

2016

maxima rates & benefits guide
saver options
Maxima Basis



Maxima Basis



Ideal for:

- Young couples thinking of starting a family

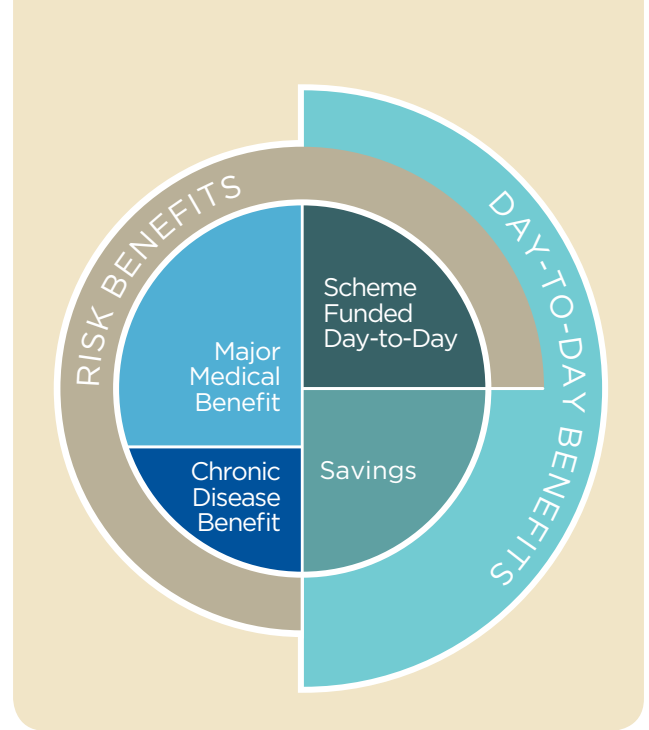


What's in it for you?

- Unlimited private hospitalisation
- Medical Savings Account
- Unlimited consultations at a Network FP (paid from Risk) once Savings is depleted
- Optometry benefit every two years
- Dentistry benefit funded by the Scheme once Savings runs out
- Generous Maternity benefit
- Cover for 25 chronic conditions at 100% of the Medicine Price List



Cost



Risk
Savings
Total

Member
R1 889
R334
R2 223

Adult dependant
R1 609
R284
R1 893

Child dependant
R569
R101
R670



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



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

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 - Corneal graft	R250 000 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	
Cardiac pacemakers	PMBs only
Aorta stent grafts	R52 651
Carotid stents	See combined benefit limit for all unlisted internal prosthesis*
Peripheral arterial stent grafts	
Emboloc protection devices	
Shoulder replacement	
Elbow replacement	
Hip replacement	
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



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



Screening Benefit

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 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

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 be 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).

contributions

maxima basis

	Risk	+	Savings	=	TOTAL
Member	1 889		334		2 223
Adult Dependant	1 609		284		1 893
Child Dependant	569		101		670

contributions

Rand amounts paid monthly to the Scheme for cover received as well as annual benefit values



Family goes the extra mile for you, and so do we

There's probably nothing you wouldn't do for your family. Their wellbeing is your top priority and you love seeing them happy and healthy. We feel the same about you, which is why we offer you unique value-added benefits. With some of these tangible benefits we pay more from Risk than other schemes to ensure that your day-to-day medical spending not only goes further, but also works harder when you really need it.

Benefits unique to the Fedhealth Maxima option range:

- We realise that not all kids leave the parental nest at 18! That's why we offer **child rates for financially dependent children up to the age of 27**. This means student dependants pay rates applicable to children, provided they're unmarried and not earning more than the maximum social pension
- Within a single day, life can change. Whether you find out your family is expanding, or you're diagnosed with a dread disease. So with us, you're never locked into an option, and you can **upgrade within 30 days of something dramatic happening** that changes your circumstances during the year. *New premiums will apply

Where we pay more from Risk than other schemes:

- **Post-hospitalisation treatment for up to 30 days** after discharge from hospital (physiotherapy, x-rays, pathology, etc) - i.e. follow-up treatment for a full 30-day period is paid directly from Risk, to preserve your day-to-day benefit. Authorisation must be obtained
- **7 days of paid for take-home medication** after discharge from hospital - provided the medication is dispensed by the hospital and reflects on the original hospital account
- **Specialised radiology like MRI and CT scans** paid from Risk and never from Savings - no matter what option you're on, whether performed in- or out-of-hospital. Authorisation must be obtained
- **Trauma treatment at a casualty ward** - whether admitted to hospital or not, emergency treatment, like stitches, is always paid from Risk and never from Savings. Authorisation must be obtained
- **Cover for female contraception** - including oral, patches, contraceptive rings, certain injectables as well as IUDs that include Mirena®. *Must be prescribed by an FP or gynaecologist and not applicable to pills prescribed for acne
- **The Screening Benefit** - with screenings for women's, children's, cardiac, as well as general health (like an annual flu vaccine) funded from Risk and not from your day-to-day benefit.

From our family, with love to you:

- The **Fedhealth Baby Programme**
- **24-Hour Fedhealth Nurse Line**
- **FREE trauma counselling** for practical and emotional support
- **Emergency transport/response** through Europ Assistance
- **Comprehensive managed care programmes:**
 - **Aid for AIDS (AfA)** for those living with HIV/AIDS,
 - **AsthmaCare** ensures that asthma patients lead a normal life,
 - **DiabeticCare** assists diabetics in managing their blood sugar,
 - **CardioCare** to prevent heart attacks in Coronary Heart Disease sufferers, and
 - **Oncology Disease Management** that supports cancer sufferers with comprehensive care including cover for chemotherapy, radiotherapy, approved medication, related consultations, pathology and general radiology.

Plus, we also give our Fedhealth family members:

- **Professional and extreme sports cover** - injuries sustained during sporting activities are covered within the benefits and rules of the Scheme, provided the treatment is received within the borders of South Africa
- **In-hospital dentistry for children under 8** - we cover the hospital and anaesthetist costs from the In-Hospital Benefit while the dentist's account comes from day-to-day benefits (Savings). Please note: The Authorisation Centre must be contacted at least 48 hours before the procedure. Authorisation will be granted provided no dental authorisation was granted for the same child within at least six months of the required admission date
- **Easy membership for child dependants who go on to join Fedhealth in their personal capacity without delay** - no underwriting will be required for child dependants who are at an age and status to afford their own medical aid, and who join the Scheme directly after leaving their parents' membership.

Family takes care of family