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maxima **exec**

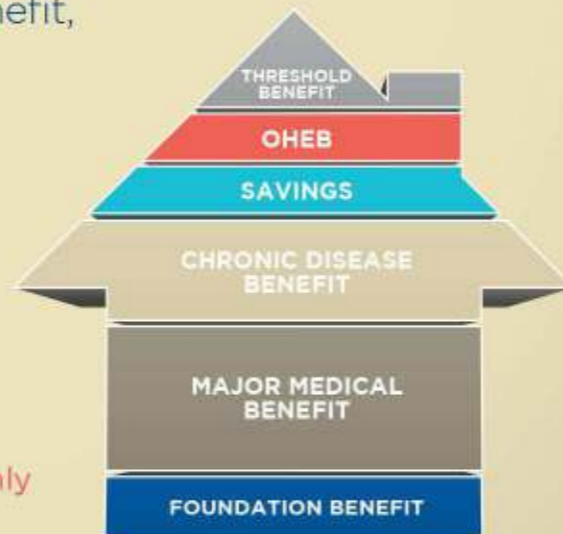
2018

 **FEDHEALTH**

Maxima Exec falls within our Comprehensive option range and includes an in-hospital benefit, a chronic disease benefit and a day-to-day benefit that includes a threshold benefit.

Contributions	Risk	+ Savings	= TOTAL	Annual Threshold*	Annual OHEB
Member	4 474	331	4 805	12 320	5 700
Adult Dependent	3 820	283	4 103	9 460	4 440
Child Dependent	1 362	101	1 463	3 168	740

Contributions and threshold for the first 3 children only
Child rates up to the age of 27



DAY-TO-DAY BENEFITS



Principal member + 1 adult dependant	R17 508
Principal member + 1 adult dependant + 1 child dependant	R19 460
Principal member + 1 adult dependant + 2 child dependants	R21 412
Principal member + 1 child dependant	R11 624

UNLIMITED FP VISITS!
Once Savings & OHEB is depleted

HOW YOUR DAY-TO-DAY EXPENSES ARE PAID

Day-to-day expenses are covered from available funds in your Savings and Out-of-Hospital Expenses Benefit (OHEB). Should you join after 1 January, your annual benefit will be pro-rated. Your day-to-day benefit is the total of Savings and OHEB available, plus amounts payable from the Threshold Benefit once reached. Day-to-day expenses will be refunded from Savings first up to cost and when your savings is depleted, claims will be refunded from the OHEB at the Fedhealth Rate and Medicine Price List rate. Year-end Savings balances will be carried over to the new year. The Threshold Benefit pays for day-to-day expenses once Savings and OHEB have been depleted and your claims have accumulated up to the required Threshold level. Your Threshold level is reached through the accumulation of your claims paid from Savings and OHEB and your own pocket throughout the year at the Fedhealth Rate.

Top up your Savings account any time of the year

CHRONIC DISEASE BENEFITS

ABBREVIATIONS/DEFINITIONS:

PMB = Prescribed Minimum Benefits
Formulary = List of approved medicines for your condition



Annual Limit:
R6 800
per beneficiary



NUMBER OF CHRONIC CONDITIONS COVERED:

51

Cover after annual limit has been reached:

25

PMB chronic conditions



Medicine can be obtained from a service provider of choice. Scheme pays up to an agreed rate for dispensing fees on prescribed medicine. Member will pay difference if pharmacy charges more.

Note: You have to apply for your Chronic Disease Benefit to be activated, even if you've declared your condition on your application form.

LIST OF CHRONIC CONDITIONS COVERED

Addison's Disease	Glaucoma
Angina	Haemophilia
Ankylosing Spondylitis	Hyperlipidaemia
Anorexia Nervosa	Hypertension
Asthma	Hypothyroidism
Attention Deficit Disorder (in children only)	Multiple Sclerosis
Barrett's Oesophagus	Narcolepsy
Bipolar Mood Disorder	Obsessive Compulsive Disorder
Bronchiectasis	Panic Disorder
Bulimia Nervosa	Paraplegia/Quadriplegia (associated medicine)
Cardiac Failure	Parkinson's Disease
Cardiomyopathy	Polyarteritis Nodosa
Chronic Renal Disease	Post-Traumatic Stress Syndrome
Conn's Syndrome	Pulmonary Interstitial Fibrosis
COPD/ Emphysema/ Chronic Bronchitis	Rheumatoid Arthritis
Coronary Artery Disease	Schizophrenia
Crohn's Disease	Scleroderma
Cushing's Syndrome	Systemic Lupus Erythematosus
Deep Vein Thrombosis	Thromboangitis Obliterans
Depression	Thrombocytopenic Purpura
Dermatomyositis	Tourette's Syndrome
Diabetes Insipidus	Ulcerative Colitis
Diabetes Mellitus type 1 & 2	Valvular Heart Disease
Dysrhythmias	Zollinger-Ellison Syndrome
Epilepsy	
Gastro-Oesophageal Reflux Disease	
Generalised Anxiety Disorder	

Is your benefit subject to a formulary?

YES

Co-payment when using medicine not on the formulary:

40%

IN-HOSPITAL BENEFIT

Network Hospital

Any private hospital

Authorisation requirements:
48 hours
before admission OR after admission in case of emergency.

In-hospital benefit:
UNLIMITED

Some treatments, like oncology, may be subject to a limit.

Number of Fedhealth Network specialists across South Africa:
> 3 600

Number of Fedhealth Network Family Practitioners across South Africa:
> 4 600

Your Maxima Exec hospital cover

Please note that certain procedures performed in-hospital are subject to a co-payment ranging from R2 300 to R4 000. For a list of procedures that have a co-payment, please refer to your Maxima Exec brochure.

Shortfall if a Network Specialist is NOT used:
YES

In-hospital specialists:
COVERED IN FULL
IF NETWORK SPECIALISTS ARE USED

Organ transplants:
R529 000

Oncology:
R529 000 at preferred provider* and subject to level 2 treatment protocols. DSP* above limit.

Renal Dialysis:
R529 000

Specialised medication:
R165 000



SCREENING BENEFIT

WOMEN'S HEALTH

Breast cancer screening with mammography
Cervical cancer screening

CHILDREN'S HEALTH

Immunisation Programme (as per State EPI)

CARDIAC HEALTH

Cholesterol screening (full lipogram)

OVER 50s

Pneumococcal vaccination
Bone densitometry
Colorectal cancer screening (faecal occult blood test)

GENERAL

Flu vaccination
HIV test

HEALTH RISK ASSESSMENTS

Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)



BIRTH & BABY BENEFIT

FEDHEALTH BABY MATERNITY PROGRAMME

DOULA BENEFIT

Rt 270 per delivery

POSTNATAL MIDWIFERY BENEFIT

4 consultations with a midwife in- and out-of-hospital per pregnancy

NEWBORN HEARING SCREENING

Up to the age of 8 weeks



EXTENDED CARE BENEFIT

UNLIMITED NETWORK FP VISITS

FEDHEALTH NURSE LINE

TRAUMA COUNSELLING

EMERGENCY TRANSPORT/RESPONSE

COMPREHENSIVE MANAGED CARE PROGRAMMES

Weight Management, Smoking Cessation, Aid for AIDS (AFA), oncology disease management

ACTIVE DISEASE RISK MANAGEMENT

Conservative back & neck rehabilitation programme, mental health programme

POST-HOSPITALISATION TREATMENT

TAKE-HOME MEDICINE

SPECIALISED RADIOLOGY

In- and out-of-hospital

TRAUMA TREATMENT AT A CASUALTY WARD

FEMALE CONTRACEPTION

IN-HOSPITAL DENTISTRY

Children up to the age of seven