



FEDHEALTH

2017 FEDHEALTH MEDICAL SCHEME UPDATE

The summary below is as per the information provided by the scheme at their launch for 2017.

The average weighted increase for 2017 is 12.7%.

Fedhealth have kept an AA- Global Credit rating for the tenth year in a row, with strong reserves of 35.65% (amongst the highest in the industry). This means that none of the 2017 increase is directed at building reserves, as is the case with many other schemes.

The Scheme's claims experience for 2016 did however turn out to be considerably higher than anticipated – which proves that it's always hard to predict the exact figures beforehand. Considering this, the Scheme had no choice but to introduce an average increase somewhat higher than preferred in order to remain sustainable and able to look after members.

Innovations for 2017

Fedhealth has created a number of exciting innovations, designed with affordability in mind. This will help members to rest assured that even with the rising cost of living, their needs and pockets are still kept in mind.

Efficiency discount Option (EDO)

- The new EDO option provides members with the freedom of choice to get the benefits they really want, at a lower monthly rate.
- On these three new sub-options, known as Grid options, members can save up to 10% on their monthly rate by opting to use Fedhealth Network hospitals only: Maxima BasisGrid Maxima SaverGrid Maxima CoreGrid
- There are more than 100 top-class private hospitals on the Fedhealth Network.
- Families moving from the non-EdO equivalents to the EdO equivalents in 2017 face minimal increases, as this table demonstrates.

Empowered Consumer Option (ECO)

- The Empowered Consumer Option – or GridPlus for short – rewards members who use their medical aid benefits responsibly with monthly discounts on their premiums.
- Responsible behaviour is classified as claiming from network providers, including nominated Family Practitioners, hospitals, DSP pharmacies and specialists.

- GridPlus will apply to: Maxima AdvancedGridPlus Maxima ExecGridPlus Maxima StandardGridPlus Maxima BasisGridPlus Identified by the Scheme on a quarterly basis, GridPlus members will receive a 12% discount on their monthly premiums – resulting in substantial real-world savings.

New Foundation benefit

- Features benefits like important health screenings and maternity benefits.

New options

- Dynamic Hospital Plan and Dynamic Saver Option
- Both these options are aimed at corporate entities and workers who have previously not been able to afford quality medical aid cover with great benefits and affordable rates.
- These options offer identical benefits to everyone, but premiums are personalised based on household income.
- This ensures that young, healthy members can also enjoy the same benefits, but at a rate they can afford.
- Both these new options offer unlimited private hospitalisation at more than 100 network hospitals and day clinics as well as cover for all PMB chronic conditions.
- Maxima Dynamic Saver also offers a Savings account for day-to-day expenses.

Maxima Advanced (Previously Ultima 200)

- A saver option Ultima 200 has been renamed to Maxima Advanced for 2017 and now forms part of the saver option range.
- This is part of the Scheme's simplification plan that commenced in 2015, in order to develop a single product range that can cater for healthcare requirements throughout different life stages.
- Maxima Advanced therefore fits into the top of the saver options for members requiring quality private hospital care at a facility of their choice, a comprehensive chronic disease benefit covering 51 conditions, and a generous amount of day-to-day Savings.

Option-specific changes for 2017

Maxima Plus

- The Out-of-Hospital Expenses Benefit (OHEB) has not been increased as part of the Scheme's benefit simplification plan. However, Savings has been increased by 12%, which is higher than normal, in order to compensate for the non-increase of the OHEB benefit. Threshold levels have increased as follows – Principal member: R13 038, adult dependant: R10 028 and child dependant: R3 477.
- Members will continue to enjoy no co-payments on in-hospital procedures. There will also still be no co-payment on specialised radiology, whether performed in- or out-of-hospital or on trauma treatment in a casualty ward.
- DSP and formulary requirements – There is no change in DSP or formulary requirements, i.e. any provider may be used for chronic medication needs.
- Unlimited FP consultations: The option gives members unlimited FP consultations provided that an FP in the Fedhealth FP Network is used. This benefit is available once the member's OHEB has been depleted.

- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.

Maxima Exec

- Threshold levels have increased as follows - Principal member: R11 200, adult dependant: R8 600 and child dependant: R2 880. Members must continue to submit claims once their Savings has been depleted, in order for them to accumulate to Threshold level.
- Reimbursement rate in-hospital for other healthcare professionals has decreased from 200% of the Fedhealth Rate to 100% of the Fedhealth Rate. If Fedhealth Network Family Practitioners (FPs) and Specialists are used, members will be covered unlimited at cost.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- Limits for prescribed chronic medication remain unchanged at R6 430 per beneficiary and R11 900 per family per year.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP). From 2017, members must obtain their chronic medication from a DSP which includes any Dis-Chem, Medi-Rite and Pharmacy Direct. Members will also be subject to a restrictive formulary for chronic medication.
- Additional medical services and appliances, external accessories and orthotics (in and out of hospital) will now be paid from Savings and OHEB (day-to-day benefits). If this treatment is PMB level of care, it will be covered from OHEB only and then unlimited from Risk. There will be no cover for non-PMB treatment once day-to-day benefits are depleted. These expenses will also no longer accumulate to Threshold in 2017; however, they will be paid from the Threshold benefit up to a limit. These limits are unchanged from 2016.
- Physical therapy received in-hospital must be referred by a medical practitioner and pre-authorised. This treatment will be subject to treatment protocols.
- Specialised radiology (in- and out-of-hospital) will be paid from the in-hospital benefit if it's pre-authorised. However, should this relate to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.
- Unlimited FP consultations: The option provides for unlimited FP consultations provided that an FP in the Fedhealth FP Network is used. This benefit is available only once the member's OHEB has been depleted.
- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.

Maxima Standard

- The Out-of-Hospital Expenses Benefit (OHEB) has been discontinued as part of the Scheme's benefit simplification plan. The option will now only have a Savings component for day-to-day expenses. In order to compensate for the loss of OHEB, Savings has been increased by 150% from 2016 to 2017.
- Threshold levels have increased as follows – Principal member: R11 200, adult dependant: R8 600 and child dependant: R2 880 • Reimbursement rate in-hospital for other healthcare professionals has decreased from 200% of the Fedhealth Rate to 100% of the Fedhealth Rate. If Fedhealth Network Family Practitioners (FPs) and Specialists are used, the member will still be covered unlimited at cost.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP). From 2017, members on Maxima Standard must obtain their chronic medication from a DSP, which includes any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Additional medical services and appliances, external accessories and orthotics (in and out of hospital) will now be paid from Savings (day-to-day benefits). If this treatment is PMB level of care, it will be covered from Risk. There will be no cover for non-PMB treatment once Savings has been depleted. These expenses will also no longer accumulate to Threshold in 2017; however, they will be paid from the Threshold benefit up to a limit. These limits are unchanged from 2016.
- Physical therapy received in-hospital must be referred by a medical practitioner and pre-authorised. This treatment will be subject to treatment protocols.
- Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorised. However, should this relate to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.
- Unlimited FP consultations: The option provides for unlimited FP consultations provided that an FP in the Fedhealth FP Network is used. This benefit is available immediately and not only when Savings has been depleted.
- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.

Maxima StandardElect

- The Out-of-Hospital Expenses Benefit (OHEB) has been discontinued as part of the Scheme's benefit simplification plan. The option will now only have a Savings component for day-to-day expenses. To compensate for the loss of OHEB, the Savings amount has been increased by 150% from 2016 to 2017.
- Threshold levels have increased as follows – Principal member: R11 200, adult dependant: R8 600 and child dependant: R2 880.

- Reimbursement rate in-hospital for other healthcare professionals has decreased from 200% of the Fedhealth Rate to 100% of the Fedhealth Rate. If Fedhealth Network Family Practitioners (FPs) and Specialists are used, the member will still be covered unlimited at cost.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP). From 2017, members on Maxima StandardElect must obtain their chronic medication from a DSP, which includes any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Additional medical services and appliances, external accessories and orthotics (in and out of hospital) will now be paid from Savings (day-to-day benefits). If this treatment is PMB level of care, it will be covered from Risk. There will be no cover for non-PMB treatment once Savings has been depleted. These expenses will also no longer accumulate to Threshold in 2017; however, they will be paid from the Threshold benefit up to a limit. These limits are unchanged from 2016.
- Physical therapy received in-hospital must be referred by a medical practitioner and pre-authorized. This treatment will be subject to treatment protocols.
- Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorized. If this relates to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
 - Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.
- Unlimited FP consultations: The option provides for unlimited FP consultations provided that an FP in the Fedhealth FP Network is used. This benefit is available immediately and not only when Savings has been depleted.
- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.

Saver Options Maxima Advanced (formerly Ultima 200)

- Ultima 200 has been renamed Maxima Advanced for 2017 and now forms part of the saver option range. This is part of the Scheme's benefit simplification plan, in order to develop a single product range that can cater for healthcare requirements throughout different life stages. Maxima Advanced fits into the top of the saver option range for members requiring quality private hospital care at a facility of their choice, a comprehensive chronic disease benefit covering 51 conditions, and a generous amount of day-to-day Savings.
- The new Maxima Advanced offers members a much higher amount of day-to-day cover than previously on Ultima 200. For example, a family comprising a principal member, adult dependant and child (PAC) would have had an annual day-to-day limit (Savings) of R756 in 2016. In 2017, this family will have an annual day-to-day limit (Savings) of R8 376. The option therefore now provides members with a generous amount of day-to-day cover.

- Reimbursement of non-network FPs and specialists in-hospital: up to 100% of the Fedhealth Rate. If members use Fedhealth Network Family Practitioners (FPs) and Specialists they will be covered unlimited at cost.
- Reimbursement rate in-hospital for other healthcare professionals has decreased from 200% of the Fedhealth Rate to 100% of the Fedhealth Rate.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP requirements: Dis-Chem has become a Designated Service Provider (DSP), so members can obtain their chronic medication from any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Cover for chronic conditions on this option has changed from 65 to 51 conditions. Members registered for any of the 14 conditions no longer covered on Maxima Advanced from January 2017 will receive a separate communication from Chronic Medicine Management. For a list of the 51 conditions covered on this option, please consult the Member Guide.
- Additional medical services and appliances, external accessories and orthotics will be paid from Savings in- and out-of-hospital. The funding of physical therapy remains unchanged for 2017. • Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorized. However, should this relate to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency or if the member is admitted to hospital directly from casualty.
- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.
- No unlimited FP consultations on this option.

Maxima Basis

- Members can select to use only network hospitals and limit their 2017 contribution increase to 1.26%. Maxima BasisGrid is a sub-option of Maxima Basis with the only difference being that a member on Maxima BasisGrid has selected, in the event of hospitalisation, to use a network hospital. The hospital network consists of more than 100 top-class private hospitals across the country. By making this choice, members retain their current Maxima Basis benefits but at a significant discount. If members select Maxima BasisGrid and then voluntarily decide not to use a network hospital, there will be a co-payment of R10 000 for each hospital event.
- Reimbursement rate in-hospital for other healthcare professionals has decreased from 200% of the Fedhealth Rate to 100% of the Fedhealth Rate. However, if members use Fedhealth Network Family Practitioners (FPs) and Specialists they will still be covered unlimited at cost.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP), so members can obtain their chronic medication from any Dis-Chem, Medi-Rite or Pharmacy Direct.

- Additional medical services and appliances, external accessories and orthotics will be paid from Savings in- and out-of-hospital. The funding of physical therapy remains unchanged for 2017.
- Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorized. However, should this relate to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency or if the member is admitted to hospital directly from casualty.
- Unlimited FP consultations: From 2017, beneficiaries will have to nominate their Network Family Practitioner (FP) in order to access the unlimited FP benefit after their Savings has run out. Use of a non-nominated network FP is limited to two visits per beneficiary per year at a network FP.
- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.

Maxima Saver

- Members can select to use only network hospitals and limit their 2017 contribution increase to 1.26%. Maxima SaverGrid is a sub-option of Maxima Saver with the only difference being that a member on Maxima SaverGrid has selected, in the event of hospitalisation, to use a network hospital. The hospital network consists of more than 100 top-class private hospitals across the country. By making this choice, members retain their current Maxima Saver benefits but at a significant discount. Please note: If members select Maxima SaverGrid and then voluntarily decide not to use a network hospital, there will be a co-payment of R10 000 for each hospital event.
- Reimbursement rate in-hospital for other healthcare professionals has decreased from 150% of the Fedhealth Rate to 100% of the Fedhealth Rate.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP), so members can obtain their chronic medication from any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Additional medical services and appliances, external accessories and orthotics will be paid from Savings in- and out-of-hospital. The funding of physical therapy remains unchanged for 2017.
- Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorized. However, should this relate to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.
- Unlimited FP consultations: Beneficiaries will have to continue to nominate their Network Family Practitioner (FP) in order to access the unlimited FP benefit after Savings has run out. Use of a non-nominated network FP is limited to two visits per beneficiary per year at a network FP.
- All other limits remain unchanged.

Maxima EntrySaver

- Maxima EntrySaver is a network hospital option. If members voluntarily decide not to use a network hospital, there will be a co-payment of R5 600 for each hospital event. Members should consult the Maxima EntrySaver Member Guide for the latest list of network hospitals and day clinics, since they've changed.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP), so members can obtain their chronic medication from any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Additional medical services and appliances, external accessories and orthotics will be paid from Savings in- and out-of-hospital. The funding of physical therapy remains unchanged for 2017. • Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorized. Should this relate to a non-PMB condition, there will be a R2 500 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.
- Unlimited FP consultations: Beneficiaries will have to continue to nominate their Network Family Practitioner (FP) in order to access the unlimited FP benefit after Savings has run out. Use of a non-nominated network FP is limited to two visits per beneficiary per year at a network FP. •
- All other limits remain unchanged.

Hospital Plans Maxima Core

- Members can select to use only network hospitals and limit their 2017 contribution increase to 1.26%. Maxima CoreGrid is a sub-option of Maxima Core with the only difference being that a member on Maxima CoreGrid has selected, in the event of hospitalisation, to make use of a network hospital. The hospital network consists of more than 100 top-class private hospitals across the country. By making this choice, members retain their current Maxima Core benefits but at a significant discount. Please note: If members select Maxima CoreGrid and then voluntarily decide not to use a network hospital, there will be a co-payment of R10 000 for each hospital event.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP), so members can obtain their chronic medication from any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Additional medical services and appliances, external accessories and orthotics will be paid up to PMB level of care in- and out-of-hospital. The funding of physical therapy remains unchanged for 2017.
- Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorized. However, should this relate to a non-PMB condition, there will be a R1 900 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.

- In 2017 non-PMB hip and knee joint replacements must be done through ICPS, the Scheme's designated service provider (DSP) for these procedures. If members decline to make use of the DSP, there will be no benefit for these procedures.
- All other limits remain unchanged.

Maxima EntryZone

- Maxima EntryZone is a network hospital option. If members voluntarily decide not to use a network hospital, there will be a co-payment of R5 600 for each hospital event. Members should consult the Maxima EntryZone Member Guide for the new list of network hospitals and day clinics, since they've changed.
- There will be an inflationary adjustment in hospital procedure co-payments in 2017. However, co-payments do not apply to PMB conditions.
- Emergency C-sections are covered in full, but a R10 000 co-payment will apply to elective C-sections.
- DSP and formulary requirements: Dis-Chem has become a Designated Service Provider (DSP), so members can obtain their chronic medication from any Dis-Chem, Medi-Rite and Pharmacy Direct.
- Additional medical services and appliances, external accessories and orthotics will be paid up to PMB level of care in- and out-of-hospital. The funding of physical therapy remains unchanged for 2017.
- Specialised radiology (in- and out-of-hospital): This will be paid from the in-hospital benefit if it's pre-authorised. However, should this relate to a non-PMB condition, there will be a R2 500 co-payment for each MRI/CT scan.
- Trauma treatment in a casualty ward will attract a R500 co-payment, unless it's for a PMB emergency, or if the member is admitted to hospital directly from casualty.
- All other limits remain unchanged.

Blue Door Plus

- Blue Door Plus is a network hospital option. If members voluntarily decide not to use a network hospital, there will be a co-payment of R10 000 for each hospital event. Members should consult the Blue Door Plus Member Guide for the new list of network hospitals and day clinics, since it's changed.
- Reimbursement of non-network FPs and specialists in-hospital: up to 100% of the Fedhealth Rate and now limited to R2 000 per beneficiary per year. This is a combined limit for FPs and specialists not on the network. However, if members use Fedhealth Network Family Practitioners (FPs) and Specialists, they will still be covered unlimited at cost.
- Emergency C-sections are covered in full, but a R10 000 co-payment will apply for elective C-sections.
- A new screening benefit has been added to this option with a free flu vac per beneficiary per year, a free HIV/Aids test with pre- and post-test counselling, as well as a free wellness screening (BMI, blood pressure, finger-prick cholesterol and glucose test) per beneficiary per year.
- Trauma treatment in a casualty ward will be paid from Risk. A R500 co-payment will apply, unless it's for a PMB emergency or if the member is admitted to hospital directly from casualty.
- All other benefits limits remain unchanged. The Fedhealth family remains committed to keep looking after members' health in the most cost effective way, to ensure that the Scheme will be there for members for many years to come.