

flexiFED 3

The ideal plan for young, still growing families

As part of our new **flexiFED** option range that gives members more control over how their cover is structured, **flexiFED 3** is perfect for young families who are still on the grow.

Its core benefit bundle – or the basic cover that you enjoy on this option – provides you with sound in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits, that include additional benefits and the Benefit Maximiser.

The Benefit Maximiser kicks in once your day-to-day claims have accumulated to the Benefit Maximiser Threshold Level, provided you've submitted all your day-to-day claims. This means that certain claims, like unlimited nominated network GP visits and dentistry, will be paid from the Benefit Maximiser.

On **flexiFED 3**, you can also choose to save 11% on your contributions by choosing network hospitals, OR you can save 25% by choosing a restricted hospital network or by paying an R11 500 excess for planned procedures at a hospital of your choice.

On this option you also have access to a MediVault and Wallet facility, a predetermined amount available for your day-to-day medical expenses, which you only start paying back over a 12-month period once you start using it.

Please see the following pages for more details on the **flexiFED 3** core benefit bundle and what it offers you.

We let **you be YOU**

2019



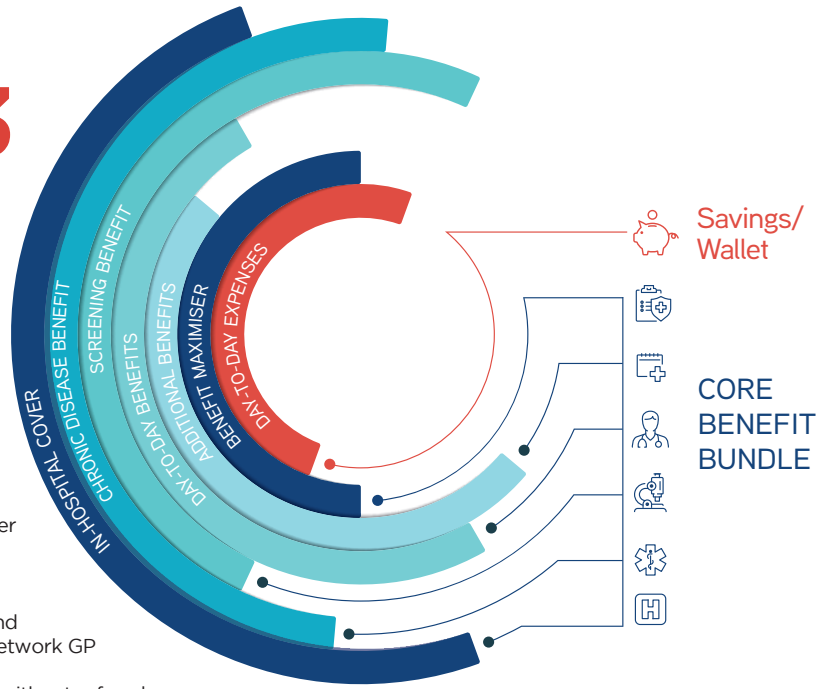
flexiFED 3

Ideal for:

Young, still growing families.

What's in it for you?

- Unlimited nominated network GP visits once day-to-day claims have reached Benefit Maximiser Threshold Level
- Unlimited private hospitalisation for planned procedures
- Rich maternity benefits such as 2 antenatal scans and 12 ante- and postnatal consults with a midwife, network GP or gynaecologist
- Great childhood benefits like paediatric consults without referral up until 24 months and childhood illness specialised drug benefit



Cost

Risk
Savings
Total



Member
R2 269
R25
R2 294



Adult dependant
R1 996
R22
R2 018



Child dependant
R809
R9
R818

CORE BENEFIT BUNDLE

| | flexiFED 3 Basic benefit bundle for young families |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IN-HOSPITAL BENEFIT | |
| Hospitalisation | Unlimited at hospital of choice |
| Maternity | Private ward cover for delivery. Unlimited at cost with network specialists and GPs |
| Network GPs and Specialists | Unlimited cover at cost |
| Non-network GPs, Specialists and all other healthcare professionals | Up to 100% of Fedhealth Rate |
| Oncology | R277 900 |
| Organ Transplant | R277 900 |
| Renal Dialysis | R277 900 at Designated Service Provider. 40% co-payment on use of non-DSP. |
| Childhood illness specialised drug benefit | Children up to the age of 18 years subject to managed care protocols |
| CHRONIC DISEASE BENEFIT | |
| Chronic conditions as covered under flexiFED 3 | Unlimited cover for conditions on the Chronic Disease List (CDL) at provider of choice. We also cover medicine for allergic rhinitis for children up to the age of 18 where the child is registered with Chronic Medicine Management for asthma; medicine for eczema for children up to the age of 18 and medicine for acne up to the age of 21. Subject to intermediate formulary and MPL |
| CHRONIC DISEASE LIST (CDL) | |
| Chronic Disease List | 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 |
| Additional conditions covered on flexiFED 3 (CDL as above + the following 3) | Allergic Rhinitis, Acne and Eczema |

| SCREENING BENEFIT | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Women's health | Cervical cancer screening (Pap smear) | Women; ages 21 to 65. 1 every three years |
| Children's health | Immunisation Programme (as per state EPI) | Birth to 12 years |
| Cardiac health | Cholesterol screening (full lipogram) | All lives; aged 20 and older. 1 every five years |
| General | Flu vaccination | All lives; 1 every year |
| | HIV finger prick test | All lives; 1 every year |
| | Breast cancer screening with mammography | All lives; aged 45 and older. 1 every three years |
| | Pneumococcal vaccination | All lives; aged 65 and older. 1 per lifetime |
| | Colorectal cancer screening (faecal occult blood test) | All lives; aged 50 to 75. 1 every year |
| Men's health | Prostate Specific Antigen (PSA) | Men; ages 45 to 69. 1 every year |
| Health risk assessments | Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests) | All lives; 1 every year |
| | Preventative screening by contracted wellness network provider (waist-to-hip ratio, body fat %, flexibility, posture & fitness) | All lives; 1 every year |

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| DAY-TO-DAY BENEFIT | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unlimited network GP visits | See Benefit Maximiser |
| Maternity | 2 x 2D scans; antenatal classes up to R1 050; 12 antenatal and/or postnatal consults with a midwife, network GP or network gynaecologist, amniocentesis |
| Fedhealth Baby Maternity Programme | All pregnant members and dependants |
| Fedhealth Toddler Programme | Access to sound advice for parents with toddlers up to the age of 24 months. |
| Doula benefit | Up to R1 300 per delivery |
| Postnatal midwifery benefit | 4 consultations per pregnancy with a midwife in- and out-of-hospital |
| Infant hearing screening benefit | 1 test from birth up to the age of 8 weeks with an audiologist up to the Fedhealth Rate |
| Paed-IQ | Free membership |
| Paediatrician consultations | 1 consultation per beneficiary with a network paediatrician up to 24 months of age |
| Optometry | 1 comprehensive consultation, 1 pair single vision or bifocal lenses, frame up to R200 |
| Post-hospitalisation treatment | For up to 30 days after discharge from hospital like physiotherapy, x-rays or pathology i.e. follow-up treatment for a full 30-day period is covered |
| Take-home medicine | 7-days of paid for take home medication after discharge from hospital - provided the medication is dispensed by the hospital and reflects on the original hospital account. |
| Specialised radiology | MRI/ CT scans are paid whether they are performed in- or out-of-hospital. A co-payment applies for non-PMB MRI/ CT scans |
| Trauma treatment at casualty ward | Whether admitted to hospital or not, emergency treatment, like stitches, is covered. Authorisation must be obtained and a co-payment of R570 per visit for non-PMBs applies |
| Female contraception | Includes oral, patches, contraceptive rings, certain injectables as well as IUDs (includes Mirena device) |
| Additional benefits | Upgrades within 30 days of a life-changing event; 24-hour Fedhealth Nurse Line; emotional wellbeing programme; emergency transport/response; MediTaxi; SOS Call Me; managed care programmes |

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| BENEFIT MAXIMISER | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | In order to access your Benefit Maximiser, you need to submit all day-to-day claims to accumulate to the Benefit Maximiser Threshold Level. Thereafter, certain claims will be paid from the Benefit Maximiser. These include dentistry and unlimited network GP visits. |
| Network GP visits | Unlimited at nominated network GP |
| Dentistry | Basic dental benefit |

IN-HOSPITAL

| | flexiFED 3 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Overall annual limit (OAL) | Unlimited at negotiated tariff |
| Healthcare Professional Tariff in hospital (HPT) | |
| Fedhealth Network GPs and Specialists | Covered at cost |
| Non-Fedhealth Network GPs | Covered at 100% of Fedhealth Rate |
| Non-Fedhealth Network Specialists | Covered at 100% of Fedhealth Rate |
| Other Healthcare Professionals | Covered at 100% of Fedhealth Rate |
| Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways: | To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, specialists, hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment at 100% of the Fedhealth Rate and you will have a shortfall should the healthcare professional charge more |
| Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus | Unlimited at negotiated tariff |
| Co-payments per event applicable on the hospital/ facility bill only | |
| Adenoidectomy | No co-payment |
| All open hernia surgery | R4 200 |
| Arthroscopic procedures - other | R7 800 |
| Back & neck pain procedures | No co-payment |
| Balloon sinuplasty | No benefit |
| Bunion procedures | No co-payment |
| Colonoscopy, upper GI endoscopy | R4 200 |
| Diagnostic cystoscopy | No co-payment |
| Dental admissions | No co-payment |
| Gastritis/ dyspepsia/ heartburn | No co-payment |
| Arthroscopic procedures: hip | R7 800 |
| Arthroscopic procedures: wrist | R7 800 |
| Hysterectomy (unless for cancer) | R3 600 |
| Joint replacements | |
| Single Hip and knee with CP* | No co-payment |
| Single Hip and knee - voluntary non-use of CP* | R26 200 |
| Other joint replacements and involuntary non-use of CP* for Single hip and knee | R6 200 |
| Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & nissen/ toupey hernia repairs only) | R6 200 |
| Laparoscopic procedures | R6 200 |
| Laparoscopic varicocelectomy | R6 200 |
| Nasal procedures | No co-payment |
| Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year) | No benefit |
| Skin biopsy/ excision | No co-payment |
| Spinal surgery** | R6 200 |
| Surgical extraction of impacted wisdom teeth | R4 200 |
| Tonsillectomy | |
| Under the age of 12 | No co-payment |
| 12 and over | No co-payment |
| Varicose vein procedures | R4 200 |
| Additional medical services (dietetics, occupational therapy and speech therapy) | Subject to savings, wallet or self-funded |
| Alternatives to hospitalisation: Nursing services, private nurse practitioners & nursing agencies Sub-acute facilities, physical rehabilitation facilities | Unlimited at negotiated tariff Unlimited at cost up to PMB level of care |

*Contracted Provider: Must use ICPS or JointCare for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.

** No benefit unless utilisation of back & neck rehabilitation programme has been completed.

IN-HOSPITAL (Continued)

| flexiFED 3 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Appliances, external accessories and orthotics | Subject to savings, wallet or self-funded |
| Blood, blood equivalents and blood products | Unlimited |
| In-hospital dentistry benefit for children under 7 | We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid for by the member |
| Immune deficiency related to HIV infection | Unlimited (see HPT) |
| Maternity - Healthcare Professional Tariff in hospital (HPT) | |
| Fedhealth Network GPs and Specialists (e.g. Gynaecologists & paediatricians) | Covered at cost |
| Non-Fedhealth Network GPs | Covered at 100% of Fedhealth Rate |
| Non-Fedhealth Network Specialists | Covered at 100% of Fedhealth Rate |
| Other Healthcare Professionals | Covered at 100% of Fedhealth Rate |
| Maxillo-facial surgery | Unlimited, subject to approval (see HPT) |
| Surgical extraction of impacted wisdom teeth | You pay a co-payment of R4 200 on the hospital bill |
| Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology | R277 900 at Designated Service Provider* and subject to level 1 treatment protocols. 40% co-payment for non-use of DSP |
| Childhood illness specialised drug benefit | Childhood illness specialised drug benefit for children up to the age of 18 |
| Organ transplant including immunosuppression medication Corneal graft | R277 900 (See HPT) No benefit |
| Pathology, radiology (general) | Unlimited at Fedhealth Rate |
| Physical therapy (physiotherapy and biokinetics) | Subject to referral by a medical practitioner, pre-authorisation & treatment protocols |
| Prostheses | |
| Internal | Various sub-limits apply |
| Aorta Stent Grafts | R58 500 |
| Bone lengthening devices | See combined benefit limit for all unlisted internal prosthesis* |
| Cardiac pacemakers | PMBs only |
| Cardiac stents | PMBs only |
| Cardiac valves | PMBs only |
| Carotid stents | See combined benefit limit for all unlisted internal prosthesis* |
| Detachable platinum coils | R50 700 |
| Elbow replacement | See combined benefit limit for all unlisted internal prosthesis* |
| Embolic Protection Devices | See combined benefit limit for all unlisted internal prosthesis* |
| Hip replacement | See combined benefit limit for all unlisted internal prosthesis* |
| Intraocular lenses (per lens) | R3 200 |
| Knee replacement | See combined benefit limit for all unlisted internal prosthesis* |
| Other approved spinal implantable devices | See combined benefit limit for all unlisted internal prosthesis* |
| Peripheral Arterial Stent Grafts | See combined benefit limit for all unlisted internal prosthesis* |
| Shoulder replacement | See combined benefit limit for all unlisted internal prosthesis* |
| Spinal plates and screws | See combined benefit limit for all unlisted internal prosthesis* |
| Total ankle replacement | No benefit |
| *Combined benefit limit for all unlisted internal prosthesis | *R25 000 |
| External | R11 600 at cost |
| Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material | R25 100 |
| Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis** | R277 900 at 100% of Fedhealth Rate at Designated Service Provider. 40% co-payment on use of non-DSP. |
| Childhood illness specialised drug benefit (e.g. biologicals) Benefit (non-oncology) | Childhood illness specialised drug benefit for children up to the age of 18 |
| Specialised radiology | Unlimited at Fedhealth Rate. First R2 200 for non-PMB MRI/ CT scans for the member's account |
| Spinal surgery | No benefit unless Back & Neck Rehabilitation Programme has been completed. You pay a co-payment of R6 200 on the hospital bill |
| Terminal care benefit | R31 000 at Fedhealth Rate |

HPT - Healthcare Professional Tariff | FR - Fedhealth Rate | MPL - Medicine Price List

Chronic Disease Benefit

| | | flexiFED 3 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Limit | Unlimited cover for conditions on the Chronic Disease List (CDL) at provider of choice. We also cover medicine for allergic rhinitis for children up to the age of 18 where the child is registered with Chronic Medicine Management for asthma; medicine for eczema for children up to the age of 18 and medicine for acne up to the age of 21 (managed care protocols apply). Subject to intermediate formulary and MPL | |
| IN-BENEFIT | | |
| Conditions covered | 29 conditions. See lists below | |
| Formulary | Intermediate formulary | |
| Preferred Provider | MediRite, Dis-Chem, Clicks & Pharmacy Direct | |
| OUT-OF-BENEFIT (See CDL list below) | | |
| Formulary | Out-of-benefit does not apply | |
| Preferred Provider | | |
| HIV/AIDS medicine benefit including treatment for mother-to-child-transmission, rape & post-exposure prophylaxis | | |
| Limit | Unlimited | |

CHRONIC DISEASE LIST (CDL)

| | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chronic Disease List | 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 |
| Additional conditions covered on flexiFED 3 (CDL as above + the following 3) | Allergic rhinitis, Acne and Eczema |

Non-compliance with formulary requirements will attract a co-payment of 40%. All medicine claims are subject to the Medicine Price List (MPL), a generic reference price list, and the maximum negotiated dispensing fee. Fedhealth does not make use of a DSP network, only a preferred provider network.

The preferred provider ensures price certainty for members when obtaining medication. Members may use any pharmacy, however if a dispensing fee in excess of 25%/ R25 is charged, the member will incur a co-payment.

Screening Benefit

| | | flexiFED 3 |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|
| Women's Health | | |
| Cervical cancer screening (Pap smear) | Women; ages 21 to 65 | 1 every 3 years |
| Men's Health | | |
| Prostate Specific Antigen (PSA) | Men; ages 45 to 69 | 1 every year |
| Children's Health | | |
| Immunisation Programme (as per State EPI) | Birth to 12 years | Various |
| Cardiac Health | | |
| Cholesterol screening (full lipogram) | All lives; aged 20 and older | 1 every 5 years |
| General | | |
| Breast cancer screening with mammography | All lives; aged 45 and older | 1 every 3 years |
| Flu vaccination | All lives | 1 every year |
| HIV finger prick test by a contracted wellness network provider | All lives | 1 every year |
| Pneumococcal vaccination | All lives; aged 65 older | 1 per lifetime |
| Colorectal cancer screening (faecal occult blood test) | All lives; ages 50 to 75 | 1 every year |
| Health risk assessments | | |
| Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests) | All lives | 1 every year |
| Preventative screening by contracted wellness network provider (waist-to-hip ratio, body fat %, flexibility, posture & fitness) | All lives | 1 every year |

Day-to-day Benefit

| | flexiFED 3 |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unlimited network GP visits | See Benefit Maximiser |
| Maternity | 2 x 2D scans; antenatal classes up to R1 050; 12 antenatal and/or postnatal consults with a midwife, Network GP or network gynaecologist, amniocentesis |
| Fedhealth Baby Maternity Programme | All pregnant members and dependants |
| Fedhealth Toddler Programme | Access to sound advice for parents with toddlers up to the age of 24 months. |
| Doula benefit | R1 300 per delivery |
| Postnatal midwifery benefit | 4 consultations with a midwife in and out-of-hospital per pregnancy |
| Infant hearing screening benefit | 1 test with an audiologist up to the age of 8 weeks up to the Fedhealth Rate |
| Paed-IQ | Free membership |
| Paediatrician consultations | 1 consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required |
| Optometry | 1 comprehensive consultation per beneficiary, 1 pair single vision or bifocal lenses per beneficiary, frame per beneficiary (use Savings for enhanced frame) R200 pb every 24 months. Optical benefits provided by an Optical Network Provider |
| Post-hospitalisation treatment benefit | For up to 30 days after discharge from hospital like physiotherapy, x-rays or pathology i.e follow-up treatment for a full 30-day period is covered |
| Take-home medicine benefit | 7-days of paid for take-home medication after discharge from hospital - provided the medication is dispensed by the hospital and reflects on the original hospital account |
| Specialised radiology benefit | Unlimited at Fedhealth Rate. First R2 200 for each non-PMB MRI/ CT scan for member's own account |
| Trauma treatment at a casualty ward | Unlimited at 100% of Fedhealth Rate. You pay a co-payment of R570 per visit for non-PMBs |
| Female contraception benefit | Oral, patches, contraceptive rings, certain injectables as well as IUDs that include Mirena. Must be prescribed by a GP or gynaecologist and not applicable to oral contraceptives prescribed for acne |

Additional Benefits

| | flexiFED 3 |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Fedhealth Nurse Line | A 24-hour toll-free line manned by professional nurses for medical and related queries |
| Emotional Wellbeing programme | 24-hour telephonic support to get members through life's ups and downs, with the option to refer to psychologists |
| Emergency transport/ response | Emergency transport for members through Europ Assistance |
| Comprehensive managed care programmes | |
| Aid for AIDS | Support programme for members living with HIV/Aids |
| Conservative Back & Neck Rehabilitation Programme | Helping members address back and neck pain to avoid spinal surgery |
| Smoking Cessation Programme | The support to help members quit smoking |
| Weight Management Programme | A 12-week programme designed to help qualifying members with a high BMI and waist circumference lose weight |
| Oncology disease management | Comprehensive care for cancer patients |
| Mental Health Programme | Support for members with substance-abuse or mental health issues like depression or bipolar mood disorder |
| MediTaxi | A transport service for members who need follow-up medical visits following a hospital authorisation |
| SOS Call Me | A USSD call-back service so members can access Emergency Medical Services (EMS), Fedhealth Nurse Line or MediTaxi |
| Upgrades within 30 days of a life-changing event | Upgrade to a higher option upon the diagnosis of a dread disease or pregnancy |
| Child rates for financially dependent children up to the age of 27 | Provided they're unmarried and don't earn more than the maximum social pension |
| Good news for bigger families | Fourth and subsequent children are covered for free |

Benefit Maximiser

In order to access your **Benefit Maximiser**, you need to submit all day-to-day claims to accumulate to the **Benefit Maximiser Threshold Level**. Thereafter, certain claims will be paid from the **Benefit Maximiser**. These include, dentistry and unlimited network GP visits. All day-to-day expenses accumulate to your **Benefit Maximiser Threshold Limit** at cost.

| Benefit Maximiser Threshold Levels | flexiFED 3 |
|------------------------------------|------------|
| M | R5 100 |
| M + 1 | R9 600 |
| M + 2 | R11 100 |
| M + 2+ | R13 200 |

Benefit Maximiser (Continued)

Once your **Benefit Maximiser** Threshold Level has been reached, the following day-to-day benefits will be paid by the scheme from your Core Benefit Bundle

| | flexiFED 3 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dentistry (Preventative) | Paid from Savings/ Wallet or self-funded. Once your Benefit Maximiser Threshold Level has been reached, the following benefits will be paid from the Benefit Maximiser: 2 annual consultations per beneficiary including x-rays, scaling & polishing, fillings, extractions and root canal. 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. |
| General Practitioners Fedhealth Network GPs | Unlimited consultations at a nominated Fedhealth Network GP once your Benefit Maximiser Threshold Level has been reached. Limited to 2 mental health consultations per beneficiary per year |

Day-to-day benefits claims are funded from available savings then your **Wallet** if activated, or self-funded. Claims may also be funded from the **Benefit Maximiser**.

Each of the **flexiFED** options have a nominal savings contribution. This allows a member to transfer/ retain any accumulated savings from a previous option or scheme when joining a **flexiFED** option. Any member on a **flexiFED** option will also be allowed to top up this savings account at any time up to a maximum annual amount of 25% of their gross contribution. Any claim submitted (not payable from the Core Benefit Bundle) will be funded from the member's savings account first.

Savings and Wallet

| | flexiFED 3 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Tariff | Up to 100% of FR |
| Co-payments in Threshold | N/A |
| Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc. | In & out-of-hospital: Paid from Savings/ Wallet or self-funded |
| Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication) | Paid from Savings/ Wallet or self-funded |
| Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy | Paid from Savings/ Wallet or self-funded |
| Dentistry Advanced: inlays, crowns, bridges, mounted study models, metal base partial dentures, osseo-integrated implants, orthognathic surgery, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians | Paid from Savings/ Wallet or self-funded |
| Dentistry (Basic) | Paid from Savings/ Wallet or self-funded. Also see Benefit Maximiser |
| General Practitioners | |
| Fedhealth Network GPs | Paid from Savings/ Wallet or self-funded. Also see Benefit Maximiser |
| Non-Fedhealth Network GPs | Paid from Savings/ Wallet or self-funded |
| Maternity benefit | Paid from Savings/ Wallet or self-funded once day-to-day benefit paid from the Core Benefit Bundle has been depleted |
| Optometry | Paid from Savings/ Wallet or self-funded once day-to-day benefit paid from the Core Benefit Bundle has been depleted. |
| Over-the-counter medication: | Paid from Savings/ Wallet or self-funded |
| Pathology | Paid from Savings/ Wallet or self-funded |
| Physical therapy: Chiropractics, biokinetics & physiotherapy | Paid from Savings/ Wallet or self-funded |
| Prescribed medication | Paid from Savings/ Wallet or self-funded |
| Radiology General | Paid from Savings/ Wallet or self-funded |
| Specialists excluding psychiatrists (network GP referral required for consultations, including PMB conditions) to be paid from Risk benefits. | |
| Fedhealth Network Specialists | Paid from Savings/ Wallet or self-funded |
| Non-Fedhealth Network Specialists | Paid from Savings/ Wallet or self-funded |
| Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits | |
| Fedhealth Network Psychiatrists | Paid from Savings/ Wallet or self-funded |
| Non-Fedhealth Network Psychiatrists | Paid from Savings/ Wallet or self-funded |

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

You are now allocated money for day-to-day medical expenses available in your personal MediVault. This amount is based on your selected bundle and family composition, and is not pro-rated, i.e. even if you only join in August, you'll have the same amount available as you would have in January. To access these funds, you can transfer it, in full upfront, or in part as needed, to your Wallet.

MediVault

| How much is in the MediVault | flexiFED 3 |
|------------------------------|------------|
| M | R5 100 |
| M + 1 | R9 600 |
| M + 2 | R11 100 |
| M + 2+ | R13 200 |

Define family composition

M - Member

M + 1: Member plus one dependant (either adult or child)

M + 2: Member plus two dependants (either adult or child)

M + 2+: Member plus two or more dependants (either adult or child)

In order to access the amount available in your MediVault, you will be required to accept the terms and conditions available on the **Fedhealth Family Room** or please call the **Fedhealth Customer Contact Centre** on **0860 002 153**.