances, external accessories and orthotics:</b> Hearing aids, wheelchairs etc.	Limit of R10 500 per family per year. Sub-limit of R3 910 per person for foot orthotics	At cost	Up to the Fedhealth Rate until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at Fedhealth Rate to the maximum of the limit	Covered at Fedhealth Rate up to the limit
<b>Biokinetics, Chiropractics</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
<b>Dentistry (Advanced):</b> Inlays, crowns, bridges, mounted study models, metal base partial dentures, osseo-integrated implants, orthognathic surgery, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Limit of R6 740 per person per year, up to an overall limit of R20 000 per family per year	At cost	Up to the Fedhealth Rate until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at Fedhealth Rate to the maximum of the limit	Covered at Fedhealth Rate up to the limit
<b>Dentistry (Basic)</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
<b>Female contraception</b>	See cover for female contraception on page 6				
<b>Family Practitioners (Previously referred to as GPs)</b>					
<b>Fedhealth Network FPs</b>	No limit – you are always covered even in the self-payment gap. (This is because when the Out-of-Hospital Expenses Benefit is used up, the expenses will be covered by the Major Medical Benefit)	Never paid from savings	At cost (set rate)	Adds up at set rate if refunded from OHEB	Covered from Major Medical Benefit
<b>Non-Fedhealth Network FPs</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate

\* Private nursing that falls outside the Alternatives to Hospitalisation Benefit

Day to day medical expense	Limits	How the Savings Account covers the expense	How the Out-of-Hospital Expenses Benefit covers the expense	How the expense adds up towards the threshold level	How the Threshold Benefit covers the expense
<b>Optometry:</b> Frames, single vision, bifocal, multifocal or special lenses, lens add-ons, contact lenses, Readers and optometric examinations	Limit of R3 010 per person per year, up to an overall limit of R9 170 per family per year	At cost	Up to the Fedhealth Rate until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at Fedhealth Rate to the maximum of the limit	Covered at Fedhealth Rate up to the limit
<b>Over-the-counter medication</b>	Paid out only from Savings (not from Out-of-Hospital Expenses Benefit or Threshold Benefit)	At cost	Not covered	Does not add up to threshold level	Not covered
<b>Pathology</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
<b>Physiotherapy</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
<b>Prescribed medication</b>	Limit of R8 980 per person per year, up to an overall limit of R17 800 per family per year	At cost	Up to the MPL until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at the MPL to the maximum of the limit	Covered up to MPL up to the limit
<b>Radiology (General)</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
<b>Radiology (Specialised)</b>	Paid from the Major Medical Benefit if pre-authorized				
<b>Specialists excluding Psychiatrists</b>					
<b>Fedhealth Network Specialists</b>	No limit	Up to set rate	At cost (set rate)	Adds up at set rate	Covered at set rate (Fedhealth Network Specialists will only charge the set rate)
<b>Non-Fedhealth Network Specialists</b>	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
<b>Specialists - Psychiatrists</b>					
<b>Fedhealth Network Psychiatrists</b>	The Additional Medical Services limit of R10 500 per family per year applies (combined limit)	Up to set rate	At cost (set rate) until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at set rate to the maximum of the limit	Covered at set rate up to the limit (Fedhealth Network Specialists will only charge the set rate)
<b>Non-Fedhealth Network Psychiatrists</b>	The Additional Medical Services limit of R10 500 per family per year applies (combined limit)	At cost	Up to the Fedhealth Rate until the benefit limit is reached. Amounts spent above limit may be paid out of carry-over Savings if there are funds available	Adds up at Fedhealth Rate to the maximum of the limit	Covered at Fedhealth Rate up to the limit

You will have the following funds available for the year:

Member: **R6 754**

Adult dependant: **R5 220**

Child dependant: **R1 192**

#### Call the doctor

Once the Out-of-Hospital Expenses Benefit has run out of funds, Fedhealth gives unlimited cover for FP consultations, as long as you use an FP who is on the Fedhealth Network.

#### 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 and OHEB if you have funds available. Consultations with a Fedhealth Network gynaecologist will be covered in full at the agreed rate from your Savings and OHEB. Consultations with non-network gynaecologists will be covered at cost from your Savings and up to 100% of the Fedhealth Rate from OHEB. 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!



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.

