

maxima 20

EXEC 23



INTERACTIVE RATES & BENEFITS GUIDE

GET STARTED



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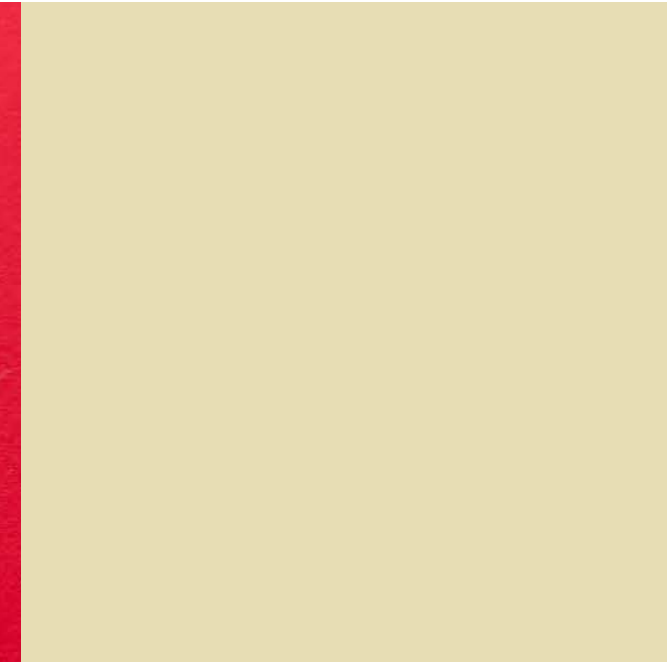
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Comprehensive cover. Complete peace of mind.



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**



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

Our **maxima EXEC** and **maxima PLUS** options give members the peace of mind that most of their healthcare needs will be met. This range leaves nothing to chance, with ample in-hospital, chronic, screening and day-to-day cover covered by the Risk benefit, as well as value-added additional benefits. In addition, it also features a Medical Savings Account for day-to-day expenses and a Threshold benefit. **maxima PLUS** also has an Out-of-Hospital Expenses Benefit (OHEB).

[CLICK HERE](#) for more detail on the **maxiFED** benefits and what they offer members.

Boasting an 84-year track record, Fedhealth Medical Scheme has a solvency rate of 43.43% (as at 31 December 2021), 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 **maxiFED** 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).





Unique benefits **paid from Risk**

Take a look at our unique benefits paid from Risk **(and not the member's day-to-day benefit)** to save the member money:



Upgrades to higher options any time of year

Life happens, right? So whether you are diagnosed with a serious illness, get married or discover that a baby is on the way, Fedhealth will let you upgrade to a higher option that better suits your needs within 30 days of your diagnosis or circumstances changing.



Unlimited network doctor's visits

On Fedhealth, members can see their GP as often as they need on most options, by either visiting any network GP or a nominated network GP (depending on the option).



Post-hospitalisation treatment for up to 30 days after discharge from hospital

This means that following a hospital stay, your treatment like physiotherapy, x-rays or pathology is covered by Fedhealth, and not your day-to-day benefit or your own pocket. Excludes follow-up consultations with GPs or specialists.



Take-home medication

Fedhealth pays for seven days of take-home medication when you're discharged from hospital. The medication must however be dispensed by the hospital, and must reflect on the original hospital account.



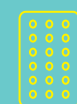
Specialised radiology

Fedhealth covers specialised radiology such as MRI and CT scans from Risk, whether it's performed in- or out-of-hospital. A co-payment applies to non-PMB MRI/CT scans.



Trauma treatment at a casualty ward

On Fedhealth, injuries that require medical treatment like stitches or the setting of a fractured bone, are covered whether you're admitted to hospital or not. Authorisation must be obtained within 48 hours and a co-payment of R750 per visit for non-PMBs applies.



Female contraception

Oral, patches, certain injectables, contraceptive rings as well as IUDs that include the Mirena® are paid for by Fedhealth. It must, however, 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.



Child rates for financially dependent children

On Fedhealth, you pay child rates for children who still depend on you financially, are unmarried and don't earn more than the maximum social pension up to 27 years of age.





maxima EXEC

Comprehensive cover for mature members

maxima EXEC is a comprehensive medical aid plan that will give you peace of mind that your health is well taken care of. It features generous unlimited private in-hospital cover, a chronic disease benefit and a screening benefit for various lifestyle, wellness and physical screenings tailored to your age group.

You will also enjoy day-to-day benefits paid from Risk, such as specialised radiology like MRI and CT scans, a 30-day post-hospitalisation treatment benefit like X-rays and physio, and seven days of take-home medication upon discharge from hospital.

On this option, you have substantial Fedhealth Savings for your day-to-day medical expenses and a Threshold benefit.

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

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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 2023. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 800 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 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 working days** after hospital admission.

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



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In-hospital benefit

maxima EXEC has an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

- The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards, day clinics and doctor's rooms.
- 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 will not be covered in full for 2023. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 800 co-payment.

Cover for hospital admissions

- The hospital account is covered from the in-hospital benefit.
- Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate.
- Referral by a medical practitioner and pre-authorisation is required for physiotherapy, covered up to the Fedhealth Rate.

Prescribed Minimum Benefits (PMBs)

PMBs are 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. In order for members to get funding in full, schemes are allowed to require members to use Designated Service Providers (DSPs) and apply formularies and managed care protocols.

- Fedhealth uses network specialists, network GPs and network hospitals for the provision of PMBs.
- Members must use a Fedhealth Network Specialist and a nominated network GP in order for the cost to be refunded in full.
- Should you not use these DSPs for PMB treatment, 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. Co-payments are option dependent.

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). So 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 considered PMB level of care.

Co-payments on certain procedures

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

What qualifies as an emergency?

An emergency is when the condition is unexpected and requires 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 death.



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CHRONIC MEDICATION BENEFIT

27 Prescribed Minimum Benefit conditions
Paid from formulary. Preferred provider must be used.

Chronic Disease List conditions
Covered in full if preferred provider and medicine on formulary are used.

Additional chronic conditions
Annual limit up to MPL.

Medicine Price List (MPL)
MPL is a reference price list that is set at a level to ensure that a number of medicines will be available without any co-payment.

Obtaining chronic medicine
Members must obtain chronic medicines from the preferred providers.



UNIQUE BENEFITS
PAID FROM RISK

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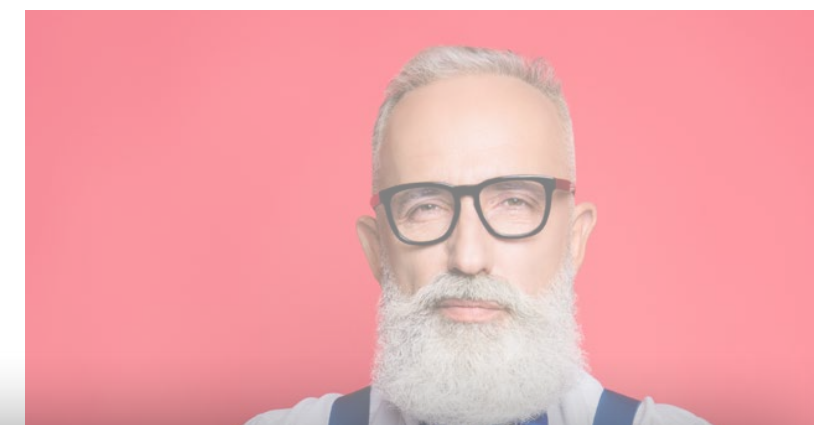
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Chronic medicine benefit

Prescribed Minimum Benefit (PMB) conditions

maxima **EXEC** has a benefit for the 27 chronic conditions on the PMB Chronic Disease List (CDL). The benefit covers medication for the list of CDL conditions paid from a formulary and must be obtained from a Preferred Provider.

Chronic Disease Benefit

This benefit covers the conditions on the CDL.
This option covers 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 formulary applicable to their option. If the 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.

Obtaining chronic medicine

- Must use Preferred Providers or pay a co-payment if the pharmacy charges a dispensing fee in excess of 25%/ R27.50, or the agreed courier pharmacy rate.
- Preferred Providers are Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct.

How much will I pay? >



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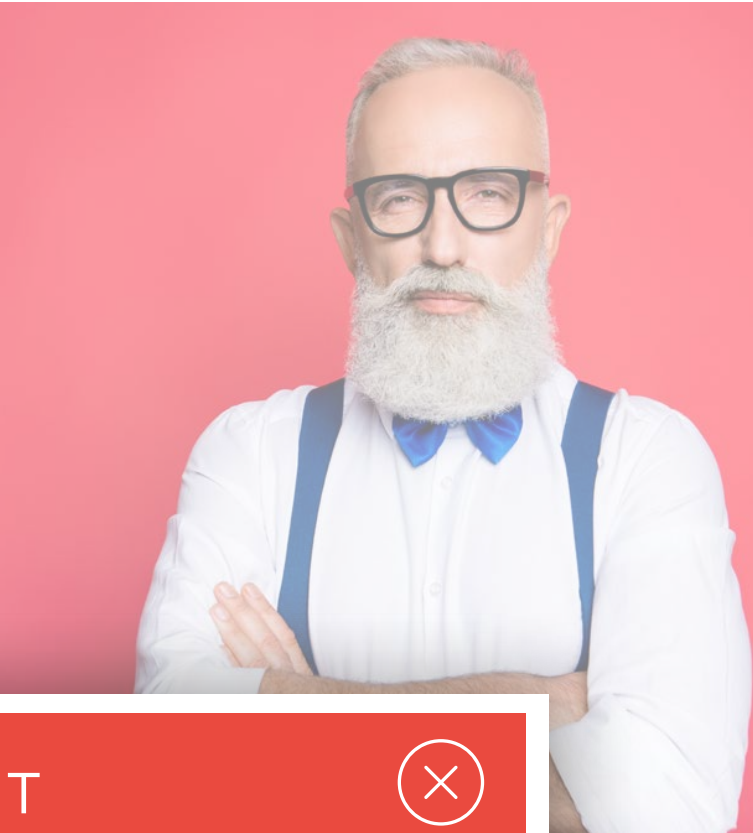
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[More info](#) | [Benefit table](#)

SCREENING BENEFIT


This benefit covers screenings for:




Women’s health




Men’s health




Children’s health



Cardiac health



Over 45s




Health risk assessments

[More info](#) | [Benefit table](#)

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 **FEDHEALTH**
Create your aid.

< >



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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). 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 (tariff code 11001)	All lives, 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		
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 (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



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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 this option, and the DSP out of limits.




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



Alignnd benefit for palliative care



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Cancer cover

Fedhealth Oncology Programme

- Fedhealth members diagnosed with cancer must register on the Fedhealth Oncology Programme.
- All members can change to a higher option within 30 days of a life-changing diagnosis like cancer to ensure they receive the required oncology treatment.
- Proposed treatment plan must be submitted so the oncology team can approve the appropriate therapy.
- The oncology benefit can be accessed by obtaining pre-authorisation from the Fedhealth Oncology Programme team, a team of highly skilled healthcare professionals supported by oncologists and haematologists from the private, public and academic sectors.

Independent Clinical Oncology Network (ICON)

The Scheme has contracted with ICON, a network of oncologists that includes 75% of all practicing oncologists in South Africa.

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.

Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained.

Oncologist consultations and hospital visits

- Paid from the oncology benefit while the member has an active chemotherapy or radiotherapy authorisation. Prior to starting treatment, consults are paid from Savings.
- Hospital visits are pre-authorised at the same time as the authorisation for chemotherapy or radiation. Number of visits authorised and the period for which these visits are authorised will be detailed.

Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving chemo or radiotherapy treatment, provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and these claims are automatically paid from the oncology benefit.

Radiology - general

Claims are paid from the oncology benefit while the member is receiving treatment (chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and these claims are automatically paid from the oncology benefit.

Radiology - specialised

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorisation and is paid from Risk. These pre-authorisations must be obtained from the Hospital Authorisation Centre. A co-payment for non-PMB MRI/CT scans applies.

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 not required.

Alignd

Fedhealth has partnered with Alignd to offer members with serious illnesses, like advanced cancer, extra care. The benefit covers an initial consultation with a palliative care trained doctor to assess their needs holistically. 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.

Terminal care and private nursing

- Accommodation in a hospice or terminal care facility will be covered from the Terminal Care Benefit 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 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 consultation, radiology and pathology codes has been defined and claims 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.



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FEDHEALTH

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By choosing maxima EXEC, you can also look forward to rich value added benefits like the 24-hour Paed-IQ telephonic advice line.

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MATERNITY & 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



Only pay for 3 children



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).



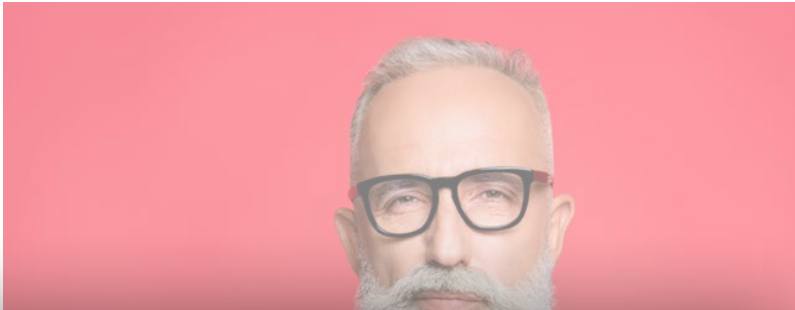
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Maternity and childhood benefit

Fedhealth provides rich maternity benefits across the maxiFED option range, so that parents-to-be can focus on the joy of their pregnancy journey.

Some of Fedhealth's maternity and childhood benefits members on 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 items for baby
- Private ward cover (when available) for delivery
- Doula benefit – R3 000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
- Postnatal midwifery benefit – 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
- Infant hearing screening benefit – 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, 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 R750 applies to non-PMBs
- Childhood illness specialised drug benefit up to 18 years old
- 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.



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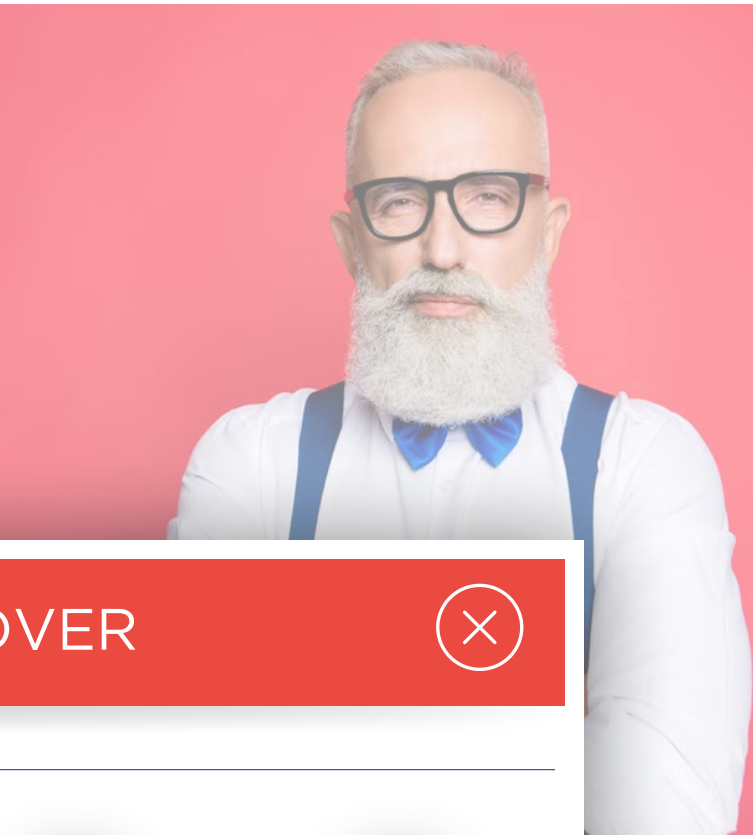
Comprehensive cover for mature members

maxima EXEC is a comprehensive medical aid plan that will give you peace of mind that your health is well taken care of. It features generous unlimited private in-hospital cover, a chronic disease benefit and a screening benefit for various lifestyle, wellness and physical screenings tailored to your age group.

You will also enjoy day-to-day benefits paid from Risk, such as specialised radiology like MRI and CT scans, a 30-day post-hospitalisation treatment benefit like X-rays and physio, and seven days of take-home medication upon discharge from hospital.

On this option, you have substantial Fedhealth Savings for your day-to-day medical expenses and a Threshold benefit.

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



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MENTAL HEALTH COVER



This benefit covers:



**Mental Health
Resource Hub**



Chronic medication



**Ambulatory care
plans**

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

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



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



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Mental health benefit

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

Mental Health Resource Hub

The Mental Health Resource Hub provides credible mental health information and support channels. It's available via the Fedhealth Family Room or members can visit www.medscheme.com/mental-wellness-resource-hub/

Chronic Benefit

- Funding of chronic medicine for non-PMB mental health conditions is limited to a diagnosis list and chronic limits: refer to benefit tables 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 covers these costs from the member's available Scheme limits, subject to the use of the Fedhealth Network Providers. Once the member's Scheme limits are used up, further services, as listed in their care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, the member must make sure that every claim sent has an ICD-10 code reflected on it.
- The PMBs allow 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 PMBs allow 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.

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 use 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 support of a dedicated Care Manager.

Panda Mental Health Support App

Panda makes mental health benefits and support available through the Fedhealth Member App.

- Fedhealth members have **FREE** access to all aspects of the Panda Bamboo Forest; videos and exercises; training; reading materials; and live virtual group sessions.
- Individual virtual consultations with registered counselors are subject to standard scheme benefits.



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Comprehensive cover for mature members

maxima EXEC is a comprehensive medical aid plan that will give you peace of mind that you are covered. It features generous unlimited private in-hospital cover, a chronic disease benefit and a screening benefit for the age group. You will also enjoy day-to-day benefits paid from Risk, such as specialised radiology like physio, and seven days of take-home medication upon discharge from hospital. On this option, you have substantial Fedhealth Savings for your day-to-day medical expenses. By choosing maxima EXEC, you can also look forward to rich value added benefits like the 24-hour trauma service.

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DAY-TO-DAY BENEFIT



This benefit covers:



Unlimited network GP visits



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



Take-home medicine



Specialised radiology



Trauma treatment at a casualty ward



In-hospital dentistry for children up to the age of 7



Savings



Maternity benefit



Fedhealth Baby Programme



Doula benefit



Postnatal midwifery benefit



Early childhood benefits



Paed-IQ



Optometry benefit



Dentistry benefits



Female contraception



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Let's take a look:

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Day-to-day benefits

- Unlimited network GP visits**
Unlimited consultations at a Fedhealth Network GP once savings is 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 medicine when the member is discharged from hospital. The medicine 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**
MRI/ CT scans are covered whether they're performed in- or out-of-hospital. maxima EXEC Unlimited at Fedhealth Rate. First R2 630 for each non-PMB MRI/ CT scan for member's own account.
- Trauma treatment at a casualty ward**
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 in 48 hours. Co-payment of R750 per visit for non-PMBs applies.
- In-hospital dentistry 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.
- Maternity benefit**
This benefit covers two x 2D scans, antenatal classes up to R1 160, twelve 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**
 - 1. Paediatric consultations**
 - One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.

- 2. 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.
- Paed-IQ advice line**
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.
- Female contraception**
Female contraception like oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena® is paid from Risk. Must be prescribed by a GP or gynaecologist; not applicable to pills prescribed for acne.



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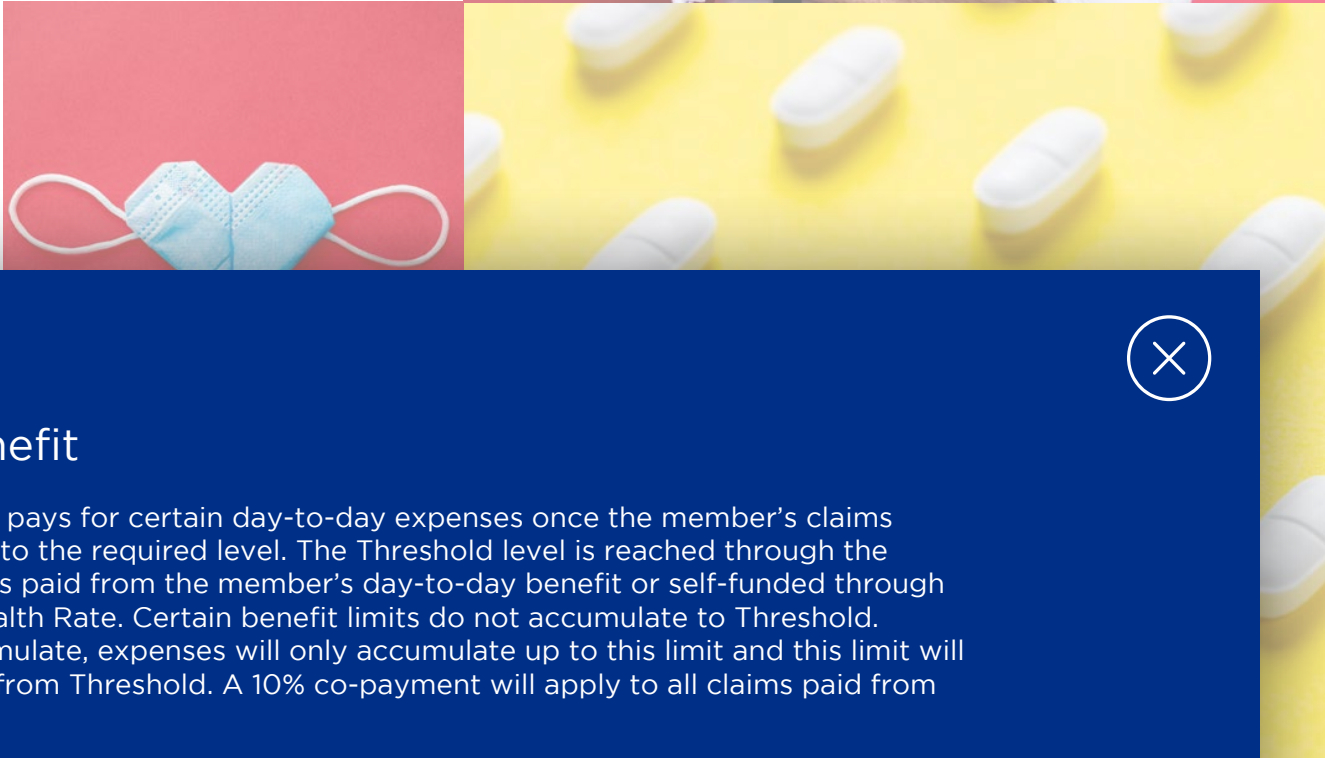
[More info](#) | [Benefit table](#)

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[More info](#) | [Benefit table](#)

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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.



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 maxiFED options.

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Benefit	All limits are per family per year unless otherwise specified
Overall annual limit (OAL)	Unlimited at negotiated tariff
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 will not be covered in full for 2023. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 800 co-payment.	
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

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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 R5 100 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 25% co-payment applies where a DSP is not used.
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	
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 630 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 In-hospital Benefit



Prosthesis benefit

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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

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

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 970
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	R5 100
Spinal surgery**	R6 690
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements - voluntary use of non-CP*	R31 400
Other joint replacements and involuntary use of non-CP* for single hip and knee replacements	R5 100

* 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.

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 maxima EXEC

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



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. 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)
Fine needle aspiration - cytology
Foreign body removal - vagina
Laparoscopic gynaecological procedures
Ovarian cyst(s) drainage
Sterilisation

Urology

Adults
Bilateral total orchidectomy for prostate cancer
Bladder biopsy (cancer and other conditions)
Bouginae for urethral stricture
Circumcision
Cystotomy with insertion of ureteric catheter
or stent
Cystourethroscopy & urethrotomy
Cystourethroscopy therapeutic
DJ stent removal post pyeloplasty
Foreign body removal
Hydrocelectomy for vaginal hydrocele
Laparoscopy for ureteroneocystostomy &
cystoscopy and ureteral stent placement
Open cystolithotomy for bladder stone
Penile biopsy
Penile lesions removal - all methods
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
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

Amputation
Arthrocentesis
Arthrodesis of hand/elbow/foot/wrist
Arthroscopy
Arthrotomy - all joints & biopsy & synovectomy
Aspiration/intra-articular injection of joints
Biopsy - bone
Bunionectomy
Capsulectomy/Capsulotomy
Carpal tunnel release
Cartilage grafts
Closed fracture procedures
Contracture release
Dislocation
Excision/Resection bone
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
Ligament repair/reconstruction
Manipulation
Minor joint arthroplasty
(intercarpal, carpometacarpal and
metacarpophalangeal, interphalangeal
joint arthroplasty)
Muscle transfer/release
Open treatment fracture
Orthopaedic casts/spica procedures
Tenotomy - all areas

General Surgery

Anal procedures, including dilatations, biopsies,
fissure repairs, haemorrhoidectomies
Biopsy - lymph node, muscle, skin, soft tissue
Breast biopsy/ removal lesion (s)
Colonoscopy
Drainage of abscesses/ haematomas/cysts
(subcutaneous/submucosal)

Dressings under anaesthesia
Excision lipoma/cysts/tumours
Excision of sweat glands (axilla
inguinal) and simple repair
Excision skin/subcutaneous tissue
Fistula related procedures
Foreign body removal
Frenulectomy/frenulectomy/frenectomy
Gastroscopy/ oesophagogastroduodenoscopy,
Hernia repair
Implant removal/reinsertion
Nail/nail bed related procedures
Proctoscopy and removal of polyps
Sigmoidoscopy
Small bowel endoscopy
Wound debridement (skin/ subcutaneous
tissue)

ENT Surgery

Adenoidectomy
Antrostomy
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 with/without 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
Tonsillectomy

Ophthalmology

Anterior and/or posterior chamber related
procedures e.g. vitrectomy

Biopsy - all eye structures
Blepharoplasty
Canthotomy
Cataract surgery
Choroid related procedures
Ciliary body procedures
Conjunctival procedures e.g. pterygium surgery
Cornea related procedures
Enucleation/Implant insertion/removal
Fine needle aspiration - all eye structures
Foreign body removal
Intra ocular injection e.g. Avastin, including
Glaucoma
Iris related procedures e.g. iridectomy
Orbitotomy
Probing & repair of tear ducts
Ptosis
Retinal surgery
Sclera related procedures
Strabismus repair
Treatment of progressive retinopathy
Trichiasis correction (non forceps)

Neurosurgery

Biopsy of spinal cord/nerve
Injection of diagnostic/therapeutic agents
with/without catheter/needle insertion into
intrathecal space with/without imaging
guidance
Injection of neurolytic agents - all agents, all
sites
Intraneural Injection of anaesthetic agents with/
without continuous infusion
Electroconvulsive therapy

Dental

Dental procedures

Maxillofacial Surgery

Fixation device application

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
z-plasty

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

In addition, 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



maxima EXEC Day-to-Day benefits



Day-to-day benefits paid from Savings

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

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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 HERE > Thereafter, paid from Savings and Threshold. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold

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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 630 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



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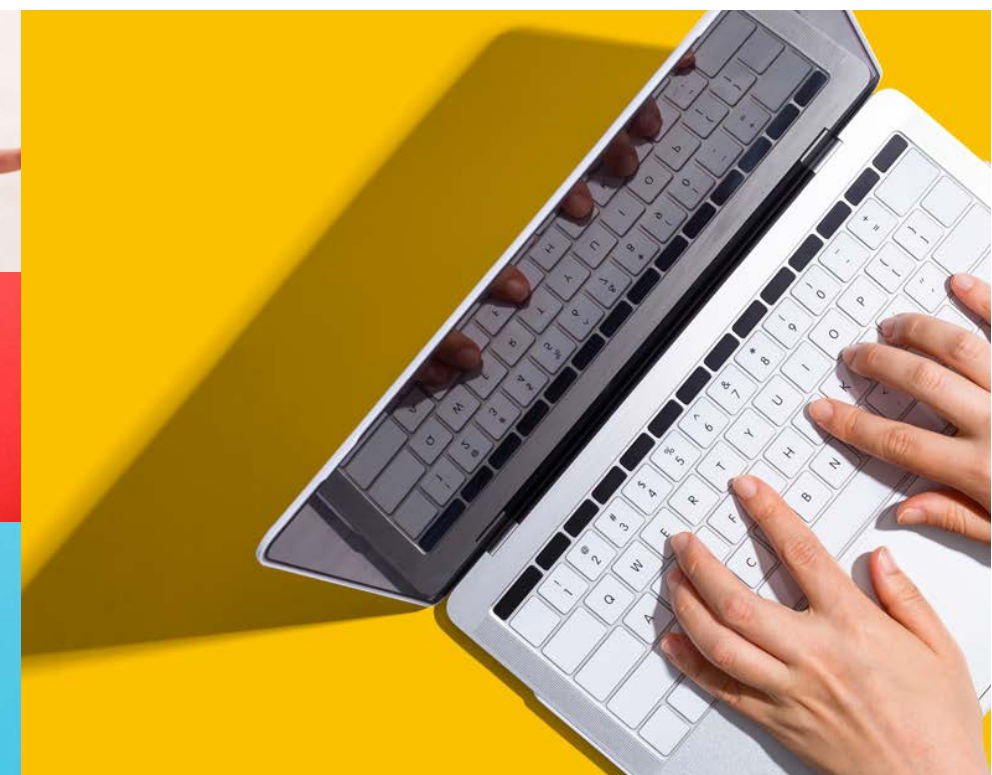
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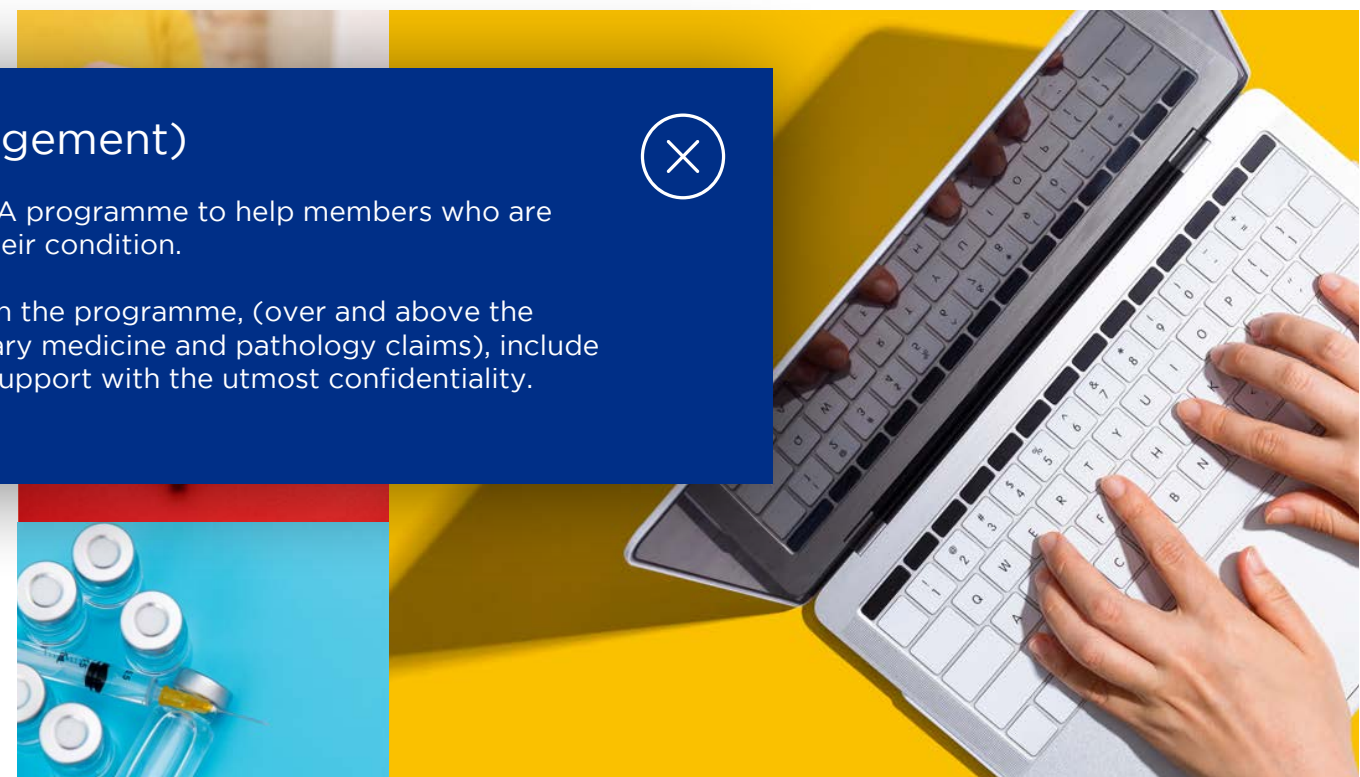
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AfA (HIV Management)

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.





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Alignd

Fedhealth has partnered with Alignd to offer members with serious illnesses, like advanced cancer, extra care. The benefit covers an initial consultation with a palliative care trained doctor to assess their needs holistically. 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.

More intensive support is available where the illness has progressed further. Members can call Fedhealth on **0860 002 153** and asked to be referred to Alignd, or email referrals@alignd.co.za





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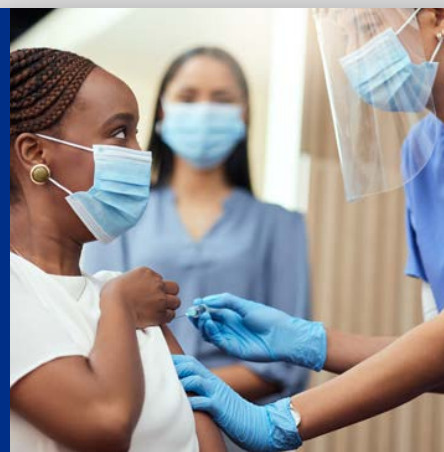
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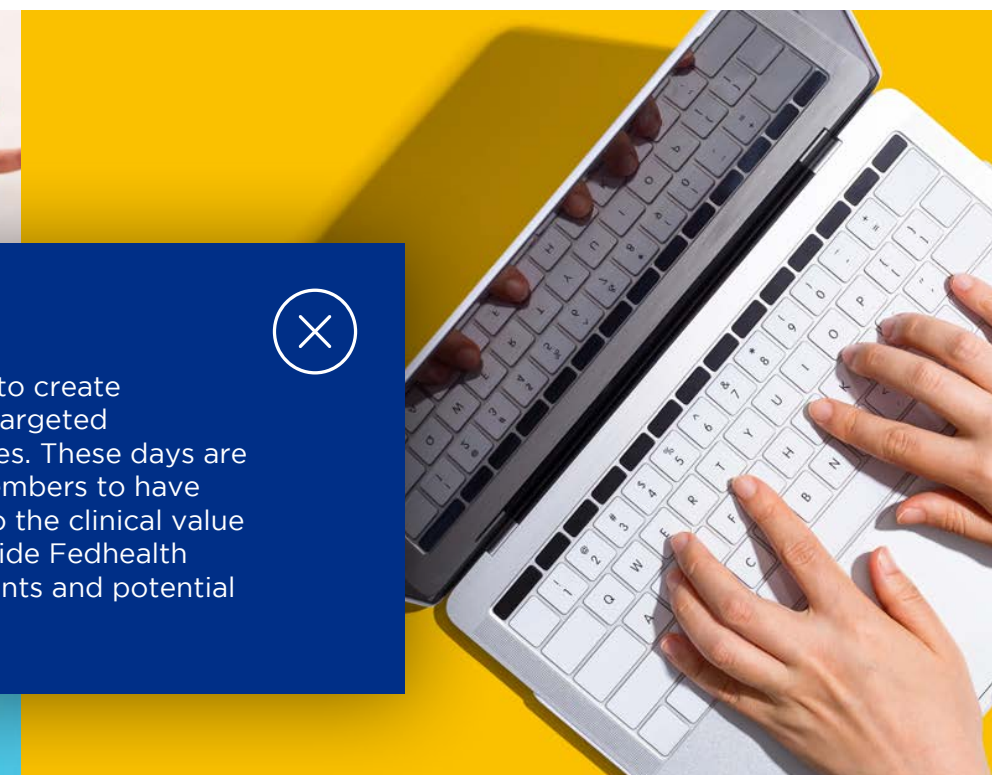
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Corporate wellness days

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.





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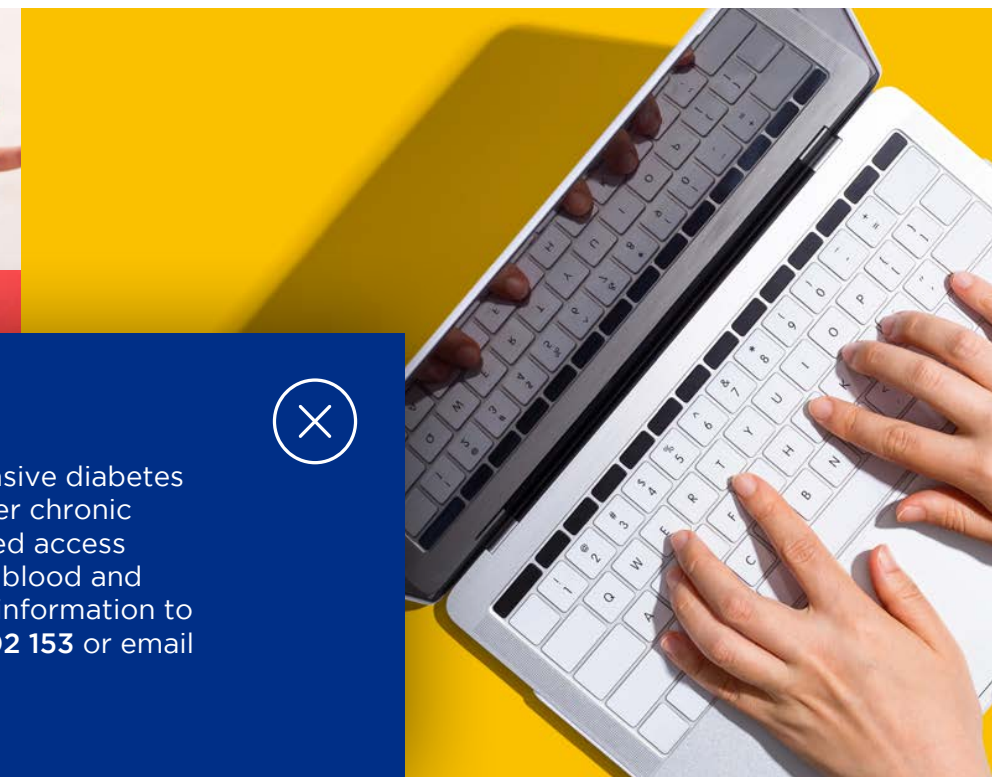
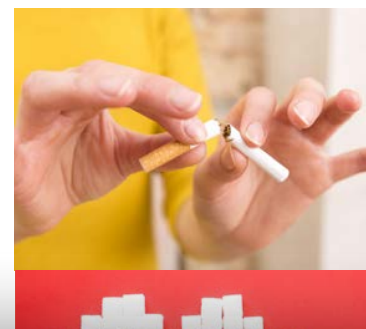
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Diabetes Care

We provide members with access to a comprehensive diabetes programme that is tailored to their needs and other chronic conditions they might have. This includes continued access to a treating doctor, authorised chronic medicine, 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**





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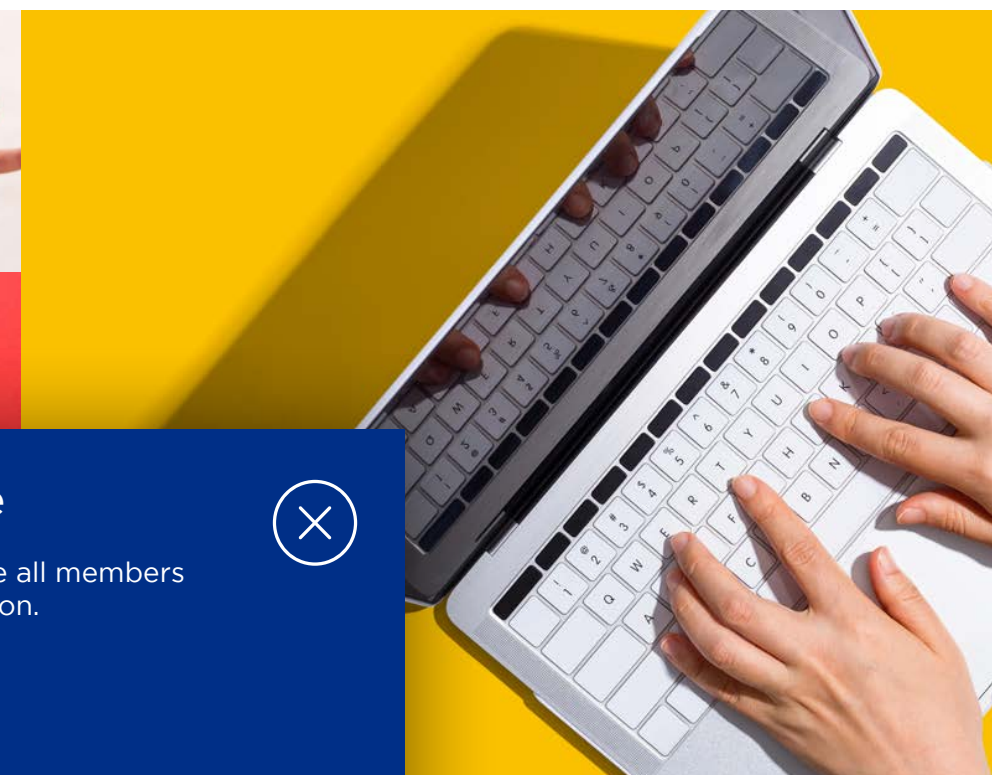
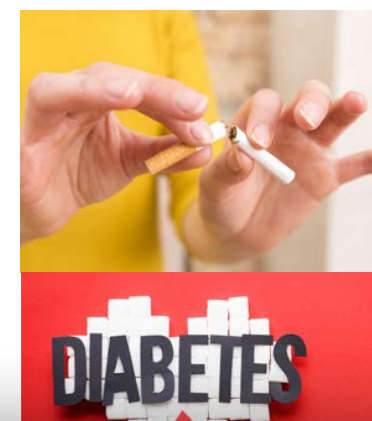
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Emergency transport/ response

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





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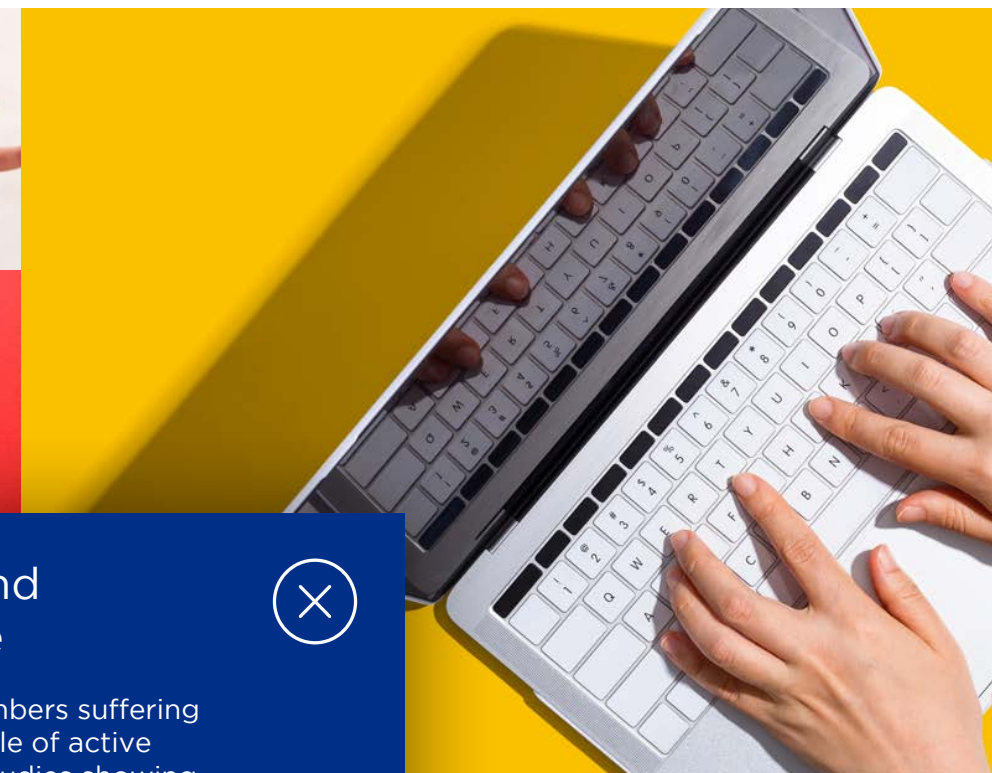
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Fedhealth Conservative Back and Neck Rehabilitation Programme

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.





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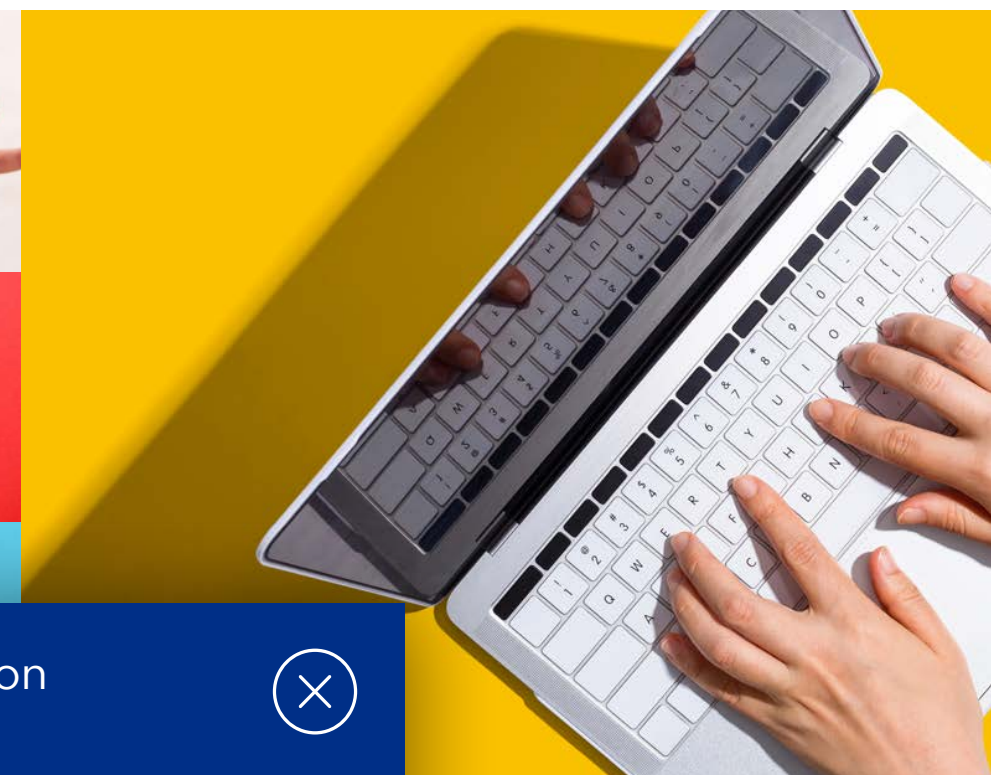
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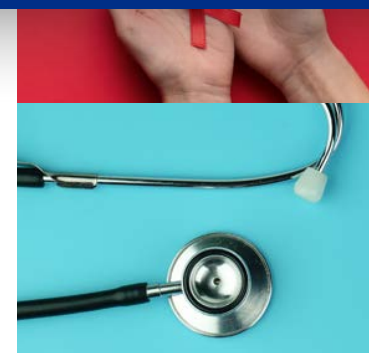
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GoSmokeFree Smoking Cessation Programme

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.





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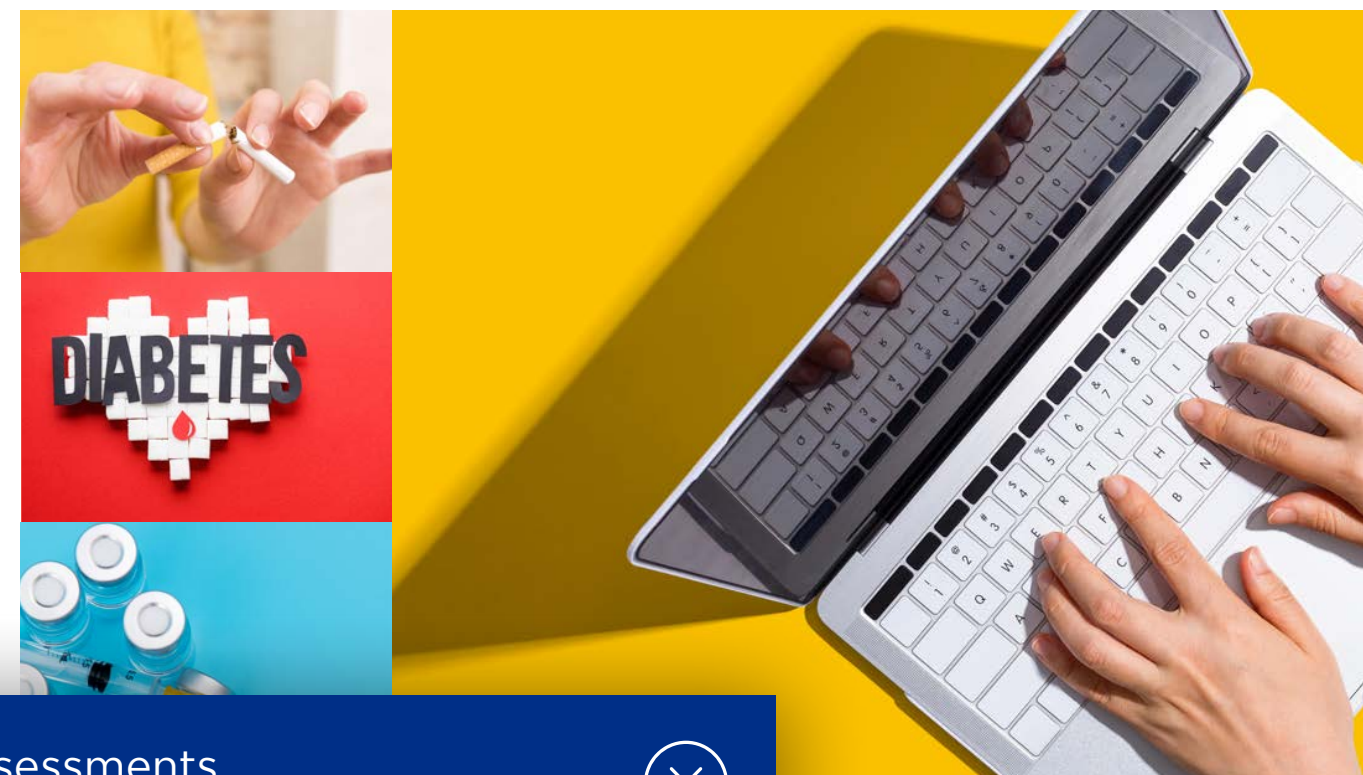
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Health Risk Assessments

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





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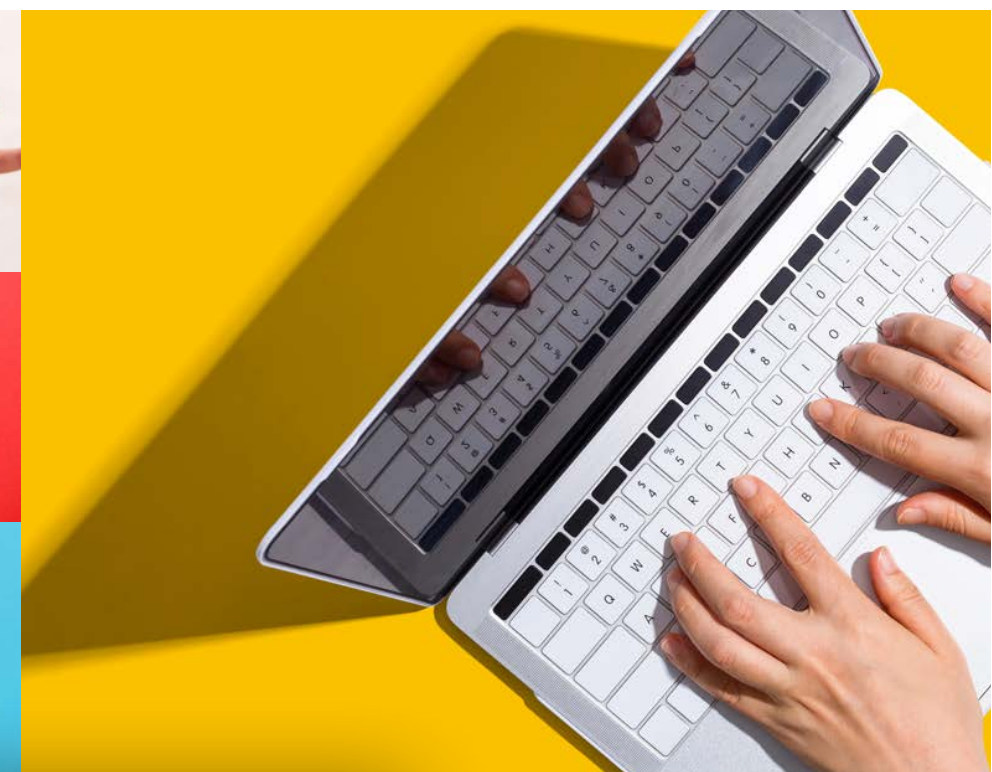
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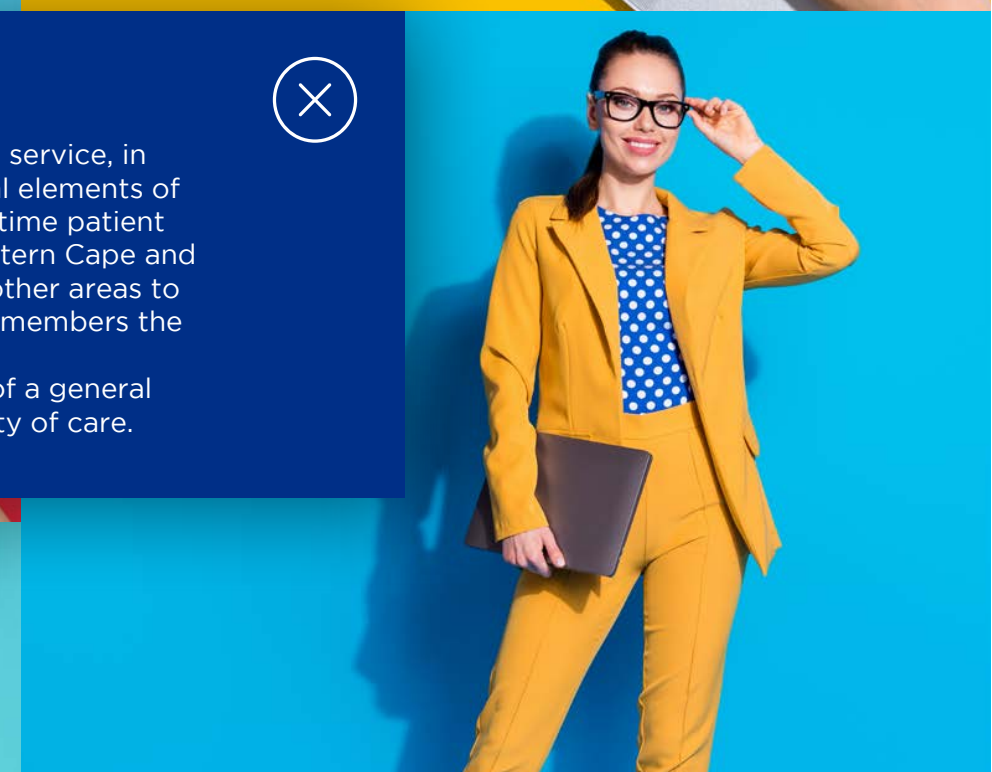
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Hospital at Home

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, brings 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, as well as Bloemfontein, 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. Visit www.quromedical.co.za or call **010 141 7710**.





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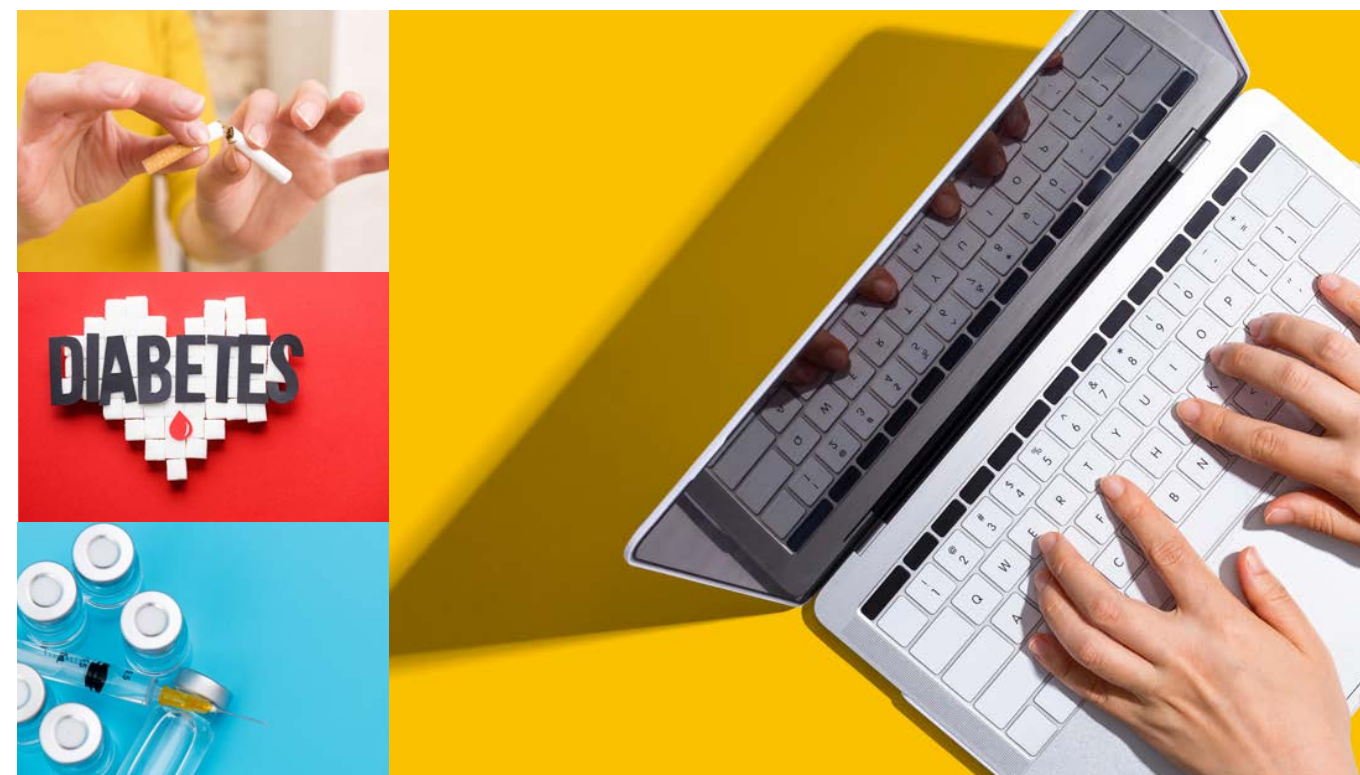
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MediTaxi

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.



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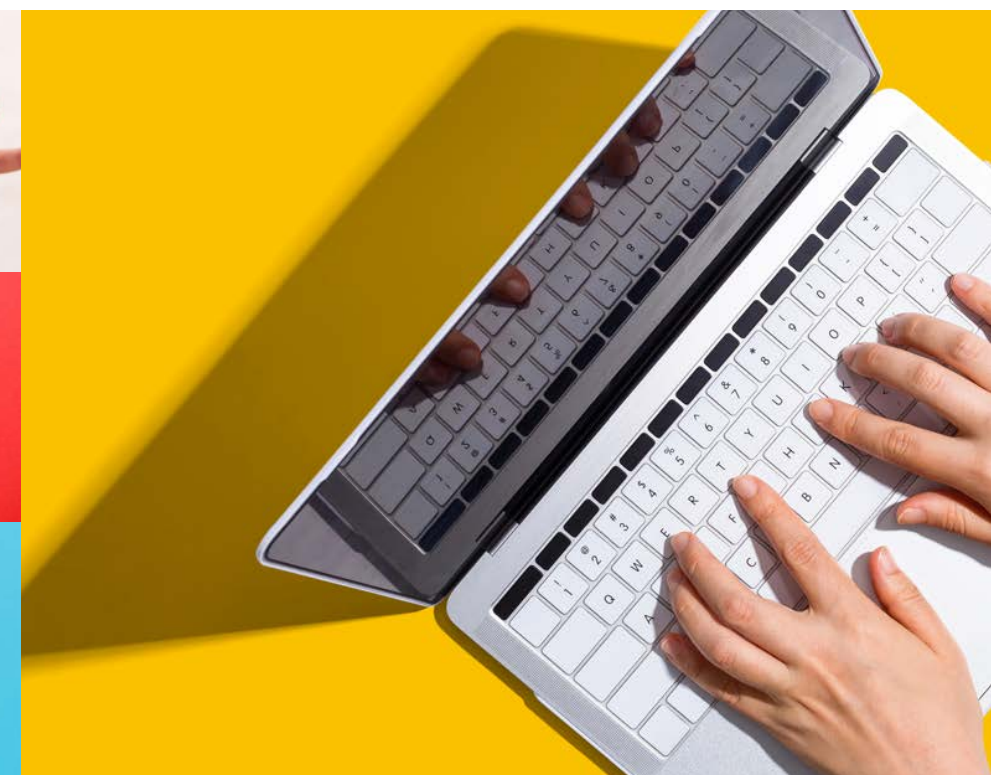
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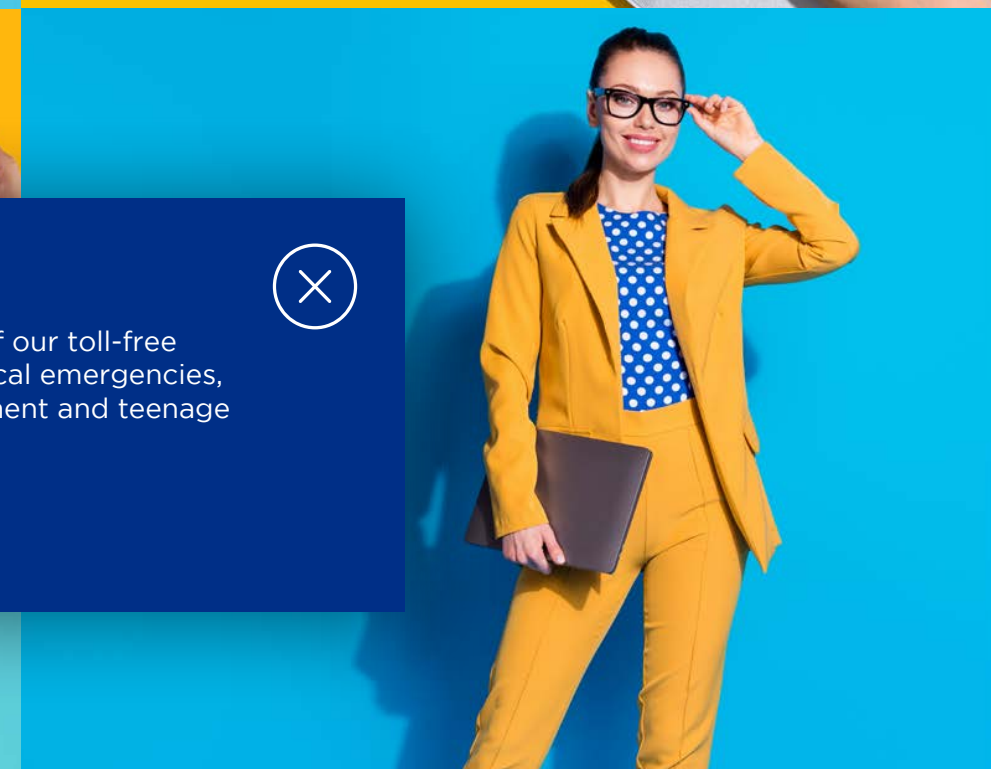
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24-hour Fedhealth Nurse Line

Professional nurses are always on the other end of our toll-free 24-hour line to provide advice on issues like medical emergencies, symptoms, medicine side-effects, stress management and teenage support. Call **0860 333 432**





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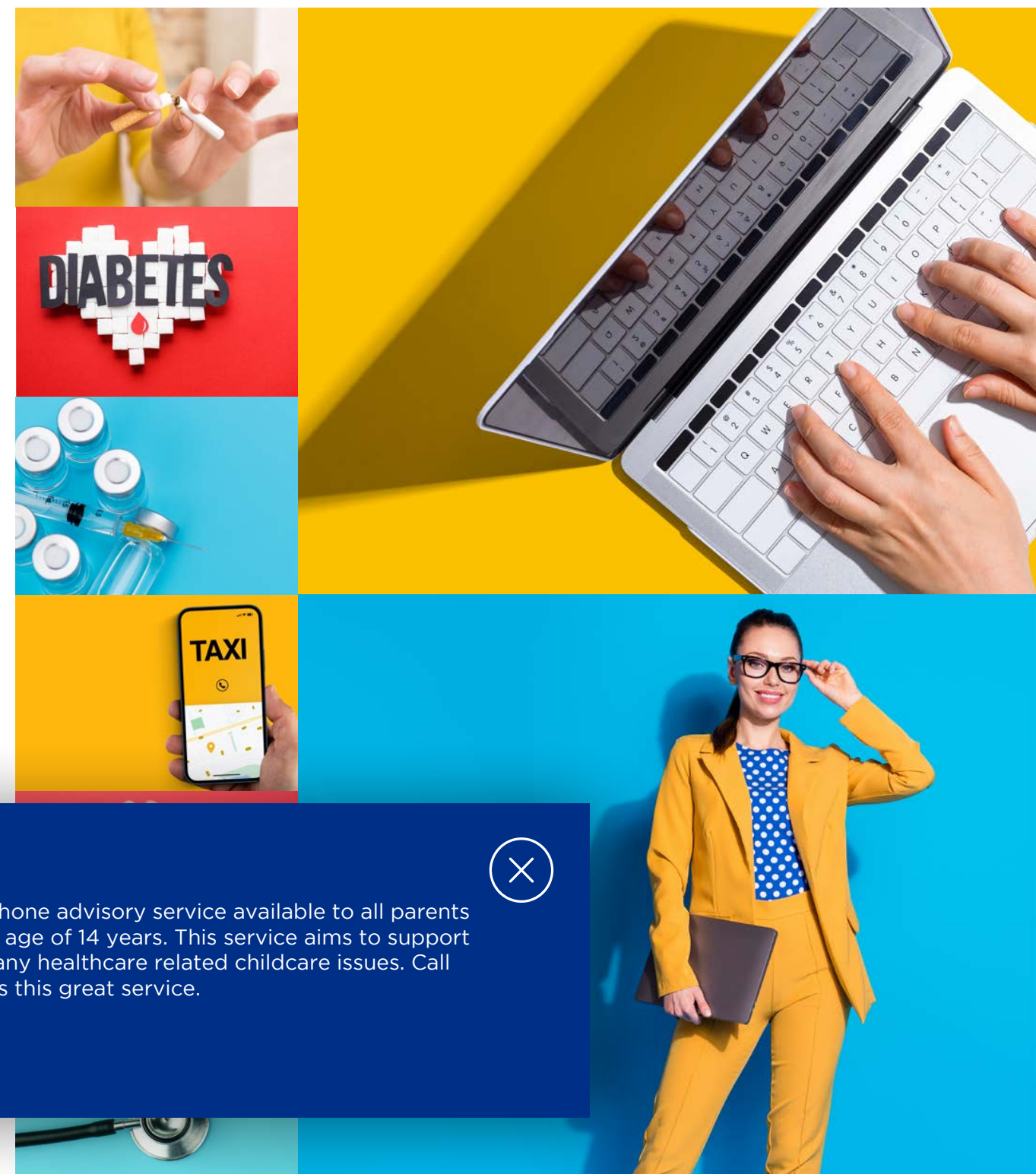
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Paed-IQ

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.





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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.



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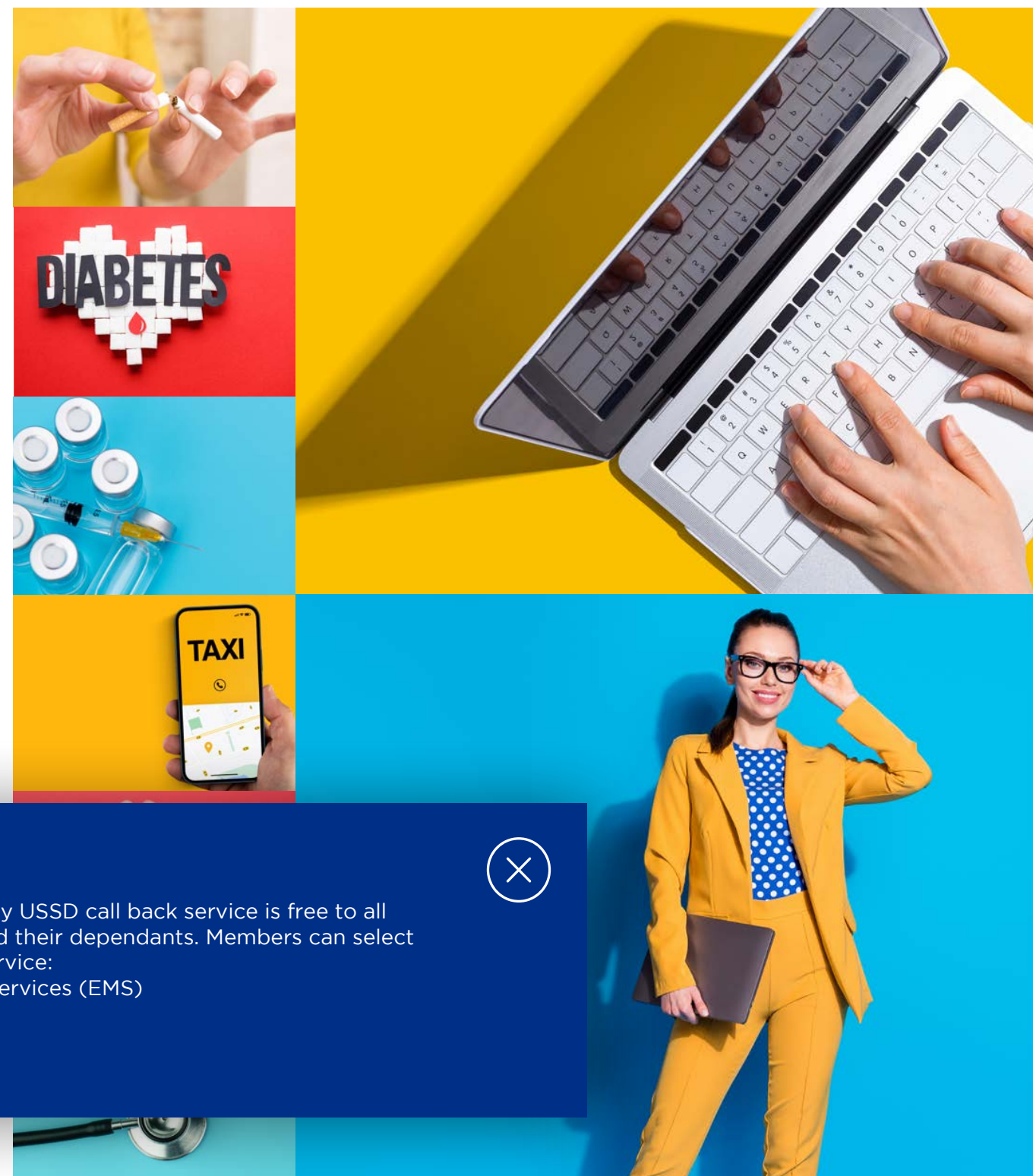
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SOS Call Me

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
3. MediTaxi



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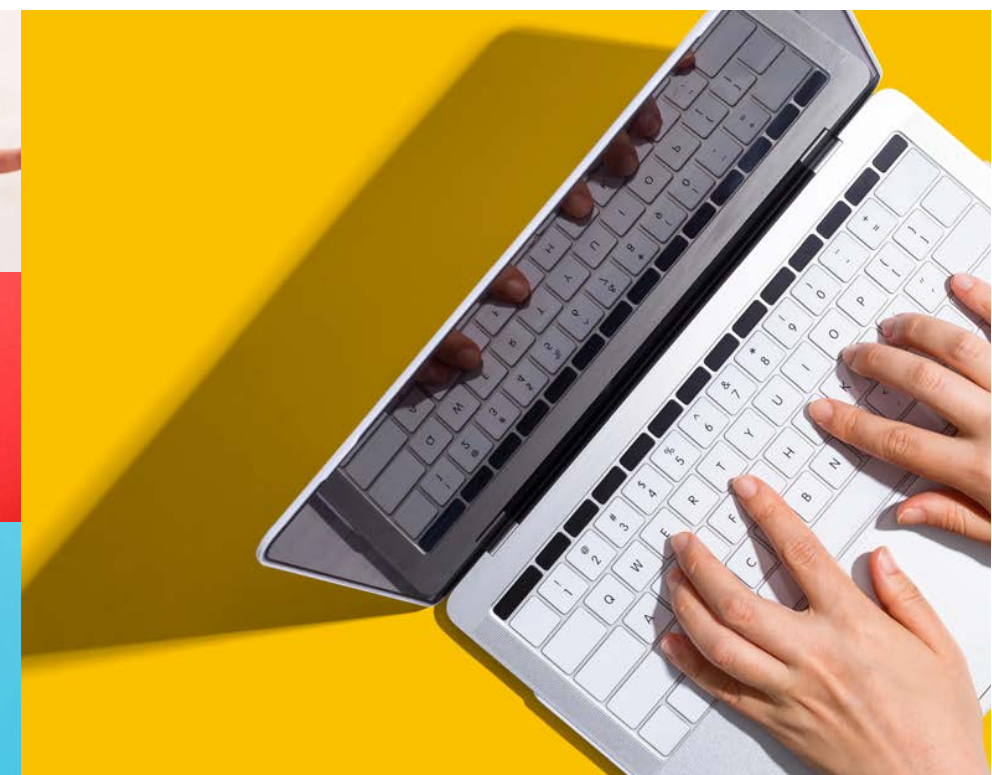
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Weight Management Programme

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. For more information, email weightmanagement@fedhealth.co.za. This benefit is available every two years.





maxima EXEC Contributions



maxima EXEC (including Savings)				
	Risk	Savings	Total	Annual Threshold*
Member	7 342	963	8 305	16 400
Adult dependant	6 373	836	7 209	12 600
Child dependant*	2 269	297	2 566	4 200

*Up to a maximum of three children

maxima EXEC Calculations

maxima EXEC (including Savings)							
	Risk	Savings	Total	Annual savings	Total day-to-day available	Annual Threshold level	Self-payment gap
M	7 342	963	8 305	11 556	11 556	16 400	4 844
M + AD	13 715	1 799	15 514	21 588	21 588	29 000	7 412
M + AD + CD	15 984	2 096	18 080	25 152	25 152	33 200	8 048
M + AD + 2CD	18 253	2 393	20 646	28 716	28 716	37 400	8 684



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Contact details

AfA (HIV Management)



Alignd



Ambulance Services



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Fedhealth Baby



Fedhealth Customer Service Centre



Fedhealth Oncology Programme



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Hospital Authorisation Centre



Medscheme Client Service Centres



Preferred Provider Pharmacies



AfA (HIV Management)



Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
Email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078





Contact details

AfA (HIV Management)



Alignd



Ambulance Services



Chronic Medicine Management



Disease Management



Fedhealth Baby



Fedhealth Customer Service Centre



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Medscheme Client Service Centres



Preferred Provider Pharmacies



Alignd



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





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Europ Assistance
Tel: 0860 333 432





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Preferred Provider Pharmacies



Chronic Medicine Management



Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0860 002 153
Email: cmm@fedhealth.co.za
Postal address: PO Box 38632, Pinelands, 7430





Contact details

AfA (HIV Management)



Alignd



Ambulance Services



Chronic Medicine Management



Disease Management



Fedhealth Baby



Fedhealth Customer Service Centre



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Disease Management



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





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Preferred Provider Pharmacies



Fedhealth Baby



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





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Preferred Provider Pharmacies



Fedhealth Customer Service 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



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





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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





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Medscheme Client Service Centres



Preferred Provider Pharmacies



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:

27 Grey Avenue





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Preferred Provider Pharmacies



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

