



flexi**FED** BENEFITS GUIDE  
2022



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# MEDICAL AID CREATED AND CONTROLLED BY MEMBERS



Fedhealth's **flexiFED** option range, together with the **MediVault system**, remains a breath of fresh air within the South African medical aid market. Our **flexiFED** options are designed around life stages, but can be customised to suit the members' own unique needs - truly giving them control over their medical aid.

### Some of flexiFED's finer details include:



Select your own level of day-to-day funds **FLEXIBLE** or **FIXED**



Choose to reduce your monthly contribution by **either 11% or 25%**



Plans are tailored around **YOUR life stage**



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



**We pay more from Risk** to stretch day-to-day benefits further

When taking a closer look at Fedhealth Medical Scheme, we're especially proud of our **85 years in healthcare**, our **solvency rate of 43.43%** (as at 31 December 2020), and our **Global Credit Rating of AA- retained for 14 consecutive years**. Proof that we have both the experience and financial savvy to show up for our members when they need us most.

Run by members for members, we put you first by staying on top of the latest healthcare trends and constantly evaluating how we can give you more, whilst remaining as affordable as possible.

Choose Fedhealth for medical aid that **YOU create and YOU control**.







# GETTING TO THE GOOD STUFF: *Create your aid.*

Fedhealth's flexi**FED** options let you customise your medical aid cover to suit your needs and budget in **3 simple steps.**

**01** SELECT YOUR LIFE STAGE



flexi**FED** 1 flexi**FED** 2 flexi**FED** 3 flexi**FED** 4

**02** SELECT YOUR CONTRIBUTION DISCOUNT

<b>NO</b> DISCOUNT	<b>11%</b> DISCOUNT	<b>25%</b> DISCOUNT
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**03** SELECT YOUR DAY-TO-DAY LEVELS

- HOSPITAL PLAN ONLY
- PLAN WITH UPFRONT DAY-TO-DAY
- FLEXIBLE DAY-TO-DAY OPTION



Ready to build your one-of-a-kind medical aid solution?

[Let's start](#)







# 01 CHOOSE A HOSPITAL PLAN BASED ON YOUR LIFE STAGE

Hospital cover (also called Risk cover) is the foundation of your medical aid benefits. It takes care of your significant hospital expenses, and other costs like oncology, maternity and chronic medicines. Everybody has different needs, and it is important to choose a solid basis that addresses your unique circumstances.

## START BY CHOOSING ONE OF THE FOUR flexiFED OPTIONS...

The great thing about Fedhealth is that you can choose the cover you need right now... not the cover you might need in future. We're the only medical aid that allows you to upgrade your option at any time of the year if a life-changing event (like pregnancy or diagnosis of serious disease) happens.

<b>flexiFED 1</b> Young Singles	<b>flexiFED 2</b> Family Start-ups	<b>flexiFED 3</b> Young Families	<b>flexiFED 4</b> Mature Families
Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover
✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
Oncology	Oncology	Oncology	Oncology
✓	✓ ✓	✓ ✓	✓ ✓ ✓ ✓
Maternity, infant and children	Maternity, infant and children	Maternity, infant and children	Maternity, infant and children
✓	✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓
Chronic	Chronic	Chronic	Chronic
✓	✓	✓ ✓	✓ ✓ ✓ ✓
Mental health	Mental health	Mental health	Mental health
✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓

The amounts below indicate the cost for your Hospital / Risk cover only. As we build your perfect Fedhealth option over the next few steps, these amounts can change

	JAN TO MARCH 2022	APRIL 2022 ONWARDS		JAN TO MARCH 2022	APRIL 2022 ONWARDS		JAN TO MARCH 2022	APRIL 2022 ONWARDS		JAN TO MARCH 2022	APRIL 2022 ONWARDS
	R1 788	R1 901		R2 500	R2 670		R2 825	R3 045		R3 747	R4 076
	R3 189	R3 390		R4 671	R5 046		R5 374	R5 835		R7 146	R7 796
	R3 842	R4 085		R5 413	R5 834		R6 389	R6 914		R8 299	R9 022
	R4 495	R4 780		R6 155	R6 622		R7 404	R7 993		R9 452	R10 248

### UNIQUE TO FEDHEALTH

We are the only medical aid scheme that pays for the following unique benefits from your Hospital/Risk cover – not from your day-to-day funds so you can keep your day-to-day funds (which we'll get to shortly) for other expenses.

- Unlimited GP visits
- Trauma treatment at a casualty ward
- 7 days of take-home medicine
- Post-hospitalisation treatment
- Specialised radiology
- Upgrades within 30 days of a life-changing event
- Female contraceptives
- Child rates for financially dependent children up to the age of 27
- Only pay for three children






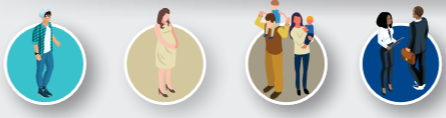

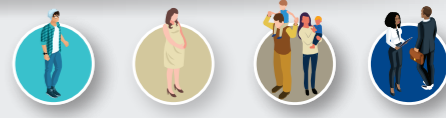


# 02 SELECT YOUR CONTRIBUTION DISCOUNT

Customisation is everything at Fedhealth, so we let you customise your Hospital/Risk cover to fit your budget and needs perfectly.

WITH FEDHEALTH, YOU CAN CHOOSE TO **SAVE 11% OR 25% ON YOUR MONTHLY CONTRIBUTION TO ADD A SUBSTANTIAL DISCOUNT.**



 <p>Full cover at <b>all private hospitals</b></p>	 <p>Full cover at <b>network hospitals</b></p>	 <p>Full cover at <b>any private hospital</b> with a <b>co-payment for elective surgery</b></p>
<b>ANY HOSPITAL</b>	<b>GRID</b>	<b>Elect</b>
<p>The standard flexiFED variant offers no additional discounts. flexiFED 1 is a network hospital option while, flexiFED 2, 3, and 4 cover all admissions at any private hospital except 7 hospitals, which have been excluded for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract an option specific co-payment. (<a href="#">CLICK HERE</a> for a list of the 7 hospitals).</p>	<p>In exchange, you must use <b>Fedhealth's Private Hospital Network</b> for planned procedures. The network includes over 100 of South Africa's best private hospitals and 90% of our members live within a 10-kilometre radius of these hospitals. You can still use a non-network hospital if you wish, but you will then have to pay a <b>R13 000 co-payment</b>. However, the co-payment does not apply in case of emergencies.</p>	<p>In exchange, you will be charged a fixed excess of <b>R13 000</b> on all hospital admissions, except for emergencies. This excess however only applies to the hospital bill; you could still have co-payments on out-of-network specialists, a procedure co-payment or shortfalls because benefit limits have been exceeded.</p>
 <p>flexiFED 1 flexiFED 2 flexiFED 3 flexiFED 4</p>	 <p>flexiFED 2 flexiFED 3 flexiFED 4</p>	 <p>flexiFED 1 flexiFED 2 flexiFED 3 flexiFED 4</p>

**!** Avoid network restrictions with **Sanlam GAP Cover**.  
 To avoid the network restrictions on Elect and GRID, take **Sanlam Gap Cover from R233 p/m (individuals) and R409 p/m (families)**.  
 Even with Gap Cover, you will still pay less than the 'any hospital' flexiFED option and you won't have to worry about the co-payments mentioned above.  
[CLICK HERE](#) for more details on Sanlam Gap Cover.

**Sanlam Gap Cover**





# How much can you save with GRID and Elect?

The amounts below indicate your monthly contribution for your flexiFED Hospital/Risk cover. It does not include your day-to-day funding, which will be added in the next step.



## JANUARY TO MARCH 2022



flexiFED 1	R1 788	R3 189	R2 441	R3 842	R4 495
flexiFED 1 <sup>Elect</sup>	R1 393	R2 482	R1 900	R2 989	R3 496
Monthly reduction in contributions	<b>R395</b>	<b>R707</b>	<b>R541</b>	<b>R853</b>	<b>R999</b>
ANNUAL reduction in contributions	<b>R4 740</b>	<b>R8 484</b>	<b>R6 492</b>	<b>R10 236</b>	<b>R11 988</b>

## FROM APRIL 2022

flexiFED 1	R1 901	R3 390	R2 596	R4 085	R4 780
flexiFED 1 <sup>Elect</sup>	R1 481	R2 639	R2 020	R3 178	R3 717
Monthly reduction in contributions	<b>R420</b>	<b>R751</b>	<b>R576</b>	<b>R907</b>	<b>R1 063</b>
ANNUAL reduction in contributions	<b>R5 040</b>	<b>R9 012</b>	<b>R6 912</b>	<b>R10 884</b>	<b>R12 756</b>



## JANUARY TO MARCH 2022



flexiFED 2	R2 500	R4 671	R3 242	R5 413	R6 155
flexiFED 2 <sup>GRID</sup>	R2 222	R4 155	R2 882	R4 815	R5 475
Monthly reduction in contributions	<b>R278</b>	<b>R516</b>	<b>R360</b>	<b>R598</b>	<b>R680</b>
ANNUAL reduction in contributions	<b>R3 336</b>	<b>R6 192</b>	<b>R4 320</b>	<b>R7 176</b>	<b>R8 160</b>

flexiFED 2 <sup>Elect</sup>	R1 871	R3 502	R2 429	R4 060	R4 618
Monthly reduction in contributions	<b>R629</b>	<b>R1 169</b>	<b>R813</b>	<b>R1 353</b>	<b>R1 537</b>
ANNUAL reduction in contributions	<b>R7 548</b>	<b>R14 028</b>	<b>R9 756</b>	<b>R16 236</b>	<b>R18 444</b>

## FROM APRIL 2022

flexiFED 2	R2 670	R5 046	R3 458	R5 834	R6 622
flexiFED 2 <sup>GRID</sup>	R2 373	R4 489	R3 074	R5 190	R5 891
Monthly reduction in contributions	<b>R297</b>	<b>R557</b>	<b>R384</b>	<b>R644</b>	<b>R731</b>
ANNUAL reduction in contributions	<b>R3 564</b>	<b>R6 684</b>	<b>R4 608</b>	<b>R7 728</b>	<b>R8 772</b>

flexiFED 2 <sup>Elect</sup>	R1 998	R3 784	R2 591	R4 377	R4 970
Monthly reduction in contributions	<b>R672</b>	<b>R1 262</b>	<b>R867</b>	<b>R1 457</b>	<b>R1 652</b>
ANNUAL reduction in contributions	<b>R8 064</b>	<b>R15 144</b>	<b>R10 404</b>	<b>R17 484</b>	<b>R19 824</b>



## JANUARY TO MARCH 2022



flexiFED 3	R2 825	R5 374	R3 840	R6 389	R7 404
flexiFED 3 <sup>GRID</sup>	R2 511	R4 780	R3 414	R5 683	R6 586
Monthly reduction in contributions	<b>R314</b>	<b>R594</b>	<b>R426</b>	<b>R706</b>	<b>R818</b>
ANNUAL reduction in contributions	<b>R3 768</b>	<b>R7 128</b>	<b>R5 112</b>	<b>R8 472</b>	<b>R9 816</b>

flexiFED 3 <sup>Elect</sup>	R2 117	R4 028	R2 879	R4 790	R5 552
Monthly reduction in contributions	<b>R708</b>	<b>R1 346</b>	<b>R961</b>	<b>R1 599</b>	<b>R1 852</b>
ANNUAL reduction in contributions	<b>R8 496</b>	<b>R16 152</b>	<b>R11 532</b>	<b>R19 188</b>	<b>R22 224</b>

## FROM APRIL 2022

flexiFED 3	R3 045	R5 835	R4 124	R6 914	R7 993
flexiFED 3 <sup>GRID</sup>	R2 707	R5 190	R3 667	R6 150	R7 110
Monthly reduction in contributions	<b>R338</b>	<b>R645</b>	<b>R457</b>	<b>R764</b>	<b>R883</b>
ANNUAL reduction in contributions	<b>R4 056</b>	<b>R7 740</b>	<b>R5 484</b>	<b>R9 168</b>	<b>R10 596</b>

flexiFED 3 <sup>Elect</sup>	R2 282	R4 374	R3 092	R5 184	R5 994
Monthly reduction in contributions	<b>R763</b>	<b>R1 461</b>	<b>R1 032</b>	<b>R1 730</b>	<b>R1 999</b>
ANNUAL reduction in contributions	<b>R9 156</b>	<b>R17 532</b>	<b>R12 384</b>	<b>R20 760</b>	<b>R23 988</b>



## JANUARY TO MARCH 2022



flexiFED 4	R3 747	R7 146	R4 900	R8 299	R9 452
flexiFED 4 <sup>GRID</sup>	R3 326	R6 351	R4 353	R7 378	R8 405
Monthly reduction in contributions	<b>R421</b>	<b>R795</b>	<b>R547</b>	<b>R921</b>	<b>R1 047</b>
ANNUAL reduction in contributions	<b>R5 052</b>	<b>R9 540</b>	<b>R6 564</b>	<b>R11 052</b>	<b>R12 564</b>

flexiFED 4 <sup>Elect</sup>	R2 806	R5 404	R3 687	R6 285	R7 166
Monthly reduction in contributions	<b>R941</b>	<b>R1 742</b>	<b>R1 213</b>	<b>R2 014</b>	<b>R2 286</b>
ANNUAL reduction in contributions	<b>R11 292</b>	<b>R20 904</b>	<b>R14 556</b>	<b>R24 168</b>	<b>R27 432</b>

## FROM APRIL 2022

flexiFED 4	R4 076	R7 796	R5 302	R9 022	R10 248
flexiFED 4 <sup>GRID</sup>	R3 619	R6 930	R4 710	R8 021	R9 112
Monthly reduction in contributions	<b>R457</b>	<b>R866</b>	<b>R592</b>	<b>R1 001</b>	<b>R1 136</b>
ANNUAL reduction in contributions	<b>R5 484</b>	<b>R10 392</b>	<b>R7 104</b>	<b>R12 012</b>	<b>R13 632</b>

flexiFED 4 <sup>Elect</sup>	R3 053	R5 897	R3 989	R6 833	R7 769
Monthly reduction in contributions	<b>R1 023</b>	<b>R1 899</b>	<b>R1 313</b>	<b>R2 189</b>	<b>R2 479</b>
ANNUAL reduction in contributions	<b>R12 276</b>	<b>R22 788</b>	<b>R15 756</b>	<b>R26 268</b>	<b>R29 748</b>

If you're only looking for the peace of mind offered by a flexiFED hospital plan that your major hospitalisation costs will be covered, and you've selected your level of hospital cover - either ANY, GRID or Elect - you are now done creating-your-aid.

**NB**

REMEMBER though, that a flexiFED hospital plan is unequalled in the market because it has a MediVault attached to it. The MediVault is your go-to place should you ever need any day-to-day benefits. It's there and available at any time, but you don't pay for it until you've started using it. It provides members with the peace of mind that, although they only have a hospital plan, the option to cover day-to-day expenses is there should they ever need it.

ALSO NOTE that you can always upgrade to a higher option within 30 days of a life-changing event like a pregnancy, or the diagnosis of a serious disease.

But... if you are also looking to add day-to-day benefits to your medical aid cover, this is where you will truly experience Fedhealth's choice, flexibility and control. Let's take a look!







# 03 CHOOSE YOUR DAY-TO-DAY BENEFITS

Now that your hospital cover is selected, it's time to choose your day-to-day benefits - if you want them. Day-to-day expenses include all your frequent, everyday medical expenses that aren't covered under hospital cover. These include medication at the pharmacy, specialised frames for your glasses or a visit to the dentist.

## MEDICAL AID AS YOU KNOW IT

If you prefer **simplicity and familiarity**, this option is for you. This is medical aid as you've always known it, where we give you a **FIXED** amount for day-to-day benefits upfront for the year which you pay as part of your **FIXED** monthly contribution.



Plan	Network type	Annual Day-to-day Benefits*					Monthly Contribution Rate				
		P	PA	PC	PAC	PACC	P	PA	PC	PAC	PACC
<b>January to March 2022 without increase</b>											
flexiFED 1	Any	-	-	-	-	-	-	-	-	-	-
	GRID	R4 062	R6 171	R6 039	R7 512	R9 489	R2 100	R3 657	R2 909	R 4 413	R5 222
	Elect	R3 981	R6 030	R5 925	R7 338	R9 282	R1 705	R2 950	R2 368	R 3 560	R4 223
<b>From April 2022</b>											
flexiFED 1	Any	-	-	-	-	-	-	-	-	-	-
	GRID	R4 062	R6 171	R6 039	R7 512	R9 489	R2 213	R3 858	R3 064	R 4 656	R5 507
	Elect	R3 981	R6 030	R5 925	R7 338	R9 282	R1 793	R3 107	R2 488	R 3 749	R4 444

<b>January to March 2022 without increase</b>											
flexiFED 2	Any	R5 322	R8 124	R7 914	R12 552	R16 380	R2 915	R5 295	R3 866	R6 399	R7 453
	GRID	R5 286	R8 052	R7 878	R12 480	R16 308	R2 637	R4 779	R3 506	R5 801	R6 773
	Elect	R5 229	R7 959	R7 809	R12 375	R16 191	R2 286	R4 126	R3 053	R5 046	R5 916
<b>From April 2022</b>											
flexiFED 2	Any	R5 322	R8 124	R7 914	R12 552	R16 380	R3 085	R5 670	R4 082	R6 820	R7 920
	GRID	R5 286	R8 052	R7 878	R12 480	R16 308	R2 788	R5 113	R3 698	R6 176	R7 189
	Elect	R5 229	R7 959	R7 809	R12 375	R16 191	R2 413	R4 408	R3 215	R5 363	R6 268

<b>January to March 2022 without increase</b>											
flexiFED 3	Any	R7 830	R10 608	R10 419	R13 869	R16 458	R3 449	R6 204	R4 670	R7 481	R8 702
	GRID	R7 794	R10 548	R10 371	R13 797	R16 374	R3 135	R5 610	R4 244	R6 775	R7 884
	Elect	R7 758	R10 452	R10 314	R13 680	R16 236	R2 741	R4 858	R3 709	R5 882	R6 850
<b>From April 2022</b>											
flexiFED 3	Any	R7 830	R10 608	R10 419	R13 869	R16 458	R3 669	R6 665	R4 954	R8 006	R9 291
	GRID	R7 794	R10 548	R10 371	R13 797	R16 374	R3 331	R6 020	R4 497	R7 242	R8 408
	Elect	R7 758	R10 452	R10 314	R13 680	R16 236	R2 906	R5 204	R3 922	R6 276	R7 292

<b>January to March 2022 without increase</b>											
flexiFED 4	Any	R12 810	R22 476	R22 275	R25 653	R29 538	R4 786	R8 965	R6 719	R10 374	R11 842
	GRID	R12 774	R22 416	R22 218	R25 572	R29 436	R4 365	R8 170	R6 172	R9 453	R10 795
	Elect	R12 738	R22 332	R22 170	R25 476	R29 328	R3 845	R7 223	R5 506	R8 360	R9 556
<b>From April 2022</b>											
flexiFED 4	Any	R12 810	R22 476	R22 275	R25 653	R29 538	R5 115	R9 615	R7 121	R11 097	R12 638
	GRID	R12 774	R22 416	R22 218	R25 572	R29 436	R4 658	R8 749	R6 529	R10 096	R11 502
	Elect	R12 738	R22 332	R22 170	R25 476	R29 328	R4 092	R7 716	R5 808	R8 908	R10 159

\*These benefits are pro-rated, depending on when the member joins.

Once you've chosen flexiFED with upfront day-to-day benefits, you don't have to do anything else except enjoy great certainty from your medical aid! In addition: If you chose a flexiFED plan with day-to-day benefits, but have used up all your allocated benefits during the year, you can simply top up should you need to.





# 03 CHOOSE YOUR DAY-TO-DAY BENEFITS

## I WANT TO CHOOSE MY OWN AMOUNT OF DAY-TO-DAY BENEFITS:

What makes Fedhealth's flexiFED options so unique, is that you can structure your day-to-day benefits in any way you like – all thanks to our MediVault and Wallet system.

But let's say you are keen on saving money and want more flexibility and control over your medical aid spend, then choose our FLEXIBLE MediVault and Wallet system!

We believe that younger, healthier members want to have more of a say over their medical aid spend. Through the FLEXIBLE repayment structure, our innovative MediVault and Wallet system really comes to life, giving members medical aid that THEY create and THEY control.

Our MediVault system makes a pre-determined amount of money available for your day-to-day benefits, but if you choose the FLEXIBLE repayment structure, you only pay for the portion of your MediVault allowance that you actually use. This means you don't pay for your day-to-day benefit until you've started using it. A game-changer, or what?

If you select the FLEXIBLE repayment structure, you simply transfer funds from your MediVault to your Wallet when you need to pay for day-to-day medical expenses. The funds you transfer are then repaid over 12 months, interest free.

- You don't pay for day-to-day benefits until you use them. This could save you thousands every month.
- You pay less without compromising on the quality of your Hospital (Risk) benefits.
- You are in full control over how much you pay for your medical aid.
- One debit order each month – made up of your Risk/ Hospital cover contribution and your MediVault repayments.
- Any unused funds in your Wallet will transfer to the next year, so you won't lose it.

So if you want to enjoy the perks of being in full control of your medical aid spend, the FLEXIBLE repayment structure is for you!

## FLEXIBLE REPAYMENT STRUCTURE

If you select the FLEXIBLE repayment structure you choose how much of your MediVault allowance you want to use throughout the year.

How much is in the MediVault	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
M	R9 696	R10 296	R11 496	R15 300
M + 1	R13 392	R15 900	R17 496	R27 696
M + 2	R14 592	R21 792	R23 100	R31 500
M + 2+	R15 900	R25 596	R27 096	R35 196



Let's use flexiFED 2 as an example (April 2022 onwards)

	1	2	3	4	5
Total contribution	R2 670	R5 046	R3 458	R5 834	R6 622
Total amount available for day-to-day benefits (MSA + MediVault)	R10 638	R16 536	R16 326	R22 512	R26 400

**Note -** You don't have to use any... or all... of the funds in your MediVault if you don't want to and you will only repay the amount you have used. To calculate how much you have to pay to the Scheme every month, simply divide the amount you intend to use by 12 and add that to your Hospital Cover contribution.

Transferred MediVault amount ÷ 12 + Hospital/Risk Cover contribution = TOTAL MONTHLY CONTRIBUTION



### Example 1

If you use your flexiFED option as a hospital plan with no funds for day-to-day benefits

TOTAL MONTHLY REPAYMENT TO THE SCHEME	R2 670	R5 046	R3 458	R5 834	R6 622
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### Example 2

If you use half your available MediVault funds

AMOUNT USED	R5 148	R7 950	R7 950	R10 896	R12 798
TOTAL MONTHLY REPAYMENT TO THE SCHEME	R3 099	R5 709	R4 121	R6 742	R7 689

### Example 3

If you use ALL your available MediVault funds

AMOUNT USED	R10 296	R15 900	R15 900	R21 792	R25 596
TOTAL MONTHLY REPAYMENT TO THE SCHEME	R3 528	R6 371	R4 783	R7 650	R8 755





# flexiFED OPTION RANGE OVERVIEW

flexiFED options can be perfectly customised around the different and changing needs of our members. These options are supercharged hospital plans with access to optional day-to-day benefits. With Fedhealth, members can choose the cover they need right now and save - and only upgrade to more comprehensive options as and when life-changing events take place.



### Access to a MediVault\* for day-to-day benefits

All flexiFED options give members access to an optional MediVault for day-to-day medical expenses.

They may use the full amount or only a portion thereof, and pay it back over 12 months interest free.

### Threshold benefit

Once day-to-day claims have accumulated to the Threshold level, certain claims will be paid from the Threshold benefit. These include preventative dentistry (flexiFED 1), basic dentistry (flexiFED 2 and 3) and unlimited nominated network GP visits. On flexiFED 4, the Threshold benefit pays for certain day-to-day expenses once claims have accumulated to the Threshold level with a 20% co-payment for the member.



### Fedhealth's unique benefits paid from risk give members more

- Unlimited GP visits
- Upgrades within 30 days of a life-changing event
- Post-hospitalisation treatment
- Specialised radiology
- Trauma treatment in a casualty ward
- 7 days of take-home medicine
- Female contraception
- Only pay for three children
- Child rates for financially dependent children up to age 27

### ADDITIONAL BENEFITS FOR ALL MEMBERS

- Weight management programme
- Smoking cessation programme
- Fedhealth Baby Programme
- Paed-IQ advice line for parents
- 24-hour Nurse Line
- MediTaxi post-hospitalisation transport
- PLUS many more!**



## flexiFED 4 Kids a bit older now? Get peace of mind cover from R3 053 p/m for your mature family

\*MediVault for day-to-day expenses: **R15 300 - R35 196**

- Includes benefits of flexiFED 1, 2 & 3 as well as:
  - Customised Childhood benefit also includes:** Optical screening for children aged 5 to 8 years - 1 per lifetime, child rates up to age 27
  - Day-to-day benefits:** Immediate access to unlimited network GP consults, unlimited comprehensive threshold benefit (including basic and advanced dental benefits)
  - Chronic Disease Cover:** Cover for 18 additional chronic conditions.

## flexiFED 3 Growing your family? Enjoy enhanced maternity and childhood benefits from R2 282 p/m

\*MediVault for day-to-day expenses: **R11 496 - R27 096**

- Includes all benefits of flexiFED 1 & 2 as well as:
  - Enhanced maternity benefit also incl.** Private ward cover; and 12 ante/postnatal consults with midwife, network GP or gynae **PLUS many more!**
  - Customised childhood benefit also incl.** Paediatric consultations without referral up to 24 months old, no co-payments for kids planned hospital admissions, eg tonsillectomy under age 12. Additional chronic benefit for children up to 18 with asthma, eczema and acne up to the age of 21; **PLUS many more!**
  - Day-to-day benefit** Optical benefit up to R1930 per beneficiary every 24 months
  - Chronic Disease Cover:** Cover for mental health disorders: ADHD (for children 6 -18 years old), depression, generalised anxiety disorder, post-traumatic stress disorder subject to an annual limit of R3 200 per family

## flexiFED 2 Planning a baby? Get solid maternity and childhood benefits from R1 998 p/m

\*MediVault for day-to-day expenses: **R10 296 - R25 596**

- Includes all benefits of flexiFED 1 as well as:
  - Rich maternity benefit** Cover for natural deliveries, rental of water baths, epidurals and C-sections, 2x 2D antenatal scans and 8 ante/postnatal consults with midwife, network GP or gynae; Doula benefit; Postnatal midwifery benefit. **PLUS many more!**
  - Childhood benefit** Paediatric consults without referral up to 12 months old; Infant hearing screening; Childhood immunisations; Childhood illness specialised drug benefit up to 18 years old. **PLUS many more!**
  - Preventative and Screening benefit** Vasectomies
  - Day-to-day benefit** Unlimited nominated network GP consults and basic dental benefit from Risk after day-to-day claims have reached the Threshold level

## flexiFED 1 Young, healthy and carefree? Here's just the right amount of cover from R1 481 p/m

\*MediVault for day-to-day expenses: **R9 696- R15 900**

- Preventative and Screening benefit** Screenings like HIV tests, Pap smears, cholesterol screening, wellness and preventative screenings and flu vaccines.
- Lifestyle benefit** Female contraception paid from Risk.
- Day-to-day benefit** Unlimited nominated network GP consults from Risk after day-to-day claims have reached the Threshold level.
- In-hospital benefit** Unlimited accident and emergency treatment at any private hospital. Unlimited hospital cover for planned procedures at network hospitals.
- Threshold benefit** Unlimited cover for 27 (CDL) chronic conditions

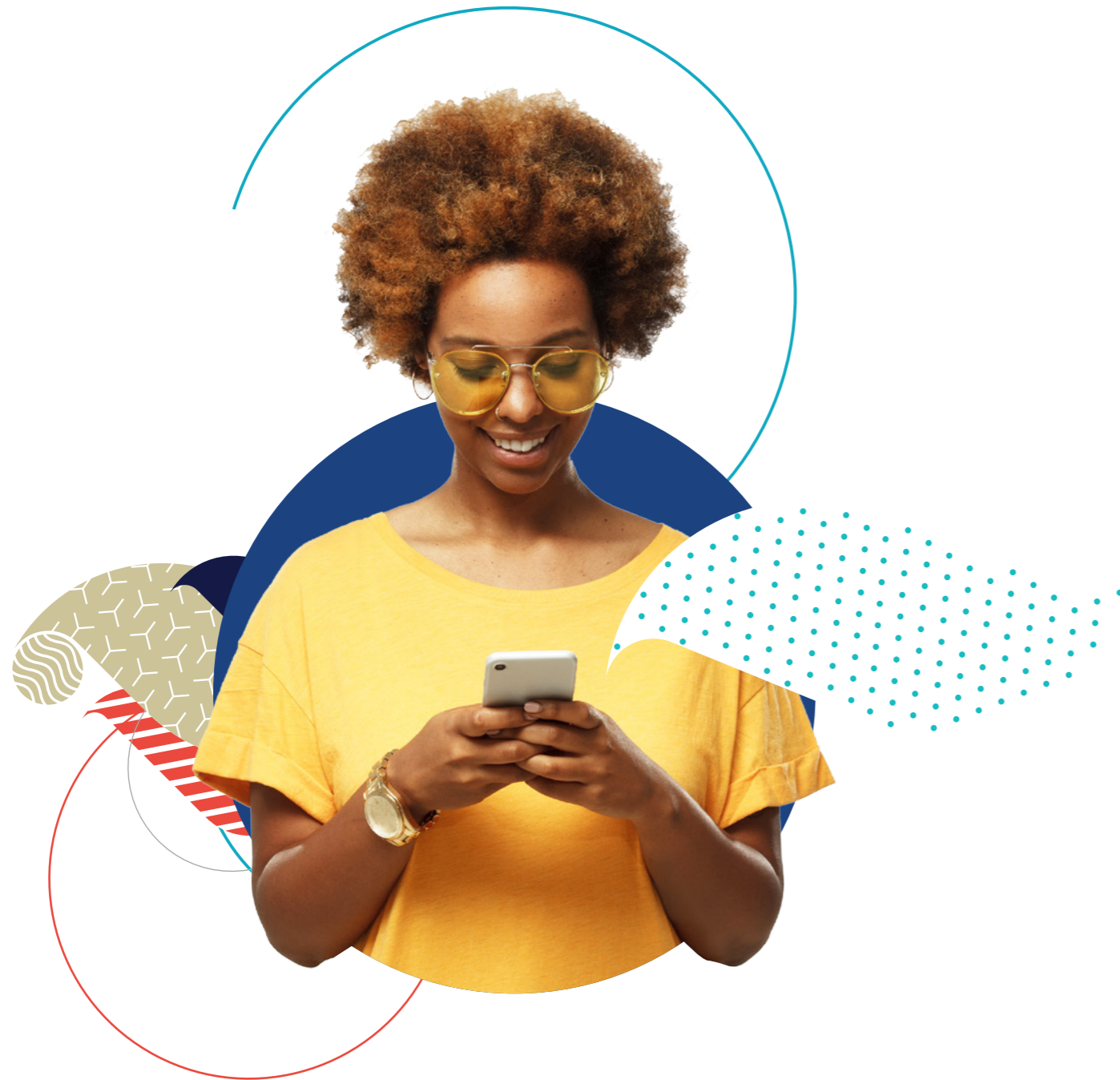






# STAYING IN TOUCH

Fedhealth is at the forefront of technology... not only to ensure clear communication with our members, but also to give members more control over managing certain aspects of their membership.



### Fedhealth website

The Fedhealth website, [fedhealth.co.za](https://www.fedhealth.co.za), provides easy-to-navigate information on the various Fedhealth options, step-by-step instructions on how to submit claims etc, scheme news, and also hosts the informative Living Fedhealthy blog – filled with lifestyle and wellness topics.



### Fedhealth Family Room

Fedhealth's online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activating their MediVault and making transfers to their Wallet, registering for chronic medicine and obtaining hospital authorisations.



### Fedhealth Member App

Our app has been designed to help simplify members' interaction with Fedhealth. Available from the Google Play Store and Apple App store, it lets the member activate their MediVault and make transfers to their Wallet, download their e-card, view their option's benefits, set medicine reminders, and lots more. [CLICK HERE](#) for more about our Fedhealth member App.



### LiveChat and chatbot

The LiveChat functionality is available to members via [fedhealth.co.za](https://www.fedhealth.co.za). 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 through [fedhealth.co.za](https://www.fedhealth.co.za)



### Fedhealth WhatsApp bot

This Fedhealth service is completely private and secure, and easy to use – simply choose from self-service actions like getting your tax certificate or seeing your e-card to share with your GP. To get started, just add the number **060 070 2479** as a contact and then type 'hi' to get the conversation started.



### Network GP, specialist and hospital locator

Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a GP, specialist or hospital on the Fedhealth network. Go to [www.fedhealth.co.za/provider-locator](https://www.fedhealth.co.za/provider-locator)





# FEDHEALTH MEMBER APP POWERED BY AMP

## The Fedhealth Member App has now been integrated with the AfroCentric Mobile Platform, or AMP.

**What does this mean for members?** Only that the Fedhealth Member App, designed to make members' Fedhealth membership journey easier, is now a more fun tool with new features that use gamification and information on their personal Healthscore to help them stay healthy, informed and inspired. **And, it comes at NO cost to members and their dependants!**

Through the AMP integration, members can also:

- Understand their **medical aid benefits**.
- Enjoy **discounts from the AVO online mall**.
- Benefit from discounts by **third party financial services providers**.

AMP is all about improving members':

- Physical** health
- Preventative** health
- Nutrition**
- Disease** management
- Mental** health
- Financial** health

It's a **FREE addition** to the Fedhealth Member App for all members, including dependants on their medical aid.



All members have to do to start enjoying all the new features while creating a healthier, happy version of themselves, is to download the Fedhealth Member App from the Apple App store or the Google Play Store, or update their existing app.

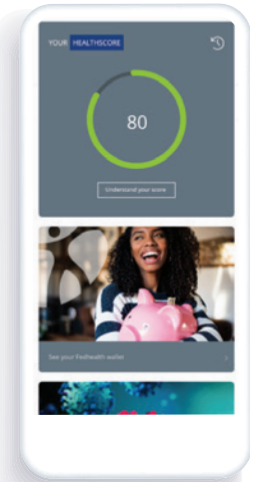
### 1. Calculating the Healthscore

The Healthscore is basically a summary of where the member's health is at by tracking and measuring their wellbeing in real-time:

- The higher their score, the closer they are to achieving optimal health.
- The lower their score, the more they have been affected by certain health conditions.

The member's score changes as new information becomes available. Our system is constantly looking for and retrieving new information, which is then re-calculated into the member's score.

The score is a scientifically calculated number from 1 (low) to 100 (high) that moves up or down, depending on how the member's health, medical condition(s), clinical status, emotional wellbeing and lifestyle data, change.



### Health record information (data) used to calculate the Healthscore:

<b>Demographic information</b> e.g. the member's age and gender	<b>Biometric information</b> e.g. the member's blood pressure and BMI	<b>Prevalence of chronic conditions</b>	<b>Medication prescribed and dispensed</b>	<b>Interactions with healthcare providers</b>	<b>Validated questionnaires and surveys</b>	<b>Wearable devices</b> (when linked via the mobile app)
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### 2. Creating an avatar, linked to the Healthscore

Members can also create their own unique avatar based on their skin tone, eye colour, hairstyle and more. This avatar is linked to their Healthscore, so it will change and adapt as the Healthscore changes e.g. if the member has reported weight loss, their avatar will also slim down. In other words: via gamification and engagement, it's the avatar that members create that will nudge them to take the next step that will improve their health.

### 3. Discounted online shopping

Fedhealth members who've provided consent on the app will receive discounts on a range of items in the AVO online mall.

AVO is an online store that facilitates online transactions from start to finish with secure payment.

AVO brings consumers and businesses together, accurately matching consumers' lifestyle needs to product and service offerings through powerful artificial intelligence, safe and secure payments, and bank-grade security.

- ✓ Once registered, members will receive emails from AVO and AMP on the latest deals.
- ✓ They will get an AVO AMP wallet to bank cash-back received that can be used as a discount next time they shop.
- ✓ Members will have an option of taking an AVO loan when purchasing a big ticket item.



Thanks to the integration with AMP, the Fedhealth Member App is now an even more valuable and rewarding partner in members' health journeys.







# OVERVIEW OF THE flexiFED BENEFIT STRUCTURE

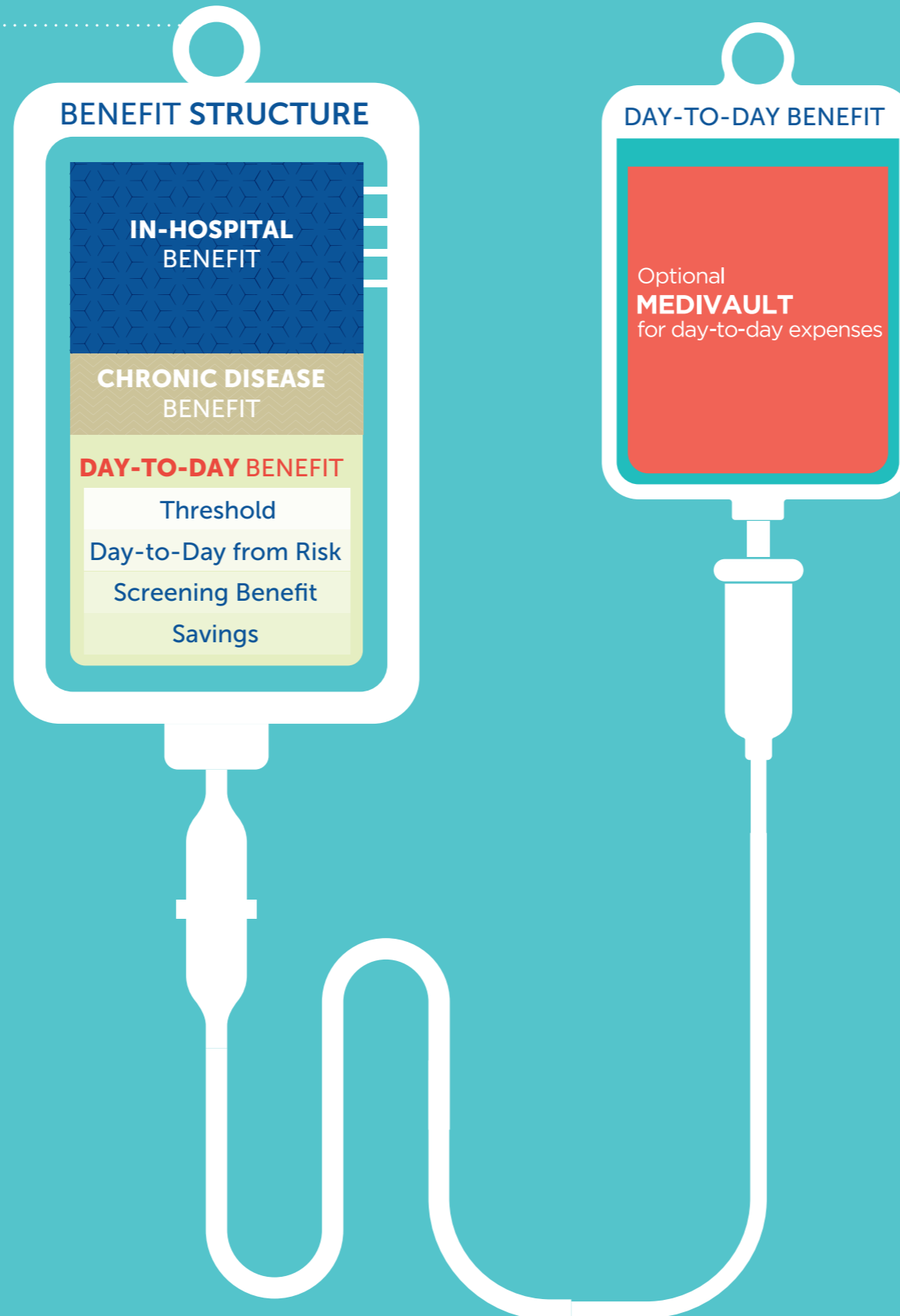
Our flexiFED 1, 2, 3 and 4 options free members from one-size-fits-all plans by giving them more control over how they structure their own cover, and how much they pay.

Members start by choosing one of four options, flexiFED 1, 2, 3 and 4, to provide them with in-hospital benefits, chronic benefits, screening benefits, day-to-day benefits and additional benefits.

The next step is having the option to pay lower contributions by choosing between two discounts.

Next, the member also enjoys the advantage of the MediVault – an amount available for their day-to-day medical expenses. They can either choose a **FIXED** or **FLEXIBLE** repayment structure for the MediVault – depending on whether they prefer flexibility and affordability of only paying for what they use, OR the predictability of a set amount allocated at the beginning of the year.

Last but not least, after the member's day-to-day claims have accumulated to the Threshold level, members on flexiFED 1, 2 and 3 still have certain benefits covered from the Threshold benefit, like unlimited network GP visits and dentistry benefits. Members on flexiFED 4 have a comprehensive Threshold benefit. Please see the following pages for more details on the flexiFED benefits and what they offer members.



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 or Designated Service Providers, Clicks, Dis-Chem, Medirite, Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct, depending on the option. Members can however use any pharmacy to obtain their chronic medication. Non-use of a DSP or a preferred provider may result in a co-payment if the dispensing fee is in excess of 25%/ R26.50 for pharmacies or the agreed courier rate for courier pharmacies. 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, on the FLEXIBLE repayment structure or from the funds allocated to them on 1 January (FIXED repayment structure).

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. Certain expenses are subject to sub-limits and a 20% co-payment applies to most claims paid from the Threshold Benefit.

### 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 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.







# UNLIMITED PRIVATE HOSPITAL COVER

## UNLIMITED PRIVATE HOSPITAL COVER ALL FEDHEALTH OPTIONS

Depending on their option, members may use either:

**FEDHEALTH NETWORK HOSPITALS\***  
*Co-pay applies if not used for planned hospital procedures.*

flexiFED 2, 3 and 4 covers all admissions at any private hospital except the following hospitals: **Zuid-Afrikaans Hospital** (City of Tshwane), **Arwyp Medical Centre** (Ekurhuleni), **Busamed Modderfontein Private Hospital** (City of Johannesburg), **Hibiscus Hospital** (Ugu), **Mooimed Private Hospital** (Dr Kenneth Kaunda), **St Helena Private Hospital** (Lejweleputswa), **Capital Hospital** (Durban), which will not be covered in full for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 300 co-payment.

### This benefit covers:

- Hospital account**
- Doctors and Specialists e.g. anaesthetists**  
Fedhealth Network GPs and Specialists covered in full – non-network GPs and Specialists covered up to Fedhealth Rate.
- Other healthcare providers e.g. X-rays**
- Certain procedures at day wards, day clinics and doctor's rooms**  
On some options, Fedhealth Day Surgery Network must be used to avoid co-pays.
- 270 hospital-based PMB conditions**  
DSPs, formularies and referrals may apply to avoid co-pays.

**Pre-authorisation must be obtained for all planned hospital admissions.**

**EMERGENCIES:** members must obtain authorisation within 2 days after hospital admission.

An emergency is unexpected, requiring immediate treatment to avoid lasting damage to organs, limbs or other body parts, or death.

*\*Network option members may be treated at ANY hospital in an emergency, but will be moved to a network hospital once stabilised or face the co-pay.*

All Fedhealth options have an unlimited in-hospital benefit. Members must obtain pre-authorisation 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 certain options, members must use a hospital on the Fedhealth Hospital Network. If they use any other hospital, they will have to pay a co-payment on the hospital account.

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 doctor's rooms. On certain options, members must use facilities on the Fedhealth Day Surgery 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-authorisation is required for physical therapy (physiotherapists), which is covered up to the Fedhealth Rate.

#### How Prescribed Minimum Benefits are covered

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 network specialists, network GPs, network hospitals and four DSP pharmacies, Clicks, Dis-Chem, Medirite and their courier pharmacies and Pharmacy Direct, for the provision of PMBs. If a DSP is required on your option, a 40% co-payment will apply if you don't use a DSP. Members must use a Fedhealth Network Specialist and a nominated network GP in order for the cost to be refunded in full.

Should you 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.





# DAY CLINIC/ DOCTOR'S ROOM PROCEDURES COVERED FROM THE IN-HOSPITAL BENEFIT

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.

For members on the following options flexiFED 1, flexiFED 2<sup>GRID</sup>, flexiFED 3<sup>GRID</sup> and flexiFED 4<sup>GRID</sup>, there will be a co-payment of R2 100 if a non-network day surgery facility is used.

The day surgery network list can be found on the website using the provider locator. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorised. If the procedure is performed without pre-authorisation, the full amount will be paid from day-to-day benefits or self-funded by the member and will not accumulate towards the Threshold level.

If authorisation is requested after the procedure has taken place, a R1 000 penalty will apply which will be paid from day-to-day benefits or self-funded by the member, without accumulating to the Threshold level.

## Gynaecology

Bartholin cyst drainage/excision/  
marsupialisation  
Biopsy - vulva, vagina, cervix, perineum  
Cauterisation of warts - all methods  
Colposcopy  
Diagnostic hysteroscopy  
Endometrial and cervical procedures (includes dilatation and curettage endometrial ablation, cervical cerclage, LLETZ)  
Hysteroscopy  
Foreign body removal - vagina  
Insertion of IUD (Intra-uterine Device)  
Labioplasty  
Ovarian cyst(s) drainage  
Sterilisation

## Urology

*Adults*  
Bilateral total orchidectomy for prostate cancer  
Bladder biopsy (cancer and other conditions)  
Bouginage for urethral stricture  
Circumcision  
Cystoscopy & ureteral catheter or stent  
Cystourethroscopy & urethrotomy  
DJ stent removal post pyeloplasty  
Foreign body removal  
Hydrocelectomy for vaginal hydrocele  
Inguinal hernia repair  
Laparoscopy for ureteroneocystostomy & cystoscopy and ureteral stent placement  
Open cystolithotomy for bladder stone  
Penile biopsy  
Penile lesions removal - all methods  
Prostate biopsy (cancer and other conditions)  
Renal calculus removal & stent insertion  
Scope and pyelogram  
Second stage urethroplasty post stage 1  
Testicular biopsy for infertility  
Urethrocystoscopy for bladder outlet obstruction  
Urethrolithotomy - lower 1/3 ureter  
Varicocelectomy for varicocele  
Vasectomy  
Vasostomy

## Paediatrics

Circumcision - all indications  
Glandulo-cavernous shunt for priapism  
Hydrocelectomy for congenital hydrocele  
Meatotomy for meatal stenosis  
Orchidopexy for undescended testis  
Urethrocystoscopy for urinary incontinence

## Orthopaedics

Arthrocentesis  
Arthrodesis of hand/elbow/foot  
Arthroscopy  
Arthrotomy - all joints & biopsy &

synovectomy  
Aspiration/intra-articular injection of joints  
Biopsy - bone  
Bunionectomy  
Carpal tunnel release  
Cartilage grafts  
Cast/application removal  
Closed fracture procedures  
Foreign body removal - muscle tendon sheath  
Ganglionectomy  
Grafts - bone/tendon  
Injection of tendon/ligament trigger points/ganglion cyst  
Injection therapeutic carpal tunnel  
Implant/wire/pin insertion or removal  
Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)  
Orthopaedic casts/spica procedures  
Radical nail bed removal  
Tenotomy - all areas

## General Surgery

Anal procedures, including dilatations, biopsies, fissure repairs, haemorrhoidectomies  
Breast biopsy/ removal lesion (s)  
Colonoscopy  
Drainage of abscesses/ haematomas/ cysts (subcutaneous/submucosal)  
Excision lipoma/cysts/tumours  
Excision of sweat glands (axilla inguinal) and simple repair  
Foreign body removal  
Gastroscopy/ oesophagogastroduodenoscopy, Haemorrhoidectomy  
Inguinal hernia repair  
Lymph node/muscle/skin/bone and breast biopsy  
Nail/nail bed related procedures  
Proctoscopy and removal of polyps  
Sigmoidoscopy  
Umbilical hernia repair  
Wound debridement (skin/ subcutaneous tissue)

## ENT Surgery

Adenoidectomy  
Antrostomy  
Diathermy to nose and pharynx (under LA)  
Biopsies, including DPP (Diagnostic Proof Puncture)

ENT Endoscopy (nasal endoscopy, laryngoscopy, diagnostic and interventional)  
Foreign body removal - auditory canal  
Middle ear procedures including stapes surgery  
Mastoidectomy  
Tympanic membrane related procedures (includes myringotomy (including aspiration and incision) and/or grommets, tympanoplasty, tympanolysis)  
Nasal surgery/procedures (includes nasal bleeds (control), reduction of nose fracture, rhinoplasty, septoplasty, turbinectomy, nasal turbinate repair)  
Oral cavity related procedures, including biopsies  
Salivary gland related procedures  
Sinus related surgery (ethmoidectomy/sinusotomy and lavage)  
Tonsillectomy

## Ophthalmology

Anterior and/or posterior chamber related procedures e.g. vitrectomy  
Biopsy - all eye structures  
Blepharoplasty  
Cataract surgery  
Choroid related procedures  
Conjunctival procedures e.g. pterygium surgery  
Fine needle aspiration - all eye structures  
Foreign body removal  
Intra ocular injection e.g. Avastin, including Glaucoma  
Laser Surgery  
Orbitotomy  
Posterior and Anterior Vitrectomy  
Probing & repair of tear ducts  
Removal of pterygium  
Retinal surgery  
Sclera related procedures Strabismus repair  
Treatment of progressive retinopathy  
Trichiasis correction (non forceps)

## Oral and Maxillofacial Surgery

Apisectomy  
Frenectomies  
Gingival Graft  
Implantology  
Orthodontic Attachment  
Pulpotomy and fillings  
Wisdom or Impacted Teeth removal  
Extractions

## Plastic and Reconstructive Surgery

Repair wound with layers (scalp/ axillae/trunk/limbs)  
Repair wound lesions (scalp/hands/ neck/feet/face)  
Excision of benign lesions (scalp/ neck/hands/feet/trunk/limbs)  
Excision of malignant lesions and margins (face, lips, nose, ears, eyelids) + flap  
Flaps - delay/sectioning  
Malignant lesions - destruction and removal via non-incision intervention

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

In addition, the following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, at up to 100% of the Fedhealth Rate. Pre-authorisation must be obtained and should no pre-authorisation take place, reimbursement will be restricted to the member's available day-to-day benefit 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

All options have a benefit for the 27 chronic conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL). The benefit covers medicine 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 CDL are covered in full, provided members use either the Scheme's DSPs 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.

### Medicine for additional chronic conditions

Certain options cover 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

Medicine will be covered at the MPL rate 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 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.

## CHRONIC MEDICATION BENEFIT

ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

### This benefit covers:



#### 27 Prescribed Minimum Benefit conditions

Paid from formulary. DSP/ preferred provider must be used.



#### Chronic Disease List conditions

Covered in full if DSP/ preferred provider and medicine on formulary are used.



#### Additional chronic conditions

flexiFED 3 & 4  
Annual limit up to MPL.

### Medicine Price List (MPL)

MPL is a reference price list that is set at a level to ensure that a number of medicines will be available without any co-payment.



### Obtaining chronic medicine

Members must obtain chronic medicines from either the DSPs or preferred providers, option dependent

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

- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- COPD/ Emphysema/ Chronic Bronchitis
- Chronic Renal Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus Type-1
- 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 certain options

- Acne (up to the age of 21) flexiFED 4, flexiFED 3
- Allergic rhinitis (up to the age of 18) flexiFED 4, flexiFED 3
- Ankylosing Spondylitis flexiFED 4
- Anorexia Nervosa flexiFED 4
- Attention Deficit Hyperactivity Disorder (from 6 to the age of 18) flexiFED 4, flexiFED 3
- Benign Prostatic Hyperplasia flexiFED 4
- Bulimia Nervosa flexiFED 4
- Depression flexiFED 4, flexiFED 3
- Dermatomyositis flexiFED 4
- Eczema (up to the age of 18) flexiFED 4, flexiFED 3
- Generalised Anxiety Disorder flexiFED 4, flexiFED 3
- Narcolepsy flexiFED 4
- Obsessive Compulsive Disorder flexiFED 4
- Panic Disorder flexiFED 4
- Paraplegia/ Quadriplegia (associated medicine) flexiFED 4
- Post-Traumatic Stress Disorder flexiFED 4, flexiFED 3
- Scleroderma flexiFED 4
- Tourette's Syndrome flexiFED 4

### Obtaining chronic medicine

On flexiFED 1 and flexiFED 2<sup>GRID</sup>, members must obtain chronic medicine from one of the Scheme's designated service providers. If they fail to do so, they may have to pay a co-payment if the pharmacy charges a dispensing fee in excess of 25%/ R26.50, or in the case of courier pharmacies the agreed courier rate. Fedhealth's designated service providers for these options are Clicks, Dis-Chem, Medirite and the following courier pharmacies: Pharmacy Direct, Clicks Direct Medicines, Medirite Courier Pharmacy and Dis-Chem Direct.

On all **Elect** options, members must obtain chronic medicine from one of the Scheme's designated service providers. If they don't get their medicine from a DSP, they may have to pay a co-payment if the pharmacy charges a dispensing fee in excess of the agreed courier rate. Fedhealth's designated service providers for Elect options are the following courier pharmacies: Pharmacy Direct, Clicks Direct Medicines, Medirite Courier Pharmacy and Dis-Chem Direct.

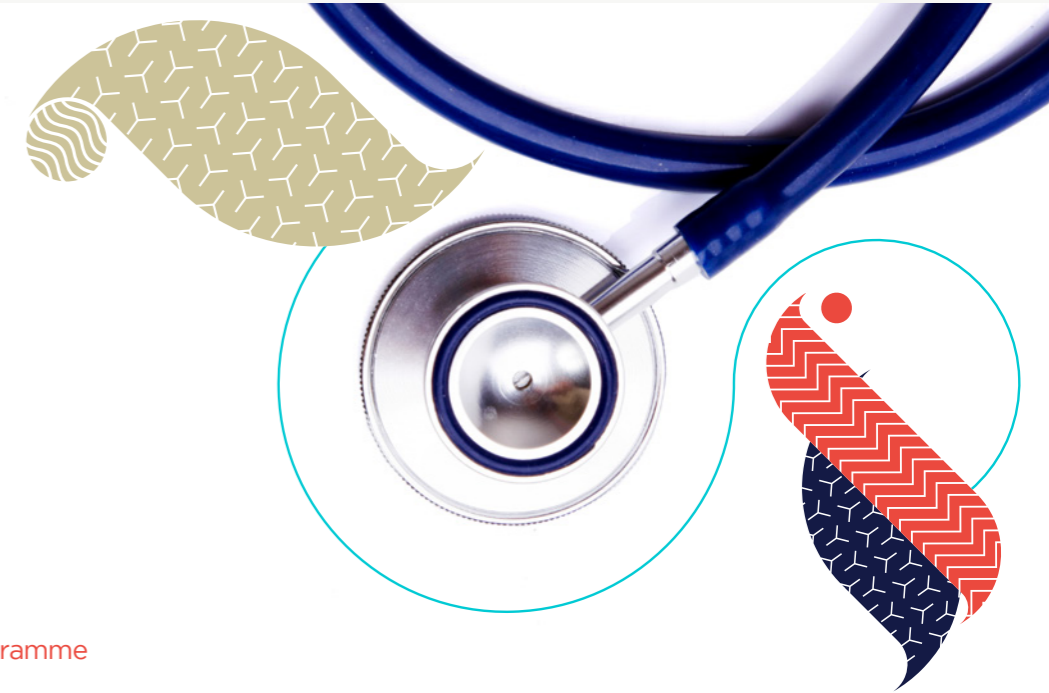
On all other options, members can obtain their chronic medicine from any of our preferred provider pharmacies namely Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct. These preferred provider pharmacies ensure price certainty for members when obtaining medication. Members may also use any other pharmacy including independent pharmacies, however if a dispensing fee in excess of 25%/ R26.50 is charged, the member will have to pay the difference.







# PROGRAMMES AND WELLNESS INITIATIVES



### Hospital at Home

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, brings all the essential elements of in-patient care to a patient's home, including real-time patient monitoring. It's available in the Eastern Cape, Western Cape and Gauteng, with rollout to other areas to follow in due course. This service gives Fedhealth members the option to receive active treatment for a specified period at home instead of a general hospital ward, without compromising on the quality of care. For more information, please visit the Quro Medical website on [www.quromedical.co.za](http://www.quromedical.co.za) or call 010 141 7710.



### 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 may receive treatment up to twice a week for six weeks and a home based protocol for long-term care. Email [backandneck@fedhealth.co.za](mailto:backandneck@fedhealth.co.za) for more information about the programme.



### Mental Health Programme

*On flexiFED 4*

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](mailto: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](mailto: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 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](http://gosmokefree.co.za) to find out more about this benefit.



### AfA (HIV Management)

Fedhealth offers the 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 medicine, 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](mailto:diabeticcare@fedhealth.co.za)





# SCREENING BENEFIT

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
**HPV vaccine	Girl beneficiaries aged 9 to 14 years old	2 doses per lifetime
*Optical Screening (tariff code 11001)	All lives, ages 5 to 8	1 per lifetime
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 2 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	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

\* Only available on flexiFED 4

\*\* Only available on flexiFED 2, 3 & 4







# CANCER COVER

## Fedhealth Oncology Programme

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-authorisation from a staff member within the Fedhealth Oncology Programme 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-authorisation 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 1**, oncology is covered unlimited at PMB level of care. Preferred provider ICON subject to Essential protocol or preferred provider SAOC subject to tier 1 primary level of care.

On **flexiFED 2** and **flexiFED 3**, oncology is covered up to R311 900 per family per year at preferred provider ICON, subject to Essential protocol or preferred provider SAOC subject to tier 1 primary level of care.

On **flexiFED 4**, oncology is covered up to R499 100 per family per year at preferred provider ICON, subject to Essential protocol or preferred provider SAOC subject to tier 1 primary level of care.



## ONCOLOGY BENEFIT OPTION DEPENDENT

Upon cancer diagnosis, members must register on the:

### Fedhealth Oncology Programme

**NB:** Members can upgrade to a higher option within 30 days of cancer diagnosis.

#### This benefit covers:



**Oncology treatment**  
ICON and SAOC are the oncology preferred providers on all options.



**Chemotherapy and related treatment**  
Use of Oncology Pharmacy Network applies on some options to avoid co-pay.



**Radiotherapy**



**Consultations and visits**



**Pathology**



**Radiology**  
General  
Specialised.



**PET scans**  
flexiFED 1 does not have a PET scan benefit.



**Surgery and hospitalisation**  
Paid from in-hospital benefit.



**Stoma therapy**



**Terminal care**  
Paid from terminal care benefit up to annual limit per family.



**Post-active treatment**



**Alignd benefit for palliative care**







### Preferred providers

ICON and SAOC are the preferred providers for management of the oncology benefit. To find an ICON network specialist, you can call **0860 002 153**. To find an SAOC specialist, please email [info@saoc.org.za](mailto:info@saoc.org.za).

### 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 the Fedhealth Oncology Programme team, [cancerinfo@fedhealth.co.za](mailto: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).

On **flexiFED 1**, **flexiFED 2<sup>GRID</sup>** and all Elect options: Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.

### 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 the Fedhealth Oncology Programme team. Once treatment has been authorised, the member and doctor will be sent an authorisation letter.

### Specialised medication

Specialised medication is medication that is focused on a defined group of patients, diseases, skills, or philosophy e.g. biologicals – oncology and non-oncology. **Specialised medication is covered on our maxiFED options only.**

### 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-authorised 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 (a separate pre-authorisation is therefore 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-authorisation is not required).

#### Specialised radiology

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorisation. These pre-authorisations must be obtained from the Hospital Authorisation Centre. Specialised radiology is paid from Risk. A co-payment 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. **flexiFED 1** does not have a PET scan 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 Hospital Authorisation Centre.

#### Stoma therapy

Stoma therapy will be paid from Risk. Pre-authorisation 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 R34 500 per family per year. Pre-authorisation 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.

**new**

### Alignd benefit for palliative care

Fedhealth has partnered with Alignd to pioneer this new benefit that offers members with advanced cancer extra care when they need it most.

#### Who can access this benefit?

Fedhealth members diagnosed with advanced stage or metastatic cancer (cancer that has spread to other organs) will have immediate access to the Alignd benefit, at no extra cost.

#### Summary of the benefit

Fedhealth endeavours to help members live well if they're managing a serious illness. The Alignd benefit offers specialised care for anyone with serious cancer, focusing on providing relief from symptoms and stress. This could be by controlling a physical problem such as pain, or by helping members with their emotional, social or spiritual needs. This benefit supports the member and their family.

#### Service providers

This care and support is provided by an expert team, which could include doctors, nurses and social workers. These practitioners have extra palliative care training, which means they are skilled in making patients' illness journeys easier from the moment they are diagnosed, ideally with a focus on getting them back on their feet again. This team will consider and co-ordinate all aspects of the member's health, not just their cancer. Accepting palliative care does not mean that one is dying, or giving up.

Members won't have to change their current treatment plan or doctor either. This extra care team works together with the member's treating oncologist and other involved doctors such as their GP. Members can receive this extra layer of support while they're having curative treatment. It's a team approach that puts members back in control of their illness journey, and can really improve the quality of their lives when they most need it.

#### Benefits

Patients with serious cancer consistently report finding more comfort and support with a palliative care trained team on their side than without it. With better all-round care, symptom management, and a comprehensive and holistic home-based care plan in place, patients are less likely to require emergency services, hospitalisation and ICU stays. Family members feel more supported too.

#### Costs

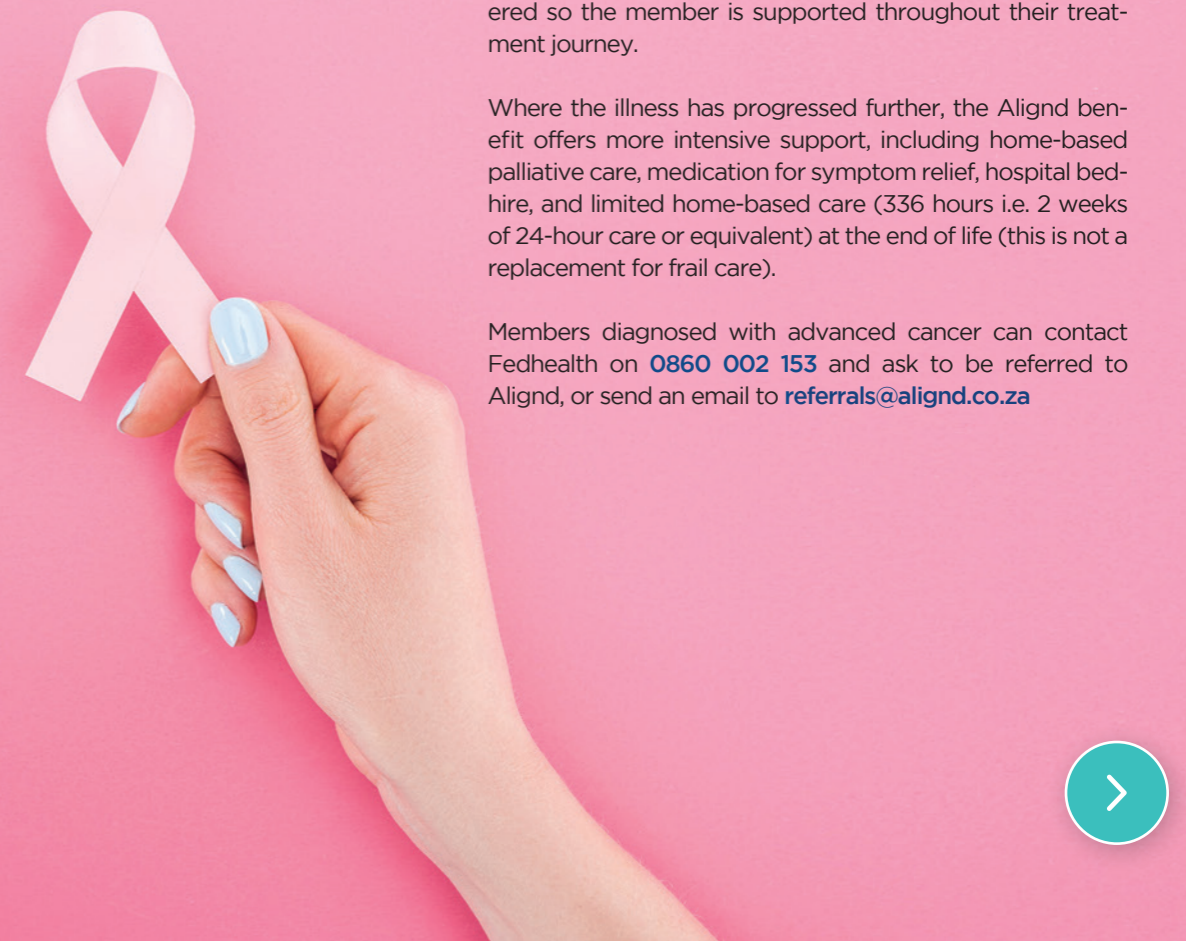
The Alignd benefit is a comprehensive care benefit available to all eligible Fedhealth members at no extra cost. With Alignd, we provide cover for our members to receive meaningful physical and emotional support from when they are diagnosed with advanced stage or metastatic cancer. For those with more intensive care needs, the benefit does also cover end-of-life care.

#### Included in the benefit

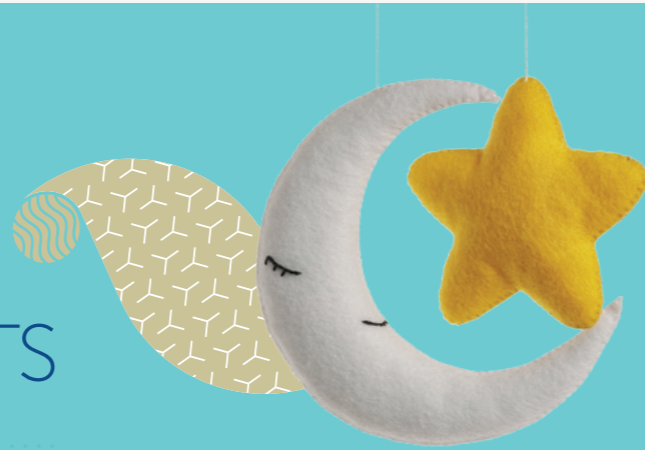
For those with cancer support needs, we cover an initial consultation with a palliative care trained doctor to assess their needs holistically – beyond their cancer treatment alone. Counselling for the member and their family is included, as is putting in place an advance healthcare plan or living will. Three follow-up doctor consultations, and two follow-up social worker consultations per year are also covered so the member is supported throughout their treatment journey.

Where the illness has progressed further, the Alignd benefit offers more intensive support, including home-based palliative care, medication for symptom relief, hospital bed-hire, and limited home-based care (336 hours i.e. 2 weeks of 24-hour care or equivalent) at the end of life (this is not a replacement for frail care).

Members diagnosed with advanced cancer can contact Fedhealth on **0860 002 153** and ask to be referred to Alignd, or send an email to [referrals@alignd.co.za](mailto:referrals@alignd.co.za)







# MATERNITY AND CHILDHOOD BENEFITS

Fedhealth provides rich maternity benefits across the flexiFED option range, so that parents-to-be can focus on the joy of their pregnancy journey, while we take care of the rest.

Some of the maternity and childhood benefits members can expect (depending on the option):

### Maternity benefits

- Two x 2D antenatal scans
- Eight ante- and postnatal consultations with a midwife, network GP or gynaecologist on flexiFED 2. Twelve ante- and postnatal consultations with a midwife, network GP or gynaecologist on flexiFED 3 and flexiFED 4
- Antenatal classes up to R1 160
- 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 (when available) for delivery on flexiFED 3 and flexiFED 4
- 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

- Childhood immunisations – immunisation from birth up to 12 years as per the state EPI
- HPV vaccine for girl beneficiaries aged 9 to 14 years old, 2 doses per lifetime on flexiFED 2, 3 and 4
- Optical screening for children aged 5 to 8 years – 1 per lifetime on flexiFED 4
- Trauma treatment in a casualty ward – we cover emergency treatment, like stitches, in a casualty ward, whether the child is admitted to hospital or not. Authorisation must be obtained and a co-payment of R660 applies for non-PMBs
- Childhood illness specialised drug benefit up to 18 years old on flexiFED 2, 3 and 4
- 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.

### Great childhood benefits

- Paed-IQ – free access to a 24/7 paediatric telephonic advice line
- Paediatric consultations – without referral from a GP, up to 12 months of age on flexiFED 2 and up to 24 months of age on flexiFED 3 and flexiFED 4
- 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.



## MATERNITY AND CHILDHOOD BENEFIT

OPTION DEPENDENT

This benefit covers:

### PREGNANCY AND BIRTH

2D antenatal scans	Ante- and postnatal consultations with a midwife, network GP or gynaecologist	Antenatal classes	Amniocentesis
Fedhealth Baby Programme	Private ward cover for delivery	Doula (birthing coach)	Midwife consultations in- and out-of-hospital

### CHILDHOOD

Paed-IQ telephonic advice line	Paediatric consultations without GP referral	Infant hearing screening	Childhood immunisations
Optical screening for children aged 5 to 8 years	Childhood illness specialised drug benefit	Trauma treatment in a casualty ward	Child rates for financially dependent children up to age 27

### APPLIANCES

Breast pumps and nebulisers covered from Savings/ Wallet (NAPPI code required).





# MENTAL HEALTH BENEFIT

The World Health Organisation defines mental health as a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

## MENTAL HEALTH COVER ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

### This benefit covers:



**Mental Health Resource Hub**



**Chronic medication**

**flexiFED 1 & 2:** PMBs only  
**flexiFED 3:** R3 200 limit p/f for selected non-PMB conditions  
**flexiFED 4:** Funding for non-PMBs subject to diagnosis and chronic list



**Ambulatory care plans**

Manages diagnoses out-of-hospital. Paid from Scheme limits if Fedhealth Network providers are used, then from Risk.

**PMB conditions:** Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.



**In-hospital cover**

**PMB conditions:** Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.



**Mental Health Programme**  
*flexiFED 4 only*

Qualifying members with mental health conditions e.g. bipolar mood disorder.

### NB: Hospital admissions for mental health

Doctor must obtain authorisation first

Fedhealth Network GPs/Specialists covered in full



**flexiFED 1** members must use **Mental Health Hospital Network** to avoid R7 300 co-pay.



**GRID** members must use **Mental Health Hospital Network** to avoid R13 000 co-pay.



**Elect** members have a R13 000 co-pay for mental health admissions.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

Fedhealth supports members with mental health conditions by making the following benefits available to members:

### Mental Health Resource Hub

Fedhealth members can access the Mental Health Resource Hub to help them navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. It's available via the Fedhealth Family Room online member portal or go to [www.medscheme.com/mental-wellness-resource-hub/](http://www.medscheme.com/mental-wellness-resource-hub/)

### Chronic Benefit

Chronic medicine for mental health conditions is limited to Prescribed Minimum Benefits on **flexiFED 1** and **flexiFED 2**, while **flexiFED 3** has a R3 200 limit per family for funding of chronic medicine for selected non-PMB diagnoses such as depression, anxiety and post-traumatic stress disorder.

Funding of chronic medicine for non-PMB mental health conditions on **flexiFED 4** is limited to a diagnosis list and chronic limits: [CLICK HERE](#) for more information.

### Ambulatory Care Plans

A care plan is a list of the type and number of services that's likely to be needed for management of a diagnosis in an out-of-hospital setting. Fedhealth will cover these costs from the member's available Scheme limits, subject to the use of the Fedhealth Network Providers. Once the member's Scheme limits are used up, further services, as listed in their care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, the member must make sure that every claim sent has an ICD-10 code reflected on it.

The Prescribed Minimum Benefits allows for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. These out-of-hospital psychotherapy sessions are made available as part of the member's care plan on request from their treating healthcare provider.

### In-hospital Benefits

As above, the Prescribed Minimum Benefits allows for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. Admission into a facility for a mental health diagnosis requires authorisation which the member's doctor should obtain.

### Factors to consider before an admission:

**• Is the member's doctor on the Fedhealth Network?**  
All Scheme options have a GP and specialist network applicable. Should the member choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. The member will have a shortfall should the healthcare professional charge more.

**• Is the hospital/facility that the member is being admitted to part of the network list applicable to their option?**

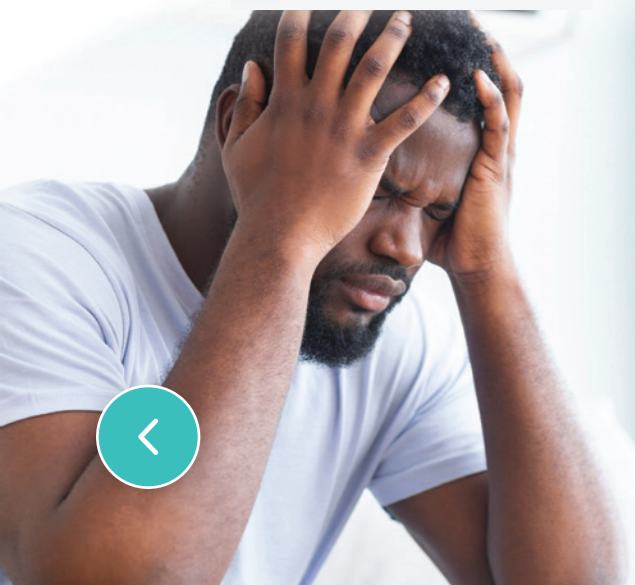
- flexiFED 1 utilises the Mental Health Hospital Network and admission to a non-network facility will attract a R7 300 co-payment.
- All GRID options utilise the Mental Health Hospital Network and admission to a non-network facility will attract a R13 000 co-payment.
- All admissions for members on the Elect options will attract a R13 000 co-payment.

### Mental Health Programme

*Available on flexiFED 4 only*

Fedhealth's Mental Health Programme is available to all qualifying members who've 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](mailto:mentalhealth@fedhealth.co.za) for more information.







# COVID-19 BENEFIT



Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold, to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Coronavirus disease (COVID-19) is an infectious disease caused by a new strain that was discovered in 2019 and had not been previously identified in humans. On Tuesday 17 March 2020, the World Health Organization (WHO) announced the official designation of COVID-19.

Fedhealth designed its **COVID-19 benefit** to help members prevent, monitor, treat and recover from this deadly disease.

### Background

#### Symptoms

Most people infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special or intensive treatment.

#### Who are most at risk of becoming seriously ill with COVID-19?

People of all ages can be infected by the coronavirus (COVID-19), but the risk of becoming severely ill with the virus appears to increase for people who:



ARE 60+ YEARS OLD.

Have conditions that **increase oxygen needs** or **reduce the body's ability to use oxygen properly**. This puts patients at higher risk of the consequences of bilateral viral pneumonia.

Have pre-existing non-communicable diseases (NCDs) including:  
- **Cardiovascular disease** (e.g. hypertension)  
- **Chronic respiratory disease** (e.g. COPD)  
- **Diabetes**  
- **Cancer**

### The benefit

Fedhealth's COVID-19 benefit is structured around the pillars of: **prevention/ protection, testing and pathology, doctors' visits, hospitalisation, post-hospitalisation and vaccination.**

#### 1. Prevention/ protection

Fedhealth offers the following COVID-19 prevention support to members:

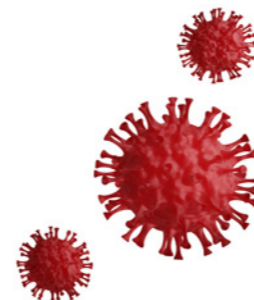
- **Regular communication** with reliable, health-related COVID-19 information to keep members aware of pandemic developments.
- **Weight management programme** to reduce BMI as obesity impacts COVID-19 severity – covered from Risk for qualifying members.

- **GoSmokeFree programme** to quit smoking – paid from Risk.
- **Oximeters paid from member's Savings/ Wallet.**
- **Courier pharmacies** have been added to the Scheme's DSPs so that members can have their medicine delivered at home to limit possible exposure.
- **Paed-IQ** for telephonic paediatric support to parents of children with COVID-19 (and other conditions).
- **Fedhealth COVID-19 Support Portal** where members can find COVID-19 information.

#### 2. COVID-19 testing and pathology

Fedhealth covers three different types of in-vitro tests for COVID-19 approved by the South African Health Products Regulatory Authority (SAHPRA). These are:

TYPE OF TEST	HOW IT WORKS	HOW FEDHEALTH COVERS IT
<b>Molecular test</b>	Detects the presence of the SARS-CoV-2 virus' genetic material (nucleic acid) and is performed on material obtained by means of nasopharyngeal and/or oropharyngeal swabs.	<b>RT-PCR tests are PMB level of care; Fedhealth will pay where Persons Under Investigation (PUI) criteria are met and the test is requested by a healthcare provider</b>
<b>Serological test</b>	Detects antibodies to the SARS-CoV-2 virus and is conducted on samples likely to have antibodies, such as finger-prick blood samples. Serological tests are done at the point-of-care and detect the presence of immunoglobulin M (IgM) and/or immunoglobulin G (IgG) antibodies to SARS-CoV-2.	<b>Serology tests are not PMB level of care; Fedhealth will fund COVID-19 antibody testing from Savings/Wallet benefits only.</b>
<b>Antigen test</b>	Directly detects SARS-CoV-2 proteins produced by replicating virus in respiratory secretions and has been developed as both laboratory-based tests and point-of-care tests, referred to as rapid diagnostic tests (RDTs).	<b>Ag-RDT tests are covered as PMB, irrespective of the result. Currently the test is only lab-based due to COVID-19 requirements and the labs need to confirm patient COVID-19 status with PCR according to NDoH guidelines. Fedhealth reimburses COVID-19 related PCR and Antigen tests for members meeting the PUI criteria, irrespective of outcome, as PMB.</b>  <b>Providers wishing to perform antigen tests outside of the lab setting need to apply specifically to Fedhealth/ Medscheme pathology to be added as a provider.</b>





3. Doctors' visits and screenings

- Doctors' visits are covered from **Fedhealth's unlimited GP benefit** paid from Risk according to the member's option [CLICK HERE](#) for more information.
- Consultations for screening by a healthcare worker** for COVID-19 are PMB level of care and paid from Risk.
- Virtual/Telephonic consultations with healthcare professionals** have been introduced for the duration of the pandemic to limit physical contact.

4. PMB care template for active infection

This care basket activates when a member's COVID-19 diagnosis is confirmed via the receipt of a claim, and is paid from Risk.

AMBULATORY PMB CARE PLAN					
STANDARD CARE PLAN					
Positive Coronavirus Disease	Codes	Provider Practice Type	Quantity		
<b>Consultations</b>	General practitioner	0190, 0191, 0192, 0130, 0132	2		
	Pulmonologist, physician, paediatrician				
<b>Pathology</b>	Platelet count	52, 037	2		
	Full blood count (including items 3739, 3762, 3783, 3785, 3791)		2		
	Potassium		2		
	Sodium		2		
	Urea		2		
	Creatinine (urine)		2		
	Creatinine (blood)		2		
	Erythrocyte sedimentation rate (ESR)		2		
	C-reactive protein (CRP)		2		
	Antimicrobial substances		2		
	Bacteriological culture (miscellaneous)		2		
	Miscellaneous body fluids		2		
	Viable cell count		2		
	PCR - Polymerase chain reaction		1		
	PCR- Bacteriological DNA identification		1		
	<b>Radiology</b>		X-ray of the chest, single view	38	2
			Chest study (item 3601 included)	17, 18, 32	2
<b>Procedures</b>	Intravenous infusions	14, 15, 17, 18, 32	2		
	Nebulisation (in rooms)		2		

5. Hospitalisation/ post-hospitalisation and Guro Hospital at Home

- Unlimited hospital cover** is covered at the required level of care. Network hospital rules apply except in cases of emergency or where the nearest network facility has reached full capacity.
- Ambulance transfer** to the hospital through Europ Assistance.
- The **Guro Hospital at Home benefit** is an alternative for members who'd rather receive treatment at home instead of a general hospital ward. [CLICK HERE](#) for more information.
- All PMB-related COVID-19 admissions** are covered (does not include experimental drug therapy).
- Post-hospitalisation physiotherapy benefit:** benefit available for 30 days following a COVID-19 discharge.
- We cover **acute home oxygen for 14 days** following a COVID-19 admission on request by a medical doctor.

6. COVID-19 vaccination and Vaccine-induced immune thrombotic thrombocytopenia (VITT) support

- COVID-19 vaccinations** are paid in full from Risk - whether a single or multi-dose regimen - even during waiting periods for eligible beneficiaries.
- VITT payment and support.** Supportive anti-coagulant therapy is covered from Risk should a member develop clotting from a COVID-19 vaccine.







# COVER FOR DAY-TO-DAY EXPENSES

At Fedhealth, we pride ourselves on covering more from Risk than other medical schemes to help our members' day-to-day benefits last longer. Here's a breakdown of the different ways we cover day-to-day expenses depending on the option.



### Unlimited network GP visits

Members on **flexiFED 1, 2, and 3** get unlimited consultations at a nominated Fedhealth Network GP once the Threshold level has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations per beneficiary, per year. Up to two network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area); OR two non-network GP consultations per beneficiary up to the Fedhealth Rate.

**flexiFED 4:** members have unlimited consultations at a Network GP. These consultations are always paid from Risk and never from the member's Savings or Wallet. Limited to two mental health consultations per beneficiary per year.

**flexiFED 4<sup>GRID</sup>** and **flexiFED 4<sup>Elect</sup>** members have unlimited consultations at a nominated Network GP. Each beneficiary can nominate up to two network GPs. These consultations are always paid from Risk and never from the member's Savings or Wallet. Limited to two mental health consultations per beneficiary per year. Up to two network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area); OR two non-network GP consultations up to the Fedhealth Rate.



### Treatment for 30 days after discharge from hospital (post-hospitalisation benefit)

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.



### Take-home medicine

We pay for seven days of take-home medicine when the member is discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account or be dispensed by a pharmacy on the same day as the member is discharged from hospital.



### Specialised radiology

We pay for MRI/ CT scans whether they are performed in- or out-of-hospital.

**flexiFED 1:** Unlimited at Fedhealth Rate. First R3 440 for each non-PMB MRI/ CT scan for member's own account.

**flexiFED 2, 3 & 4:** Unlimited at Fedhealth Rate. First R2 480 for each non-PMB MRI/ CT scan for member's own account.



### 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 (unlimited up to the Fedhealth Rate). Authorisation must be obtained within 48 hours and a co-payment of R660 per visit for non-PMBs applies.



### Female contraception

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



### In-hospital dentistry for children up to the age of 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. This benefit does not apply to **flexiFED 1**.



### 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.

With the MediVault, **flexiFED** members can either choose a **FIXED** or a **FLEXIBLE** repayment structure. If they choose **FIXED**, a pre-determined amount for day-to-day expenses will be transferred to their Wallet by the Scheme on 1 January for the year - pro-rated if they join after January. Members who choose **FLEXIBLE**, can transfer funds as and when they need it to their Wallet - and pay it back over 12 months interest free. This amount will not be pro-rated.



### Threshold benefit

On **flexiFED 1, flexiFED 2** and **flexiFED 3**

To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level. All day-to-day expenses accumulate to the Threshold level at cost. Thereafter, certain claims will be paid from the Threshold benefit. These include preventative dentistry (**flexiFED 1**), basic dentistry (**flexiFED 2** and **3**) and unlimited nominated network GP visits.

On **flexiFED 4**

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**.







**Maternity benefit**

The maternity benefits we offer differ according to the option:

**flexiFED 1:** The maternity benefit is paid from the Savings/ Wallet or self-funded by the member.

**flexiFED 2:** The member gets two x 2D scans, antenatal classes up to R1 160, eight ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.

**flexiFED 3 and flexiFED 4:** This benefit covers two x 2D scans, antenatal classes up to R1 160, 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 pay up to R3 000 per delivery for a Doula (a labour coach during natural childbirth).



**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**



**Paediatric consultations**

The paediatric benefits we offer differ according to the option:

**flexiFED 1:** Paid from the Savings/ Wallet or self-funded by the member.

**flexiFED 2:** One consultation per beneficiary with a network paediatrician up to 12 months of age. No GP referral required.

**flexiFED 3 and flexiFED 4:** One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.

**Infant hearing screening benefit**

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

**Childhood illness specialised drug benefit**

We pay for certain specialised drugs for children up to 18 years old on **flexiFED 2, 3 and 4**.



**Paed-IQ**

Paed-IQ is a free telephonic paediatric advice line for members with children up to the age of 14.

**Optometry benefit**

The optometry benefits we offer differ according to the option:

**flexiFED 1 & 2:** Paid from the member's Savings/ Wallet or self-funded.

**flexiFED 3:** Limited to R1 930 per beneficiary every 24 months. This benefit is paid from Risk and not from the member's Savings or Wallet.

**flexiFED 4:** Paid from the member's Savings/ Wallet or self-funded.



**Dentistry benefits**

On **flexiFED 1, 2 and 3**

Paid from Savings/ Wallet or self-funded. Once the Threshold level has been reached, the following benefits will be paid from the Threshold benefit: two annual consultations per beneficiary incl. x-rays, scaling and polishing (on **flexiFED 2 and 3**, fillings, extractions and root canal are also covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.





# ADDITIONAL BENEFITS

We give our members more value and support when they need it.

## 24-hour Fedhealth Nurse Line

Professional nurses are always on the other end of our toll-free 24 hour line to provide advice on issues like medical emergencies, symptoms, medicine side-effects, stress management and teenage support.

## Paed-IQ

A South African medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children up to 14 years old.

## 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.

## Emergency transport/ response

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

## 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 USSD call back service is 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, 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 free.







# SANLAM GAP COVER

Sanlam Gap Cover assists in covering your additional medical expenses.

To avoid the network restrictions on the flexiFED<sup>Elect</sup> and GRID options, you can take up Sanlam Gap Cover from **R233 p/m** (individuals) and **R409 p/m** (families). Even with gap cover in place, you will still pay less than for the standard flexiFED option and you won't have to worry about selected co-payments. Here's more information about Sanlam's Gap Cover product:



## What is gap cover?

Even if you're a member of a medical scheme, you're not always fully covered for all in-hospital expenses. In most cases there's a difference between what a specialist charges in-hospital, and what your medical scheme will cover. As the medical scheme member, you remain liable for the additional medical expenses. Gap cover ensures that you would not have to pay this unexpected cost from your own pocket (T&Cs apply).



Individuals younger than 60 years  
**R233**



Individuals older than 60 years  
**R466**



Families younger than 60 years  
**R409**



Families older than 60 years  
**R815**

## Treatments not paid for by Gap Cover

- Certain treatments such as specialised dentistry and treatment for cosmetic surgery.
- Claims older than six months.
- Any claim that is excluded or rejected by the Insured's medical scheme.
- Day-to-day claims, unless otherwise specified.
- Claims not approved by, excluded by or paid as an ex-gratia by the medical scheme.

Child dependants covered until they reach the age of 27. In addition, parents who are financially dependent on the Insured will be excluded and will be required to take out their own Sanlam Gap Cover policy.

The full list of exclusions is available in the Sanlam Gap policy document.

## Waiting periods

- The following waiting periods may apply:
- A general waiting period of three months on all benefits.
  - A 12-month condition specific waiting period for pre-existing conditions for which you received advice, treatment or diagnosis during the 12 months prior to the cover commencing.

## Sanlam Comprehensive Gap Cover 2022 Benefits

<b>Hospital Tariff Shortfall Benefit</b>	Provides an <b>Additional 500%</b> of the medical aid rate, covering shortfalls for all service providers such as surgeons, radiologists, pathologists and physiotherapists. Also includes cover for Prescribed Minimum Benefits (PMBs). Shortfall benefits are limited to R177 800 per insured per year.
<b>Oncology Shortfall Benefit</b>	Provides an <b>Additional 500%</b> of the medical aid rate, to cover oncology treatment shortfalls.
<b>Oncology Co-payment Benefit</b>	Provides <b>full cover</b> for the 20% oncology related co-payments imposed by medical aids.
<b>Oncology Booster Benefit</b>	When a medical scheme imposes an overall annual limit on oncology treatment and the benefit has been exhausted, the Oncology Booster Benefit provides full cover to the statutory maximum of <b>R177 800</b> per insured per annum.
<b>Co-payment &amp; Deductible Benefit</b>	Provides <b>full cover</b> to the statutory maximum of R177 800 per insured per annum for fixed co-payments applied to defined surgical procedures, basic in-patient dentistry and diagnostic services such as MRI /CT / PET scans and scopes.
<b>Penalty Benefit</b>	<b>R16 500</b> or a percentage penalty co-payment that does not exceed 30% per family per annum to a maximum of two such events.
<b>Innovative Medicines</b>	A value equal to the lesser of 25% of the total drug cost or <b>R12 000</b> as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your medical scheme.
<b>Sub-limit Enhancer</b>	Provides up to an <b>Additional R57 500</b> per event when a medical scheme imposes an overall annual limit, known as a sub-limit, on certain in-hospital medical procedures such as prosthetic devices or when a shortfall occurs.
<b>Casualty Benefit</b>	Provides up to <b>R16 500</b> cover per event for all services delivered in the casualty ward, relating to an accident (physical injury that requires immediate medical attention), even if the costs are paid from the medical scheme's savings account.
<b>Casualty Child Illness</b>	Subject to a maximum of two such events per annum and a maximum of <b>R2 500</b> per event. Limited to children under age 12.
<b>Family Booster Benefit</b>	For a premature birth (more than six weeks before the due date), a lump sum of <b>R15 000</b> will be paid.
<b>Hospital Cash Benefit</b>	A lump sum payment, related to the length of the hospital stay, will only be payable for accidents and premature births – six weeks or earlier, subject to a maximum of <b>R27 690</b> per beneficiary per year. <ul style="list-style-type: none"> <li>• Day 1 to 13: <b>R450</b> per day</li> <li>• Day 14 to 20: <b>R820</b> per day</li> <li>• Day 21 to 30: <b>R1 610</b> per day</li> </ul>
<b>Family Protector Benefit</b>	On the death or permanent disability of an Insured as a result of accidental harm, the following lump sum is payable: <b>Children below six years: R20 000; All other Insured Parties: R30 000</b>
<b>Dental Reconstruction Benefit</b>	If dental reconstruction is required as a result of trauma or oncology treatment, all related costs up to <b>R49 900</b> per event will be covered.
<b>Medical Scheme and Gap Cover Premium Contribution Waiver Benefit</b>	If the principal member of the medical aid is involved in an accident/trauma or becomes permanently disabled, the medical aid contributions will be covered with a lump sum up to a maximum amount of <b>R35 500</b> paid upfront to the claimant. The Sanlam Gap Cover policy premium will also be waived for these six months.
<b>Road Accident Fund Benefit</b>	Assistance for Road Accident Claims where the policyholder was not at fault in the vehicle accident.

## Contact information

Call **0861 111 167**, send an email to [sanlaminfo@kaelo.co.za](mailto:sanlaminfo@kaelo.co.za) or visit [www.sanlamgapcover.co.za](http://www.sanlamgapcover.co.za)

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme membership. Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36391). Insurance Products are underwritten by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).





# flexiFED IN-HOSPITAL BENEFIT

## In-hospital benefit

This benefit covers all treatments and procedures that have to be done in a hospital and that are covered by the flexiFED options. All limits are per family per year unless otherwise stated.

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Overall annual limit (OAL)</b>	Unlimited at network hospitals. R7 300 co-payment on voluntary use of non-network hospital. R2 100 co-payment on voluntary use of non-network day surgery facilities. On flexiFED 1 <sup>Elect</sup> , there is a R13 000 excess on all hospital admissions except emergency admissions.	Unlimited at negotiated tariff.  On flexiFED 2 <sup>GRID</sup> , flexiFED 3 <sup>GRID</sup> and flexiFED 4 <sup>GRID</sup> members must use network hospitals. There is a R13 000 co-payment on use of non-network hospitals. There is a R2 100 co-payment on use of non-network day surgery facilities. <a href="#">CLICK HERE &gt;</a>  On flexiFED 2 <sup>Elect</sup> , flexiFED 3 <sup>Elect</sup> and flexiFED 4 <sup>Elect</sup> there is a R13 000 excess on all hospital admissions except emergency admissions.		
<b>Healthcare Professional Tariff in hospital (HPT)</b>				
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			
<b>Prescribed Minimum Benefits (PMB):</b> 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			
<b>Hospitalisation costs:</b> accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff at network hospitals only.	Unlimited at negotiated tariff	Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions	Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions
<b>Additional medical services</b> (dietetics, occupational therapy and speech therapy)	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			In and out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Alternatives to hospitalisation:</b>				
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			
<b>Appliances, external accessories and orthotics</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			Paid from Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
<b>Blood, blood equivalents and blood products</b>	Unlimited			
<b>Immune deficiency related to HIV infection</b>	Unlimited (see HPT)			
<b>Maternity - Healthcare Professional Tariff in-hospital (HPT)</b>				
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			
<b>Dentistry</b>				
<b>Maxillo-facial surgery</b>	Unlimited, subject to approval (see HPT)			
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R4 800 on the hospital bill			
<b>In-hospital dentistry benefit for children under 7</b>	No benefit	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Savings/ Wallet or self-funded		





## flexiFED IN-HOSPITAL BENEFIT

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Oncology:</b> oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	Unlimited at cost at PMB level of care at preferred providers* and paid at Essential protocol at ICON and tier 1 primary level of care at SAOC.	R311 900 at preferred providers* and paid at Essential protocol at ICON and tier 1 primary level of care at SAOC.		R499 100 at preferred providers* and paid at Essential protocol at ICON and tier 1 primary level of care at SAOC.
Organ transplant including immunosuppression medication	Unlimited at cost at PMB level of care	R311 900 (See HPT)		R499 100 (See HPT)
Corneal graft	No benefit			R36 300 per beneficiary
<b>Pathology, radiology (general)</b>	Unlimited at Fedhealth Rate			
<b>Physiotherapy</b>	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols			
<b>Psychiatric services:</b> accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	Unlimited at cost at PMB level of care	R26 400 (see HPT)	R28 000 (see HPT)	
<b>Renal dialysis (chronic):</b> consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited at cost at PMB level of care at Designated Service Provider (DSP). A 40% co-payment applies where a DSP is not used	R311 900 up to the Fedhealth Rate at Designated Service Provider (DSP).		R499 100 up to the Fedhealth Rate at Designated Service Provider (DSP).
<b>Childhood illness specialised drug benefit (up to the age of 18)</b>	No benefit	Childhood illness specialised drug benefit for children up to the age of 18		
<b>Specialised radiology</b>	Unlimited at Fedhealth Rate. First R3 440 for non-PMB MRI/ CT scans for the member's account	Unlimited at Fedhealth Rate. First R2 480 for non-PMB MRI/ CT scans for the member's account		
<b>Spinal surgery</b>	No benefit unless PMB level of care	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R8 400 on the hospital bill	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R6 300 on the hospital bill	
<b>Terminal care benefit</b>	R34 500 at Fedhealth Rate			

\*Preferred Providers are ICON (Independent Clinical Oncology Network) and SAOC (South African Oncology Consortium)

## flexiFED CO-PAYMENTS

### Co-payments

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Co-payments per event applicable on the hospital/ facility bill only</b>				
Adenoidectomy, bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	R7 100		No co-payment	
All open hernia surgery	R7 100	R4 800		No co-payment
Arthroscopic procedures - knee, shoulder, ankle and other	R8 900			R2 800
Arthroscopic procedures: hip	No benefit	R8 900		R2 800
Arthroscopic procedures: wrist	Unlimited at cost at PMB level of care	R8 900		R2 800
Back & neck procedures	R7 100		R4 700	R2 600
Cataract surgery with CP**	Unlimited at cost at PMB level of care			
Colonoscopy, upper GI endoscopy	R7 100	R4 800		R2 800
Dental admissions	No benefit	R7 100	No co-payment	
Hysterectomy (unless for cancer)	R4 200			No co-payment
Inguinal hernia surgery	R7 100	R4 800		No co-payment
<b>Joint replacements</b>				
Single hip and knee replacements with CP*	Unlimited at cost at PMB level of care		No co-payment	
Single hip and knee replacements- voluntary non-use of CP*	Unlimited at cost at PMB level of care		R29 600	
Other joint replacements and involuntary non-use of CP* for single hip and knee replacements	Unlimited at cost at PMB level of care		R7 100	R4 800

\*Contracted Provider: Must use ICPS Hip and Knee network, JointCare or Major Joints for Life for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.

\*\*Contracted Provider: Must use ICPS Cataract network for cataract surgery. Non-use of Contracted Provider (CP) will result in co-payment of R6 300.





## flexiFED CO-PAYMENTS & PROSTHESIS

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R7 100			R4 800
Laparoscopic varicocelectomy	R7 100			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit			R4 800
Spinal surgery**	No benefit unless PMB		R8 400	R6 300
Surgical extraction of impacted wisdom teeth	R4 800			
Varicose vein procedures	R7 100		R4 800	No co-payment
<b>Tonsillectomy</b>				
Under the age of 12	No co-payment			
12 and over	R7 100		No co-payment	

\*\* No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed.

### Prosthesis benefit

Under this benefit, we cover internal prosthesis like pacemakers and spinal plates.

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
External	Unlimited at cost at PMB level of care	R12 100 at cost	R12 900 at cost	
<b>Internal</b>				
Aorta Stent Grafts	Unlimited at cost at PMB level of care		R65 500	
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			Unlimited at cost at PMB level of care	R31 000
Detachable platinum coils			R56 700	
Elbow, hip, knee and shoulder replacement			See combined benefit limit for all unlisted internal prosthesis*	R31 000
Total ankle replacement	No benefit			See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses (per lens)	Unlimited at cost at PMB level of care		R3 500	
* Combined benefit limit for all unlisted internal prosthesis			R27 900	

## flexiFED CHRONIC DISEASE BENEFIT

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Limit</b>	Unlimited cover for conditions on the Chronic Disease List (CDL)		Unlimited cover for conditions on the CDL plus allergic rhinitis, acne and eczema. Attention Deficit Hyperactivity Disorder (children ages 6-18), Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder subject to a limit of R3 200 per family	Subject to a limit of R6 300 per beneficiary, and R12 600 per family. Thereafter unlimited cover for conditions on the CDL.
<b>Formulary</b>	Basic formulary	Intermediate formulary		
<b>Preferred Provider/ Designated Service Provider</b>	flexiFED 1 <b>Designated service provider:</b> Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct flexiFED 1 <sup>Elect</sup> : <b>Designated service provider:</b> Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct	flexiFED 2: <b>Preferred provider:</b> Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct flexiFED 2 <sup>GRID</sup> : <b>Designated service provider:</b> Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct flexiFED 2 <sup>Elect</sup> : <b>Designated service provider:</b> Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct	flexiFED 3 and 4: <b>Preferred provider:</b> Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct flexiFED 3 <sup>Elect</sup> and 4 <sup>Elect</sup> : <b>Designated service provider:</b> Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct	





# flexiFED DAY-TO-DAY BENEFITS

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Tariff</b>	Paid up to Fedhealth Rate			
<b>Co-payments in Threshold</b>	N/A		20% co-payment	
<b>Appliances, external accessories and orthotics:</b> Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level		In & out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from Threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)	
<b>Alternative healthcare:</b> Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level		Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold	
<b>Additional medical services:</b> 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. Accumulates at cost to Threshold level		In and out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year.	
<b>Dentistry (Advanced):</b> 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. Accumulates at cost to Threshold level		Paid from Savings/ Wallet or self-funded and Threshold. R8 270 per beneficiary per year R24 700 per family per year before and after Threshold	
Osseo-integrated implants, orthognathic surgery	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level		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 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Dentistry (Basic)</b>	Paid from Savings/ Wallet or self-funded. Once your Threshold level has been reached, the following benefits will be paid from the Threshold benefit. 2 annual consultations per beneficiary incl. x-rays and scaling and polishing. (On flexiFED 2 and 3, fillings, extractions and root canal will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.		Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached	
<b>General Practitioners</b>				
Fedhealth Network GPs	Paid from Savings/ Wallet then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year		Unlimited GP consultations at a Network GP. flexiFED 4 <sup>GRID</sup> and flexiFED 4 <sup>Elect</sup> 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	
	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		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	
Non-network GPs	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level		Paid from Savings/ Wallet or self-funded and Threshold. Unlimited accumulation to and refund from Threshold at FR. Limited to 2 mental health consultations per beneficiary per year	





## flexiFED DAY-TO-DAY BENEFITS

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Maternity benefit</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level	<a href="#">CLICK HERE</a> to see maternity benefit. Thereafter, paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level		<a href="#">CLICK HERE</a> to see maternity benefit. Thereafter, paid from Savings/ Wallet or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold
<b>Optometry</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level		<a href="#">CLICK HERE</a> to see optometry benefit. Thereafter, paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level	Paid from Savings/ Wallet or self-funded and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold.
<b>Over-the-counter medication</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold
<b>Pathology</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached
<b>Physical therapy: Chiropractics, biokinetics &amp; physiotherapy</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			Paid from Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year
<b>Prescribed medication</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			Paid from Savings/ Wallet or self-funded and Threshold. R6 330 per beneficiary per year, R12 770 per family per year before and after Threshold.

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Radiology general</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached
<b>Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits)</b>				
Fedhealth Network Specialists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			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. Accumulates at cost to Threshold level			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
<b>Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits)</b>				
Fedhealth Network Psychiatrists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			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 900 per family per year. 20% co-payment if GP referral not obtained
Non-network Psychiatrists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level			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 900 per family per year. 20% co-payment if GP referral not obtained







# flexiFED THRESHOLD BENEFIT

## flexiFED 1, 2 and 3

To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level. All day-to-day expenses accumulate to the Threshold level at cost. Thereafter, certain claims will be paid from the Threshold benefit. These include preventative dentistry (flexiFED 1), basic dentistry (flexiFED 2 and 3) and unlimited nominated network GP visits.

## flexiFED 4

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 1	flexiFED 2	flexiFED 3	flexiFED 4
M	R4 300	R4 900	R5 900	R15 300
M + 1	R6 900	R9 100	R11 100	R27 800
M + 2	R8 500	R10 400	R12 600	R31 500
M + 2+	R10 100	R12 300	R14 900	R35 300





# flexiFED CONTRIBUTIONS

## RATES FROM 1 JANUARY 2022 - 31 MARCH 2022

flexiFED 1									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Network hospitals	1 763	25	1 788	1 382	19	1 401	645	8	653
Elect	1 374	19	1 393	1 075	14	1 089	501	6	507

flexiFED 2									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	2 473	27	2 500	2 148	23	2 171	735	7	742
GRID	2 198	24	2 222	1 913	20	1 933	653	7	660
Elect	1 851	20	1 871	1 614	17	1 631	552	6	558

flexiFED 3									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	2 798	27	2 825	2 525	24	2 549	1 006	9	1 015
GRID	2 487	24	2 511	2 247	22	2 269	895	8	903
Elect	2 096	21	2 117	1 894	17	1 911	755	7	762

flexiFED 4									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	3 720	27	3 747	3 375	24	3 399	1 145	8	1 153
GRID	3 302	24	3 326	3 003	22	3 025	1 020	7	1 027
Elect	2 785	21	2 806	2 580	18	2 598	875	6	881

\*Up to a maximum of three children

## RATES FROM 1 APRIL 2022 - 31 DECEMBER 2022

flexiFED 1									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Network hospitals	1 874	27	1 901	1 469	20	1 489	686	9	695
Elect	1 461	20	1 481	1 143	15	1 158	533	6	539

flexiFED 2									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	2 641	29	2 670	2 351	25	2 376	781	7	788
GRID	2 347	26	2 373	2 094	22	2 116	694	7	701
Elect	1 977	21	1 998	1 767	19	1 786	587	6	593

flexiFED 3									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	3 016	29	3 045	2 764	26	2 790	1 069	10	1 079
GRID	2 681	26	2 707	2 459	24	2 483	951	9	960
Elect	2 259	23	2 282	2 073	19	2 092	803	7	810

flexiFED 4									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	4 047	29	4 076	3 694	26	3 720	1 217	9	1 226
GRID	3 593	26	3 619	3 287	24	3 311	1 084	7	1 091
Elect	3 030	23	3 053	2 824	20	2 844	930	6	936

\*Up to a maximum of three children



How much is in the MediVault?	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
M	R9 696	R10 296	R11 496	R15 300
M + 1	R13 392	R15 900	R17 496	R27 696
M + 2	R14 592	R21 792	R23 100	R31 500
M + 2+	R15 900	R25 596	R27 096	R35 196



How much is in the MediVault?	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
M	R3 744	R4 980	R7 488	R12 468
M + 1	R5 616	R7 488	R9 960	R21 828
M + 2	R6 852	R11 832	R13 104	R24 900
M + 2+	R8 724	R15 576	R15 576	R28 680

Threshold levels	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
M	R4 300	R4 900	R5 900	R15 300
M + 1	R6 900	R9 100	R11 100	R27 800
M + 2	R8 500	R10 400	R12 600	R31 500
M + 2+	R10 100	R12 300	R14 900	R35 300





## flexiFED CONTRIBUTIONS

## RATES FROM 1 JANUARY 2022 - 31 MARCH 2022

flexiFED 1					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	1 763	25	1 788	4 300	3 744	4 062	2 100	9 696	10 014	Total + MediVault used ÷ 12
M + AD	3 145	44	3 189	6 900	5 616	6 171	3 657	13 392	13 947	
M + AD + CD	3 790	52	3 842	8 500	6 852	7 512	4 413	14 592	15 252	
M + AD + 2CD	4 435	60	4 495	10 100	8 724	9 489	5 222	15 900*	16 665	
flexiFED 1 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	1 374	19	1 393	4 300	3 744	3 981	1 705	9 696	9 933	Total + MediVault used ÷ 12
M + AD	2 449	33	2 482	6 900	5 616	6 030	2 950	13 392	13 806	
M + AD + CD	2 950	39	2 989	8 500	6 852	7 338	3 560	14 592	15 078	
M + AD + 2CD	3 451	45	3 496	10 100	8 724	9 282	4 223	15 900*	16 458	
flexiFED 2					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 473	27	2 500	4 900	4 980	5 322	2 915	10 296	10 638	Total + MediVault used ÷ 12
M + AD	4 621	50	4 671	9 100	7 488	8 124	5 295	15 900	16 536	
M + AD + CD	5 356	57	5 413	10 400	11 832	12 552	6 399	21 792	22 512	
M + AD + 2CD	6 091	64	6 155	12 300	15 576	16 380	7 453	25 596*	26 400	
flexiFED 2 <sup>GRID</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 198	24	2 222	4 900	4 980	5 286	2 637	10 296	10 602	Total + MediVault used ÷ 12
M + AD	4 111	44	4 155	9 100	7 488	8 052	4 779	15 900	16 464	
M + AD + CD	4 764	51	4 815	10 400	11 832	12 480	5 801	21 792	22 440	
M + AD + 2CD	5 417	58	5 475	12 300	15 576	16 308	6 773	25 596*	26 328	
flexiFED 2 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	1 851	20	1 871	4 900	4 980	5 229	2 286	10 296	10 545	Total + MediVault used ÷ 12
M + AD	3 465	37	3 502	9 100	7 488	7 959	4 126	15 900	16 371	
M + AD + CD	4 017	43	4 060	10 400	11 832	12 375	5 046	21 792	22 335	
M + AD + 2CD	4 569	49	4 618	12 300	15 576	16 191	5 916	25 596*	26 211	





## RATES FROM 1 JANUARY 2022 - 31 MARCH 2022

flexiFED 3					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 798	27	2 825	5 900	7 488	7 830	3 449	11 496	11 838	Total + MediVault used ÷ 12
M + AD	5 323	51	5 374	11 100	9 960	10 608	6 204	17 496	18 144	
M + AD + CD	6 329	60	6 389	12 600	13 104	13 869	7 481	23 100	23 865	
M + AD + 2CD	7 335	69	7 404	14 900	15 576	16 458	8 702	27 096*	27 978	
flexiFED 3 <sup>GRID</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 487	24	2 511	5 900	7 488	7 794	3 135	11 496	11 802	Total + MediVault used ÷ 12
M + AD	4 734	46	4 780	11 100	9 960	10 548	5 610	17 496	18 084	
M + AD + CD	5 629	54	5 683	12 600	13 104	13 797	6 775	23 100	23 793	
M + AD + 2CD	6 524	62	6 586	14 900	15 576	16 374	7 884	27 096*	27 894	
flexiFED 3 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 096	21	2 117	5 900	7 488	7 758	2 741	11 496	11 766	Total + MediVault used ÷ 12
M + AD	3 990	38	4 028	11 100	9 960	10 452	4 858	17 496	17 988	
M + AD + CD	4 745	45	4 790	12 600	13 104	13 680	5 882	23 100	23 676	
M + AD + 2CD	5 500	52	5 552	14 900	15 576	16 236	6 850	27 096*	27 756	
flexiFED 4					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	3 720	27	3 747	15 300	12 468	12 810	4 786	15 300	15 642	Total + MediVault used ÷ 12
M + AD	7 095	51	7 146	27 800	21 828	22 476	8 965	27 696	28 344	
M + AD + CD	8 240	59	8 299	31 500	24 900	25 653	10 374	31 500	32 253	
M + AD + 2CD	9 385	67	9 452	35 300	28 680	29 538	11 842	35 196*	36 054	
flexiFED 4 <sup>GRID</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	3 302	24	3 326	15 300	12 468	12 774	4 365	15 300	15 606	Total + MediVault used ÷ 12
M + AD	6 305	46	6 351	27 800	21 828	22 416	8 170	27 696	28 284	
M + AD + CD	7 325	53	7 378	31 500	24 900	25 572	9 453	31 500	32 172	
M + AD + 2CD	8 345	60	8 405	35 300	28 680	29 436	10 795	35 196*	35 952	
flexiFED 4 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 785	21	2 806	15 300	12 468	12 738	3 845	15 300	15 570	Total + MediVault used ÷ 12
M + AD	5 365	39	5 404	27 800	21 828	22 332	7 223	27 696	28 200	
M + AD + CD	6 240	45	6 285	31 500	24 900	25 476	8 360	31 500	32 076	
M + AD + 2CD	7 115	51	7 166	35 300	28 680	29 328	9 556	35 196*	35 844	

\*Maximum MediVault allocation per family







# flexiFED CONTRIBUTIONS

## RATES FROM 1 APRIL 2022 - 31 DECEMBER 2022

flexiFED 1					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	1 874	27	1 901	4 300	3 744	4 062	2 213	9 696	10 014	Total + MediVault used ÷ 12
M + AD	3 343	47	3 390	6 900	5 616	6 171	3 858	13 392	13 947	
M + AD + CD	4 029	56	4 085	8 500	6 852	7 512	4 656	14 592	15 252	
M + AD + 2CD	4 715	65	4 780	10 100	8 724	9 489	5 507	15 900*	16 665	

flexiFED 1 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	1 461	20	1 481	4 300	3 744	3 981	1 793	9 696	9 933	Total + MediVault used ÷ 12
M + AD	2 604	35	2 639	6 900	5 616	6 030	3 107	13 392	13 806	
M + AD + CD	3 137	41	3 178	8 500	6 852	7 338	3 749	14 592	15 078	
M + AD + 2CD	3 670	47	3 717	10 100	8 724	9 282	4 444	15 900*	16 458	

flexiFED 2					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 641	29	2 670	4 900	4 980	5 322	3 085	10 296	10 638	Total + MediVault used ÷ 12
M + AD	4 992	54	5 046	9 100	7 488	8 124	5 670	15 900	16 536	
M + AD + CD	5 773	61	5 834	10 400	11 832	12 552	6 820	21 792	22 512	
M + AD + 2CD	6 554	68	6 622	12 300	15 576	16 380	7 920	25 596*	26 400	

flexiFED 2 <sup>GRID</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 347	26	2 373	4 900	4 980	5 286	2 788	10 296	10 602	Total + MediVault used ÷ 12
M + AD	4 441	48	4 489	9 100	7 488	8 052	5 113	15 900	16 464	
M + AD + CD	5 135	55	5 190	10 400	11 832	12 480	6 176	21 792	22 440	
M + AD + 2CD	5 829	62	5 891	12 300	15 576	16 308	7 189	25 596*	26 328	

flexiFED 2 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	1 977	21	1 998	4 900	4 980	5 229	2 413	10 296	10 545	Total + MediVault used ÷ 12
M + AD	3 744	40	3 784	9 100	7 488	7 959	4 408	15 900	16 371	
M + AD + CD	4 331	46	4 377	10 400	11 832	12 375	5 363	21 792	22 335	
M + AD + 2CD	4 918	52	4 970	12 300	15 576	16 191	6 268	25 596*	26 211	





## RATES FROM 1 APRIL 2022 - 31 DECEMBER 2022

flexiFED 3					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	3 016	29	3 045	5 900	7 488	7 830	3 669	11 496	11 838	Total + MediVault used ÷ 12
M + AD	5 780	55	5 835	11 100	9 960	10 608	6 665	17 496	18 144	
M + AD + CD	6 849	65	6 914	12 600	13 104	13 869	8 006	23 100	23 865	
M + AD + 2CD	7 918	75	7 993	14 900	15 576	16 458	9 291	27 096*	27 978	
flexiFED 3 <sup>GRID</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 681	26	2 707	5 900	7 488	7 794	3 331	11 496	11 802	Total + MediVault used ÷ 12
M + AD	5 140	50	5 190	11 100	9 960	10 548	6 020	17 496	18 084	
M + AD + CD	6 091	59	6 150	12 600	13 104	13 797	7 242	23 100	23 793	
M + AD + 2CD	7 042	68	7 110	14 900	15 576	16 374	8 408	27 096*	27 894	
flexiFED 3 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	2 259	23	2 282	5 900	7 488	7 758	2 906	11 496	11 766	Total + MediVault used ÷ 12
M + AD	4 332	42	4 374	11 100	9 960	10 452	5 204	17 496	17 988	
M + AD + CD	5 135	49	5 184	12 600	13 104	13 680	6 276	23 100	23 676	
M + AD + 2CD	5 938	56	5 994	14 900	15 576	16 236	7 292	27 096*	27 756	
flexiFED 4					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	4 047	29	4 076	15 300	12 468	12 810	5 115	15 300	15 642	Total + MediVault used ÷ 12
M + AD	7 741	55	7 796	27 800	21 828	22 476	9 615	27 696	28 344	
M + AD + CD	8 958	64	9 022	31 500	24 900	25 653	11 097	31 500	32 253	
M + AD + 2CD	10 175	73	10 248	35 300	28 680	29 538	12 638	35 196*	36 054	
flexiFED 4 <sup>GRID</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	3 593	26	3 619	15 300	12 468	12 774	4 658	15 300	15 606	Total + MediVault used ÷ 12
M + AD	6 880	50	6 930	27 800	21 828	22 416	8 749	27 696	28 284	
M + AD + CD	7 964	57	8 021	31 500	24 900	25 572	10 096	31 500	32 172	
M + AD + 2CD	9 048	64	9 112	35 300	28 680	29 436	11 502	35 196*	35 952	
flexiFED 4 <sup>Elect</sup>					FIXED repayment structure			FLEXIBLE repayment structure		
	Risk	Savings	Total	Annual Threshold level	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme
M	3 030	23	3 053	15 300	12 468	12 738	4 092	15 300	15 570	Total + MediVault used ÷ 12
M + AD	5 854	43	5 897	27 800	21 828	22 332	7 716	27 696	28 200	
M + AD + CD	6 784	49	6 833	31 500	24 900	25 476	8 908	31 500	32 076	
M + AD + 2CD	7 714	55	7 769	35 300	28 680	29 328	10 159	35 196*	35 844	

\*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 Thursday 07h30 - 17h00, Friday 09h00 - 17h00 and Saturday 08h00 - 12h00

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

**Cape Town:** Shop 6, 9 Long Street Cnr Long & Waterkant Streets, 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, 175 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 - 17h00

Friday 09h00 - 17h00

Tel: 0860 002 153

Email: [member@fedhealth.co.za](mailto:member@fedhealth.co.za)

Claim submission: [claims@fedhealth.co.za](mailto:claims@fedhealth.co.za)

Web: [www.fedhealth.co.za](http://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](mailto:authorisations@fedhealth.co.za)

Web: [www.fedhealth.co.za](http://www.fedhealth.co.za)

## Alignd

Tel: 0860 100 572

Email: [referrals@alignd.co.za](mailto:referrals@alignd.co.za)

## Ambulance Services

Europ Assistance

Tel: 0860 333 432

## AfA (HIV Management)

Monday to Friday 08h00 - 17h00

Tel: 0860 100 646

Fax: 0800 600 773

Email: [afa@afadm.co.za](mailto:afa@afadm.co.za)

Web: [www.aidforaids.co.za](http://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](mailto: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](mailto:dm@fedhealth.co.za)

## Fedhealth Baby

Monday to Friday 08h00 - 17h00

Tel: 0861 116 016

Email: [info@babyhealth.co.za](mailto:info@babyhealth.co.za)

Web: [www.babyhealth.co.za](http://www.babyhealth.co.za)

## Fedhealth Oncology Programme

Monday to Friday 08h00 - 16h00

Tel: 0860 100 572

Fax: 021 466 2303

Email: [cancerinfo@fedhealth.co.za](mailto:cancerinfo@fedhealth.co.za)

Postal address: P O Box 38632, Pinelands, 7430

## Fedhealth Paed-IQ 24 hour service

Tel: 0860 444 128

## Fraud Hotline

Tel: 0800 112 811

## MVA Third Party Recovery Department

Monday to Friday 08h00 - 16h00

Tel: 0800 117 222

## MediTaxi

Dial \*130\*3272\*31#

## Quro Medical

Tel: 010 141 7710

Web: [www.quromedical.co.za](http://www.quromedical.co.za)

## SOS Call Me

Dial \*130\*3272\*31#

## USSD

\*134\*999\*memberno#

## Designated Service Provider and Preferred Provider Pharmacies

### Clicks

Tel: 0860 254 257

To locate a store, go to: [www.clicks.co.za](http://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](http://www.dischem.co.za) and select Store Locator

### Medirite Pharmacy

Tel: 0800 222 617

To locate a store, go to: [www.medirite.co.za](http://www.medirite.co.za) and select Store Locator

To find an independent pharmacy near you, please visit [www.icpa.co.za/find-a-pharmacy/](http://www.icpa.co.za/find-a-pharmacy/)

## Pharmacy Direct

Monday to Friday 07h30 - 17h00

Tel: 0860 027 800

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

Email: [care@pharmacydirect.co.za](mailto:care@pharmacydirect.co.za)

Web: [www.pharmacydirect.co.za](http://www.pharmacydirect.co.za)

SMS (call me): 083 690 8934

## Clicks Direct Medicines

Tel: 0861 444 405

Email: [directmedicines@dirmed.co.za](mailto:directmedicines@dirmed.co.za)

## Dis-Chem Direct Courier

Tel: 011 589 2788

Email: [direct.documents@dischem.co.za](mailto:direct.documents@dischem.co.za)

## Medirite Courier Pharmacy

Tel: 0800 010 701

Email: [medirite.courier@shoprite.co.za](mailto:medirite.courier@shoprite.co.za)

