FEDHEALTH

Create your aid.

maxima **EXEC**

2022

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COMPREHENSIVE COVER
COMPLETE PEACE OF MIND

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

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

We pay more from Risk to stretch day-to-day benefits further

Boasting an 84-year track record, Fedhealth Medical Scheme has a solvency rate of 43.43% (as at 31 December 2020), and a Global Credit Rating of AA-, retained for 14 consecutive years.

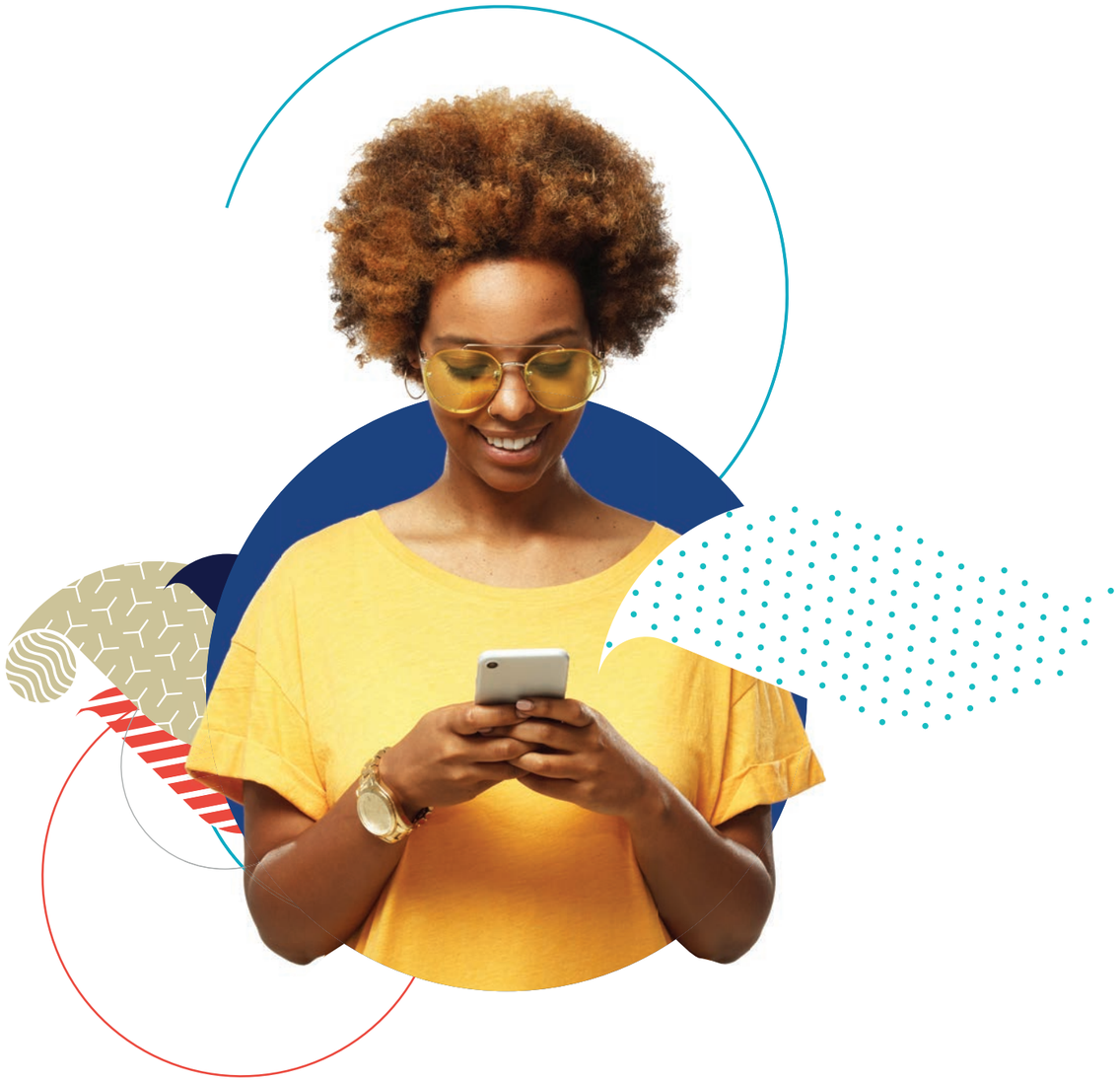
Our financial health and expertise aside, it's our philosophy of being run 'by members for members' that helps us really put our members first in everything we do.

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.

Our maxi**FED** range, consisting of maxima **EXEC** and maxima **PLUS**, gives comprehensive cover that affords members total peace of mind. These options are 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) (the latter on maxima **PLUS** only).

STAYING **IN TOUCH**

Fedhealth is at the forefront of technology... not only to ensure clear communication with our members, but also to give members more control over managing certain aspects of their membership.



Fedhealth website

The Fedhealth website, **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 allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, registering for chronic medication and obtaining hospital authorisations.

Fedhealth Member App

Our app has been designed to help simplify members' interaction with Fedhealth. Available from the Google Play Store and Apple App store, it lets the member view their statements, download their e-card, view their option's benefits, set medication reminders, and lots more. See pages 5 & 6 for more about our Fedhealth Member App.

LiveChat

The LiveChat functionality is available to members via **fedhealth.co.za**. They can type in their queries and one of our LiveChat agents will assist them online.

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.

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**

FEDHEALTH MEMBER APP
POWERED BY AMP

The Fedhealth Member App has now been integrated with the AfroCentric Mobile Platform, or AMP.

What does this mean for members? Only that the Fedhealth Member App, designed to make members' Fedhealth membership journey easier, is now a more fun tool with new features that use gamification and information on their personal Healthscore to help them stay healthy, informed and inspired. **And, it comes at NO cost to members and their dependants!**

Through the AMP integration, members can also:

- Understand their **medical aid benefits.**
- Enjoy d**iscounts from the AVO online mall.**
- Benefit from discounts by **third party financial services providers.**

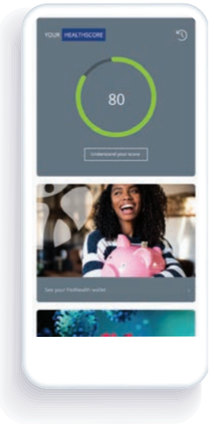
AMP is all about improving members':

- **Physical** health
- **Preventative** health
- **Nutrition**
- **Disease** management
- **Mental** health
- **Financial** health

It's a *FREE addition* to the Fedhealth Member App for all members, including dependants on their medical aid.

All members have to do to start enjoying all the new features while creating a healthier, happy version of themselves, is to download the Fedhealth Member App from the Apple App store or the Google Play Store, or update their existing app.

1. Calculating the Healthscore



The Healthscore is basically a summary of where the member's health is at by tracking and measuring their wellbeing in real-time:
- The higher their score, the closer they are to achieving optimal health.
- The lower their score, the more they have been affected by certain health conditions.

The member's score changes as new information becomes available. Our system is constantly looking for and retrieving new information, which is then re-calculated into the member's score.

The score is a scientifically calculated number from 1 (low) to 100 (high) that moves up or down, depending on how the member's health, medical condition(s), clinical status, emotional wellbeing and lifestyle data, change.

Health record information (data) used to calculate the Healthscore:

- **Demographic information** e.g. the member's age and gender
- **Biometric information** e.g. the member's blood pressure and BMI
- Prevalence of **chronic conditions**
- **Medication** prescribed and dispensed
- Interactions with **healthcare providers**
- Validated **questionnaires and surveys**
- **Wearable devices** (when linked via the mobile app)

2. Creating an avatar, linked to the Healthscore

Members can also create their own unique avatar based on their skin tone, eye colour, hairstyle and more. This avatar is linked to their Healthscore, so it will change and adapt as the Healthscore changes e.g. if the member has reported weight loss, their avatar will also slim down. In other words: via gamification and engagement, it's the avatar that members create that will nudge them to take the next step that will improve their health.

3. Discounted online shopping

Fedhealth members who've provided consent on the app will receive discounts on a range of items in the AVO online mall.

AVO is an online store that facilitates online transactions from start to finish with secure payment.

AVO brings consumers and businesses together, accurately matching consumers' lifestyle needs to product and service offerings through powerful artificial intelligence, safe and secure payments, and bank-grade security.

- ✔ Once registered, members will receive emails from AVO and AMP on the latest deals.
- ✔ They will get an AVO AMP wallet to bank cash-back received that can be used as a discount next time they shop.
- ✔ Members will have an option of taking an AVO loan when purchasing a big ticket item.

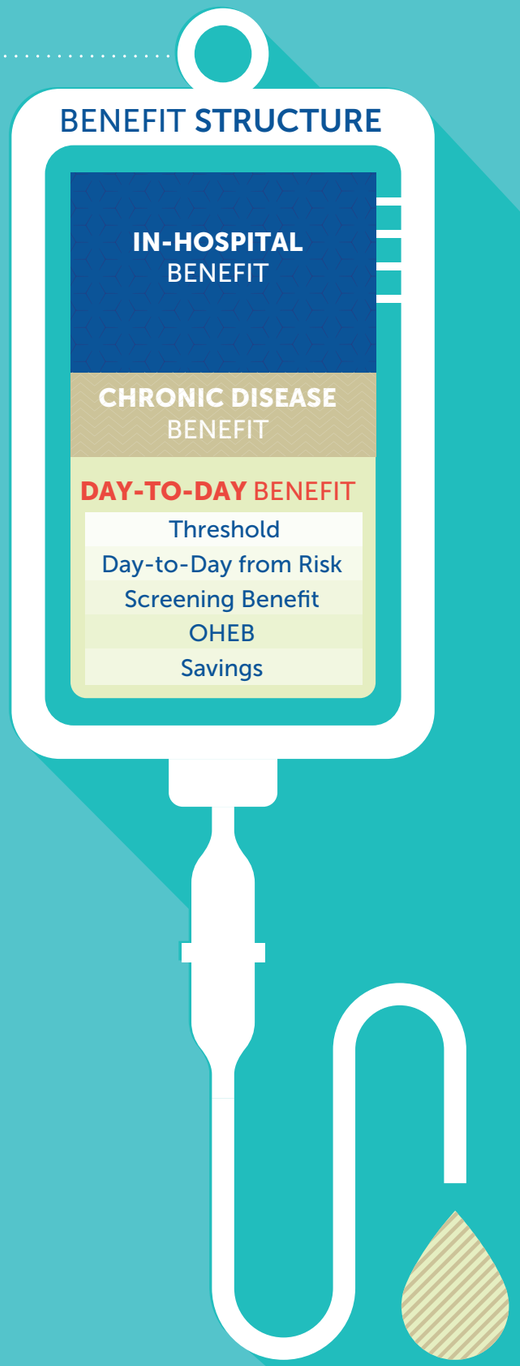
Thanks to the integration with AMP, the Fedhealth Member App is now an even more valuable and rewarding partner in members' health journeys.

maxima **EXEC** offers the most extensive medical cover for members in their later years.

This comprehensive option features generous unlimited in-hospital cover, a chronic disease benefit, the new COVID-19 benefit, a screening benefit for various lifestyle, wellness and physical screenings more tailored to your age group, and day-to-day benefits paid from Risk, such as unlimited Fedhealth Network GP visits once your Savings is depleted.

You will also enjoy a substantial Medical Savings Account for day-to-day expenses and a Threshold benefit on this option.

By choosing maxima **EXEC**, you can look forward to rich value added benefits like the 24-hour Fedhealth Nurse Line for medical advice and the MediTaxi transport service.



On maxima EXEC, 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 their courier pharmacies) and Pharmacy Direct. Members can however use any pharmacy to obtain their chronic medication. Non-use of a preferred provider may result in a co-payment if the dispensing fee is in excess of 25%/ R26.50.

DAY-TO-DAY BENEFITS PAID FROM RISK
We provide comprehensive day-to-day benefits on maxima EXEC, like unlimited Fedhealth Network GP visits, once the Savings is depleted.

THRESHOLD
The Threshold benefit pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level.

SCREENING BENEFIT
This benefit pays for lifestyle screenings, wellness screenings like finger prick glucose and cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.

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 and MediTaxi.

UNLIMITED PRIVATE HOSPITAL COVER

UNLIMITED PRIVATE HOSPITAL COVER

On maxima EXEC members may use

maxima **EXEC** covers all admissions at any private hospital except the following hospitals, **Zuid-Afrikaans Hospital** (City of Tshwane), **Arwyp Medical Centre** (Ekurhuleni), **Busamed Modderfontein Private Hospital** (City of Johannesburg), **Hibiscus Hospital** (Ugu), **Mooimed Private Hospital** (Dr Kenneth Kaunda), **St Helena Private Hospital** (Lejweleputswa), **Capital Hospital** (Durban), which have been excluded for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 300 co-payment.

This benefit covers:

Hospital account

Doctors and Specialists e.g. anaesthetists
Fedhealth Network GPs and Specialists covered in full – non-network GPs and Specialists covered up to 200% of the Fedhealth Rate.

Other healthcare providers e.g. X-rays

Certain procedures at day wards, day clinics and doctor's rooms

270 hospital-based PMB conditions
DSPs, formularies and referrals may apply to avoid co-pays.

Pre-authorisation must be obtained for all **planned hospital admissions.**

EMERGENCIES: members must obtain authorisation **within 2 days after hospital admission.**

An emergency is unexpected, requiring immediate treatment to avoid lasting damage to organs, limbs or other body parts, or death.

maxima **EXEC** has 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.

maxima **EXEC** covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital, Arwyp Medical Centre, Busamed Modderfontein Private Hospital, Hibiscus Hospital, Mooimed Private Hospital, St Helena Private Hospital, Capital Hospital, which will not be covered in full for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 300 co-payment.

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 200% of 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.

How Prescribed Minimum Benefits are covered

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 network specialists and network GPs for the provision of PMBs. Members must use a Fedhealth Network Specialist and a network GP in order for the cost to be refunded in full.

Should you 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

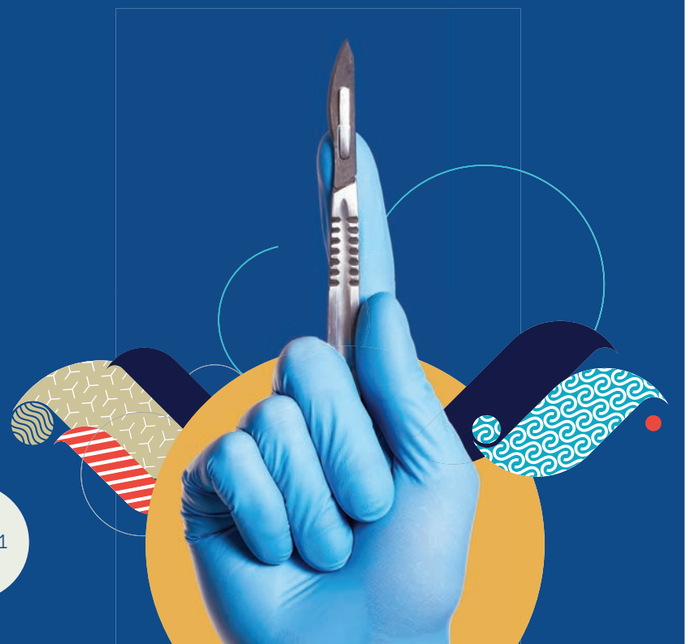
To qualify as an emergency, the condition must be unexpected and require immediate treatment. This means that if there is no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.

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. Some may incur a procedure co-payment. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorised. If the procedure is performed without pre-authorisation, the full amount will be paid from day-to-day benefits or self-funded by the member and will not accumulate towards the Threshold level.

If authorisation is requested after the procedure has taken place, a R1 000 penalty will apply which will be paid from day-to-day benefits or self-funded by the member, without accumulating to the Threshold level.



Gynaecology
Bartholin cyst drainage/excision/marsupialisation
Biopsy - vulva, vagina, cervix, perineum
Cauterisation of warts – all methods -
Colposcopy
Diagnostic hysteroscopy
Endometrial and cervical procedures (includes dilatation and curettage endometrial ablation, cervical cerclage, LLETZ)
Hysteroscopy
Foreign body removal – vagina
Insertion of IUD (Intra-uterine Device)
Labiaplasty
Ovarian cyst(s) drainage
Sterilization

Urology
Adults
Bilateral total orchidectomy for prostate cancer
Bladder biopsy (cancer and other conditions)
Bouginage for urethral stricture
Circumcision
Cystoscopy & ureteral catheter or stent
Cystourethroscopy & urethrotomy
DJ stent removal post pyeloplasty
Foreign body removal
Hydrocelectomy for vaginal hydrocele
Inguinal hernia repair
Laparoscopy for ureteroneocystostomy & cystoscopy and ureteral stent placement
Open cystolithotomy for bladder stone
Penile biopsy
Penile lesions removal - all methods
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
Urethrolithotomy - lower 1/3 ureter
Varicocelectomy for varicocele
Vasectomy
Vasostomy

Paediatrics
Circumcision - all indications
Glandulo-cavernous shunt for priapism
Hydrocelectomy for congenital hydrocele
Meatotomy for meatal stenosis
Orchidopexy for undescended testis
Urethrocystoscopy for urinary incontinence.

Orthopaedics
Arthrocentesis
Arthrodesis of hand/elbow/foot
Arthroscopy
Arthrotomy - all joints & biopsy & synovectomy
Aspiration/intra-articular injection of joints
Biopsy – bone
Bunionectomy
Carpal tunnel release
Cartilage grafts
Cast/application removal
Closed fracture procedures
Foreign body removal - muscle/ tendon sheath
Ganglionectomy
Grafts - bone/tendon
Injection of tendon/ligament/ trigger points/ganglion cyst
Injection therapeutic carpal tunnel,
Implant/wire/pin insertion or removal
Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)
Orthopaedic casts/spica procedures
Radical nail bed removal
Tenotomy - all areas

General Surgery
Anal procedures, including dilatations, biopsies, fissure repairs, haemorrhoidectomies
Breast biopsy/ removal lesion (s)
Colonoscopy
Drainage of abscesses/ haematomas/cysts (subcutaneous/ submucosal)
Excision lipoma/cysts/tumours
Excision of sweat glands (axilla/ inguinal) and simple repair
Foreign body removal
Gastroscopy/ oesophagogastroduodenoscopy,
Haemorrhoidectomy
Inguinal hernia repair
Lymph node/muscle/skin/bone and breast biopsy
Nail/nail bed related procedures
Proctoscopy and removal of polyps
Sigmoidoscopy
Ubilical hernia repair
Wound debridement (skin/ subcutaneous tissue)

ENT Surgery
Adenoidectomy
Antrostomy
Diathermy to nose and pharynx (under LA)
Biopsies, including DPP (Diagnostic Proof Puncture)
ENT Endoscopy (nasal endoscopy, laryngoscopy, diagnostic and interventional)
Foreign body removal - auditory canal
Middle ear procedures including stapes surgery
Mastoidectomy
Tympanic membrane related procedures (includes myringotomy (including aspiration and incision) and/or grommets, tympanoplasty, tympanolysis)
Nasal surgery/procedures (includes nasal bleeds (control), reduction of nose fracture, rhinoplasty, septoplasty, turbinectomy, nasal turbinate repair)
Oral cavity related procedures, including biopsies
Salivary gland related procedures
Sinus related surgery (ethmoidectomy/sinusotomy and lavage)
Tonsillectomy

Ophthalmology
Anterior and/or posterior chamber related procedures e.g. vitrectomy
Biopsy - all eye structures
Blepheroplasty
Cataract surgery
Choroid related procedures
Conjunctival procedures e.g. pterygium surgery
Fine needle aspiration - all eye structures
Foreign body removal
Intra ocular injection e.g. Avastin, including Glaucoma,
Laser Surgery
Orbitotomy
Posterior and Anterior Vitrectomy
Probing & repair of tear ducts
Removal of pterygium
Retinal surgery
Sclera related procedures, Strabismus repair
Treatment of progressive retinopathy
Trichiasis correction (non forceps)

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 and margins (face, lips, nose, ears, eyelids) + flap
Flaps – delay/sectioning
Malignant lesions – destruction and removal via non-incision intervention.

Procedures performed in a doctor's room 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, at up to 100% of the Fedhealth Rate. Pre-authorisation must be obtained and should no pre-authorisation take place, reimbursement will be restricted to the member's available day-to-day benefit 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

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 30 additional conditions.

Chronic Disease List

Conditions on the CDL 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 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 (MPL)

Medication will be covered at the MPL rate 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 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.

Chronic conditions on the Chronic Disease List (CDL)

- 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)
- 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
- Deep Vein Thrombosis
- Depression
- Dermatomyositis
- Eczema (up to the age of 18)
- Gastro-Oesophageal Reflux Disease
- Generalised Anxiety Disorder
- Narcolepsy
- Obsessive Compulsive Disorder
- Panic Disorder
- Paraplegia/ Quadriplegia (associated medicine)
- Polyarteritis Nodosa
- Post-Traumatic Stress Disorder
- Pulmonary Interstitial Fibrosis
- Scleroderma
- 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 namely Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct. These preferred provider pharmacies ensure price certainty for members when obtaining medication. 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.

PROGRAMMES AND **WELLNESS** INITIATIVES

Hospital at Home

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, brings all the essential elements of in-patient care to a patient's home, including real-time patient monitoring. It's available in the Eastern Cape, Western Cape and Gauteng, with rollout to other areas to follow in due course. This service gives Fedhealth members the option to receive active treatment for a specified period at home instead of a general hospital ward, without compromising on the quality of care. For more information, please visit the Quro Medical website on **www.quromedical.co.za** or call **010 141 7710.**

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** 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** 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** 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 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** to find out more about this benefit.

AfA (HIV Management)

Fedhealth offers the 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**

SCREENING BENEFIT

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).

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
HPV vaccine	Girl beneficiaries aged 9 to 14 years old	2 doses per lifetime
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 2 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 (blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening (BMI, waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year

CANCER COVER

Fedhealth Oncology Programme

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 include 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-authorisation from the Fedhealth Oncology Programme team. The team comprises 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-authorisation process. These guidelines are continually updated as new products are launched and new treatment protocols are established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On maxima **EXEC**, oncology is covered up to R624 000 per family per year at a preferred provider, ICON, subject to Core protocol. DSP above limit. A 40% co-payment applies where a DSP provider is not used.

ONCOLOGY BENEFIT

Upon cancer diagnosis, members must register on the:

Fedhealth Oncology Programme

NB: Members can upgrade to a higher option within 30 days of cancer diagnosis.

This benefit covers:

- **Oncology treatment** ICON is the oncology Preferred Provider on both options.
- **Chemotherapy and related treatment**
- **Radiotherapy**
- **Consultations and visits**
- **Pathology**
- **Radiology** General Specialised
- **PET scans**
- **Surgery and hospitalisation** Paid from in-hospital benefit.
- **Stoma therapy**
- **Terminal care** Paid from terminal care benefit up to annual limit per family.
- **Post-active treatment**
- **Alignd benefit for palliative care**

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**.

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 the Fedhealth Oncology Programme team, **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 or the Savings Account).

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 the Fedhealth Oncology Programme team. 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 **EXEC** we cover specialised medicine up to R194 600 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. Prior to starting treatment, consultations are paid from the Savings Account. Hospital visits are pre-authorised 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 (a separate pre-authorisation is therefore 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-authorisation is not required).

Specialised radiology

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorisation. These pre-authorisations must be obtained from the Authorisation Centre. Specialised radiology is paid from Risk. A co-payment of R2 480 for non-PMB MRI/CT scans will apply on maxima **EXEC**.

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 Hospital Authorisation Centre.

Stoma therapy

Stoma therapy will be paid from Risk. Pre-authorisation 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 R34 500 per family per year. Pre-authorisation must be obtained from the Hospital Authorisation Centre. Private nursing will be paid from the Alternatives to Hospitalisation benefit, where this is available.

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.

new

Alignd benefit for palliative care

Fedhealth has partnered with Alignd to pioneer this new benefit that offers members with advanced cancer extra care when they need it most.

Who can access this benefit?

Fedhealth members diagnosed with advanced stage or metastatic cancer (cancer that has spread to other organs) will have immediate access to the Alignd benefit, at no extra cost.

Summary of the benefit

Fedhealth endeavours to help members live well if they're managing a serious illness. The Alignd benefit offers specialised care for anyone with serious cancer, focusing on providing relief from symptoms and stress. This could be by controlling a physical problem such as pain, or by helping members with their emotional, social or spiritual needs. This benefit supports the member and their family.

Service providers

This care and support is provided by an expert team, which could include doctors, nurses and social workers. These practitioners have extra palliative care training, which means they are skilled in making patients' illness journeys easier from the moment they are diagnosed, ideally with a focus on getting them back on their feet again. This team will consider and co-ordinate all aspects of the member's health, not just their cancer. Accepting palliative care does not mean that one is dying, or giving up.

Members won't have to change their current treatment plan or doctor either. This extra care team works together with the member's treating oncologist and other involved doctors such as their GP. Members can receive this extra layer of support while they're having curative treatment. It's a team approach that puts members back in control of their illness journey, and can really improve the quality of their lives when they most need it.

Benefits

Patients with serious cancer consistently report finding more comfort and support with a palliative care trained team on their side than without it. With better all-round care, symptom management, and a comprehensive and holistic home-based care plan in place, patients are less likely to require emergency services, hospitalisation and ICU stays. Family members feel more supported too.

Costs

The Alignd benefit is a comprehensive care benefit available to all eligible Fedhealth members at no extra cost. With Alignd, we provide cover for our members to receive meaningful physical and emotional support from when they are diagnosed with advanced stage or metastatic cancer. For those with more intensive care needs, the benefit does also cover end-of-life care.

Included in the benefit

For those with cancer support needs, we cover an initial consultation with a palliative care trained doctor to assess their needs holistically – beyond their cancer treatment alone. Counselling for the member and their family is included, as is putting in place an advance healthcare plan or living will. Three follow-up doctor consultations, and two follow-up social worker consultations per year are also covered so the member is supported throughout their treatment journey.

Where the illness has progressed further, the Alignd benefit offers more intensive support, including home-based palliative care, medication for symptom relief, hospital bed-hire, and limited home-based care (336 hours i.e. 2 weeks of 24-hour care or equivalent) at the end of life (this is not a replacement for frail care).

Members diagnosed with advanced cancer can contact Fedhealth on **0860 002 153** and asked to be referred to Alignd, or send an email to **referrals@alignd.co.za**

MATERNITY AND CHILDHOOD BENEFITS

Fedhealth provides rich maternity benefits across the maxi**FED** option range, that so parents-to-be can focus on the joy of their pregnancy journey, while we take care of the rest.

Some of the maternity and childhood benefits members maxima EXEC can expect:

Maternity benefits

- Two x 2D antenatal scans
- Twelve ante- and postnatal consultations with a midwife, network GP or gynaecologist
- Antenatal classes up to R1 160
- Amniocentesis
- Fedhealth Baby Programme – a free programme for all expecting beneficiaries offering support, advice and a free Fedhealth baby bag filled with baby goodies
- Private ward cover for delivery
- Doula benefit – we offer R3 000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
- Postnatal midwifery benefit – we provide four consultations per delivery with a midwife in- and out-of-hospital

Great childhood benefits

- Paed-IQ – free access to a 24/7 paediatric telephonic advice line
- Paediatric consultations – without referral from a GP, up to 24 months of age
- Infant hearing screening benefit – we offer one test from birth up to the age of eight weeks with an audiologist up to the Fedhealth Rate.
- Childhood immunisations – immunisation from birth up to 12 years as per the state EPI
- HPV vaccine for girl beneficiaries aged 9 to 14 years old, 2 doses per lifetime
- Optical screening for children aged 5 to 8 years – 1 per lifetime
- Trauma treatment in a casualty ward – we cover emergency treatment, like stitches, in a casualty ward, whether the member is admitted to hospital or not. Authorisation must be obtained and a co-payment of R660 applies for non-PMBs on maxima **EXEC**
- Childhood illness specialised drug benefit covered from the specialised medicine benefit.
- Child rates up to the age of 27 – financially dependent children up to 27 are covered under child rates, provided they don't earn more than the maximum social pension
- Only pay for three children – we cover fourth and subsequent children for free

Appliances

We pay for breast pumps and nebulisers from the member's Savings provided they have a NAPPI code. This will accumulate to Threshold up to the appliances, external accessories and orthotics limit.

MATERNITY AND CHILDHOOD BENEFIT

This benefit covers:

PREGNANCY AND BIRTH

- 2D antenatal scans
- Ante- and postnatal consultations with a midwife, network GP or gynaecologist
- Antenatal classes
- Amniocentesis
- Fedhealth Baby Programme
- Private ward cover for delivery
- Doula (birthing coach)
- Midwife consultations in- and out-of-hospital

CHILDHOOD

- Paed-IQ telephonic advice line
- Paediatric consultations without GP referral
- Infant hearing screening
- Childhood immunisations
- Optical screening for children aged 5 to 8 years
- Childhood illness specialised drug benefit
- Trauma treatment in a casualty ward
- Child rates for financially dependent children up to age 27

APPLIANCES

Breast pumps and nebulisers covered from Savings (NAPPI code required).

MENTAL HEALTH BENEFIT

The World Health Organisation defines mental health as a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

MENTAL HEALTH COVER

This benefit covers:

Mental Health Resource Hub

Chronic medication

Funding for non-PMBs subject to diagnosis and chronic list

Ambulatory care plans

Manages diagnoses out-of-hospital. Paid from Scheme limits if Fedhealth Network providers are used, then from Risk.

In-hospital cover

PMB conditions:
Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.

Mental Health Programme

Qualifying members with mental health conditions e.g. bipolar mood disorder.

NB: Hospital admissions for mental health

Doctor must obtain authorisation first Fedhealth Network GPs/Specialists covered in full

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

Fedhealth supports members with mental health conditions by making the following benefits available to members:

Mental Health Resource Hub

Fedhealth members can access the Mental Health Resource Hub to help them navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. It's available via the Fedhealth Family Room online member portal or go to **www.medscheme.com/mental-wellness-resource-hub/**

Chronic Benefit

Chronic medication for non-PMB mental health conditions is limited to a diagnosis list and chronic limits: refer to page 13 for more information.

Ambulatory Care Plans

A care plan is a list of the type and number of services that's likely to be needed for management of a diagnosis in an out-of-hospital setting. Fedhealth will cover these costs from members' available Scheme limits, subject to the use of the Fedhealth Network Providers. Once members' Scheme limits are used up, further services, as listed in the member's care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, members must make sure that every claim sent has an ICD-10 code reflected on it.

The Prescribed Minimum Benefits allows for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. These out-of-hospital psychotherapy sessions are made available as part of the member's care plan on request from their treating healthcare provider.

In-hospital Benefits

As above, the Prescribed Minimum Benefits allows for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. Admission into a facility for a mental health diagnosis requires authorisation which the member's doctor should obtain.

Factors to consider before an admission:

- **Is the member's doctor on the Fedhealth Network?**
  All Scheme options have a GP and specialist network applicable. Should the member choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. The member will have a shortfall should the healthcare professional charge more.

Mental Health Programme

Fedhealth's Mental Health Programme is available to all qualifying members who've 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** for more information.

COVID-19 BENEFIT

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold, to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Coronavirus disease (COVID-19) is an infectious disease caused by a new strain that was discovered in 2019 and had not been previously identified in humans. On Tuesday 17 March 2020, the World Health Organization (WHO) announced the official designation of COVID-19.

Fedhealth designed its **COVID-19 benefit** to help members prevent, monitor, treat and recover from this deadly disease.

Background

Symptoms

Most people infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special or intensive treatment.

Who are most at risk of becoming seriously ill with COVID-19?

People of all ages can be infected by the coronavirus (COVID-19), but the risk of becoming severely ill with the virus appears to increase for people who:

ARE **60+** YEARS OLD.

Have conditions that **increase oxygen needs** or **reduce the body's ability to use oxygen properly**. This puts patients at higher risk of the consequences of bilateral viral pneumonia.

Have pre-existing non-communicable diseases (NCDs) including:
- **Cardiovascular disease** (e.g. hypertension)
- **Chronic respiratory disease** (e.g. COPD)
- **Diabetes**
- **Cancer**

The benefit

Fedhealth's COVID-19 benefit is structured around the pillars of: **prevention/ protection, testing and pathology, doctors' visits, hospitalisation, post-hospitalisation and vaccination.**

1. Prevention/ protection

Fedhealth offers the following COVID-19 prevention support to members:

- **Regular communication** with reliable, health-related COVID-19 information to keep members aware of pandemic developments.
- **Weight management programme** to reduce BMI as obesity impacts COVID-19 severity – covered from Risk for qualifying members.
- **GoSmokeFree programme** to quit smoking – paid from Risk.
- **Oximeters paid from member's Savings.**
- **Courier pharmacies** have been added to the Scheme's DSPs so that members can have their medication delivered at home to limit possible exposure.
- **Paed-IQ** for telephonic paediatric support to parents of children with COVID-19 (and other conditions).
- **Fedhealth COVID-19 Support Portal** where members can find COVID-19 information.

2. COVID-19 testing and pathology

Fedhealth covers three different types of in-vitro tests for COVID-19 approved by the South African Health Products Regulatory Authority (SAHPRA). These are:

TYPE OF TEST	HOW IT WORKS	HOW FEDHEALTH COVERS IT
Molecular test	Detects the presence of the SARS-CoV-2 virus' genetic material (nucleic acid) and is performed on material obtained by means of nasopharyngeal and/or oropharyngeal swabs.	**RT-PCR tests are PMB level of care; Fedhealth will pay where Persons Under Investigation (PUI) criteria are met and the test is requested by a healthcare provider**
Serological test	Detects antibodies to the SARS-CoV-2 virus and is conducted on samples likely to have antibodies, such as finger-prick blood samples. Serological tests are done at the point-of-care and detect the presence of immunoglobulin M (IgM) and/or immunoglobulin G (IgG) antibodies to SARS-CoV-2.	**Serology tests are not PMB level of care; Fedhealth will fund COVID-19 antibody testing from Savings benefit only.**
Antigen test	Directly detects SARS-CoV-2 proteins produced by replicating virus in respiratory secretions and has been developed as both laboratory-based tests and point-of-care tests, referred to as rapid diagnostic tests (RDTs).	**Ag-RDT tests are covered as PMB, irrespective of the result. Currently the test is only lab-based due to COVID-19 requirements and the labs need to confirm patient COVID-19 status with PCR according to NDoH guidelines. Fedhealth reimburses COVID-19 related PCR and Antigen tests for members meeting the PUI criteria, irrespective of outcome, as PMB.** **Providers wishing to perform antigen tests outsise of the lab setting need to apply specifically to Fedhealth/ Medscheme pathology to be added as a provider.**

3. Doctors' visits and screenings

- Doctors' visits are covered from **Fedhealth's unlimited GP benefit** paid from Risk according to the member's option (see page 41).
- **Consultations for screening by a healthcare worker** for COVID-19 are PMB level of care and paid from Risk.
- **Virtual/Telephonic consultations with healthcare professionals** have been introduced for the duration of the pandemic to limit physical contact.

4. PMB care template for active infection

This care basket activates when a member's COVID-19 diagnosis is confirmed via the receipt of a claim, and is paid from Risk.

AMBULATORY PMB CARE PLAN				
STANDARD CARE PLAN				
Positive Coronavirus Disease		**Codes**	**Provider Practice Type**	**Quantity**
Consultations	General practitioner	0190, 0191, 0192, 0130, 0132	14, 15	2
	Pulmonologist, physician, paediatrician		17, 18, 32	
Pathology	Platelet count	3797	52, 037	2
	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	3755		2
	Potassium	4113		2
	Sodium	4114		2
	Urea	4151		2
	Creatinine (urine)	4221		2
	Creatinine (blood)	4032		
	Erythrocyte sedimentation rate (ESR)	3743		2
	C-reactive protein (CRP)	3947		2
	Antimicrobic substances	3928		2
	Bacteriological culture (miscellaneous)	3893		2
	Miscellaneous body fluids	3867		2
	Viable cell count	3922		2
	PCR - Polymerase chain reaction	3974		1
	PCR - Bacteriological DNA identification	4434		
Radiology	X-ray of the chest, single view	30100	38	2
	Chest study (item 3601 included)	3445	17, 18, 32	2
Procedures	Intravenous infusions	0205, 0206	14, 15, 17, 18, 32	2
	Nebulisation (in rooms)	1136		2

5. Hospitalisation/ post-hospitalisation and Quro Hospital at Home

- **Unlimited hospital cover** is covered at the required level of care.
- **Ambulance transfer** to the hospital through Europ Assistance.
- The **Quro Hospital at Home benefit** is an alternative for members who'd rather receive treatment at home instead of a general hospital ward (see page 15).
- **All PMB-related COVID-19 admissions** are covered (does not include experimental drug therapy).
- **Post-hospitalisation physiotherapy benefit:** benefit available for 30 days following a COVID-19 discharge.
- We cover **acute home oxygen for 14 days** following a COVID-19 admission on request by a medical doctor.

6. COVID-19 vaccination and Vaccine-induced immune thrombotic thrombocytopenia (VITT) support

- **COVID-19 vaccinations** are paid in full from Risk – whether a single or multi-dose regimen – even during waiting periods for eligible beneficiaries.
- **VITT payment and support.** Supportive anti-coagulant therapy is covered from Risk should a member develop clotting from a COVID-19 vaccine.

COVER FOR
DAY-TO-DAY EXPENSES

At Fedhealth, we pride ourselves on covering more from Risk than other medical schemes to help our members' day-to-day benefits last longer. Here's a breakdown of the different ways we cover day-to-day expenses.

Unlimited network GP visits
Members on maxima **EXEC** get unlimited consultations at a Fedhealth Network GP once Savings are depleted.

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 at Fedhealth Rate. First R2 480 for each non-PMB MRI/ CT scan for member's own account.

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 (unlimited up to the Fedhealth Rate). Authorisation must be obtained within 48 hours. A co-payment of R660 per visit for non-PMBs applies on maxima **EXEC**.

Female contraception
We pay for female contraception including oral, patches, contraceptive rings, certain injectables as well as IUDs that include Mirena from Risk. 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.

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.

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. A 10% co-payment will apply to all claims paid from the Threshold benefit on maxima **EXEC**. No co-payment will apply to GP and specialist consultations in-network.

Maternity benefit
This benefit covers two x 2D scans, antenatal classes up to R1 160, 12 ante and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis. Thereafter, paid from Savings.

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

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

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

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

Childhood illness specialised drug benefit
Covered from the specialised medicine benefit.

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

ADDITIONAL BENEFITS

We give our members more value and support when they need it.

24-hour Fedhealth Nurse Line
Professional nurses are always on the other end of our toll-free 24-hour nurse line to provide advice on issues like medical emergencies, symptoms, medication side-effects, stress management and teenage support.

Paed-IQ
A South African medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children up to 14 years old.

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.

Emergency transport/ response
Through our partner Europ Assistance, we provide all members with emergency transport in an emergency situation.

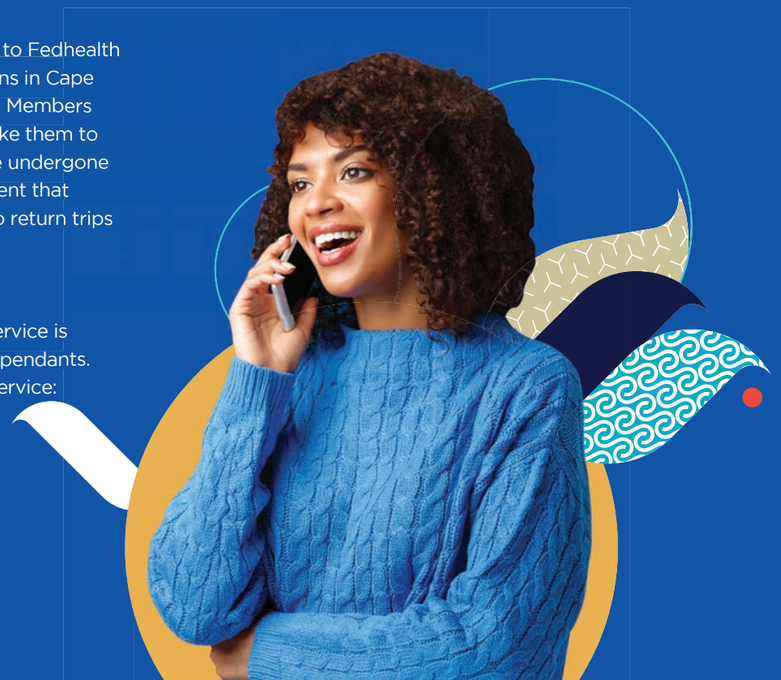
MediTaxi
MediTaxi is a medical taxi service available to Fedhealth members who've had hospital authorisations in Cape Town, Johannesburg, Pretoria and Durban. Members can access the 24/7 MediTaxi benefit to take them to follow-up doctor's appointments, if they've undergone an authorised operation or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

SOS Call Me
Fedhealth's user-friendly USSD call back service is 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 free.



maxi**FED 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 Savings 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 funds from Threshold. A 10% co-payment will apply to all claims paid from the Threshold benefit on maxima **EXEC**. No co-payment will apply to GP and specialist consultations in-network.

Threshold levels	maxima **EXEC**	maxima **PLUS**
Member	R15 400	R17 800
Adult Dependant	R11 900	R13 800
Child Dependant	R4 000	R4 800

maxima EXEC IN-HOSPITAL BENEFIT

In-hospital benefit

This benefit covers all treatments and procedures that have to be done in a hospital and that are covered by the maxi**FED** options.

	maxima **EXEC**
Benefit	**All limits are per family per year unless otherwise specified**
Overall annual limit (OAL)	Unlimited at negotiated tariff
Healthcare Professional Tariff in-hospital (HPT)	
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 the Fedhealth Rate
Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:	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
Hospitalisation costs: 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
Additional medical services (dietetics, occupational therapy and speech therapy)	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R19 400 per family per year
Alternatives to hospitalisation:	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	
Appliances, external accessories and orthotics	In & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 300 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
Blood, blood equivalents and blood products	Unlimited

	maxima **EXEC**
Immune deficiency related to HIV infection	Unlimited (see HPT)
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R4 800 on the hospital bill
In-hospital dentistry benefit for children under 7	We cover the hospital and anaesthetist. Dentist will be paid from day-to-day benefits
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R624 000 at preferred provider* and paid from Core protocol. DSP* above limit
Reimbursement rate if you don't use preferred providers	Up to the Fedhealth Rate
Organ transplant including immunosuppression medication	R624 000 (See HPT)
Corneal graft	R36 300 per beneficiary
Pathology, radiology (general)	Unlimited up to the Fedhealth Rate
Physiotherapy	Unlimited subject to medical practitioner referral
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R35 800 (See HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R624 000 up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP provider is not used
Specialised Medication (e.g. biologicals) Benefit (oncology & non-oncology)	R194 600 at cost
Specialised radiology	Unlimited at Fedhealth Rate. First R2 480 for non-PMB MRI/CT scans for the member's account
Spinal surgery	No benefit unless utilisation of Conservative Back & Neck Rehabilitation Programme has been completed. You pay a co-payment of R6 300 on the hospital bill
Terminal care benefit	R34 500 at Fedhealth Rate

* **ICON –** Independent Clinical Oncology Network.

maxima **EXEC PROSTHESIS BENEFIT**

Prosthesis benefit

Under this benefit, we cover internal and external prosthesis.

	maxima **EXEC**
External prosthesis	R19 300 at cost
Internal prosthesis	
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	R65 500
Cardiac pacemakers	R54 500
Cardiac stents	R56 100
Cardiac valves	R49 800
Detachable platinum coils	R56 700
Elbow, hip, knee and shoulder replacement	R38 900
Intraocular lenses (per lens)	R3 500
*Combined benefit limit for all unlisted internal prosthesis	*R32 700

maxima **EXEC CO-PAY AND CHRONIC**

Co-payments

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

maxima **EXEC**	
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	R2 800
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 ofimpacted wisdom teeth	R4 800
Spinal surgery**	R6 300
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements - voluntary use of non-CP*	R29 600
Other joint replacements and involuntary use of non-CP* for single hip and knee replacements	R4 800

* Contracted Provider: Must use ICPS Hip and Knee network, JointCare or Major Joints for Life 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 300.

Chronic disease benefit

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

	maxima **EXEC**
Limit	R7 890 per beneficiary, subject to an overall limit of R14 500 per family per year. Thereafter unlimited cover for conditions on the CDL.
Formulary	Comprehensive formulary
Preferred Provider	Clicks, Dis-Chem, Medirite & Pharmacy Direct

maxima **EXEC DAY-TO-DAY BENEFITS**

Day-to-day benefits paid from Savings (OHEB on maxima **PLUS**)

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

	maxima **EXEC**
Benefit	**Limit per family per year**
Tariff	Up to the Fedhealth Rate
Co-payments in Threshold	10% co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 300 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings. Does not accumulate to or pay from Threshold
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R19 400 per family per year
Dentistry advanced: inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	R8 270 per beneficiary per year, R24 700 per family per year before and after Threshold. Paid from Savings and Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Savings. Does not accumulate to or pay from Threshold
Dentistry (basic)	Paid from Savings and threshold. Unlimited once threshold is reached
General Practitioners	
Fedhealth Network GPs	Paid from Savings then unlimited from Risk. Once Savings is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network
Non-network GPs	Paid from Savings and Threshold. Does not accumulate to Threshold. Paid from threshold up to the Fedhealth Rate
Maternity benefit	See maternity benefit on page 23. Thereafter, paid from Savings and Threshold. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold

	maxima **EXEC**
Optometry	Paid from Savings and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold
Over-the-counter medication	Paid from Savings only. Does not accumulate to or pay from Threshold
Pathology & radiology	Paid from Savings and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Savings. Does not accumulate to threshold. Paid from Threshold up to the Additional Medical Services limit of R19 400 per family per year
Prescribed medication	Paid from Savings and Threshold. R7 940 per beneficiary per year, R14 700 per family per year before and after Threshold
Radiology specialised	Paid from Risk if authorised. First R2 480 for non-PMB MRI/ CT scans is for the member's account
Specialists excluding psychiatrists	
Fedhealth Network Specialists	Paid from Savings 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 and Threshold. Does not accumulate to Threshold. Paid at the Fedhealth Rate from Threshold. 10% co-payment if GP referral is not obtained
Specialists: psychiatrists	
Fedhealth Network Psychiatrists	Paid from Savings. Does not accumulate to Threshold. Paid at cost from Threshold up to the Additional Medical Services limit of R19 400 per family per year. 10% co-payment if GP referral is not obtained
Non-network Psychiatrists	Paid from Savings. Does not accumulate to threshold. Paid at the Fedhealth Rate from Threshold up to the Additional Medical Services limit of R19 400 per family per year. 10% co-payment if GP referral is not obtained

maxima **EXEC CONTRIBUTIONS**

maxima EXEC (including Savings) - January to March 2022				
	Risk	Savings	Total	Annual Threshold*
Member	5 936	880	6 816	15 400
Adult dependant	5 153	764	5 917	11 900
Child dependant*	1 889	279	2 168	4 000

maxima EXEC (including Savings) - From April 2022				
	Risk	Savings	Total	Annual Threshold*
Member	6 497	963	7 460	15 400
Adult dependant	5 640	836	6 476	11 900
Child dependant*	2 008	297	2 305	4 000

*Up to a maximum of three children

maxima **EXEC RATE CALCULATIONS**

maxima EXEC (including Savings) - January to March 2022							
	Risk	Savings	Total	Annual savings	Total day-to-day available	Annual Threshold level	Self-payment gap
M	5 936	880	6 816	11 307	11 307	15 400	4 093
M + AD	11 089	1 644	12 733	21 123	21 123	27 300	6 177
M + AD + CD	12 978	1 923	14 901	24 633	24 633	31 300	6 667
M + AD + 2CD	14 867	2 202	17 069	28 143	28 143	35 300	7 157

maxima EXEC (including Savings) - From April 2022							
	Risk	Savings	Total	Annual savings	Total day-to-day available	Annual Threshold level	Self-payment gap
M	6 497	963	7 460	11 307	11 307	15 400	4 093
M + AD	12 137	1 799	13 936	21 123	21 123	27 300	6 177
M + AD + CD	14 145	2 096	16 241	24 633	24 633	31 300	6 667
M + AD + 2CD	16 153	2 393	18 546	28 143	28 143	35 300	7 157

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 & 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, 175 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
Claim submission: claims@fedhealth.co.za
Web: www.fedhealth.co.za
Postal address: Private Bag X3045, Randburg, 2125

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 or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.

Hospital Authorisation Centre

Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0860 002 153
Email: authorisations@fedhealth.co.za
Web: www.fedhealth.co.za

Alignd

Tel: 0860 100 572
Email: referrals@alignd.co.za

Ambulance Services

Europ Assistance
Tel: 0860 333 432

AfA (HIV Management)

Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
Fax: 0800 600 773
Email: afa@afadm.co.za
Web: 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
Postal address: P O Box 38632, Pinelands, 7430

Disease Management

Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: dm@fedhealth.co.za

Fedhealth Baby

Monday to Friday 08h00 – 17h00
Tel: 0861 116 016
Email: info@babyhealth.co.za
Web: www.babyhealth.co.za

Fedhealth Oncology Programme

Monday to Friday 08h00 – 16h00
Tel: 0860 100 572
Fax: 021 466 2303
Email: cancerinfo@fedhealth.co.za
Postal address: P O Box 38632, Pinelands, 7430

Fedhealth Paed-IQ 24 hour service

Tel: 0860 444 128

Fraud Hotline

Tel: 0800 112 811

MVA Third Party Recovery Department

Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi

Dial *130*3272*31#

Quro Medical

Tel: 010 141 7710
Web: www.quromedical.co.za

SOS Call Me

Dial *130*3272*31#

Preferred Provider Pharmacies

Clicks
Tel: 0860 254 257
To locate a store, go to: 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 and select Store Locator

Medirite Pharmacy
Tel: 0800 222 617
To locate a store, go to: www.medirite.co.za and select Store Locator

To find an independent pharmacy near you, please visit www.icpa.co.za/find-a-pharmacy/

Pharmacy Direct
Monday to Friday 07h30 – 17h00
Tel: 0860 027 800
Fax: 0866 114 000/ 1/ 2/ 3/ 4
Email: care@pharmacydirect.co.za
Web: www.pharmacydirect.co.za
SMS (call me): 083 690 8934

Clicks Direct Medicines
Tel: 0861 444 405
Email: directmedicines@dirmed.co.za

Dis-Chem Direct Courier
Tel: 011 589 2788
Email: direct.documents@dischem.co.za

Medirite Courier Pharmacy
Tel: 0800 010 701
Email: medirite.courier@shoprite.co.za

FEDHEALTH
Create your aid.

Fedhealth Customer Contact Centre **0860 002 153**
Corner Ontdekkers Road and Conrad Street, Absa Building Block F,
Florida, 1716 • Private Bag X3045, Randburg 2125

www.fedhealth.co.za

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