

# unique benefits

## We pay more from risk:

- Unlimited private hospitalisation network hospitals
- 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 standard <sup>net</sup> (including OHEB and Savings)					
	Risk	+ Savings	= TOTAL	Annual Safety Net*	Annual OHEB
Member	1 831	186	2 017	8 990	3 720
Adult Dependant	1 560	158	1 718	6 870	2 690
Child Dependant	549	56	605	2 320	369

\* 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	2 232	3 720	5 952	8 990	3 038
M + AD	4 128	6 410	10 538	15 860	5 322
M + AD + CD	4 800	6 779	11 579	18 180	6 601

M - member AD - adult dependant CD - child dependant

**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



maxima standard<sup>net</sup>

**FEDHEALTH**

major medical benefit	
All costs for hospitalisation are covered from this benefit and must be pre-authorised - Network Hospitals apply to Maxima StandardNet	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Overall annual limit (OAL)</b>	Unlimited at network hospitals only
<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 at network hospitals only. R4 770 co-payment on voluntary use of non-network hospitals
<b>Co-payments</b>	See details opposite
<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>	R448 000. Subject to Standard Protocols. DSP-ICON* above limit (See HPT)
- Specialised medication	No benefit
<b>Organ transplant including immunosuppression medication</b>	R330 000 (See HPT)
- Corneal graft	R16 800 per beneficiary
<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

major medical benefit (continued)	
BENEFIT	ALL LIMITS ARE PER FAMILY PER YEAR UNLESS OTHERWISE SPECIFIED
<b>Prostheses</b>	
- Internal	Various sub-limits apply (See table)
- External	R9 410
<b>Psychiatric services</b>	R20 300 (see HPT)
<b>Renal Dialysis (chronic)</b>	
- Haemodialysis and peritoneal dialysis	R330 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*
<b>HPT</b> - Healthcare Professional Tariff <b>*MPL</b> - Medicine Price List <b>FR</b> - Fedhealth Rate <b>*PMB</b> - Prescribed Minimum Benefits <b>*ICON</b> - Independent Clinical Oncology Network	

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)	R3 400
Balloon Sinuplasty	R5 600
Spinal surgery	No co-payment
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

day-to-day benefit	
Day-to-day expenses are covered from available funds in the Out-of-Hospital Expenses Benefit (OHEB) and Savings Account. 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*, Savings and Safety Net
<b>Alternative healthcare</b>	
Accupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Subject to OHEB* and Savings. Does not accumulate to or pay from Safety Net
<b>Additional medical services</b>	
Audiology, dietetics, occupational therapy, orthotics, podiatry, psychologists, social workers and speech therapy, etc	R9 450 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
<b>Dentistry (Advanced)</b>	
Including oral surgery, osseo-integrated implants, orthognathic surgery and orthodontic treatment	R6 030 per beneficiary per year, R18 000 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
<b>Biokinetics, Chiropractics, Dentistry (Basic), Radiology (General), Pathology and Physiotherapy</b>	Subject to OHEB*, Savings 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*, Savings and Safety Net. Unlimited once Safety Net is reached
<b>Maternity</b>	
	2 x 2D antenatal scans per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net
<b>Optometry</b>	
Frames, single vision, bifocal, multifocal or special lenses, lens add-ons, contact lenses, readers and optometric examinations	R2 700 per beneficiary per year, R8 210 per family per year before and after Safety Net. Subject to OHEB*, Savings and Safety Net

## day-to-day benefit (continued)

BENEFIT	LIMIT PER FAMILY PER YEAR
<b>Over-the-counter medication</b>	Subject to Savings only. Does not accumulate to or pay from 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*, Savings and Safety Net
<b>Radiology (Specialised)</b>	Paid from the Major Medical Benefit if pre-authorized
<b>Specialists excluding psychiatrists</b>	
- Fedhealth Specialist Partners	Subject to OHEB*, Savings and accumulation at cost to Safety Net. Unlimited at cost once Safety Net is reached
- Non-Fedhealth Specialist Partners	Subject to OHEB*, Savings and Safety Net. Accumulation to Safety Net at Fedhealth Rate only. Unlimited at Fedhealth Rate 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*, Savings and Safety Net. Accumulation to and refund from Safety Net at cost
- 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*, Savings and Safety Net. Accumulation to and refund from Safety Net at Fedhealth Rate only

\*MPL - Medicine Price List    FR - Fedhealth Rate    \* OHEB - Out-of-Hospital Expenses Benefit

## 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. Protheses 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>	R22 430
<b>Cardiac valves</b>	R22 430
<b>Cardiac pacemakers</b>	R22 430
<b>Aorta stent grafts</b>	R47 081
<b>Intraocular lenses (per lens)</b>	R2 645
<b>Shoulder replacement</b>	R22 430
<b>Elbow replacement</b>	R22 430
<b>Hip replacement</b>	R22 430
<b>Knee replacement</b>	R22 430
<b>Total ankle 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
	See 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
<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

EPI - Expanded Programme on Immunisation

## 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

## chronic disease benefit

Medication for approved chronic diseases is covered from this benefit

### COVER

<b>Limit</b>	R4 590 per beneficiary, subject to an overall limit of R9 130 per family per year
--------------	---

### IN-BENEFIT (Lists 1 and 2 below)

<b>Conditions covered</b>	39 conditions See lists 1 & 2 below
<b>Formulary</b>	Comprehensive formulary
<b>Designated Service Provider (DSP)</b>	Service provider of choice

### OUT-OF-BENEFIT (List 1 below only)

<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
--------------	-----------

**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, as per the specific option will attract a co-payment of 40%. If this is in respect of a PMB condition, then the co-payment is not 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.

### CHRONIC CONDITIONS LISTS

**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

**LIST 2. Additional chronic conditions covered on Maxima Standard<sup>net</sup>:** 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

\*PMB - Prescribed Minimum Benefits

## maxima standard<sup>net</sup> network hospitals

HOSPITAL	PROVINCE	SUBURB
Life Beacon Bay Hospital	Eastern Cape	East London
Life Mercantile Hospital	Eastern Cape	Korsten
Life St George's Hospital	Eastern Cape	Centrahill
Life St James Hospital	Eastern Cape	Southernwood
Horizon Eye Care Centre	Free State	Bloemfontein
Life Pasteur Hospital	Free State	Bloemfontein
Life Rosepark Hospital	Free State	Bloemfontein
Netcare Bougainville Hospital	Gauteng	Hercules
Life Brenthurst Clinic	Gauteng	Johannesburg
Corned Clinic	Gauteng	Vanderbijlpark
Life Dalview Clinic	Gauteng	Brakpan
Life Flora Clinic	Gauteng	Roodepoort
Life Fourways Hospital	Gauteng	Fourways Gardens
Life The Glynnwood	Gauteng	Benoni
Louis Pasteur Hospital	Gauteng	Pretoria Central
Midvaal Private Hospital	Gauteng	Three Rivers
Life Robinson Private Hospital	Gauteng	Randfontein
Life Roseacres Clinic	Gauteng	Primrose
Life Chatsmed Garden Hospital	Kwa-Zulu Natal	Chatsworth
Durdoc Clinic	Kwa-Zulu Natal	Durban Central
Life Entabeni Hospital	Kwa-Zulu Natal	Durban
Maxwell Clinic	Kwa-Zulu Natal	Qualbert
Life Mount Edgecombe Hospital	Kwa-Zulu Natal	Mount Edgecombe
Life Westville Hospital	Kwa-Zulu Natal	Westville
Netcare Blaauwberg Hospital	Western Cape	Bloubergrat
Mediclinic Cape Gate	Western Cape	Cape Gate
Mediclinic Cape Town	Western Cape	Mill Street
Ceres Private Hospital	Western Cape	Ceres
Life Claremont Hospital	Western Cape	Claremont
Life Kingsbury Hospital	Western Cape	Claremont
Life West Coast Private Hospital	Western Cape	Vredenburg