

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
- 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

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Member	1 370
Adult Dependant	1 161
Child Dependant	479

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.

2014

member guide



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FEDHEALTH

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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
Overall annual limit (OAL)	Unlimited
Healthcare Professional Tariff (HPT) Specialists tariff - Fedhealth Specialist Partners	Covered at cost
- Non-Fedhealth Specialist Partners	Covered at 100% of FR
Other Healthcare Professionals including GPs	Covered at 200% of FR
Prescribed Minimum Benefits (PMBs)	Unlimited in state hospitals
Hospitalisation costs	Unlimited at negotiated tariff
Co-payments	See details opposite
Alternatives to hospitalisation	
Sub-acute facilities, physical rehabilitation facilities	PMB level of care only
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Ambulance services	Unlimited with Europ Assistance
Appliances, external accessories, orthotics, blood, blood equivalents and blood products	Unlimited at cost
Additional medical services (dietetics, occupational therapy and speech therapy) and physical therapy (physiotherapy and biokinetics)	Unlimited (See HPT)
Maxillo-facial surgery Including surgical extraction of impacted wisdom teeth	Unlimited, subject to approval (See HPT) Co-payment applies to surgical extraction of impacted wisdom teeth
Emergency treatment in a casualty ward	Unlimited at FR
Female health benefit: contraceptives	No benefit
Terminal care benefit	R25 000 at FR
Immune deficiency related to HIV infection	Unlimited (See HPT)
Oncology	R201 000 at ICON*. Subject to Standard Protocols (See Healthcare Professional Tariff)
- Specialised medication	No benefit
Organ transplant including immunosuppression medication	R201 000 (See Healthcare Professional Tariff)
- Corneal graft	No benefit
Pathology	Unlimited at FR
Post-hospitalisation benefit	Up to 30 days after discharge at FR
Post-natal midwifery benefit	4 consultations per pregnancy at FR
Prostheses	
- Internal	Various sub-limits apply (see table)
- External	R9 410

For the healthy and fit, yet those who feel the need to be more responsible due to the cost of hospital treatment.

major medical benefit (continued)

BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
Psychiatric services	R20 300 (See HPT)
Renal Dialysis (chronic) - Haemodialysis and peritoneal dialysis	R201 000 at FR
Specialised medication benefit (eg. biologicals) - oncology & non-oncology	No benefit
Specialised radiology	Unlimited at FR
Take-out medicines	7 days medication per hospital event at MPL*

HPT - Healthcare Professional Tariff *MPL - Medicine Price List FR - Fedhealth Rate
*PMB - Prescribed Minimum Benefits *ICON - Independent Clinical Oncology Network

co-payments

CO-PAYMENTS (PER EVENT) APPLICABLE ON THE HOSPITAL/ FACILITY BILL ONLY	
Colonoscopy, Upper GI endoscopy	R1 900
Hiatus hernia surgery, Hysterectomy (unless for cancer), Inguinal hernia surgery, Varicose vein procedures	R3 170
Spinal surgery, Joint replacements	R6 340
Extraction of wisdom teeth	R3 170
Arthroscopic procedures Ankle, Knee, Shoulder	R1 900
Laparoscopic procedures Diagnostic, Nissen/ Toupey	R1 900
All arthroscopic and laparoscopic procedures not listed above	Only the costs for hospital/ facility, theatre fees, anaesthetist & surgeon will be covered

day-to-day benefit

PMB level of care at Specialist Network Partners, GP Network Partners and Designated Pharmacy provider only

chronic disease benefit

Medication for approved chronic diseases is covered from this benefit

COVER	
Limit	Unlimited
Conditions covered	25 Chronic Conditions below
Formulary	Restrictive formulary
Designated Service Provider (DSP)	Medi-Rite pharmacy
HIV/ AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD TRANSMISSION, RAPE & POST-EXPOSURE PROPHYLAXIS	
Limit	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 list, 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

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, Hypertlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis

*PMB - Prescribed Minimum Benefits

internal prosthesis benefit table

This benefit does not include osseo-integrated implants for the purpose of replacing a missing tooth or teeth

BENEFIT	LIMIT PER FAMILY PER YEAR
Detachable platinum coils	R40 839
Cardiac stents	PMBs only
Cardiac valves	PMBs only
Cardiac pacemakers	PMBs only
Aorta stent grafts	R47 081
Intraocular lenses (per lens)	R2 645
Carotid stents	See combined benefit limit for all unlisted internal prosthesis*
Peripheral arterial stent grafts	
Embolic protection devices	
Shoulder replacement	
Elbow replacement	
Hip replacement	
Knee replacement	
Bone lengthening devices	*R20 102
Spinal plates and screws	
Other approved spinal implantable devices	
Combined benefit limit for all unlisted internal prosthesis	

screening benefit

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

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

immunisation benefit

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