

An amount of R8 400 is deductible for the use of Non DSP Providers, unless such use is involuntary.
Paragraph A4 is also applicable.

A3.1.2 Hospitalisation on the flexiFED 1^{Elect}, flexiFED 2^{Grid} and flexiFED 2^{Elect} Ranges:

The flexiFED 1^{Elect}, flexiFED 2^{Grid} and flexiFED 2^{Elect} options have appointed a hospital network as the Designated Service Provider ("DSP") for all benefits including Prescribed Minimum Benefits.

An amount of R14 700 is deductible for the use of Non DSP Providers, unless such use is involuntary.
Paragraph A4 is also applicable.

A3.2 DSPs

Unlimited cover is provided for PMBs in Designated Service Providers ("DSPs"). The onus is not on the member but on the Scheme to ensure and guarantee the services for PMBs will be available at DSP or Government Facilities.

A4 Providers In Hospital:

A4.1 A Specialist Network, appointed as the Scheme's DSP for PMBs (refer Annexure D, paragraph 7.4.3), is applicable for all In and Out of Hospital consultations and procedures. The Specialist Network includes, but is not limited to, the following specialists:

- Anaesthetists
- Dermatology
- Independent Practice Specialist Obstetrics and Gynaecology
- Pulmonology
- Independent Practice Specialist Medicine
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Independent Practice Specialist Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology

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09/04/2024 (11:08:00 UTC+02:00)
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REGISTRAR OF MEDICAL SCHEMES

FEDHEALTH MEDICAL SCHEME
maxIFED Range

SERVICE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/REMARKS SUBJECT TO PMB
D11.2 Medicine on discharge From hospital (TTO)	Limited to and payable from risk. See TTO's in D7.1.2 Sav = No In Hosp = Yes Acc = No	Limited to and payable from risk. See TTO's in D7.1.2 Sav/OHEB = No In Hosp = Yes Acc = No	Limited to 7 (seven) day supply. Except where more than seven (7) days' supply can be authorised reimbursement of anti-coagulants is subject to prior authorisation by the relevant managed healthcare programme.
D11.3 Pharmacy Advised Therapy Schedules 0,1 and 2 medicine advised and dispensed by a pharmacist	Subject to available savings. Sav = Yes In Hosp = No Acc = No	Subject to available savings. OHEB = No Sav = Yes In Hosp = No Acc = No	
D11.4 Chronic medicine	Limited to R14 500 per family and R7 890 per beneficiary. Medication for the 55 chronic conditions may be obtained from the preferred provider, subject to a comprehensive formulary, within the annual chronic benefit limit. Thereafter, 25 PMB's can be obtained from a preferred provider, subject to a comprehensive formulary, unlimited. 40% co-payment for voluntary non-use of formulary medication, not refundable from savings. Sav = No In Hosp = Yes	Limited to R31 300 per family and R16 700 per beneficiary. Medication for the 68 chronic conditions may be obtained from a preferred provider of choice, within the annual chronic benefit limit and subject to the comprehensive formulary. Thereafter, 25 PMB's provided for from a preferred provider of choice, subject to a Comprehensive formulary, unlimited. 40% co-payment for voluntary non-use of formulary medication, not refundable from savings. Sav/OHEB = No	Subject to the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Refer to Annexure D for list of chronic conditions for both options. Restricted to a maximum of one month's supply, unless specifically pre-authorised. Includes diabetic disposables such as syringes, needles, strips and lancets. This benefit excludes: • In hospital medicine (D7)

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D25.2.3	Colorectal Cancer Screening (faecal occult blood test)	1 test every year for all lives from age 50 to 75 years old per beneficiary.
D25.3	General Wellness	
D25.3.1	Cardiac Health (Cholesterol Screening [Full Lipogram])	1 test every 5 years, for all lives aged 20 and older.
D25.3.2	Flu Immunisation and administration*	1 every year for all lives.
D25.3.3	HIV Test (Finger prick)	1 every year per beneficiary, for all lives.
D25.3.4	Breast Cancer Screening / Mammogram	1 test every 2 years for members aged 40 and older per beneficiary.
D25.3.5	Child Immunisations and administration*	As per State EPI protocols
D25.3.6	GoSmokeFree	1 per beneficiary per annum
D25.3.7	Prostate specific antigen	1 per male beneficiary aged 45 to 69 years old per annum
D25.3.8	Child Optometry Screening	1 per lifetime per beneficiary aged between 5 and 8 years old
D25.3.9	Human Papilloma Virus (HPV) vaccine and administration*	2 doses for girl beneficiaries aged 9 to 16 years old per lifetime. Limited to specific HPV vaccines as approved by managed care protocols.


*Combined administration of vaccination benefit limit of 15 per annum per family

D26 HEALTH RISK ASSESSMENTS


- 100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk
- For medicines and injection materials (D11.1).
- Excludes consultations and costs for all procedures within this programme. .

D26.1 Wellness Screening

- Blood pressure

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 Miriana Maswanyi 2024/04/08 Special Agent in Charge 111 Main Street, Maswanyi, 000 m.maswanyi@medicalschemes.co.za ***** REGISTRAR OF MEDICAL SCHEMES



SERVICE SUBJECT TO PMB	MAXIMA EXEC BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	MAXIMA PLUS BENEFITS/ LIMITS SUBJECT TO PMB REFER ANNEXURE B PARAGRAPH C	CONDITIONS/ REMARKS SUBJECT TO PMB
<ul style="list-style-type: none"> • Drainage of abscess or cyst • Injection of varicose veins • Excision of superficial benign tumours • Superficial foreign body removal • Nasal plugging for epistaxis • Cauterisation of warts • Bartholin cyst excision 	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">  Miana Maswanganyi Signed by: Miana Maswanganyi m.maswanganyi@medicalschemes.co.za </p> <p style="text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		
<p>D25 WELLNESS BENEFIT</p> <ul style="list-style-type: none"> • 100% of the lower of the cost or Fedhealth Rate for listed procedures and tests, limited to and payable from Risk • For medicines and injection materials (D11.1), except for child immunisations (D25.5). • Excludes consultations and costs for all procedures within this programme. 			
<p>D25.1 Women's Health</p>			
<p>D25.1.1 Cervical Cancer Screening (PAP) Smear</p>		<p>1 test every three years for women aged 21 to 65 years old per beneficiary. (Liquid based cytology will be reimbursed up to the rate of a standard PAP smear)</p>	
<p>D25.1.2 HPV PCR Test</p>		<p>1 test every five years for women aged 21 to 65 years old per beneficiary.</p>	
<p>D25.1.3 Cervical Cancer Screening Pharmacy Consultation</p>		<p>1 consultation every three years for women aged 21 to 65 years old.</p>	
<p>D25.2 Geriatric Health</p>			
<p>D25.2.1 Pneumococcal Immunisation and administration*</p>		<p>1 per lifetime for all lives aged 65 and older per beneficiary</p>	
<p>D25.2.2 Osteoporosis Screening: Bone Mineral Density</p>		<p>For woman aged 65 and older, men aged 70 and older per beneficiary every two years</p>	





3.6.1.2 Loadshedding-Induced Power Interruptions

The Scheme shall not be responsible for any expenses incurred for the procurement, installation, maintenance, or operation of backup power sources required solely as a consequence of loadshedding or other power supply disruptions.

3.6.1.3 Alternative Power Source

The Scheme shall not extend coverage for the acquisition of alternative power sources, generators, or related equipment to ensure the continuous operation of medical devices during loadshedding events.

3.6.2

This exclusion is implemented to maintain consistency with the Scheme's policies and to allocate resources effectively across its membership base.