

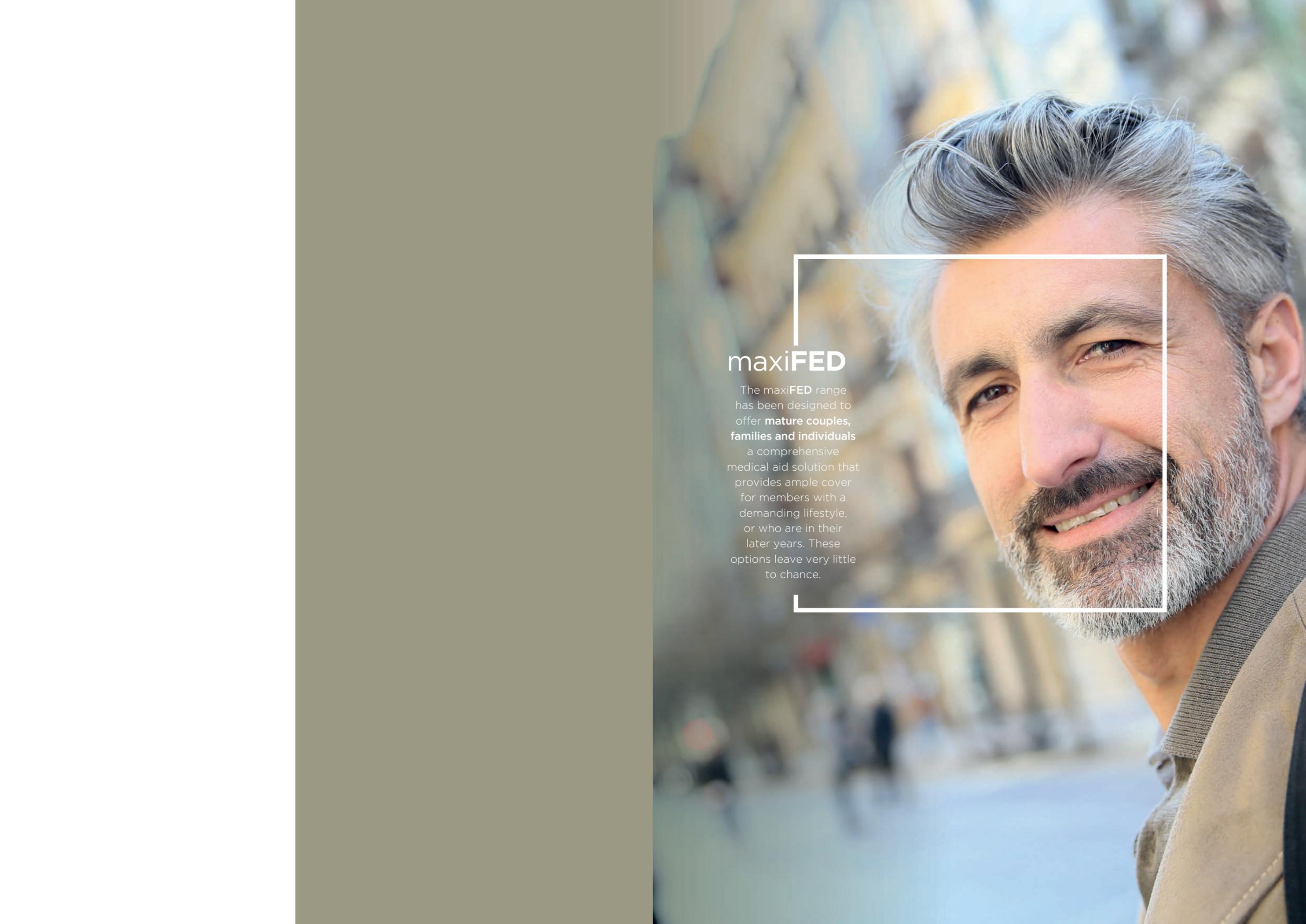


maxima  
**PLUS**  
20**21**



Fedhealth. We let you be YOU.





## maxiFED

The maxiFED range has been designed to offer **mature couples, families and individuals** a comprehensive medical aid solution that provides ample cover for members with a demanding lifestyle, or who are in their later years. These options leave very little to chance.

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# Comprehensive cover, complete peace of mind



Plans for every life stage



Generous in-hospital, chronic, screening and day-to-day benefits



Don't pay for certain benefits till you need them with our 30-day upgrade policy



We pay more from Risk



Boasting an **84-year track record**, Fedhealth Medical Scheme has a solvency rate of 43.43% (as at 31 December 2019), and a **Global Credit Rating of AA-**, retained for 14 consecutive years.



Our financial health and expertise aside, it's our philosophy of being **run 'by members for members'** that helps us really put our members first in everything we do.



Fedhealth **pays more benefits from Risk** than other schemes, to help our members' day-to-day savings last longer. Some of these valuable benefits include unlimited network GP visits, as well as seven days' take-home medication following a hospital stay, and trauma treatment at a casualty ward whether you're admitted to hospital or not.



maxima **PLUS** gives comprehensive cover that affords members total peace of mind. This option is structured to provide generous in-hospital, screening and chronic cover, and day-to-day cover, through a Medical Savings Account (MSA), a Threshold benefit and an Out-of-Hospital Expenses Benefit (OHEB).

# @FedhealthMed at your service

Using the latest technology to our advantage, we employ the following platforms to enable members to manage their Fedhealth membership and interact with us...



### Fedhealth website

The Fedhealth website, [fedhealth.co.za](http://fedhealth.co.za), provides easy-to-navigate information on the various Fedhealth options, step-by-step instructions on how to submit claims etc., Scheme news, and also hosts the informative Living Fedhealthy blog – filled with lifestyle and wellness topics.



### Fedhealth Family Room

Fedhealth's online member portal makes members' interaction with the Scheme more hassle-free, informative and rewarding. Here, members can:

- **Manage their membership** by updating contact details, viewing and submitting claims, seeing how much Savings they've got left, registering for chronic medication and obtaining hospital authorisations.



### LiveChat and chatbot

LiveChat is a functionality that's available to members via [fedhealth.co.za](http://fedhealth.co.za). They can type in their queries and one of our LiveChat agents will assist them online. The Fedhealth chatbot can be used for all members' queries and is also accessed through [fedhealth.co.za](http://fedhealth.co.za)



### Fedhealth Member App

Our app has been designed to help simplify your interaction with Fedhealth. Available from the **Google Play Store** and **Apple App store**, it lets you download your e-card, view your option's benefits, and set medication reminders, to name but a few.



### Fedhealth WhatsApp bot

This Fedhealth service is completely private and secure, and easy to use – simply choose from self-service actions like getting your tax certificate or seeing your e-card to share with your GP. To get started, just add the number **060 070 2479** as a contact and then type 'hi' to get the conversation started, from your mobile device.



### Network GP, specialist and hospital locator

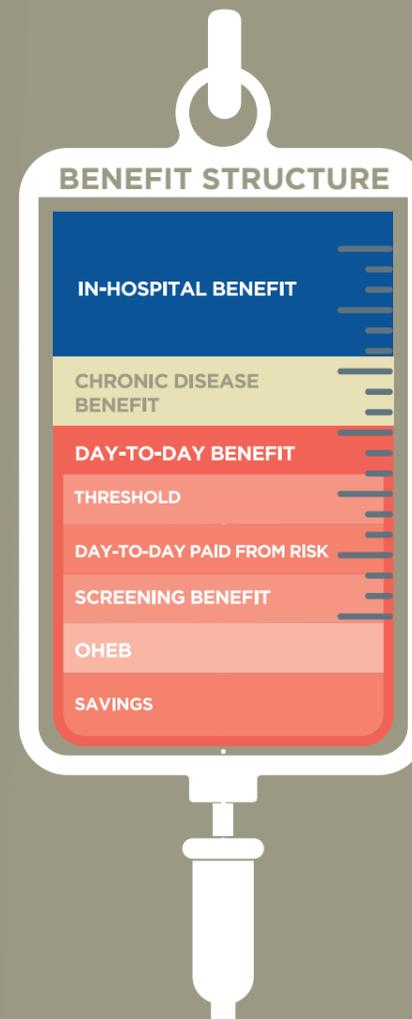
Members may access the provider locator via the Fedhealth website or the **Fedhealth Family Room** to find a GP, specialist or hospital on the Fedhealth network. Go to [www.fedhealth.co.za/provider-locator](http://www.fedhealth.co.za/provider-locator)

# maxima PLUS

maxima PLUS offers the height of comprehensive medical aid cover to members, especially in their later years.

This comprehensive option features unlimited in-hospital cover, a chronic disease benefit, a screening benefit for various lifestyle, wellness and physical screenings, and day-to-day benefits paid from Risk, such as unlimited Fedhealth Network GP visits once your Savings is depleted. You will also have a generous Medical Savings Account for day-to-day expenses, a Threshold benefit and an Out-of-Hospital-Expenses Benefit (OHEB) on this option.

By choosing maxima PLUS, you can look forward to additional value added benefits like the 24-hour Fedhealth Nurse Line for medical advice, the MediTaxi service and the emotional wellbeing programme

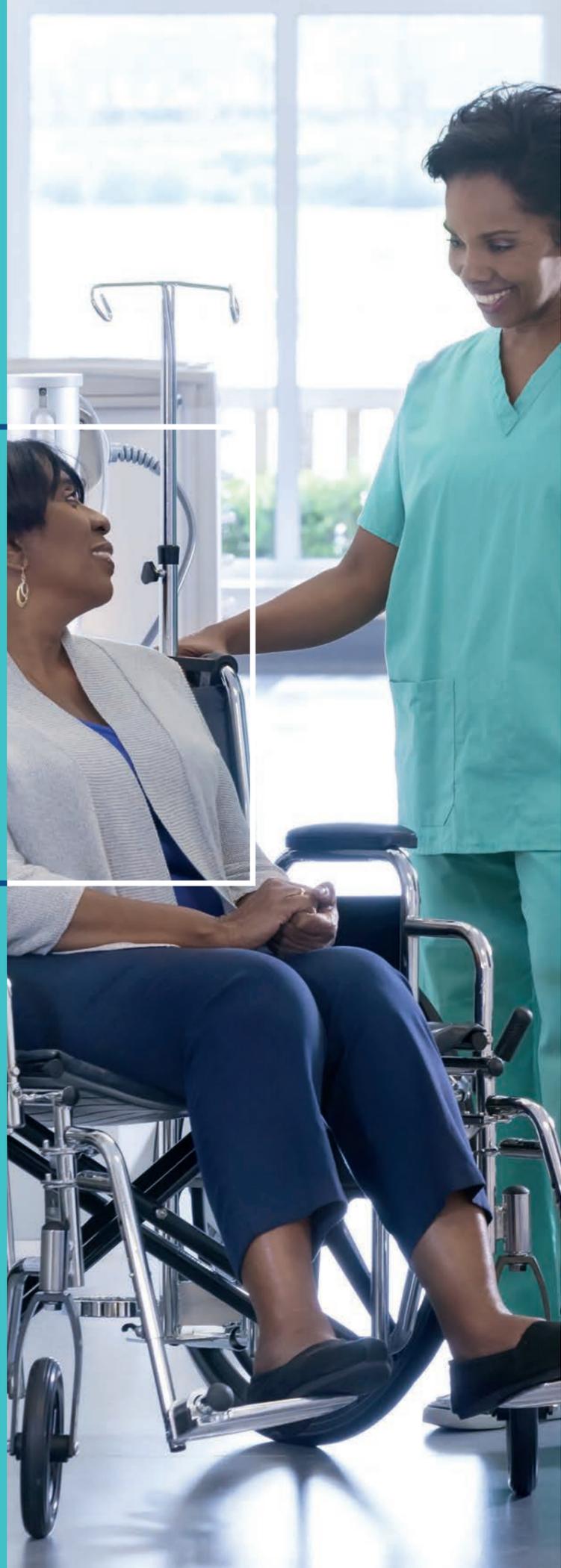


On maxima PLUS, members enjoy the following benefits:

- **In-hospital benefit** – No overall annual limit for hospitalisation.
- **Chronic disease benefit** – Members are covered for conditions on the Chronic Disease List (CDL). Covered in full up to the Medicine Price List if the member uses medicine on the comprehensive formulary and obtains it from one of our Preferred Providers: Clicks, Dis-Chem, MediRite and Pharmacy Direct.
- **Threshold** – The Threshold benefit pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level.
- **Day-to-day benefits from Risk** – We provide comprehensive day-to-day benefits on maxima PLUS, like unlimited Fedhealth Network GP visits, once your OHEB is depleted.
- **Screening benefit** – This benefit pays for lifestyle screenings, wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.
- **Out-of-Hospital Expenses Benefit (OHEB)** – This benefit covers day-to-day expenses, after the Savings Account has run out of funds, up to the Fedhealth Rate until the benefit limit is reached. There are maximum amounts for specific treatments and conditions.
- **Savings** – The funds in the member's Medical Savings Account (MSA) will be used first when he or she has day-to-day medical expenses.
- **Additional benefits** – Members can enjoy lots of additional valuable benefits like the free Fedhealth Nurse Line, emotional wellbeing programme and MediTaxi.

# Unlimited private hospital cover for peace of mind

We pay for **unlimited** private hospitalisation!



All our options have an unlimited in-hospital benefit. Members must obtain pre-authorisation for all planned hospital admissions and in the case of an emergency admission, they must obtain authorisation within two working days after going to hospital.

The in-hospital benefit covers hospital costs as well as the accounts from doctors, specialists e.g. the anaesthetist and other healthcare providers like the x-ray department.

This benefit also covers selected procedures performed in day wards, day clinics and doctor's rooms.

#### Cover for hospital admissions

We cover the hospital account from the in-hospital benefit. Specialists and GPs who are on the Fedhealth network are covered in full. Specialists and GPs who are not on the Fedhealth network, are covered up to the Fedhealth Rate.

Referral by a medical practitioner and pre-authorisation is required for physical therapy (physiotherapists), which is covered up to the Fedhealth Rate.

#### Prescribed Minimum Benefits and how Fedhealth covers them

Prescribed Minimum Benefits or PMBs refer to a basic level of cover for a defined set of conditions.

By law, all medical schemes are required to cover the treatment of 270 hospital-based conditions and 27 chronic conditions, i.e the Chronic Disease List (CDL), in full without co-payment or deductibles, as well as any emergency treatment and certain out-of-hospital treatment.

This means that all schemes must provide PMB level of care at cost for these conditions. The Medical Schemes Act 131 of 1998 allows schemes to require members to make use of Designated Service Providers (DSPs) in order for a member to be entitled to funding in full. Schemes may also apply formularies – a list of medicines which should be used to treat PMBs, and managed care protocols – based on evidence-based medicine and cost-effectiveness principles to manage this benefit.

Fedhealth has appointed our network specialists, network GPs, network hospitals and Designated Service Provider pharmacies, Clicks, Dis-Chem, MediRite group of pharmacies located in Checkers and Shoprite supermarkets, Pharmacy Direct, Dis-Chem Direct and Clicks Direct Medicines, courier pharmacies for the provision of PMBs. Members must make use of a Fedhealth network specialist and a nominated network GP in order for the cost to be refunded in full.

Should the member not use these DSPs for the treatment of a PMB condition, the Scheme will reimburse treatment at the non-network rate. Co-payments are applicable to the voluntary use of non-DSPs. Referral must be obtained from a Fedhealth Network GP for consultations with Fedhealth Network Specialists. If referral is not obtained, there will be a co-payment on specialist claims paid from the Risk benefit. The co-payment depends on your option.

**Please note:** Qualification for reimbursement as a PMB is not based solely on the diagnosis (condition), but also on the treatment provided (level of care). This means that although a member's condition may be a PMB condition, the Scheme would only be obliged to fund it in full if the treatment provided was deemed to be PMB level of care.

#### Co-payments on certain procedures

For some treatments and procedures, members must pay an amount out of their own pocket. This is called a co-payment. Co-payments apply to the hospital account and/or certain procedures, depending on the option.

#### Treatment for emergencies

To qualify as an emergency, the condition must be unexpected and require immediate treatment. (This means that if there is no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death).



# Day clinic/ doctor's room procedures covered from the in-hospital benefit

The following procedures will be paid from the in-hospital benefit if done in a day clinic, day ward or an outpatient section of a hospital. Please note that some may incur a procedure co-payment. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorized. If the procedure is performed without pre-authorization, the full amount will be paid from the Savings account or self-funded by the member and will not accumulate towards the Threshold level.

If authorisation is requested after the procedure has taken place, there will be a R1 000 penalty that will be paid from the Savings account or self-funded by the member, and will not accumulate to the Threshold level.

We cover certain procedures **unlimited** from the hospital benefit if done in a day ward, day clinic or doctor's room!

## Gynaecology

Bartholin cyst - drainage/excision/marsupialisation  
Cauterization of warts  
Cervical cerclage  
Colposcopy  
Fine needle aspiration - cytology  
LETZ of cervix  
Dilatation and Curettage  
Endometrial ablation  
Hysteroscopy  
Insertion of IUD (Intra-uterine Device)  
Labioplasty

## Urology - Adults

Bilateral total orchidectomy for prostate cancer  
Bladder biopsy (cancer and other conditions)  
Bouginae for urethral stricture  
Circumcision  
Cystoscopy & ureteral dilation  
DJ stent removal post pyeloplasty  
Hydrocelectomy for vaginal hydrocoele  
Inguinal hernia repair  
Open cystolithotomy for bladder stone  
Prostate biopsy (cancer and other conditions)  
Renal calculus removal & stent insertion  
Scope and pyelogram  
Second stage urethroplasty post stage 1  
Testicular biopsy for infertility  
Urethrocystoscopy for bladder outlet obstruction  
Varicocelectomy for varicocele  
Vasectomy  
Vasostomy

## Urology - Paediatrics

Circumcision for intact prepuce  
Glandulo-cavernous shunt for priapism  
Hydrocelectomy for congenital hydrocoele  
Meatotomy for meatal stenosis  
Orchidopexy for undescended testis  
Urethrocystoscopy for urinary incontinence

## Orthopaedics

Arthrocentesis  
Arthrodesis of hand/elbow/foot  
Arthroscopy  
Arthrotomy of finger/hand/elbow/knee/hip/toe  
Aspiration/intra-articular injection of joints  
Bunionectomy  
Carpal Tunnel release  
Cast/application removal  
Ganglionectomy

Injection of tendon/ligament/trigger points/ganglion cyst  
Injection therapeutic carpal tunnel  
Insertion or removal of K wires or other internal fixatives  
Radical nail bed removal

## General Surgery

Anal dilatation/Anoscopies/fissures and fistula repair  
Breast biopsy/ removal lump  
Colonoscopy  
Drainage of abscesses/haematomas/cysts (subcutaneous/submucosal)  
Excision lipoma/cysts/tumours  
Excision of sweat glands (axilla/inguinal) and simple repair  
Gastroscopy/oesophagogastroduodenoscopy  
Haemorrhoidectomy  
Inguinal hernia repair  
Lymph node/muscle/skin/bone and breast biopsy  
Proctoscopy and removal of polyps  
Resection/debridement of multiple nails (6 plus)  
Sigmoidoscopy  
Umbilical hernia repair  
Wound debridement (skin/subcutaneous tissue)

## ENT Surgery

Adenoidectomy  
Antrostomy  
Diathermy to nose and pharynx (under LA)  
DPP (Diagnostic Proof Puncture)  
ENT Endoscopy  
Middle ear procedures (mastoidectomy, tympanoplasty/stapedectomy)  
Myringotomy (including aspiration and incision) and/or grommets  
Nasal bleeds (control)  
Reduction of nose fracture  
Rhinoplasty  
Septoplasty  
Sinus related surgery (ethmoidectomy/sinusotomy and lavage)  
Tonsillectomy  
Turbinectomy  
Tympanoplasty

## Ophthalmology

Cataract surgery  
Foreign body removal  
Intra ocular injection e.g. Avastin, including Glaucoma  
Laser Surgery  
Posterior and Anterior Vitrectomy  
Probing & repair of tear ducts  
Pterygium (conjunctiva)  
Removal of pterygium  
Strabismus repair

## Oral and Maxillofacial Surgery

Apisectomy  
Frenectomies  
Gingival Graft  
Implantology  
Orthodontic Attachment  
Pulpotomy and fillings  
Wisdom or Impacted  
Teeth removal  
Extractions

## Plastic and Reconstructive Surgery

Repair wound with layers (scalp/axillae/trunk/limbs)  
Repair wound lesions (scalp/hands/neck/feet/face)  
Excision of benign lesions (scalp/neck/hands/feet/trunk/limbs)  
Excision of malignant lesions (+ flap if required)

## Procedures performed in a doctor's rooms or suitably equipped procedure room

The following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, up to 100% of the Fedhealth Rate. Pre-authorization must be obtained and should no pre-authorization take place, reimbursement will be restricted to the member's available Savings account or self-funded by the member. This will not accumulate to the Threshold Level:  
Gastroscopy (**no general anaesthetic will be paid for**)  
Colonoscopy (**no general anaesthetic will be paid for**)  
Flexible sigmoidoscopy  
Indirect laryngoscopy  
Removal of impacted wisdom teeth  
Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)  
Fine needle aspiration biopsy  
Excision of nailbed  
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



# A closer look at our **chronic medicine benefit**

## Prescribed Minimum Benefit conditions

All options have a benefit for the 27 chronic conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL). The benefit covers medication for the list of CDL conditions paid from a formulary and can be obtained from a preferred provider.

## Chronic Disease Benefit

This benefit covers the conditions on the CDL. This option covers 43 additional conditions.

## Chronic Disease List

Conditions on the Chronic Disease List are covered in full, provided members use the Scheme's preferred providers as well as medicine on the comprehensive formulary. If medicine on the formulary is not used, the member will have to pay a 40% co-payment on the cost of the medicine.

## Medication for additional chronic conditions

This option covers medicine for 43 additional chronic conditions. The medicine for these conditions is paid from an annual limit and will be covered in full up to the Medicine Price List rate.

## The Medicine Price List

Medication will be covered at the Medicine Price List (MPL) rates up to the limits as specified on the chosen option. MPL is a reference price list that benchmarks each product against generically similar products. It does not restrict the member's choice but limits the amount that the Scheme will refund for each product. The MPL reference price is set at a level to ensure that a number of medicines will be available without any co-payment.



We provide **unlimited**  
chronic medication  
cover for PMBs!

## Chronic conditions on the Chronic Disease List (CDL) covered on all options

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  
Diabetes Mellitus Type-2  
Dysrhythmias  
Epilepsy  
Glaucoma  
Haemophilia  
HIV  
Hyperlipidaemia  
Hypertension  
Hypothyroidism  
Multiple Sclerosis  
Parkinson's Disease  
Rheumatoid Arthritis  
Schizophrenia  
Systemic Lupus Erythematosus  
Ulcerative Colitis

## Additional chronic conditions covered on this option

Acne (up to the age of 21)  
Allergic rhinitis (up to the age of 18)  
Alzheimer's Disease  
Angina  
Ankylosing Spondylitis  
Anorexia Nervosa  
Attention Deficit Hyperactivity Disorder (from 6 to the age of 18)  
Barrett's Oesophagus  
Benign Prostatic Hyperplasia  
Bulimia Nervosa  
Conn's Syndrome  
Cushing's Syndrome  
Cystic Fibrosis  
Deep Vein Thrombosis  
Depression  
Dermatomyositis  
Eczema (up to the age of 18)  
Gastro-Oesophageal Reflux Disease  
Generalised Anxiety Disorder  
Gout  
Hypoparathyroidism  
Menopause  
Motor Neuron Disease  
Muscular Dystrophy  
Myasthenia Gravis  
Narcolepsy  
Obsessive Compulsive Disorder  
Osteoporosis  
Paget's Disease  
Pancreatic Disease  
Panic Disorder  
Paraplegia/ Quadriplegia (associated medicine)  
Pemphigus  
Polyarteritis Nodosa  
Post-Traumatic Stress Disorder  
Pulmonary Interstitial Fibrosis  
Scleroderma  
Stroke  
Thromboangitis Obliterans  
Thrombocytopaenic Purpura  
Tourette's Syndrome  
Valvular Heart Disease  
Zollinger-Ellison Syndrome

## Obtaining chronic medicine

Members can obtain their chronic medicine from any of our preferred provider pharmacies. These preferred provider pharmacies ensure price certainty for members when obtaining medication.

Fedhealth's preferred providers are the MediRite group of pharmacies located in Checkers and Shoprite supermarkets, Dis-Chem, Clicks and Pharmacy Direct, a courier pharmacy. Members may use any pharmacy, however if a dispensing fee in excess of 25%/R26.50 is charged, the member will have to pay the difference.

Medicine for HIV and AIDS must be obtained from Pharmacy Direct otherwise a 40% co-payment will apply.

Option upgrades  
any time of the year  
within 30 days of  
diagnosis of a dread  
disease.

# Programmes and wellness initiatives by Fedhealth

These benefits are funded from Risk and do not affect members' Savings:



## Corporate wellness days

Corporate wellness days provide the opportunity to create awareness, education, prevention, screening and targeted interventions that support positive lifestyle changes. These days are well-received, as it is convenient for Fedhealth members to have these services at their place of work. In addition to the clinical value that can be derived from wellness days, they provide Fedhealth with the opportunity to market the Scheme to clients and potential clients.



## Health Risk Assessments

This benefit aims to identify members who are at risk of developing lifestyle diseases, and either help them prevent the onset through suitable lifestyle interventions, or help them manage their disease with practical advice and utilisation of Scheme benefits. A Health Risk Assessment can be requested at participating pharmacies and BASA registered biokineticists.



## Sisters-on-Site

Fedhealth partnered with SOS Corporate Wellness (Sisters-on-Site) to offer a nursing Sister-on-Site at our members' workplaces. With the employer's influence, we aim to identify and address the organisation's specific areas of concern. By helping members change their behaviour patterns and choose healthier lifestyles, we aim to reduce healthcare expenditure (particularly on day-to-day utilisation), absenteeism, turnover rates, worker's compensation claims and tardiness.



## Fedhealth Conservative Back and Neck Rehabilitation Programme

Fedhealth has an established intervention for members suffering from back and neck problems. Built on the principle of active muscle reconditioning, it's supported by clinical studies showing that exercise reduces pain and can normalise function in many instances. The programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries may receive treatment up to twice a week for six weeks and a home based protocol for long-term care. Email [backandneck@fedhealth.co.za](mailto:backandneck@fedhealth.co.za) for more information about the programme.



## Mental Health Programme

Fedhealth's Mental Health Programme is available to all qualifying members who have been diagnosed with mental health conditions including depression and bipolar mood disorder. The programme uses innovative solutions for member empowerment and education with the aid of a dedicated Care Manager. Email [mentalhealth@fedhealth.co.za](mailto:mentalhealth@fedhealth.co.za) for more information.



## Weight Management Programme

The Weight Management Programme is an intervention expertly designed for qualifying Fedhealth members with a high BMI and waist circumference. Members participate in a 12-week, biokineticist-led intervention plan that gives them access to a dietician and psychologist with the goal to lose the excess weight and lead healthier, more rewarding lives. Once the programme is completed, ongoing advice and monitoring is available for continued support. Email [weightmanagement@fedhealth.co.za](mailto:weightmanagement@fedhealth.co.za) for more information. This benefit is available every two years.



## GoSmokeFree Smoking Cessation Programme

Fedhealth is encouraging members who smoke to sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks, Pick n Pay and independent pharmacies. All smokers have a yearly benefit for the GoSmokeFree programme which is payable from risk benefits. The service comprises a pre-quit assessment and support sessions and features an individual plan to help with smoking cessation. Visit [gosmokefree.co.za](http://gosmokefree.co.za) to find out more about this benefit.



## Aid for AIDS (HIV Management)

Fedhealth offers the Aid for AIDS (AfA) programme to help members who are HIV-positive manage their condition. The benefits of being on the programme (over and above the payment of the necessary medicine and pathology claims), include clinical and emotional support with the utmost confidentiality.



## Paed IQ

Paed IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues. Call **0860 444 128** to access this great service.



## Diabetes Care

We provide members with diabetes access to a comprehensive programme that is tailored to their needs and other chronic conditions they might have. This includes continued access to a treating doctor, authorised chronic medication, blood and laboratory tests, a Health Coach, online tools and information to empower the member. Members can call **0860 002 153** or email [diabeticcare@fedhealth.co.za](mailto:diabeticcare@fedhealth.co.za)

# A proactive stance on health: screening benefits

Packed with screenings for every life stage, Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. The Scheme pays for screenings for women's, children's, cardiac, as well as general health (like an annual flu vaccine).

On this option, the benefit even includes screening and preventative programmes for older members like bone densitometry screening.



## Screening benefit

This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have.

Women's Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
Children's Health		
Immunisation Programme (as per State EPI)	Birth to 12 years	Various
Optical Screening Benefit (Tariff Code: 11001)	Children; ages 5 to 8	1 per lifetime
Cardiac Health		
Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
Over 45's		
Bone densitometry	Women; aged 65 and older and Men; aged 70 and older	1 every 2 years
Breast cancer screening with mammography	All lives; aged 45 and older	1 every 3 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination	All lives; aged 65 and older	1 per lifetime
General		
Flu vaccination	All lives	1 every year
HIV finger prick test	All lives	1 every year
Health risk assessments		
Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year

# Examining our cancer cover

## Oncology Disease Management

Fedhealth supports cancer patients in their time of need, and diagnosed members are encouraged to register on the Fedhealth Oncology Programme by calling **0860 100 572**. The Scheme offers all members the opportunity to **change to a higher option within 30 days of a life-changing event or diagnosis**. This ensures that those with cancer can get access to medication that will help them to remain economically active, with all the support they require to deal with this stressful diagnosis.

We require a clinical summary of each member's case: this must contain the history, ICD-10 codes, the clinical findings of the doctor, as well as the test results confirming the cancer and the specific type of cancer. The proposed treatment plan must be submitted so that the oncology team can approve the appropriate therapy. Our caring agents will guide the member through the process.

Members can access the oncology benefit by obtaining pre-authorization from a staff member within the Oncology Disease Management team. The team comprises a number of highly skilled healthcare professionals who work in conjunction with the treating doctor to ensure that treatment

provided is both clinically appropriate and cost-effective. A set of cancer guidelines and protocols are used during the pre-authorization process. These guidelines are continually updated as new products are launched and new treatment protocols established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On **maxima PLUS**, oncology is covered unlimited at a preferred provider, ICON, subject to Level 3 treatment protocols. Treatment will be covered up to the Fedhealth Rate if the preferred provider is not used.

## Independent Clinical Oncology Network (ICON)

The Scheme has contracted with ICON for the provision of active oncology treatment. ICON is a network of oncologists that includes 75% of all practicing oncologists in South Africa. To find an ICON network specialist, call **0860 002 153**.

At Fedhealth you can upgrade your option any time of the year on diagnosis of cancer.

## Chemotherapy and associated medicine

Chemotherapy and medicine directly associated with the treatment of cancer will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to Oncology Disease Management, [cancerinfo@fedhealth.co.za](mailto:cancerinfo@fedhealth.co.za). Once treatment has been authorised, the member and doctor will receive an authorisation letter. Treatment for conditions not directly related to the treatment of the cancer (e.g. depression) as well as treatment for the long-term conditions that may develop as the result of chemotherapy or radiotherapy, will be funded from an alternative benefit (i.e. the Chronic Disease Benefit, the Savings Account or OHEB).

## Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to Oncology Disease Management. Once treatment has been authorised, the member and doctor will be sent an authorisation letter.

## Specialised medication

Specialised medication is medication that is focused on a defined group of patients, diseases, skills, or philosophy. e.g. biologicals – oncology and non-oncology

On **maxima PLUS** we cover specialised medicine up to R375 800 per family per year

## Consultations and visits

Oncologist consultations and hospital visits are paid from the oncology benefit while the member has either an active chemotherapy or radiotherapy authorisation. Hospital visits are pre-authorized at the same time as the authorisation for chemotherapy or radiation treatment. You will receive an authorisation letter detailing the number of visits authorised and the period for which these visits are authorised.

## Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorization is not required).

## Radiology

### General radiology

General oncology-related radiology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorization is not required).

### Specialised radiology

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorization. These pre-authorisations must be obtained from the Authorisation Centre. Specialised radiology is paid from Risk.

### PET scans

PET scans are limited to two per family per annum restricted to staging of malignant tumours. PET scans are paid from the oncology benefit.

### Surgery and hospitalisation

Claims for surgery and hospitalisation will be paid from the in-hospital benefit, provided that the member obtains a valid authorisation from the Authorisation Centre.

### Stoma therapy

Stoma therapy will be paid from OHEB first and once depleted, from Risk. Pre-authorization is not required.

### Terminal care and private nursing

Accommodation in a hospice or terminal care facility for the care of patients in terminal stage of life will be covered from the Terminal Care Benefit covered up to R33 300 per family per year. Pre-authorization must be obtained from the Hospital Authorisation Centre. Private nursing will be paid from the Alternatives to Hospitalisation benefit.

### Post-active treatment

Post-active refers to the time when the member actually had last active treatment (e.g., hormone therapy, chemotherapy or radiotherapy). "For life" means that the member will remain on the oncology programme as long as the cancer is in remission. Whilst in remission, a list of appropriate consultation, radiology and pathology codes has been defined and claims for these services are automatically paid for life from the oncology benefit. Should the condition regress, the active treatment benefit will be reinstated upon submission of a new treatment plan.

# These benefits show we really care

Giving our members more value and support when they need it.

## 24-hour Fedhealth Nurse Line

Our professional nurses are always on the other end of the line to provide advice on issues like medical emergencies, symptoms, medication side-effects, stress management and teenage support.

## Paed-IQ

A South African based medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children.

## Fedhealth Baby Programme

Free baby goodies, support and advice for all parents-to-be. Pregnant members or dependants receive a Fedhealth baby bag filled with baby product samples, discount vouchers and a baby handbook. They also have access to professional advice when they need it.

## Emotional wellbeing programme

Available to all Fedhealth members and beneficiaries, our emotional wellbeing programme provides telephonic advice and support to help members deal with issues like stress at work, relationship issues, bullying at school and teenage troubles.

Following these telephonic sessions, we can also put the member in touch with a psychologist for one-on-one sessions at a reduced rate, should they need it. Plus, we'll send the member useful communications about financial, legal and trauma advice. This life coaching/ lifestyle wellness service is run by a care centre and is available, night or day, via the telephone, email, SMS and a call-back facility.

## Emergency transport/ response

Through our partner Europ Assistance, we provide all members with emergency transport.

## MediTaxi

MediTaxi is a medical taxi service available to Fedhealth members who've had hospital authorisations in Cape Town, Johannesburg, Pretoria and Durban. Members can access the 24/7 MediTaxi benefit to take them to follow-up doctor's appointments, if they've undergone an authorised operation or medical treatment that prevents them from driving. Limited to two return trips per member/ beneficiary per annum.

## SOS Call Me

Fedhealth's user-friendly call back service free to all Fedhealth members and their dependants. Members can select three options on the service: 1. Emergency Medical Services (EMS), 2. Nurse Line and 3. MediTaxi.

## Upgrades within 30 days of a life-changing event

Members can upgrade to a higher option with better benefits ANY time of the year in the case of marriage of the main member, pregnancy or the diagnosis of a dread disease within 30 days of the life-changing event taking place. Some dread diseases that qualify include: cancer, renal failure, multiple sclerosis, diabetes, stroke, neurological disorders, HIV/ AIDS, cardiac conditions, Parkinson's disease, Alzheimer's disease, Amyotrophic lateral sclerosis (ALS) a.k.a. motor neurone disease.

## Child rates for financially dependent children up to the age of 27

Fedhealth charges child rates for financially dependent children up to the age of 27. This means that student dependants pay rates applicable to children, as long as they're unmarried and not earning more than the maximum social pension.

## Only pay for three children

The Scheme only charges for three child dependants, the fourth and subsequent children are covered for free.

# maxima PLUS cover for day-to-day expenses

Here's a breakdown of the different ways we cover day-to-day expenses.

## Day-to-day benefits paid by Fedhealth

At Fedhealth, we pride ourselves on covering more from Risk than other medical schemes to help our members' day-to-day benefits last longer



### Unlimited network GP consultations

Members can see their GP as often as they need by visiting any network GP. Unlimited GP visits at Fedhealth Network GPs paid from Risk, never from Savings.



### Treatment for 30 days after discharge from hospital (post-hospitalisation benefit)

We pay for follow-up treatment that may be required after a hospital event for up to 30 days after the date of discharge. This treatment includes physiotherapy, x-rays and pathology, but does not cover follow-up consultations with specialists or GPs.



### Take-home medicine

We pay for seven days of take-home medication when the member is discharged from hospital. The medication can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital.



### Specialised radiology

We pay for MRI/ CT scans whether they are performed in- or out-of-hospital. Unlimited specialised radiology paid from Risk if pre-authorised.



### Trauma treatment at a casualty ward

We pay for emergency treatment, like stitches, at a casualty ward. Whether the member is admitted to hospital or not, authorisation must be obtained within 48 hours. Unlimited up to the Fedhealth Rate.



### Female contraception

We pay for female contraception including oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena®. It must be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.



### In-hospital dentistry for children under 7

We pay for dentistry performed in-hospital for children up to the age of 7. The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits.



# maxima PLUS cover for day-to-day expenses



## Medical Savings Account

The Savings Account pays for day-to-day expenses first (from the beginning of the year) and pays expenses up to the actual cost. In some cases, if the member has money available in their Savings Account, they can use this to pay co-payments. However, a co-payment for a Prescribed Minimum Benefit (PMB) condition cannot be paid from the Savings Account. The Savings Account works differently to other benefits in that the member carries any remaining amount over to the next year.



## OHEB

After the Savings Account has run out of funds, day-to-day expenses are paid from the Out-of-Hospital Expenses Benefit up to the Fedhealth Rate until the benefit limit is reached. There are maximum amounts for specific treatments and conditions.



## Threshold benefit

The Threshold benefit pays for certain day-to-day expenses once the member's claims have accumulated up to the required level. The Threshold level is reached through the accumulation of claims paid from the member's day-to-day benefit or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold.



## Maternity benefit

This benefit covers two 2D scans, antenatal classes up to R1 120, 12 ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis. Thereafter, paid from Savings and OHEB.



## Doula benefit

We pay up to R3 000 per delivery for a Doula (a labour coach during natural childbirth).



## Postnatal midwifery benefit

We pay for four consultations per pregnancy with a midwife. This benefit applies to consultations both in- and out-of-hospital.



## Early childhood benefits

### a. Paediatric consultations

One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.

### b. Infant hearing screening benefit

We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate.

### c. Childhood illness specialised drug benefit

Covered from the specialised medicine benefit.



## Fedhealth Baby Programme

We offer a free maternity programme for pregnant members and beneficiaries offering support, advice and a handy baby bag.



## Paed-IQ

Paed-IQ is a telephonic paediatric advice line for members with children up to the age of 14.



# maxima PLUS additional benefits

Additional valuable benefits that give members more support.

## Comprehensive managed care programmes

We offer various programmes for members with specific healthcare needs:

### Weight Management Programme

Fedhealth designed our 12-week biokineticist-led Weight Management Programme for qualifying Fedhealth members with a high BMI and waist circumference. Access to a dietician and behavioural psychologist is also available. This benefit is available every two years.

### Conservative Back & Neck Rehabilitation Programme

This programme aims to help members with back and neck issues avoid spinal surgery through active muscle reconditioning.

### Oncology disease management

We provide comprehensive care for members with cancer.

### Mental Health Programme

This programme offers support for members with substance-abuse or mental health issues like depression or bipolar mood disorder.

### GoSmokeFree Smoking Cessation Programme

All members who are smokers have access once per beneficiary per annum to have the GoSmokeFree consultation paid from Risk.

### Aid for AIDS (HIV Management)

Fedhealth offers the Aid for AIDS programme to help members who are HIV-positive manage their condition.

### Diabetes Care

This programme supports members with Diabetes by providing them with access to a treating doctor, medication and blood tests to name a few.

# maxima PLUS in-hospital benefit

## In-hospital benefit

This benefit covers all treatments and procedures that have to be done in a hospital and that is covered by the maxima PLUS option.

maxima PLUS	
<b>Benefit</b>	All limits are per family per year unless otherwise specified
<b>Overall annual limit (OAL)</b>	Unlimited at negotiated tariff
<b>Healthcare Professional Tariff in-hospital (HPT)</b>	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full
Non-network GPs	Paid up to the Fedhealth Rate
Non-network Specialists	Paid up to 200% of the Fedhealth Rate
Other Healthcare Professionals	Paid up to 300% of the Fedhealth Rate
<b>Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:</b>	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs and Specialists.  Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and 200% of the Fedhealth Rate for non-network specialists. You will have a shortfall should the healthcare professional charge more
<b>Hospitalisation costs:</b> accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff. Private ward cover when available for maternity admissions
<b>Additional medical services</b> (dietetics, occupational therapy and speech therapy)	Unlimited subject to medical practitioner referral
<b>Alternatives to hospitalisation:</b>	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	
<b>Appliances, external accessories and orthotics</b>	Unlimited at cost
<b>Blood, blood equivalents and blood products</b>	Unlimited

# maxima PLUS in-hospital benefit

maxima PLUS	
<b>Immune deficiency related to HIV infection</b>	Unlimited (see HPT)
<b>Maxillo-facial surgery</b>	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	
<b>In-hospital dentistry benefit for children under 7</b>	We cover the hospital and anaesthetist. Dentist will be paid from day-to-day benefits
<b>Oncology:</b> oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	Unlimited at preferred provider* and paid from level 3 treatment protocols
<b>Reimbursement rate if you don't use ICON</b>	Up to the Fedhealth Rate
<b>Organ transplant including immunosuppression medication</b>	Unlimited (see HPT)
Corneal graft	R35 000 per beneficiary
<b>Pathology, radiology (general)</b>	Unlimited up to the Fedhealth Rate
<b>Physiotherapy</b>	Unlimited subject to medical practitioner referral
<b>Psychiatric services:</b> accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R43 500 (See HPT)
<b>Renal dialysis (chronic):</b> consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP provider is not used
<b>Specialised Medication (e.g. biologicals) Benefit (oncology &amp; non-oncology)</b>	R375 800 at cost
<b>Specialised radiology</b>	Unlimited at Fedhealth Rate
<b>Spinal surgery</b>	No benefit unless utilisation of Conservative Back & Neck Rehabilitation Programme has been completed
<b>Terminal care benefit</b>	R33 300 at Fedhealth Rate

\* ICON - Independent Clinical Oncology Network.

# maxima PLUS in-hospital benefit

## Prosthesis benefit

Under this benefit, we cover internal and external prosthesis.

maxima PLUS	
<b>External prosthesis</b>	R23 400 at cost
<b>Internal prosthesis</b>	
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs), bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws, total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*
Aorta stent grafts	R63 100
Cardiac pacemakers	R63 100
Cardiac stents	R54 000
Cardiac valves	R48 000
Detachable platinum coils	R54 600
Elbow, hip, knee and shoulder replacement	R48 000
Intraocular lenses (per lens)	R3 400
*Combined benefit limit for all unlisted internal prosthesis	*R38 900



# maxima PLUS co-payments & chronic disease benefit

## Co-payments

Co-payments may apply on certain in-hospital procedures, which will be for the member's account.

maxima PLUS	
Co-payments per event applicable on the hospital/ facility bill only	
Arthroscopic procedures – hip, wrist, knee, shoulder, ankle, other arthroscopic procedures, colonoscopy, upper GI endoscopy	No co-payments
Cataract surgery with CP***	Unlimited at cost at PMB level of care
Other joint replacements, laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures, rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year), surgical extraction of impacted wisdom teeth	No co-payments
Spinal surgery**	No co-payment
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements - voluntary use of non-CP*	R28 400
Other joint replacements and involuntary use of non-CP* for single hip and knee replacements	No co-payment

\* Contracted Provider: Must use ICPS Hip and Knee network or JointCare for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.

\*\* No benefit unless utilisation of Conservative Back & Neck Rehabilitation Programme has been completed.

\*\*\*Contracted Provider: Must use ICPS Cataract network for cataract surgery. Non-use of Contracted Provider (CP) will result in co-payment of R6 000.

## Chronic disease benefit

Cover for conditions that require long-term medication or can be life-threatening.

maxima PLUS	
Limit	R16 100 per beneficiary, subject to an overall limit of R30 200 per family per year. Thereafter unlimited cover for conditions on the CDL.
Formulary	Comprehensive formulary
Preferred Provider	MediRite, Dis-Chem, Clicks & Pharmacy Direct

# maxima PLUS day-to-day benefit

## Day-to-day benefits paid from Savings and OHEB

Under the day-to-day benefit, we cover services like physiotherapy and dentistry.

maxima PLUS	
Benefit	Limit per family per year
<b>Tariff</b>	Up to the Fedhealth Rate
<b>Co-payments in Threshold</b>	No co-payment
<b>Appliances, external accessories and orthotics:</b> Hearing aids, wheelchairs, etc.	Paid from Savings, OHEB and Threshold. R16 700 per family per year before and after threshold. (R4 680 sub-limit per beneficiary for foot orthotics)
<b>Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy</b> (including prescribed medication)	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
<b>Additional medical services:</b> Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Savings, OHEB and Threshold. R18 700 per family per year before and after Threshold.
<b>Dentistry advanced:</b> inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings, OHEB and Threshold. R7 960 per beneficiary per year, R23 780 per family per year before and after Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
<b>Dentistry (basic)</b>	Paid from Savings, OHEB and threshold. Unlimited once threshold is reached
General Practitioners	
<b>Fedhealth Network GPs</b>	Paid from OHEB then unlimited from Risk. Once OHEB is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network
<b>Non-network GPs</b>	Paid from Savings, OHEB and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate

\*Private nursing that falls outside the Alternatives to Hospitalisation Benefit.

# maxima PLUS day-to-day benefit

maxima PLUS	
<b>Maternity benefit</b>	See maternity benefit on page 23. Thereafter, paid from Savings, OHEB and Threshold. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold
<b>Optometry</b>	Paid from Savings, OHEB and Threshold. R3 600 per beneficiary per year, R11 000 per family per year before and after Threshold
<b>Over-the-counter medication</b>	Paid from Savings only. Does not accumulate to or pay from Threshold
<b>Pathology &amp; radiology</b>	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
<b>Physical therapy: Chiropractics, biokinetics &amp; physiotherapy</b>	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
<b>Prescribed medication</b>	Paid from Savings, OHEB and Threshold. R10 650 per beneficiary per year, R21 190 per family per year before and after Threshold
<b>Radiology specialised</b>	Paid from Risk if pre-authorised
<b>Specialists excluding psychiatrists</b>	
Fedhealth Network Specialists	Paid from Savings, OHEB and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 10% co-payment if GP referral is not obtained
Non-network Specialists	Paid from Savings, OHEB and Threshold. Accumulation to and refund from Threshold at Fedhealth Rate only. 10% co-payment if GP referral is not obtained
<b>Specialists: psychiatrists</b>	
Fedhealth Network Psychiatrists	Paid from Savings, OHEB and accumulation to and refund from Threshold at cost. 10% co-payment if GP referral is not obtained. Subject to Additional Medical Services limit of R18 700 per family per year before and after Threshold
Non-network Psychiatrists	Paid from Savings, OHEB and accumulation to and refund from Threshold at the Fedhealth Rate. 10% co-payment if GP referral is not obtained. Subject to Additional Medical Services limit of R18 700 per family per year before and after Threshold

# maxima PLUS contributions & rate calculations

maxima PLUS (including Savings and OHEB)					
	Risk	Savings	Total	Annual Threshold*	Annual OHEB
<b>Member</b>	10 229	543	10 772	17 100	9 426
<b>Adult dependant</b>	8 830	468	9 298	13 200	6 802
<b>Child dependant*</b>	3 254	172	3 426	4 600	2 090

\*Up to a maximum of three children

maxima PLUS (including Savings and OHEB)								
	Risk	Savings	Total	Annual savings	OHEB	Total day-to-day available	Annual Threshold level	Self-payment gap
<b>M</b>	10 229	543	10 772	6 516	9 426	15 942	17 100	1 158
<b>M + AD</b>	19 059	1 011	20 070	12 132	16 228	28 360	30 300	1 940
<b>M + AD + CD</b>	22 313	1 183	23 496	14 196	18 318	32 514	34 900	2 386
<b>M + AD + 2CD</b>	25 567	1 355	26 922	16 260	20 408	36 668	39 500	2 832



# Contact details

## Medscheme Client Service Centres

For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open Monday to Thursday 07h30 – 17h00, Friday 09h00 – 17h00 and Saturday 08h00 – 12h00.

### Bloemfontein

Medical Suites 4 and 5, First Floor, Middestad Mall, Corner West Burger and Charles Streets

### Cape Town

Shop 6, 9 Long Street Cnr Long and Waterkant Streets, Cape Town

### Durban

Ground Floor, 102 Stephen Dlamini Road, Musgrave, Durban

### Port Elizabeth

1st Floor, Block 6, Greenacres Office Park, 2nd Avenue, Newton Park

### Pretoria

Nedbank Plaza, Ground Floor, Shop 17, 631 Steve Biko Street, Arcadia

### Roodepoort

Shop 21 & 22, Flora Centre, Cnr Ontdekkers and Conrad Roads, Florida North, Roodepoort

### Vereeniging

Ground Floor, 36 Merriman Avenue

## Contact us

Fedhealth Customer Contact Centre

Monday to Thursday 08h30 – 17h00

Friday 09h00 – 17h00

Tel: 0860 002 153

Email: [member@fedhealth.co.za](mailto:member@fedhealth.co.za)

WhatsApp: 060 070 2479

Claim submission: [claims@fedhealth.co.za](mailto:claims@fedhealth.co.za)

Web: [www.fedhealth.co.za](http://www.fedhealth.co.za)

Postal address: Private Bag X3045, Randburg 2125

## Hospital Authorisation Centre

Monday to Thursday 08h30 – 17h00

Friday 09h00 – 17h00

Tel: 0860 002 153

Email: [authorisations@fedhealth.co.za](mailto:authorisations@fedhealth.co.za)

Web: [www.fedhealth.co.za](http://www.fedhealth.co.za)

## Ambulance Services

Europ Assistance

Tel: 0860 333 432

## Aid for AIDS

Monday to Friday 08h00 – 17h00

Tel: 0860 100 646

Fax: 0800 600 773

Email: [afa@afadm.co.za](mailto:afa@afadm.co.za)

Web: [www.aidforaids.co.za](http://www.aidforaids.co.za)

SMS (call me): 083 410 9078

## Chronic Medicine Management

Monday to Thursday 08h30 – 17h00

Friday 09h00 – 17h00

Tel: 0860 002 153

Email: [cmm@fedhealth.co.za](mailto:cmm@fedhealth.co.za)

Postal address: P O Box 38632 Pinelands 7430

## Disease Management

Monday to Friday 08h00 – 16h30

Tel: 0860 002 153

Email: [dm@fedhealth.co.za](mailto:dm@fedhealth.co.za)

## Emotional Wellbeing Programme

Tel: 087 365 8664

## Fedhealth Baby

Monday to Friday 08h00 – 17h00

Tel: 0861 116 016

Email: [info@babyhealth.co.za](mailto:info@babyhealth.co.za)

Web: [www.babyhealth.co.za](http://www.babyhealth.co.za)

## Fedhealth Paed-IQ

Tel: 0860 444 128

## Fraud Hotline

Tel: 0800 112 811

## MVA Third Party Recovery Department

Monday to Friday 07h00 – 15h00

Tel: 012 431 9718

## MediTaxi

Dial \*130\*3272\*31#

## Oncology Disease Management

Monday to Friday 08h00 – 16h00

Tel: 0860 100 572

Fax: 021 466 2303

Email: [cancerinfo@fedhealth.co.za](mailto:cancerinfo@fedhealth.co.za)

Postal address: P O Box 38632, Pinelands, 7430

## SOS Call Me

Dial \*130\*3272\*31#

## MediVault Activations and transfers USSD

\*134\*999\*memberno#

## Preferred Provider Pharmacies

### Clicks

Tel: 0860 254 257

To locate a store, go to: [www.clicks.co.za](http://www.clicks.co.za) and select Store Locator

### Dis-Chem

Care-Line: 0860 347 243

To locate a store, go to: [www.dischem.co.za](http://www.dischem.co.za) and select Store Locator

### MediRite Pharmacy

Tel: 0800 222 617

To locate a store, go to: [www.medirite.co.za](http://www.medirite.co.za) and select Store Locator

### Pharmacy Direct

Monday to Friday 07h30 – 17h00

Tel: 0860 027 800

Fax: 0866 114 000/ 1/ 2/ 3/ 4

Email: [care@pharmacydirect.co.za](mailto:care@pharmacydirect.co.za)

Web: [www.pharmacydirect.co.za](http://www.pharmacydirect.co.za)

SMS (call me): 083 690 8934

### Clicks Direct Medicines

Call us on 0861 444 405

Email your chronic prescription to [directmedicines@dirmed.co.za](mailto:directmedicines@dirmed.co.za)

### Dis-Chem Direct Courier

Tel: 011 589 2788

Email: [direct.documents@dischem.co.za](mailto:direct.documents@dischem.co.za)

Fedhealth Customer Contact Centre **0860 002 153**

Corner Ontdekkers Road and Conrad Street, Absa Building Block F,  
Florida, 1716 • Private Bag X3045, Randburg 2125

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[www.fedhealth.co.za](http://www.fedhealth.co.za)

**Please note:** All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.  
For the full Scheme Rules, please visit [fedhealth.co.za](http://fedhealth.co.za) or contact the Fedhealth Customer Contact Centre on **0860 002 153** to obtain a copy.