



my**FED** BENEFITS GUIDE
2022

CONTENTS 2022

Starter healthcare to protect your most valuable asset	2
Staying in touch	3
Fedhealth member app powered by amp	5
Overview of the myFED benefit structure	7
Unlimited private hospital cover	9
Chronic medicine benefit	11
Programmes and wellness initiatives	13
Screening benefit	15
Cancer cover	17
Mental health benefit	21
COVID-19 benefit	23
Benefits that show we really care	27
Additional benefits	28
Sanlam Gap Cover	29
myFED in-hospital benefit	31
myFED chronic disease benefit	33
myFED day-to-day benefits	35
myFED procedure codes	37
myFED contributions	43
Contact details	45



STARTER HEALTHCARE TO PROTECT YOUR MOST VALUABLE ASSET



Competitively priced for lower income earners



Sound **in-hospital, chronic, screening** and **day-to-day** benefits



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

Boasting an 85-year track record, Fedhealth Medical Scheme has a solvency rate of 43.43% (as at 31 December 2020), and a Global Credit Rating of AA-, retained for 14 consecutive years.

Our financial health and expertise aside, it's our philosophy of being run by members for members' that helps us really put our members first in everything we do.

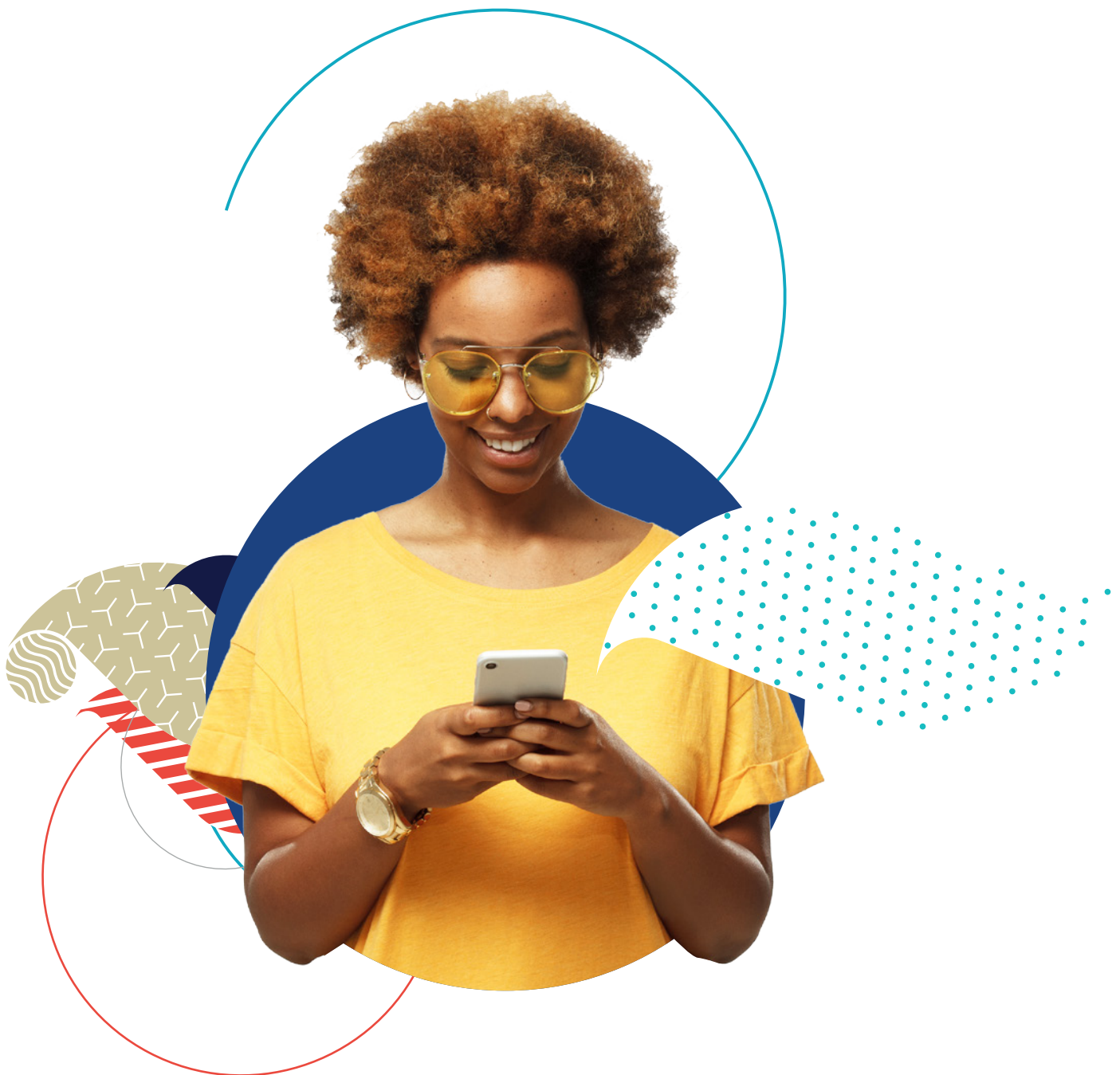
Fedhealth pays more benefits from Risk than other schemes, to help our members' day-to-day benefits last longer. Some of these valuable benefits include unlimited contracted network GP visits, certain oral and injectable female contraceptives and the **myFED** Baby programme.

Our **myFED** option is specially designed to take care of formerly uncovered employees' health, so that they can keep working and looking after their families.



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, 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, registering for chronic medication 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 view their statements, download their e-card, view their option's benefits, set medication reminders, and lots more. See pages 5 & 6 for more about our Fedhealth Member App.



LiveChat

The LiveChat functionality is available to members via fedhealth.co.za. They can type in their queries and one of our LiveChat agents will assist them online.



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, member statements 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

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.

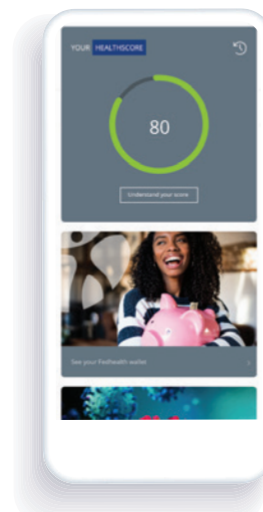
1. Calculating the Healthscore

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:

Demographic information e.g. the member's age and gender	Biometric information e.g. the member's blood pressure and BMI	Prevalence of chronic conditions	Medication prescribed and dispensed	Interactions with healthcare providers	Validated questionnaires and surveys	Wearable devices (when linked via the mobile app)

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.

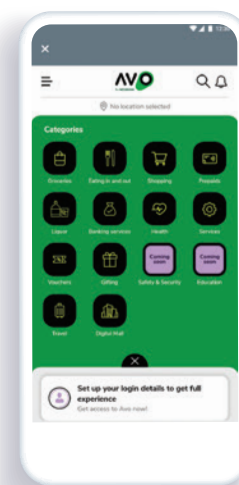
3. Discounted online shopping

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.

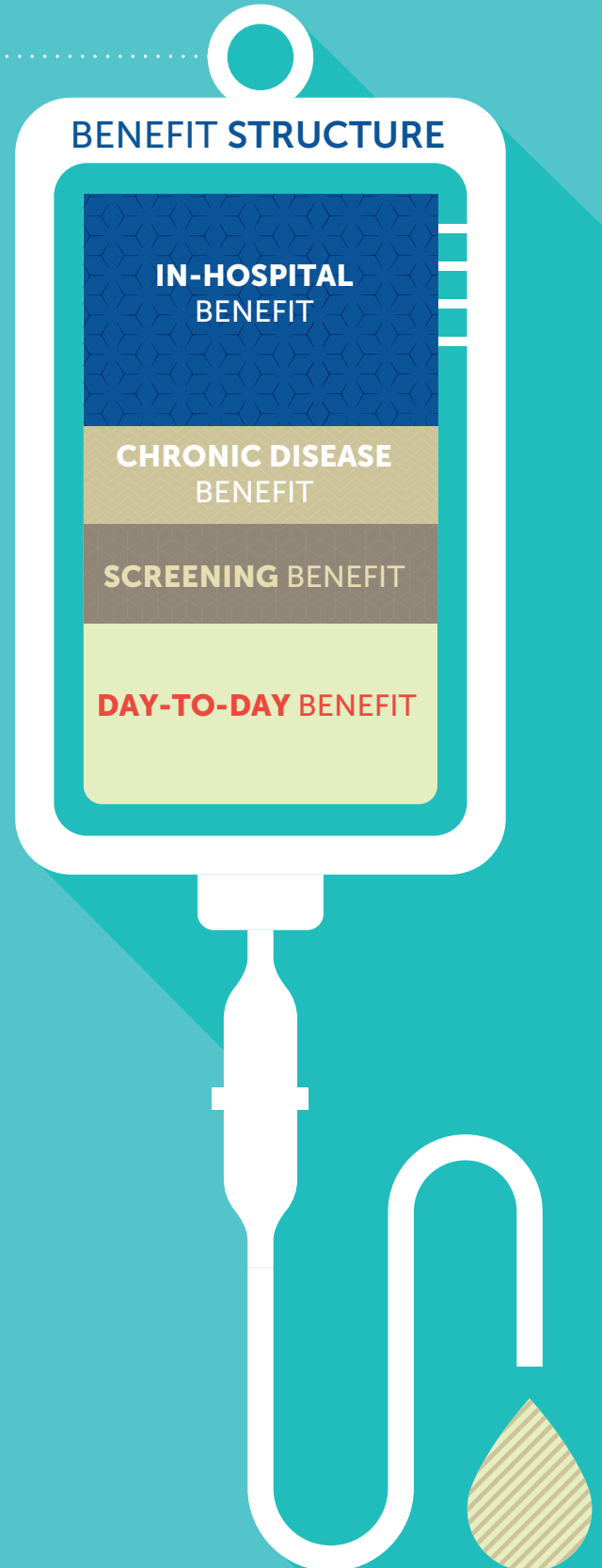


Thanks to the integration with AMP, the Fedhealth Member App is now an even more valuable and rewarding partner in members' health journeys.

OVERVIEW OF THE myFED BENEFIT STRUCTURE

myFED is an affordable, entry-level medical aid option that looks after the health of previously uncovered, lower-income employees. This option protects the health of members so that they can continue providing for their loved ones and live life to the full. Competitively priced, it's the perfect option to offer employees who've never had medical aid before.

Some of the great benefits include a free flu vaccine per year, unlimited visits at a contracted nominated GP, as well as the free Fedhealth myFED Baby Programme. Please see the following pages for more detail on the myFED option and what it offers members.





On myFED, members enjoy the following benefits:

IN-HOSPITAL BENEFIT

Members have no overall annual limit for hospitalisation at network hospitals.

CHRONIC DISEASE BENEFIT

Members are covered for conditions on the Chronic Disease List (CDL). Covered in full up to the Medicine Price List if the member uses medicine on the basic formulary and obtains it from one of our DSPs: Clicks, Dis-Chem, Medirite, Pharmacy Direct, Clicks Direct Medicines, Dis-Chem Direct and Medirite Courier Pharmacy.

SCREENING BENEFIT

This benefit pays for lifestyle screenings, wellness screenings like finger prick glucose and finger prick cholesterol, blood pressure and physical screenings.

DAY-TO-DAY BENEFITS

We provide comprehensive day-to-day benefits on myFED, like unlimited contracted nominated GP visits.

ADDITIONAL BENEFITS

Members can enjoy lots of additional valuable benefits like the myFED Baby Programme, oral and injectable contraceptives (acute formulary) and the free Fedhealth Nurse Line.

UNLIMITED PRIVATE HOSPITAL COVER

UNLIMITED HOSPITAL COVER



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

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 the Fedhealth Rate and limited to R2 500 per beneficiary per year



Other healthcare providers e.g. X-rays



Certain procedures at day wards, day clinics and doctor's rooms
Fedhealth Day Clinic 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 my**FED** 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. Members must use day clinics on the Fedhealth Day Clinic Network to avoid a co-payment of R2 100.

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 up to a combined limit of R2 500.

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.

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.

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.

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 medication for the list of CDL conditions paid from a formulary and must be obtained from a Designated Service Provider.

Chronic Disease Benefit

This benefit covers the conditions on the CDL.

Chronic Disease List

Conditions on the CDL are covered in full, provided members use either the Scheme's designated service providers as well as medicine on the basic formulary. 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.

The Medicine Price List (MPL)

Medication 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

This benefit covers:



27 Prescribed Minimum Benefit conditions

Paid from formulary.
DSP must be used.



Chronic Disease List conditions

Covered in full if DSP and medicine on formulary are used – else 40% co-pay applies.

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 one of the DSPs

Chronic conditions on the Chronic Disease List (CDL)

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

Obtaining chronic medicine

On **myFED**, members must obtain chronic medicine from one of the Scheme's designated service providers. If they fail to do so, they will have to pay a 40% co-payment. Fedhealth's designated service providers for this option are Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct.



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 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.



Weight Management Programme

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



GoSmokeFree Smoking Cessation Programme

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



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 medication, blood and laboratory tests, a Health Coach, online tools and information to empower the member. Members can call **0860 002 153** or email diabeticcare@fedhealth.co.za

SCREENING BENEFIT

Our myFED option has a benefit for annual flu vaccinations, an annual HIV test and Health Risk Assessments, which include wellness and preventative screenings.



Screening benefit

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

Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
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



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**. This ensures that those with cancer can get access to medication that will help them to remain economically active, with all the support they need to deal with this stressful diagnosis.

We require a clinical summary of each member's case: this must include 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 the Fedhealth Oncology Programme team. The team comprises 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 are established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On **myFED**, 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.





ONCOLOGY BENEFIT

Upon cancer diagnosis, members must register on the:

Fedhealth Oncology Programme

This benefit covers:



Oncology treatment
ICON and SAOC are the oncology preferred providers on this option.



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



Radiotherapy



Consultations and visits



Pathology



Radiology
General
Specialised



Surgery and hospitalisation
Paid from in-hospital benefit.



Stoma therapy



Post-active treatment



Aligned 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

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. 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 day-to-day benefit).

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

There is no specialised medication benefit on this option.

Consultations and visits

Oncologist consultations and hospital visits are paid from the oncology benefit while the member has either an active chemotherapy or radiotherapy authorisation. 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 Authorisation Centre. Specialised radiology is paid from Risk. There is no benefit for PET scans on this option.

Surgery and hospitalisation

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

Stoma therapy

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

Private nursing

Private nursing will be paid at cost at PMB level of care.

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 asked to be referred to Alignd, or send an email to referrals@alignd.co.za



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

This benefit covers:



Mental Health Resource Hub



Chronic medication

Conditions on the PMB chronic disease list (CDL) only.



Ambulatory care plans

Applicable to PMB (CDL) conditions only. 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.

NB: Hospital admissions for mental health

Doctor must obtain authorisation first

Fedhealth Network GPs/Specialists covered in full





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/

Chronic Benefit

Chronic medication is limited to conditions on the PMB chronic disease list (CDL) only.

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 members' available Scheme limits, subject to the use of the Fedhealth Network Providers. Once members' Scheme limits are used up, further services, as listed in the member's care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, members 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?**

The **myFED** option utilises the Mental Health Hospital Network and admission to a non-network facility will attract a R13 000 co-payment.



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.
- **Courier pharmacies** have been added to the Scheme's DSPs so that members can have their medication 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
Molecular test	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.	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
Serological test	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.	Serology tests are not PMB level of care; Fedhealth will not fund COVID-19 antibody testing on this option.
Antigen test	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).	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. 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.



3. Doctors' visits and screenings

- Doctors' visits are covered from **Fedhealth's unlimited GP benefit** paid from Risk according to the member's option (see page 35).
- **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
Consultations	General practitioner	0190, 0191, 0192, 0130, 0132	14, 15	2
	Pulmonologist, physician, paediatrician		17, 18, 32	
Pathology	Platelet count	3797	52, 037	2
	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	3755		2
	Potassium	4113		2
	Sodium	4114		2
	Urea	4151		2
	Creatinine (urine)	4221		2
	Creatinine (blood)	4032		2
	Erythrocyte sedimentation rate (ESR)	3743		2
	C-reactive protein (CRP)	3947		2
	Antimicrobial substances	3928		2
	Bacteriological culture (miscellaneous)	3893		2
	Miscellaneous body fluids	3867		2
	Viable cell count	3922		2
	PCR - Polymerase chain reaction	3974		1
	PCR- Bacteriological DNA identification	4434		
	Radiology	X-ray of the chest, single view		30100
Chest study (item 3601 included)		3445	17, 18, 32	2
Procedures	Intravenous infusions	0205, 0206	14, 15, 17, 18, 32	2
	Nebulisation (in rooms)	1136		2

5. Hospitalisation/ post-hospitalisation and Quro 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 **Quro Hospital at Home benefit** is an alternative for members who'd rather receive treatment at home instead of a general hospital ward (see page 13).
- **All PMB-related COVID-19 admissions** are covered (does not include experimental drug therapy).
- 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.



BENEFITS THAT SHOW WE REALLY CARE



24-hour Fedhealth Nurse Line

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



Paed-IQ

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



myFED 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.



MediTaxi

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



SOS Call Me

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



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

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



Only pay for three children

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

ADDITIONAL BENEFITS

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

Postnatal midwifery benefit

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

Infant hearing screening benefit

We provide newborns with one test with an audiologist up to the Fedhealth Rate.

Take-home medicine benefit

We cover take-home medicine following a hospital visit up to the MPL. This is limited to seven days' medication per hospital event.

Trauma treatment at a casualty ward

We cover trauma treatment at a casualty ward whether the member is admitted or not, unlimited up to the Fedhealth Rate. A co-payment of R660 per visit for non-PMBs applies.

Female contraception benefit

Certain oral and injectable contraceptives for female members are paid from Risk.

Comprehensive managed care programmes

We offer various programmes for members with specific healthcare needs.



SANLAM GAP COVER

Sanlam Gap Cover assists in covering your additional medical expenses.

To avoid the network restrictions on myFED you can take up Sanlam Gap Cover from **R233 p/m** (individuals) and **R409 p/m** (families). 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

Hospital Tariff Shortfall Benefit	Provides an Additional 500% 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.
Oncology Shortfall Benefit	Provides an Additional 500% of the medical aid rate, to cover oncology treatment shortfalls.
Oncology Co-payment Benefit	Provides full cover for the 20% oncology related co-payments imposed by medical aids.
Oncology Booster Benefit	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 R177 800 per insured per annum.
Co-payment & Deductible Benefit	Provides full cover 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.
Penalty Benefit	R16 500 or a percentage penalty co-payment that does not exceed 30% per family per annum to a maximum of two such events.
Innovative Medicines	A value equal to the lesser of 25% of the total drug cost or R12 000 as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your medical scheme.
Sub-limit Enhancer	Provides up to an Additional R57 500 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.
Casualty Benefit	Provides up to R16 500 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.
Casualty Child Illness	Subject to a maximum of two such events per annum and a maximum of R2 500 per event. Limited to children under age 12.
Family Booster Benefit	For a premature birth (more than six weeks before the due date), a lump sum of R15 000 will be paid.
Hospital Cash Benefit	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 R27 690 per beneficiary per year. <ul style="list-style-type: none"> • Day 1 to 13: R450 per day • Day 14 to 20: R820 per day • Day 21 to 30: R1 610 per day
Family Protector Benefit	On the death or permanent disability of an Insured as a result of accidental harm, the following lump sum is payable: Children below six years: R20 000; All other Insured Parties: R30 000
Dental Reconstruction Benefit	If dental reconstruction is required as a result of trauma or oncology treatment, all related costs up to R49 900 per event will be covered.
Medical Scheme and Gap Cover Premium Contribution Waiver Benefit	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 R35 500 paid upfront to the claimant. The Sanlam Gap Cover policy premium will also be waived for these six months.
Road Accident Fund Benefit	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 or visit 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).

myFED 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 myFED option.

Benefit	All limits are per family per year unless otherwise specified
Overall annual limit (OAL)	No overall annual limit
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at Fedhealth Network Hospitals. R13 000 co-payment on voluntary use of non-network hospitals will apply
Healthcare professional tariff (HPT)	Unlimited
Fedhealth Network GPs and Specialists	Covered in full
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 500 per beneficiary per year
Other healthcare professionals	Up to the Fedhealth Rate
Prescribed Minimum Benefits (PMB)	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs and Specialists. Should you 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. You will have a shortfall should the healthcare professional charge more
Alternatives to hospitalisation: sub-acute facilities and rehabilitation facilities. Does not include Hospice	Unlimited at cost at PMB level of care
Ambulance services	Unlimited with Europ Assistance
Appliances, external accessories, orthotics	Unlimited at cost at PMB level of care
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited at cost at PMB level of care
Hospitalisation	
Anti-retroviral & related medication	
Related pathology	
Maternity	Unlimited at cost at PMB level of care. Elective Caesarean sections subject to a R12 900 co-payment

Benefit	All limits are per family per year unless otherwise specified
<p>Oncology: oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy</p>	<p>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.</p> <p>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.</p>
<p>Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immuno-suppressive medication: Haemopoietic stem cell (bone marrow) transplantation, Immuno-suppressive medication, post transplantation biopsies and scans, radiology and pathology</p>	<p>Unlimited at cost at PMB level of care</p>
<p>Pathology and medical technology</p>	<p>Unlimited</p>
<p>Physiotherapy</p>	<p>Unlimited at cost at PMB level of care</p>
<p>Prostheses and devices</p>	
<p>Internal and external</p>	<p>Unlimited at cost at PMB level of care</p>
<p>Psychiatric services</p>	<p>R9 700</p>
<p>Radiology</p>	
<p>General</p>	<p>Unlimited</p>
<p>Specialised radiology</p>	<p>R15 030 per beneficiary, subject to an overall limit of R30 300 per family per year</p>
<p>Renal dialysis (chronic): Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis</p>	<p>Unlimited at cost at PMB level of care at designated service provider. A 40% co-payment applies where a DSP provider is not used</p>
<p>Take-home medicines</p>	<p>Up to the MPL. Limited to 7 days' medication per hospital event</p>

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

myFED CHRONIC DISEASE BENEFIT

Chronic disease benefit

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

Limit	Unlimited cover for conditions on the Chronic Disease List (CDL)
Formulary	Basic formulary
Designated Service Provider	Clicks, Dis-Chem, Medirite, Pharmacy Direct, Clicks Direct Medicines, Dis-Chem Direct and Medirite Courier Pharmacy





myFED DAY-TO-DAY BENEFITS

Day-to-day benefits

An out-of-hospital benefit funded by the Scheme to give members more value.

Benefit	Limit
General Practitioners	No overall annual limit
Contracted	Unlimited at nominated myFED contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 myFED contracted GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 myFED contracted GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area)
Not contracted	Up to 2 GP consultations per beneficiary for non-contracted GPs allowed per year (referred to as out-of-area)
Specialists	
Fedhealth Network Specialists	2 specialist consultations up to R2 000 per family per year. Must be referred by contracted GP. If a referral is not obtained, a 40% co-payment will apply
Non-network Specialists	No benefit
Dentistry basic: removal of teeth and roots and suturing of traumatic wounds. Oral medical procedures: diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry	Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. Plastic dentures limited to one set per beneficiary every two years
Female contraception	Oral and injectable contraceptives paid from acute formulary
Mental health	See GP benefit. Limited to 2 mental health consultations per beneficiary at a nominated myFED contracted GP
Optometry	Paid from ISO Leso Network Optometrists. Frame to the value of R230 or R230 off any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. 1 comprehensive consultation. This benefit is available in a two-year benefit cycle per beneficiary
Over-the-counter medication	No benefit
Maternity	Ultrasound as per radiology benefit
Pathology	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner
Prescribed medication	
Dispensing GP	Unlimited at dispensing contracted GP
Non-dispensing medical practitioner (e.g. Fedhealth Network Specialists, GPs and Dentists)	Unlimited, subject to acute formulary for all medical practitioners
Physiotherapy	No benefit
Radiology	
General	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by contracted medical practitioner
Specialised	No benefit
Trauma treatment at a casualty ward	Unlimited up to the Fedhealth Rate. A co-payment of R660 per visit for non-PMBs applies.



myFED PROCEDURE CODES

All Fedhealth members on the myFED option must use healthcare professionals who are part of the myFED network and any additional treatment required must be referred by a myFED network doctor. The following treatments/ procedures are covered in full on the myFED option and the healthcare professional must ensure that the correct tariff code is used on all claims in order to be reimbursed.

List of procedures included in standard fixed fee consultation rate

TARIFF CODE	DESCRIPTION
0201	Cost of material in treatment
0316-0317	Fine needle aspiration/ Aspiration of cyst or tumour
1136	Nebulisation (in rooms)
1186-1192	Flow volume test
3304	All other physical treatments

Fixed GP codes payable

TARIFF CODE	DESCRIPTION
0190-0192	GP visit (dispensing)
0190-0192	GP visit (non-dispensing)
0300	Stitching of wound (additional code for setting sterile tray)
0307 / 0308	Excision and repair
0255	Drainage of abscess and avulsion of nail
0259	Removal of foreign body
0887	Limb cast
0202	Setting of sterile tray
0210	Collecting blood specimen
0206-0207	Intravenous treatment
0222-0223	Intralesional injection into areas of pathology
0233-0237	Biopsy
0241-0243	Treatment of benign skin lesion by chemo-cryotherapy
0244	Repair of nail bed
0245-0246	Removal of benign lesion by curretting
1037	Diathermy to nose or pharynx
1228-1234	ECG/ Multi-stage treadmill test
2129-2131	Electrodesiccation
2271-2272	Removal of tag or polyp or benign lesions
2316-2318	Destruction of condylomata
2399-2404	Biopsy/ Wedge biopsy
3171	Excision of Meibomian cyst
3287	Spinal joint and ligament injection

myFED PROCEDURE CODES

Dental codes payable (Dentists and Dental Therapists)

CODE	CODE DESCRIPTION	LIMITATIONS
8101	Consultation	2 per beneficiary per year
8104	Examination for a specific problem not requiring full mouth examination	1 per beneficiary per year
8107/8112	Intra oral radiographs, per film	Maximum of two per beneficiary per year
8159	Scaling and polishing	2 per beneficiary per year
8161	Topical application of fluoride	Between the ages of 3-12 years. 2 per beneficiary per year
8163	Fissure sealant, per tooth	Patients younger than 14; maximum of 8 per year; 2 per quadrant
8341	Amalgam one surface	Any four amalgam fillings per beneficiary per year
8342	Amalgam two surfaces	
8343	Amalgam three surfaces	
8344	Amalgam four and more surfaces	
8351	Resin restoration, one surface anterior	Any four resin fillings per beneficiary per year (anterior)
8352	Resin restoration, two surface anterior	
8353	Resin restoration, three surface anterior	
8354	Resin restoration, four and more surfaces	
8367	Resin restoration, one surface posterior	Any four resin fillings per beneficiary per year (posterior)
8368	Resin restoration, two surface posterior	
8369	Resin restoration, three surface posterior	
8370	Resin restoration, four and more surfaces	
8307	Amputation of pulp (pulpotomy)	Only on primary teeth
8132	Root canal therapy - gross pulpal debridement	1 per beneficiary per year
8201	Extraction, single tooth. Code 8201 is charged for the first extraction in a quadrant	Any 4 non-surgical extractions per beneficiary per year
8202	Extraction, each add tooth. Code 8202 is charged for each additional extraction in the same quadrant	
8937	Surgical removal of tooth	Quantity limit of 4, restricted to posterior permanent teeth
8935	Treatment of septic socket	1 per beneficiary per year
8109	Infection control / barrier techniques. Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc for each patient	4 per year, 2 per visit
8110	Sterilised instrumentation	2 per year, 1 per visit
8145	Local anaesthetic	2 per year, 1 per visit
8231	Complete dentures - maxillary and mandibular	1 (one) set of dentures allowed per beneficiary per 24 months ONLY members and beneficiaries over the age of 21 years No metal base to complete or partial dentures allowed
8232	Complete dentures - maxillary or mandibular	
8233	Partial denture (resin base) - one tooth	
8234	Partial denture (resin base) - two teeth	
8235	Partial denture (resin base) - three teeth	
8236	Partial denture (resin base) - four teeth	
8237	Partial denture (resin base) - five teeth	
8238	Partial denture (resin base) - six teeth	
8239	Partial denture (resin base) - seven teeth	
8240	Partial denture (resin base) - eight teeth	
8241	Partial denture (resin base) - nine teeth and more	
8259	Rebase complete or partial dentures (Lab)	
8269	Repair denture	
8263	Reline complete or partial dentures (chair side)	
8271	Add tooth to existing partial dentures	
8273	Impression to repair / addition	
8140	Fee for treatment at a venue	Only if clinically indicated & authorised

myFED PROCEDURE CODES

Radiology codes payable	
TARIFF CODE	DESCRIPTION
Skull and Brain	
10100	X-ray of the skull
Facial bones and nasal bones	
11100	X-ray of the facial bones
11120	X-ray of the nasal bones
Orbits, lachrymal glands and tear ducts	
12100	X-ray orbits
Paranasal sinuses	
13100	X-ray of the paranasal sinuses, single view
13110	X-ray of the paranasal sinuses, two or more views
Mandible, teeth and maxilla	
14100	X-ray of the mandible
14130	X-ray of the teeth single quadrant
14140	X-ray of the teeth more than one quadrant
14150	X-ray of the teeth full mouth
15100	X-ray tempero-mandibular joint, left
15110	X-ray tempero-mandibular joint, right
16100	X-ray of the mastoids, unilateral
16110	X-ray of the mastoids, bilateral
Thorax	
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30150	X-ray of the ribs
Abdomen and Pelvis	
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest Skeleton: Spinal column - per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
50100	X-ray of the spine scoliosis view AP only
Cervical	
51110	X-ray of the cervical spine, one or two views
Thoracic	
52100	X-ray of the thoracic spine, one or two views
Lumbar	
53110	X-ray of the lumbar spine, one or two views
54100	X-ray of the sacrum and coccyx
54110	X-ray of the sacro-iliac joints
Pelvis	
55100	X-ray of the pelvis
56120	X-ray pelvis and hips
Hips	
56100	X-ray of the left hip
56110	X-ray of the right hip
Shoulder	
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder

Radiology codes payable (continued)

TARIFF CODE	DESCRIPTION
Humerus	
62100	X-ray of the left humerus
62105	X-ray of the right humerus
Elbow	
63100	X-ray of the left elbow
63105	X-ray of the right elbow
Forearm	
64100	X-ray of the left forearm
64105	X-ray of the right forearm
Hand and Wrist	
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
Lower Leg	
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
Ankle and Foot	
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe
Femur	
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72140	X-ray of left patella
72145	X-ray of right patella
72150	X-ray both knees standing - single view
74150	X-ray of the sesamoid bones one or both sides
Ultrasound Abdomen and Pelvis	
41200	Ultrasound study of the upper abdomen
40210	Ultrasound study of the whole abdomen including the pelvis
43200	Ultrasound study of the pelvis trans abdominal
43250	Ultrasound study of the pregnant uterus, first trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

myFED PROCEDURE CODES

Pathology codes payable	
TARIFF CODE	DESCRIPTION
CHEMISTRY	
Cardia/ Muscle	
4152	CK-MB: Mass determination: Quantitative (Automated)
4161	Troponin isoforms: Each
Diabetes	
4057	Glucose: Quantitative
4064	HbA1C
Inflammation/ Immune	
3947	C-reactive protein
Lipids	
4027	Cholesterol total
4026	LDL cholesterol
4028	HDL cholesterol
4147	Triglyceride
4132	Creatinine Kinase (CK)
Liver/ Pancreas	
3999	Albumin
4001	Alkaline phosphatase
4006	Amylase
4009	Bilirubin: Total
4010	Bilirubin: Conjugated
4117	Protein: Total
4130	Aspartate aminotransferase (AST)
4131	Alanine aminotransferase (ALT)
4133	Lactate dehydrogenase (LD)
4134	Gamma glutamyl transferase (GGT)
Renal/ Electrolytes / Bone	
4017	Calcium: Spectrophotometric
4032	Creatinine
4086	Lactate
4094	Magnesium: Spectrophotometric
4109	Phosphate
4113	Potassium
4114	Sodium
4155	Uric acid
4151	Urea
HAEMATOLOGY	
3709	Antiglobulin test (Coombs' or trypsinized red cells)
3716	Mean cell volume
3739	Erythrocyte count
3743	Erythrocyte sedimentation rate
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)
3762	Haemoglobin estimation
3764	Grouping: A B and O antigens
3765	Grouping: Rh antigen
3783	Leucocyte differential count
3785	Leucocyte total count
3791	Packed cell volume: haematocrit
3797	Platelet count
3805	Prothrombin index
3809	Reticulocyte count
3865	Parasites in blood smear
4071	Iron
4144	Transferrin
4491	Vitamin B12

Pathology codes payable (continued)

TARIFF CODE	DESCRIPTION
HAEMATOLOGY (CONTINUED)	
4528	Ferritin
4533	Folic acid
ENDOCRINE - REPRODUCTIVE	
4450	HCG: Monoclonal immunological: Qualitative
4537	Prolactin
Endocrine - Thyroid	
4482	Free thyroxin (FT4)
4507	Thyrotropin (TSH)
Other Endocrine	
4519	Prostate specific antigen
SEROLOGY	
Auto immune	
3934	Auto antibodies by labelled antibodies: FOR ANF ONLY
3939	Agglutination test per antigen
4155	Uric acid
4182	Quantitative protein estimation: Nephelometer or Turbidometric method: FOR RHEUMATOID FACTOR ONLY
Hepatitis tests	
4531	Hepatitis: Per antigen or antibody
4531	Acute Hepatitis A (IgM)
4531	Chronic Hepatitis A (IgG)
4531	Acute Hepatitis B (BsAG)
4531	Hepatitis B: carrier/ immunity (BsAB)
HIV tests	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)
3932	Antibodies to human immunodeficiency virus (HIV): ELISA
3974	Qualitative PCR (only for children < age 6 months)
4429	Quantitative PCR (DNA/RNA)
CYTOLOGY	
4566	Vaginal or cervical smears, each
HISTOLOGY	
4567	Histology per sample
G.MISCELLANEOUS	
4352	Faecal occult blood test (FOB)
MICROBIOLOGY	
MCS	
3909	Anaerobe culture: Limited procedure
3901	Fungal culture
3918	Mycoplasma culture: Comprehensive
4401	Cell count
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)
3928	Antimicrobial substances
3893	Bacteriological culture: Miscellaneous
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3922	Viable cell count
3879	Campylobacter in stool: Fastidious culture
3895	Bacteriological culture: Fastidious organisms
3928	Antimicrobial substances
3887	Antibiotic susceptibility test: Per organism
3924	Biochemical identification of bacterium: Extended
3869	Faeces (including parasites)
3868	Fungus identification
3881	Mycobacteria
3901	Fungal culture
3868	Fungus identification

myFED CONTRIBUTIONS

Pathology codes payable (contined)

TARIFF CODE	DESCRIPTION
AFB fluorochrome auramine (ZN) only	
3885	Cytochemical stain
3881	Antigen detection with monoclonal antibodies
TB culture	
3881	Antigen detection with monoclonal antibodies
4433	Bacteriological DNA identification (LCR)
3916	Radiometric tuberculosis culture
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3895	Bacteriological culture: Fastidious organisms
TB sensitivity	
3887	Antibiotic susceptibility test: Per organism
3974	Polymerase chain reaction
Parasites	
3869	Faeces (including parasites)
3883	Concentration techniques for parasites
3865	Parasites in blood smear
Bilharzia micro	
3980	Bilharzia Ag Serum/Urine
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3946	IgM: Specific antibody titer: ELISA/EMIT: Per Ag
3883	Concentration techniques for parasites

Optometry

Use the ISO LESO network

Frame to the value of R230 or R230 off any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. 1 comprehensive consultation. This benefit is available per beneficiary in a 2-year benefit cycle.

Contributions

January to March 2022

Highest household income per month	Member	Adult Dependant	Child Dependant*
1 - 6 251	R1 128	R985	R543
6 252 - 10 219	R1 430	R1 242	R699
10 220 - 12 622	R2 005	R1 750	R769
12 623 - 14 426	R2 547	R2 100	R996
> 14 427+	R3 455	R3 147	R1 317

From April 2022

Highest household income per month	Member	Adult Dependant	Child Dependant*
1 - 6 251	R1 275	R1 275	R543
6 252 - 8 550	R1 301	R1 301	R601
8 551 - 10 219	R1 552	R1 348	R759
10 220 - 12 622	R2 176	R1 899	R835
12 623 - 14 426	R2 765	R2 279	R1 081
> 14 427+	R3 750	R3 416	R1 429

*Up to a maximum of three children



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

Claim submission: claims@fedhealth.co.za

Web: www.fedhealth.co.za

Postal address: Private Bag X3045, Randburg, 2125



Hospital Authorisation Centre

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

Alignd

Tel: 0860 100 572
Email: 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
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

Chronic Medicine Management

Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0860 002 153
Email: cmm@fedhealth.co.za
Postal address: P O Box 38632, Pinelands, 7430

Disease Management

Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: dm@fedhealth.co.za

Fedhealth Baby

Monday to Friday 08h00 – 17h00
Tel: 0861 116 016
Email: info@babyhealth.co.za
Web: 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
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#

Quoro Medical

Tel: 010 141 7710
Web: www.quoromedical.co.za

SOS Call Me

Dial *130*3272*31#

USSD

*134*999*memberno#

Designated Service Providers

Clicks

Tel: 0860 254 257
To locate a store, go to: www.clicks.co.za and select Store Locator

Dis-Chem

Care-Line: 0860 347 243
To locate a store, go to: www.dischem.co.za and select Store Locator

Medirite Pharmacy

Tel: 0800 222 617
To locate a store, go to: www.medirite.co.za and select Store Locator

Pharmacy Direct

Monday to Friday 07h30 – 17h00
Tel: 0860 027 800
Fax: 0866 114 000/ 1/ 2/ 3/ 4
Email: care@pharmacydirect.co.za
Web: www.pharmacydirect.co.za
SMS (call me): 083 690 8934

Clicks Direct Medicines

Tel: 0861 444 405
Email: directmedicines@dirmed.co.za

Dis-Chem Direct Courier

Tel: 011 589 2788
Email: direct.documents@dischem.co.za

Medirite Courier Pharmacy

Tel: 0800 010 701
Email: medirite.courier@shoprite.co.za





Fedhealth Customer Contact Centre **0860 002 153**

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

www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits. For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.