

# 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 basis (including OHEB)					
	Risk	+ Savings	= TOTAL	Annual Safety Net*	Annual OHEB
Member	1 799	0	1 799	8 990	2 750
Adult Dependant	1 532	0	1 532	6 870	2 060
Child Dependant	543	0	543	2 320	280

\* 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	0	2 750	2 750	8 990	6 240
M + AD	0	4 810	4 810	15 860	11 050
M + AD + CD	0	5 090	5 090	18 180	13 090

M - member AD - adult dependant CD - child dependant

# 2014

## member guide



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.

maxima basis



FEDHEALTH

# maxima basis

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
<b>Overall annual limit (OAL)</b>	Unlimited
<b>Healthcare Professional Tariff (HPT) Specialists tariff</b>	
- Fedhealth Specialist Partners	Covered at cost
- Non-Fedhealth Specialist Partners	Covered at 100% of FR
<b>Other Healthcare Professionals including GPs</b>	Covered at 200% of FR
<b>Prescribed Minimum Benefits (PMBs)</b>	Unlimited in state hospitals
<b>Hospitalisation costs</b>	Unlimited at negotiated tariff
<b>Co-payments</b>	See details on table
<b>Alternatives to hospitalisation</b>	
Sub-acute facilities, physical rehabilitation facilities	PMB level of care only
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
<b>Ambulance services</b>	Unlimited with Europ Assistance
<b>Appliances, external accessories, orthotics, blood, blood equivalents and blood products</b>	Unlimited at cost
<b>Additional medical services (dietetics, occupational therapy and speech therapy) and physical therapy (physiotherapy and biokinetics)</b>	Unlimited at cost
<b>Maxillo-facial surgery</b> Incl surgical extraction of impacted wisdom teeth	Unlimited, subject to approval (See HPT) Co-payment applies to surgical extraction of impacted wisdom teeth
<b>Emergency treatment in a casualty ward</b>	Unlimited at FR
<b>Female health benefit: contraceptives</b>	Unlimited at MPL*
<b>Terminal care benefit</b>	R25 000 at FR
<b>Immune deficiency related to HIV infection</b>	Unlimited (See HPT)
<b>Oncology</b>	R257 000 at ICON*. Subject to Standard Protocols (See HPT)
- Specialised medication	No benefit
<b>Organ transplant including immunosuppression medication</b>	R257 000 (See HPT)
- Corneal graft	No benefit
<b>Pathology</b>	Unlimited at FR
<b>Post-hospitalisation benefit</b>	Up to 30 days after discharge at FR
<b>Post-natal midwifery benefit</b>	4 consultations per pregnancy at FR
<b>Prostheses</b>	
- Internal	Various sub-limits apply (See table)
- External	R9 410

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

major medical benefit (continued)	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Psychiatric services</b>	R20 300 (see HPT)
<b>Renal Dialysis (chronic)</b>	
- Haemodialysis and peritoneal dialysis	R257 000 at FR
<b>Specialised medication benefit (eg. biologicals) - oncology &amp; non-oncology</b>	No benefit
<b>Specialised radiology</b>	Unlimited at FR
<b>Take-out medicines</b>	7 days medication per hospital event at MPL*
<small>HPT - Healthcare Professional Tariff    *MPL - Medicine Price List    FR - Fedhealth Rate            *PMB - Prescribed Minimum Benefits    *ICON - Independent Clinical Oncology Network</small>	

day-to-day benefit	
Day-to-day expenses are covered from available funds in the Out-of-Hospital Expenses Benefit (OHEB). 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
<b>Co-payments in Safety Net</b>	20% co-payment
<b>Appliances, external accessories and orthotics</b>	R9 450 per family per year before and after Safety Net. (R3 500 sub-limit for foot orthotics). Subject to OHEB* and Safety Net
<b>Alternative healthcare</b>	Subject to OHEB*. Does not accumulate to or pay from Safety Net
Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	
<b>Additional medical services</b>	R9 450 per family per year before and after Safety Net Subject to OHEB* and Safety Net
Audiology, dietetics, occupational therapy, orthotics, podiatry, psychologists, social workers and speech therapy, etc	
<b>Dentistry (Advanced)</b>	R6 030 per beneficiary per year, R18 000 per family per year before and after Safety Net. Subject to OHEB* and Safety Net. No benefit for osseo-integrated implants
Including oral surgery, orthognathic surgery and orthodontic treatment	
<b>Biokinetics, Chiropractics, Dentistry (Basic), Radiology (General), Pathology and Physiotherapy</b>	Subject to OHEB* and Safety Net. Unlimited once Safety Net is reached
<b>General Practitioners</b>	
- Fedhealth GP Partners	Subject to OHEB* then unlimited from Risk
- Non-Fedhealth GP Partners	Subject to OHEB* and Safety Net. Unlimited once Safety Net is reached
<b>Maternity</b>	2 x 2D antenatal scans per year Antenatal classes R900 4 antenatal consultations 1 amniocentesis 4 postnatal consultations with midwife Subject to *OHEB then Risk

day-to-day benefit (continued)	
BENEFIT	LIMIT PER FAMILY PER YEAR
<b>Optometry</b>	R2 700 per beneficiary per year, R8 210 per family per year before and after Safety Net. Subject to OHEB* and Safety Net
Frames, single vision, bifocal, multifocal or special lenses, lens add-ons, contact lenses, readers and optometric examinations	
<b>Over-the-counter medication</b>	R430 per beneficiary per year, R862 per family per year before and after Safety Net. Included in Prescribed Medication limits. Subject to OHEB* and refund from Safety Net. Does not accumulate to Safety Net
<b>Prescribed medication</b>	R8 040 per beneficiary per year, R16 000 per family per year before and after Safety Net. Subject to OHEB* and Safety Net
<b>Radiology (Specialised)</b>	Paid from the Major Medical Benefit if pre-authorised
<b>Specialists excluding psychiatrists</b>	
- Fedhealth Specialist Partners	Subject to OHEB* and accumulation at cost to Safety Net. Unlimited at cost once Safety Net is reached
- Non-Fedhealth Specialist Partners	Subject to OHEB* and Safety Net. Accumulation to Safety Net at FR only. Unlimited at FR once Safety Net is reached
<b>Specialists: Psychiatrists</b>	
- Fedhealth Psychiatrist Partners	Subject to Additional Medical Services limit of R9 450 per family per year before and after Safety Net. Subject to OHEB* and accumulation at cost to Safety Net
- 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* and Safety Net. Accumulation to and refund from Safety Net at FR only
<small>*MPL - Medicine Price List    FR - Fedhealth Rate    *OHEB - Out-of-Hospital Expenses Benefit</small>	

## 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)	No benefit
Balloon Sinuplasty	No benefit
Spinal surgery	R6 340
Joint replacements	R6 340
<b>Arthroscopic procedures</b>	
Ankle, Knee, Shoulder	R1 900
Hip, Wrist	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered
<b>Laparoscopic procedures</b>	
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

## screening benefit

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

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

## 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
<b>Detachable platinum coils</b>	R40 839
<b>Cardiac stents</b>	PMBs only
<b>Cardiac valves</b>	PMBs only
<b>Cardiac pacemakers</b>	PMBs only
<b>Aorta stent grafts</b>	R47 081
<b>Intraocular lenses (per lens)</b>	R2 645
<b>Total ankle replacement</b>	No benefit
<b>Shoulder replacement</b>	See combined benefit limit for all unlisted internal prosthesis*
<b>Elbow replacement</b>	
<b>Hip replacement</b>	
<b>Knee replacement</b>	
<b>Bone lengthening devices</b>	
<b>Spinal plates and screws</b>	
<b>Carotid stents</b>	
<b>Peripheral arterial stent grafts</b>	
<b>Embolic protection devices</b>	
<b>Other approved spinal implantable devices</b>	
<b>Combined benefit for all unlisted internal prosthesis</b>	*R20 102

## chronic disease benefit

Medication for approved chronic diseases is covered from this benefit

COVER	
<b>Limit</b>	Unlimited. PMBs only
<b>Conditions covered</b>	25 Chronic Conditions below
<b>Formulary</b>	Restrictive formulary
<b>Designated Service Provider (DSP)</b>	Medi-Rite pharmacy
HIV/ AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD TRANSMISSION, RAPE & POST-EXPOSURE PROPHYLAXIS	
<b>Limit</b>	Unlimited
Non-compliance with DSP and/ or formulary requirements will attract a co-payment of 40%. All medicine claims are subject to the Medicine Price List (MPL), a generic reference price, and the maximum negotiated dispensing fee. Where the dispensing fee has not been negotiated, a maximum dispensing fee of 26% / R26 will apply.	
25 CHRONIC CONDITIONS	

**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

## immunisation benefit

AGE OF CHILD	VACCINE
<b>At Birth</b>	Tuberculosis (Bacilles Calmette Guerin)
	OPV (0) Oral Polio Vaccine
<b>6 Weeks</b>	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
	PCV <sub>7</sub> (1) Pneumococcal Conjugated Vaccine
<b>10 Weeks</b>	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
<b>14 Weeks</b>	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
	PCV <sub>7</sub> (2) Pneumococcal Conjugated Vaccine
<b>9 Months</b>	Measles Vaccine (1)
	PCV <sub>7</sub> (3) Pneumococcal Conjugated Vaccine
<b>18 Months</b>	DTaP-IPV//Hib (4), Diphtheria, Tetanus, acellular Pertussis (whooping cough), Inactivated Polio Vaccine and <i>Haemophilus influenzae</i> type b Combined
	Measles Vaccine (2)
<b>6 Years</b>	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine
<b>12 Years</b>	Td Vaccine Tetanus and reduced strength of diphtheria Vaccine