



2020

flexiFED 4E^{lect} member guide

We let you be **YOU.**

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Medical aid control, flexibility and choice like never before.



Plans that fit to every life stage



You select your level of day-to-day funds



Choice to reduce your monthly contribution by either 11% or 25% on certain plans



Don't pay for certain benefits till you need them with our 30 day upgrade policy



We pay more from risk



Boasting an 83-year track record, Fedhealth has a **solvency rate of 31.42%** (as at 31 December 2018), and a **Global Credit Rating of AA-**, retained for 13 consecutive years.



For us, it's about making a tangible impact on our members' healthcare by moving away from a one-size-fits-all approach, and embracing **customisation**.



Fedhealth **pays more benefits from Risk** than other schemes, with options to suit every life stage. Our **myFED** option caters for first time members, whilst the **maxiFED** range gives comprehensive cover for total peace of mind.



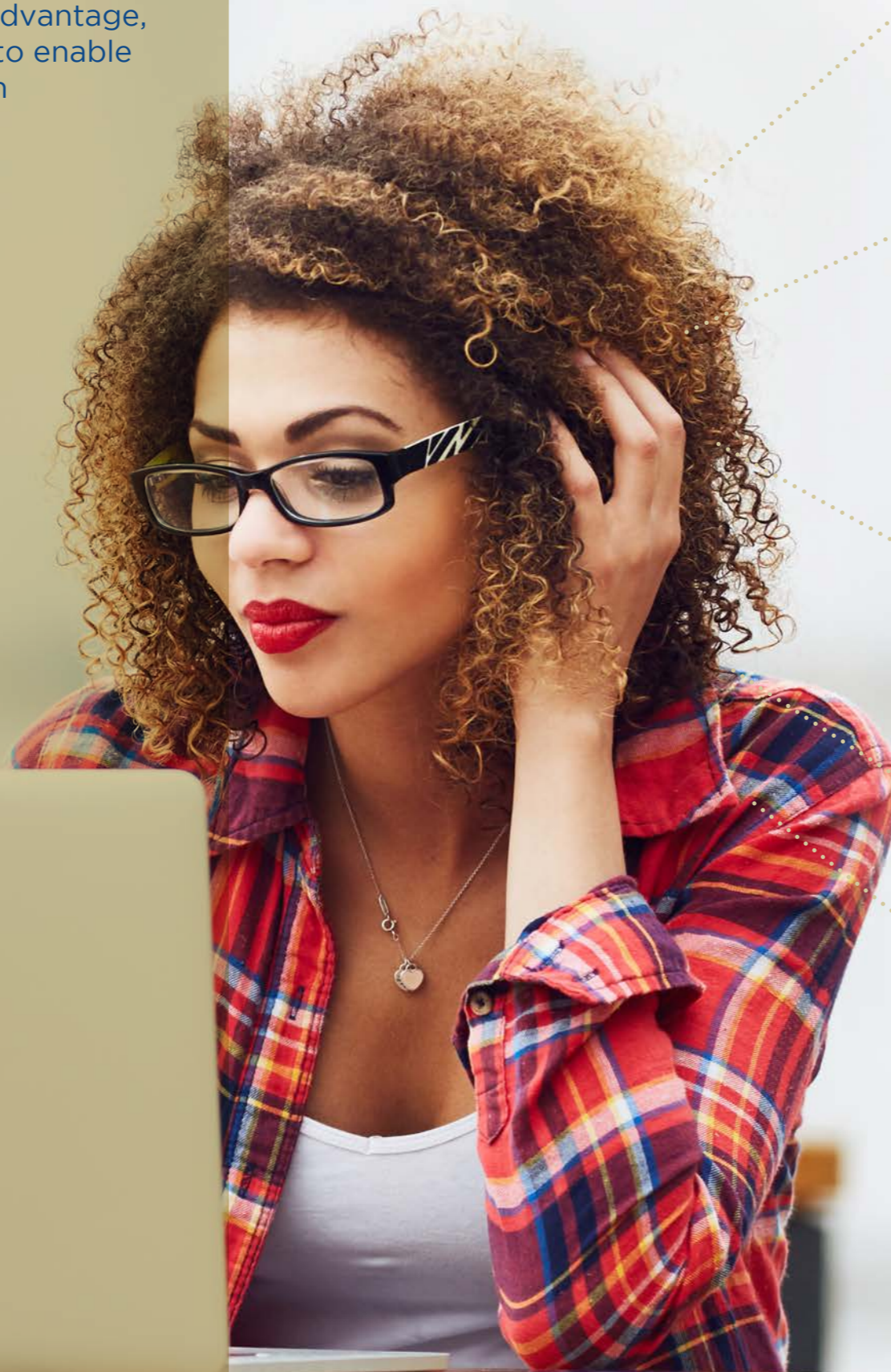
But the real magic happens on our revolutionary option range, **flexiFED**. Here, members experience more **choice, flexibility and control**. On these options members can also select a discount. Either by paying **11% less** every month by choosing from over 100 network hospitals; or by paying **25% less** every month by choosing to pay a R12 000 co-payment for every planned hospital event.

Our members are individuals... with unique needs and wellness journeys. For us it makes sense that their medical aid should be a little unique too.



Customised interaction with members

Using the latest technology to our advantage, we employ the following platforms to enable members to manage their Fedhealth membership and interact with us...



Fedhealth website

Recently redesigned, the sleek new Fedhealth website, fedhealth.co.za, is a one-stop shop for all things Fedhealth. From easy-to-navigate information on the various Fedhealth options and events sponsored by the Scheme like the Fedhealth MTB Challenge, to quick, step-by-step instructions on how to submit claims, members can find it all here.



Fedhealth Family Room

Fedhealth's online member portal has been designed to make members' interaction with the Scheme more hassle-free, informative and rewarding. Here, members can:

- Manage their membership by updating contact details, viewing and submitting claims, seeing how much Savings they've got left, activating their MediVault and making transfers to their Wallet, registering for chronic medication and obtaining hospital authorisations.
- Join cool communities based on their interests and/or life stage for great reads, valuable tips and credible information on topics like parenting, nutrition and financial fitness.
- Get rewards like complimentary coffees, discounts on meals or even clothing discounts.



LiveChat and chatbot

LiveChat is a functionality that's available to members via the Fedhealth website. They can type in their queries and one of our LiveChat agents will assist them online. The Fedhealth chatbot can be used for all members' queries about the MediVault and Wallet, and is also accessed via the Fedhealth website.



FedChat instant messaging app

A free Instant Messenger channel for Apple, Android, Blackberry and Windows Phone users.



Network GP, specialist and hospital locator

Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a general practitioner, specialist or hospital on the Fedhealth network. Go to www.fedhealth.co.za/provider-locator

flexiFED 4^{Elect}

Cover for mature families

flexiFED 4 is the perfect plan for families who don't want to leave anything to chance when it comes to their health.

It provides sound in-hospital benefits, chronic benefits, screening benefits, day-to-day benefits and a Threshold benefit, which pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level.

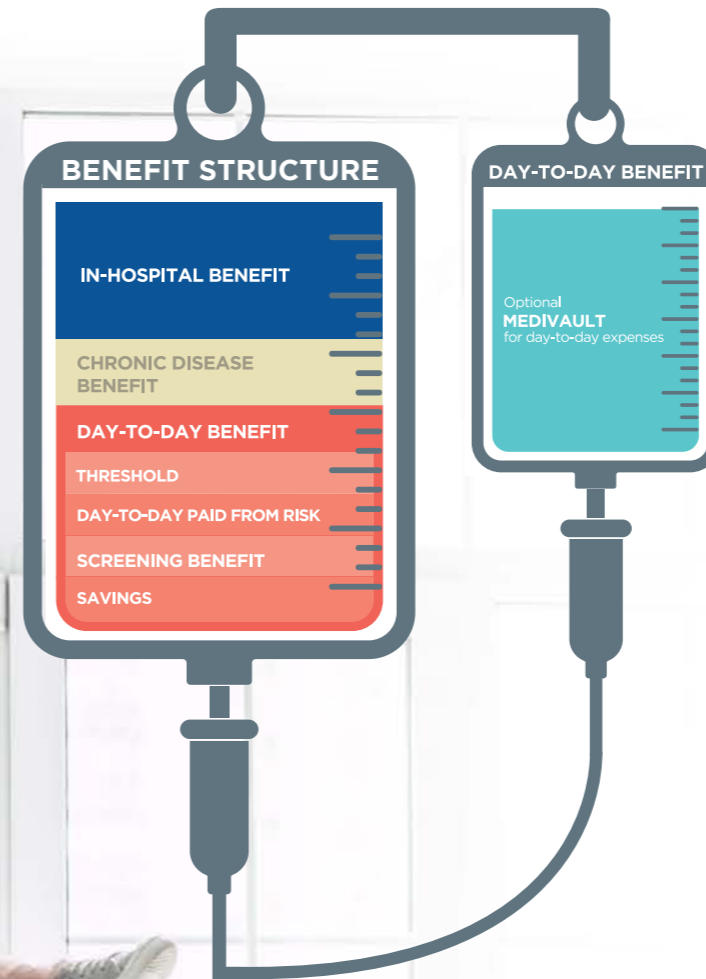
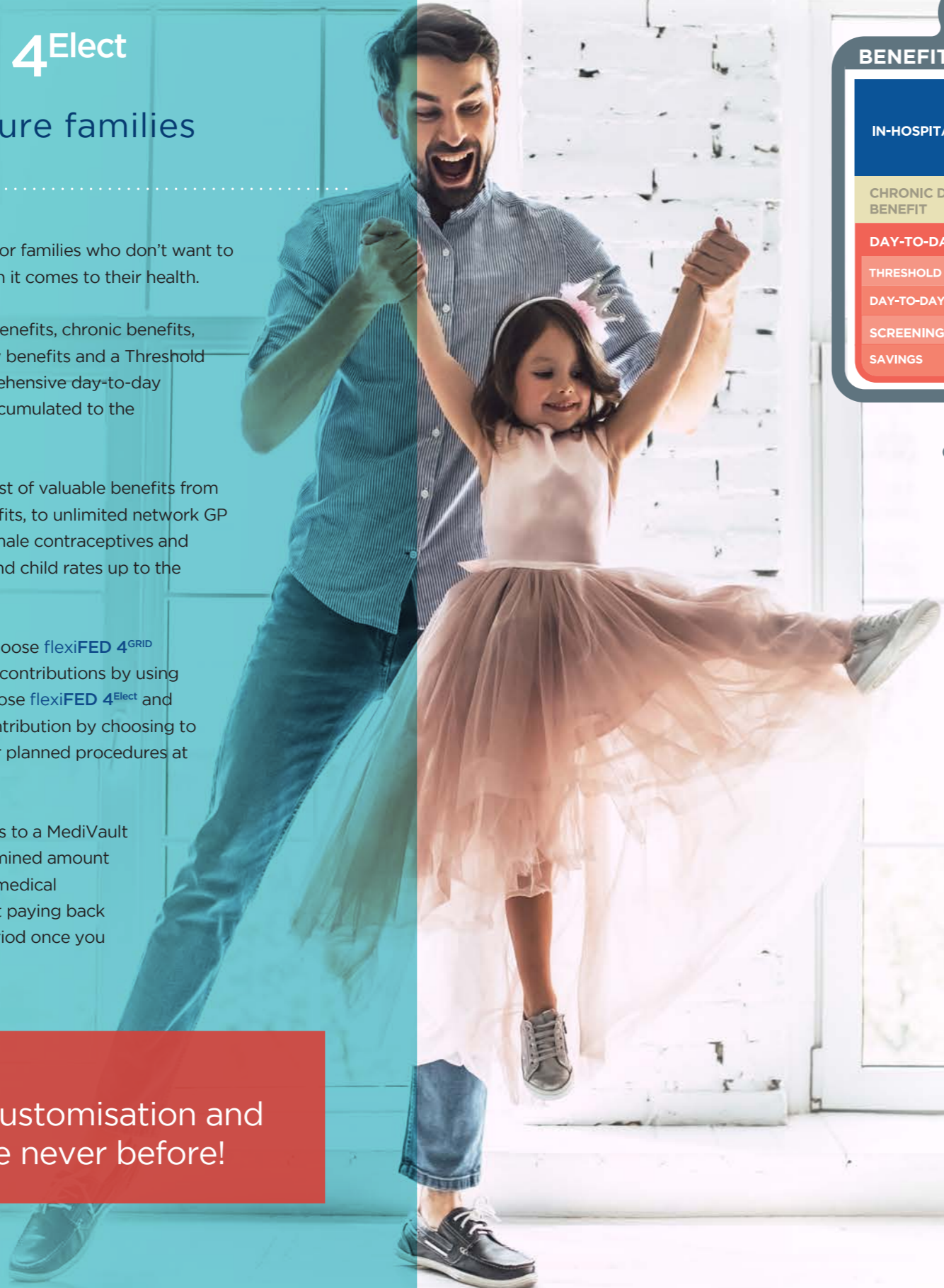
flexiFED 4 is packed with a host of valuable benefits from maternity and childhood benefits, to unlimited network GP visits covered from Rand 1, female contraceptives and vasectomies paid from Risk, and child rates up to the age of 27.

On flexiFED 4, you can also choose flexiFED 4^{GRID} and save 11% on your monthly contributions by using network hospitals only, or choose flexiFED 4^{Elect} and save 25% on your monthly contribution by choosing to pay a R12 000 co-payment for planned procedures at any private hospital.

On this option you 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 or shorter period once you start using it.



Control, customisation and choice like never before!



On flexiFED, members enjoy the following benefits:

- **In-hospital benefit** – Members have no overall annual limit for hospitalisation.
- **Chronic disease benefit** – This benefit covers chronic conditions on the CDL. It's covered in full up to the Medicine Price List if members use medicine on the formulary and obtain it from either one of our Preferred Providers: Clicks, Dis-Chem, MediRite and Pharmacy Direct or designated service providers: MediRite and Pharmacy Direct (and Clicks on flexiFED 1). Additional conditions are covered on flexiFED 3 and flexiFED 4.
- **Day-to-day benefits** – Day-to-day expenses on the flexiFED option range are first funded from any available Savings the member might have. Once their Savings is depleted, day-to-day expenses can be paid from the Wallet once the member has activated their MediVault and transferred funds to their Wallet.

Each of the flexiFED options has a Nominal Savings contribution. This allows members to transfer/retain any accumulated Savings from a previous option/scheme when joining a flexiFED option. Any member on a flexiFED option can also top up this Savings Account at any time up to a maximum annual amount of 25% of their gross contribution. Any claim submitted which is not payable from Risk will be funded from the member's Savings Account first.

- **Threshold benefit**
On flexiFED 1, 2 and 3, the Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.
On flexiFED 4 the Threshold benefit pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level.
- **Day-to-day benefits paid by the Scheme** – We pride ourselves on paying more from Risk so the members' day-to-day benefit lasts longer.
- **Screening benefit** – Preventative screenings and assessments like lifestyle screenings, wellness screenings (includes finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI) and physical screenings are covered from this benefit.
- **Savings** – The funds in the member's Medical Savings Account (MSA) will be used first when he or she has day-to-day medical expenses.

More about Fedhealth's hospital cover



We pay for **unlimited** private hospitalisation!

All our options have an unlimited in-hospital benefit. Members must obtain pre-authorization for all planned hospital admissions and in the case of an emergency admission, they must obtain authorisation within two working days after going to hospital.

On **flexiFED 4^{Elect}** members must pay a fixed excess of R12 000 on all hospital admissions, except for emergencies.

The in-hospital benefit covers hospital costs as well as the accounts from doctors, specialists e.g. the anaesthetist and other healthcare providers like the x-ray department.

This benefit also covers selected procedures performed in day wards, day clinics and doctors' rooms. On certain options, members must use day clinics on the Fedhealth Day Clinic Network.

Cover for hospital admissions

We cover the hospital account from the in-hospital benefit. Specialists and GPs who are on the Fedhealth network are covered in full. Specialists and GPs who are not on the Fedhealth network, are covered up to the Fedhealth Rate.

Referral by a medical practitioner and pre-authorization is required for physical therapy (physiotherapists), which is covered up to the Fedhealth Rate.

Prescribed Minimum Benefits and how Fedhealth covers them

Prescribed Minimum Benefits or PMBs refer to a basic level of cover for a defined set of conditions.

By law, all medical schemes are required to cover the treatment of 270 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. The Medical Schemes Act 131 of 1998 allows schemes to require members to make use of Designated Service Providers (DSPs) in order for a member to be entitled to funding in full. Schemes may also apply formularies – a list of medicines which should be used to treat PMBs, and managed care protocols – based on evidence-based medicine and cost-effectiveness principles to manage this benefit.

Fedhealth has appointed our network specialists, network GPs, network hospitals and three Designated Service Provider pharmacies, Clicks, MediRite group of pharmacies located in Checkers and Shoprite supermarkets and Pharmacy Direct, a courier pharmacy for the provision of PMBs. If a DSP is a requirement on your option, a 40% co-payment will apply if a DSP is not used. Members must make use of a Fedhealth network specialist and a nominated network GP in order for the cost to be refunded in full.

Should the member not use these DSPs for the treatment of a PMB condition, 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. The co-payment depends on your option.

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). This means that 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 deemed to be PMB level of care.

Co-payments on certain procedures

For some treatments and procedures, members must pay an amount out of their own pocket. This is called a co-payment. Co-payments apply to the hospital account and/or certain procedures, depending on the option.

Treatment for emergencies

To qualify as an emergency, the condition must be unexpected and require immediate treatment. (This means that if there is no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death). If the member is on a network hospital option, treatment of an emergency medical condition may take place 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.



Treatment for selected procedures in a day ward, day clinic or doctors' rooms

The following procedures will be paid from the in-hospital benefit if done in a day clinic, day ward or an outpatient section of a hospital. Please note that some may incur a procedure co-payment. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorized. If the procedure is performed without pre-authorization, the full amount will be paid from the Savings account or self-funded by the member and will not accumulate towards the Threshold level.

If authorisation is requested after the procedure has taken place, there will be a R1 000 penalty that will be paid from the Savings account or self-funded by the member, and will not accumulate to the Threshold level.



We cover certain procedures **unlimited** from the hospital benefit if done in a day ward, day clinic or doctors' rooms!

ENT

- Nasal polypectomy
- Antrostomy
- Nasal cautery
- Deep proof puncture
- Ethmoidectomy
- Nasal and sinus endoscopy
- Drainage of sinuses
- Turbinectomy
- Tonsillectomy with adenoidectomy younger than 12 years of age
- Myringotomy and grommets
- Drainage of ear abscess
- Removal of foreign bodies
- Nasal plugging for epistaxis

Gynaecological

- Bartholin cyst excision
- Dilation and curettage (D & C)
- Polypectomy
- Hysteroscopy
- Diagnostic laparoscopy
- Laparoscopic sterilisation
- Cone biopsy
- Cauterisation of cervix
- Cauterisation of warts
- Colposcopy

Orthopaedic

- Arthroscopy diagnostic with meniscectomy, with debridement
- Carpal tunnel release
- Ganglion excision
- Removal of small hardware (plates, k-wires, screws)
- Bunionectomy (unilateral)
- Epidural block
- Intra-articular hydrocortisone injection
- Tennis elbow release

Ophthalmic

- Cataract extraction
- Lens implant
- Meibomian cyst excision
- Pterygium excision
- Dacryocystorhinostomy

Urological

- Circumcision
- Vasectomy
- Cystoscopy diagnostic or with urethral dilation
- Orchidopexy

Other

- Excision of superficial benign tumours
- Gastroscopy
- Colonoscopy
- Fibreoptic sigmoidoscopy
- Paediatric rigid sigmoidoscopy
- Breast biopsy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Bronchoscopy
- Hernia repair (unilateral inguinal and femoral)
- Drainage of superficial abscesses
- Surgical extraction of impacted wisdom teeth and multiple dental extractions
- Apicectomy
- Superficial wound debridement
- Minor perianal surgery
- Stripping of varicose veins
- Hickman line insertion or a-port line insertion
- Superficial foreign body removal
- Excision of ingrown toenail

Procedures performed in a doctor's rooms or suitably equipped procedure room

The following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, up to 100% of the Fedhealth Rate. Pre-authorization must be obtained and should no pre-authorization take place, reimbursement will be restricted to the member's available Savings account or self-funded by the member. This will not accumulate to the Threshold Level:

- 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

Chronic medicine benefit

Prescribed Minimum Benefit conditions

You have a benefit for the 27 chronic conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL). The benefit covers medication for the list of CDL conditions paid from a formulary and must be obtained from either the DSP or a preferred provider, depending on the option.

Chronic Disease Benefit

This benefit covers the conditions on the CDL. Some options cover additional conditions.

Chronic Disease List

Conditions on the Chronic Disease List are covered in full, provided members use either the Scheme's designated service providers or preferred providers (depending on the option) as well as medicine on the formulary applicable to their option. If the DSP or medicine on the formulary are not used, the member will have to pay a 40% co-payment on the cost of the medicine.

Medication for additional chronic conditions

This option covers medicine for additional chronic conditions. The medicine for these conditions is paid from an annual limit and will be covered in full up to the Medicine Price List rate.

The Medicine Price List

Medication will be covered at the Medicine Price List (MPL) rates up to the limits as specified on the chosen option. MPL is a reference price list that benchmarks each product against generically similar products. It does not restrict the member's choice but limits the amount that the Scheme will refund for each product. The MPL reference price is set at a level to ensure that a number of medicines will be available without any co-payment.



We provide **unlimited** chronic medication cover for PMBs!

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

Additional chronic conditions covered on this option

Acne (up to the age of 21)

Allergic rhinitis (up to the age of 18)

Ankylosing Spondylitis

Anorexia Nervosa

Attention Deficit Hyperactivity Disorder (from 6 to the age of 18)

Bulimia Nervosa

Depression

Dermatomyositis

Eczema (up to 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

Obtaining chronic medicine

Members can obtain their chronic medicine from any of our preferred provider pharmacies. These preferred provider pharmacies ensure price certainty for members when obtaining medication. Fedhealth's preferred providers are the MediRite group of pharmacies located in Checkers and Shoprite supermarkets, Dis-Chem, Clicks and Pharmacy Direct, a courier pharmacy. Members may use any pharmacy, however if a dispensing fee in excess of 25%/R25 is charged, the member will have to pay the difference.



Option upgrades any time of the year within 30 days of diagnosis of a dread disease.

Programmes and wellness initiatives by Fedhealth

These benefits are funded from Risk and does not affect members' Savings/Wallet:



Corporate wellness days

Corporate wellness days provide the opportunity to create awareness, education, prevention, screening and targeted interventions that support positive lifestyle changes. These days are well-received, as it is convenient for Fedhealth members to have these services at their place of work. In addition to the clinical value that can be derived from wellness days, they provide Fedhealth with the opportunity to market the Scheme to clients and potential clients.



Health Risk Assessments

This benefit aims to identify members who are at risk of developing lifestyle diseases, and either help them prevent the onset through suitable lifestyle interventions, or help them manage their disease with practical advice and utilisation of Scheme benefits. A Health Risk Assessment can be requested at participating pharmacies and BASA registered biokineticists.



Sisters-on-Site

Fedhealth partnered with SOS Corporate Wellness (Sisters-on-Site) to offer a nursing Sister-on-Site at our members' workplaces. With the employer's influence, we aim to identify and address the organisation's specific areas of concern. By helping members change their behaviour patterns and choose healthier lifestyles, we aim to reduce healthcare expenditure (particularly on day-to-day utilisation), absenteeism, turnover rates, worker's compensation claims and tardiness.



Fedhealth Conservative Back and Neck Rehabilitation Programme

Fedhealth has an established intervention for members suffering from back and neck problems. Built on the principle of active muscle reconditioning, it's supported by clinical studies showing that exercise reduces pain and can normalise function in many instances. The 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 and a home based protocol for long-term care. Email backandneck@fedhealth.co.za for more information about the programme.



Mental Health Programme

Fedhealth's Mental Health Programme is available to all qualifying members who have been diagnosed with mental health conditions including depression and bipolar mood disorder. The programme uses innovative solutions for member empowerment and education with the aid of a dedicated Care Manager. Email mentalhealth@fedhealth.co.za for more information.



Weight Management Programme

The Weight Management Programme is an intervention expertly designed for qualifying Fedhealth members with a high BMI and waist circumference. Members participate in a 12-week, biokineticist-led intervention plan that gives them access to a dietician and psychologist with the goal to lose the excess weight and lead healthier, more rewarding lives. Once the programme is completed, ongoing advice and monitoring is available for continued support. Email weightmanagement@fedhealth.co.za for more information. This benefit is available every two years.



GoSmokeFree Smoking Cessation Programme

Fedhealth is encouraging members who smoke to sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks, Pick n Pay and independent pharmacies. All smokers have a yearly benefit for the GoSmokeFree programme which is payable from risk benefits. The service comprises a pre-quit assessment and support sessions and features an individual plan to help with smoking cessation. Visit gosmokefree.co.za to find out more about this benefit.



Aid for AIDS (HIV Management)

Fedhealth offers the Aid for AIDS (AfA) 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 with the utmost confidentiality.



Paed IQ

Paed IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues. Call 0860 444 128 to access this great service.



Diabetes Care

We provide members with diabetes access to a comprehensive programme that is tailored to their needs and other chronic conditions they might have. This includes continued access to a treating doctor, authorised chronic medication, blood and laboratory tests, a Health Coach, online tools and information to empower the member. Members can call 0860 002 153 or email diabeticcare@fedhealth.co.za



A proactive stance on health: screening benefits

Packed with screenings for every life stage, Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. The Scheme pays for screenings for women's, children's, cardiac, as well as general health (like an annual flu vaccine).

Screening benefit

This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have.

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
Over 45's		
Breast cancer screening with mammography	All lives; aged 45 and older	1 every 3 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination	All lives; aged 65 and older	1 per lifetime
General		
Flu vaccination	All lives	1 every year
HIV finger prick test by a contracted wellness network provider	All lives	1 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 & fitness)	All lives	1 every year

What about cancer?

Oncology Disease Management

Fedhealth supports cancer patients in their time of need, and diagnosed members are encouraged to register on the Fedhealth Oncology Programme by calling **0860 100 572**. The Scheme offers all members the opportunity to **change to a higher option within 30 days of a life-changing event or diagnosis**. This ensures that those with cancer can get access to medication that will help them to remain economically active, with all the support they require to deal with this stressful diagnosis.

We require a clinical summary of each member's case: this must contain the history, ICD-10 codes, the clinical findings of the doctor, as well as the test results confirming the cancer and the specific type of cancer. The proposed treatment plan must be submitted so that the oncology team can approve the appropriate therapy. Our caring agents will guide the member through the process.

Members can access the oncology benefit by obtaining pre-authorization from a staff member within the Oncology Disease Management team. The team comprises a number of highly skilled healthcare professionals who work in conjunction with the treating doctor to ensure that treatment provided is both clinically appropriate and cost-effective. A set of cancer guidelines and protocols are used during the pre-authorization process. These guidelines are continually updated as new products are launched and new treatment protocols established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On **flexiFED 4**, oncology is covered up to R464 700 per family per year at the designated service provider, ICON, subject to Level 1 treatment protocols. A 40% co-payment applies where a DSP provider is not used.



At Fedhealth you can upgrade your option any time of the year on diagnosis of cancer.

Independent Clinical Oncology Network (ICON)

The Scheme has contracted with ICON for the provision of active oncology treatment. ICON is a network of oncologists that includes 75% of all practicing oncologists in South Africa. To find an ICON network specialist, call **0860 002 153**.

Chemotherapy and associated medicine

Chemotherapy and medicine directly associated with the treatment of cancer will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to Oncology Disease Management, cancerinfo@fedhealth.co.za. Once treatment has been authorised, the member and doctor will receive an authorisation letter. Treatment for conditions not directly related to the treatment of the cancer (e.g. depression) as well as treatment for the long-term conditions that may develop as the result of chemotherapy or radiotherapy, will be funded from an alternative benefit (i.e. the Chronic Disease Benefit or the Savings Account/ Wallet).

Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to Oncology Disease Management. Once treatment has been authorised, the member and doctor will be sent an authorisation letter.

Specialised medication

There is no specialised medication benefit on this option

Consultations and visits

Oncologist consultations and hospital visits are paid from the oncology benefit while the member has either an active chemotherapy or radiotherapy authorisation. Prior to starting treatment, consultations are paid from the Savings Account/ Wallet. Hospital visits are pre-authorized at the same time as the authorisation for chemotherapy or radiation treatment. You will receive an authorisation letter detailing the number of visits authorised and the period for which these visits are authorised.

Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorization is not required).

Radiology

General radiology

General oncology-related radiology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorization is not required).

Specialised radiology

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorization. These pre-authorisations must be obtained from the Authorisation Centre. Specialised radiology is paid from Risk. A co-payment of R2 300 for non-PMB MRI/CT scans will apply.

PET scans

PET scans are limited to two per family per annum restricted to staging of malignant tumours. PET scans are paid from the oncology benefit.

Surgery and hospitalisation

Claims for surgery and hospitalisation will be paid from the in-hospital benefit, provided that the member obtains a valid authorisation from the Authorisation Centre.

Stoma therapy

Stoma therapy will be paid from Risk. Pre-authorization is not required.

Terminal care and private nursing

Accommodation in a hospice or terminal care facility for the care of patients in terminal stage of life will be covered from the Terminal Care Benefit covered up to R32 300 per family per year. Pre-authorization must be obtained from the Hospital Authorisation Centre. Private nursing will be paid from the Alternatives to Hospitalisation benefit, where this is available.

Post-active treatment

Post-active refers to the time when the member actually had last active treatment (e.g., hormone therapy, chemotherapy or radiotherapy). "For life" means that the member will remain on the oncology programme as long as the cancer is in remission. Whilst in remission, a list of appropriate consultation, radiology and pathology codes has been defined and claims for these services are automatically paid for life from the oncology benefit. Should the condition regress, the active treatment benefit will be reinstated upon submission of a new treatment plan.

Cover for day-to-day expenses

Here is a breakdown of the different ways in which we cover day-to-day expenses, depending on the option:



Day-to-day benefits paid by Fedhealth

At Fedhealth, we pride ourselves on the fact that we cover more from Risk than any other medical schemes, to help our members' day-to-day benefits last even longer.

a. Consultations with a network GP

Members can see their GP as often as they need by visiting any network GP.

b. Treatment for 30 days after discharge from hospital

We pay for follow-up treatment that may be required after a hospital event for up to 30 days after the date of discharge. This treatment includes physiotherapy, x-rays and pathology, but does not cover follow-up consultations with specialists or GPs.

c. Take-home medicine

We pay for seven days of take-home medication when the member is discharged from hospital. The medication must be dispensed by the hospital and must reflect on the original hospital account.

d. Specialised radiology

We pay for MRI/ CT scans whether they are performed in- or out-of-hospital. A co-payment of R2 300 applies for non-PMB MRI/ CT scans.

e. Trauma treatment at a casualty ward

We pay for emergency treatment, like stitches, at a casualty ward. Whether the member is admitted to hospital or not, authorisation must be obtained within 48 hours and a co-payment of R600 per visit for non-PMBs applies.

f. Female contraception

We pay for female contraception including oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena®. It must be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.

g. In-hospital dentistry for children under 7

We pay for dentistry performed in-hospital for children up to the age of 7. The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits.

Medical Savings Account

The Savings Account pays for day-to-day expenses first (from the beginning of the year) and pays expenses up to the actual cost. In some cases, if the member has money available in their Savings Account, they can use this to pay co-payments. However, a co-payment for a Prescribed Minimum Benefit (PMB) condition cannot be paid from the Savings Account. The Savings Account works differently to other benefits in that the member carries any remaining amount over to the next year.

MediVault & Wallet

Once the Savings Account runs out, the member will either have to pay for all their day-to-day medical expenses out of their own pocket or they can access their MediVault. On the flexiFED options, members are allocated money for day-to-day medical expenses available in their personal MediVault. This amount is based on their family composition, and is not pro-rated, i.e. even if they only join in August, they'll have the same amount available as they would have in January. To access these funds, they can transfer it, in full upfront, or in part as needed, to their Wallet.



We cover more from Risk so day-to-day benefits last longer!



Threshold benefit

The Threshold benefit pays for certain day-to-day expenses once the member's claims have accumulated up to the required level. The Threshold level is reached through the accumulation of claims paid from the member's day-to-day benefit or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold. A 20% co-payment will apply to all claims paid from the Threshold benefit on flexiFED 4. No co-payment will apply to GP and specialist consultations in-network.



Maternity benefit

We pay for antenatal scans, antenatal classes, an amniocentesis as well as 12 ante- and postnatal consultations with a midwife, network GP and gynaecologist.

Doula benefit for labour support during natural childbirth

We pay up to R3 000 per delivery for a Doula (natural labour coach).

Postnatal midwifery benefit

We pay for four consultations per pregnancy with a midwife. This benefit applies to consultations both in- and out-of-hospital.



Early childhood benefits

a. Consultations with a paediatrician

We pay for one consultation per child up to 24 months with a network paediatrician without referral from a GP.

b. Infant hearing screening benefit

We pay for a screening test from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate.

c. Childhood illness specialised drug benefit

We pay for specialised drugs for children up to 18 years old.



Optometry benefits

All optometry expenses are paid from the Savings/ Wallet.



Dentistry benefits

All dentistry expenses are paid from the Savings/ Wallet.

Paid from Risk and not day-to-day benefits



These benefits show we really care



● ● ●
Giving our members more value and support when they need it.

24-hour Fedhealth Nurse Line

Our professional nurses are always on the other end of the line to provide advice on issues like medical emergencies, symptoms, medication side-effects, stress management and teenage support.

Paed-IQ

A South African based medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children.

Fedhealth Baby Programme

Free baby goodies, support and advice for all parents-to-be. Pregnant members or dependants receive a Fedhealth baby bag filled with baby product samples, discount vouchers and a baby handbook. They also have access to professional advice when they need it.

Emotional wellbeing programme

Available to all Fedhealth members and beneficiaries, our emotional wellbeing programme provides telephonic advice and support to help members deal with issues like stress at work, relationship issues, bullying at school and teenage troubles.

Following these telephonic sessions, we can also put the member in touch with a psychologist for one-on-one sessions at a reduced rate, should they need it. Plus, we'll send the member useful communications about financial, legal and trauma advice. This life coaching/ lifestyle wellness service is run by a care centre and is available, night or day, via the telephone, email, SMS and a call-back facility.

Emergency transport/ response

Through our partner Europ Assistance, we provide all members with emergency transport.

MediTaxi

MediTaxi is a medical taxi service available to Fedhealth members who've had hospital authorisations in Cape Town, Johannesburg, Pretoria and Durban. Members can access the 24/7 MediTaxi benefit to take them to follow-up doctor's appointments, if they've undergone an authorised operation or medical treatment that prevents them from driving. Limited to two return trips per member/ beneficiary per annum.

SOS Call Me

Fedhealth's user-friendly call back service free to all Fedhealth members and their dependants. Members can select three options on the service: 1. Emergency Medical Services (EMS), 2. Nurse Line and 3. MediTaxi.

Upgrades within 30 days of a life-changing event

Members can upgrade to a higher option with better benefits ANY time of the year in the case of marriage of the main member, pregnancy or the diagnosis of a dread disease within 30 days of the life-changing event taking place. Some dread diseases that qualify include: cancer, renal failure, multiple sclerosis, diabetes, stroke, neurological disorders, HIV/ AIDS, cardiac conditions, Parkinson's disease, Alzheimer's disease, Amyotrophic lateral sclerosis (ALS) a.k.a. motor neurone disease.

Child rates for financially dependent children up to the age of 27

Fedhealth charges child rates for financially dependent children up to the age of 27. This means that student dependants pay rates applicable to children, as long as they're unmarried and not earning more than the maximum social pension.

Only pay for three children

The Scheme only charges for three child dependants, the fourth and subsequent children are covered for free.

flexiFED 4^{Elect}

GRID and Elect options

On this option, there's a fixed co-payment of R12 000 on all planned procedures. However, this only applies to planned procedures, members can go to any private hospital in the case of an emergency. You enjoy a **25% saving on your monthly contribution** because you've chosen the Elect version.

SAVE
11%

SAVE
25%

The MediVault & Wallet



Members are allocated funds for day-to-day medical expenses available in their personal **MediVault**. This amount is based on their option and family composition, and is not pro-rated, i.e. even if they only join in August, they'll have the same amount available as they would have in January. To access these funds, members can transfer it, in full upfront, or in increments of R600, to their **Wallet**. Members only have to pay back the money that has been transferred from their **MediVault** to their **Wallet** – over a period of 12 months, e.g. from April 2020 to April 2021. Members may also choose a shorter repayment term.

How much is in the MediVault	flexiFED 4 ^{Elect}
M	R14 400
M + 1	R25 800
M + 2	R29 400
M + 2+	R33 000

How does the MediVault and Wallet work?



An allocated amount based on your option and family composition will be available in your MediVault. If you don't use it, you don't pay for it



Transfer funds from the MediVault to your Wallet as and when required. Claims for day-to-day expenses will be paid from your Wallet.



Only pay back amounts transferred from the MediVault to Wallet over a rolling 12-month or shorter period.

What if members prefer the traditional medical savings account system?

If members prefer the traditional medical savings account system, they can either:

Transfer their chosen amount into their Wallet at the beginning of the year, which means they will pay more or less the same amount they did before when Savings was still included in their contribution.

OR

Transfer only a portion of their MediVault funds as they need it, meaning they pay less.

OR

Or make the choice not to use the facility at all and save on their monthly contribution.

Activating the MediVault and transferring funds into the Wallet

Members can do so in three ways:



Call the **Fedhealth Customer Contact Centre** on 0860 002 153 for assistance.



Login to the **Fedhealth Family Room** online member portal and follow the prompts.



Call our USSD line on ***134*999*memberno#** and follow the prompts.

flexiFED 4^{Elect} day-to-day benefits paid from Risk

At Fedhealth, we pride ourselves on paying more from Risk, so the member's day-to-day benefit lasts longer.



Unlimited network GP visits

Members on flexiFED 4 have unlimited consultations at a Network GP **never paid from Savings**. Limited to two mental health consultations per beneficiary per year.



Maternity

This benefit covers two x 2D scans, antenatal classes up to R1 090, 12 ante and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.



Fedhealth Baby Programme

We offer a free maternity programme for pregnant members and beneficiaries offering support, advice and a handy baby bag.



Doula benefit

We cover R3 000 for a doula or labour coach per delivery during natural childbirth.



Postnatal midwifery benefit

We give members four consultations with a midwife in- and out-of-hospital per pregnancy.



Infant hearing screening benefit

We provide newborns up to the age of eight weeks with one test with an audiologist up to the Fedhealth Rate.



Paed-IQ

Paed-IQ is a telephonic paediatric advice line for members with children up to the age of fourteen.



Paediatric consultations

This benefit covers one consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.



Optometry

Paid from the member's Savings/ Wallet or self-funded.



Dentistry benefits

Paid from the member's Savings/ Wallet or self-funded.



Post-hospitalisation treatment benefit

For up to 30 days after discharge from hospital, we cover follow-up treatment like physiotherapy, x-rays or pathology.



Take-home medicine benefit

We pay for seven days of 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 300 for each non-PMB MRI/ CT scan for member's own account.



Trauma treatment at a casualty ward

We cover trauma treatment at a casualty ward whether the member is admitted to hospital or not. Unlimited up to the Fedhealth Rate. A co-payment of R600 per visit for non-PMBs applies.



Female contraception benefit

Oral, patches, contraceptive rings, certain injectables as well as IUDs that include Mirena are covered from Risk. These must be prescribed by a GP or gynaecologist, and are not applicable to oral contraceptives prescribed for acne.

Additional valuable benefits that give members more support.



Fedhealth Nurse Line

Members can access our 24-hour toll-free line manned by professional nurses for their medical and related queries.



Emotional Wellbeing Programme

We provide 24-hour telephonic support to get members through life's ups and downs, with the option to refer them to psychologists at reduced rates.



Emergency transport/ response

We provide emergency transport through Europ Assistance to assist our members in an emergency situation.



Comprehensive managed care programmes

We offer various programmes for members with specific healthcare needs:

Weight Management Programme

Fedhealth designed our 12-week biokineticist-led Weight Management Programme for qualifying Fedhealth members with a high BMI and waist circumference. Access to a dietician and behavioural psychologist is also available. This benefit is available every two years.

Conservative Back & Neck Rehabilitation Programme

This programme aims to help members with back and neck issues avoid spinal surgery through active muscle reconditioning.

Oncology disease management

We provide comprehensive care for members with cancer.

Mental Health Programme

This programme offers support for members with substance-abuse or mental health issues like depression or bipolar mood disorder.

GoSmokeFree Smoking Cessation Programme

All members who are smokers have access once per beneficiary per annum to have the GoSmokeFree consultation paid from Risk.

Aid for AIDS (HIV Management)

Fedhealth offers the Aid for AIDS programme to help members who are HIV-positive manage their condition.

Diabetes Care

This programme supports members with Diabetes by providing them with access to a treating doctor, medication and blood tests to name a few.



MediTaxi

A transport service for members who need follow-up medical visits following a hospital authorisation.



SOS Call Me

A USSD call-back service that enables Fedhealth members to access Emergency Medical Services (EMS), the Fedhealth Nurse Line or MediTaxi.



Upgrades within 30 days of a life-changing event

Our members can upgrade to a higher option within 30 days of 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.



Only pay for three children

Fedhealth covers fourth and subsequent children for free.

See page 37 for contact details

Only the best will do for mothers and babies on Fedhealth! That's why we pride ourselves on providing rich maternity benefits across our flexiFED option range... so parents-to-be can focus on the joy of their pregnancy journey, while we take care of the rest.

Here are some of the maternity and childhood benefits members can expect (depending on the option):

Maternity benefits

- Two x 2D antenatal scans
- Twelve ante- and postnatal consultations with a midwife, network GP or gynaecologist
- Antenatal classes up to R1 090
- Amniocentesis
- Fedhealth Baby Programme – a free programme for all expecting beneficiaries offering support, advice and a free Fedhealth baby bag filled with baby goodies
- Private ward cover for delivery
- Doula benefit – we offer R3 000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
- Postnatal midwifery benefit – we provide four consultations per delivery with a midwife in- and out-of-hospital

Great childhood benefits

- Paed-IQ online parenting hub – free access to a 24/7 paediatric telephonic advice line
- Paediatric consultations – without referral from a GP, up to 24 months of age
- Infant hearing screening benefit – we offer one test from birth up to the age of eight weeks with an audiologist up to the Fedhealth Rate.
- Childhood immunisations – immunisation from birth up to 12 years as per the state EPI
- Trauma treatment in a casualty ward – we cover emergency treatment, like stitches, in a casualty ward, whether the member is admitted to hospital or not. Authorisation must be obtained and a co-payment of R600 applies for non-PMBs
- Childhood illness specialised drug benefit up to 18 years old
- Child rates up to the age of 27 – financially dependent children up to 27 are covered under child rates, provided they don't earn more than the maximum social pension
- Only pay for three children – we cover fourth and subsequent children for free

Appliances

We pay for breast pumps and nebulisers from the member's Savings/ Wallet provided they have a NAPPI code. This will accumulate to Threshold up to the appliances, external accessories and orthotics limit.



In-hospital benefit

This benefit covers all treatments and procedures that have to be done in a hospital and that is covered by the flexiFED options.

flexiFED 4 ^{Elect}	
Overall annual limit (OAL)	Unlimited at Fedhealth Rate. First R2 300 for each non-PMB MRI/ CT scan for member's own account.
Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to 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 up to the Fedhealth Rate and you will have a co-payment 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. Private ward cover for maternity admissions
Additional medical services (dietetics, occupational therapy and speech therapy)	In and out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 100 per family per year
Alternatives to hospitalisation:	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost up to PMB level of care
Appliances, external accessories and orthotics	Paid from Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from threshold up to R12 100 per family per year. (R4 530 sub-limit per beneficiary for foot orthotics)
Blood, blood equivalents and blood products	Unlimited
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 unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)

flexiFED 4 ^{Elect}	
Dentistry	
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R4 400 on the hospital bill
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 from Savings/ Wallet or self-funded
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R464 700 at designated service provider* and paid from Level 1 treatment protocols. A 40% co-payment applies where a DSP provider is not used
Organ transplant including immunosuppression medication	R464 700 (See HPT)
Corneal graft	R21 600 per beneficiary
Pathology, radiology (general)	Unlimited at Fedhealth Rate
Physiotherapy	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R26 200 (see HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R464 700 up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP provider is not used
Childhood illness specialised drug benefit (up to the age of 18)	Childhood illness specialised drug benefit for children up to the age of 18
Specialised radiology	Unlimited at Fedhealth Rate. First R2 300 for non-PMB MRI/ CT scans for the member's account
Spinal surgery	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R4 400 on the hospital bill
Terminal care benefit	R32 300 at Fedhealth Rate

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

Co-payments

Co-payments may apply on certain in-hospital procedures, which will be for the member's account.

flexiFED 4 ^{Elect}	
Co-payments per event applicable on the hospital/ facility bill only	
Adenoidectomy, back & neck procedures, bunion procedures and conservative admissions, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	No co-payment
All open hernia surgery	No co-payment
Arthroscopic procedures - knee, shoulder, ankle and other	R2 500
Arthroscopic procedures: hip	R2 500
Arthroscopic procedures: wrist	R2 500
Balloon sinuplasty	R4 400
Colonoscopy, upper GI endoscopy	R2 500
Dental admissions	No co-payment
Hysterectomy (unless for cancer)	No co-payment
Inguinal hernia surgery	No co-payment
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements-voluntary non-use of CP*	R27 400
Other joint replacements and involuntary non-use of CP* for single hip and knee replacements	R4 400
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures, spinal surgery**	R4 400
Laparoscopic varicocelelectomy	No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	R4 400
Surgical extraction of impacted wisdom teeth	R4 400
Tonsillectomy	
Under the age of 12	No co-payment
12 and over	No co-payment
Varicose vein procedures	No co-payment

*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 Conservative Back & Neck Rehabilitation Programme has been completed.

Prosthesis benefit

Under this benefit, we cover internal and external prosthesis.

flexiFED 4 ^{Elect}	
External	R12 100 at cost
Internal	
Aorta Stent Grafts	R61 100
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, cardiac stents, cardiac valves	R29 000
Detachable platinum coils	R52 900
Elbow, hip, knee and shoulder replacement	R29 000
Total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses (per lens)	R3 300
* Combined benefit limit for all unlisted internal prosthesis	R26 100

Chronic disease Benefit

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

flexiFED 4 ^{Elect}	
Limit	Subject to a limit of R5 900 per beneficiary, and R11 800 per family. Thereafter unlimited cover for conditions on the CDL.
Formulary	Intermediate formulary
Preferred Provider/ Designated Service Provider	Preferred provider: MediRite, Dis-Chem, Clicks & Pharmacy Direct



flexiFED 4^{Elect} threshold benefit

The Threshold benefit pays for certain day-to-day expenses once the member's claims have accumulated up to the required level. The Threshold level is reached through the accumulation of claims paid from the member's Savings/ Wallet or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold. A 20% co-payment will apply to all claims paid from the Threshold benefit. No co-payment will apply to GP and specialist consultations in-network.

Threshold levels	flexiFED 4 ^{Elect}
M	R14 400
M + 1	R25 800
M + 2	R29 400
M + 2+	R33 000

flexiFED 4^{Elect} day-to-day benefit

Under the day-to-day benefit, we cover services like physiotherapy and dentistry.

	flexiFED 4 ^{Elect}
Tariff	Paid up to Fedhealth Rate
Co-payments in Threshold	20% co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from Threshold up to R12 100 per family per year. (R4 530 sub-limit per beneficiary for foot orthotics)
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthotics, podiatry, private nursing*, psychologists, social workers, speech therapy	In and out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 100 per family per year.
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings/ Wallet or self-funded and Threshold. R7 700 per beneficiary per year R23 000 per family per year before and after Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold
Dentistry (Basic)	Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached
General Practitioners	
Fedhealth Network GPs	Unlimited GP consultations at a Network GP. flexiFED 4 ^{GRIP} and flexiFED 4 ^{Elect} unlimited consultations at nominated Network GP. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year
Non-network GPs	Up to 2 network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area); OR 2 non-network GP consultations up to the Fedhealth Rate
Maternity benefit	Paid from Savings/ Wallet or self-funded and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate. Limited to 2 mental health consultations per beneficiary per year
Optometry	See maternity benefit on page 42. Thereafter, paid from Savings/ Wallet or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold
Over-the-counter medication	Paid from Savings/ Wallet or self-funded and Threshold. R3 490 per beneficiary per year, R10 640 per family per year before and after Threshold
	Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold

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

flexiFED 4 ^{Elect}	
Pathology	Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 100 per family per year
Prescribed medication	Paid from Savings/ Wallet or self-funded and Threshold. R5 900 per beneficiary per year, R11 900 per family per year before and after Threshold.
Radiology general	Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached
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 and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 20% co-payment if GP referral not obtained
Non-network Specialists	Paid from Savings/ Wallet or self-funded and Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained
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. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R12 100 per family per year. 20% co-payment if GP referral not obtained
Non-network Psychiatrists	Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R12 100 per family per year. 20% co-payment if GP referral not obtained

Contributions

flexiFED 4									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Elect	2 502	19	2 521	2 318	17	2 335	786	6	792

*Up to a maximum of three children

How much is in the MediVault?	flexiFED 4
M	R14 400
M + 1	R25 800
M + 2	R29 400
M + 2+	R33 000

Threshold levels	flexiFED 4
M	R14 400
M + 1	R25 800
M + 2	R29 400
M + 2+	R33 000

Rate calculations

flexiFED 4 ^{Elect}							
	Risk	Savings	Total	Annual Threshold level	Annual savings	MediVault allocation	Total day-to-day available
M	2 502	19	2 521	14 400	228	14 400	14 628
M + AD	4 820	36	4 856	25 800	432	25 800	26 232
M + AD + CD	5 606	42	5 648	29 400	504	29 400	29 904
M + AD + 2CD	6 392	48	6 440	33 000	576	33 000*	33 576

*Maximum MediVault allocation per family

Contact details

Medscheme Client Service Centres

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

These branches are open Monday to Friday 07h30 – 17h00
Saturday 08h00 – 13h00.

Bloemfontein

Medical Suites 4 and 5, First Floor, Middestad Mall, Corner West Burger and Charles Streets

Cape Town

Icon Building, Ground Floor, Cnr Lower Long Street & Hans Strijdom Avenue, Cape Town

Durban

Ground Floor, 102 Stephen Dlamini Road, Musgrave, Durban

Port Elizabeth

1st Floor, Block 6, Greenacres Office Park, 2nd Avenue, Newton Park

Pretoria

Nedbank Plaza, Ground Floor, Shop 17, 631 Steve Biko Street, Arcadia

Roodepoort

Shop 21 & 22, Flora Centre, Cnr Ontdekkers and Conrad Roads, Florida North, Roodepoort

Vereeniging

Ground Floor, 36 Merriman Avenue

Contact us

Fedhealth Customer Contact Centre
Monday to Thursday 08h30 – 19h00
Friday 09h00 – 19h00

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



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

Ambulance Services

Europ Assistance

Tel: 0860 333 432

Aid for AIDS

Monday to Friday 08h00 – 17h00

Tel: 0860 100 646

Fax: 0800 600 773

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: P O Box 38632 Pinelands
7430

Disease Management

Monday to Friday 08h00 – 16h30

Tel: 0860 002 153

Email: dm@fedhealth.co.za

Emotional Wellbeing Programme

Tel: 087 365 8664

Fedhealth Baby

Monday to Friday 08h00 – 17h00

Tel: 0861 116 016

Email: info@babyhealth.co.za

Web: www.babyhealth.co.za

Fedhealth Paed-IQ

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

Dial *130*3272*31#

Oncology Disease Management

Monday to Friday 08h00 – 16h00

Tel: 0860 100 572

Fax: 021 466 2303

Email: cancerinfo@fedhealth.co.za

Postal address: P O Box 38632, Pinelands,
7430

SOS Call Me

Dial *130*3272*31#

MediVault Activations and transfers USSD

*134*999*memberno#

Preferred Provider Pharmacies

Clicks

Tel: 0860 254 257

To locate a store, go to: www.clicks.co.za and select Store Locator

Dis-Chem

Care-Line: 0860 347 243

To locate a store, go to: www.dischem.co.za and select Store Locator

MediRite Pharmacy

Tel: 0800 222 617

To locate a store, go to: www.medirite.co.za and select Store Locator

Pharmacy Direct

Monday to Friday 07h30 – 17h00

Tel: 0860 027 800

Fax: 0866 114 000/ 1/ 2/ 3/ 4

Email: care@pharmacydirect.co.za

Web: www.pharmacydirect.co.za

SMS (call me): 083 690 8934

Great savings with Sanlam Reality!



Sanlam Reality is the lifestyle and rewards programme of the Sanlam Group and rewards members for taking care of their money. It is available to all Fedhealth medical aid members. All medical aid members automatically qualify for the free Reality Access option. Fedhealth members can also sign up for one of Sanlam Reality's paid-for membership options, where they can enjoy benefits in the following categories: Wealth, Health, Travel, Entertainment and Personal Services. Family membership options are also available, enabling the whole family to enjoy exclusive benefits and rewards.

Reality Access for Fedhealth

This option is free to all Fedhealth members and offers three primary benefits: Funeral Cover worth R5000, International Travel Insurance up to R5-million and Pet Accident Cover up to R3000 annually.

Reality Health

Our flagship offering with great discounts, many unique benefits and an expanded gym offering. Save on gym membership, local and international flights, hotels, car hire, travel insurance, movies, entertainment and more.



Single membership option
R215/month



Family membership option
R275/month

Reality Core

A great value offering, much loved by members. Save on local flights, gym membership, hotel accommodation, car hire, movies and more.



Single membership option
R99/month



Family membership option
R130/month

Sanlam Reality is based on a tier model structure designed to reward members for completing specific tier activities. Members can be on Bronze, Silver or Gold tier status, and this status is updated annually. (Excludes Reality Access for Fedhealth membership option.)

The more you do, the more you get rewarded.

Your quick guide to Sanlam Reality's benefits

	Reality Health Single & Family	Reality Core Single & Family	Reality Access for Fedhealth
Wealth			
Sanlam Life Cover	Up to 30% discount on risk products	n/a	n/a
Sanlam Personal Loans	Cash-back reward of up to 20%	Cash-back reward of up to 20%	n/a
Sanlam Gap Cover	Extra cover for your hospital stay	Extra cover for your hospital stay	n/a
Sanlam Online Will	Online Will safekeeping	Online Will safekeeping	n/a
TaxTim	Help with tax returns, save up to R599	Help with tax returns, save up to R599	n/a
Wealth Sense	Online financial platform	Online financial platform	Online financial platform
Funeral Cover	n/a	n/a	Cover up to R5000
Pet Accident Cover	n/a	n/a	Cover up to R3000
Day-to-Day			
Annual vehicle inspection	R95 discounted inspection fee	R95 discounted inspection fee	R95 discounted inspection fee
Sanlam Money Saver credit card	Adds as much as 5% to your savings	Adds as much as 5% to your savings	Adds as much as 5% to your savings
Health			
Independent Gyms & Studios	As much as 60% off	As much as 40% off	n/a
Virgin Active	As much as 60% off	n/a	n/a
Planet Fitness	As much as 80% off	As much as 60% off	n/a
JustGym	As much as 80% off	As much as 60% off	n/a
Travel			
Mango flights	As much as 30% off	As much as 20% off	n/a
Emirates flights	As much as 25% off	n/a	n/a
Uber trips	As much as 30% off	As much as 30% off	n/a
Tempest Car Hire	Pay as little as R230 per day	Pay as little as R230 per day	n/a
Protea Hotels by Marriott®	As much as 30% off	As much as 20% off	n/a
Bidvest Premier Lounge	Complimentary access	n/a	n/a
International Travel Insurance	n/a	n/a	Cover up to R5-million
Entertainment			
Nu Metro movies & refreshments	R30 for 2D or R50 for 3D; R35 for a refreshment combo	R30 for 2D; R35 for a refreshment combo	n/a
Computicket shows & sport	Buy one ticket, get one free up to R300	n/a	n/a
simfy africa music streaming	First six months free, then 7.5% off music streaming	First six months free, then 7.5% off music streaming	n/a
AlwaysOn Wi-Fi	Get 1GB Wi-Fi data every month	n/a	n/a
Reality magazine	Three times a year	Three times a year	n/a
Personal Services			
Personal Assistant	Assistance 24/7, 365 days	Assistance 24/7, 365 days	n/a

Download and activate the **Sanlam Reality App**

To find out more about how you can join Sanlam Reality, go to www.sanlamreality.co.za/join or call 0860 732 548/9.



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.

