



executive



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Why choose Fedhealth?

PROTECT YOUR HEALTH

90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

INVEST IN YOUR FUTURE



GROW YOUR WEALTH

Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

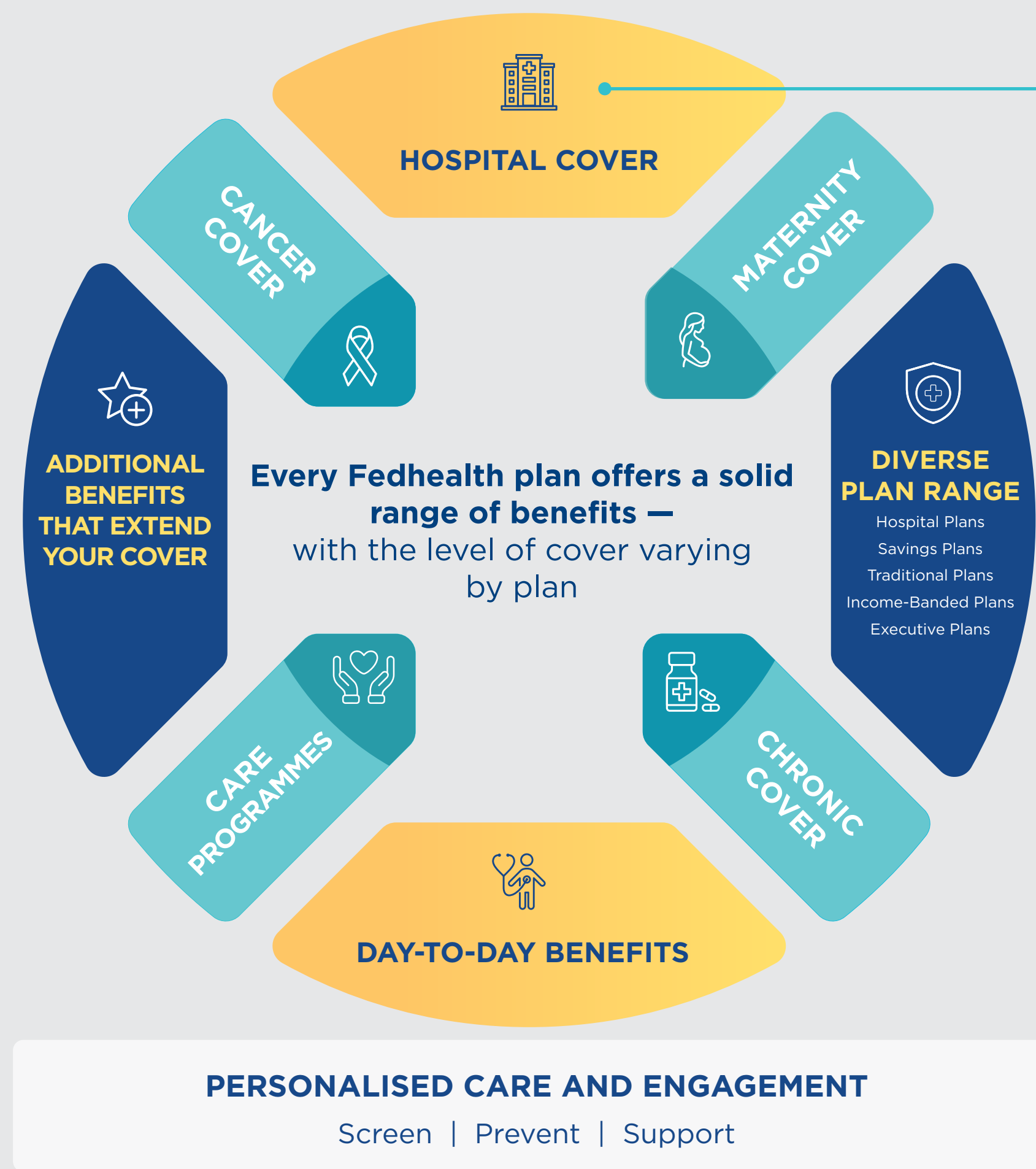


GET REWARDS

Earn rewards through simple health engagement.



Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



Why choose maxima **EXEC** or maxima **PLUS**?

Comprehensive hospital cover.
For life's expected, and unexpected, moments.

Extensive day-to-day benefits.
Extensive day-to-day benefits.

Greater healthcare protection.
Support when healthcare costs become significant.

Quality without compromise.
Comprehensive cover, designed around real life.

Are our **Executive** plans **right for you?**



You want the **most comprehensive level of cover**

- ✓ Ultimate peace of mind
- ✓ Full cover for network specialists
- ✓ Non-network specialists reimbursed up to 200% of scheme rate
- ✓ Cover for additional chronic conditions
- ✓ Comprehensive oncology benefits
- ✓ Cover for high-cost specialised drugs
- ✓ Comprehensive prosthesis benefits
- ✓ Comprehensive dialysis benefits
- ✓ Unlimited Above-threshold benefits

Cover starting from
FROM R13 839 p/m

SIGNIFICANT
healthcare cover



EXECUTIVE PLANS

Comprehensive cover for significant healthcare needs

maxima **EXEC**
From R13 839 p/m

maxima **PLUS**
From R21 537 p/m



maxima **EXEC**

Comprehensive healthcare with outstanding day-to-day benefits.

Perfect for members wanting the **highest level of cover.**

From **R13 839 p/m**



maxima **PLUS**

Medical aid doesn't get more comprehensive than maxima PLUS!
Premium cover with a balanced approach to comprehensive healthcare.
Ideal for members seeking **extensive benefits with excellent value.**

From **R21 537 p/m**

Protect your health: Executive plans overview

		maxima EXEC	maxima PLUS
Monthly contribution	Principal Member	R13 839	R21 537
	Adult Dependant	R12 011	R18 590
	Child Dependant	R4 276	R6 655
Day-to-day benefit	Annual Savings	P R13 020 A R11 292 C R4 020	P R8 028 A 6 936 C R2 484
	Day-to-day benefit once Savings is depleted (OHEB)	-	P R11 040 A R7 980 C R2 460
	Additional benefits	 Unlimited network GP consults once Savings is depleted	 Unlimited network GP consults
		 Unlimited MRI/CT scans	 Unlimited MRI/CT scans
 Unlimited Above-threshold benefit		 Unlimited Above-threshold benefit	
Maternity	During pregnancy	✓	✓
	Hospital birth cover	✓ Including private ward cover	✓ Including private ward cover
	Post-birth benefit	✓	✓
	Infant & childcare	✓	✓
Chronic benefits	27 PMB conditions	✓	✓
	Additional conditions	45	58
Cancer		R668 430	Unlimited
Specialised Biologicals for oncology and non-oncology		R208 450	R418 200
Internal and external prosthesis		✓	✓
Organ transplant / renal dialysis		R668 430	Unlimited
Mental health	Out-of-hospital	✓	✓
	In-hospital	✓ R60 000 pf	✓ R65 000 pf
Hospital cover	Other providers	Unlimited hospitalisation at any private hospital	
		Full cover for network specialists / Non-network specialists paid up to 200%	
		100%	300%

EXECUTIVE PLANS

AVAILABLE ON ALL PLANS

-  Child rates up to age 27
-  Only pay for first 3 children
-  Screening benefits
-  Wellness benefits
-  Preventative benefits
-  30-day post-hospitalisation benefit
-  Trauma treatment in a casualty ward

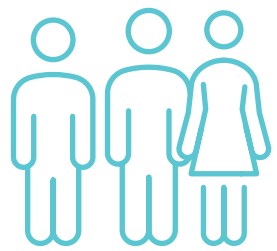
Executive Plans

Contributions

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



Monthly contributions

	RISK CONTRIBUTION			SAVINGS			GROSS		
	P	A	C	P	A	C	P	A	C
maxima EXEC	R12 754	R11 070	R3 941	R1 085	R941	R335	R13 839	R12 011	R4 276
maxima PLUS	R20 868	R18 012	R6 448	R669	R578	R207	R21 537	R18 590	R6 655

Only pay for a maximum of 3 children
Child rates apply up to age 27

Annual Day-to-day benefit pools

	ANNUAL SAVINGS			OHEB			SELF-PAYMENT GAP			THRESHOLD LEVEL			ABOVE THRESHOLD BENEFIT		
	P	A	C	P	A	C	P	A	C	P	A	*C	P	A	C
maxima EXEC	R13 020	R11 292	R4 020	R0	R0	R0	R9 696	R5 412	R1 224	R22 716	R16 704	R5 244	Unlimited with a 10% copay, sub-limits may apply for specific benefit categories		
maxima PLUS	R8 028	R6 936	R2 484	R11 040	R7 980	R2 460	R5 244	R4 044	R1 692	R24 312	R18 960	R6 636	Unlimited, sub-limits may apply for specific benefit categories		

*Up to a maximum of three children



More than comprehensive cover, support that goes the extra mile

Digital healthcare tools like the Fedhealth Member App to simplify your medical aid experience

Quick AI assistance through our agent, Naledi

Fedhealth Nurse Line for 24/7 medical advice

Alignd Palliative Care Programme

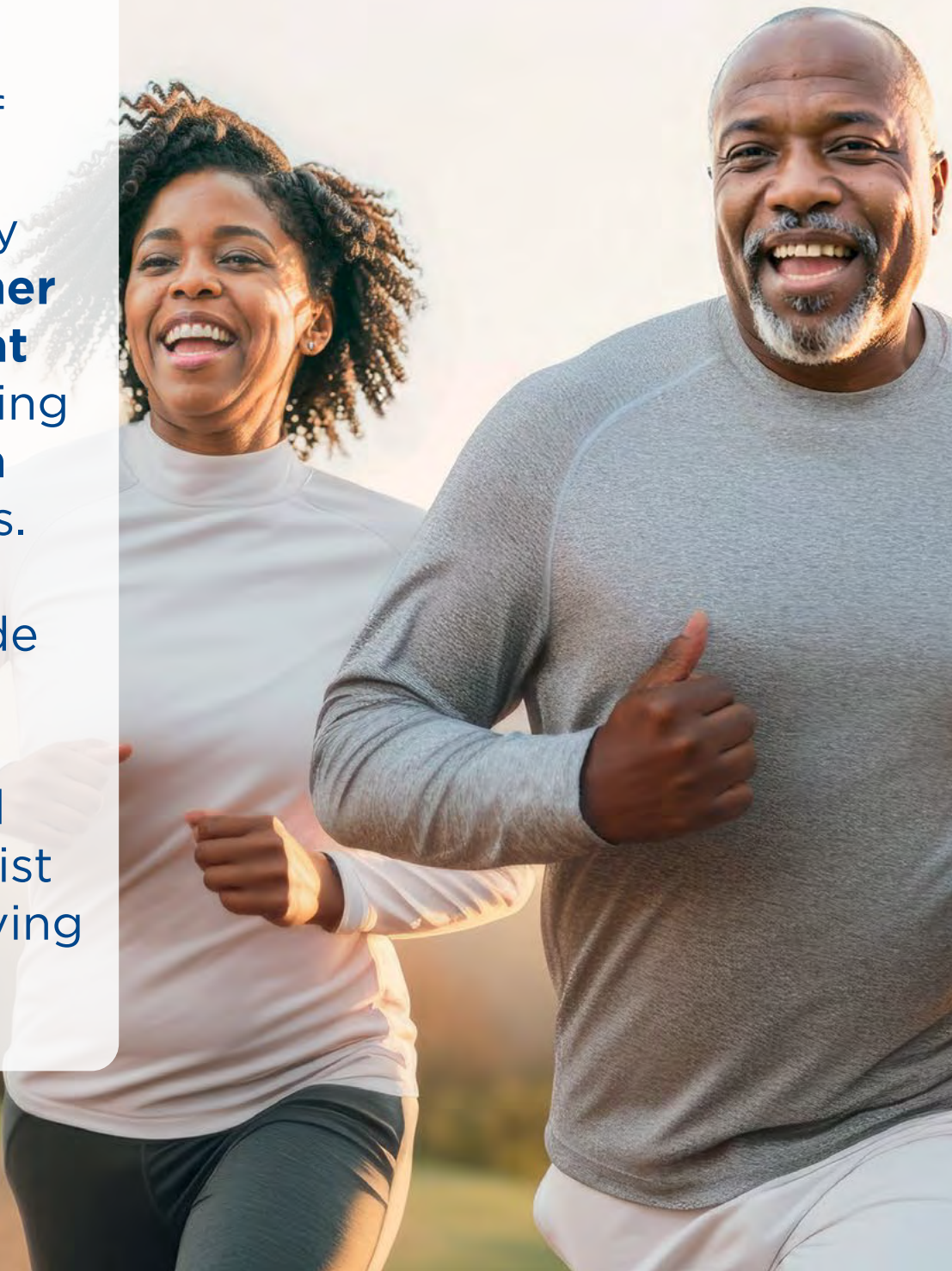
MediTaxi transport service to post-hospitalisation treatment

Personalised interventions
Predictive modelling of your claims to proactively **identify whether you may be at risk** of developing future health complications.
We will provide you with additional, personalised support to assist you with improving your health.

Weight Management Programme

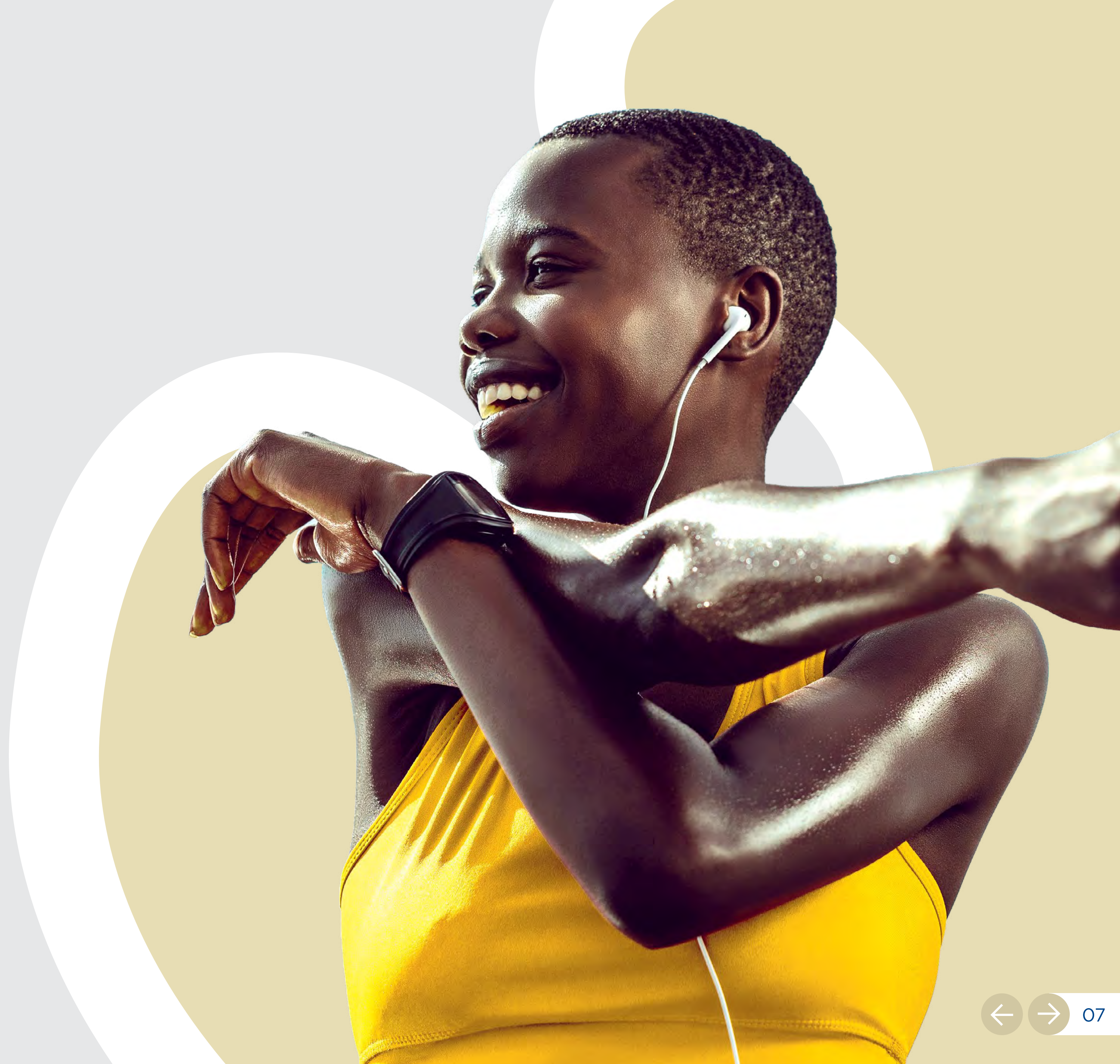
Fedhealth OrthoCare Spinal Programme

Hospital-at-Home



Screening, wellness and extra value-added benefits

Apart from a host of screening, preventative and wellness benefits, also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.



Screening & Wellness Benefit



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Screening Benefit**.

BENEFIT	Benefit criteria		Quantity and frequency	maxima EXEC	maxima PLUS
WELLNESS BENEFITS					
Mental wellness	Two mental health consultations per beneficiary at a nominated network GP			Two mental health consultations per beneficiary at a nominated network GP before and after Threshold	Two mental health consultations per beneficiary at a nominated network GP before and after Threshold
	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.			✓	✓
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.			✓	✓
GENERAL WELLNESS					
HIV finger prick test	All lives	1 test every year		✓	✓
Flu vaccination and administration*	All lives	1 vaccine every year		✓	✓
Smoking cessation programme	All lives	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc)		✓	✓
Cardiac health screening (full lipogram)	All lives aged 20 and older	1 test every 5 years		✓	✓
CHILDREN’S HEALTH					
Immunisation Programme (as per State EPI)	Birth to age 12			✓	✓
Infant hearing screening test and consultation**	Birth up to 8 weeks of age	1 per newborn beneficiary		✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations		✓	✓
Paediatric consultation	Birth up to age 2	1 Paediatric consultation, with no referral required from GP		✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime		✓	✓
Child optometry screening (tariff code 11001)	All children aged 5-8	1 Child Optometry Screening per lifetime		✓	✓

* Combined administration of vaccination benefit limit of 15 per annum per family
**Add newborns within 30 days

BENEFIT	Benefit criteria	Quantity and frequency	maxima EXEC	maxima PLUS
WOMEN'S HEALTH				
Cervical cancer screening (Pap smear)	Women aged 21 - 65	1 test every 3 years	✓	✓
Cervical cancer screening pharmacy consultation	Women aged 21 - 65	1 consultation every 3 years	✓	✓
HPV PCR test	Women aged 21 - 65	1 test every 5 years	✓	✓
Contraceptives	Women up to age 55	Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years.	✓	✓
Emergency oral contraceptive benefit	Women up to age 55	1 every year	✓	✓
MEN'S HEALTH				
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test every year	✓	✓
ALL OVER 40s HEALTH				
Breast cancer screening with mammography	All lives aged 40 and older	1 every 2 years	✓	✓
Colorectal cancer screening (faecal occult blood test)	All lives aged 50 - 75	1 every year	✓	✓
Pneumococcal vaccination and administration*	All lives aged 65 and older	2 per lifetime	✓	✓
Bone densitometry screening	Women aged 65 and older, men aged 70 and older.	1 test every 2 years	✓	✓
HEALTH RISK ASSESSMENTS				
Wellness screening (BMI, blood pressure, finger prick cholesterol and glucose tests)	All lives	1 every year	✓	✓
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year	✓	✓
Weight management programme	Limited to 1 qualifying enrolment per beneficiary per annum.	2 Psychotherapy consultations. 2 Dietician consultations. 2 GP consultations. 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions). Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test).	✓	✓

*Combined administration of vaccination benefit limit of 15 per annum per family

PLUS, the following support and assistance:

Fedhealth is the only medical scheme to cover ALL of the benefits listed below from Risk, and not the member's day-to-day benefit. This ensures a significant saving for members since they can use their day-to-day benefit for other expenses instead.

Unlimited network GP visits



Once Savings are depleted on maxima **EXEC** and once OHEB is depleted on maxima **PLUS**.

Specialised radiology



MRI/CT scans are covered whether they're performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R3 170 for each non-PMB MRI/CT scan for member's own account.

Upgrades within 30 days of a life-changing event



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

Only pay for three children



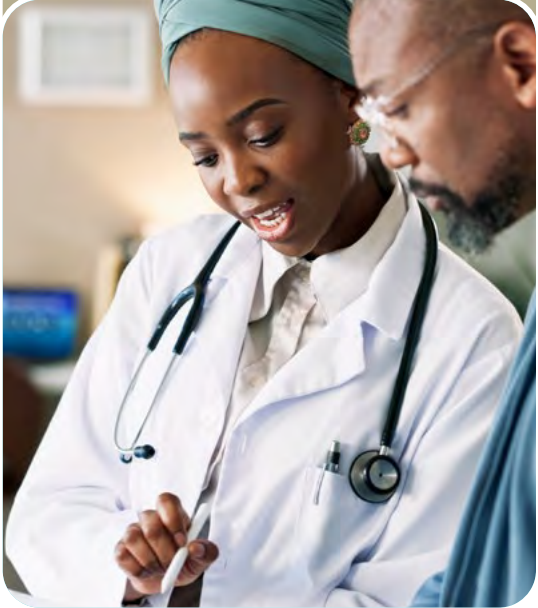
Only pay for three children – we cover the fourth and subsequent children for free. A child will be covered at child rates up to the age of 27.

Trauma treatment at a casualty ward



Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. A co-payment of R910 per visit for non-PMBs applies on maxima **EXEC**.

7 days of take-home medicine



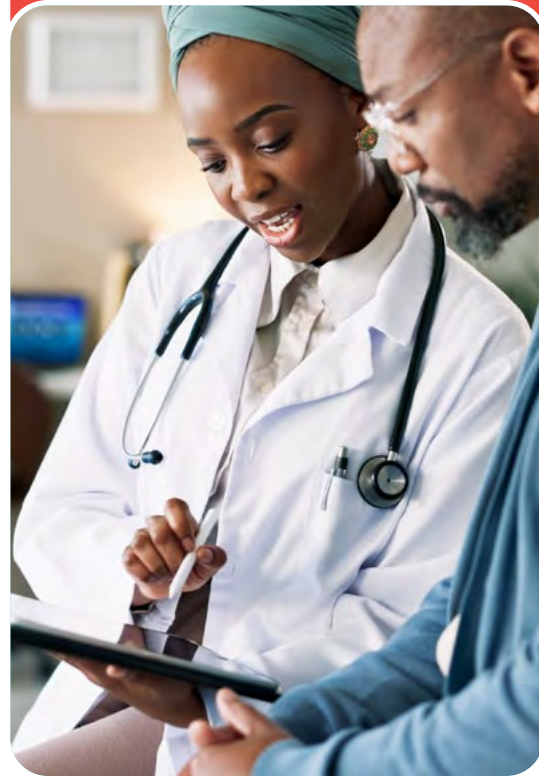
Fedhealth pays for 7 days' supply of take-home medication, to a maximum of R428 per beneficiary per admission, when the member is discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account or be dispensed by a pharmacy on the same day as the member is discharged from hospital.

Female contraceptives



Oral, certain injectables, patches and contraceptive rings are restricted to a maximum of one month's supply per female beneficiary up to the age of 55 years old. Implants and IUDs that include the Mirena are paid for by Fedhealth every 2 years for female beneficiaries up to the age of 55 years old. These, however, must be prescribed by a GP or a gynaecologist and are not applicable to oral contraceptives prescribed for acne. Emergency contraceptives are covered for women up age 55, once per year.

30-day Post-hospitalisation benefit



Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Scheme Risk benefits and not your Day-to-Day benefits. This includes post-hospital treatment for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

MediTaxi service



Members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

Emergency assistance



Members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Azoza provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. **Call 0860 333 432** to access this service, and press 1.

Included in this benefit is emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.

24-hour Fedhealth Nurse Line: Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.



Click here to access **ZOOM on Specialised Radiology.**



Click here to access **ZOOM on Trauma treatment at a casualty ward.**



Click here to access **ZOOM on 30-day post-hospitalisation benefit**



Click here to access **ZOOM on Emergency Assistance.**



Click here to access **ZOOM on Upgrades within 30 days of a life changing event.**



Click here to access **ZOOM on Contraceptive benefit.**



Click here to access **ZOOM on MediTaxi.**

Executive Plans

Day-to-Day Benefits

Here’s an overview of the day-to-day benefits available on Fedhealth’s Executive options, including the casualty ward benefit and the chronic medication benefit (refer to page 11 for further details).

[Click here](#) to access **ZOOM on Day-to-Day Benefits.**

BENEFIT	maxima EXEC	maxima PLUS
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	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.	Paid from OHEB then unlimited from Risk. Once OHEB is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network.
Mental health consultations with network GPs	2 consultations per beneficiary paid from Risk before or after Threshold, then paid from Savings without accumulation to Threshold.	2 consultations per beneficiary paid from Risk before or after Threshold, then paid from Savings without accumulation to Threshold.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your nominated network GP	Paid from Savings and Threshold. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate.	Paid from Savings, OHEB and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate.
Mental health GP consultations	Paid from Savings without accumulation to Threshold.	Paid from Savings without accumulation to Threshold.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (EXCLUDING PSYCHIATRISTS)	Paid from Savings. Accumulation to and refund from Threshold up to cost. 10% co-payment if GP referral not obtained.	Paid from Savings and OHEB. Accumulation to and refund from Threshold up to cost.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (EXCLUDING PSYCHIATRISTS)	Paid from Savings. Does not accumulate to Threshold. 10% co-payment if GP referral not obtained.	Paid from Savings and OHEB. Accumulation to and refund from Threshold up to the Fedhealth Rate. A 10% co-payment will apply if a specialist referral is not obtained.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (PSYCHIATRISTS)	Paid from Savings. Does not accumulate to Threshold. Paid at cost from Threshold up to the Additional Medical Services limit of R20 780 per family per year. 10% co-payment if GP referral is not obtained.	Paid from Savings, OHEB and accumulation to and refund from Threshold at cost. Subject to Additional Medical Services limit of R20 780 per family per year before and after Threshold.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (PSYCHIATRISTS)	Paid from Savings. Does not accumulate to Threshold. Paid at the Fedhealth Rate from Threshold up to the Additional Medical Services limit of R20 780 per family per year. 10% co-payment if GP referral is not obtained.	Paid from Savings, OHEB and accumulation to and refund from Threshold at the Fedhealth Rate. Subject to Additional Medical Services limit of R20 780 per family per year before and after Threshold.

BENEFIT	maxima EXEC	maxima PLUS
TRAUMA TREATMENT IN A CASUALTY WARD	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. A co-payment of R910 per visit for non-PMBs applies.	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours.
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.	Paid from Savings and Threshold. 10% co-payment once in Threshold.	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached.
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians.	Paid from Savings and Threshold. R8 860 per beneficiary per year before and after Threshold. R26 460 per family per year before and after Threshold.	Paid from Savings, OHEB and Threshold. R8 860 per beneficiary per year before and after Threshold. R26 460 per family per year before and after Threshold.
Osseo-integrated implants, orthognathic surgery	Paid from Savings. Does not accumulate to or pay from Threshold. Limited to and included in the Advanced Dentistry Benefit.	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold. Limited to and included in the Advanced Dentistry Benefit.
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 R20 780 per family per year.	Paid from Savings, OHEB and Threshold. R20 780 per family per year before and after Threshold.
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings. Does not accumulate to or pay from Threshold.	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold.
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 R18 540 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics)	In and Out of hospital: Paid from savings. Does not accumulate to Threshold. Paid from Threshold up to R18 540 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics)
MEDICINES AND INJECTION MATERIAL		
Acute medicine	Paid from Savings and Threshold. R8 510 per beneficiary per year before and after Threshold. R15 750 per family per year before and after Threshold.	Paid from Savings, OHEB and Threshold. R11 840 per beneficiary per year before and after Threshold. R23 570 per family per year before and after Threshold.
Chronic medicine	Please see Chronic Medicine Benefit on page 19	
Over-the-counter medicine	Paid from Savings. Does not accumulate to or pay from Threshold.	Paid from Savings. Does not accumulate to or pay from Threshold.

*Private nursing that falls outside the Alternatives to Hospitalisation Benefit.

BENEFIT	maxima EXEC	maxima PLUS
OPTICAL BENEFIT Consultations, spectacle lenses, Frames and/or lens enhancements	Paid from Savings and Threshold. R4 010 per beneficiary per year before and after Threshold. R12 210 per family per year before and after Threshold.	Paid from Savings, OHEB and Threshold. R4 010 per beneficiary per year before and after Threshold. R12 210 per family per year before and after Threshold.
PATHOLOGY AND MEDICAL TECHNOLOGY	Paid from Savings and Threshold. 10% co-payment once in Threshold.	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached.
GENERAL RADIOLOGY	Paid from Savings and Threshold. 10% co-payment once in Threshold.	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached.
SPECIALISED RADIOLOGY Pre-authorisation is required	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/CT scans for the member's account	
Oncology PET and PET/CT scans	2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP	
SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS Paid from the in-hospital benefit (subject to authorisation)	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	
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy	Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R20 780 per family per year.	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached.

Maternity and Childhood Benefits



Maternity and Childhood Benefits

Fedhealth members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children’s early years, which include, for example, the Fedhealth Baby | Mom Maternity Care Programme, paediatric consults, immunisations and the Paed-IQ advice line.



BENEFIT		maxima EXEC	maxima PLUS
During pregnancy			
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME			
Online Doula-on-Call consultation* to activate member’s enrolment PLUS a R500 voucher once Doula consultation is completed. A personal Doula (area dependent) from our Preferred Doula list. Up to R4 000 in vouchers and gifts along member’s pregnancy journey. Weekly pregnancy updates (and every second week for spouse). Doula benefit of R5 000. Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings. Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop. Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes. A midwife appointment - R500 voucher after appointment. A R1 000 voucher if member gives birth at a preferred birthing facility. 24-hour medical advice line. Trimester calls from our friendly consultants. Doula-on-Call support throughout pregnancy. Post-birth Doula check-in Online lactation consultation. Handy Fedhealth baby bag, filled with essential baby products. *We know not every mum qualifies for Doula care due to medical reasons and therefore will receive a lesser value of certain Vouchers as above. Please speak to our team about the alternative programme benefits		✓	✓
MAIN BENEFITS			
Antenatal (or postnatal) consultations	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	✓	✓
Antenatal scans	2 x 2D antenatal scans	✓	✓
Amniocentesis	1 amniocentesis	✓	✓
Antenatal classes	Antenatal classes up to R1 250 conducted by Private Nurses	✓	✓
RSV vaccination for maternity	Once in a women’s lifetime during pregnancy funded from Risk.	✓	✓
BIRTH-RELATED BENEFITS			
Private ward cover	Private ward cover (when available) for delivery	✓	✓
Doula benefit	R5 000 per delivery for a doula (birthing coach) to assist mothers during natural childbirth	✓	✓

Pre-authorisation is required. Members will receive a handy Fedhealth Baby Bag once they've registered for the Maternity Care Programme from their 12th week of pregnancy.

Please refer to page 29 to see benefits related to maternity confinement in-hospital.



Click here to access ZOOM on Maternity and Childhood Benefits.

BENEFIT			maxima EXEC	maxima PLUS
Post-birth benefits				
Postnatal (or antenatal) consultations	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	✓	✓
Infant hearing screening test**	Birth up to 8 weeks of age	1 per newborn beneficiary	✓	✓
Paediatric consultation	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	✓	✓
Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby Mom Maternity Care Programme		✓	✓
Appliances	Breast pumps and nebulisers paid from Savings		✓	✓
CHILD CARE				
Immunisation programme and administration* (as per State EPI)	Birth to age 12		✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime	✓	✓
Childhood illness specialised drug benefit	All children up to age 18	Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin Juvenile Idiopathic / Rheumatoid Arthritis medication	✓	✓
Optical screening	All children aged 5-8	1 Child Optometry Screening per lifetime	✓	✓
24-HOUR PAED-IQ ADVICE LINE	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.		✓	✓

Please note:
1. *Combined administration of vaccination benefit limit of 15 per annum per family
2. **Add newborns within 30 days
3. Child rates up to the age of 27
4. Only pay for three children - we cover fourth and subsequent children for free

Chronic Medicine Benefits

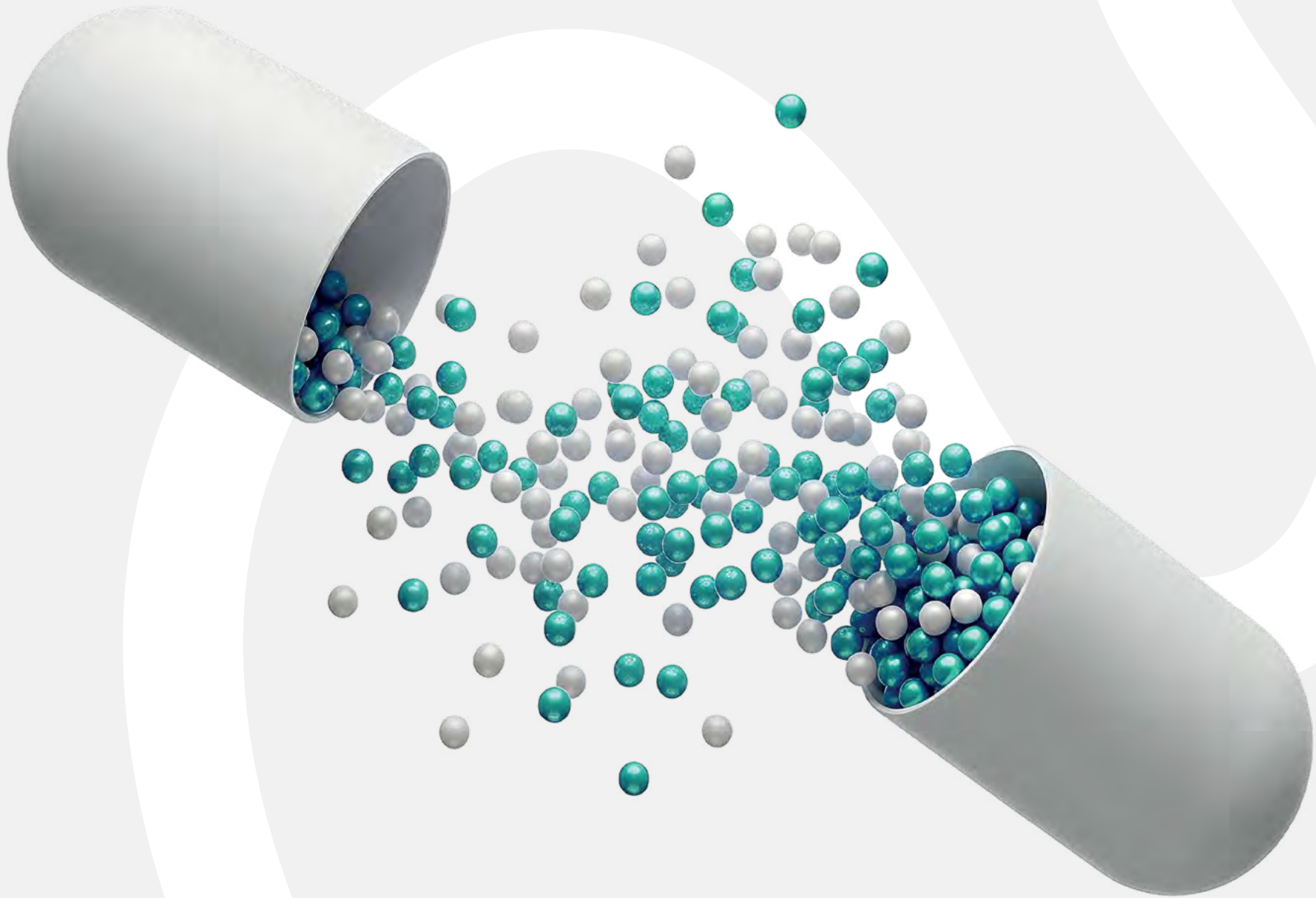


Chronic Medicine Benefits

 For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Chronic Medicine Benefit**.

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

	maxima EXEC	maxima PLUS
LIMIT 	Subject to a limit of R8 450 per beneficiary, and R15 530 per family. Thereafter unlimited cover for conditions on the CDL.	Subject to a limit of R17 890 per beneficiary, and R33 210 per family. Thereafter unlimited cover for conditions on the CDL.
FORMULARY 	Comprehensive formulary. 30% co-payment for non-use of formulary medication, not refundable from Savings.	Comprehensive formulary. 30% co-payment for non-use of formulary medication, not refundable from Savings.
PHARMACY 	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.	
HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE & POST-EXPOSURE PROPHYLAXIS		
Limit	Unlimited	



27 Chronic conditions on the Chronic Disease List (CDL) covered on all options:

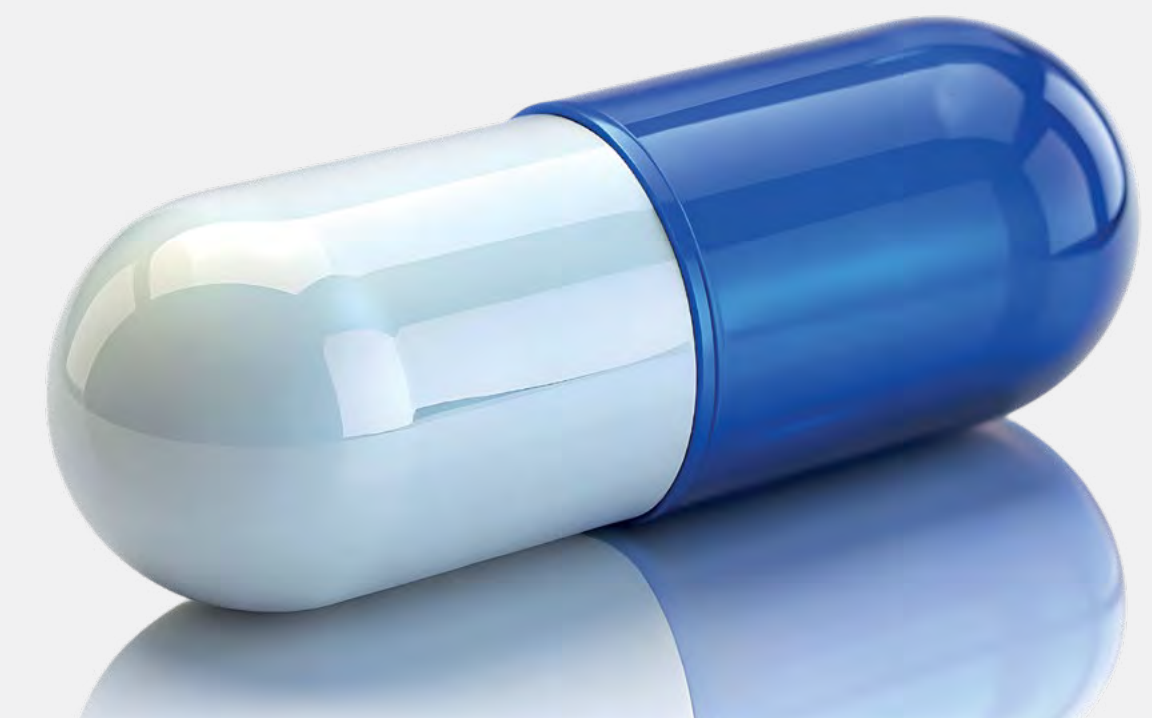
Addison's Disease
Asthma
Bipolar Mood Disorder
Bronchiectasis
Cardiac Failure
Cardiomyopathy
COPD/ Emphysema/ Chronic Bronchitis
Chronic Renal Disease
Coronary Artery Disease
Crohn's Disease
Diabetes Insipidus
Diabetes Mellitus type 1 & 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
HIV
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus
Ulcerative Colitis

45 Additional conditions covered on maxima EXEC and maxima PLUS:

Acne (up to the age of 21)	Liver Failure
Allergic Rhinitis (children under the age of 18)	Menieres Disease
Angina	Narcolepsy
Ankylosing Spondylitis	Obsessive Compulsive Disorder
Anorexia Nervosa	Osteoarthritis
AD(H)D (children ages 6 - 18)	Panic Disorder
Barrett's Oesophagus	Paraplegia/Quadriplegia (associated medicine)
Benign Prostatic Hyperplasia	Peripheral Neuropathy
Bulimia Nervosa	Polyarteritis Nodosa
Calcium Supplementation	Post-Traumatic Stress Disorder
Cerebral Palsy	Psoriasis
Connective Tissue Disorder	Pulmonary Interstitial Fibrosis
Conn's Syndrome	Rickets
Cushing's Syndrome	Scleroderma
Deep Vein Thrombosis	Thromboangitis Obliterans
Depression	Thrombocytopaenic Purpura
Dermatomyositis	Tourette's Syndrome
Eczema (children under the age of 18)	Transient Ischaemic Attacks
Endocrine Disorder	Trigeminal Neuralgia
Endometriosis	Urticaria
Gastro-Oesophageal Reflux Disease	Valvular Heart Disease
Generalised Anxiety Disorder	Zollinger-Ellison Syndrome
Huntington's Chorea	

13 Additional conditions covered on maxima PLUS:

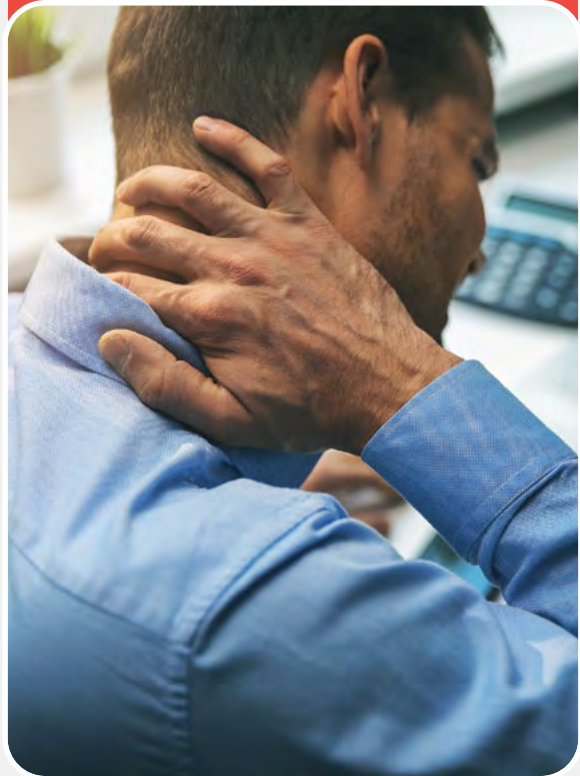
Alzheimer's Disease
Cystic Fibrosis
Gout
Hypoparathyroidism
Menopause
Motor Neuron Disease
Muscular Dystrophy
Myasthenia Gravis
Osteoporosis
Paget's Disease
Pancreatic Disease
Pemphigus
Stroke



Managed Care



OrthoCare



The Fedhealth OrthoCare Spinal 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 receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.



Click here to access ZOOM on OrthoCare Spinal Programme.

AfA HIV Management Programme



The Scheme offers the AfA (HIV Management) 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 to manage the condition.



Click here to access ZOOM on AfA HIV Management Programme.

Weight Management Programme



The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 psychologist consultations, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.



Click here to access ZOOM on Weight Management Programme.

Smoking Cessation Programme



Members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.



Click here to access ZOOM on Smoking Cessation Programme.

Alignd Palliative Care Programme



This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.



Click here to access ZOOM on Alignd Palliative Care Programme.

Hospital at Home



Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring.



Click here to access ZOOM on Hospital at Home Benefit.

Oncology Benefits



Oncology Benefits

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different.



 [Click here](#) to access **ZOOM** on Oncology Benefits.

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme. Members will have access to post active treatment for life.

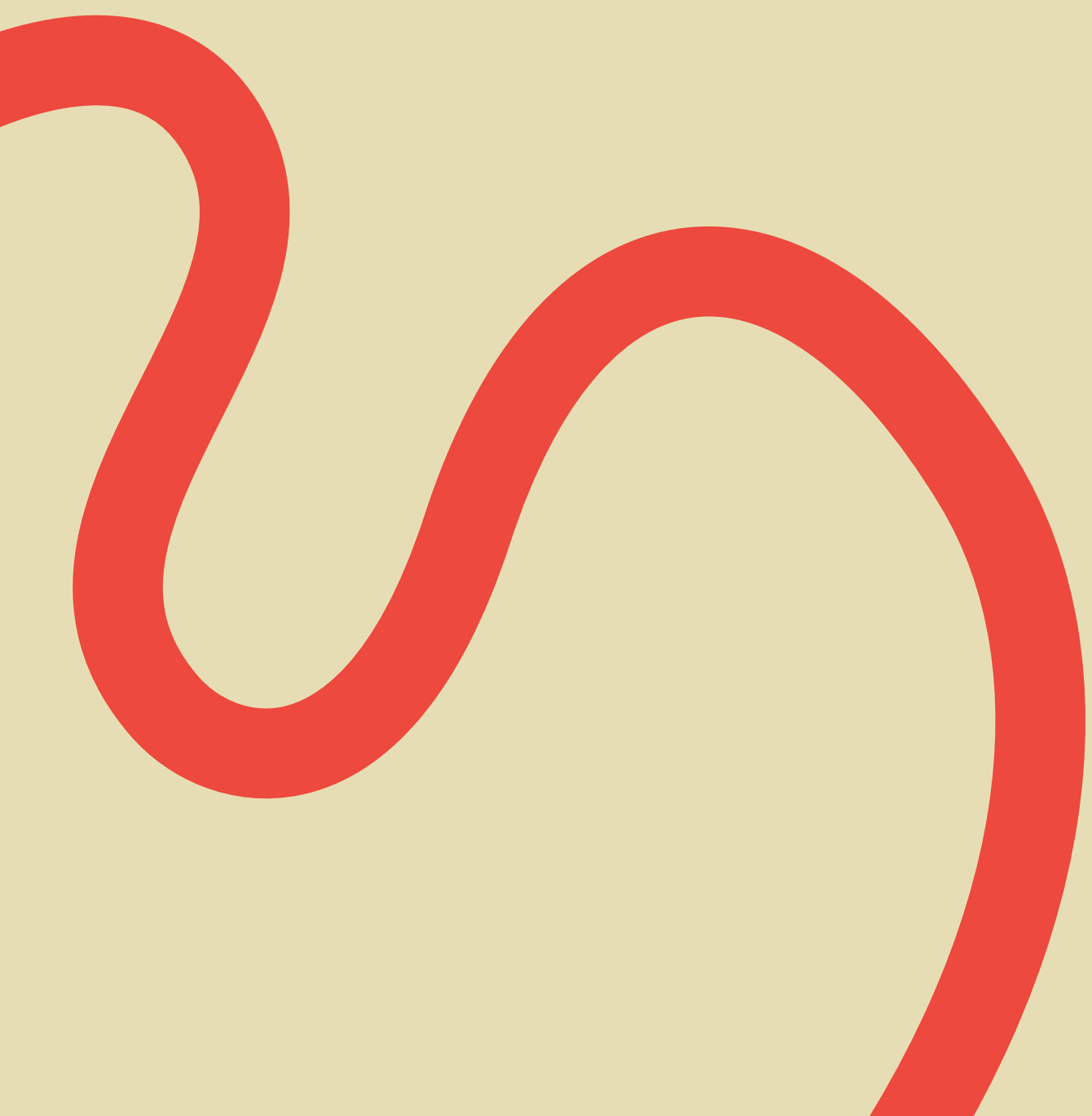
BENEFIT	maxima EXEC	maxima PLUS
ONCOLOGY LIMIT The use of non-DSP* will attract a 25% upfront co-payment.	R668 430 at preferred provider and paid from Core protocol. DSP* above limit. 25% co-payment applies where a DSP is not used.	Unlimited at preferred provider* and paid from Enhanced protocol.
Active treatment period	Subject to Oncology limit. ICON Core Protocols apply.	Subject to Oncology limit. ICON Enhanced Protocols apply.
ONCOLOGY AND ONCOLOGY MEDICINE Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Subject to Oncology limit. ICON Core Protocols apply.	Subject to Oncology limit. ICON Enhanced Protocols apply.
Radiology and pathology	Subject to Oncology limit.	
PET and PET-CT scans	Limited to 2 per family per year, DSP Network applicable or a R5 890 co-payment for non-DSP use.	
Specialised drugs for oncology	R208 450	R418 200
Brachytherapy materials	R66 530	
TERMINAL CARE	R36 960	

* *ICON (Independent Clinical Oncology Network)*

Alignd Palliative Care Programme

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

Mental Health Benefits



Mental Health Benefits

In order for us all to be productive members of society, reach our full potential and cope with the stresses that are associated with daily life, it's important that we prioritise our mental health and wellbeing. Mental health impacts our thoughts, emotions, interactions, livelihoods and enjoyment of life.

Fedhealth recognises that mental health is key to our members' quality of life, and as such, we offer a range of benefits and programmes across the Executive Plan option range to provide members with mental health care and support.



 [Click here](#) to access **ZOOM on Mental Health Benefits.**

BENEFIT		maxima EXEC	maxima PLUS
WELLNESS RESOURCES AND DIGITAL TOOLS	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.	✓	✓
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	✓	✓
OVERVIEW OF PMBS FOR MENTAL HEALTH		Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.	
CONSULTATIONS		Two mental health consultations per beneficiary (in network GPs only). 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia, acute stress disorder, and substance abuse. Additional consultations paid from available Fedhealth Savings. Once in Threshold, Additional Medical Services benefit that is limited to R20 780 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Programme.	
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS		As part of annual chronic medicine benefit of R8 450 per beneficiary, R15 530 per family covering a list of mental health diagnoses.	As part of annual chronic medicine benefit of R17 890 per beneficiary, R33 210 per family covering a list of mental health diagnoses.
MENTAL HEALTH PROGRAMME		Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as a set benefit that can be used for consultations with psychiatrists, psychologists, GPs or other mental health providers. Limited to R10 000 per enrolling beneficiary.	
PSYCHIATRIC HOSPITALISATION		R60 000 per family	R65 000 per family

Hospital Cover



Unlimited Hospital Cover

The **Executive** options, like all Fedhealth options, 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:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
 - 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.
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- **Selective procedures in doctor's rooms** paid from risk if authorised
- **Physiotherapy**: Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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. Please see page 30 for a list of co-payments.

What are considered as emergencies?

- An unexpected condition that requires immediate treatment. This means that if there's no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on network hospital options can get treatment for emergency medical conditions at any hospital, but once their condition has stabilised and they can be safely transferred to a network hospital, the co-payment will apply if they opt not to be transferred.

BENEFIT	maxima EXEC	maxima PLUS
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit	
HOSPITAL NETWORK		
Substance abuse facilities.	Fedhealth Substance Abuse Facilities Network. Voluntary use of non-network substance abuse facility results in a 25% co-payment.	
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, specialists, hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more.	
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Unlimited at negotiated tariff.	
CONFINEMENT		
Maternity confinement: Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.	Unlimited	
Private ward cover	When available	
Delivery by Fedhealth Network GPs and specialists	Covered in full	
Delivery by non-network GPs and specialists	Covered up to the Fedhealth Rate. Non-network specialists reimbursed up to 200% of the Fedhealth Rate.	
Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited	
Delivery by a registered midwife/nurse or a practitioner	Unlimited	
Hire of water bath and oxygen cylinder	Unlimited	
Medicine on discharge 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.	Limited to 7 days’ medication up to a maximum of R428 per beneficiary per admission.	
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME	All members enjoy access to the Fedhealth Baby Mom Maternity Care Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag.	

BENEFIT	maxima EXEC	maxima PLUS
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R20 780 per family per year. Combined limit with Physical Therapy.	In- and out-of-hospital: Paid from Savings, OHEB and accumulates to Threshold. Paid from Threshold up to R20 780 per family per year. Combined limit with Physical Therapy.
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited	
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner’s rooms (Subject to authorisation and covered from risk)	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	
MEDICINE ON DISCHARGE 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.	Up to 7 days supply to a maximum of R428 per beneficiary per admission	
ALTERNATIVES TO HOSPITALISATION Nursing services, sub-acute facilities and physical rehabilitation		
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff	
Sub-acute facilities, physical rehabilitation facilities	Unlimited at negotiated tariff	
Terminal care benefit	R36 960	

BENEFIT	maxima EXEC	maxima PLUS
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS		
General medical and surgical appliances (including glucometers)	In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R18 540 per family per year.	Paid from Savings, OHEB and Threshold. R18 540 per family per year before and after Threshold.
Hearing aids including repairs	In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R18 540 per family per year.	Paid from Savings, OHEB and Threshold. R18 540 per family per year before and after Threshold.
Large orthopaedic orthotics/appliances	In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R18 540 per family per year.	Paid from Savings, OHEB and Threshold. R18 540 per family per year before and after Threshold.
Stoma products	Unlimited subject to authorisation	Unlimited subject to authorisation
CPAP apparatus for sleep apnoea	In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R18 540 per family per year.	Paid from Savings, OHEB and Threshold. R18 540 per family per year before and after Threshold.
Foot orthotics (incl. shoes and foot inserts/levellers)	In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R18 540 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics)	Paid from Savings and OHEB and Threshold. R18 540 per family per year before and after Threshold. (R5 210 sub-limit per beneficiary for foot orthotics)
Oxygen therapy equipment	Unlimited subject to authorisation	
Home ventilators	Unlimited subject to authorisation	
Long leg callipers	Unlimited subject to authorisation	
Moon boots	Limited to R2 140 per beneficiary payable from Risk. Once benefit is depleted, payable from available Savings.	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited	

BENEFIT	maxima EXEC		maxima PLUS	
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER				
Fedhealth Network GPs and Specialists	Covered in full			
Non-network GPs and Specialists	Covered up to the Fedhealth Rate			
Non-network Specialists	Paid up to 200% of the Fedhealth Rate			
Other healthcare practitioners	Covered up to the Fedhealth Rate	Paid up to 300% of the Fedhealth Rate		
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology.	R668 430	Unlimited		
Corneal grafts	R38 890 per beneficiary			
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited			
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols.	Unlimited			
PROSTHESES AND DEVICES INTERNAL				
Aorta stent grafts	R70 160			
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws.	See combined benefit limit for all unlisted internal prosthesis*			
Cardiac pacemakers	R58 380	R70 160		
Cardiac stents	R60 100			
Cardiac valves	R53 340			
Detachable platinum coils	R60 740			
Elbow, hip, knee and shoulder replacement	R41 670 limit applies for each joint category separately and not a combined limit for all. All joint replacements are limited to one procedure per joint category per beneficiary per year.	R53 340 limit applies for each joint category separately and not a combined limit for all. All joint replacements are limited to one procedure per joint category per beneficiary per year.		
Intraocular lenses – non-cataract (per lens) limited to 2 per beneficiary	R3 750			
*Combined benefit limit for all unlisted internal prosthesis	R35 020	R43 270		
PROSTHESES EXTERNAL	R20 680	R26 030		

BENEFIT	maxima EXEC	maxima PLUS
CONTINUOUS GLUCOSE MONITORING (CGM DEVICES) This benefit is limited to Type 1 diabetics only.	R29 000 per family every year for CGM consumables and R8 000 per family every 5 years for CGM device.	
GENERAL RADIOLOGY	Unlimited	
SPECIALISED RADIOLOGY	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/ CT scans for the member’s account. Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.	
CT scans, MUGA scans, MRI scans, radio isotope studies	Specific authorisation required	
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.	R643 340 up to the Fedhealth Rate	Unlimited
IMMUNE DEFICIENCY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.	Unlimited	

Procedure co-payments

CO-PAYMENTS PER EVENT APPLICABLE ON THE HOSPITAL / FACILITY BILL ONLY	maxima EXEC	maxima PLUS
Arthroscopic procedures - hip, wrist, knee, shoulder, ankle, other arthroscopic procedures	R3 570	No co-payment
Diagnostic laparoscopy	R5 760	No co-payment
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ toupet hernia repairs only), laparoscopic procedures	R5 760	No co-payment
Spinal surgery**	R8 040	No co-payment
Colonoscopy, Upper GI endoscopy	R3 360	No co-payment
Surgical extraction of impacted wisdom teeth	R6 140	No co-payment
JOINT REPLACEMENTS		
Single hip and knee replacements with CP*	No co-payment	
Single hip and knee replacements - non-use of CP*	R37 750	
Other joint replacements	R6 140	No co-payment

* Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics 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 OrthoCare Spinal Programme has been completed.

Links to benefits info

Need more information on a specific Fedhealth benefit, programme, service or provider?

We've got you covered. For additional information, just click on the relevant ZOOM to find out more.



30-Day Post-Hospitalisation Benefit →

Alignd Serious Illness Benefit →

All about dependants →

Alternatives to Hospitalisation Benefit →

Chronic Medicine Benefit →

Contraceptive Benefit →

Emergency Assistance →

Emergency Treatment in a Casualty Ward →

Fedhealth Baby|Mom Maternity Care Programme →

Hospital at Home Benefit →

Maternity & Childhood Benefits →

MediTaxi Benefit →

Mental Health Benefit →

Mental Health Programme →

Oncology Benefit →

Option Upgrades →

OrthoCare Spinal Programme →

Screening Benefit →

Self-Service Channels →

Selected Procedures Benefit →

Smoking Cessation Programme →

Specialised Radiology Benefit →

Specialist Referral →

Weight Management Programme →

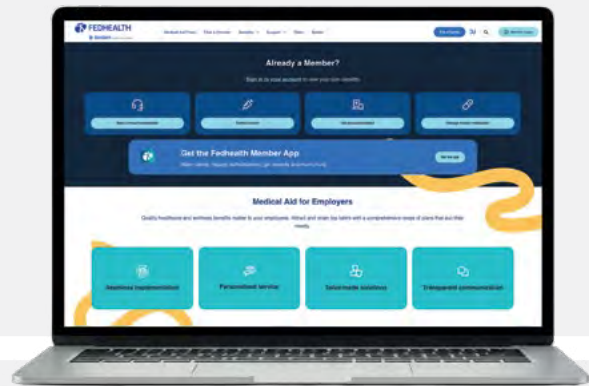


Contact us

WEBSITE

fedhealth.co.za

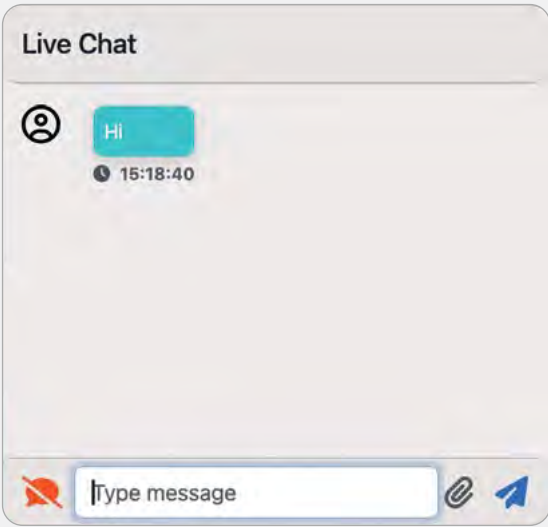
The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



LIVECHAT

Access on the website

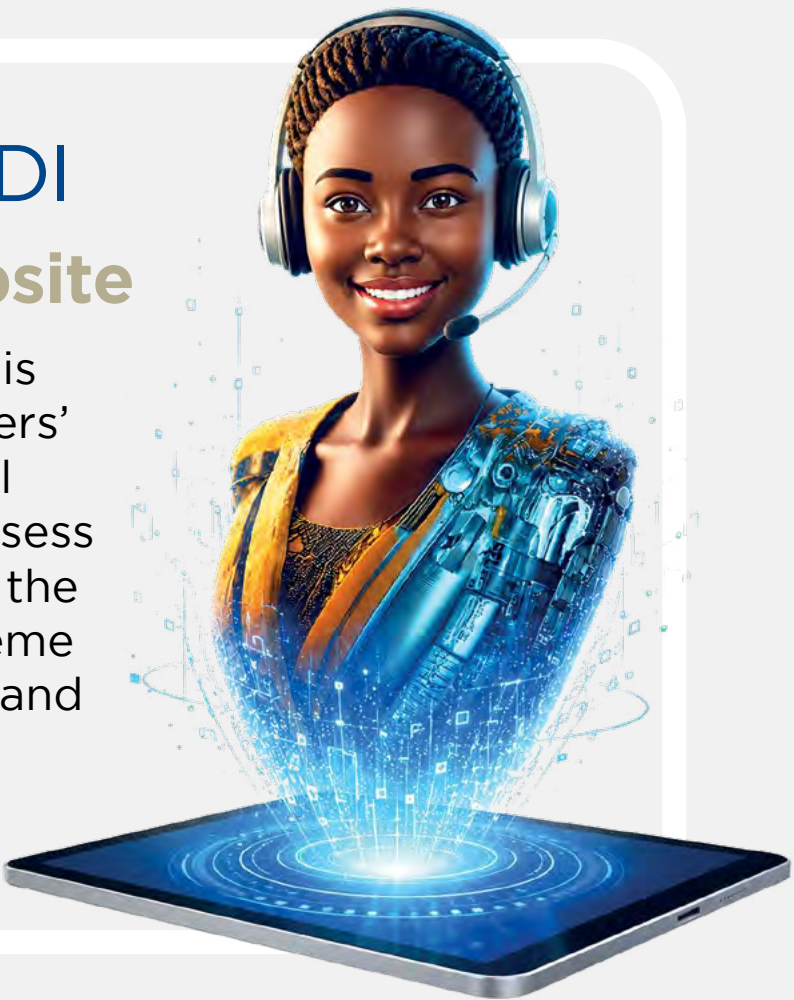
Members can type in their queries and one of our LiveChat agents will assist them online.



AI AGENT NALEDI

Access on the website

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.



FAMILY ROOM

Access on the website

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.



WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

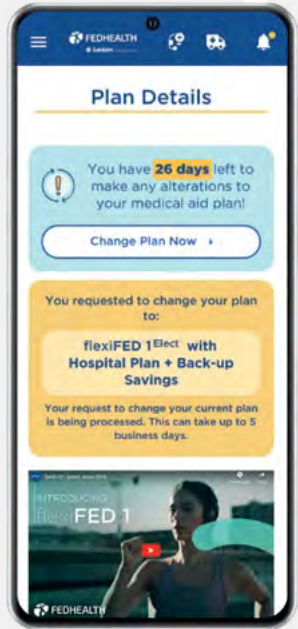


MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

Google Play Store, Huawei App Gallery and Apple App Store,

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.



Contact details

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

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

Ambulance Services
Azoza
Tel: 0860 333 432

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

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

Disease Management
Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: membercare@medscheme.co.za

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

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

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi
Tel: 0860 333 432 press 5 for the point-to-point service

Hospital-at-Home (Quro Medical)
Tel: 010 141 7710
Web: www.quromedical.co.za

Medscheme Client Service Centres

For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open
Monday to Thursday 07h30 – 17h00,
Friday 09h00 – 17h00 and
Saturday 08h00 – 12h00

Bloemfontein
Medical Suites 4 & 5, 1st Floor, Middestad Centre, Cnr Charles & West Burger Street, Bloemfontein

Cape Town
Shop 6, 9 Long Street, Cnr Long & Waterkant Streets, Cape Town

Durban
14/36 Silver Oaks Office Park, Silverton Road, Musgrave, Durban

East London
Unit 5, Balfour Road, Vincent, East London

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

Kathu
Shop 18D, Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road, Kathu

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Lephalale

Mafikeng
Shop 118, Ground Floor, East Gallery, Mafikeng

Nelspruit
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive, Mbombela

Pietermaritzburg
Shop 32B, Park Lane Shopping Centre, 12 Chief Albert Luthuli Street, Pietermaritzburg

Polokwane
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

Port Elizabeth
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

Pretoria
Shop 17, Nedbank Plaza, Ground Floor, 175 Steve Biko Street, Arcadia, Pretoria

Roodepoort
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof, Roodepoort

Rustenburg
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

Contact us

Fedhealth Customer Contact Centre
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

Contact Centre is open
Monday to Thursday 08h30 – 17h00,
Friday 09h00 – 17h00



Fedhealth Customer Contact Centre 0860 002 153

Corner Ontdekkers Road and Conrad Street, Absa Building Block F, Florida, 1716
Private Bag X3045, Randburg 2125

www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.

For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.



hospital



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Why choose Fedhealth?

PROTECT YOUR HEALTH

90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

INVEST IN YOUR FUTURE



GROW YOUR WEALTH

Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

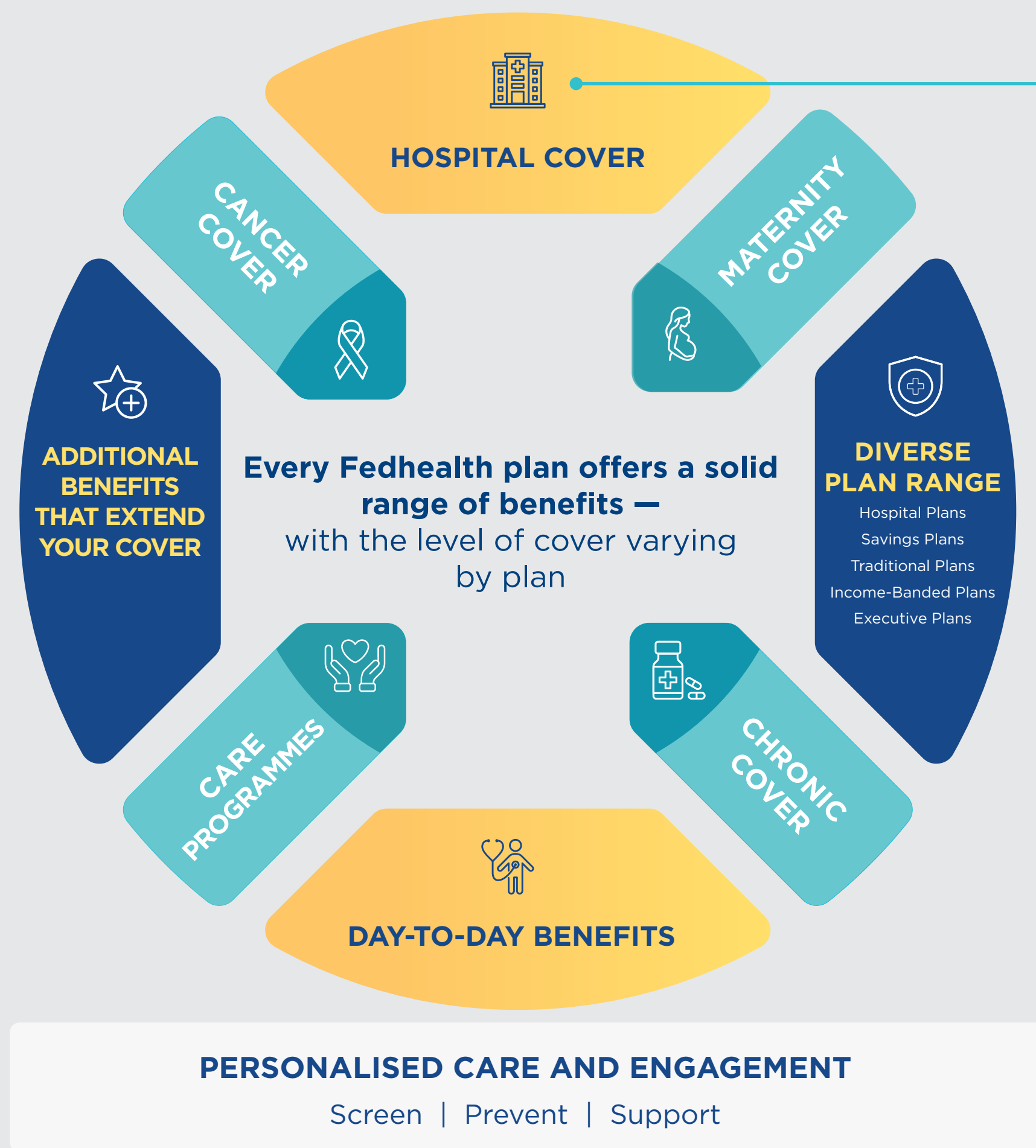


GET REWARDS

Earn rewards through simple health engagement.



Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



Dynamic networks to suit your preference when it comes to hospitalisation

UNLIMITED HOSPITAL COVER AT PRIVATE HOSPITALS

Available on all plans - Benefit limits may apply

FREEDOM OF CHOICE TO USE ANY PRIVATE HOSPITAL

Available on: flexiFED 2, flexiFED 3, flexiFED 4

AFFORDABLE COVER ON NETWORK PLANS

Available on: flexiFED^{Savvy}, flexiFED 1, flexiFED 2^{GRID}, flexiFED 3^{GRID}, flexiFED 4^{GRID}

Extensive network coverage across South Africa

Representation across all major hospital groups*



*Plan dependent

Members on GRID options can **save 10% on their monthly contribution**

Available on: flexiFED 2^{GRID}, flexiFED 3^{GRID} & flexiFED 4^{GRID}

Choose the right flexi**FED** Hospital Plan for you



You generally spend **very little** on day-to-day medical expenses and/or prefer to self-fund these

- ✓ Keep your monthly medical scheme contributions low
- ✓ Our hospital plans come with essential, built-in day-to-day benefits, e.g. screening and wellness benefits
- ✓ You are covered for hospital bills

Cover starting from
FROM R1 252 p/m

PLUS, the following unique benefits that are paid from Risk on all hospital plans

- **Unlimited MRI/CT scans** – Whether they’re done in- or out-of-hospital
- **Trauma treatment in a casualty ward** – Treatment like stitches is covered whether you’re admitted to hospital or not
- **7 days of take-home medicine** – Up to a maximum of R428 per beneficiary per admission upon discharge from hospital
- **30-day post-hospitalisation benefit** – Treatment like physio, X-rays or pathology is covered following a hospital stay
- **Female contraceptives** – Certain oral and injectable female contraceptives are covered, provided they are prescribed by a doctor or gynae, and not as an acne treatment

HOSPITAL PLANS		Hospital cover and self-funded out-of-hospital expenses
ESSENTIAL healthcare cover (for under 35 year olds)		flexi FED Savvy Hospital Plan From R1 252 p/m
OCCASIONAL healthcare cover (e.g. maternity)		flexi FED 1 Hospital Plan From R2 885 p/m
MEDIUM healthcare cover (e.g. maternity; enhanced cancer cover; enhanced chronic)		flexi FED 2 Hospital Plan From R4 126 p/m
HIGH healthcare cover (e.g. maternity; enhanced cancer cover; enhanced chronic; prostheses)		flexi FED 3 Hospital Plan From R5 035 p/m
		flexi FED 4 Hospital Plan From R6 733 p/m

You also enjoy:

- A rich **screening benefit** for general, children’s, women’s, men’s, cardiac, and over-40’s health
- **Child rates** up to the age of 27
- Only pay for **three children**

Upgrade to a higher option any time of the year

Only Fedhealth lets you upgrade to a higher option any time of the year, as long as it’s within 30 days of a life-changing event, like pregnancy or serious illness diagnosis. This means you only need to find your flexi**FIT** for right now – not for future ‘what-ifs’.

Protect your health: flexiFED Hospital Plans overview

		flexiFED ^{Savvy} Hospital Plan	flexiFED 1 Hospital Plan	flexiFED 2 ^{GRID} flexiFED2 Hospital Plan	flexiFED 3 ^{GRID} flexiFED 3 Hospital Plan	flexiFED 4 ^{GRID} flexiFED 4 Hospital Plan
Monthly contribution	Principal Member	R1 252	R2 885	R4 126	R5 035	R6 733
	Adult Dependant	R1 252	R2 261	R3 678	R4 617	R6 157
	Child Dependant	R920	R1 056	R1 218	R1 785	R2 029
Day-to-day benefit	Annual DD ⁺	-	R3 120	R3 640	R4 160	R4 680
	Additional benefits	Unlimited virtual consults 3 in-person consults per beneficiary	Unlimited network GP consults once submitted out-of-pocket expenses reach Threshold Unlimited MRI/CT scans Preventative dentistry once submitted out-of-pocket expenses reach Threshold	Unlimited network GP consults once submitted out-of-pocket expenses reach Threshold Unlimited MRI/CT scans Basic dentistry once submitted out-of-pocket expenses reach Threshold	Unlimited network GP consults once submitted out-of-pocket expenses reach Threshold Optical benefit Unlimited MRI/CT scans Basic dentistry once submitted out-of-pocket expenses reach Threshold	Unlimited network GP consults Unlimited MRI/CT scans Unlimited Above-threshold benefit (ATB) once submitted out-of-pocket expenses reach Threshold
Maternity	During pregnancy		✓	✓	✓	✓
	Hospital birth cover	✓	✓	✓	✓ Including private ward cover	✓ Including private ward cover
	Post-birth benefit		✓	✓	✓	✓
	Infant & childcare			✓	✓	✓
Chronic benefits	27 PMB conditions	✓	✓	✓	✓	✓
	Additional conditions		Depression		Depression + 7 Conditions	Depression + 18 Conditions
Cancer		PMB	PMB	R334 110	R374 920	R534 640
Mental health	Consultations Psychiatric hospitalisation	21 days for admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder				
				Mental health Programme	Mental health Programme	Mental health Programme
				✓ R43 000 pf	✓ R53 000 pf	✓ R56 000 pf
Hospital cover	Level of cover Use network facilities for planned procedures	Additional Non-PMB admissions				
		271 PMB admissions				
		✓	✓	✓ Any hospital	✓ Any hospital	✓ Any hospital

HOSPITAL PLANS

AVAILABLE ON ALL PLANS

- Child rates up to age 27
- Only pay for first 3 children

- Screening benefits
- Wellness benefits
- Preventative benefits
- 30-day post-hospitalisation benefit
- Trauma treatment in a casualty ward

- Maternity Programme (excl. Savvy)

- Upgrade to a higher plan within 30 days of a life-changing event

flexiFED

Hospital plan contributions

2027 Gross monthly contributions

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED ^{Savvy}	R1 252	R1 252	R920
flexiFED 1	R2 885	R2 261	R1 056
flexiFED 2	R4 600	R4 094	R1 358
flexiFED 2 ^{GRID}	R4 126	R3 678	R1 218
flexiFED 3	R5 614	R5 143	R1 990
flexiFED 3 ^{GRID}	R5 035	R4 617	R1 785
flexiFED 4	R7 515	R6 859	R2 260
flexiFED 4 ^{GRID}	R6 733	R6 157	R2 029

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



Members can
SAVE 10%
with GRID

GRID options are network plans.
GRID options offer the exact same level of coverage compared to their respective non-GRID variant.
You can enjoy lower monthly contributions of up to 10%, by opting to make use of over 140 private hospitals for planned procedures.

- ✓ Extensive network coverage across South Africa
- ✓ Representation across all major hospital groups



We reward your smart health choices with up to R4 680 in extra day-to-day benefits.

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, flexi**FED 1, 2, 3** and **4** members can unlock an extra amount of up to R4 680 to use for day-to-day medical expenses. These expenses will first be covered by your D2D+ benefit up to the Fedhealth Rate once it is activated. After this benefit is exhausted, any remaining expenses will be paid from your day-to-day benefits:

- GP consultations
- Specialist consultations
- Basic dentistry
- Prescribed medication
- Pathology
- General radiology

D2D+ Benefit is not applicable to flexi**FED Savvy**

flexi FED 1	R3 120
flexi FED 2	R3 640
flexi FED 3	R4 160
flexi FED 4	R4 680

Please note that D2D+ Rand amounts listed are annual family amounts.

Threshold Benefit

The Threshold Benefit on flexi**FED 1, 2, 3** and **4** offers additional cover for certain day-to-day expenses.

The benefit is unlocked by submitting out-of-pocket expenses for day-to-day expenses not already covered on your plan.

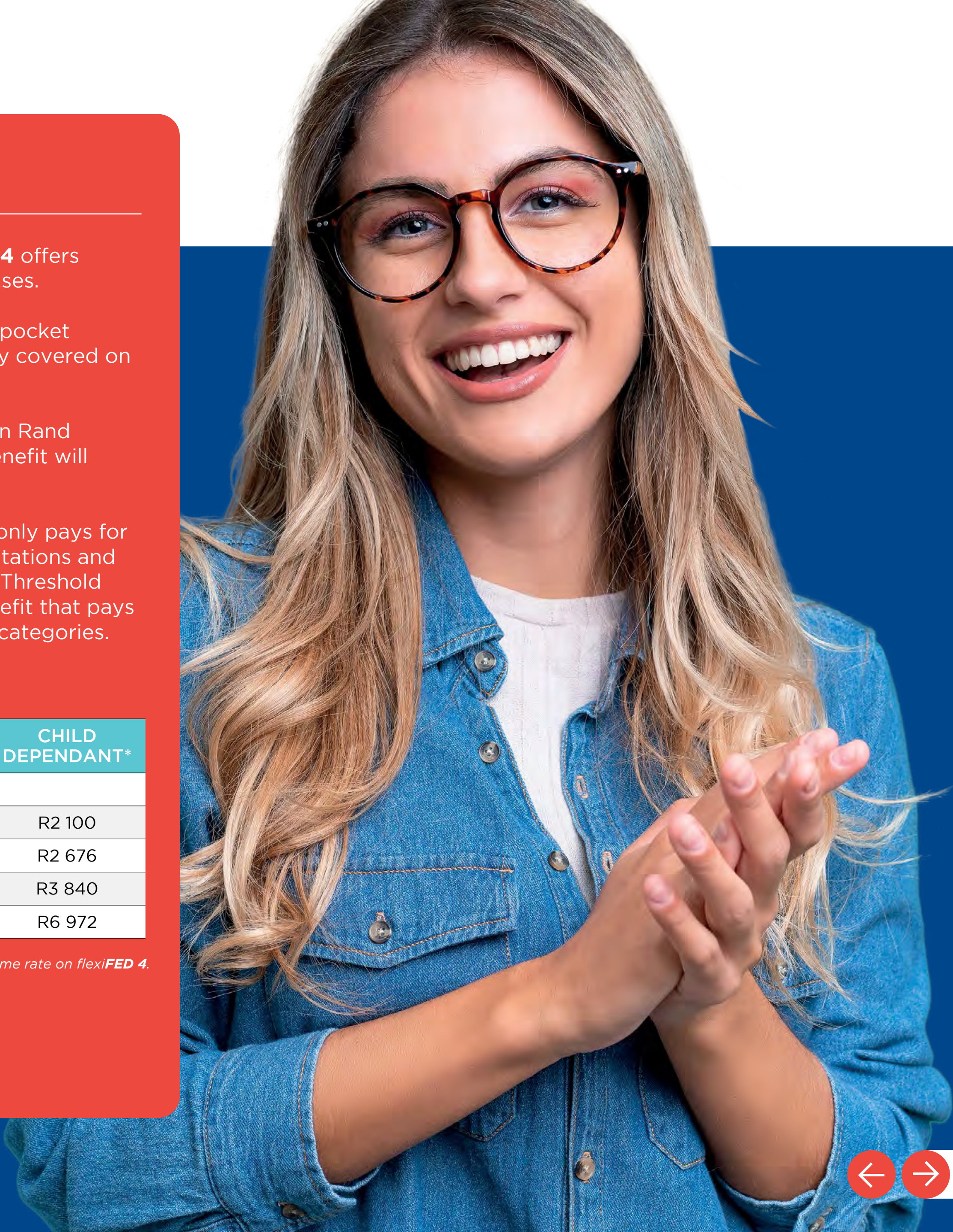
Once your submitted expenses reach a certain Rand amount ('Threshold level'), your threshold benefit will unlock.

The Threshold Benefit on flexi**FED 1, 2** and **3** only pays for certain additional services (such as GP consultations and basic or preventative dentistry), whereas the Threshold Benefit on flexi**FED 4** is a comprehensive benefit that pays for additional services across various benefit categories.

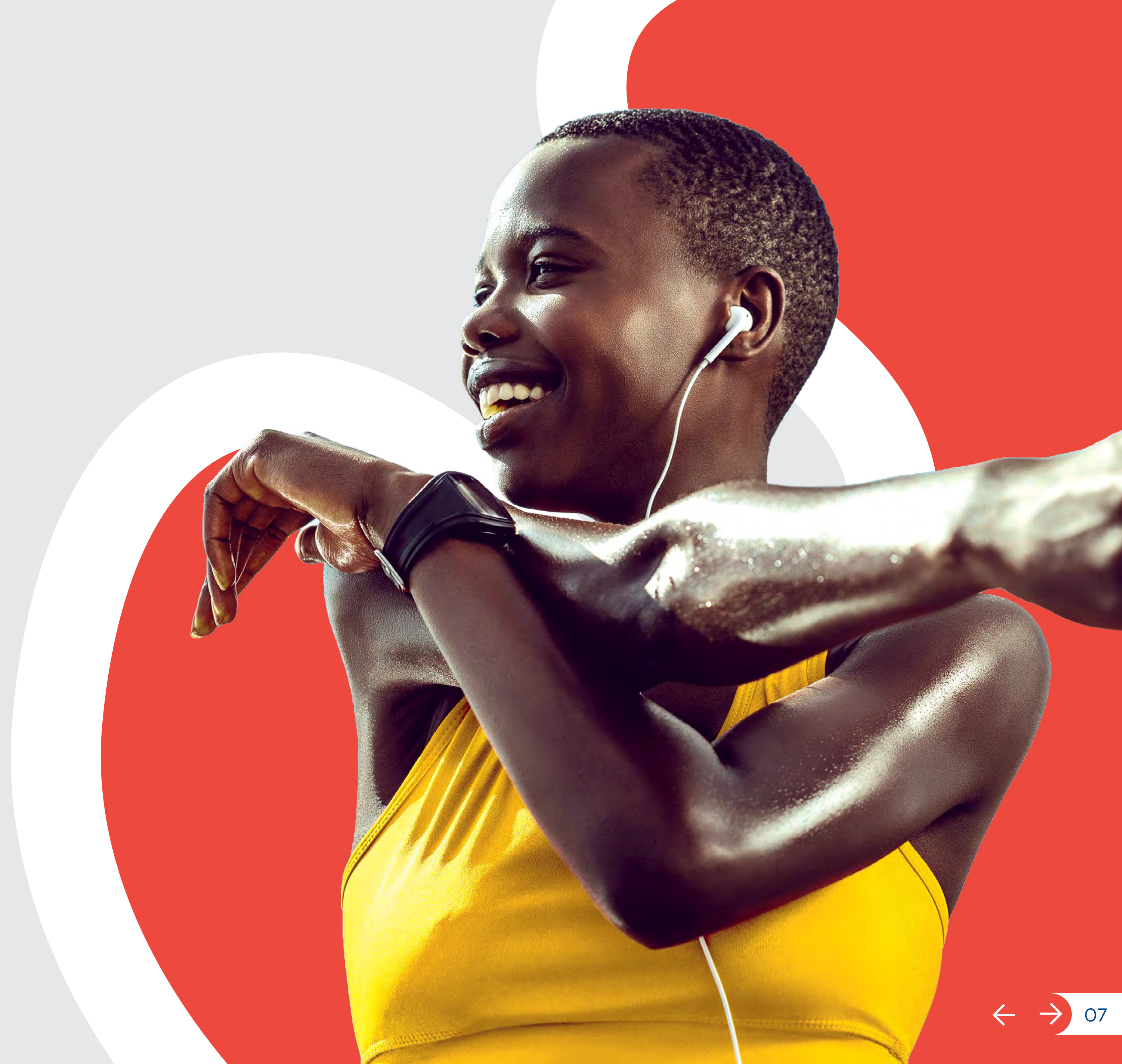
Threshold levels on flexi**FED** hospital plans

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
flexi FED Savvy	N/A		
flexi FED 1	R5 724	R4 488	R2 100
flexi FED 2	R9 060	R8 064	R2 676
flexi FED 3	R10 824	R9 912	R3 840
flexi FED 4	R23 184	R21 156	R6 972

NOTE: Claims accumulate at cost on flexi**FED 1, 2 and 3**, and at scheme rate on flexi**FED 4**.
*Up to a maximum of three children



Screening, wellness and extra value-added benefits



Screening & Wellness Benefit



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Screening Benefit**.

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS BENEFITS							
MENTAL WELLNESS							
Mental health consultations			Two virtual mental health consultations per beneficiary at a nominated network GP	Two mental health consultations per beneficiary at a nominated network GP once Threshold has been reached		Two mental health consultations per beneficiary at a nominated network GP before and after Threshold	
Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.			✓	✓	✓	✓	✓
Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.			✓	✓	✓	✓	✓
GENERAL WELLNESS							
HIV finger prick test	All lives	1 test every year	✓	✓	✓	✓	✓
Flu vaccination and administration*	All lives	1 vaccine every year	✓	✓	✓	✓	✓
Smoking cessation programme	All lives	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc)	✓	✓	✓	✓	✓
Cardiac health screening (full lipogram)	All lives aged 20 and older.	1 test every 5 years	–	✓	✓	✓	✓

* Combined administration of vaccination benefit limit of 15 per annum per family

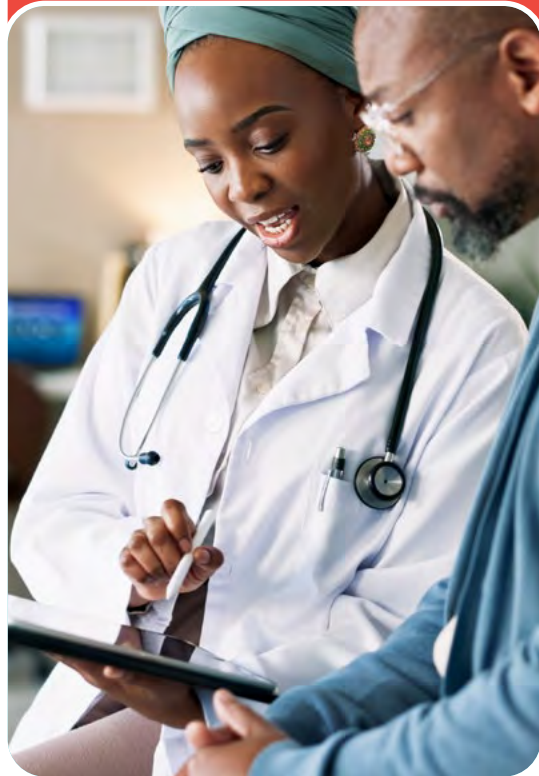
BENEFIT	Benefit criteria	Quantity and frequency	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CHILDREN'S HEALTH							
RSV vaccination administered during pregnancy to protect infants against severe RSV-related lower respiratory tract disease from birth to 6 months	Pregnant women	Once per lifetime.	–	–	–	–	✓
Immunisation Programme* (as per State EPI)	Birth to age 12		–	✓	✓	✓	✓
Infant hearing screening test and consultation**	Birth up to 8 weeks of age	1 per newborn beneficiary	–	✓	✓	✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	–	✓	✓	✓	✓
Paediatric consultation	Birth up to age 1	1 Paediatric consultation, with no referral required from GP	–	–	✓	–	–
	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	–	–	–	✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime	–	–	✓	✓	✓
Child optometry screening (tariff code 11001)	All children aged 5-8	1 Child Optometry Screening per lifetime	–	–	–	–	✓
WOMEN'S HEALTH							
Cervical cancer screening (Pap smear)	Women aged 21 - 65	1 test every 3 years	✓	✓	✓	✓	✓
Cervical cancer screening pharmacy consultation	Women aged 21 - 65	1 consultation every 3 years	✓	✓	✓	✓	✓
HPV PCR test	Women aged 21 to 65	1 test every 5 years	✓	✓	✓	✓	✓
Contraceptives	Women up to age 55	Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to non-contraceptive treatment (e.g. pills prescribed for acne.)	✓	✓	✓	✓	✓
		Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years	–	✓	✓	✓	✓
Emergency oral contraceptive benefit	Women up to age 55	1 every year	✓	✓	✓	✓	✓

* Combined administration of vaccination benefit limit of 15 per annum per family
**Add newborns within 30 days

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
MEN'S HEALTH							
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test every year	–	✓	✓	✓	✓
ALL OVER 40s HEALTH							
Breast cancer screening with mammography	All lives aged 40 and older	1 every 2 years	–	✓	✓	✓	✓
Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75	1 every year	–	✓	✓	✓	✓
Pneumococcal vaccination and administration*	All lives aged 65 and older	2 per lifetime	–	✓	✓	✓	✓
HEALTH RISK ASSESSMENTS							
Wellness screening (BMI, blood pressure, finger prick cholesterol and glucose tests)	All lives	1 every year	✓	✓	✓	✓	✓
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture and fitness)	All lives	1 every year	✓	✓	✓	✓	✓
Weight management programme	Limited to 1 qualifying enrolment per beneficiary per annum.	2 Psychotherapy consultations 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)	–	✓	✓	✓	✓

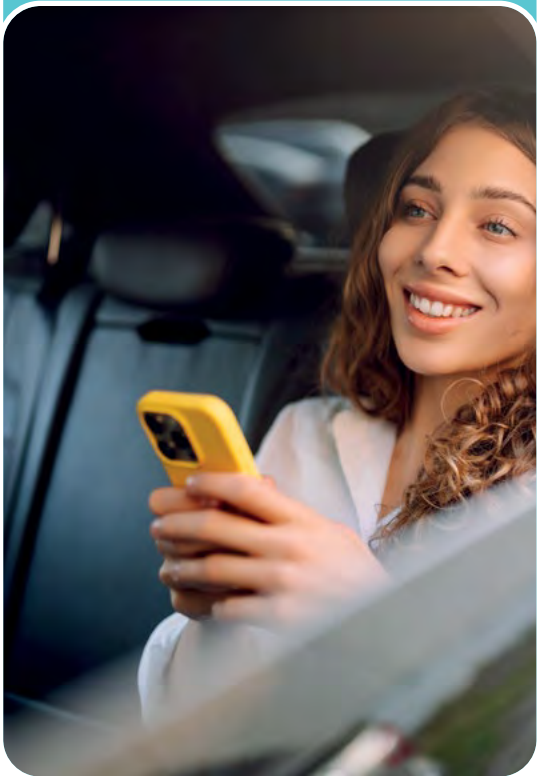
PLUS, the following support and assistance:

30-day Post-hospitalisation benefit



Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk. This includes post-hospital treatment for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

MediTaxi service



flexi**FED** members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

Emergency assistance



flexi**FED** members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Azoza provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. **Call 0860 333 432** to access this service, and press 1.

Included in this benefit is emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.

24-hour Fedhealth Nurse Line: Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.

Click here to access **ZOOM on 30-day Post-hospitalisation Benefit.**

Click here to access **ZOOM on Weight Management Programme Benefit.**

Click here to access **ZOOM on MediTaxi Service.**

Click here to access **ZOOM on Emergency Assistance**

flexiFED

Day-to-Day Benefits

Here's an overview of the day-to-day benefits available on flexiFED, including the casualty ward benefit and the chronic medication benefit (refer to page 20–22 for further details).

On flexiFED, day-to-day expenses are either self-funded, or they can be paid from Fedhealth Savings if the member makes use of their available back-up day-to-day savings up to cost, and from available D2D+ benefits up to the Fedhealth Rate. See page 40 for information about Back-up Savings and page 6 for information about D2D+ benefits.

[Click here to access ZOOM on D2D+ Benefits.](#)

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk.	Pre Threshold: Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Each beneficiary can nominate up to 2 Network GPs. Consultations at a network GP (not the nominated one) will be self-funded and accumulate to Threshold at cost. In Threshold: Unlimited nominated Network GP benefit. Consultations will be subject to a 20% co-payment in Threshold. Mental health: Maximum of 2 mental health consultations per beneficiary with a network GP will be paid from Threshold.			Pre Threshold: Consultations with a Network GP will be paid from Risk from Rand one (these consultations do not accumulate to Threshold). On flexiFED 4^{GRID} and flexiFED 4^{Elect}, you also need to nominate a network GP. Each beneficiary can nominate up to 2 Network GPs on flexiFED 4^{GRID} and flexiFED 4^{Elect}. Mental health: In-network, Fedhealth will pay for two mental health consultations per beneficiary with a network GP – before and after Threshold. In Threshold: Unlimited Network GP benefit. Consultations will be subject to a 20% co-payment in Threshold.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP.	2 consultations per family, subject to the 3 face-to-face visits.	Pre Threshold: Consultations with an out-of-network GP will be self-funded or paid from available D2D+ benefits at the Fedhealth Rate. In Threshold: Limit of 2 consultations with an out-of-network or non-nominated GP per beneficiary paid from Threshold. Thereafter, consultations with a non-network GP will be self-funded. Mental health: Consultations with a non-network GP will not be paid from Threshold, but will be self-funded.			Pre Threshold: Consultations with an out-of-network GP will be self-funded or paid from available D2D+ benefits at the Fedhealth Rate and accumulate at the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Mental health consultations out-of-network: Self-funded and will accumulate to Threshold. In Threshold: Limit of 2 consultations with an out-of-network GP per beneficiary paid from Threshold. Thereafter, consultations with a non-network GP will be self-funded. Mental health: Consultations with a non- network GP will not be paid from Threshold, but will be self-funded.

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Self-funded accumulates at the Fedhealth Rate, but if paid from D2D+, no accumulation. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered at cost with 20% co-payment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold.. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at Fedhealth Rate Accumulates up to the Fedhealth Rate. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered up to the Fedhealth Rate with 20% co-payment if GP referral not obtained.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% copayment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% co-payment if GP referral not obtained.
TRAUMA TREATMENT IN A CASUALTY WARD	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R910 per visit for non-PMBs applies.				
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician’s fees for all such surgery.	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Once threshold has been reached, the following benefits pay in threshold: 2 consults pbpa (includes infection control+ sterilised instruments+ x-rays) and 2 scaling and polishing pbpa. Topical application of fluoride: 2 pbpa for children between ages 3 and 12. Fissure sealant for children younger than 14. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Once Threshold has been reached, the following benefits will be paid from Threshold: 2 annual consultations per beneficiary incl. x-rays and scaling and polishing and fillings and extractions. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.	

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians.	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R8 860 per beneficiary per year • R26 460 per family per year • 20% co-payment applies in Threshold
Osseo-integrated implants, orthognathic surgery.	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. 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	Self-funded	Self-funded. Accumulates at cost to Threshold.			In and out-of-hospital: Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. 20% co-payment applies in Threshold.
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to or pay from Threshold.
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Hearing aids, wheelchairs, etc.	Self-funded	Self-funded. Accumulates at cost to Threshold.			In and out-of-hospital: Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics).
MEDICINES AND INJECTION MATERIAL					
Acute medicine	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate. The following limits apply before and after Threshold: • R6 780 per beneficiary per year • R13 680 per family per year • 20% co-payment applies in Threshold
Chronic medicine	Please see Chronic Medicine Benefit on page 21				
Over-the-counter medicine	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to or pay from Threshold.
Specialised Drugs (oncology/non-oncology)	No benefit				R30 000 per family for the treatment of macular degeneration.
OPTICAL BENEFIT					
Consultations Spectacle lenses Frames and/or lens enhancements	Self-funded	Self-funded. Accumulates at cost to Threshold.		Up to R2 070 per beneficiary every 24 months paid from Risk. Lens enhancement excluded. Thereafter, self-funded. Accumulates at cost to Threshold.	Self-funded. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R4 010 per beneficiary per year. • R12 210 per family per year. • 20% co-payment applies in Threshold.

* Private nursing that falls outside the alternatives to hospitalisation benefit

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PATHOLOGY AND MEDICAL TECHNOLOGY	Self-funded	Self-funded or paid from available D2D+ benefits at Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
GENERAL RADIOLOGY	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
SPECIALISED RADIOLOGY Pre-authorisation is required	Self-funded	Unlimited at Fedhealth Rate. First R4 390 for non-PMB MRI/CT scans for the member’s account.	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/CT scans for the member’s account		
Oncology PET and PET/CT scans	PMB level of care at network DSP or R5 890 co-payment for use of non-DSP.		2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.		
SPECIFIED PROCEDURES IN PRACTITIONER’S ROOMS Paid from the in-hospital benefit (subject to authorisation)	Self-funded	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			
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy.	Self-funded	Self-funded. Accumulates at cost to Threshold			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year. 20% co-payment applies in Threshold.

Maternity and Childhood Benefits



Maternity and Childhood Benefits

flexiFED members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children's early years, which include for example the Fedhealth Baby | Mom Maternity Care Programme, paediatric consults, immunisations and the Paed IQ advice line.



BENEFIT		flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
During pregnancy						
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME						
Online Doula-on-Call consultation* to activate member's enrolment PLUS a R500 voucher once Doula consultation is completed. A personal Doula (area dependent) from our Preferred Doula list. Up to R4 000 in vouchers and gifts along member's pregnancy journey. Weekly pregnancy updates (and every second week for spouse). Doula benefit of R5 000. Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings. Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop. Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes. A midwife appointment - R500 voucher after appointment. A R1 000 voucher if member gives birth at a preferred birthing facility. 24-hour medical advice line. Trimester calls from our friendly consultants. Doula-on-Call support throughout pregnancy. Post-birth Doula check-in Online lactation consultation. Handy Fedhealth baby bag, filled with essential baby products. *We know not every mum qualifies for Doula care due to medical reasons and therefore will receive a lesser value of certain Vouchers as above. Please speak to our team about the alternative programme benefits.		-	✓	✓	✓	✓
MAIN BENEFITS						
Antenatal (or postnatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	-	✓	-	-	-
	8 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	-	-	✓	-	-
	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	-	-	-	✓	✓
RSV vaccination for maternity	Once in a woman's lifetime during pregnancy funded from Risk.	-	-	-	-	✓

Pre-authorisation is required. Members will receive a handy Fedhealth Baby Bag once they've registered for the Maternity Care Programme from their 12th week of pregnancy.

Please refer to page 33 to see benefits related to maternity confinement in-hospital.



BENEFIT			flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Antenatal scans	2 x 2D antenatal scans		–	✓	✓	✓	✓
Amniocentesis	1 amniocentesis		–	✓	✓	✓	✓
Antenatal classes	Antenatal classes up to R1 250 conducted by Private Nurses.		–	✓	✓	✓	✓
BIRTH-RELATED BENEFITS							
Private ward cover	Private ward cover (when available) for delivery		–	–	–	✓	✓
Doula benefit	R5 000 per delivery for a doula (birthing coach) to assist mothers during natural childbirth		–	✓	✓	✓	✓
Post-birth benefits							
Postnatal (or antenatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	✓	–	–	–
	8 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	–	✓	–	–
	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	–	–	✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	–	✓	✓	✓	✓
Infant hearing screening test**	Birth up to 8 weeks of age	1 per newborn beneficiary	–	✓	✓	✓	✓
Paediatric consultation	Birth up to age 1	1 Paediatric consultation, with no referral required from GP	–	–	✓	–	–
	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	–	–	–	✓	✓
Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby Mom Maternity Care Programme		–	✓	✓	✓	✓



Click [here](#) to access **ZOOM** on Maternity and Childhood Benefits.



Click [here](#) to access **ZOOM** on Fedhealth Baby | Mom Maternity Care Programme.

BENEFIT			flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CHILD CARE							
Immunisation programme and administration* (as per State EPI)	Birth to age 12		–	✓	✓	✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9 – 16	Two doses per lifetime	–	–	✓	✓	✓
Childhood illness specialised drug benefit	Payable from risk up to the age of 18	Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin Juvenile Idiopathic Rheumatoid Arthritis medication	–	–	✓	✓	✓
Optical screening	All children aged 5 – 8	1 Child Optometry Screening per lifetime	–	–	–	–	✓
24-HOUR PAED-IQ ADVICE LINE	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.		✓	✓	✓	✓	✓

Please note:
1. *Combined administration of vaccination benefit limit of 15 per annum per family
2. **Add newborns within 30 days
3. Child rates up to the age of 27
4. Only pay for three children – we cover fourth and subsequent children for free

Chronic Medicine Benefits



Chronic Medicine Benefits



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Chronic Medicine Benefit**.

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

	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
LIMIT 	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL). Depression medication - R2 250 per beneficiary per annum subject to an approved list of medications.	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL). Depression medication - R2 490 per beneficiary subject to an approved list of medications.		Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children under the age of 18), Eczema (children under the age of 18), Acne (up to the age of 21). The following specified non-PMB conditions are subject to a sub-limit of R3 430 per family which are: • ADHD (children ages 6 – 18 years old) • Depression • Generalised Anxiety Disorder • Post-Traumatic Stress Disorder	Subject to a limit of R6 750 per beneficiary, and R13 500 per family. Thereafter unlimited cover for conditions on the CDL.
FORMULARY 	Basic formulary or a 25% co-payment for non-use of formulary medication.	Basic formulary or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexiFED 2. Basic formulary on flexiFED 2 ^{GRID} and 2 ^{Elect} or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexiFED 3. Basic formulary on flexiFED 3 ^{GRID} and 3 ^{Elect} or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexiFED 4. Basic formulary on flexiFED 4 ^{GRID} and 4 ^{Elect} or a 30% co-payment for non-use of formulary medication.
PHARMACY 	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP.

HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS

Limit	Unlimited
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27 Chronic conditions on the Chronic Disease List (CDL) covered on all options:

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 & 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
HIV
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus
Ulcerative Colitis

7 Additional conditions covered on flexiFED 3:

Acne (up to the age of 21)
Allergic Rhinitis (children under the age of 18)
Attention Deficit Hyperactivity Disorder (children ages 6 – 18)
Depression
Eczema (children under the age of 18)
Generalised Anxiety Disorder
Post-Traumatic Stress Disorder

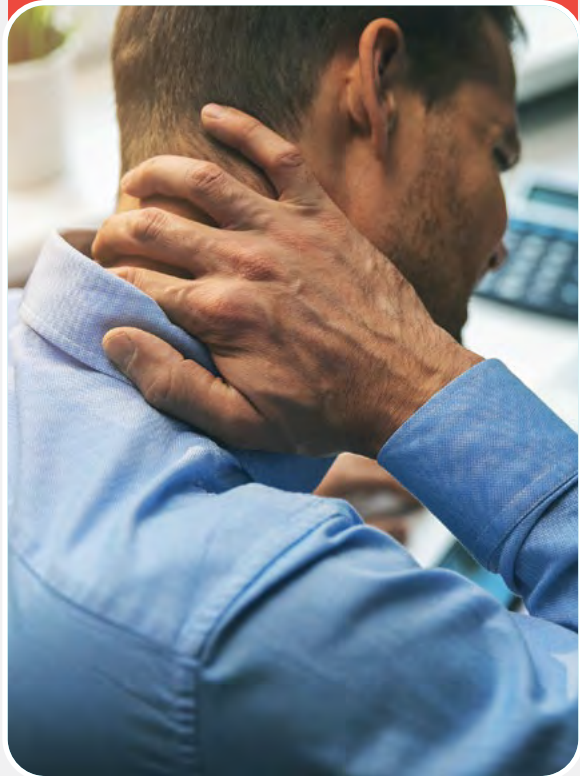
18 Additional conditions covered on flexiFED 4:

Acne (up to the age of 21)
Allergic Rhinitis (children under the age of 18)
Ankylosing Spondylitis
Anorexia Nervosa
Attention Deficit Hyperactivity Disorder (children ages 6 – 18)
Benign Prostatic Hyperplasia
Bulimia Nervosa
Depression
Dermatomyositis
Eczema (children under the age of 18)
Generalised Anxiety Disorder
Narcolepsy
Obsessive Compulsive Disorder
Panic Disorder
Paraplegia/ Quadriplegia (associated medicine)
Post-Traumatic Stress Disorder
Scleroderma
Tourette's syndrome



Managed Care



OrthoCare


The Fedhealth OrthoCare Spinal 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 receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.



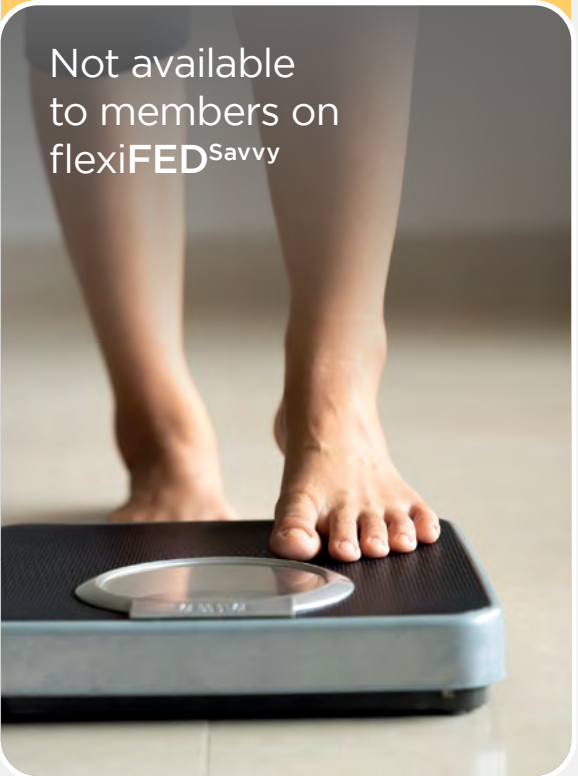
Click here to access ZOOM on OrthoCare Spinal Programme.

AfA HIV Management Programme


The Scheme offers the AfA (HIV Management) 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 to manage the condition.



Click here to access ZOOM on AfA HIV Management Programme.

Weight Management Programme


The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 psychologist consultations, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.



Click here to access ZOOM on Weight Management Programme.

Smoking Cessation Programme


flexi**FED** members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.



Click here to access ZOOM on Smoking Cessation Programme.

Alignd Palliative Care Programme


This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.



Click here to access ZOOM on Alignd Palliative Care Programme.

Hospital at Home


Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring.



Click here to access ZOOM on Hospital at Home Benefit.

Oncology Benefits



Oncology Benefits

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different , and as such we aim to provide relief through benefits like the Alignd Palliative Care Programme, as well as the Terminal Care benefit to members and their families.



 [Click here](#) to access **ZOOM on Oncology Benefits.**

- On flexi**FED Savvy** and flexi**FED 1**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 2**, oncology is covered up to R334 110 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 3**, oncology is covered up to R374 920 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 4**, oncology is covered up to R534 640 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme. Members will have access to post active treatment for life.

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
ONCOLOGY LIMIT: The use of non-DSP* will attract a 25% upfront co-payment.	Covered up to PMB level of care		R334 110	R374 920	R534 640
Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply.		Subject to Oncology limit. ICON Essential Protocols apply.		
ONCOLOGY AND ONCOLOGY MEDICINE Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Covered up to PMB level of care. ICON Essential Protocols apply.		Subject to Oncology limit. ICON Essential Protocols apply.		
Radiology and pathology	Covered up to PMB level of care.		Subject to Oncology limit.		
PET and PET-CT scans	No benefit, unless PMB level of care DSP Network applicable or a R5 890 co-payment for non-DSP use		Subject to Oncology limit. Limited to 2 per family per year, DSP Network applicable or a R5 890 co-payment for non-DSP use		
Specialised drugs for oncology	No benefit unless PMB level of care				
Brachytherapy materials	No benefit				R64 520
TERMINAL CARE	No benefit unless PMB level of care	R36 960			

** Designated Service Provider is ICON (Independent Clinical Oncology Network)*

Alignd Palliative Care Programme

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

Mental Health Benefits





Mental Health Benefits

BENEFIT		flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS RESOURCES AND DIGITAL TOOLS	Stress and Anxiety Benefit:	Two virtual consultations per beneficiary which can be used via any virtual mental health platform.		–		
	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.	✓	✓	✓	✓	✓
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	✓	✓	✓	✓	✓
OVERVIEW OF PMBs FOR MENTAL HEALTH		Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia, acute stress disorder, and substance abuse. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.				



 [Click here](#) to access **ZOOM on Mental Health Benefits.**

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CONSULTATIONS	Two virtual consultations per beneficiary. Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be self-funded.	Two virtual consultations per beneficiary. Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be self-funded. Once in Threshold, two mental health consultations per beneficiary (in-network GPs only).	Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be self-funded. Once in Threshold, two mental health consultations per beneficiary (in-network GPs only).		Two mental health consultations per beneficiary (in network GPs only). Up to 21 days of admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia, and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be self-funded. Once in Threshold, Additional Medical Services benefit that is limited to R13 820 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Programme.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions. Depression Medication: R2 250 per beneficiary per annum subject to approved list of medication.	Covered under PMBs for qualifying conditions. Depression medication: R2 490 per beneficiary per annum subject to approved list of medication Once limit is depleted, medication for depression will be self-funded.	As part of annual chronic medicine benefit of R3 430 per family, covers selected mental health conditions like depression, anxiety and PTSD.		As part of annual chronic medicine benefit of R6 750 per beneficiary, R13 500 per family covering a list of mental health diagnoses.
MENTAL HEALTH PROGRAMME	No access to programme.		Limited to R10 000 per enrolling beneficiary. Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as consultations with psychiatrists, psychologists, GPs or other mental health providers.		
PSYCHIATRIC HOSPITALISATION	Subject to PMB level of care up to 21 days admissions per beneficiary (see above).		R43 000 per family.	R53 000 per family.	R56 000 per family.

Hospital Cover



Unlimited Hospital Cover

flexiFED, like all Fedhealth options, has an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions.



The in-hospital benefit covers:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
 - 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. Limited to R2 680 per beneficiary per year on flexiFED^{Savvy}
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- Members must use the **Fedhealth Hospital Network** or pay a co-payment on the hospital account, depending on the option.
- **Physiotherapy**: Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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. Please see page 38 for a list of co-payments.

What are considered as emergencies?

- An unexpected condition that requires immediate treatment. This means that if there's no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on network hospital options can get treatment for emergency medical conditions at any hospital, but once their condition has stabilised and they can be safely transferred to a network hospital, the co-payment will apply if they opt not to be transferred.

BENEFIT	flexi FED ^{Savvy}	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit				
HOSPITAL NETWORK					
Acute Hospital Facilities	flexi FED ^{Savvy} Hospital Network	flexi FED 1 Hospital Network	flexi FED 2 : At any private hospital flexi FED 2 ^{GRID} : Hospital Network	flexi FED 3 : At any private hospital flexi FED 3 ^{GRID} : Hospital Network	flexi FED 4 : At any private hospital flexi FED 4 ^{GRID} : Hospital Network
Day Surgery Facilities	flexi FED ^{Savvy} Day Surgery Facilities Network	flexi FED 1 Day Surgery Facilities Network	flexi FED 2 and flexi FED 2 ^{GRID} : Day Surgery Facilities Network	flexi FED 3 and flexi FED 3 ^{GRID} : Day Surgery Facilities Network	flexi FED 4 and flexi FED 4 ^{GRID} : Day Surgery Facilities Network
Mental Health Facilities	Fedhealth Mental Health Facilities Network	Fedhealth Mental Health Facilities Network	flexi FED 2 ^{GRID} : Fedhealth Mental Health Facilities Network.	flexi FED 3 ^{GRID} : Fedhealth Mental Health Facilities Network.	flexi FED 4 ^{GRID} : Fedhealth Mental Health Facilities Network.
HOSPITAL LIMIT	Unlimited				
PRESCRIBED MINIMUM BENEFITS (PMB)	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, specialists, hospitals and DSPs where applicable.				
Treatment for PMB conditions can be funded in two ways	Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more.				
HOSPITALISATION	Unlimited at Fedhealth flexi FED ^{Savvy} Network Hospitals	Unlimited at Fedhealth flexi FED 1 Network Hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 1 ^{Elect} there is a R16 570 excess on all hospital admissions except emergency admissions	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 2 ^{GRID} , members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi FED 2 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions.	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 3 ^{GRID} , members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi FED 3 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions.	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 4 ^{GRID} , members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi FED 4 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions.
Hospital co-payment for non-network hospital	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities. 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse.	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 1 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions On flexi FED 1 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi FED 2 and flexi FED 2 ^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi FED 2 ^{GRID} : there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi FED 2 and flexi FED 2 ^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 2 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi FED 2 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi FED 3 and flexi FED 3 ^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi FED 3 ^{GRID} : there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi FED 3 and flexi FED 3 ^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 3 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi FED 3 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi FED 4 and flexi FED 4 ^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi FED 4 ^{GRID} : there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi FED 4 and flexi FED 4 ^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 4 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi FED 4 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CONFINEMENT					
Maternity confinement: Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.	Unlimited at PMB level of care. Elective Caesarean sections subject to a R9 690 co-payment.	Unlimited			
Elective Caesareans	Elective Caesarean sections subject to a R9 690 co-payment	Unlimited			
Private ward cover	No benefit			When available	
Delivery by Fedhealth Network GPs and specialists	Covered in full				
Delivery by non-network GPs and specialists	100% of the Fedhealth Rate, subject to a combined limit of R2 680 for non-network GP and Specialist consultations.	Covered up to the Fedhealth Rate			
Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited at PMB level of care	Unlimited			
Delivery by a registered midwife/nurse or a practitioner	Unlimited at PMB level of care	Unlimited			
Hire of water bath and oxygen cylinder	Unlimited at PMB level of care	Unlimited			
Medicine on discharge 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.	Limited to 7 days' medication up to a maximum of R428 per beneficiary per admission				
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME	No benefit	All members enjoy access to the Fedhealth Baby Mom Maternity Care Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag.			
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	Self-funded unless PMB level of care	Self-funded Accumulates at cost to Threshold			In- and out-of-hospital: Self-funded Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited at cost at PMB level of care	Unlimited			

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner’s rooms (Subject to authorisation and covered from risk)	Self-funded.	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			
MEDICINE ON DISCHARGE 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.	Up to 7 days supply to a maximum of R428 per beneficiary per admission				
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities.					
Nursing services, private nurse practitioners and nursing agencies	Unlimited at cost at PMB level of care	Unlimited at negotiated tariff			
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care				
Terminal Care Benefit	No benefit	R36 960			
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS					
General medical and surgical appliances (including glucometers)	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Hearing aids including repairs	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Large orthopaedic orthotics/ appliances	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Stoma products	Self-funded unless PMB level of care	Unlimited subject to authorisation			
CPAP apparatus for sleep apnoea	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Foot orthotics (incl. shoes and foot inserts/ levellers)	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Oxygen therapy equipment	No benefit unless PMB level of care	Unlimited subject to authorisation			
Home ventilators	Self-funded unless PMB level of care	Unlimited subject to authorisation			
Long leg callipers	Self-funded unless PMB level of care	Unlimited subject to authorisation			
Moon boots	No benefit unless PMB level of care	Limited to R2 140 per beneficiary			
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited				
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER					
Fedhealth Network GPs and Specialists	Covered in full				
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 680 per family	Covered up to the Fedhealth Rate.			
Other Healthcare Practitioners	Covered up to the Fedhealth Rate				
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care		R334 110		R534 640
Corneal grafts	No benefit				R38 890 per beneficiary

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited				
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited				
PROSTHESES AND DEVICES INTERNAL					
Aorta stent grafts	Unlimited at cost at PMB level of care			R70 160	
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	
Cardiac pacemakers	Unlimited at cost at PMB level of care				R33 210
Cardiac stents	Unlimited at cost at PMB level of care				R33 210
Cardiac valves	Unlimited at cost at PMB level of care				R33 210
Detachable platinum coils	Unlimited at cost at PMB level of care			R60 740	
Elbow, hip, knee and shoulder replacement	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	R33 210 limit applies for each joint category separately and not a combined limit for all. All joint replacements are limited to one procedure per joint category per beneficiary per year.
Total ankle replacement	No benefit				See combined benefit limit for all unlisted internal prosthesis*
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care				See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses – non-cataract (per lens) limited to 2 per beneficiary	Unlimited at cost at PMB level of care			R3 750	
* Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at PMB level of care			R29 880	

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care		R12 970	R13 820	
Continuous Glucose Monitoring (CGM devices) This benefit is limited to Type 1 diabetics only.	No benefit				R29 000 per family every year for CGM consumables and R8 000 per family every 5 years for CGM device.
GENERAL RADIOLOGY	Unlimited				
SPECIALISED RADIOLOGY	Unlimited at cost at PMB level of care	Unlimited at Fedhealth Rate. First R4 390 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - PMB level of care at network DSP or R5 890 co-payment for use of non-DSP.	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/ CT scans for the member's account Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.		
CT scans, MUGA scans, MRI scans, radio isotope studies	Specific authorisation required				
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.	Unlimited at cost at PMB level of care		R334 110 up to the Fedhealth Rate		R534 640 up to the Fedhealth Rate
IMMUNE DEFICIENY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.	Unlimited at cost at PMB level of care.	Unlimited			

Procedure co-payments

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Bunion procedures, diagnostic cystoscopy, gastritis/dyspepsia/heartburn, nasal procedures, skin biopsy/excision	No benefit unless PMB level of care	R8 510		No co-payment	
All open hernia surgery	No benefit unless PMB level of care	R9 060	R6 140		No co-payment
Arthroscopic procedures - shoulder, ankle	No benefit unless PMB level of care	R11 360			R3 570
Arthroscopic procedures - wrist	No benefit		R11 360		R3 570
Arthroscopic procedures - hip	No benefit		R11 360		R3 570
Arthroscopic procedures - knee	No benefit unless PMB level of care	No benefit unless PMB Knee: only Anterior Cruciate Ligament repair – R11 360		R11 360	R3 570
Other arthroscopic procedures	No benefit unless PMB level of care	R11 360			R3 570
Back and neck procedures	No benefit unless PMB level of care	R8 510		R5 630	R3 120
Colonoscopy, upper GI endoscopy	No benefit unless PMB level of care	R8 510	R5 760		R3 360
Dental admissions	No benefit		No co-payment		
Inguinal hernia surgery	No benefit unless PMB level of care	R9 060	R6 140		No co-payment
JOINT REPLACEMENTS					
Single hip and knee replacements with CP*	No benefit			No co-payment	
Single hip and knee replacements-non-use of CP*	No benefit			R37 750	
Other joint replacements	No benefit			R9 060	R6 140
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias and Nissen/Toupet hernia repairs only), laparoscopic procedures	No benefit unless PMB level of care	R8 510			R5 760
Laparoscopic varicocelectomy	No benefit unless PMB level of care	R8 510			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit				R5 760
Spinal surgery**	No benefit unless PMB level of care			R10 710	R8 040
Surgical extraction of impacted wisdom teeth	No benefit unless PMB level of care	R6 140			
Varicose vein procedures	No benefit unless PMB level of care	R8 510		R5 760	No co-payment

* Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics 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 OrthoCare Spinal Programme has been completed.

Protect your health with innovative customisation features

Talk to your financial adviser about how you can **customise your cover** to better suit your needs and budget.

Save 25%
with our
Elect
affordability
innovation

Healthy without any immediate
health conditions requiring hospitalisation?

Elect is Fedhealth’s **affordability** innovation or excess option that’s available exclusively on the flexi**FED 1, 2, 3** and **4** hospital plans. **If you choose the Elect variant, you will enjoy exactly the same benefits as normal, but at a 25% monthly discount on your contribution.**

This discount is available to you because you’re willing to **pay a fixed excess of R16 570** on every planned hospital admission you may need at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital until you are stable.

Elect is NOT for everyone, especially not people who might need things like a hip replacement or other planned hospital procedures, but it can be a smart way to save on your medical aid costs if you’re in good health.

ELECT CONTRIBUTIONS	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi FED 1 ^{Elect}	R2 250	R1 758	R820
flexi FED 2 ^{Elect}	R3 443	R3 078	R1 023
flexi FED 3 ^{Elect}	R4 205	R3 857	R1 491
flexi FED 4 ^{Elect}	R5 628	R5 245	R1 727

Is Elect right for you?

- ✓ You’re in good health and don’t foresee any planned hospital admissions in the near future
- ✓ You are able to cover the fixed excess if you do end up needing a planned procedure
- ✓ You have Gap Cover
- ✗ You are not in good overall health, or might need planned hospital procedures in the near future
- You don’t have the funds to cover the Elect co-payments from your own pocket
- ✗ You don’t have a Gap Cover

Nominal and Back-up Savings

Nominal Savings

flexiFED hospital plans come with a nominal savings account so that members joining Fedhealth from other schemes can easily transfer their Medical Savings Account balances to the Scheme. The nominal savings amount is included in your contribution.

Annual Nominal Savings
(included in the Gross Contribution)

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED Savvy	R0	R0	R0
flexiFED 1	R324	R240	R108
flexiFED 1 ^{Elect}	R240	R180	R72
flexiFED 2	R348	R300	R84
flexiFED 2 ^{GRID}	R312	R264	R84
flexiFED 2 ^{Elect}	R252	R228	R72
flexiFED 3	R348	R312	R120
flexiFED 3 ^{GRID}	R312	R288	R108
flexiFED 3 ^{Elect}	R276	R228	R84
flexiFED 4	R348	R312	R108
flexiFED 4 ^{GRID}	R312	R288	R84
flexiFED 4 ^{Elect}	R276	R240	R72

Back-up Savings

Worried about costly day-to-day expenses not already covered on your flexiFED Hospital Plan? Why not add back-up savings to your cover?.

The amounts below indicate how much back-up Savings you have available based on your option and family composition. The amount you activate will be divided by 12 and added to your hospital plan contribution.

flexiFED with Backup Savings

Annual maximum Back-up Savings that a member can add to their day-to-day cover

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED Savvy	R6 648 for all family types		
flexiFED 1	R6 480	R5 100	R2 388
flexiFED 1 ^{Elect}	R6 576	R5 172	R2 436
flexiFED 2	R10 452	R9 312	R3 108
flexiFED 2 ^{GRID}	R10 500	R9 360	R3 108
flexiFED 2 ^{Elect}	R10 572	R9 408	R3 120
flexiFED 3	R12 576	R11 520	R4 464
flexiFED 3 ^{GRID}	R12 612	R11 544	R4 476
flexiFED 3 ^{Elect}	R12 660	R11 616	R4 512
flexiFED 4	R19 788	R18 060	R5 952
flexiFED 4 ^{GRID}	R19 824	R18 084	R5 976
flexiFED 4 ^{Elect}	R19 872	R18 144	R5 988



flexiFED

Hospital plan

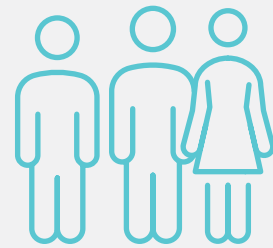
2027 Gross monthly contributions

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED ^{Savvy}	R1 252	R1 252	R920
flexiFED 1	R2 885	R2 261	R1 056
flexiFED 1 ^{Elect}	R2 250	R1 758	R820
flexiFED 2	R4 600	R4 094	R1 358
flexiFED 2 ^{GRID}	R4 126	R3 678	R1 218
flexiFED 2 ^{Elect}	R3 443	R3 078	R1 023
flexiFED 3	R5 614	R5 143	R1 990
flexiFED 3 ^{GRID}	R5 035	R4 617	R1 785
flexiFED 3 ^{Elect}	R4 205	R3 857	R1 491
flexiFED 4	R7 515	R6 859	R2 260
flexiFED 4 ^{GRID}	R6 733	R6 157	R2 029
flexiFED 4 ^{Elect}	R5 628	R5 245	R1 727

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



flexiFED 1	R3 120
flexiFED 2	R3 640
flexiFED 3	R4 160
flexiFED 4	R4 680

Please note that D2D+ Rand amounts listed are annual family amounts.

Threshold Benefit

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED ^{Savvy}	none		
flexiFED 1	R5 724	R4 488	R2 100
flexiFED 2	R9 060	R8 064	R 2676
flexiFED 3	R10 8 24	R9 912	R3 840
flexiFED 4	R23 184	R21 156	R6 972

NOTE: Claims accumulate at cost on flexiFED 1, 2 and 3, and at scheme rate on flexiFED 4.

*Up to a maximum of three children

Annual Nominal Savings (included in the Gross Contribution)

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED ^{Savvy}	R0	R0	R0
flexiFED 1	R324	R240	R108
flexiFED 1 ^{Elect}	R240	R180	R72
flexiFED 2	R348	R300	R84
flexiFED 2 ^{GRID}	R312	R264	R84
flexiFED 2 ^{Elect}	R252	R228	R72
flexiFED 3	R348	R312	R120
flexiFED 3 ^{GRID}	R312	R288	R108
flexiFED 3 ^{Elect}	R276	R228	R84
flexiFED 4	R348	R312	R108
flexiFED 4 ^{GRID}	R312	R288	R84
flexiFED 4 ^{Elect}	R276	R240	R72

Annual maximum Back-up Savings that a member can add to their day-to-day cover

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED ^{Savvy}	R6 648 for all family types		
flexiFED 1	R6 480	R5 100	R2 388
flexiFED 1 ^{Elect}	R6 576	R5 172	R2 436
flexiFED 2	R10 452	R9 312	R3 108
flexiFED 2 ^{GRID}	R10 500	R9 360	R3 108
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flexiFED 3 ^{GRID}	R12 612	R11 544	R4 476
flexiFED 3 ^{Elect}	R12 660	R11 616	R4 512
flexiFED 4	R19 788	R18 060	R5 952
flexiFED 4 ^{GRID}	R19 824	R18 084	R5 976
flexiFED 4 ^{Elect}	R19 872	R18 144	R5 988

The amount of Back-up savings that a member decides to add to their cover will be divided by 12 and added to their gross contribution

Links to benefits info

Need more information on a specific Fedhealth benefit, programme, service or provider?

We've got you covered. For additional information, just click on the relevant ZOOM to find out more.



30-Day Post-Hospitalisation Benefit →

Alignd Serious Illness Benefit →

All about dependants →

Alternatives to Hospitalisation Benefit →

Chronic Medicine Benefit →

Contraceptive Benefit →

Emergency Assistance →

Emergency Treatment in a Casualty Ward →

Maternity & Childhood Benefits →

Fedhealth Baby | Mom Maternity Care Programme →

flexi**FED 1** Preventative Dentistry Benefit →

flexi**FED 2** Basic Dentistry Benefit →

flexi**FED 3** Basic Dentistry Benefit →

GP Nomination →

Hospital at Home Benefit →

MediTaxi Benefit →

Mental Health Benefit →

Mental Health Programme →

Oncology Benefit →

Option Upgrades →

OrthoCare Spinal Programme →

Screening Benefit →

Self-Service Channels →

Selected Procedures Benefit →

Smoking Cessation Programme →

Specialised Radiology Benefit →

Specialist Referral →

Weight Management Programme →

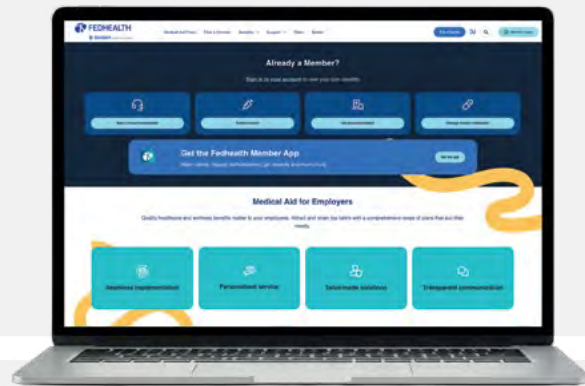


Contact us

WEBSITE

fedhealth.co.za

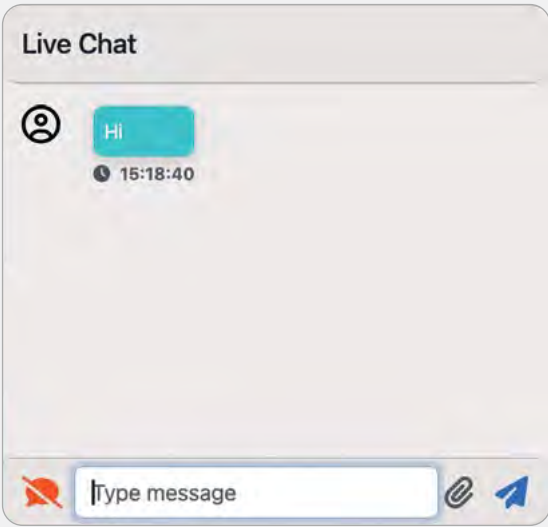
The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



LIVECHAT

Access on the website

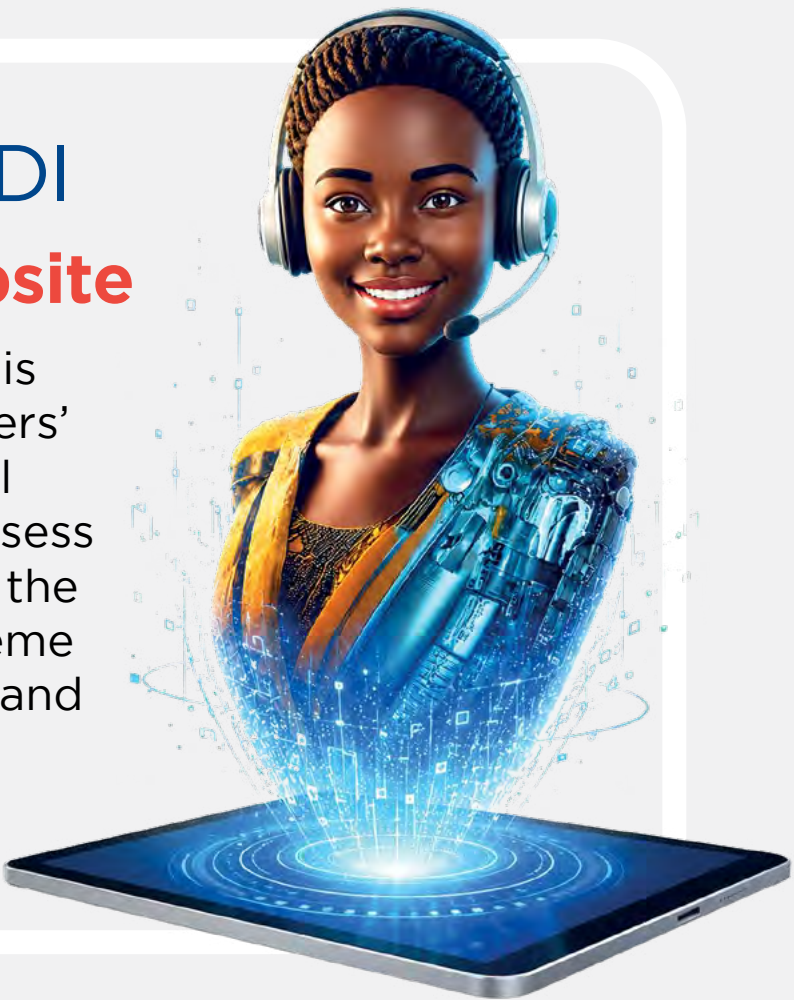
Members can type in their queries and one of our LiveChat agents will assist them online.



AI AGENT NALEDI

Access on the website

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.



FAMILY ROOM

Access on the website

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.



WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

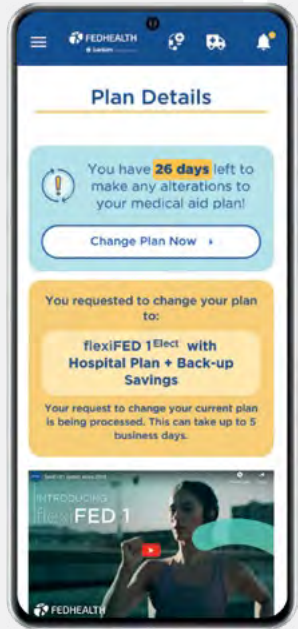


MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

Google Play Store, Huawei App Gallery and Apple App Store,

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.



Contact details

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

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

Ambulance Services
Azoza
Tel: 0860 333 432

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

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

Disease Management
Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: membercare@medscheme.co.za

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

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

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi
Tel: 0860 333 432 press 5 for the point-to-point service

Hospital-at-Home (Quro Medical)
Tel: 010 141 7710
Web: www.quromedical.co.za

Medscheme Client Service Centres

For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open
Monday to Thursday 07h30 – 17h00,
Friday 09h00 – 17h00 and
Saturday 08h00 – 12h00

Bloemfontein
Medical Suites 4 & 5, 1st Floor, Middestad Centre, Cnr Charles & West Burger Street, Bloemfontein

Cape Town
Shop 6, 9 Long Street, Cnr Long & Waterkant Streets, Cape Town

Durban
14/36 Silver Oaks Office Park, Silverton Road, Musgrave, Durban

East London
Unit 5, Balfour Road, Vincent, East London

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

Kathu
Shop 18D, Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road, Kathu

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Lephalale

Mafikeng
Shop 118, Ground Floor, East Gallery, Mafikeng

Nelspruit
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive, Mbombela

Pietermaritzburg
Shop 32B, Park Lane Shopping Centre, 12 Chief Albert Luthuli Street, Pietermaritzburg

Polokwane
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

Port Elizabeth
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

Pretoria
Shop 17, Nedbank Plaza, Ground Floor, 175 Steve Biko Street, Arcadia, Pretoria

Roodepoort
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof, Roodepoort

Rustenburg
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

Contact us

Fedhealth Customer Contact Centre
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

Contact Centre is open
Monday to Thursday 08h30 – 17h00,
Friday 09h00 – 17h00



Fedhealth Customer Contact Centre 0860 002 153

Corner Ontdekkers Road and Conrad Street, Absa Building Block F, Florida, 1716
Private Bag X3045, Randburg 2125

www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.

For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.



savings



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Why choose Fedhealth?

PROTECT YOUR HEALTH

90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

INVEST IN YOUR FUTURE



GROW YOUR WEALTH

Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

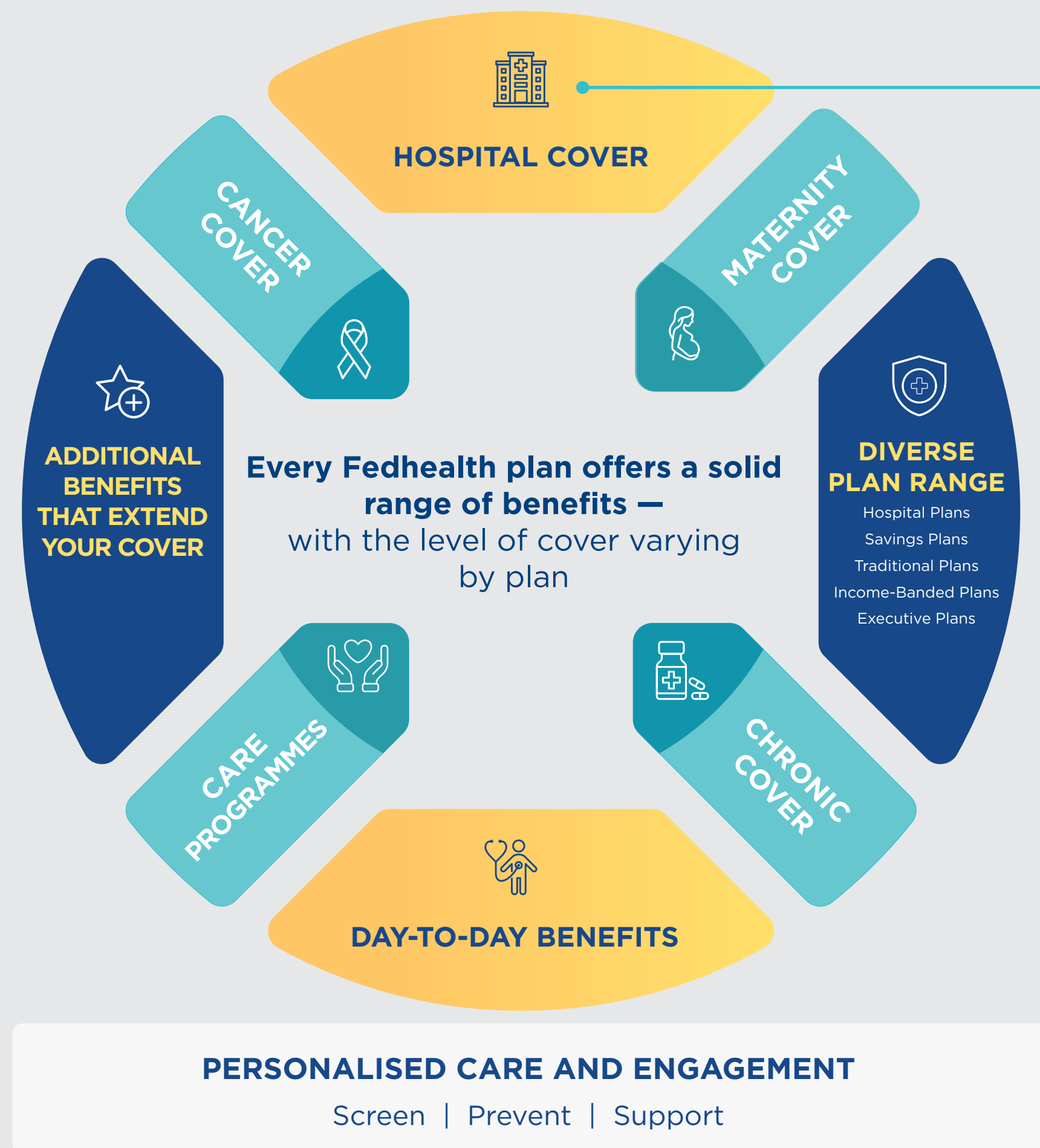


GET REWARDS

Earn rewards through simple health engagement.



Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



Dynamic networks to suit your preference when it comes to hospitalisation

UNLIMITED HOSPITAL COVER AT PRIVATE HOSPITALS

Available on all plans - Benefit limits may apply

FREEDOM OF CHOICE TO USE ANY PRIVATE HOSPITAL

Available on: flexiFED 2, flexiFED 3, flexiFED 4

AFFORDABLE COVER ON NETWORK PLANS

Available on: flexiFED^{Savvy}, flexiFED 1, flexiFED 2^{GRID}, flexiFED 3^{GRID}, flexiFED 4^{GRID}

Extensive network coverage across South Africa

Representation across all major hospital groups*



*Plan dependent

Members on GRID options can **save 10% on their monthly contribution**

Available on: flexiFED 2^{GRID}, flexiFED 3^{GRID} & flexiFED 4^{GRID}

Choose the right flexiFED Savings Plan for you



You prefer a plan that **includes a Savings account** to cover you for day-to-day expenses

- ✓ Freedom of choice to spend your Savings as you wish
- ✓ Unused Savings carry over into the following year
- ✓ Once your Savings is depleted, the scheme will continue to pay for certain day-to-day benefits
- ✓ You are covered for hospital bills

Cover starting from
FROM R1 714 p/m

PLUS, the following unique benefits that are paid from Risk on all hospital plans

- **Unlimited MRI/CT scans** – Whether they're done in- or out-of-hospital
- **Trauma treatment in a casualty ward** – Treatment like stitches is covered whether you're admitted to hospital or not
- **7 days of take-home medicine** – Up to a maximum of R428 per beneficiary per admission upon discharge from hospital
- **30-day post-hospitalisation benefit** – Treatment like physio, X-rays or pathology is covered following a hospital stay
- **Female contraceptives** – Certain oral and injectable female contraceptives are covered, provided they are prescribed by a doctor or gynae, and not as an acne treatment

You also enjoy:

- A rich **screening benefit** for general, children's, women's, men's, cardiac, and over-40's health
- **Child rates** up to the age of 27
- Only pay for **three children**

Upgrade to a higher option any time of the year

Only Fedhealth lets you upgrade to a higher option any time of the year, as long as it's within 30 days of a life-changing event, like pregnancy or serious illness diagnosis. This means you only need to find your flexiFIT for right now – not for future 'what-ifs'.

SAVINGS PLANS

Hospital cover plus day-to-day savings

ESSENTIAL
healthcare cover
(for under 35 year olds)



flexiFED Savvy Savings Plan | From R1 714 p/m

OCCASIONAL
healthcare cover
(e.g. maternity)



flexiFED 1 Savings Plan | From R3 335 p/m

MEDIUM
healthcare cover
(e.g. maternity; enhanced cancer cover; enhanced chronic)



flexiFED 2 Savings Plan | From R4 855 p/m

HIGH
healthcare cover
(e.g. maternity; enhanced cancer cover; enhanced chronic; prostheses)



flexiFED 3 Savings Plan | From R5 911 p/m

flexiFED 4 Savings Plan | From R8 110 p/m

Protect your health: flexiFED Savings Plans overview

		flexiFED ^{Savvy} Savings Plan	flexiFED 1 Savings Plan	flexiFED 2 ^{GRID} flexiFED2 Savings Plan	flexiFED 3 ^{GRID} flexiFED 3 Savings Plan	flexiFED 4 ^{GRID} flexiFED 4 Savings Plan	SAVINGS PLANS		
Monthly contribution	Principal Member	R1 714	R3 335	R4 855	R5 326	R5 911	R6 487	R8 110	R8 889
	Adult Dependant	R1 252	R2 615	R4 328	R4 741	R5 419	R5 943	R7 413	R8 113
	Child Dependant	R920	R1 222	R1 434	R1 574	R2 096	R2 300	R2 444	R2 673
Day-to-day benefit	Annual	-	R3 120	R3 640	R4 160	R4 680	No sub-limits apply and unused savings roll-over into the new year		
	Annual savings	R5 544	P 5 724 A R4 488 C R2 100	P R9 060 A R8 064 C R2 676	P R10 824 A R9 912 C R3 840	P R16 836 A R15 360 C R5 064			
	Additional benefits	Unlimited virtual consults	Unlimited network GP consults once Savings is depleted	Unlimited network GP consults once Savings is depleted	Unlimited network GP consults once Savings is depleted	Unlimited network GP consults			
		3 in-person consults per beneficiary	3 in-person consults per beneficiary	3 in-person consults per beneficiary	3 in-person consults per beneficiary	3 in-person consults per beneficiary			
Maternity	During pregnancy		✓	✓	✓	✓	Screening benefits		
	Hospital birth cover	✓	✓	✓	✓	✓		Wellness benefits	
	Post-birth benefit		✓	✓	✓	✓			Preventative benefits
	Infant & childcare			✓	✓	✓			
Chronic benefits	27 PMB conditions	✓	✓	✓	✓	✓	Trauma treatment in a casualty ward		
	Additional conditions		Depression		Depression + 7 Conditions	Depression + 18 Conditions			
Cancer		PMB	PMB	R334 110	R374 920	R534 640	Maternity Programme (excl. Savvy)		
								Upgrade to a higher plan within 30 days of a life-changing event	
Mental health	Consultations	21 days for admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder					Full cover for network specialists in-hospital		
	Psychiatric hospitalisation	From Savings	From Savings	Savings + Mental Health Programme	Savings + Mental Health Programme	Savings + ATB + Mental health Programme			
				✓ R43 000 pf	✓ R53 000 pf	✓ R56 000 pf			
Hospital cover	Level of cover				Additional Non-PMB admissions		Full cover for network specialists in-hospital		
	Use network facilities for planned procedures				271 PMB admissions				
		✓	✓	✓ Any hospital	✓ Any hospital	✓ Any hospital			

flexiFED

Savings plan contributions

2027 Gross monthly contributions

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED ^{Savvy}	R1 714	R1 252	R920
flexiFED 1	R3 335	R2 615	R1 222
flexiFED 2	R5 326	R4 741	R1 574
flexiFED 2 ^{GRID}	R4 855	R4 328	R1 434
flexiFED 3	R6 487	R5 943	R2 300
flexiFED 3 ^{GRID}	R5 911	R5 419	R2 096
flexiFED 4	R8 889	R8 113	R2 673
flexiFED 4 ^{GRID}	R8 110	R7 413	R2 444

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



Members can
SAVE 10%
with GRID

GRID options are network plans.
GRID options offer the exact same level of coverage compared to their respective non-GRID variant.
You can enjoy lower monthly contributions of up to 10%, by opting to make use of over 140 private hospitals for planned procedures.

- ✓ Extensive network coverage across South Africa
- ✓ Representation across all major hospital groups



We reward your smart health choices with up to R4 680 in extra day-to-day benefits.

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, flexi**FED 1, 2, 3** and **4** members can unlock an extra amount of up to R4 680 to use for day-to-day medical expenses. These expenses will first be covered by your D2D+ benefit up to the Fedhealth Rate once it is activated. After this benefit is exhausted, any remaining expenses will be paid from your day-to-day benefits:

- GP consultations
- Specialist consultations
- Basic dentistry
- Prescribed medication
- Pathology
- General radiology

D2D+ Benefit is not applicable to flexi**FED Savvy**

flexi FED 1	R3 120
flexi FED 2	R3 640
flexi FED 3	R4 160
flexi FED 4	R4 680

Please note that D2D+ Rand amounts listed are annual family amounts.

Fedhealth Savings

Your Fedhealth Savings plan comes with a generous pool of day-to-day savings that you can use on day-to-day expenses.

- ✓ Freedom of choice to spend your Savings as you wish
- ✓ Unused Savings carry over into the following year
- ✓ Once your Savings is depleted, the scheme will continue to pay for certain day-to-day benefits

Your annual savings allocation depends on your family composition. Below is the annual savings allocations by plan:

	ANNUAL SAVINGS ALLOCATION		
	P	A	C
flexi FED Savvy	R5 544 for all family types		
flexi FED 1	R5 724	R4 488	R2 100
flexi FED 2	R9 060	R8 064	R2 676
flexi FED 3	R10 824	R9 912	R3 840
flexi FED 4	R16 836	R15 360	R5 064

On Fedhealth **your savings lasts longer**, because the following benefits are covered, without having to use your savings:

- ✓ Trauma treatment in a casualty ward
- ✓ Female contraceptives
- ✓ 7 days TTO
- ✓ 30 day post-hospitalisation benefit
- ✓ MRI/CT scans (all options, excl. flexi**FED Savvy**)

Additional benefits once your savings is depleted

Once your savings is depleted, the scheme will continue to fund the following benefits from risk:

flexi**FED 1**

- ✓ Unlimited nominated network GP consults with a 20% co-payment
- ✓ Preventative dentistry

flexi**FED 2** & flexi**FED 3**

- ✓ Unlimited nominated network GP consults with a 20% co-payment
- ✓ Basic dentistry

flexi**FED 4**

- ✓ On flexi**FED 4** you have access to an unlimited Above-threshold benefit

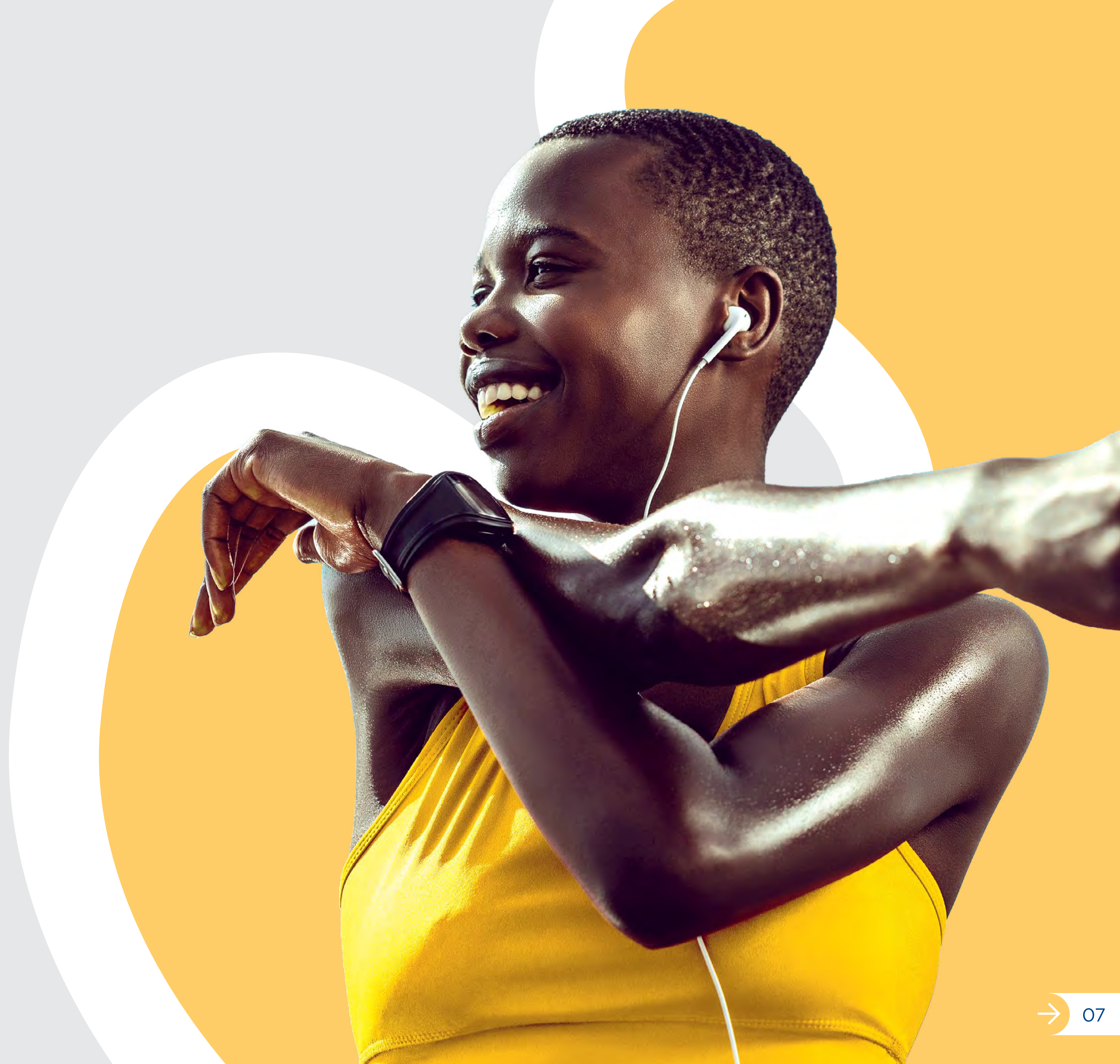
The Above-threshold benefit on flexi**FED 4** offers comprehensive cover for day-to-day expenses, including unlimited basic dentistry, unlimited network specialist consultations, unlimited pathology, unlimited general radiology and more.

The Above-threshold benefit is unlocked once:

- ✓ You have depleted your savings and
- ✓ You continue paying for day-to-day expenses out-of-pocket and
- ✓ You submit these out-of-pocket expenses to the scheme and
- ✓ Once these submitted out-of-pocket expenses accumulate to a certain rand amount ('Threshold'), the Above-threshold benefit is unlocked

	SELF-PAYMENT GAP			THRESHOLD		
	P	A	C	P	A	C
flexi FED 4	R6 348	R5 796	R1 908	R23 184	R21 156	R6 972

Screening, wellness and extra value-added benefits



Screening & Wellness Benefit

For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Screening Benefit**.

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS BENEFITS							
MENTAL WELLNESS							
Mental health consultations			Two virtual mental health consultations per beneficiary at a nominated network GP	Two mental health consultations per beneficiary at a nominated network GP once Threshold has been reached		Two mental health consultations per beneficiary at a nominated network GP before and after Threshold	
Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.			✓	✓	✓	✓	✓
Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.			✓	✓	✓	✓	✓
GENERAL WELLNESS							
HIV finger prick test	All lives	1 test every year	✓	✓	✓	✓	✓
Flu vaccination and administration*	All lives	1 vaccine every year	✓	✓	✓	✓	✓
Smoking cessation programme	All lives	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc)	✓	✓	✓	✓	✓
Cardiac health screening (full lipogram)	All lives aged 20 and older.	1 test every 5 years	–	✓	✓	✓	✓

* Combined administration of vaccination benefit limit of 15 per annum per family

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CHILDREN'S HEALTH							
RSV vaccination administered during pregnancy to protect infants against severe RSV-related lower respiratory tract disease from birth to 6 months	Pregnant women	Once per lifetime	–	–	–	–	✓
Immunisation Programme (as per State EPI)	Birth to age 12		–	✓	✓	✓	✓
Infant hearing screening test and consultation**	Birth up to 8 weeks of age	1 per newborn beneficiary	–	✓	✓	✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	–	✓	✓	✓	✓
Paediatric consultation	Birth up to age 1	1 Paediatric consultation, with no referral required from GP	–	–	✓	–	–
	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	–	–	–	✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime	–	–	✓	✓	✓
Child optometry screening (tariff code 11001)	All children aged 5-8	1 Child Optometry Screening per lifetime	–	–	–	–	✓
WOMEN'S HEALTH							
Cervical cancer screening (Pap smear)	Women aged 21 - 65	1 test every 3 years	✓	✓	✓	✓	✓
Cervical cancer screening pharmacy consultation	Women aged 21 - 65	1 consultation every 3 years	✓	✓	✓	✓	✓
HPV PCR test	Women aged 21 to 65	1 test every 5 years	✓	✓	✓	✓	✓
Contraceptives	Women up to age 55	Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to non-contraceptive treatment (e.g. pills prescribed for acne.)	✓	–	–	–	–
		Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years	–	✓	✓	✓	✓
Emergency oral contraceptive benefit	Women up to age 55	1 every year	✓	✓	✓	✓	✓

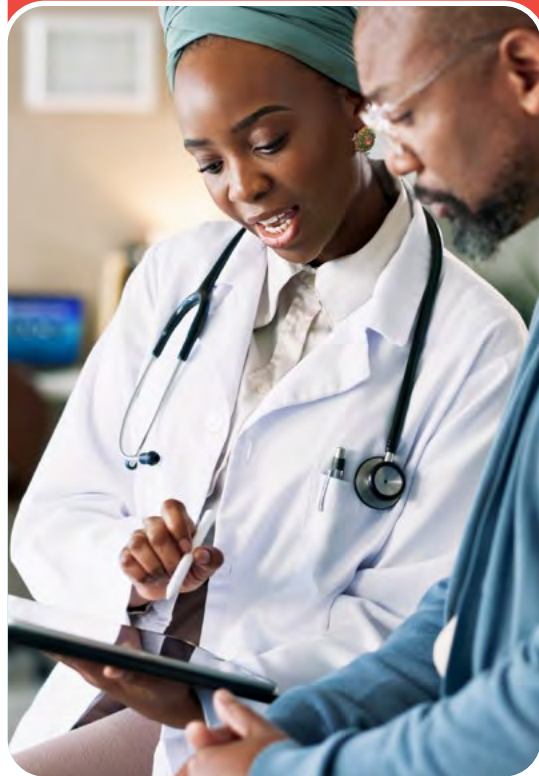
* Combined administration of vaccination benefit limit of 15 per annum per family

**Add newborns within 30 days

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
MEN'S HEALTH							
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test every year	–	✓	✓	✓	✓
ALL OVER 40s HEALTH							
Breast cancer screening with mammography	All lives aged 40 and older	1 every 2 years	–	✓	✓	✓	✓
Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75	1 every year	–	✓	✓	✓	✓
Pneumococcal vaccination and administration*	All lives aged 65 and older	2 per lifetime	–	✓	✓	✓	✓
HEALTH RISK ASSESSMENTS							
Wellness screening (BMI, blood pressure, finger prick cholesterol and glucose tests)	All lives	1 every year	✓	✓	✓	✓	✓
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture and fitness)	All lives	1 every year	✓	✓	✓	✓	✓
Weight management programme	Limited to 1 qualifying enrolment per beneficiary per annum.	2 Psychotherapy consultations 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)	–	✓	✓	✓	✓

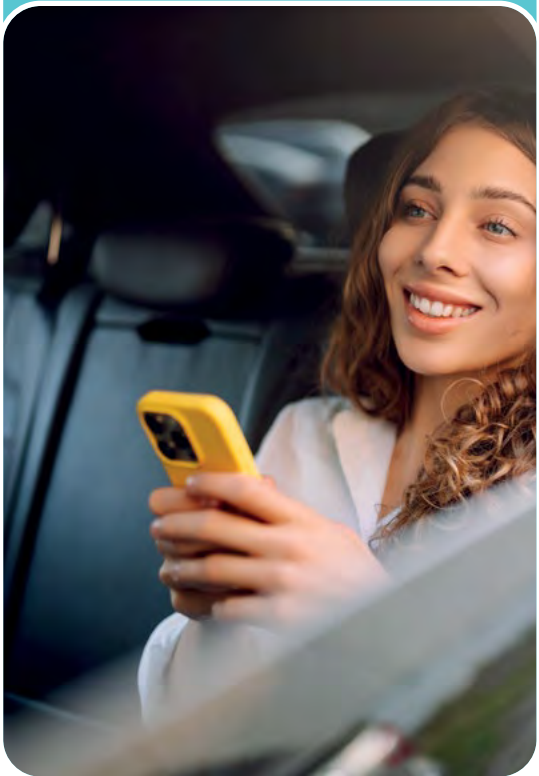
PLUS, the following support and assistance:

30-day Post-hospitalisation benefit



Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk. This includes post-hospital treatment for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

MediTaxi service



flexi**FED** members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

Emergency assistance



flexi**FED** members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Azoza provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. **Call 0860 333 432** to access this service, and press 1.

Included in this benefit is emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.

24-hour Fedhealth Nurse Line: Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.

[Click here](#) to access **ZOOM on 30-day Post-hospitalisation Benefit.**

[Click here](#) to access **ZOOM on Weight Management Programme Benefit.**

[Click here](#) to access **ZOOM on MediTaxi Service.**

[Click here](#) to access **ZOOM on Emergency Assistance**

flexiFED

Day-to-Day Benefits

Here’s an overview of the day-to-day benefits available on flexiFED, including the casualty ward benefit and the chronic medication benefit (refer to page 20–22 for further details).

On flexiFED, day-to-day expenses are paid from Savings, and from available D2D+ benefits up to the Fedhealth Rate. See page 6 for information about D2D+ benefits.



[Click here](#) to access **ZOOM** on **D2D+ Benefits**.

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk	Consultations with a nominated Network GP will be paid from Savings at cost or available D2D+benefits at the Fedhealth Rate. Once Savings is depleted: Unlimited nominated Network GP consultations. Consultations will be subject to a 20% co-payment. Mental health: Maximum of 2 mental health consultations per beneficiary with a network GP will be paid once Savings is depleted.			Pre Threshold: Consultations with a Network GP will be paid from Risk from Rand one and not from Savings (these consultations do not accumulate to Threshold). On flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} , you also need to nominate a network GP. Each beneficiary can nominate up to 2 Network GPs on flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} . Mental health: In-network, Fedhealth will pay for two mental health consultations per beneficiary with a network GP – before and after Threshold.. In Threshold: Unlimited Network GP benefit. Consultations will be subject to a 20% co-payment in Threshold.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP.	2 consultations per family, subject to the 3 face-to-face visits.	Consultations with an out-of-network GP will be paid from available D2D+ benefits at the Fedhealth Rate and Savings at cost. Once Savings is depleted each beneficiary receives 2 non-network (or non-nominated) GP consultations			Pre Threshold: Consultations with an out-of-network GP will be paid from Savings at cost or available D2D+ benefits at the Fedhealth Rate. Claims paid from Savings accumulate up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Mental health consultations out-of-network: Subject to Savings and available D2D+ benefits. Claims paid from Savings will accumulate up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold In Threshold: Limit of 2 consultations with out-of-network GP per beneficiary paid from Threshold. Thereafter, consultations with a non-network GP will be paid from Savings. Mental health: Consultations with a non-network GP will not be paid from Threshold, but will be paid from Savings.

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Paid from Savings	Paid from Savings at cost or available D2D+ benefits at the Fedhealth Rate.			Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Claims paid from Savings accumulate at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered at cost with 20% co-payment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Paid from Savings	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate.			Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Claims paid from Savings accumulate at the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered up to the Fedhealth Rate with 20% co-payment if GP referral not obtained.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Paid from Savings	Paid from Savings at cost or available D2D+ benefits at the Fedhealth Rate.			Paid from Savings or available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% co-payment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Paid from Savings	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate.			Paid from Savings or available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% co-payment if GP referral not obtained.
TRAUMA TREATMENT IN A CASUALTY WARD	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R910 per visit for non-PMBs applies.				
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician’s fees for all such surgery.	Paid from Savings	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Once Savings has been depleted, the following benefits will be paid: 2 annual consultations per beneficiary (includes infection control, sterilised instruments, x-rays) and 2 scaling and polishing per beneficiary per year. Topical application of fluoride: 2 per beneficairy per year for children between ages 3 and 12 Fissure sealsant for children younger than 14. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Once Savings has been depleted, the following benefits will be paid: 2 annual consultations per beneficiary (includes infection control, sterilised instruments, x-rays, fillings and extractions) and 2 scaling and polishing per beneficiary per year. Topical application of fluoride: 2 per beneficairy per year for children between ages 3 and 12. Fissure sealsant for children younger than 14. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.		Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Claims paid from Savings accumulate up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians.	Paid from Savings	Paid from Savings.			Paid from Savings. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R8 860 per beneficiary per year • R26 460 per family per year • 20% co-payment applies in Threshold
Osseo-integrated implants, orthognathic surgery.	Paid from Savings	Paid from Savings.			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	Paid from Savings	Paid from Savings.			In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. 20% co-payment applies in Threshold.
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings	Paid from Savings.			Paid from Savings. Does not accumulate to or pay from Threshold.
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Hearing aids, wheelchairs, etc.	Paid from Savings	Paid from Savings.			In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics).
MEDICINES AND INJECTION MATERIAL					
Acute medicine	Paid from Savings	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate.			Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. The following limits apply before and after Threshold: • R6 780 per beneficiary per year • R13 680 per family per year • 20% co-payment applies in Threshold
Chronic medicine	Please see Chronic Medicine Benefit on page 21				
Over-the-counter medicine	Paid from Savings	Paid from Savings.			Paid from Savings. Does not accumulate to or pay from Threshold.
Specialised Drugs (oncology/non-oncology)	No benefit				R30 000 per family for the treatment of macular degeneration.
OPTICAL BENEFIT					
Consultations Spectacle lenses Frames and/or lens enhancements	Paid from Savings	Paid from Savings.		Up to R2 070 per beneficiary every 24 months paid from Risk. Lens enhancements excluded. Thereafter, paid from Savings.	Paid from Savings. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R4 010 per beneficiary per year. • R12 210 per family per year. • 20% co-payment applies in Threshold.

* Private nursing that falls outside the alternatives to hospitalisation benefit

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PATHOLOGY AND MEDICAL TECHNOLOGY	Paid from Savings	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate.			Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Claims paid from Savings accumulate up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
GENERAL RADIOLOGY	Paid from Savings	Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate.			Paid from Savings at cost and available D2D+ benefits at the Fedhealth Rate. Claims paid from Savings accumulate up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
SPECIALISED RADIOLOGY Pre-authorisation is required	Paid from Savings	Unlimited at Fedhealth Rate. First R4 390 for non-PMB MRI/CT scans for the member's account.	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/CT scans for the member's account.		
Oncology PET and PET/CT scans	PMB level of care at network DSP or R5 890 co-payment for use of non-DSP.		2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.		
SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS Paid from the in-hospital benefit (subject to authorisation)	Paid from Savings	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			
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy.	Paid from Savings	Paid from Savings.			Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year 20% co-payment applies in Threshold.

Maternity and Childhood Benefits



Maternity and Childhood Benefits

flexiFED members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children’s early years, which include for example the Fedhealth Baby | Mom Maternity Care Programme, paediatric consults, immunisations and the Paed IQ advice line.



BENEFIT		flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
During pregnancy						
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME						
Online Doula-on-Call consultation* to activate member’s enrolment PLUS a R500 voucher once Doula consultation is completed. A personal Doula (area dependent) from our Preferred Doula list. Up to R4 000 in vouchers and gifts along member’s pregnancy journey. Weekly pregnancy updates (and every second week for spouse). Doula benefit of R5 000. Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings. Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop. Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes. A midwife appointment - R500 voucher after appointment. A R1 000 voucher if member gives birth at a preferred birthing facility. 24-hour medical advice line. Trimester calls from our friendly consultants. Doula-on-Call support throughout pregnancy. Post-birth Doula check-in Online lactation consultation. Handy Fedhealth baby bag, filled with essential baby products. *We know not every mum qualifies for Doula care due to medical reasons and therefore will receive a lesser value of certain Vouchers as above. Please speak to our team about the alternative programme benefits.		–	✓	✓	✓	✓
MAIN BENEFITS						
Antenatal (or postnatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	–	✓	–	–	–
	8 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	–	–	✓	–	–
	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	–	–	–	✓	✓
RSV vaccination for maternity	Once in a woman’s lifetime during pregnancy funded from Risk.	–	–	–	–	✓

Pre-authorisation is required. Members will receive a handy Fedhealth Baby Bag once they've registered for the Maternity Care Programme from their 12th week of pregnancy.

Please refer to page 33 to see benefits related to maternity confinement in-hospital.



BENEFIT			flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Antenatal scans	2 x 2D antenatal scans		–	✓	✓	✓	✓
Amniocentesis	1 amniocentesis		–	✓	✓	✓	✓
Antenatal classes	Antenatal classes up to R1 250 conducted by Private Nurses.		–	✓	✓	✓	✓
BIRTH-RELATED BENEFITS							
Private ward cover	Private ward cover (when available) for delivery		–	–	–	✓	✓
Doula benefit	R5 000 per delivery for a doula (birthing coach) to assist mothers during natural childbirth		–	✓	✓	✓	✓
Post-birth benefits							
Postnatal (or antenatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	✓	–	–	–
	8 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	–	✓	–	–
	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	–	–	✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	–	✓	✓	✓	✓
Infant hearing screening test**	Birth up to 8 weeks of age	1 per newborn beneficiary	–	✓	✓	✓	✓
Paediatric consultation	Birth up to age 1	1 Paediatric consultation, with no referral required from GP	–	–	✓	–	–
	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	–	–	–	✓	✓
Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby Mom Maternity Care Programme		–	✓	✓	✓	✓



Click [here](#) to access **ZOOM** on Maternity and Childhood Benefits.



Click [here](#) to access **ZOOM** on Fedhealth Baby | Mom Maternity Care Programme.

BENEFIT			flexiFEDSavvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CHILD CARE							
Immunisation programme and administration* (as per State EPI)	Birth to age 12		–	✓	✓	✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9 – 16	Two doses per lifetime	–	–	✓	✓	✓
Childhood illness specialised drug benefit	Payable from risk up to the age of 18	Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin Juvenile Idiopathic Rheumatoid Arthritis medication	–	–	✓	✓	✓
Optical screening	All children aged 5 – 8	1 Child Optometry Screening per lifetime	–	–	–	–	✓
24-HOUR PAED-IQ ADVICE LINE	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.		✓	✓	✓	✓	✓

Please note:
1. *Combined administration of vaccination benefit limit of 15 per annum per family
2. **Add newborns within 30 days
3. Child rates up to the age of 27
4. Only pay for three children – we cover fourth and subsequent children for free

Chronic Medicine Benefits



Chronic Medicine Benefits



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Chronic Medicine Benefit**.

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

	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
LIMIT 	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL). Depression medication - R2 250 per beneficiary per annum subject to an approved list of medications.	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL). Depression medication - R2 490 per beneficiary subject to an approved list of medications.		Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children under the age of 18), Eczema (children under the age of 18), Acne (up to the age of 21). The following specified non-PMB conditions are subject to a sub-limit of R3 430 per family which are: • ADHD (children ages 6 – 18 years old) • Depression • Generalised Anxiety Disorder • Post-Traumatic Stress Disorder	Subject to a limit of R6 750 per beneficiary, and R13 500 per family. Thereafter unlimited cover for conditions on the CDL.
FORMULARY 	Basic formulary or a 25% co-payment for non-use of formulary medication.	Basic formulary or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexiFED 2. Basic formulary on flexiFED 2 ^{GRID} and 2 ^{Elect} or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexiFED 3. Basic formulary on flexiFED 3 ^{GRID} and 3 ^{Elect} or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexiFED 4. Basic formulary on flexiFED 4 ^{GRID} and 4 ^{Elect} or a 30% co-payment for non-use of formulary medication.
PHARMACY 	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP.

HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS

Limit	Unlimited
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27 Chronic conditions on the Chronic Disease List (CDL) covered on all options:

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 & 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
HIV
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus
Ulcerative Colitis

7 Additional conditions covered on flexiFED 3:

Acne (up to the age of 21)
Allergic Rhinitis (children under the age of 18)
Attention Deficit Hyperactivity Disorder (children ages 6 – 18)
Depression
Eczema (children under the age of 18)
Generalised Anxiety Disorder
Post-Traumatic Stress Disorder

18 Additional conditions covered on flexiFED 4:

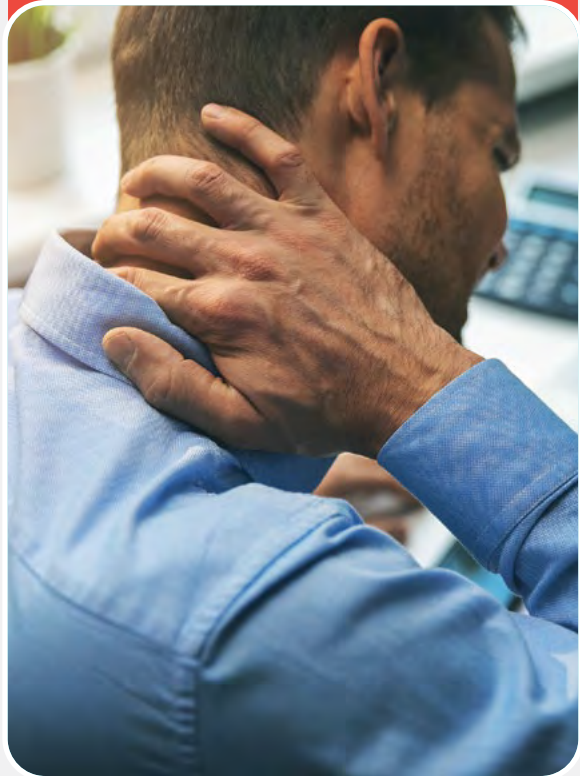
Acne (up to the age of 21)
Allergic Rhinitis (children under the age of 18)
Ankylosing Spondylitis
Anorexia Nervosa
Attention Deficit Hyperactivity Disorder (children ages 6 – 18)
Benign Prostatic Hyperplasia
Bulimia Nervosa
Depression
Dermatomyositis
Eczema (children under the age of 18)
Generalised Anxiety Disorder
Narcolepsy
Obsessive Compulsive Disorder
Panic Disorder
Paraplegia/ Quadriplegia (associated medicine)
Post-Traumatic Stress Disorder
Scleroderma
Tourette's syndrome



Managed Care



OrthoCare



The Fedhealth OrthoCare Spinal 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 receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.

 [Click here](#) to access **ZOOM on OrthoCare Spinal Programme.**

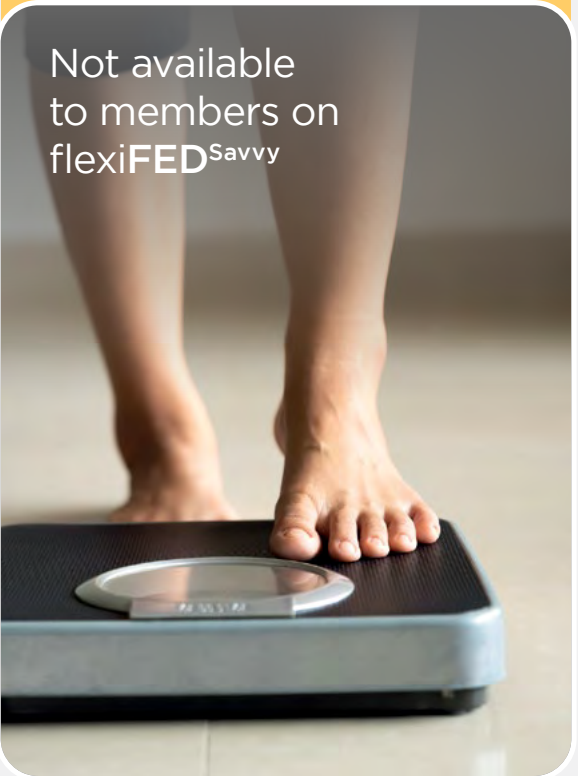
AfA HIV Management Programme



The Scheme offers the AfA (HIV Management) 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 to manage the condition.

 [Click here](#) to access **ZOOM on AfA HIV Management Programme.**

Weight Management Programme



The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 psychologist consultations, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.

 [Click here](#) to access **ZOOM on Weight Management Programme.**

Smoking Cessation Programme



flexi**FED** members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.

 [Click here](#) to access **ZOOM on Smoking Cessation Programme.**

Alignd Palliative Care Programme



This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

 [Click here](#) to access **ZOOM on Alignd Palliative Care Programme.**

Hospital at Home



Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring.

 [Click here](#) to access **ZOOM on Hospital at Home Benefit.**

Oncology Benefits



Oncology Benefits

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different , and as such we aim to provide relief through benefits like the Alignd Palliative Care Programme, as well as the Terminal Care benefit to members and their families.



 [Click here](#) to access **ZOOM on Oncology Benefits.**

- On flexi**FED**^{Savvy} and flexi**FED 1**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 2**, oncology is covered up to R334 110 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 3**, oncology is covered up to R374 920 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 4**, oncology is covered up to R534 640 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme. Members will have access to post active treatment for life.

BENEFIT	flexi FED ^{Savvy}	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
ONCOLOGY LIMIT: The use of non-DSP* will attract a 25% upfront co-payment.	Covered up to PMB level of care		R334 110	R374 920	R534 640
Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply.		Subject to Oncology limit. ICON Essential Protocols apply.		
ONCOLOGY AND ONCOLOGY MEDICINE Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Covered up to PMB level of care. ICON Essential Protocols apply.		Subject to Oncology limit. ICON Essential Protocols apply.		
Radiology and pathology	Covered up to PMB level of care.		Subject to Oncology limit.		
PET and PET-CT scans	No benefit, unless PMB level of care DSP Network applicable or a R5 890 co-payment for non-DSP use		Subject to Oncology limit. Limited to 2 per family per year, DSP Network applicable or a R5 890 co-payment for non-DSP use		
Specialised drugs for oncology	No benefit unless PMB level of care				
Brachytherapy materials	No benefit				R64 520
TERMINAL CARE	No benefit unless PMB level of care	R36 960			

** Designated Service Provider is ICON (Independent Clinical Oncology Network)*

Alignd Palliative Care Programme

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

Mental Health Benefits



Mental Health Benefits



BENEFIT		flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS RESOURCES AND DIGITAL TOOLS	Stress and Anxiety Benefit:	Two virtual consultations per beneficiary which can be used via any virtual mental health platform.		–		
	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.	✓	✓	✓	✓	✓
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	✓	✓	✓	✓	✓
OVERVIEW OF PMBs FOR MENTAL HEALTH		Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia, acute stress disorder, and substance abuse. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.				



 [Click here](#) to access **ZOOM on Mental Health Benefits.**

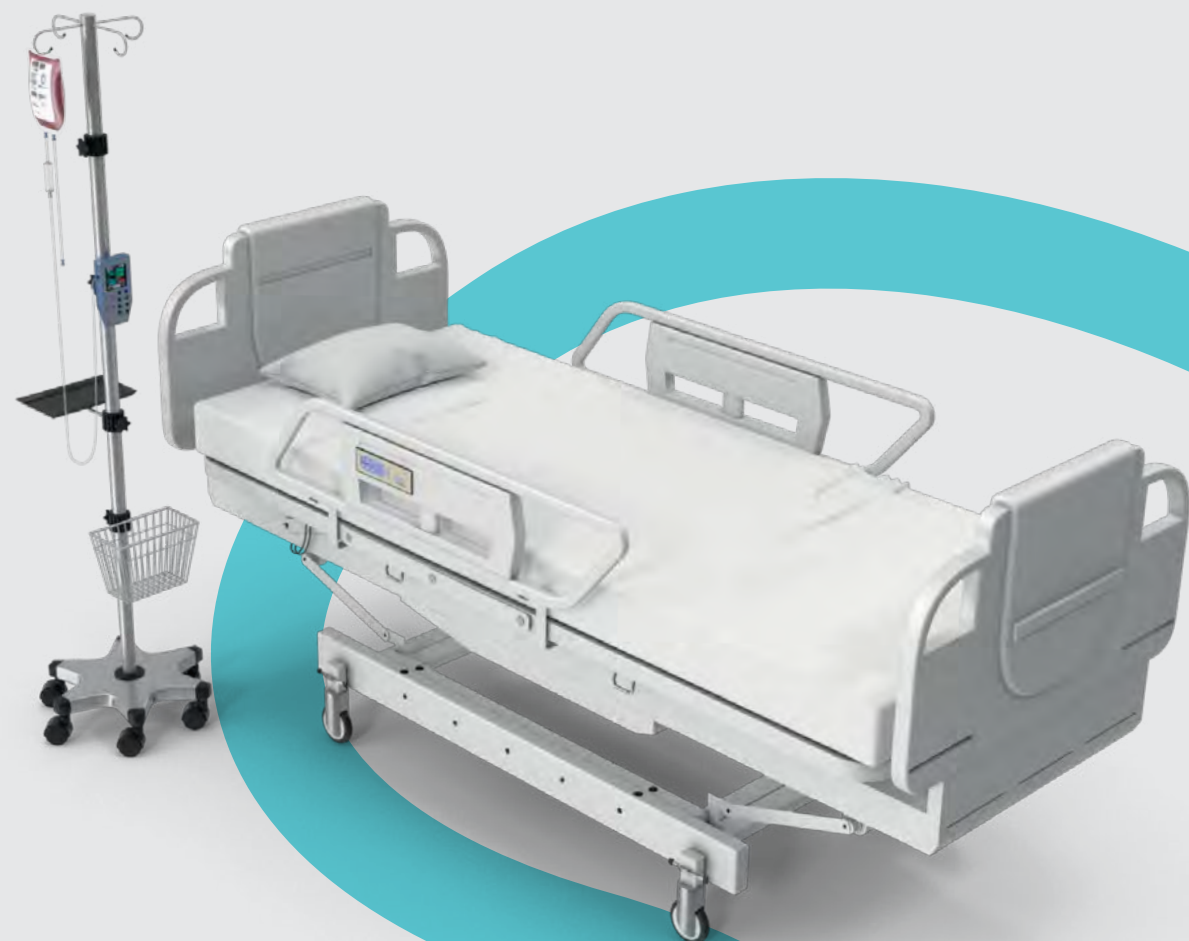
BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CONSULTATIONS	Two virtual consultations per beneficiary. Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be paid from Savings.	Two virtual consultations per beneficiary. Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be paid from Savings. Once Savings is depleted, two mental health consultations per beneficiary (in-network GPs only).	Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be paid from Savings. Once Savings is depleted, two mental health consultations per beneficiary (in-network GPs only).		Two mental health consultations per beneficiary (in network GPs only). Up to 21 days of admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia, and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be paid from Savings. Once in Threshold, Additional Medical Services benefit that is limited to R13 820 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Programme.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions. Depression Medication: R2 250 per beneficiary per annum subject to approved list of medication.	Covered under PMBs for qualifying conditions. Depression medication: R2 490 per beneficiary per annum subject to approved list of medication Once limit is depleted, medication for depression will be paid from Savings.	As part of annual chronic medicine benefit of R3 430 per family, covers selected mental health conditions like depression, anxiety and PTSD.		As part of annual chronic medicine benefit of R6 750 per beneficiary, R13 500 per family covering a list of mental health diagnoses.
MENTAL HEALTH PROGRAMME	No access to programme.		Limited to R10 000 per enrolling beneficiary. Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as consultations with psychiatrists, psychologists, GPs or other mental health providers.		
PSYCHIATRIC HOSPITALISATION	Subject to PMB level of care up to 21 days admissions per beneficiary (see above).		R43 000 per family.	R53 000 per family.	R56 000 per family.

Hospital Cover



Unlimited Hospital Cover

flexiFED, like all Fedhealth options, 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:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
 - 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. Limited to R2 680 per beneficiary per year on flexi**FED**^{Savvy}
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- Members must use the **Fedhealth Hospital Network** or pay a co-payment on the hospital account, depending on the option.
- **Physiotherapy**: Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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. Please see page 38 for a list of co-payments.

What are considered as emergencies?

- An unexpected condition that requires immediate treatment. This means that if there's no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on network hospital options can get treatment for emergency medical conditions at any hospital, but once their condition has stabilised and they can be safely transferred to a network hospital, the co-payment will apply if they opt not to be transferred.

BENEFIT	flexi FED ^{Savvy}	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit				
HOSPITAL NETWORK					
Acute Hospital Facilities	flexi FED ^{Savvy} Hospital Network	flexi FED 1 Hospital Network	flexi FED 2 : At any private hospital flexi FED 2 ^{GRID} : Hospital Network	flexi FED 3 : At any private hospital flexi FED 3 ^{GRID} : Hospital Network	flexi FED 4 : At any private hospital flexi FED 4 ^{GRID} : Hospital Network
Day Surgery Facilities	flexi FED ^{Savvy} Day Surgery Facilities Network	flexi FED 1 Day Surgery Facilities Network	flexi FED 2 and flexi FED 2 ^{GRID} : Day Surgery Facilities Network	flexi FED 3 and flexi FED 3 ^{GRID} : Day Surgery Facilities Network	flexi FED 4 and flexi FED 4 ^{GRID} : Day Surgery Facilities Network
Mental Health Facilities	Fedhealth Mental Health Facilities Network	Fedhealth Mental Health Facilities Network	flexi FED 2 ^{GRID} : Fedhealth Mental Health Facilities Network.	flexi FED 3 ^{GRID} : Fedhealth Mental Health Facilities Network.	flexi FED 4 ^{GRID} : Fedhealth Mental Health Facilities Network.
HOSPITAL LIMIT	Unlimited				
PRESCRIBED MINIMUM BENEFITS (PMB)	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, specialists, hospitals and DSPs where applicable.				
Treatment for PMB conditions can be funded in two ways	Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more.				
HOSPITALISATION	Unlimited at Fedhealth flexi FED ^{Savvy} Network Hospitals	Unlimited at Fedhealth flexi FED 1 Network Hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 1 ^{Elect} there is a R16 570 excess on all hospital admissions except emergency admissions	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 2 ^{GRID} , members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi FED 2 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions.	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 3 ^{GRID} , members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi FED 3 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions.	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi FED 4 ^{GRID} , members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi FED 4 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions.
Hospital co-payment for non-network hospital	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities. 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse.	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 1 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions On flexi FED 1 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi FED 2 and flexi FED 2 ^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi FED 2 ^{GRID} : there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi FED 2 and flexi FED 2 ^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 2 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi FED 2 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi FED 3 and flexi FED 3 ^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi FED 3 ^{GRID} : there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi FED 3 and flexi FED 3 ^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 3 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi FED 3 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi FED 4 and flexi FED 4 ^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi FED 4 ^{GRID} : there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi FED 4 and flexi FED 4 ^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi FED 4 ^{Elect} , there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi FED 4 ^{Elect} , there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CONFINEMENT					
Maternity confinement: Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.	Unlimited at PMB level of care. Elective Caesarean sections subject to a R9 690 co-payment.	Unlimited			
Elective Caesareans	Elective Caesarean sections subject to a R9 690 co-payment	Unlimited			
Private ward cover	No benefit			When available	
Delivery by Fedhealth Network GPs and specialists	Covered in full				
Delivery by non-network GPs and specialists	100% of the Fedhealth Rate, subject to a combined limit of R2 680 for non-network GP and Specialist consultations.	Covered up to the Fedhealth Rate			
Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited at PMB level of care	Unlimited			
Delivery by a registered midwife/nurse or a practitioner	Unlimited at PMB level of care	Unlimited			
Hire of water bath and oxygen cylinder	Unlimited at PMB level of care	Unlimited			
Medicine on discharge 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.	Limited to 7 days' medication up to a maximum of R428 per beneficiary per admission				
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME	No benefit	All members enjoy access to the Fedhealth Baby Mom Maternity Care Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag.			
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	Paid from Savings unless PMB level of care.	Paid from Savings.			In- and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited at cost at PMB level of care	Unlimited			

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner’s rooms (Subject to authorisation and covered from risk)	Paid from Savings.	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			
MEDICINE ON DISCHARGE 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.	Up to 7 days supply to a maximum of R428 per beneficiary per admission				
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities.					
Nursing services, private nurse practitioners and nursing agencies	Unlimited at cost at PMB level of care	Unlimited at negotiated tariff			
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care				
Terminal Care Benefit	No benefit	R36 960			
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS					
General medical and surgical appliances (including glucometers)	Paid from Savings unless PMB level of care	Paid from Savings.			Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Hearing aids including repairs	Paid from Savings unless PMB level of care	Paid from Savings.			Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Large orthopaedic orthotics/ appliances	Paid from Savings unless PMB level of care	Paid from Savings.			Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Stoma products	Paid from Savings unless PMB level of care	Unlimited subject to authorisation			
CPAP apparatus for sleep apnoea	Paid from Savings unless PMB level of care	Paid from Savings.			Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Foot orthotics (incl. shoes and foot inserts/ levellers)	Paid from Savings unless PMB level of care	Paid from Savings.			Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Oxygen therapy equipment	No benefit unless PMB level of care	Unlimited subject to authorisation			
Home ventilators	Paid from Savings unless PMB level of care	Unlimited subject to authorisation			
Long leg callipers	Paid from Savings unless PMB level of care	Unlimited subject to authorisation			
Moon boots	No benefit unless PMB level of care	Limited to R2 140 per beneficiary			
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited				
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER					
Fedhealth Network GPs and Specialists	Covered in full				
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 680 per family	Covered up to the Fedhealth Rate.			
Other Healthcare Practitioners	Covered up to the Fedhealth Rate				
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care		R334 110		R534 640
Corneal grafts	No benefit				R38 890 per beneficiary

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited				
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited				
PROSTHESES AND DEVICES INTERNAL					
Aorta stent grafts	Unlimited at cost at PMB level of care			R70 160	
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	
Cardiac pacemakers	Unlimited at cost at PMB level of care				R33 210
Cardiac stents	Unlimited at cost at PMB level of care				R33 210
Cardiac valves	Unlimited at cost at PMB level of care				R33 210
Detachable platinum coils	Unlimited at cost at PMB level of care			R60 740	
Elbow, hip, knee and shoulder replacement	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	R33 210 limit applies for each joint category separately and not a combined limit for all. All joint replacements are limited to one procedure per joint category per beneficiary per year.
Total ankle replacement	No benefit				See combined benefit limit for all unlisted internal prosthesis*
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care				See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses – non-cataract (per lens) limited to 2 per beneficiary	Unlimited at cost at PMB level of care			R3 750	
* Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at PMB level of care			R29 880	

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care		R12 970	R13 820	
Continuous Glucose Monitoring (CGM devices) This benefit is limited to Type 1 diabetics only.	No benefit				R29 000 per family every year for CGM consumables and R8 000 per family every 5 years for CGM device.
GENERAL RADIOLOGY	Unlimited				
SPECIALISED RADIOLOGY	Unlimited at cost at PMB level of care	Unlimited at Fedhealth Rate. First R4 390 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - PMB level of care at network DSP or R5 890 co-payment for use of non-DSP.	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/ CT scans for the member's account Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.		
CT scans, MUGA scans, MRI scans, radio isotope studies	Specific authorisation required				
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.	Unlimited at cost at PMB level of care		R334 110 up to the Fedhealth Rate		R534 640 up to the Fedhealth Rate
IMMUNE DEFICIENY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.	Unlimited at cost at PMB level of care.	Unlimited			

Procedure co-payments

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Bunion procedures, diagnostic cystoscopy, gastritis/dyspepsia/heartburn, nasal procedures, skin biopsy/excision	No benefit unless PMB level of care	R8 510		No co-payment	
All open hernia surgery	No benefit unless PMB level of care	R9 060	R6 140		No co-payment
Arthroscopic procedures - shoulder, ankle	No benefit unless PMB level of care	R11 360			R3 570
Arthroscopic procedures - wrist	No benefit		R11 360		R3 570
Arthroscopic procedures - hip	No benefit		R11 360		R3 570
Arthroscopic procedures - knee	No benefit unless PMB level of care	No benefit unless PMB Knee: only Anterior Cruciate Ligament repair – R11 360		R11 360	R3 570
Other arthroscopic procedures	No benefit unless PMB level of care	R11 360			R3 570
Back and neck procedures	No benefit unless PMB level of care	R8 510		R5 630	R3 120
Colonoscopy, upper GI endoscopy	No benefit unless PMB level of care	R8 510	R5 760		R3 360
Dental admissions	No benefit		No co-payment		
Inguinal hernia surgery	No benefit unless PMB level of care	R9 060	R6 140		No co-payment
JOINT REPLACEMENTS					
Single hip and knee replacements with CP*	No benefit			No co-payment	
Single hip and knee replacements-non-use of CP*	No benefit			R37 750	
Other joint replacements	No benefit			R9 060	R6 140
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias and Nissen/Toupet hernia repairs only), laparoscopic procedures	No benefit unless PMB level of care	R8 510			R5 760
Laparoscopic varicocelectomy	No benefit unless PMB level of care	R8 510			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit				R5 760
Spinal surgery**	No benefit unless PMB level of care			R10 710	R8 040
Surgical extraction of impacted wisdom teeth	No benefit unless PMB level of care	R6 140			
Varicose vein procedures	No benefit unless PMB level of care	R8 510		R5 760	No co-payment

* Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics 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 OrthoCare Spinal Programme has been completed.

Protect your health with innovative customisation features

Talk to your financial adviser about how you can **customise your cover** to better suit your needs and budget.

Save 25%
with our
Elect
affordability
innovation

Healthy without any immediate
health conditions requiring hospitalisation?

Elect is Fedhealth’s **affordability** innovation or excess option that’s available exclusively on the flexiFED 1, 2, 3 and 4 hospital plans. **If you choose the Elect variant, you will enjoy exactly the same benefits as normal, but at a 25% monthly discount on your contribution.**

This discount is available to you because you’re willing to **pay a fixed excess of R16 570** on every planned hospital admission you may need at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital until you are stable.

Elect is NOT for everyone, especially not people who might need things like a hip replacement or other planned hospital procedures, but it can be a smart way to save on your medical aid costs if you’re in good health.

ELECT CONTRIBUTIONS	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexiFED 1 ^{Elect}	R2 707	R2 117	R989
flexiFED 2 ^{Elect}	R4 177	R3 731	R1 240
flexiFED 3 ^{Elect}	R5 084	R4 664	R1 804
flexiFED 4 ^{Elect}	R7 008	R6 505	R2 143

Is Elect right for you?

- ✓ You’re in good health and don’t foresee any planned hospital admissions in the near future
- ✓ You are able to cover the fixed excess if you do end up needing a planned procedure
- ✓ You have Gap Cover
- ✗ You are not in good overall health, or might need planned hospital procedures in the near future
- You don’t have the funds to cover the Elect co-payments from your own pocket
- ✗ You don’t have a Gap Cover

flexiFED Savings Plans

2027 Monthly Contributions

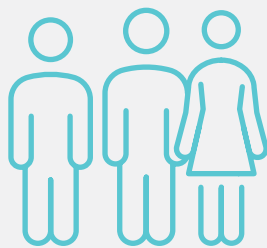
	RISK CONTRIBUTION			FEDHEALTH SAVINGS CONTRIBUTION**			TOTAL CONTRIBUTION			SAVINGS % ALLOCATION
	P	A	C	P	A	C	P	A	C	
flexiFED Savvy	R1 252	R1 252	R920	R462	R0	R0	R1 714	R1 252	R920	Depends on family structure.
flexiFED 1	R2 858	R2 241	R1 047	R477	R374	R175	R3 335	R2 615	R1 222	14%
flexiFED 1 ^{Elect}	R2 230	R1 743	R814	R477	R374	R175	R2 707	R2 117	R989	18%
flexiFED 2	R4 571	R4 069	R1 351	R755	R672	R223	R5 326	R4 741	R1 574	14%
flexiFED 2 ^{GRID}	R4 100	R3 656	R1 211	R755	R672	R223	R4 855	R4 328	R1 434	16%
flexiFED 2 ^{Elect}	R3 422	R3 059	R1 017	R755	R672	R223	R4 177	R3 731	R1 240	18%
flexiFED 3	R5 585	R5 117	R1 980	R902	R826	R320	R6 487	R5 943	R2 300	14%
flexiFED 3 ^{GRID}	R5 009	R4 593	R1 776	R902	R826	R320	R5 911	R5 419	R2 096	15%
flexiFED 3 ^{Elect}	R4 182	R3 838	R1 484	R902	R826	R320	R5 084	R4 664	R1 804	18%
flexiFED 4	R7 486	R6 833	R2 251	R1 403	R1 280	R422	R8 889	R8 113	R2 673	16%
flexiFED 4 ^{GRID}	R6 707	R6 133	R2 022	R1 403	R1 280	R422	R8 110	R7 413	R2 444	17%
flexiFED 4 ^{Elect}	R5 605	R5 225	R1 721	R1 403	R1 280	R422	R7 008	R6 505	R2 143	20%

**See following page for Fedhealth Savings breakdown

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



Annual Benefit Pools



flexiFED 1	R3 120
flexiFED 2	R3 640
flexiFED 3	R4 160
flexiFED 4	R4 680

Please note that D2D+ Rand amounts listed are annual family amounts.

	ANNUAL FEDHEALTH SAVINGS**		
	P	A	C
flexiFED Savvy	R5 544 for all family types		
flexiFED 1	R5 724	R4 488	R2 100
flexiFED 1 ^{Elect}	R5 724	R4 488	R2 100
flexiFED 2	R9 060	R8 064	R2 676
flexiFED 2 ^{GRID}	R9 060	R8 064	R2 676
flexiFED 2 ^{Elect}	R9 060	R8 064	R2 676
flexiFED 3	R10 824	R9 912	R3 840
flexiFED 3 ^{GRID}	R10 824	R9 912	R3 840
flexiFED 3 ^{Elect}	R10 824	R9 912	R3 840
flexiFED 4	R16 836	R15 360	R5 064
flexiFED 4 ^{GRID}	R16 836	R15 360	R5 064
flexiFED 4 ^{Elect}	R16 836	R15 360	R5 064

*Up to a maximum of three children
**See following page for Fedhealth Savings breakdown

SELF-PAYMENT GAP		
P	A	C*
R6 348	R5 796	R1 908
R6 348	R5 796	R1 908
R6 348	R5 796	R1 908

THRESHOLD		
P	A	C*
R23 184	R21 156	R6 972
R23 184	R21 156	R6 972
R23 184	R21 156	R6 972

NOTE: Claims accumulate at scheme rate on flexiFED 4



flexiFED Savings Plans

Fedhealth Savings Breakdown

	NOMINAL SAVINGS CONTRIBUTION		
	P	A	C*
flexiFED Savvy	R0	R0	R0
flexiFED 1	R27	R20	R9
flexiFED 1 ^{Elect}	R20	R15	R6
flexiFED 2	R29	R25	R7
flexiFED 2 ^{GRID}	R26	R22	R7
flexiFED 2 ^{Elect}	R21	R19	R6
flexiFED 3	R29	R26	R10
flexiFED 3 ^{GRID}	R26	R24	R9
flexiFED 3 ^{Elect}	R23	R19	R7
flexiFED 4	R29	R26	R9
flexiFED 4 ^{GRID}	R26	R24	R7
flexiFED 4 ^{Elect}	R23	R20	R6

*Up to a maximum of three children



FIXED SAVINGS CONTRIBUTION		
P	A	C*
R462	R0	R0
R450	R354	R166
R457	R359	R169
R726	R647	R216
R729	R650	R216
R734	R653	R217
R873	R800	R310
R876	R802	R311
R879	R807	R313
R1 374	R1 254	R413
R1 377	R1 256	R415
R1 380	R1 260	R416

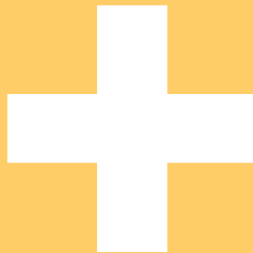


FEDHEALTH SAVINGS CONTRIBUTION		
P	A	C*
R462	R0	R0
R477	R374	R175
R477	R374	R175
R755	R672	R223
R755	R672	R223
R755	R672	R223
R902	R826	R320
R902	R826	R320
R902	R826	R320
R1 403	R1 280	R422
R1 403	R1 280	R422
R1 403	R1 280	R422

Annual Savings Allocations

	ANNUAL NOMINAL SAVINGS		
	P	A	C*
flexiFED Savvy	R0	R0	R0
flexiFED 1	R324	R240	R108
flexiFED 1 ^{Elect}	R240	R180	R72
flexiFED 2	R348	R300	R84
flexiFED 2 ^{GRID}	R312	R264	R84
flexiFED 2 ^{Elect}	R252	R228	R72
flexiFED 3	R348	R312	R120
flexiFED 3 ^{GRID}	R312	R288	R108
flexiFED 3 ^{Elect}	R276	R228	R84
flexiFED 4	R348	R312	R108
flexiFED 4 ^{GRID}	R312	R288	R84
flexiFED 4 ^{Elect}	R276	R240	R72

*Up to a maximum of three children



ANNUAL FIXED SAVINGS		
P	A	C*
R5 544 for all family types		
R5 400	R4 248	R1 992
R5 484	R4 308	R2 028
R8 712	R7 764	R2 592
R8 748	R7 800	R2 592
R8 808	R7 836	R2 604
R10 476	R9 600	R3 720
R10 512	R9 624	R3 732
R10 548	R9 684	R3 756
R16 488	R15 048	R4 956
R16 524	R15 072	R4 980
R16 560	R15 120	R4 992



ANNUAL FEDHEALTH SAVINGS		
P	A	C*
R5 544 for all family types		
R5 724	R4 488	R2 100
R5 724	R4 488	R2 100
R9 060	R8 064	R2 676
R9 060	R8 064	R2 676
R9 060	R8 064	R2 676
R10 824	R9 912	R3 840
R10 824	R9 912	R3 840
R10 824	R9 912	R3 840
R16 836	R15 360	R5 064
R16 836	R15 360	R5 064
R16 836	R15 360	R5 064

Links to benefits info

Need more information on a specific Fedhealth benefit, programme, service or provider?

We've got you covered. For additional information, just click on the relevant ZOOM to find out more.



30-Day Post-Hospitalisation Benefit →

Alignd Serious Illness Benefit →

All about dependants →

Alternatives to Hospitalisation Benefit →

Chronic Medicine Benefit →

Contraceptive Benefit →

Emergency Assistance →

Emergency Treatment in a Casualty Ward →

Maternity & Childhood Benefits →

Fedhealth Baby | Mom Maternity Care Programme →

flexi**FED 1** Preventative Dentistry Benefit →

flexi**FED 2** Basic Dentistry Benefit →

flexi**FED 3** Basic Dentistry Benefit →

GP Nomination →

Hospital at Home Benefit →

MediTaxi Benefit →

Mental Health Benefit →

Mental Health Programme →

Oncology Benefit →

Option Upgrades →

OrthoCare Spinal Programme →

Screening Benefit →

Self-Service Channels →

Selected Procedures Benefit →

Smoking Cessation Programme →

Specialised Radiology Benefit →

Specialist Referral →

Weight Management Programme →

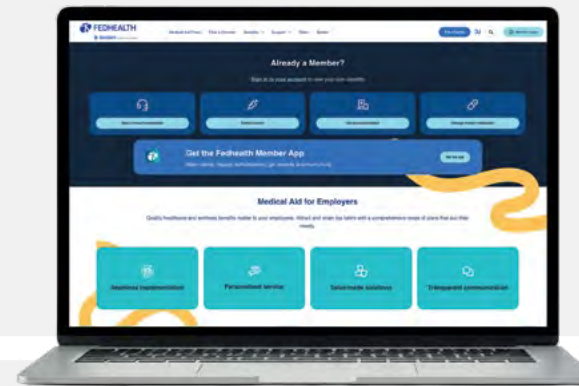


Contact us

WEBSITE

fedhealth.co.za

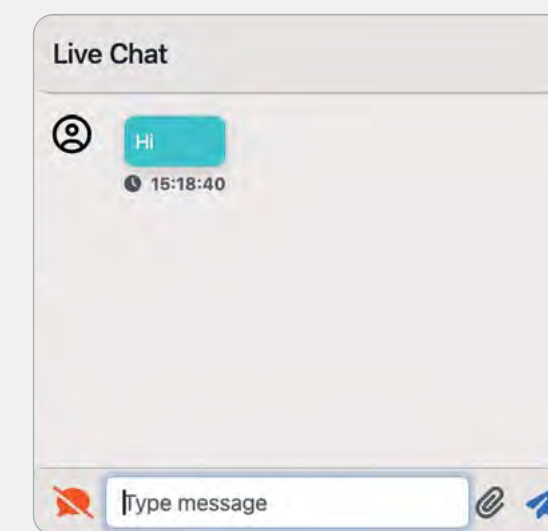
The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



LIVECHAT

Access on the website

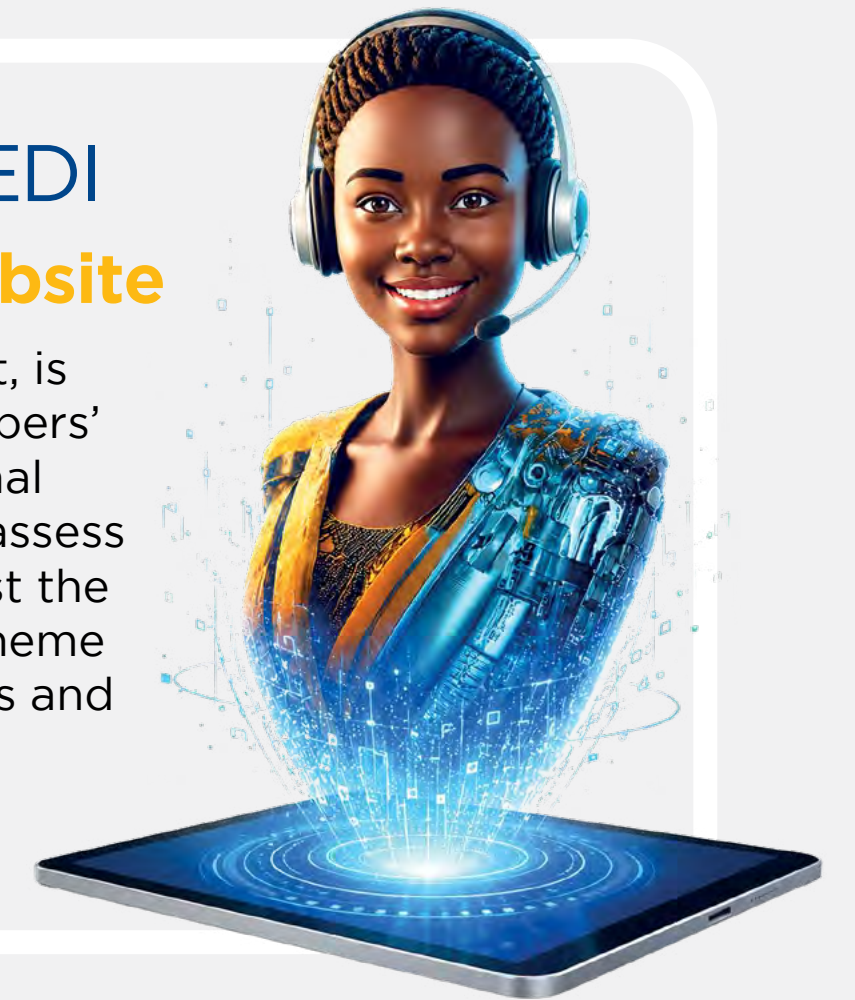
Members can type in their queries and one of our LiveChat agents will assist them online.



AI AGENT NALEDI

Access on the website

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.



FAMILY ROOM

Access on the website

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.



WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

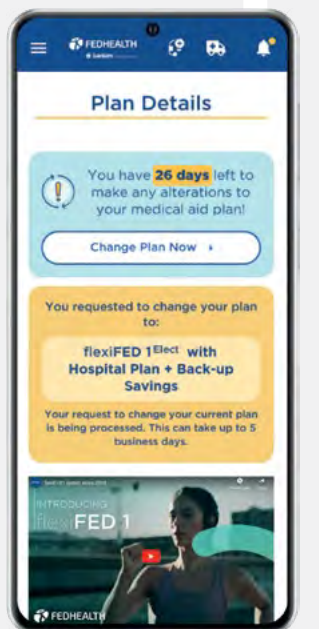


MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

Google Play Store, Huawei App Gallery and Apple App Store,

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.



Contact details

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

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

Ambulance Services
Azoza
Tel: 0860 333 432

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

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

Disease Management
Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: membercare@medscheme.co.za

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

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

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi
Tel: 0860 333 432 press 5 for the point-to-point service

Hospital-at-Home (Quro Medical)
Tel: 010 141 7710
Web: www.quromedical.co.za

Medscheme Client Service Centres

For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open
Monday to Thursday 07h30 – 17h00,
Friday 09h00 – 17h00 and
Saturday 08h00 – 12h00

Bloemfontein
Medical Suites 4 & 5, 1st Floor, Middestad Centre, Cnr Charles & West Burger Street, Bloemfontein

Cape Town
Shop 6, 9 Long Street, Cnr Long & Waterkant Streets, Cape Town

Durban
14/36 Silver Oaks Office Park, Silverton Road, Musgrave, Durban

East London
Unit 5, Balfour Road, Vincent, East London

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

Kathu
Shop 18D, Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road, Kathu

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Lephalale

Mafikeng
Shop 118, Ground Floor, East Gallery, Mafikeng

Nelspruit
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive, Mbombela

Pietermaritzburg
Shop 32B, Park Lane Shopping Centre, 12 Chief Albert Luthuli Street, Pietermaritzburg

Polokwane
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

Port Elizabeth
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

Pretoria
Shop 17, Nedbank Plaza, Ground Floor, 175 Steve Biko Street, Arcadia, Pretoria

Roodepoort
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof, Roodepoort

Rustenburg
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

Contact us

Fedhealth Customer Contact Centre
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

Contact Centre is open
Monday to Thursday 08h30 – 17h00,
Friday 09h00 – 17h00



Fedhealth Customer Contact Centre 0860 002 153

Corner Ontdekkers Road and Conrad Street, Absa Building Block F, Florida, 1716
Private Bag X3045, Randburg 2125

www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.

For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.





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Why choose Fedhealth?

PROTECT YOUR HEALTH

90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

INVEST IN YOUR FUTURE



GROW YOUR WEALTH

Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

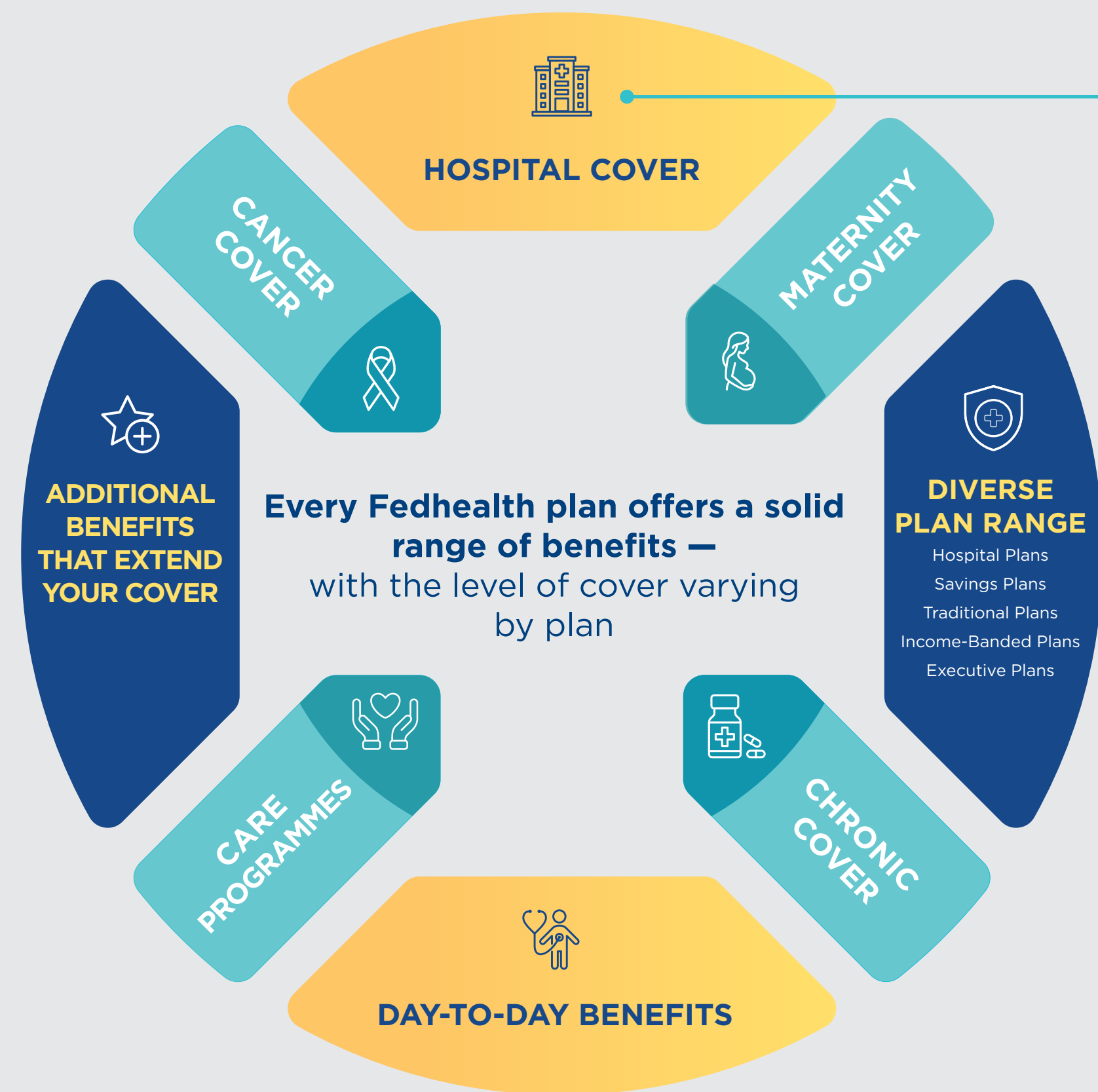


GET REWARDS

Earn rewards through simple health engagement.



Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



PERSONALISED CARE AND ENGAGEMENT

Screen | Prevent | Support

Dynamic networks to suit your preference when it comes to hospitalisation

UNLIMITED HOSPITAL COVER AT PRIVATE HOSPITALS

Available on all plans - Benefit limits may apply

AFFORDABLE COVER ON NETWORK PLANS

Available on: myFED

Extensive network coverage across South Africa

Representation across all major hospital groups*

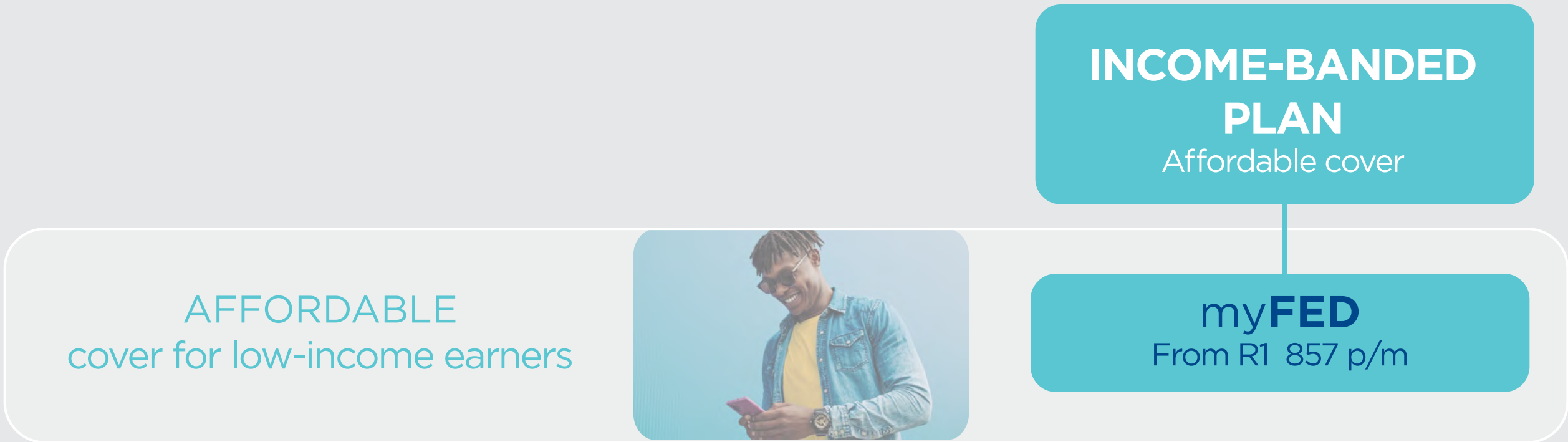
MEDICLINIC
GROUP



Life Healthcare

*Plan dependent

Is myFED right for you?



The contribution that you pay is based on your highest household income

- ✓ Affordable cover particularly for low-income earners

Cover starting from
FROM **R1 857**p/m



HIGHEST HOUSEHOLD INCOME PER MONTH	MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
R1 – R11 494	R1 857	R1 857	R841
R11 495 – R16 226	R2 129	R2 129	R1 005
R16 227 – R22 495	R2 649	R2 649	R1 043
R22 496+	R4 376	R4 376	R1 383

*Up to a maximum of three children. Fedhealth charges child rates for children up to the age of 27.

Protect your health: myFED overview

		myFED				 Child rates up to age 27  Only pay for first 3 children  Screening benefits  Wellness benefits  Preventative benefits
Your contribution is based on your monthly household income:		R1 - R11 494	R11 495 - R16 226	R16 227 - R22 495	R22 496+	
Monthly contribution	Principal Member	R1 857	R2 129	R2 649	R4 376	
	Adult Dependant	R1 857	R2 129	R2 649	R4 376	
	Child Dependant	R841	R1 005	R1 043	R1 383	
Day-to-day benefit	Annual day-to-day benefit	Individual limits per benefit category:  Unlimited nominated network GP consults  Basic dentistry  Unlimited pathology and general radiology, subject to protocols  Unlimited acute medication, subject to formulary and protocols  Consults at network Specialists  Optical benefits				
	Maternity	Ante- and postnatal consults	Unlimited at nominated network GPs			
Midwife consults		4 consults per pregnancy in-and out-of-hospital				
Pregnancy scans and tests		Paid from the respective radiology and pathology benefit				
Infant benefits		Immunisations; infant hearing screening and consultation				
Childcare benefits		Paediatric telephonic advice line				
Mental health		PMB	21 days for admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder			
	Additional	2 out-of-hospital consults per person at nominated network GP				
Chronic benefits	27 PMB conditions	✓				
Cancer	PMB	✓				
Hospital cover	Use network facilities for planned procedures	Unlimited hospitalisation / Full cover for network Specialists in-hospital				
		✓				

More value than you might expect.

my**FED** membership also offers you:



The my**FED** **Baby Programme**



Child rates up to the age of 27



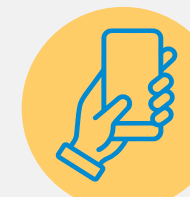
MediTaxi transport service for post-hospital treatment



Only pay for three children



Preventative benefits



Digital tools like the Fedhealth Member App

Screening, wellness and extra value-added benefits

Apart from a host of screening, preventative and wellness benefits, **myFED** also offers members additional benefits like MediTaxi and emergency assistance including the 24-hour Fedhealth Nurse Line.



Screening & Wellness Benefit



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Screening Benefit**.

BENEFIT	Benefit criteria	Quantity and frequency
GENERAL WELLNESS		
HIV finger prick test	All lives	1 test every year
Flu vaccination and administration*	All lives	1 vaccine every year
Smoking cessation programme	All lives	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc).
CHILDREN’S HEALTH		
Infant hearing screening test and consultation	Birth up to 8 weeks of age	1 per newborn beneficiary
WOMEN’S HEALTH		
Cervical Cancer Screening Pharmacy Consultation	Women aged 21 – 65	1 consultation every 3 years
Contraceptives	Women up to age 55	Female contraception: Oral and certain injectable contraceptives are paid for by the Scheme, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to non-contraceptive treatment (e.g. pills prescribed for acne.)
Emergency contraceptive benefit	Women up to age 55	1 every year
MEN’S HEALTH		
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test 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 and fitness)	All lives	1 every year

* Combined administration of vaccination benefit limit of 15 per annum per family per year

PLUS extra value-added benefits:

MediTaxi service



my**FED** members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

Emergency assistance

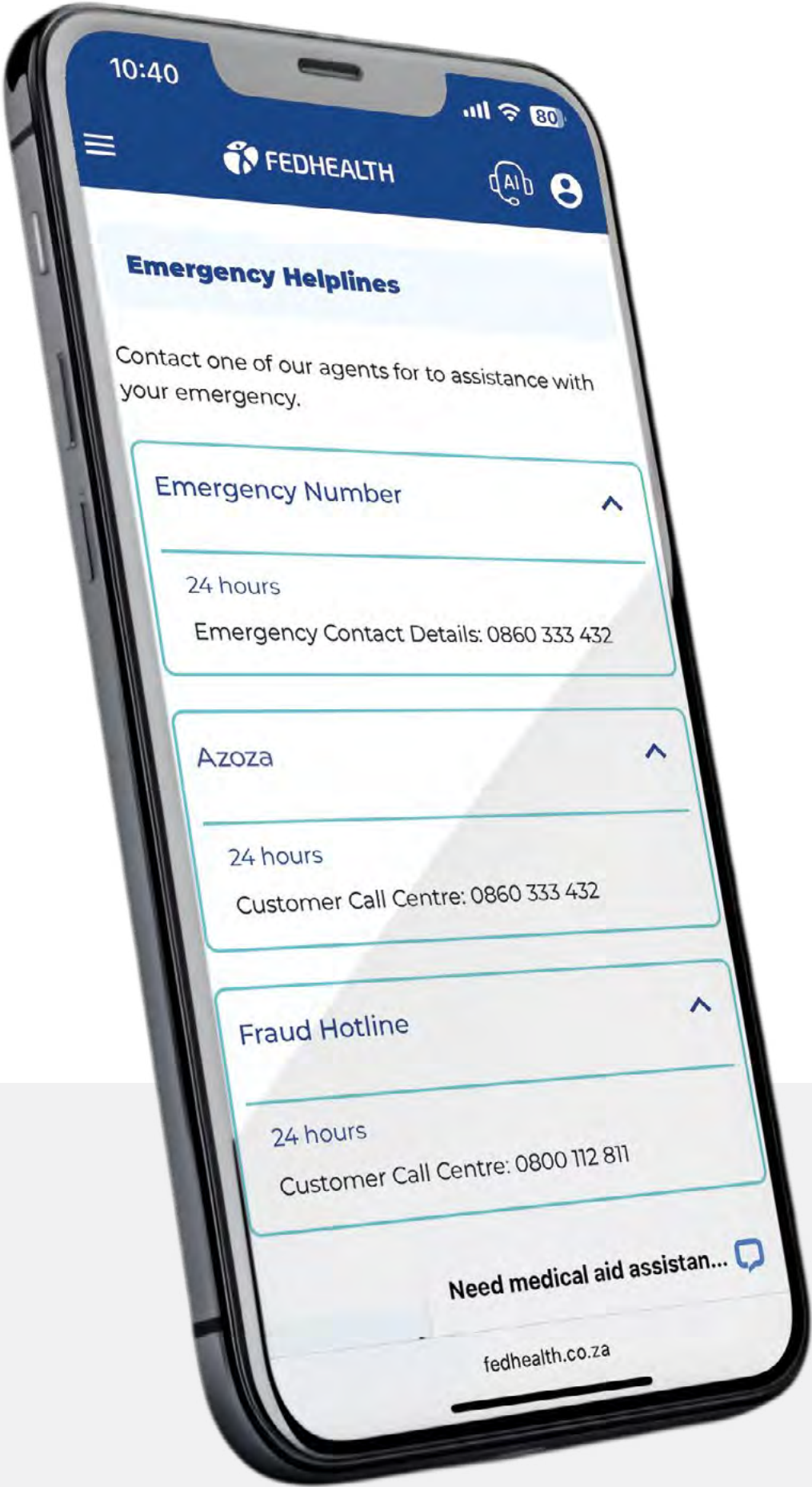


my**FED** members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Azoza provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. **Call 0860 333 432** to access this service, and press 1.

Included in this benefit, emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.

24-hour Fedhealth Nurse Line: Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.





Click here to access **ZOOM on MediTaxi Service.**



Click here to access **ZOOM on Emergency assistance.**

myFED

Day-to-Day Benefits

Here’s an overview of the day-to-day benefits available on my**FED**, including the casualty ward benefit and the chronic medicine benefit (refer to page 13 for further details).

BENEFIT	
NOMINATED CONTRACTED GENERAL PRACTITIONERS (GP) CONSULTATIONS AND VISITS Use of the myFED General Practitioner Network applies	Unlimited at nominated my FED contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 my FED contracted GPs. Limited to 2 mental health consultations per beneficiary per year.
NON-CONTRACTED GENERAL PRACTITIONER (GP) CONSULTATIONS When you have not consulted your nominated contracted GP	Up to 2 GP consultations per beneficiary for non-contracted (or non-nominated) GPs allowed per year
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Fedhealth Specialist Network applies	2 specialist consultations and treatment up to R2 310 per family per year. Must be referred by contracted GP. No GP referral will attract a 40% upfront co-payment.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS	No benefit
TRAUMA TREATMENT IN A CASUALTY WARD	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained within two working days. A co-payment of R910 per visit for non-PMBs applies.
BASIC DENTISTRY Removal of teeth and roots and suturing of traumatic wounds. Oral medical procedures: diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician’s fees for all such dentistry	Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. Plastic dentures limited to one set per beneficiary every two years.
ADDITIONAL MEDICAL SERVICES Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing, psychologists, social workers, speech therapy	No benefit unless PMB level of care.
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	No benefit
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Hearing aids, wheelchairs, etc.	No benefit unless PMB level of care.

BENEFIT	
MEDICINES AND INJECTION MATERIAL	
Acute medicine – dispensing GP	Unlimited at dispensing nominated contracted GP
Acute medicine – non-dispensing medical practitioner (e.g. Fedhealth Network Specialists, GPs and Dentists)	Unlimited, subject to acute formulary for all medical practitioners
Chronic medicine	Please see chronic medicine benefit on page 13
Over-the-counter medicine	No benefit
OPTICAL BENEFIT Subject to ISO Leso Network Optometrists	This benefit is available in a two-year benefit cycle per beneficiary. Subject to IsoLeso Optometrist Network.
Consultations	1 comprehensive consultation
Spectacle lenses	1 pair of single vision clear CR39 lenses or 1 pair of clear CR39 bifocal lenses
Frames and/or lens enhancements	Frame to the value of R239 or R239 off any other frame
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by contracted medical practitioner
GENERAL RADIOLOGY	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by a contracted medical practitioner
SPECIALISED RADIOLOGY	No benefit unless PMB level of care.
ONCOLOGY PET AND PET/CT SCANS	No benefit unless PMB level of care DSP Network applicable or a R5 890 co-payment for non-DSP use
NON-SURGICAL PROCEDURES AND TESTS: Specified non-surgical procedures in practitioner's rooms (subject to authorisation)	Covered in full, limited to a list of approved procedures by a nominated General Practitioner.
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy	No benefit
MENTAL HEALTH Consultations	See GP benefit. Limited to 2 mental health consultations per beneficiary at a nominated myFED contracted GP



Click here to access
ZOOM on General
Practitioner codes.



Click here to access
ZOOM on Basic
Dentistry Benefit.



Click here to access
ZOOM on Radiology
and Pathology codes.

Maternity and Childhood Benefits



Maternity and Childhood Benefits

myFED members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children’s early years, which include for example, the myFED Baby Programme, infant hearing screening and the Paed-IQ advice line.



BENEFIT		
During pregnancy		
FEDHEALTH myFED BABY PROGRAMME	Pre-authorisation is required. Members will receive a handy myFED Baby Bag once they’ve registered for the myFED Baby Programme from their 12th week of pregnancy.	
MAIN BENEFITS		
Antenatal (or postnatal) consultations	Ante- and postnatal consultations with a nominated myFED contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to two myFED contracted GPs.	
Pregnancy related scans and tests	Ultrasound as per radiology benefit. Pathology tests subject to pathology benefit.	
Post-birth benefits		
Postnatal midwife consultations.	4 x post-natal midwife consultations per event, in- and out-of-hospital.	
Infant hearing screening test	Birth up to 8 weeks of age	1 per newborn beneficiary
CHILD CARE		
24-hour PAED-IQ Advice Line	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.	

Pre-authorisation is required. Members will receive a handy myFED Baby Bag once they’ve registered for the myFED Baby Programme from their 12th week of pregnancy.

Please refer to page 23 to see benefits related to maternity confinement in-hospital.

[Click here](#) to access ZOOM on Maternity and Childhood Benefits.



Chronic Medicine Benefits



Chronic Medicine Benefits

 For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Chronic Medicine Benefit**.

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

LIMIT 	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL).
FORMULARY 	Basic formulary or a 25% co-payment for non-use of formulary medication
PHARMACY 	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP.
HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS	
Limit	Unlimited

27 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 & 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis



Managed Care



AfA HIV Management Programme



The Scheme offers the AfA (HIV Management) 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 to manage the condition.



[Click here](#) to access ZOOM on AfA HIV Management Programme.

Smoking Cessation Programme



my**FED** members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.



[Click here](#) to access ZOOM on Smoking Cessation Programme.

Hospital at Home



Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring. This gives 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 their care.



[Click here](#) to access ZOOM on Hospital at Home Benefit.

Oncology Benefits



Oncology Benefits

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need.



 [Click here](#) to access **ZOOM** on Oncology Benefits.

On my**FED**, oncology cover is unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme. Members will have access to post active treatment for life.

BENEFIT	
ONCOLOGY LIMIT The use of non-DSP* will attract a 25% upfront co-payment.	Covered up to PMB level of care at Designated Service Provider.
Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply
ONCOLOGY AND ONCOLOGY MEDICINE Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Covered up to PMB level of care. ICON Essential Protocols apply
Radiology and pathology	Covered up to PMB level of care
PET and PET-CT scans	No benefit unless PMB level of care. DSP Network applicable or a R5 890 co-payment for non-DSP use.
Specialised drugs for oncology	No benefit
Brachytherapy materials	No benefit
TERMINAL CARE	No benefit unless PMB level of care

** Designated Service Provider is ICON (Independent Clinical Oncology Network)*

Mental Health Benefits



Mental Health Benefits



 [Click here](#) access ZOOM on Mental Health Benefits.

BENEFIT	
OVERVIEW OF PMBs FOR MENTAL HEALTH	Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.
CONSULTATIONS	15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions.
MENTAL HEALTH PROGRAMME	No access to programme.
PSYCHIATRIC HOSPITALISATION	Unlimited at cost at PMB level of care at a myFED mental health network facility, 30% co-payment on voluntary use of non-network mental health facilities will apply.

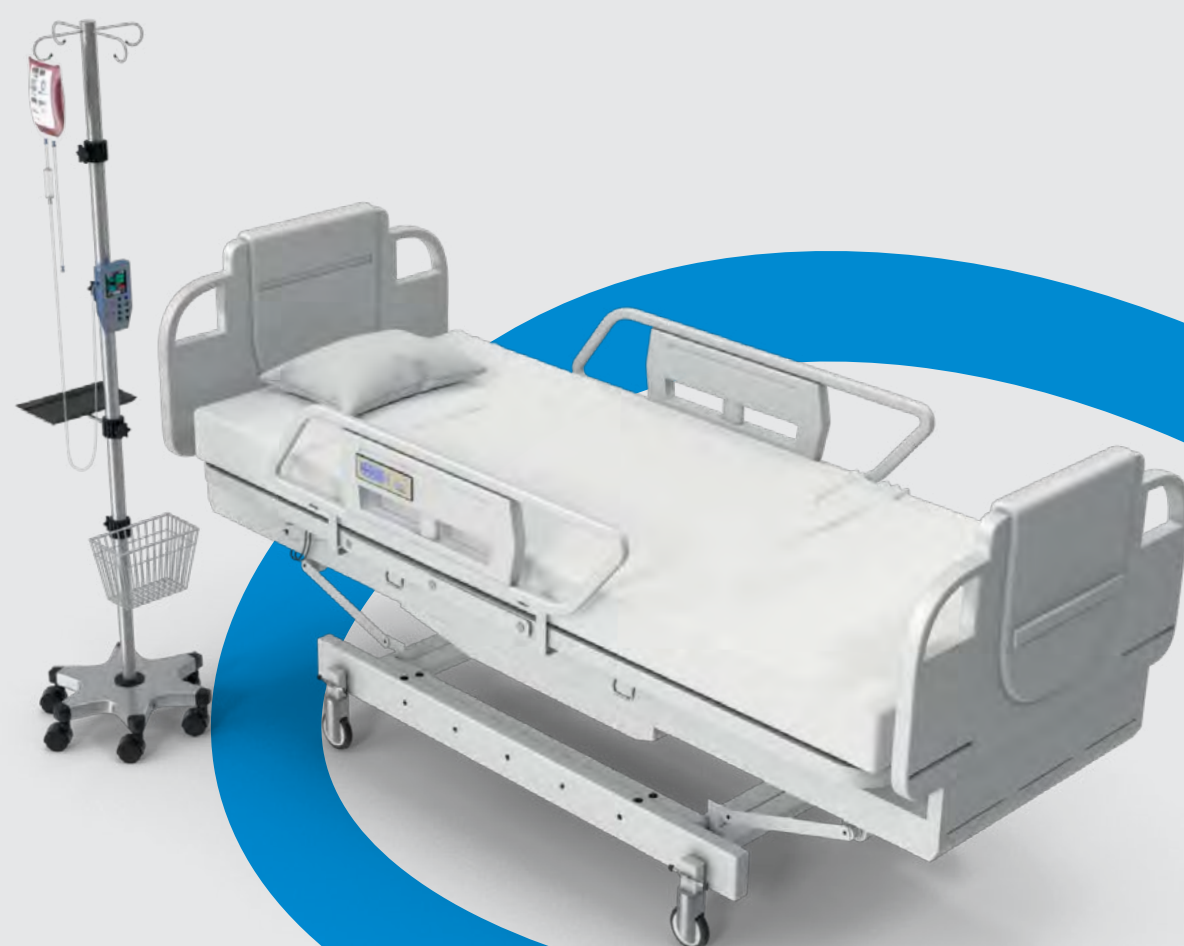


Hospital Cover



Unlimited Hospital Cover

myFED, like all Fedhealth options, 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:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
 - 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 up to a limit of R2 840 per family per year.
- **Selected procedures in day wards and day clinics** on the my**FED** Day Surgery Network.
- Members must use the **myFED Fedhealth Hospital Network** or pay a co-payment on the hospital account..
- **Physiotherapy**: Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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 40% co-payment on specialist claims paid from the Risk benefit.

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). 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.

What are considered as emergencies?

- An unexpected condition that requires immediate treatment. This means that if there's no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on network hospital options can get treatment for emergency medical conditions at any hospital, but once their condition has stabilised and they can be safely transferred to a network hospital, the co-payment will apply if they opt not to be transferred.

BENEFIT	
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit
HOSPITAL NETWORK	
Acute hospital facilities	my FED hospital network
Day surgery facilities	Day Surgery Facilities Network
Mental health facilities	Fedhealth Mental Health Facilities Network
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, specialists, hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. Hospital admissions will require a referral from a Network GP and pre-authorisation.	Unlimited at Fedhealth my FED network hospitals
Hospital co-payment for non-network hospital	30% co-payment on voluntary use of non-network hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities. 25% co-payment on voluntary use of non-network substance abuse facilities.
CONFINEMENT	
Maternity confinement: Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus. Hospital admissions will require a referral from a GP and pre-authorisation.	Unlimited
Elective Caesareans.	Unlimited at PMB level of care. Subject to a R16 570 co-payment
Delivery by Fedhealth Network GPs and specialists.	Covered in full at negotiated rate.
Delivery by non-network GPs and specialists.	Covered up to the Fedhealth Rate. Limited to R2 840 per family per year.
Maternity confinement in a registered birthing unit or out-of-hospital.	Unlimited at PMB level of care.
Delivery by a registered midwife/nurse or a practitioner.	Unlimited at PMB level of care.
Hire of water bath and oxygen cylinder.	Unlimited at PMB level of care.
Medicine on discharge 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.	Limited to 7 days' medication up to a maximum of R428 per beneficiary per admission.

BENEFIT	
FEDHEALTH BABY PROGRAMME Fedhealth my FED Baby Programme - see page 11	
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	No benefit unless PMB level of care
SURGICAL PROCEDURES	Hospital admissions will require a referral from a General Practitioner as well as pre-authorisation. Unlimited at PMB level of Care.
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms (Subject to authorisation and covered from risk)	Covered in full, limited to a list of approved procedures by a contracted my FED General Practitioner.
MEDICINE ON DISCHARGE 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.	Up to 7 days supply to a maximum of R428 per beneficiary per admission.
ALTERNATIVES TO HOSPITALISATION	Sub-acute facilities and physical rehabilitation facilities. Does not include Hospice
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care
Terminal care benefit	No benefit unless PMB level of care
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Subject to PMB and managed care protocols if deemed clinically appropriate	
General medical and surgical appliances (including glucometers)	No benefit unless PMB level of care
Hearing aids including repairs	No benefit unless PMB level of care
Large orthopaedic orthotics/appliances	No benefit unless PMB level of care
Stoma products	No benefit unless PMB level of care
CPAP apparatus for sleep apnoea	No benefit unless PMB level of care
Foot orthotics (incl. shoes and foot inserts/levellers)	No benefit unless PMB level of care
Oxygen therapy equipment	No benefit unless PMB level of care
Home ventilators	No benefit unless PMB level of care
Long leg callipers	No benefit unless PMB level of care
Moon boots	No benefit unless PMB level of care

BENEFIT	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER Hospital admissions will require a referral from a GP and pre-authorisation. A 40% co-payment applies on the specialist account if no referral is received from a GP.	
Fedhealth Network GPs and Specialists	Covered in full
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 840 per family per year
Other healthcare practitioners	Covered up to the Fedhealth Rate
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care at DSP
Corneal grafts	No benefit
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols.	Unlimited
PROSTHESES AND DEVICES INTERNAL	Unlimited at cost at PMB level of care
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care
GENERAL RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY	R16 100 per family per year
CT scans, MUGA scans, MRI scans, radio isotope studies	Specific authorisation required
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.	Unlimited at cost at PMB level of care at DSP. 40% co-payment for voluntary use of non-DSP.

BENEFIT	
MENTAL HEALTH In-hospital consultations and visits, procedures, assessments, therapy, treatment and/or counselling. Hospital admissions will require a referral from a GP and pre-authorisation.	Unlimited at cost at PMB level of care at a my FED mental health network facility. 30% co-payment on voluntary use of non-network mental health facilities will apply.
Rehabilitation for substance abuse	Limited to one rehabilitation programme per beneficiary per year at PMB level of care at a my FED substance abuse network facility. 25% co-payment on voluntary use of non-network substance abuse facilities will apply.
IMMUNE DEFICIENCY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.	Unlimited at cost at 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.

Voluntary use of non-network hospital	30% co-payment
Voluntary use of non-network day surgery facility	30% co-payment
Voluntary use of non-network mental health facilities	30% co-payment
Elective Caesarean sections	R16 570

Links to benefits info

Need more information on a specific Fedhealth benefit, programme, service or provider?

We've got you covered. For additional information, just click on the relevant ZOOM to find out more.



[Alignd Serious Illness Benefit →](#)

[All about dependants →](#)

[Alternatives to Hospitalisation Benefit →](#)

[Basic Dentistry Benefit →](#)

[Chronic Medicine Benefit →](#)

[Contraceptive Benefit →](#)

[Emergency Assistance →](#)

[Emergency Treatment in a Casualty Ward →](#)

[General Practitioner codes →](#)

[GP Nomination →](#)

[Hospital at Home Benefit →](#)

[Maternity & Childhood Benefits →](#)

[MediTaxi Benefit →](#)

[Mental Health Benefit →](#)

[Oncology Benefit →](#)

[Radiology and Pathology codes →](#)

[Screening Benefit →](#)

[Self-Service Channels →](#)

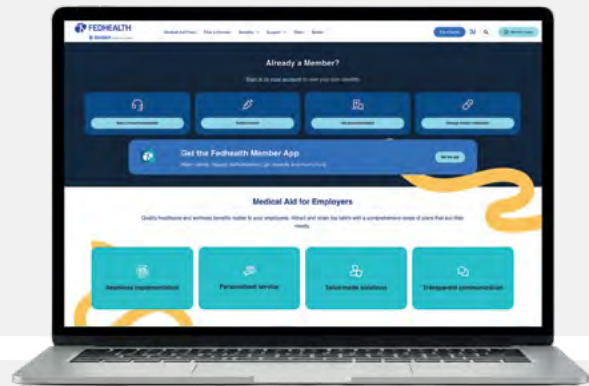
[Smoking Cessation Programme →](#)



Contact us

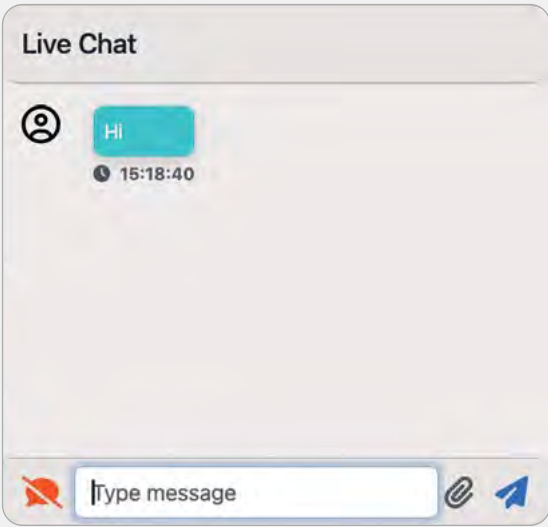
WEBSITE fedhealth.co.za

The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



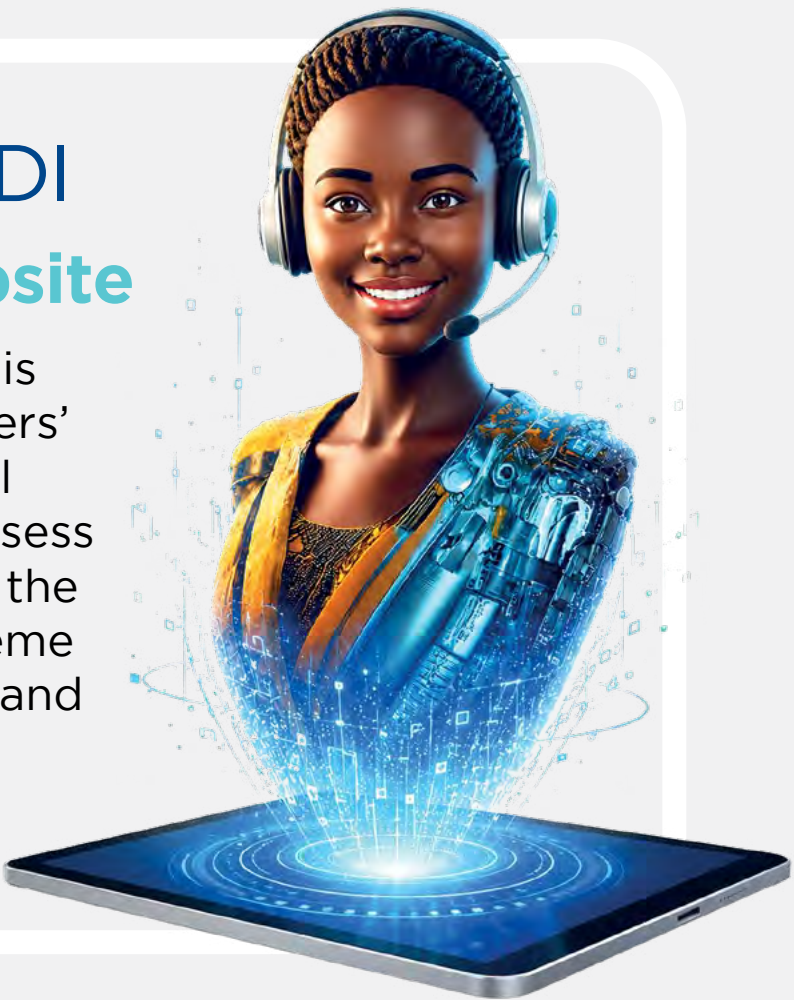
LIVECHAT [Access on the website](#)

Members can type in their queries and one of our LiveChat agents will assist them online.



AI AGENT NALEDI [Access on the website](#)

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.



FAMILY ROOM [Access on the website](#)

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.



WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

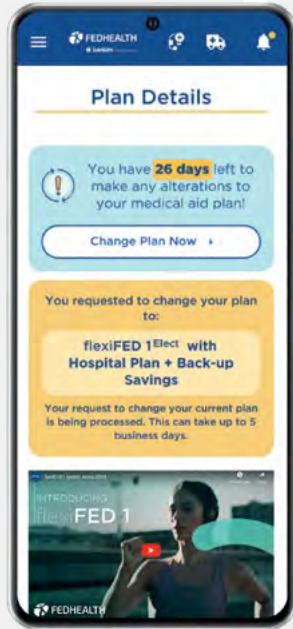


MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

[Google Play Store](#), [Huawei App Gallery](#) and [Apple App Store](#),

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.



Contact details

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

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

Ambulance Services
Azoza
Tel: 0860 333 432

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

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

Disease Management
Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: membercare@medscheme.co.za

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

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

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi
Tel: 0860 333 432 press 5 for the point-to-point service

Hospital-at-Home (Quro Medical)
Tel: 010 141 7710
Web: www.quromedical.co.za

Medscheme Client Service Centres

For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open
Monday to Thursday 07h30 – 17h00,
Friday 09h00 – 17h00 and
Saturday 08h00 – 12h00

Bloemfontein
Medical Suites 4 & 5, 1st Floor, Middestad Centre, Cnr Charles & West Burger Street, Bloemfontein

Cape Town
Shop 6, 9 Long Street, Cnr Long & Waterkant Streets, Cape Town

Durban
14/36 Silver Oaks Office Park, Silverton Road, Musgrave, Durban

East London
Unit 5, Balfour Road, Vincent, East London

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

Kathu
Shop 18D, Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road, Kathu

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Lephalale

Mafikeng
Shop 118, Ground Floor, East Gallery, Mafikeng

Nelspruit
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive, Mbombela

Pietermaritzburg
Shop 32B, Park Lane Shopping Centre, 12 Chief Albert Luthuli Street, Pietermaritzburg

Polokwane
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

Port Elizabeth
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

Pretoria
Shop 17, Nedbank Plaza, Ground Floor, 175 Steve Biko Street, Arcadia, Pretoria

Roodepoort
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof, Roodepoort

Rustenburg
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

Contact us

Fedhealth Customer Contact Centre
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

Contact Centre is open
Monday to Thursday 08h30 – 17h00,
Friday 09h00 – 17h00



Fedhealth Customer Contact Centre 0860 002 153

Corner Ontdekkers Road and Conrad Street, Absa Building Block F, Florida, 1716
Private Bag X3045, Randburg 2125

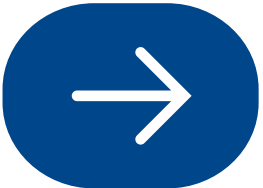
www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.

For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.



traditional



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Why choose Fedhealth?

PROTECT YOUR HEALTH

90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

INVEST IN YOUR FUTURE



GROW YOUR WEALTH

Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

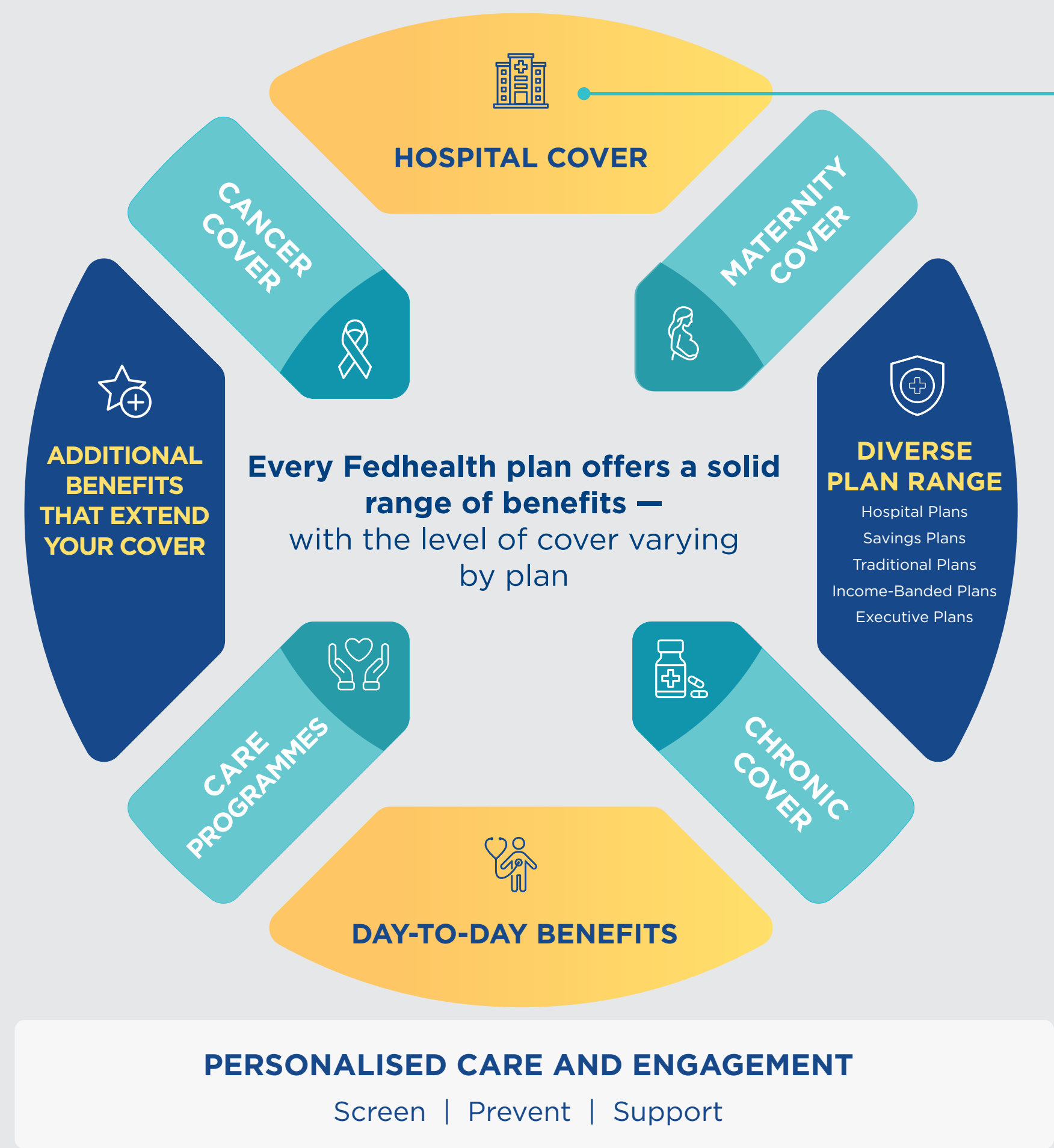


GET REWARDS

Earn rewards through simple health engagement.



Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



Dynamic networks to suit your preference when it comes to hospitalisation

UNLIMITED HOSPITAL COVER AT PRIVATE HOSPITALS

Available on all plans - Benefit limits may apply

AFFORDABLE COVER ON NETWORK PLANS

Available on: **sureFED^{Essential}** and **sureFED^{Plus}**

Extensive network coverage across South Africa

Representation across all major hospital groups*



*Plan dependent

Are our **Traditional Plans** right for you?

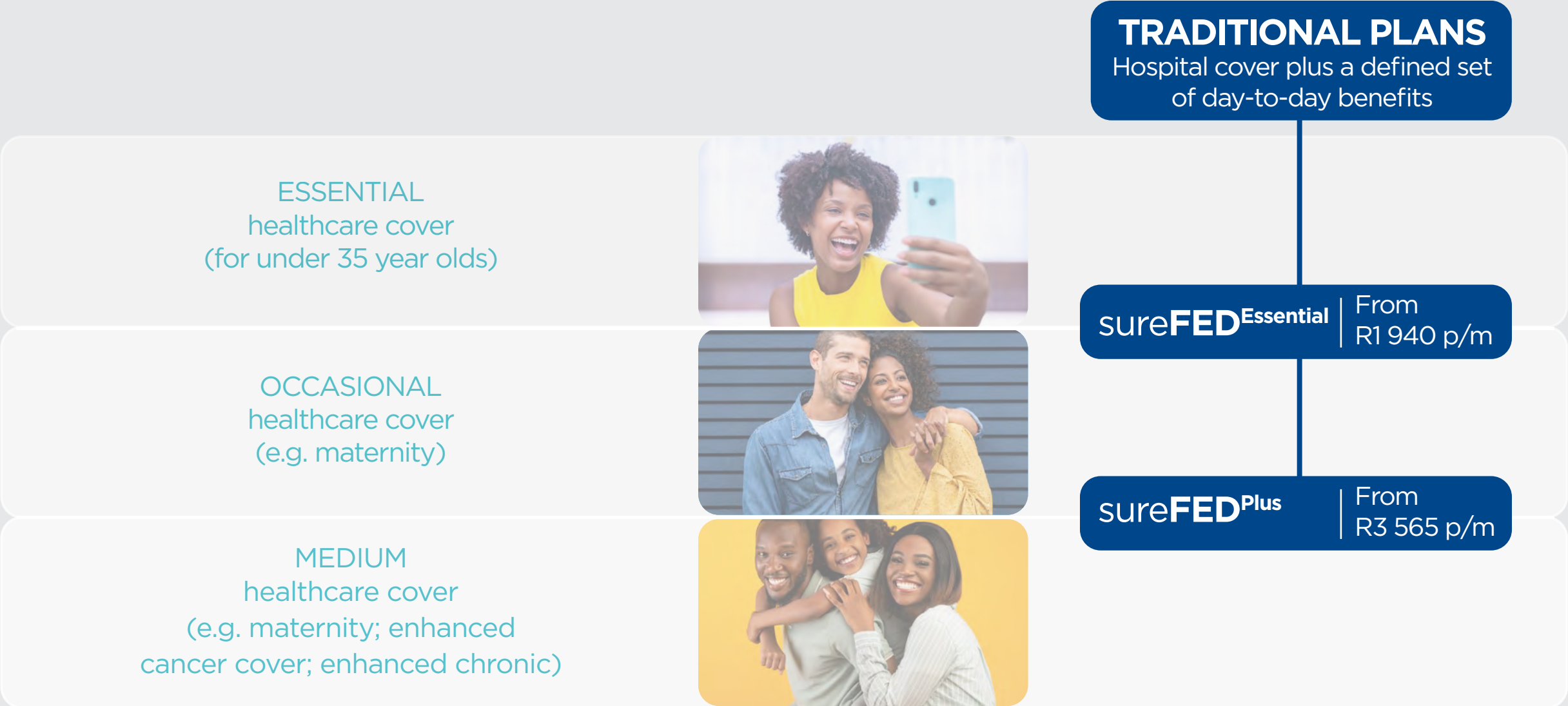


sureFED Traditional Plans

You prefer a plan that offers a **defined set of day-to-day benefits**

- ✓ You know upfront how your day-to-day benefit is allocated across individual benefit categories, e.g. GPs, medication, specialists, etc.
- ✓ You are covered for hospital bills

Cover starting from
FROM R1 940 p/m



Upgrade to a higher option **any time of the year**

Only Fedhealth lets you upgrade to a higher option any time of the year, as long as it's within 30 days of a life-changing event, like pregnancy or serious illness diagnosis. This means you only need to find your flexi**FIT** for right now – not for future ‘what-ifs’.

Protect your health: sureFED overview

		sureFED ^{Essential}	sureFED ^{Plus}
Monthly contribution	Principal Member	R1 940	R3 565
	Adult Dependant	R1 845	R3 115
	Child Dependant	R870	R999
Day-to-day benefit	Annual  Annual day-to-day benefit	R1 226	R3 380
		Set limits per benefit category	Annual pool of funds for out-of-hospital expenses
		Nominated network GP consults	M+0: R7 272
		Network specialist consults	M+1: R10 392
		Preventative dentistry	M+2: R12 468
		Acute medication, pathology, radiology	M+2+:R13 512
		Pharmacy medication (OTC)	Sub-limits apply on certain benefit categories
		Optometry	
		MRI/CT scans (in- and out-of-hospital)	
		Physical therapy	
Additional benefits		 3 virtual GP consults per family per annum	 Optical benefits  Basic and advanced dentistry
			 Unlimited network GP consults once day-to-day benefit is depleted  MRI/CT scans in- and out-of-hospital
Maternity	During pregnancy	✓	✓
	Hospital birth cover	✓	✓
	Post-birth benefit	✓	✓
	Infant & childcare		✓
Mental health	PMB	21 days for admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder	
	Additional out-of-hospital consults	✓ Stress and anxiety benefit	✓ R5 200 pf, subject to the Enhanced in-hospital benefit
	Enhanced in-hospital benefit		✓ R10 390 pf
Chronic benefits	27 PMB conditions	✓	✓
	Additional conditions	Depression	
Cancer		PMB	R259 750
Hospital cover	Use network facilities for planned procedures	Unlimited hospitalisation / Full cover for network Specialists in-hospital	
		✓	✓

TRADITIONAL PLANS

AVAILABLE ON ALL PLANS

-  Child rates up to age 27
-  Only pay for first 3 children

-  Screening benefits
-  Wellness benefits
-  Preventative benefits
-  30-day post-hospitalisation benefit
-  Trauma treatment in a casualty ward

 Upgrade to a higher plan within 30 days of a life-changing event

Traditional Plans

Contributions

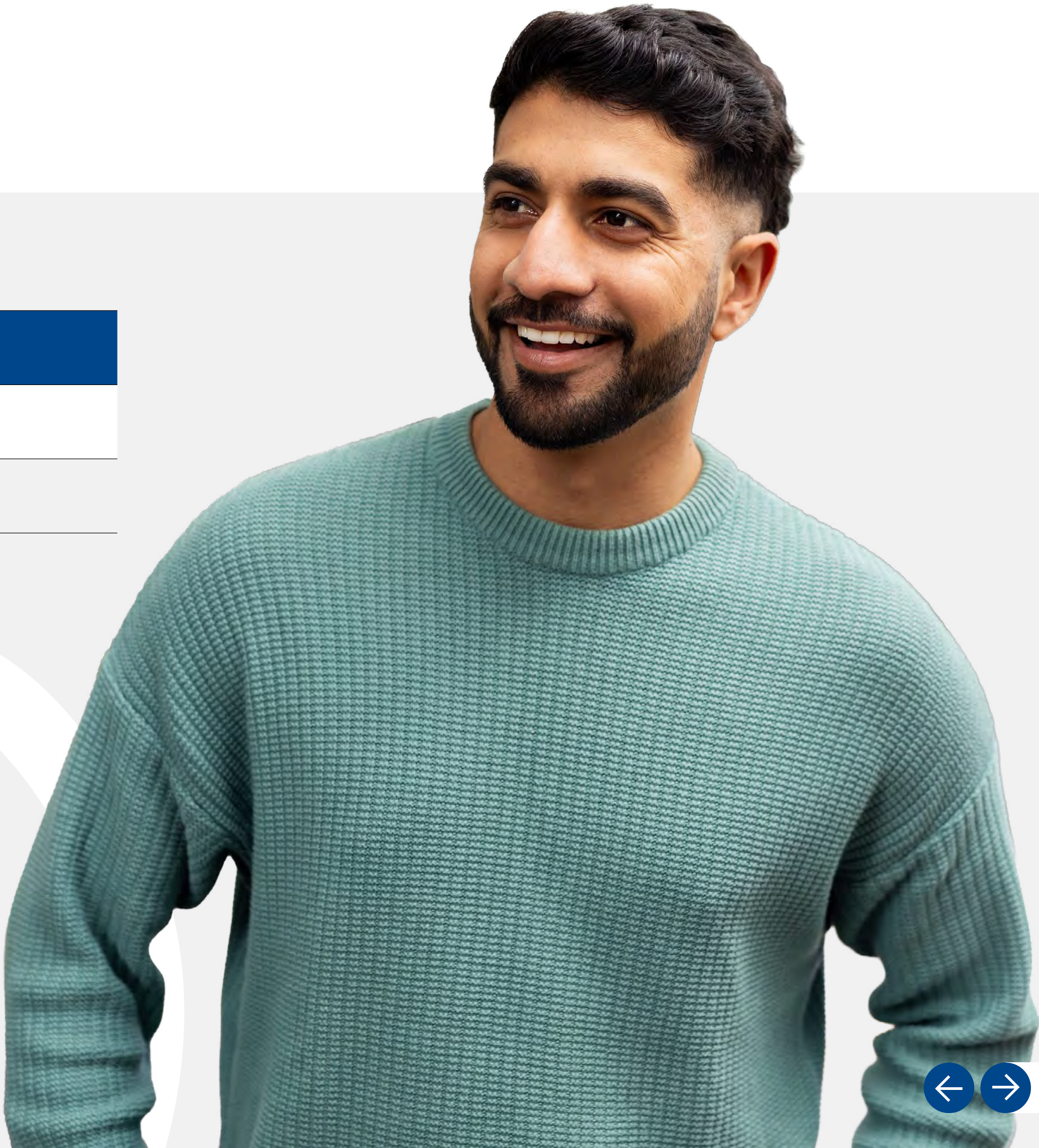
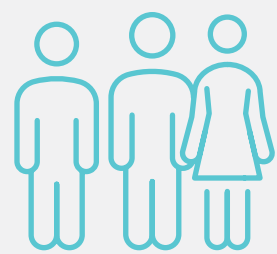
Plan contributions

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD
sureFED ^{Essential}	R1 940	R1 845	R870
sureFED ^{Plus}	R3 565	R3 115	R999

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



sureFED

Day-to-day benefits



We're rewarding members' smart health choices with up to R3 380 in extra Day-to-Day benefits.

sureFED ^{Essential}	sureFED ^{Plus}
R1 226	R3 380

Please note that D2D+ Rand amounts listed are annual family amounts.

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, **sureFED** members can unlock an extra amount of up to R3 380 to use for Day-to-Day medical expenses. These expenses will first be covered by your D2D+ benefit up to the Fedhealth Rate once it is activated. After this benefit is exhausted, any remaining expenses will be paid from your Day-to-Day benefits:

- GP consultations
- Specialist consultations
- Basic dentistry
- Prescribed medication
- Pathology
- General radiology

This benefit will bring even more Day-to-Day value for members!

sureFED ^{Essential}	
Set limits per benefit category	
Nominated network GP consults	M+0:4; M+1+: 7
Network specialist consults	2 consults (up to R2 310 per family)
Preventative dentistry	1 visit at a dentist + 1 visit at an oral hygienist per beneficiary
Acute medication, pathology, radiology	R1 870 per family (defined list)
Pharmacy medication (OTC)	R156 per script (R623 pf per annum)
Optometry	R1 970 per beneficiary every 2 years at DSP
MRI/CT scans (in- and out-of-hospital)	R12 570 per family per annum (co-pay for non-PMBs)
Physical therapy	2 consults per beneficiary per annum (R80 co-pay applies)
Additional benefit	
3 virtual GP consults per family per annum	

sureFED ^{Plus}	
Annual pool of funds for out-of-hospital expenses	
M+0: R7 272 M+1: R10 392 M+2: R12 468 M+2+:R13 512	
Sub-limits apply on certain benefit categories	
Additional benefits	
Optical benefits	Unlimited network GP consults once day-to-day benefit is depleted
Basic and advanced dentistry	MRI/CT scans in- and out-of-hospital

Additional benefits that extend your cover



Screening benefits



Wellness benefits



Preventative benefits



30-day post-hospitalisation benefit



Trauma treatment in a casualty ward



Female contraceptives

Screening, wellness and extra value-added benefits

Apart from a host of screening, preventative and wellness benefits, also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.



Screening & Wellness Benefit



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Screening Benefit**.

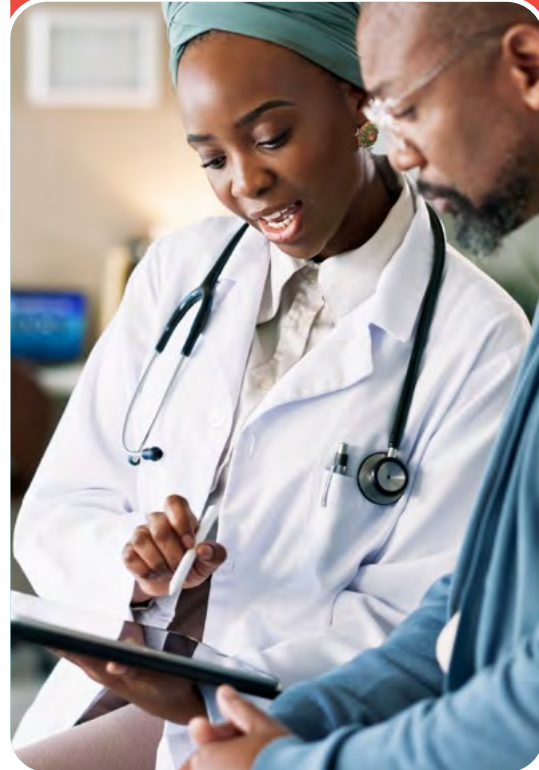
BENEFIT			sureFED ^{Essential}	sureFED ^{Plus}
WELLNESS BENEFITS				
Mental wellness	Mental health consultations		No benefit unless PMB	Limited to R5 200 per family subject to the in-hospital Mental Health benefit
	Depression medication		R2 370 per beneficiary subject to an approved list of medications	R2 490 per beneficiary subject to an approved list of medications
	Stress and Anxiety benefit		Two virtual consultations per beneficiary which can be used via any virtual mental health platform, this is a non PMB benefit	
Wellness resources and digital tools	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.		✓	✓
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.		✓	✓
GENERAL WELLNESS				
HIV finger prick test	All lives	1 test every year	✓	✓
Flu vaccination and administration*	All lives	1 vaccine every year	✓	✓
Smoking cessation programme	All lives	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc)	✓	✓
Cardiac health screening (full lipogram)	All lives aged 20 and older	1 test every 5 years	–	✓
CHILDREN’S HEALTH				
Immunisation Programme (as per State EPI)*	Birth to age 12		✓	✓
Infant hearing screening test and consultation**	Birth up to 8 weeks of age	1 per newborn beneficiary	✓	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	–	✓
Paediatric consultation	Birth up to age 1	1 Paediatric consultation, with no referral required from GP	–	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime	–	✓

* Combined administration of vaccination benefit limit of 15 per annum per family
**Add newborns within 30 days

BENEFIT			sureFED ^{Essential}	sureFED ^{Plus}
WOMEN'S HEALTH				
Cervical cancer screening (Pap smear)	Women aged 21 - 65	1 test every 3 years	✓	✓
Cervical cancer screening pharmacy consultation	Women aged 21 - 65	1 consultation every 3 years	–	✓
HPV PCR test	Women	1 test every 5 years	–	✓
Contraceptives	Women up to age 55	Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to non-contraceptive treatment (e.g. pills prescribed for acne.)	✓	✓
		Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years	–	✓
Emergency oral contraceptive benefit	Women up to age 55	1 every year	✓	✓
MEN'S HEALTH				
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test every year	–	✓
ALL OVER 40s HEALTH				
Breast cancer screening with mammography	All lives aged 40 and older	1 every 2 years	–	✓
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	✓	✓
Weight management programme	Limited to 1 qualifying enrolment per beneficiary per annum	2 Psychotherapy consultations 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)	✓	✓

PLUS, the following support and assistance:

30-day Post-hospitalisation benefit



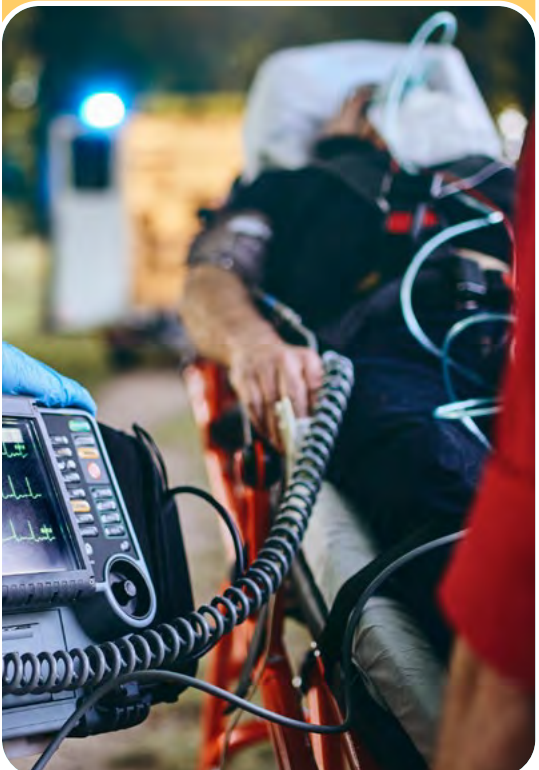
Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Scheme Risk benefits and not your Day-to-Day benefits. This includes post-hospital treatment for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

MediTaxi service



Members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

Emergency assistance



Members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Azoza provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. **Call 0860 333 432** to access this service, and press 1.

Included in this benefit, emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.

24-hour Fedhealth Nurse Line: Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.

Click here to access **ZOOM on 30-day Post-hospitalisation Benefit.**

Click here to access **ZOOM on Weight Management Programme.**

Click here to access **ZOOM on MediTaxi Service.**

Click here to access **ZOOM on Screening Benefit.**

Click here to access **ZOOM on Emergency Assistance.**

Traditional Plans

Day-to-Day Benefits

Here’s an overview of the Day-to-Day benefits (and their limits) that are available on the sure**FED** options. These include benefits like network and non-network GP visits, chronic medication and specialised radiology.

BENEFIT	sure FED ^{Essential}	sure FED ^{Plus}
ANNUAL DAY-TO-DAY BENEFIT	Subject to sub-limits per benefit category	M+0: R7 272 M+1: R10 392 M+2: R12 468 M+2+: R13 512
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	M+0: 4 consultations with a nominated network GP per year. M+1+: maximum of 7 consultations with a nominated network GP per year. Virtual GP consults limited to 3 per family per annum.	In Network & nominated; subject to Annual Day-to-day benefit. Once Annual Day-to-Day Benefit is depleted, unlimited consultations with a 20% co-payment at Nominated Network GP.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your nominated network GP	Limited to 2 consultations per family per year with either a non-network or a non-nominated network GP.	Limited to 2 consultations per beneficiary per year with either a non-network or a non-nominated network GP with a 30% co-payment.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (REQUIRES REFERRAL FROM A GP)	Limited to 2 consultations up to a maximum of R2 310 per family per year. 30% co-payment if referral is not obtained.	Limited to 2 consultations up to a maximum of R2 600 per family per year. Subject to the Annual Day-to-Day benefit. 40% co-payment if referral from GP is not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (REQUIRES REFERRAL FROM A GP)	Covered up to 70% of the Fedhealth Rate & subject to the in-network specialist benefit. 30% co-payment if GP referral is not obtained.	Covered up to 80% of the Fedhealth Rate & subject to the in-network specialist benefit. 40% co-payment if GP referral is not obtained.
TRAUMA TREATMENT IN A CASUALTY WARD	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R910 per visit for non-PMBs applies.	

BENEFIT	sureFED ^{Essential}	sureFED ^{Plus}
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician’s fees for all such surgery.	1 visit per annum to a network dentist which includes the following: • A consultation • Intra oral radiographs • Scale and polishing • Infection control (gloves and masks) • Instrument sterilisation 1 visit per annum to an oral hygienist which includes the following: • A consultation • Scale and polishing • Infection control (gloves and masks) • Instrument sterilisation	Limited to the Specialised Dentistry benefit, once benefit depleted subject the Annual day-to day benefit. Limits apply to the below benefits as follows: • Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum • Sterilised instrumentation – 2 per beneficiary per annum limited to 1 per visit • Infection Control (gloves and masks) – 4 per beneficiary per annum limited to 2 per visit The following is limited to 2 per beneficiary per annum: • Consultations • Intra Oral Radiographs • Scale and Polishing • Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only) • Topical Application of Fluoride for adults
ADVANCED DENTISTRY inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	No benefit unless PMB level of care	Limited to R3 640 per family, once benefit depleted subject to Annual Day-to-day benefit
Osseo-integrated implants, orthognathic surgery	No benefit unless PMB level of care	
ADDITIONAL MEDICAL SERVICES Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing, psychologists, social workers, speech therapy	No benefit unless PMB level of care	Subject to a combined limit with Physical Therapy of R3 120 per family subject to the Annual day-to-day benefit
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	No benefit	Subject to a combined limit with Physical Therapy of R3 120 per family subject to the Annual day-to-day benefit
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Hearing aids, wheelchairs, etc.	No benefit unless PMB level of care	Subject to the Annual day-to-day benefit
MEDICINES AND INJECTION MATERIAL		
Acute medicine	Limited to R1 870 per family. Subject to acute formulary, 30% co-payment for use of non-formulary medication	M+0: R1 560 M+1+: R3 120 maximum family limit, subject to Annual day-to-day benefit. Subject to acute formulary, 30% co-payment for use of non-formulary medication
Chronic medicine	Please see chronic medicine benefit on page 18	
Over-the-counter medicine	Limited to R156 per script to a family limit of R623 per annum.	Limited to R623 per beneficiary to a family limit of R1 560 per annum. Limited to 1 script per day subject to acute medicine benefit.

BENEFIT	sureFED ^{Essential}	sureFED ^{Plus}
OPTICAL BENEFIT	Subject to R1 970 pb, based on a two-year benefit cycle. Subject to IsoLeso Optometrist Network.	Based on a two-year benefit cycle. Subject to ISOLeso Optometrist Network.
Consultations	Limited to one comprehensive examination per beneficiary. With a R104 co-payment. Subject to the Optical Limit	At network optometrist: Limited to one comprehensive examination per beneficiary covered at 100% of scheme rate. At non-network optometrist: covered up to R436 per beneficiary
Spectacle lenses	Limited to 1 pair of clear CR39 single vision spectacle lenses. With a R104 co-payment. Subject to the Optical Limit	1 pair of lenses every 24 months. The pair of lenses can be either: Single Vision Lenses (Clear), covered at 100% of scheme rate at network optometrists (or R229 pb per lens at non-network optometrists). OR Bifocal Lenses (Clear), covered at 100% of scheme rate at network optometrists (or R500 pb per lens at non-network optometrists). OR Multifocal Lenses, covered at 100% of scheme rate of base lenses at network optometrists, or limited to a maximum of R935 per designer lens, per beneficiary, at network and non-network optometrists.
Frames and/or lens enhancements	Limited to R779 per beneficiary. With a R104 co-payment. Subject to the Optical Limit	At network optometrist: Limited to R826 per beneficiary covered at 100% of scheme rate. At non-network optometrist: covered up to R520 per beneficiary.
Contact lenses	No benefit	R1 590 per beneficiary at network optometrists and R1 517 per beneficiary at non-network providers. If frames and lenses were previously claimed, then no benefit applies.
PATHOLOGY AND MEDICAL TECHNOLOGY	Subject to the Acute Medication Benefit limit of R1 870. Subject to basic protocols and a limited list of tests and specified tariff codes.	Subject to a combined limit with Basic Radiology of R2 080 per family subject to the Annual day-to-day benefit. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers.
GENERAL RADIOLOGY	Subject to the Acute Medication Benefit limit . Subject to basic protocols and a limited list of tests and specified tariff codes.	Subject to a combined limit with Pathology of R2 080 per family subject to the Annual day-to-day benefit.
SPECIALISED RADIOLOGY Pre-authorisation is required	Limited to R12 570 per family, in and out-of-hospital at Fedhealth Rate. First R2 910 for non-PMB MRI/ CT scans for member's account	Limited to R14 640 per family, in and out-of-hospital at Fedhealth Rate. First R2 600 for non-PMB MRI/ CT scans for member's account
Oncology PET and PET/CT scans	No benefit unless PMB level of care	2 PET scan per family per annum limited to the oncology benefit. DSP Network applicable or a R5 890 co-payment for non-DSP use.

BENEFIT		sureFED ^{Essential}	sureFED ^{Plus}
SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS			
Non-surgical procedures & tests: Specified non-surgical procedures in practitioner's rooms (subject to authorisation)	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		
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy	2 consultations per beneficiary per annum with a R80 co-payment. Covers sports and non-sports related injuries.	Subject to a combined limit with Additional Medical Services of R3 120 per family. Subject to the Annual day-to-day benefit.	

Maternity and Childhood Benefits



Maternity and Childhood Benefits

sureFED members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children’s early years, which include for example the Fedhealth Baby | Mom Maternity Care Programme, paediatric consults, immunisations and the Paed IQ advice line.



BENEFIT		sureFED ^{Essential}	sureFED ^{Plus}
During pregnancy			
FEDHEALTH BABY MOM MATERNITY CARE PROGRAMME			
Online Doula-on-Call consultation* to activate member’s enrolment PLUS a R500 voucher once Doula consultation is completed. A personal Doula (area dependent) from our Preferred Doula list. Up to R4 000 in vouchers and gifts along member’s pregnancy journey. Weekly pregnancy updates (and every second week for spouse). Doula benefit of R5 000. Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings. Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop. Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes. A midwife appointment - R500 voucher after appointment. A R1 000 voucher if member gives birth at a preferred birthing facility. 24-hour medical advice line. Trimester calls from our friendly consultants. Doula-on-Call support throughout pregnancy. Post-birth Doula check-in Online lactation consultation. Handy Fedhealth baby bag, filled with essential baby products. *We know not every mum qualifies for Doula care due to medical reasons and therefore will receive a lesser value of certain Vouchers as above. Please speak to our team about the alternative programme benefits.		-	✓
MAIN BENEFITS			
Antenatal (or postnatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist.	✓ (gynae limited to 2 consultations)	✓
Antenatal scans	2 x 2D antenatal scans	✓	✓
Amniocentesis	1 amniocentesis	✓	✓
Antenatal classes	Antenatal classes up to R1 250 conducted by Private Nurses	✓	✓
BIRTH-RELATED BENEFITS			
Private ward cover	Private ward cover (when available) for delivery	-	-
Doula benefit	R5 000 per delivery for a doula (birthing coach) to assist mothers during natural childbirth	-	✓

Pre-authorisation is required. Members will receive a handy Fedhealth Baby Bag once they've registered for the Baby Programme from their 12th week of pregnancy.

Please refer to page 28 to see benefits related to maternity confinement in-hospital.



Click [here](#) to access **ZOOM** on Maternity and Childhood Benefits.

BENEFIT			sureFED ^{Essential}	sureFED ^{Plus}
Post-birth benefits				
Postnatal (or antenatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		✓ (gynae limited to 2 consultations)	✓
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	–	✓
Infant hearing screening test**	Birth up to 8 weeks of age	1 per newborn beneficiary	✓	✓
Paediatric consultation	Birth up to age 1	1 Paediatric consultation, with no referral required from GP	Paid from specialist consultation benefit	✓
Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby Mom Maternity Care Programme		–	✓
Appliances	Breast pumps and nebulisers		–	Paid from annual day-to-day benefit
CHILD CARE				
Immunisation programme and administration* (as per State EPI)	Birth to age 12		✓	✓
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime	–	✓
Childhood illness specialised drug benefit	All children up to age 18	Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin Juvenile Idiopathic / Rheumatoid Arthritis medication	–	✓
24-HOUR PAED-IQ ADVICE LINE	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.		✓	✓

Please note:

- 1. *Combined administration of vaccination benefit limit of 15 per annum per family
- 2. **Add newborns within 30 days
- 3. Child rates up to the age of 27
- 4. Only pay for three children – we cover fourth and subsequent children for free

Chronic Medicine Benefits



Chronic Medicine Benefits

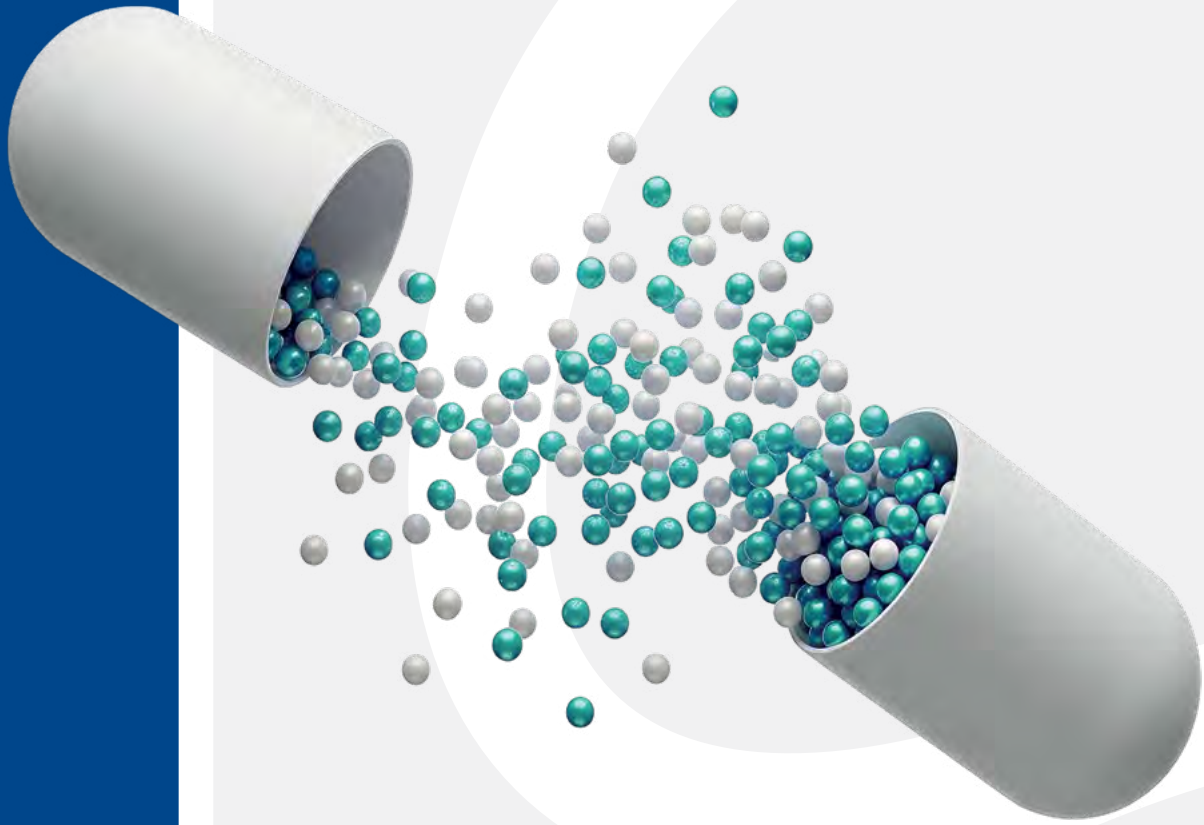
 For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Chronic Medicine Benefit**.

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

	sureFED ^{Essential}	sureFED ^{Plus}
LIMIT 	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL) Depression medication - R2 370 per beneficiary subject to an approved list of medications.	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL) Depression medication - R2 490 per beneficiary subject to an approved list of medications.
FORMULARY 	Basic formulary or a 30% co-payment for non-use of formulary medication.	Basic formulary or a 30% co-payment for non-use of formulary medication.
PHARMACY 	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.	Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.
HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS		
Limit	Unlimited	

27 Chronic conditions on the Chronic Disease List (CDL):

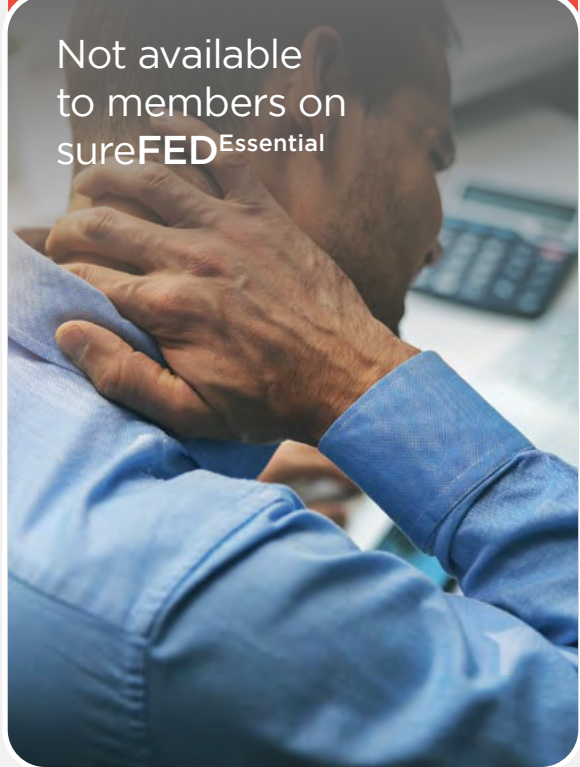
- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- COPD/ Emphysema/ Chronic Bronchitis
- Chronic Renal Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus type 1 & 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- HIV
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Schizophrenia
- Systemic Lupus Erythematosus
- Ulcerative Colitis



Managed Care



OrthoCare



Not available to members on sureFED^{Essential}

The Fedhealth OrthoCare Spinal 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 receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.



Click here to access ZOOM on OrthoCare Spinal Programme.

AfA HIV Management Programme



The Scheme offers the AfA (HIV Management) 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 to manage the condition.



Click here to access ZOOM on AfA HIV Management Programme.

Weight Management Programme



The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 psychologist consultations, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.



Click here to access ZOOM on Weight Management Programme.

Smoking Cessation Programme



Members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.



Click here to access ZOOM on Smoking Cessation Programme.

Alignd Palliative Care Programme



This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.



Click here to access ZOOM on Alignd Palliative Care Programme.

Hospital at Home



Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring.



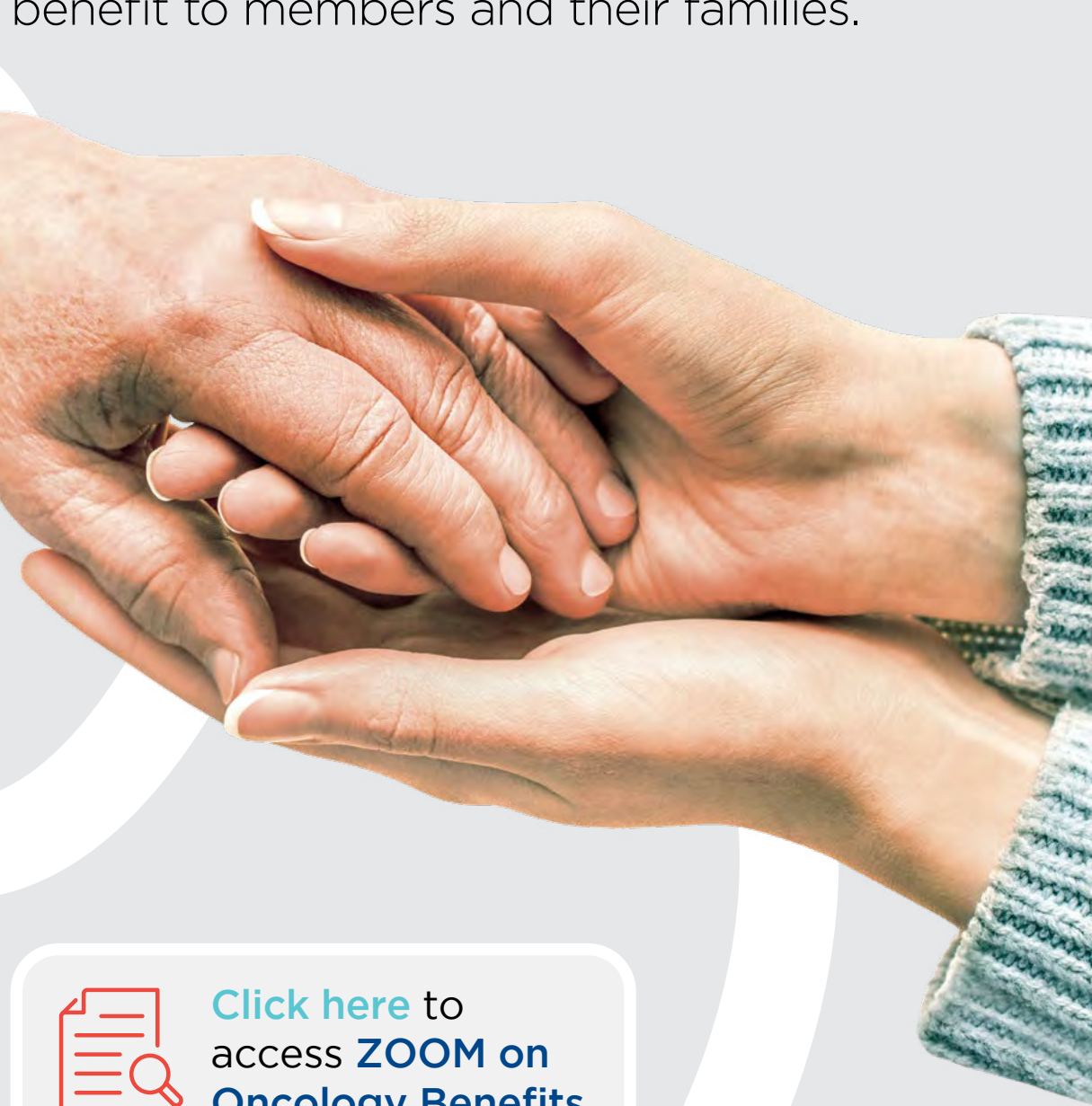
Click here to access ZOOM on Hospital at Home Benefit.

Oncology Benefits



Oncology Benefits

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different, and as such we aim to provide relief through benefits like the Alignd Palliative Care Programme, as well as the Terminal Care benefit to members and their families.



 [Click here](#) to access **ZOOM on Oncology Benefits**.

On **sureFED^{Essential}**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On **sureFED^{Plus}**, oncology is covered up to R259 750 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

BENEFIT	sureFED ^{Essential}	sureFED ^{Plus}
ONCOLOGY LIMIT The use of non-DSP will attract a 25% upfront co-payment.	Covered up to PMB level of care	R259 750
Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply.	Subject to Oncology limit. ICON Essential Protocols apply.
ONCOLOGY AND ONCOLOGY MEDICINE Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Covered up to PMB level of care. ICON Essential Protocols apply.	Subject to Oncology limit. ICON Essential Protocols apply.
Radiology and pathology	Covered up to PMB level of care	Subject to Oncology limit.
PET and PET-CT scans	No benefit unless PMB level of care	Subject to Oncology limit. Limited to 2 per family per year. DSP Network applicable or a R5 890 co-payment for non-DSP use.
Specialised drugs for oncology	No benefit	
Brachytherapy materials	No benefit	
TERMINAL CARE	Unlimited at cost at PMB level of care	R36 960

Alignd Palliative Care Programme

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

Mental Health Benefits



Mental Health Benefits

In order for us all to be productive members of society, reach our full potential and cope with the stresses that are associated with daily life, it's important that we prioritise our mental health and wellbeing. Mental health impacts our thoughts, emotions, interactions, livelihoods and enjoyment of life.

Fedhealth recognises that mental health is key to our members' quality of life, and as such, we offer a range of benefits and programmes on the **sureFED** options to provide members with mental health care and support.



 [Click here](#) to access **ZOOM on Mental Health Benefits.**

BENEFIT		sureFED ^{Essential}	sureFED ^{Plus}
WELLNESS RESOURCES AND DIGITAL TOOLS	Mental health consultations	Two virtual consultations per beneficiary which can be used via any virtual mental health platform	Mental Health Consultations out of hospital - Limited to R5 200 per family subject to the Mental health in hospital benefit
	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.	✓	✓
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	✓	✓
OVERVIEW OF PMBS FOR MENTAL HEALTH		Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.	
CONSULTATIONS		15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement. Stress and Anxiety Benefit: Two virtual consultations per beneficiary which can be used via any virtual mental health platform.	15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement. Additional consults: Mental Health Consultations out of hospital - Limited to R5 200 per family subject to the.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS		Covered under PMBs for qualifying conditions. Depression medication - R2 370 per beneficiary subject to an approved list of medications.	Covered under PMBs for qualifying conditions. Depression medication - R2 490 per beneficiary subject to an approved list of medications.
MENTAL HEALTH PROGRAMME		No access to programme.	Limited to R10 000 per enrolling beneficiary. Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as consultations with psychiatrists, psychologists, GPs or other mental health providers.
PSYCHIATRIC HOSPITALISATION		No benefit unless PMB level of care	R10 390

Hospital Cover



Unlimited Hospital Cover

The **sureFED** options, like all Fedhealth options, have 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, or you will have to pay a penalty of R1000.



The in-hospital benefit covers:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
 - Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the 70% of the Fedhealth Rate on **sureFED^{Essential}** and 100% of the Fedhealth Rate on **sureFED^{Plus}**.
- **Selected procedures in day wards and day clinics** on the Fedhealth Day Surgery Network.
- **Selective procedures in doctor's rooms** paid from risk if authorised
- Members must use the **sureFED Fedhealth Hospital Network** or pay a 30% co-payment on the hospital account.
- **Physiotherapy**: Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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 are considered as emergencies?

- An unexpected condition that requires immediate treatment. This means that if there's no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on network hospital options can get treatment for emergency medical conditions at any hospital, but once their condition has stabilised and they can be safely transferred to a network hospital, the co-payment will apply if they opt not to be transferred.

BENEFIT	sureFED ^{Essential}		sureFED ^{Plus}
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit		
HOSPITAL NETWORK			
Acute Hospital Facilities	Fedhealth network hospitals		
Day Surgery Facilities	Day Surgery Facilities Network		
Mental Health Facilities	Fedhealth Mental Health Facilities Network		
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, specialists, hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more.		
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.	Unlimited at Fedhealth network hospitals		
Hospital co-payment for non-network hospital	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities. 25% co-payment on voluntary use of non-network substance abuse facilities.		
CONFINEMENT			
Maternity confinement: Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.	Unlimited		
Elective Caesareans: Unlimited at cost for Network GPs and Specialists at Network hospitals.	R6 230 co-payment for non-PMB elective caesareans	R2 600 co-payment for non-PMB elective caesareans	
Private ward cover	No benefit		
Delivery by Fedhealth Network GPs and specialists	Covered in full		
Delivery by non-network GPs and specialists	Covered up to 70% of the Fedhealth Rate	Covered up to the Fedhealth Rate	
Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited		
Delivery by a registered midwife/nurse or a practitioner	Unlimited	Unlimited 200% of Fedhealth rate if delivery by a registered midwife	
Hire of water bath and oxygen cylinder	Unlimited		
Medicine on discharge 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.	Limited to 7 days medication up to a maximum of R428 per beneficiary per admission.		

BENEFIT	sureFED ^{Essential}		sureFED ^{Plus}
FEDHEALTH BABY MOM PROGRAMME	No benefit		All sureFED ^{Plus} members enjoy access to the Fedhealth Baby Mom Maternity Care Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag.
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	No benefit unless PMB level of care		Subject to a combined limit with Physical Therapy of R3 120 per family subject to the annual day-to-day benefit
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited		
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner’s rooms (Subject to authorisation and covered from risk)	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		
MEDICINE ON DISCHARGE 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.	Up to 7 days supply to a maximum of R428 per beneficiary per admission		
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities.			
Nursing agencies	No benefit unless PMB		
Private nurse practitioners	No benefit	Limited to & included in the Additional Medical Services Benefit	
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care		
Terminal care benefit	Unlimited at cost at PMB level of care	R36 960	

BENEFIT	sureFED ^{Essential}	sureFED ^{Plus}
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS		
General medical and surgical appliances (including glucometers)	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Hearing aids including repairs	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Large orthopaedic orthotics/appliances	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Stoma products	No benefit unless PMB level of care	Paid from annual day-to-day benefit
CPAP apparatus for sleep apnoea	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Foot orthotics (incl. shoes and foot inserts/levellers)	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Oxygen therapy equipment	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Home ventilators	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Long leg callipers	No benefit unless PMB level of care	Paid from annual day-to-day benefit
Moon boots	No benefit unless PMB level of care	Paid from annual day-to-day benefit
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited	
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER		
Fedhealth Network GPs and specialists	Covered in full	
Non-network GPs and Specialists	Covered up to 70% of the Fedhealth Rate	Covered up to the Fedhealth Rate
Other healthcare practitioners	Covered up to the Fedhealth Rate	
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care at DSP	
Corneal grafts	No benefit	
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited	
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited	

BENEFIT		sureFED ^{Essential}	sureFED ^{Plus}
PROSTHESES AND DEVICES INTERNAL			
Aorta stent grafts		Unlimited at cost at PMB level of care	
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws		Unlimited at cost at PMB level of care	
Cardiac pacemakers, cardiac stents, cardiac valves		Unlimited at cost at PMB level of care	
Detachable platinum coils		Unlimited at cost at PMB level of care	
Elbow, hip, knee and shoulder replacement		Unlimited at cost at PMB level of care	
Total ankle replacement		Unlimited at cost at PMB level of care	
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)		Unlimited at cost at PMB level of care	
Intraocular lenses – non-cataract (per lens)		Unlimited at cost at PMB level of care	
Combined benefit limit for all unlisted internal prosthesis		Unlimited at cost at PMB level of care	
PROSTHESES EXTERNAL		Unlimited at cost at PMB level of care	
GENERAL RADIOLOGY		Unlimited	
SPECIALISED RADIOLOGY		Limited to R12 570 per family, in and out-of-hospital at Fedhealth Rate. First R2 910 for non-PMB MRI/ CT scans for member's account.	Limited to R14 640 per family, in and out-of-hospital at Fedhealth Rate. First R2 600 for non-PMB MRI/ CT scans for member's account.
CT scans, MUGA scans, MRI scans, radio isotope studies		Specific authorisation required	
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.		Unlimited at cost at PMB level of care at DSP. 40% co-payment for voluntary use of non-DSP.	
IMMUNE DEFICIENY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.		Unlimited	

Procedure co-payments

CO-PAYMENTS PER EVENT APPLICABLE ON THE HOSPITAL / FACILITY BILL ONLY	sureFED ^{Essential}	sureFED ^{Plus}
Bunion procedures, gastritis / dyspepsia / heartburn	No benefit unless PMB level of care	R8 510
Diagnostic cystoscopy, nasal procedures, skin biopsy /excision	No benefit unless PMB level of care	R2 100
All open hernia surgery	No benefit unless PMB level of care	R4 160
Arthroscopic procedures - shoulder, ankle	R6 230	R4 160
Arthroscopic procedures - wrist	R6 230	R4 160
Arthroscopic procedures - hip	No benefit	
Arthroscopic procedures - knee	No benefit unless PMB level of care. Anterior Cruciate Ligament repair – R6 230	No benefit unless PMB. Anterior cruciate ligament repair – R4 160
Other arthroscopic procedures	R6 230	R4 160
Back & neck pain procedures	No benefit unless PMB level of care	R8 510
Colonoscopy, Upper GI endoscopy	R3 120	R2 100
Dental admissions	No co-payment	
Elective C-sections	R6 230	R2 600
Inguinal hernia surgery	No benefit unless PMB level of care	R4 160
JOINT REPLACEMENTS		
Hip and knee replacements	No benefit	
Other joint replacements	No benefit	No benefit unless PMB level of care
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ toupet hernia repairs only), appendectomy, diagnostic laparoscopy	PMB level of care	R4 160
Laparoscopic pyeloplasty, Varicocelectomy, Sacrocolpopexy, Rectopexy, Recto sacrocolpopexy	Open only, except for PMB	R7 273
Laparoscopic radical prostatectomy	Open only, except for PMB	R8 510
Spinal surgery	No benefit unless PMB level of care	
Surgical extraction of impacted wisdom teeth	R1 560 in a day clinic, R5 200 in a hospital	R830 in a day clinic, R4 160 in a hospital
Varicose vein procedures	No benefit unless PMB level of care	R2 080

Links to benefits info

Need more information on a specific Fedhealth benefit, programme, service or provider?

We've got you covered. For additional information, just click on the relevant ZOOM to find out more.



- 30-Day Post-Hospitalisation Benefit →
- Alignd Serious Illness Benefit →
- All about dependants →
- Alternatives to Hospitalisation Benefit →
- Chronic Medicine Benefit →
- Contraceptive Benefit →
- Emergency Assistance →
- Emergency Treatment in a Casualty Ward →
- GP Nomination →
- Hospital at Home Benefit →
- Maternity & Childhood Benefits →
- Fedhealth Baby | Mom Maternity Care Programmer →
- MediTaxi Benefit →
- Mental Health Benefit →

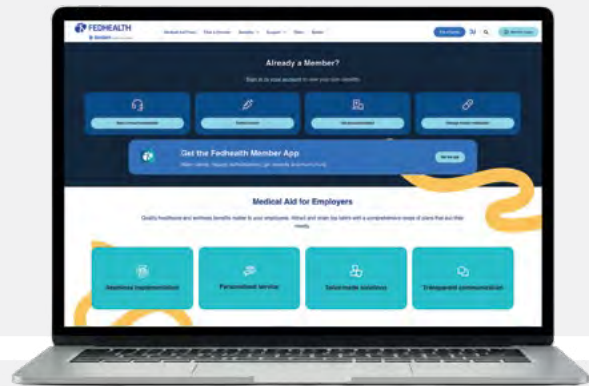
- Mental Health Programme →
- Oncology Benefit →
- OrthoCare Spinal Programme →
- Screening Benefit →
- Self-Service Channels →
- Smoking Cessation Programme →
- Weight Management Programme →



Contact us

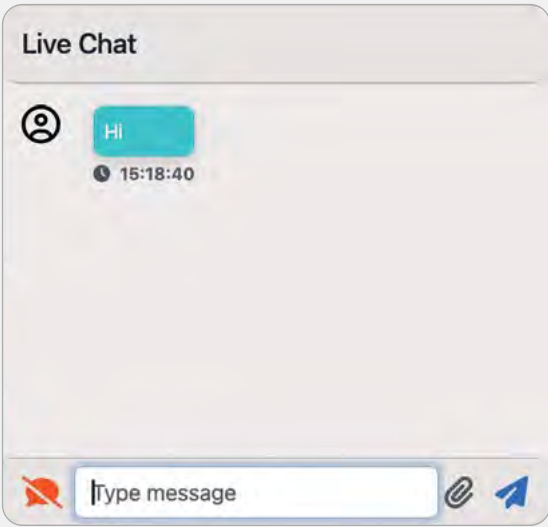
WEBSITE **fedhealth.co.za**

The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



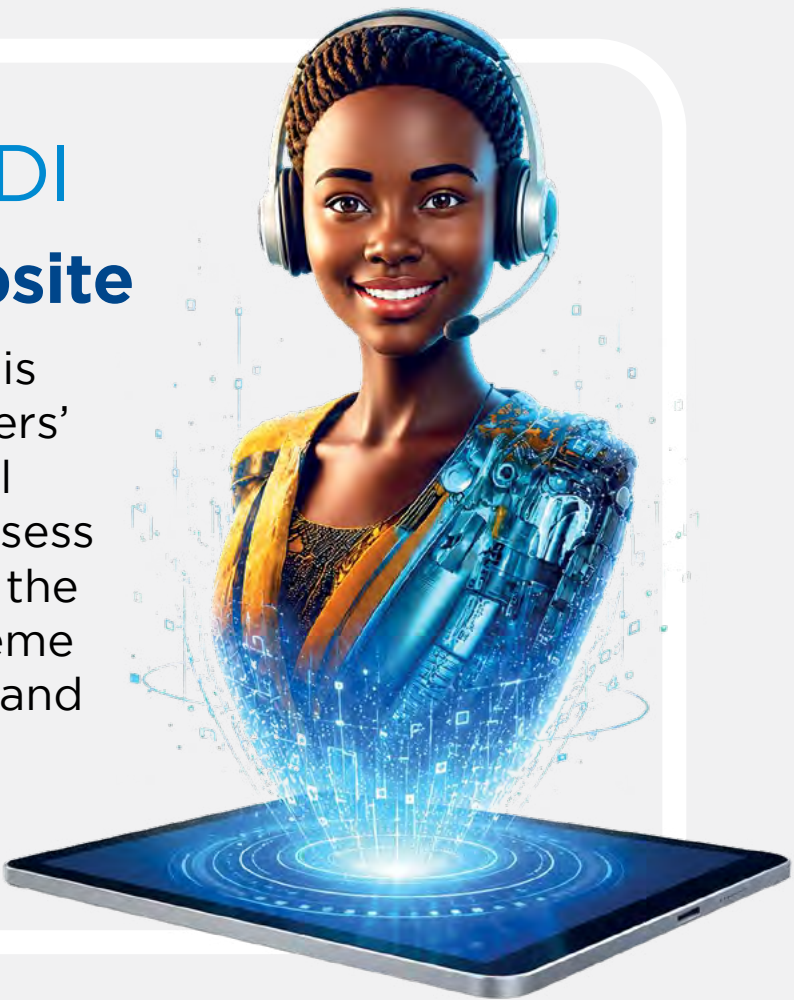
LIVECHAT **Access on the website**

Members can type in their queries and one of our LiveChat agents will assist them online.



AI AGENT NALEDI **Access on the website**

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.



FAMILY ROOM **Access on the website**

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.



WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

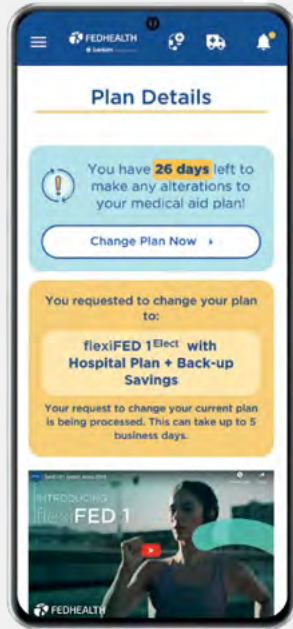


MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

Google Play Store, Huawei App Gallery and Apple App Store,

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.



Contact details

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

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

Ambulance Services
Azoza
Tel: 0860 333 432

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

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

Disease Management
Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: membercare@medscheme.co.za

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

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

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi
Tel: 0860 333 432 press 5 for the point-to-point service

Hospital-at-Home (Quro Medical)
Tel: 010 141 7710
Web: www.quromedical.co.za

Medscheme Client Service Centres

For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open
Monday to Thursday 07h30 – 17h00,
Friday 09h00 – 17h00 and
Saturday 08h00 – 12h00

Bloemfontein
Medical Suites 4 & 5, 1st Floor, Middestad Centre, Cnr Charles & West Burger Street, Bloemfontein

Cape Town
Shop 6, 9 Long Street, Cnr Long & Waterkant Streets, Cape Town

Durban
14/36 Silver Oaks Office Park, Silverton Road, Musgrave, Durban

East London
Unit 5, Balfour Road, Vincent, East London

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

Kathu
Shop 18D, Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road, Kathu

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Lephalale

Mafikeng
Shop 118, Ground Floor, East Gallery, Mafikeng

Nelspruit
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive, Mbombela

Pietermaritzburg
Shop 32B, Park Lane Shopping Centre, 12 Chief Albert Luthuli Street, Pietermaritzburg

Polokwane
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

Port Elizabeth
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

Pretoria
Shop 17, Nedbank Plaza, Ground Floor, 175 Steve Biko Street, Arcadia, Pretoria

Roodepoort
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof, Roodepoort

Rustenburg
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

Contact us

Fedhealth Customer Contact Centre
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

Contact Centre is open
Monday to Thursday 08h30 – 17h00,
Friday 09h00 – 17h00



Fedhealth Customer Contact Centre 0860 002 153

Corner Ontdekkers Road and Conrad Street, Absa Building Block F, Florida, 1716
Private Bag X3045, Randburg 2125

www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.

For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.