

2016

maxima rates & benefits guide
comprehensive options

Maxima Standard^{Elect}



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Ideal for:

- Young, growing families
- Single professionals

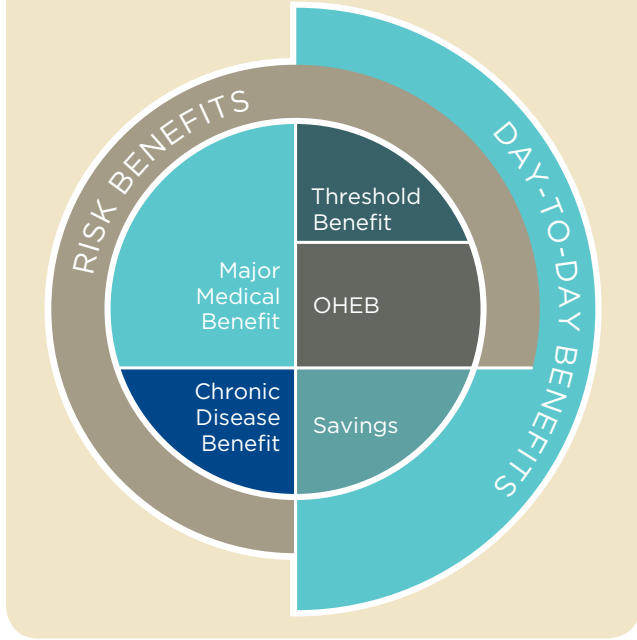


What's in it for you?

- Unlimited private hospitalisation at Fedhealth Network Hospitals
- Day-to-day claims for expenses like medical consultations funded first 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
R1 889
R164
R2 053

Adult dependant
R1 610
R140
R1 750

Child dependant
R565
R50
R615



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 Maxima Standard^{Elect} Network Hospitals for full cover at the negotiated tariff. A **R10 000 co-payment** will apply should you choose to use a non-network hospital
- 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 Hospitals, 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. Should you not make use of a network hospital, a **R10 000 co-payment** will apply.

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
Immune deficiency related to HIV infection	Unlimited
Maxillo-facial surgery - Surgical extraction of impacted wisdom teeth	Unlimited You pay a co-payment of R3 500 on the hospital bill



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 Postnatal midwifery benefit	Unlimited Covered at cost Covered at 100% of Fedhealth Rate Covered at 100% of Fedhealth Rate Covered at 200% of Fedhealth Rate 4 consultations per pregnancy
Oncology: 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 Specialised Medication for oncology (also see below)	R400 000 No benefit
Organ transplant including immunosuppression medication - Corneal graft	R400 000 R18 700
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	R400 000 at 100% of the Fedhealth Rate
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

*Preferred provider and DSP is ICON - Independent Clinical Oncology Network

MAXIMA STANDARD ^{Elect} NETWORK HOSPITALS	PROVINCE	SUBURB	MAXIMA STANDARD ^{Elect} NETWORK HOSPITALS	PROVINCE	SUBURB
Life St Mary's Private Hospital	Eastern Cape	Umtata	La Verna Private Hospital	KwaZulu-Natal	Ladysmith
Life Queenstown Private Hospital	Eastern Cape	Queenstown	Shifa Private Hospital	KwaZulu-Natal	Durban
Riemland Clinic	Free State	Frankfort	Pongola Hospital	KwaZulu-Natal	Pongola
St Helena Hospital	Free State	Welkom	Zoutpansberg Private Hospital	Limpopo	Polokwane
Botshilu Private Hospital	Gauteng	Soshanguve	Mediclinic Tzaneen	Limpopo	Tzaneen
Clinix Lesedi Private Hospital	Gauteng	Southdale	Clinix Phalaborwa Private Hospital	Mpumalanga	Phalaborwa
Clinix Tshelo-Themba Private Hospital	Gauteng	Dobsonville	Life Piet Retief Hospital	Mpumalanga	Piet Retief
Clinix Botshelong-Empilweni Private Hospital	Gauteng	Vosloorus	Clinix Itokolle - Victoria Private Hospital	North West	Mafikeng
Clinix Naledi-Nkanyezi Private Hospital	Gauteng	Sebokeng	Vryburg Private Hospital	Northern Cape	Vryburg
Louis Pasteur Private Hospital	Gauteng	Pretoria	Lenmed Health Kathu Private Hospital	Northern Cape	Kathu
Folateng Pretoria West Hospital	Gauteng	Pretoria West	Melomed Mitchells Plain Medical Centre	Western Cape	Mitchells Plain
Folateng Helen Joseph Hospital	Gauteng	Auckland Park	Ceres Private Hospital	Western Cape	Ceres
Folateng Sebokeng Hospital	Gauteng	Sebokeng	Melomed Bellville Medical Centre	Western Cape	Bellville
Zamokuhle Private Hospital	Gauteng	Tembisa			

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, Cardiac valves, Cardiac pacemakers, Shoulder replacement, Elbow replacement	R25 083
Intraocular lenses (per lens)	R2 958
Hip replacement, Knee replacement (See ICPS on page 27)	R25 083
Total ankle replacement, Bone lengthening devices, Spinal plates and screws, Carotid stents, Peripheral arterial stent grafts, Embolic protection devices, Other approved spinal implantable devices	See combined benefit limit for all unlisted internal prosthesis*
*Combined benefit limit for all unlisted internal prosthesis	R22 480

Procedures with a R2 000 co-payment on the hospital/facility bill:

Colonoscopy, Upper GI endoscopy, Arthroscopic procedures: hip, wrist, Other arthroscopic procedures

Procedures with a R3 500 co-payment on the hospital/facility bill:

Surgical extraction of impacted wisdom teeth, Balloon sinuplasty, Spinal surgery, Joint replacements (See ICPS on page 27), All laparoscopic procedures, Rhizotomies & facet pain block (limited to 1 of either procedures per beneficiary per year)

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 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
IN-BENEFIT (Lists 1 and 2 below)	
Conditions covered	39 conditions - See lists 1 and 2 below
Formulary	Restrictive formulary
Designated Service Provider (DSP)	Medi-Rite pharmacy and Pharmacy Direct
OUT-OF-BENEFIT (List 1 below only)	
Formulary	Restrictive formulary
Designated Service Provider (DSP)	Medi-Rite pharmacy and Pharmacy Direct
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 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 StandardElect:

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 StandardElect 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^{Elect}. 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
Additional medical services: 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
Alternative healthcare: 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
Antenatal scans	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
Appliances, external accessories and orthotics: 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
Biokinetics, Chiropractics	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
Dentistry (Advanced): 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
Dentistry (Basic)	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
Female contraception	See cover for female contraception on page 6				
Family Practitioners (Previously referred to as GPs)					
Fedhealth Network FPs	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
Non-Fedhealth Network FPs	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
Optometry: 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
Over-the-counter medication	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
Pathology	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
Physiotherapy	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
Prescribed medication	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
Radiology (General)	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
Radiology (Specialised)	Paid from the Major Medical Benefit if pre-authorized				
Specialists excluding Psychiatrists					
Fedhealth Network Specialists	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)
Non-Fedhealth Network Specialists	No limit	At cost	Up to the Fedhealth Rate	Adds up at Fedhealth Rate	Covered at Fedhealth Rate
Specialists - Psychiatrists					
Fedhealth Network Psychiatrists	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)
Non-Fedhealth Network Psychiatrists	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 118**

Adult dependant: **R4 680**

Child dependant: **R1 012**

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!

contributions

maxima standard^{Elect} (including Savings and OHEB)

	Risk	+ Savings	= TOTAL	Annual Threshold*	Annual OHEB
Member	1 889	164	2 053	10 000	4 150
Adult Dependant	1 610	140	1 750	7 680	3 000
Child Dependant	565	50	615	2 580	412

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 (OHEB and 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