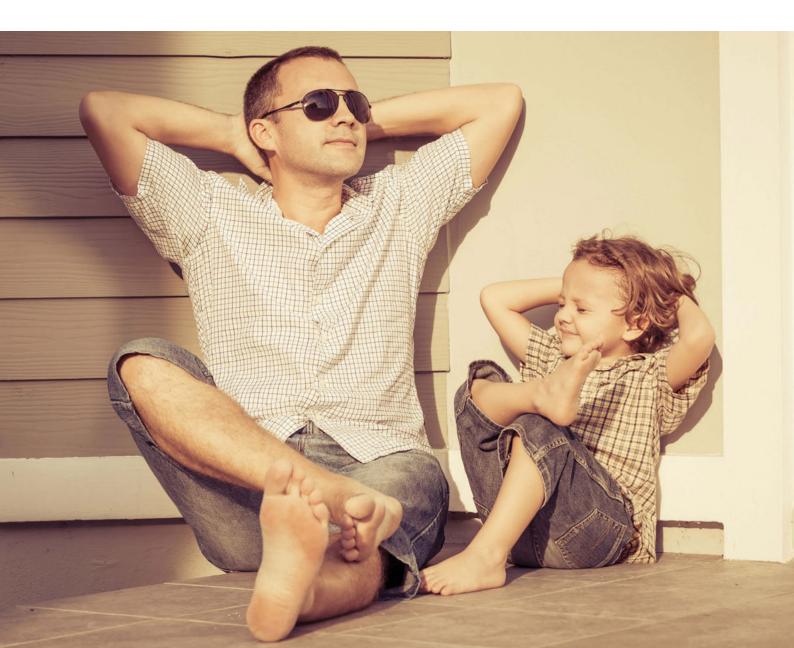
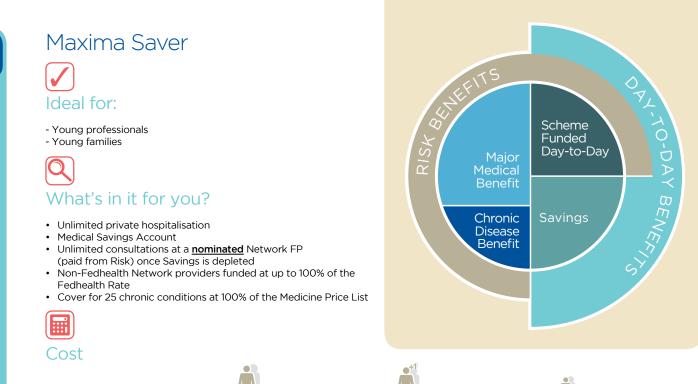


maxima rates & benefits guide saver options Maxima Saver









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 150% 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	Subject to savings
Blood, blood equivalents and blood products	Unlimited
Balloon sinuplasty	No benefit
Immune deficiency related to HIV infection	Unlimited



Joint replacements	Covered up to PMB level of care
 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 150% of Fedhealth Rate
Postnatal midwifery benefit	4 consultations per pregnancy
Maxillo-facial surgery - Surgical extraction of impacted wisdom teeth	Unlimited You pay a co-payment of R3 500 on the hospital bill
Oncology: Oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology at designated service provider* and subject to standard treatment protocols	R250 000
Specialised Medication for oncology (also see below)	No benefit on this option
Organ transplant including immunosuppression medication - Corneal graft	R250 000 No benefit
Pathology, radiology (general)	Unlimited at 100% of the Fedhealth Rate
Prostheses - Internal - External	Covered up to PMB level of care R9 940
Psychiatric services: Accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R21 400
Renal dialysis (chronic): Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R250 000 at 100% of the Fedhealth Rate
Rhizotomies & facet pain block	No benefit
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

*Designated service provider is ICON - Independent Clinical Oncology Network

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

All open hernia surgery	R3 500
Back & neck pain procedures	R5 000
Spinal surgery	R5 000
Bunion procedures	R5 000
Cataract surgery	R5 000
Elective caesarean sections	R5 000
Gastritis/ dyspepsia/ heartburn	R5 000
Hysterectomy (unless for cancer)	R5 000
Nasal procedures	R5 000
Colonoscopy, Upper GI endoscopy	R3 500
Cystoscopy	R5 000
Skin biopsy/ excision	R5 000
Tonsil/ adenoid procedures	R5 000
Varicose vein procedures	R5 000
Dental admissions	R5 500
Surgical extraction of impacted wisdom teeth	R3 500
Arthroscopic procedures: hip & wrist	R6 500
Other arthroscopic procedures	R3 500
Laparoscopic procedures	R5 500

🕉 Chronic Disease Benefit

Maxima Saver offers unlimited cover for medication for all 25 PMB chronic conditions as well as HIV/Aids. Cover is subject to a restrictive formulary of approved medications which must be obtained from a Medi-Rite Pharmacy or Pharmacy Direct, our Designated Service Providers (DSP). A 40% co-payment will apply when using medication not on the list or for using any other pharmacy except Medi-Rite or Pharmacy Direct for the dispensing of your medication.

The following 25 chronic conditions are covered:	
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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

Screening Benefit

We believe prevention is better than cure, and as such, Maxima Saver 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 assessment
- 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



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: **R3 324**

Adult dependant: R2 712 Child dependant: R960

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

Call the doctor

Even if your current year's Savings has run out, you will enjoy unlimited cover for FP consultations, as long as you use a **nominated** FP on the Fedhealth network.

Let's talk about contraception

If you're not ready for the pajama drill quite just yet, there's no need to worry. The Scheme will pay for certain female contraceptives such as the Pill, contraceptive rings, IUD (including the Mirena) and certain injectables, from the Major Medical Benefit, giving you the freedom to plan your family.

Looking after those pearly whites

Even if your current year's Savings is depleted, the Scheme will pay for two annual dentist consultations per beneficiary including scaling and polishing – provided you use one of our contracted dentists and the treatment falls within our list of approved dental procedures.

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 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!



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 5 of this brochure.