

2016

ultima rates & benefits guide
ultima 200 option



Ultima 200



Ideal for:

- Individuals with chronic conditions

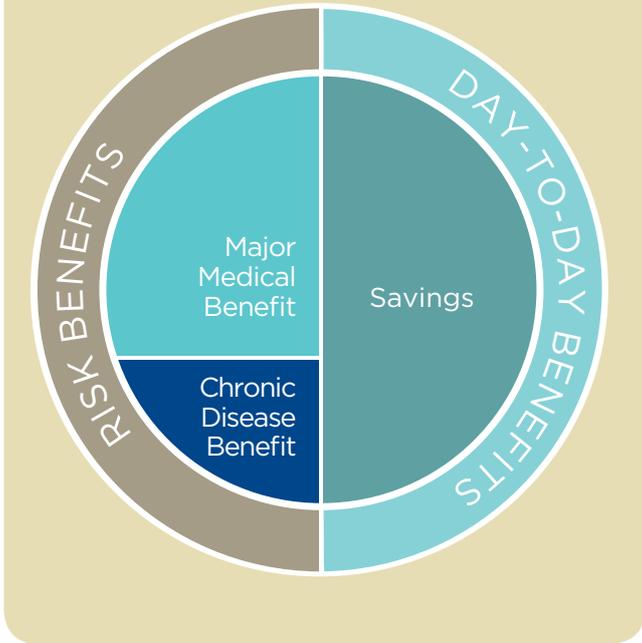


What's in it for you?

- Unlimited private hospitalisation
- Full cover at cost with all Fedhealth Network Specialists
- Cover for 65 chronic conditions
- Small amount of day-to-day cover



Cost



	Member	Adult dependant	Child dependant
Risk	R2 601	R2 204	R774
Savings	R29	R25	R9
Total	R2 630	R2 229	R783



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, we 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
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	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
Oncology: Oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology at preferred provider* and subject to enhanced treatment protocols. DSP* above limit	R400 000
Specialised Medication for oncology (also see below)	R156 000
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 R15 600
Psychiatric services: Accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R26 400
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)	R156 000
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

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	R53 124
Detachable platinum coils	R47 800
Cardiac stents	R45 078
Cardiac valves	R40 109
Cardiac pacemakers	R53 124
Intraocular lenses (per lens)	R2 958
Shoulder replacement	R42 594
Elbow replacement	R42 594
Hip replacement (see ICPS below)	R42 594
Knee replacement (see ICPS below)	R42 594
Bone lengthening devices	R42 594
Spinal plates and screws	R42 594
Carotid stents	R19 286
Peripheral arterial stent grafts	R36 086
Emboic protection devices	R47 800
Other approved spinal implantable devices	R42 594
Combined benefit limit for all unlisted internal prosthesis	R33 010

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 below), 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 any 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.



Day-to-Day Benefits

Your day-to-day expenses like visits to doctors and specialists, short-term courses of medicine, optometry and dentistry will be paid directly out of your Savings. You have the following funds available for the year:

Member: **R348**

Adult dependant: **R300**

Child dependant: **R108**

Once your Savings has been depleted, you will have to pay for your day-to-day expenses from your own pocket.

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! **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 Risk.



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 1 of this brochure.



Chronic Disease Benefit

Medication for approved chronic diseases is covered from this benefit.

Limit	R4 240 per beneficiary, subject to an overall limit of R7 620 per family per year
IN-BENEFIT (Lists 1 and 2 below)	
Conditions covered	65 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 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:

Alzheimer's Disease Angina Ankylosing Spondylitis Anorexia Nervosa Attention Deficit Disorder (in children only) Barrett's Oesophagus Benign Prostatic Hyperplasia Bulimia Nervosa Conn's Syndrome Cushing's Syndrome Cystic Fibrosis Deep Vein Thrombosis Depression Dermatomyositis	Gastro-Oesophageal Reflux Disease Generalised Anxiety Disorder Gout Hypoparathyroidism Menopause Motor Neuron Disease Muscular Dystrophy Myaesthesia Gravis Narcolepsy Obsessive Compulsive Disorder Osteoporosis Paget's Disease Pancreatic Disease Panic Disorder	Paraplegia/Quadriplegia (associated medicine) Pemphigus Polyarteritis Nodosa Post-Traumatic Stress Syndrome Pulmonary Interstitial Fibrosis Scleroderma Stroke Thromboangitis Obliterans Thrombocytopaenic Purpura Tourette's Syndrome Valvular Heart Disease Zollinger Ellison Syndrome
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Screening Benefit

We believe prevention is better than cure, and as such, Ultima 200 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

Over 50's

- 1 pneumococcal vaccination per lifetime for all members older than 65
- 1 bone densitometry test per lifetime for females older than 65
- 1 colorectal cancer screening test (faecal occult blood test) every 2 years for all members aged 50 – 75

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



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 Ultima 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.