

1 April 2018

FEDHEALTH PLANS BENEFIT TARIFF

| BENEFIT REQUIRED | CODE | MAXIMA Entry Saver Saver Grid Advanced Dynamic Saver | MAXIMA Plus Exec Standard/Elec | ULTIMAX | MAXIMA BASIS Grid | BLUE DOOR |
|---|------------------------------------|---|---|---------------------------------------|------------------------------|------------------------------|
| | Submission | Medscheme | Medscheme | Medscheme | Medscheme | Iso Leso |
| | | SAVINGS CLAIMS | SAVINGS CLAIMS | | | |
| | Family Limit | n/a | R 9 700 Refer Medscheme | R 13 800 incl Dentist Medscheme | n/a | n/a |
| | Beneficiary Limit | | R 3 180 | R 6 900 (Includes Dentist) | | |
| Vision Examination (Iso Leso Members) | 11001/11081 | R525 | R525 | R525 | Bronze Benefit | Bronze Benefit |
| PEP Providers (Iso Leso Members) | 01PEP | R 100 | R 100 | R 100 | n/a | Bronze Benefit |
| Vision Examination (Non-Iso Leso Members) | 11001/11081 | R 405 | R 405 | R 405 | Bronze Benefit | Bronze Benefit |
| Single Vision Lenses (Glass/Plastic) | 71BS001/72BS001 81BS001/82BS001 | R 262 | R 262 | R 262 | Bronze Benefit | Bronze Benefit |
| Accommodation Support Lenses* | 83BS001 | R 565 | R 565 | R 565 | Bronze Benefit | Bronze Benefit |
| Bifocal Lenses** (Glass/Plastic) | 74BS001 84BS001 | R 635,50 | R 635,50 | R 635,50 | Bronze Benefit | Bronze Benefit |
| Multifocal Lenses** (Glass/Plastic) | 85BS001 | R 797 | R 797 | R 797 | Bronze Benefit | Bronze Benefit |
| Multifocal Lenses** (Glass/Plastic) | 76BS001 86BS001 | R 1039 | R 1039 | R 1039 | Bronze Benefit | Bronze Benefit |
| Frames | 40501 | | | R 1 500 | Included, limited to R193 | Included, limited to R193 |

*Accom Support Lens for age < 40years require motivation

** Bifocal and Multifocal Lens for age < 40years require motivation

OR

| | | | | | | |
|------------------------|----------------|---------------------------------|--|---------------------------------|---------------------------------|---------------------------------|
| Contact Lens Materials | | Per plan | | Per plan | Bronze Benefit | Bronze Benefit |
| PATIENT TO PAY | | | | | | |
| Lens Enhancements | All Lens Codes | Optical Assistant Med Aid | | Optical Assistant Med Aid | Optical Assistant Med Aid | Optical Assistant Med Aid |