2026

flexiFED 1 Hospital Plan

FEDHEALTH

Sanlam healthcare partner

CONTENTS

FEDHEALTH

Sanlam healthcare partner

FEDHEALTH IS BECOMING A REIMAGINED SCHEME IN 2026, BUILT ON THE VALUES THAT MATTER

Thank you for choosing Fedhealth as your medical aid scheme of choice.

In 2026, Fedhealth, a trusted name in healthcare with a proud, 89-year track record, will become a reimagined scheme, following our partnership with Sanlam, one of the most esteemed financial service providers in South Africa.

When we joined forces in 2024, we carefully considered the current medical aid landscape, with the goal to create a revitalised medical scheme that better suits the needs of modern South Africans.

Using five **values** as our blueprint, this reimagined scheme will offer real medical aid that addresses the needs of ordinary people. **These values are:**

01. AFFORDABILITY.

We offer a wide range of options that can be tailored to members' unique needs and circumstances, both in terms of benefits and payment structures, to give them real control over their benefits and medical aid expenses. We believe that quality healthcare should be accessible and within reach, and that affordability should never mean compromising on care.

02. CUSTOMISATION.

We ensure that our members' plans fit THEIR lives, not the other way around. This means we provide the cover members need at a fair price, rather than forcing them to pay for extras they don't use. We also offer a wide range of options to choose from, ensuring that there's an option for every pocket, preference and health need!

03. INCLUSIVITY.

We believe medical aid should work for more people, more of the time.

04. SIMPLICITY.

Our members deserve to know exactly what they're getting, without unnecessary jargon or unexpected surprises. We aim to make healthcare clear, straightforward and easy to understand, so members can make confident choices without confusion. While medical aid will always be a complex product, by stripping away the complexity as much as possible, we help our members feel empowered and in control of their healthcare journey.

05. TRUST.

When our members need support most, they know that their scheme will be there. We're committed to ensuring that members know exactly what to expect when it comes to their medical aid cover.

Fedhealth is a scheme run by members, for members, which means that we always put members' interests first.

We look forward to taking care of every member's health in 2026 and beyond.

flexi**FED 1**
HOSPITAL PLAN OPTION OVERVIEW

For healthy members who are not yet thinking about starting a family, there's Fedhealth's affordable flexi**FED 1** option. It gives members solid in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits paid from Risk.

flexi**FED 1** has a Threshold benefit that kicks in once day-to-day claims have reached the Threshold level, as long as all day-to-day claims have been submitted. Some claims like preventative dentistry will be paid from the Threshold benefit.

Additional benefits include female contraceptives paid from Risk, specialised radiology like MRI and CT scans, and upgrades any time of year within 30 days of a life-changing event.

On this option, you have the choice to:

- Use your flexi**FED 1** option as a hospital plan, and pay for any day-to-day expenses from your own pocket. However, you also have access to a day-to-day savings back-up plan to cover day-to-day medical expenses. You can only use what you need, and it's all you'll ever pay for – divided into 12 and added to your hospital contribution.
- Use it as a straightforward savings plan and we will make a set pool of funds available for day-to-day expenses that you pay back in equal portions over the year.

KEY FEATURES

UNLIMITED HOSPITALISATION BENEFIT
flexi**FED** options don't have an overall annual limit on the hospital benefit.

FULL COVER FOR 27 CHRONIC CONDITIONS
All flexi**FED** options cover chronic medicine in full if the medicine is on the Chronic Disease List formulary.

FULL COVER FOR NETWORK SPECIALISTS IN-HOSPITAL
Specialists who are on the Fedhealth Network are covered in full in-hospital.

BACK-UP SAVINGS AVAILABLE FOR DAY-TO-DAY EXPENSES
flexi**FED** members can access back-up day-to-day savings should they need it. They only pay for what they use – over 12 months.

FEMALE CONTRACEPTIVES COVERED ON ALL OPTIONS
Certain female contraceptives are covered on flexi**FED** options, as long as it's prescribed by a doctor or gynae, and not as an acne treatment.

30-DAY POST-HOSPITALISATION BENEFIT
Following a hospital stay, treatment like physiotherapy, x-rays or pathology is covered by Fedhealth, and not members' day-to-day benefit or own pocket.

UNLIMITED MRI/CT SCANS
We pay for MRI/CT scans whether they're performed in- or out-of-hospital.

SCREENINGS
We cover screenings for general, women's, men's, children's, cardiac and over-40's health, as well as health risk assessments.

TRAUMA TREATMENT IN A CASUALTY WARD
Injuries requiring medical treatment, like stitches, are covered whether the member is admitted to hospital or not.

7 DAYS OF TAKE-HOME MEDICINE
We cover 7 days' supply of take-home medication, to a maximum of R412 per beneficiary per admission, when the member is discharged from hospital.

CHILD RATES UP TO AGE 27
Pay child rates for children up to the age of 27.

ONLY PAY FOR THREE CHILDREN
Fedhealth only charges for three children, fourth and subsequent child dependants are covered for free.

Your flexi**FED**
HOSPITAL PLAN

Your chosen flexi**FED Hospital Plan** provides a wide range of benefits to suit your unique health needs and budget.

It offers the peace of mind that the big expenses that could arise from a hospital admission will be covered. Hospital cover is the foundation of any medical aid option. On a hospital plan you need to pay for day-to-day medical expenses, like a pair of glasses, from your own pocket.

	flexi**FED 1**
DAY-TO-DAY BENEFITS	
Annual Pool of funds for day-to-day expenses	✓
Threshold benefit – pays for certain day-to-day expenses once claims have reached the threshold level	✓
Day-to-day expenses paid from risk	✓
SCREENING, WELLNESS AND EXTRA VALUE-ADDED BENEFITS	
Childhood immunisations	✓
Screenings	✓
Female contraceptives	✓
30-day post-hospitalisation benefit	✓
Emergency assistance	✓
MediTaxi service	✓
CHRONIC MEDICINE AND MANAGED CARE	
Chronic medicine benefit for 27 CDL conditions	✓
Chronic medicine benefit for 27 CDL conditions plus additional conditions	✓
ONCOLOGY BENEFIT	
Oncology benefit covered up to PMB level of care	✓
MENTAL HEALTH BENEFIT	
Wellness resources, digital tools, consultations and hospitalisation	✓
Mental Health Programme	
MATERNITY AND CHILDHOOD BENEFITS	
Antenatal classes, postnatal midwife consultations, Doula and maternity programme	✓
IN-HOSPITAL BENEFIT	
Unlimited private hospital cover at a network hospital, day surgery facility, mental health facility	✓
Network GPs and Specialists covered in full	✓

Elect options - any hospital with elective co-payment

Additional
MONTHLY DISCOUNT

The Elect option offers the exact same benefits as the main flexi**FED** options, whilst allowing you to choose a monthly discount:

SAVE WITH ELECT

SAVE 25% BY CHOOSING THE ELECT EXCESS ON PLANNED PROCEDURES

If you are not foreseeing needing any planned hospital procedures in the near future and want to save 25% on your contribution every month, the Elect excess options might be ideal for you. You simply choose to pay an excess of R15 950 on any planned hospital admissions at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital.

How much members can save on Elect per year

Family Type	flexi**FED 1**[Elect]
M	R6 948
M+A	R12 456
M+C	R9 540
M+A+A	R17 964
M+A+C	R15 048
M+C+C	R12 132

WHY THABO CHOSE ELECT:

Thabo prefers the Elect variant because he's young and healthy, and doesn't expect to need any planned hospital procedures soon. He likes the freedom of using any private hospital if he ever needs one and is comfortable taking on the risk of paying a fixed excess should he need a planned admission. Gap cover can help him manage excesses if the unexpected does happen.

WHAT MAKES THE flexiFED 1 HOSPITAL PLAN TRULY SPECIAL?

flexi**FED 1** covers members for a range of day-to-day benefits by default – regardless of whether they choose a hospital or a savings plan. These include Fedhealth's unique benefits (see below) and certain plans offer even more built-in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... at no additional cost to the member.

	flexiFED 1
DAY-TO-DAY BENEFITS PAID FROM RISK	
Unlimited MRI/ CT scans in- and out-of-hospital (co-pay for non-PMB)	✓
Trauma treatment in a casualty ward (co-pay for non-PMB)	✓
7 days of take-home medicine	✓
30-day post-hospitalisation benefit	✓
GP visits paid from risk	✓
Basic Threshold benefit -unlimited GP consults and a preventative/basic dental benefit	✓
Optional back-up savings available for additional day-to-day cover	✓
CHRONIC MEDICINE BENEFIT	
Chronic medicine benefit for 27 CDL conditions	✓
Additional chronic conditions	✓
MATERNITY AND CHILDHOOD BENEFITS	
Maternity programme	✓
Antenatal classes, postnatal midwife consults and Doula	✓
Cover for natural deliveries, rental of water baths, epidurals and C-sections	✓
Ante/postnatal consults with a network GP or gynae, 2D antenatal scans, amniocentesis	✓
Childhood immunisations	✓
24/7 paediatric telephonic advice line	✓
Infant hearing screening benefit	✓

WHAT IS THE THRESHOLD BENEFIT ON flexiFED 1?

The Threshold Benefit on the flexi**FED** plans is an additional benefit that is unlocked once the member's day-to-day medical claims, like GP visits or basic dental work, accumulate to a certain Rand amount (the 'threshold level').

After the member hits this Threshold level, Fedhealth starts covering certain services more generously and often fully pays for some benefits, such as nominated network GP visits or specific dental treatments depending on the option. For example, on flexi**FED 1,** once members have spent enough to reach the Threshold, their unlimited visits to a Fedhealth nominated network GP and preventative dentistry are paid from their Threshold Benefit (instead of from their own pocket or from Fedhealth Savings).

Threshold levels on flexiFED 1 hospital plan

Family Type	flexiFED 1
Principal member	R5 508
Adult dependant	R4 320
Child dependant*	R2 016

NOTE: Claims accumulate at cost on flexi**FED 1**.

*Up to a maximum of three children

Upgrade to a higher option ANY TIME OF THE YEAR

Only Fedhealth lets members upgrade to a higher option any time of the year, as long it's within 30 days of a life-changing event like pregnancy or serious illness diagnosis. This means members can pay for the cover they need RIGHT NOW, not future 'what-ifs'.

NEW

D2D+ BENEFIT

NEW: D2D+ BENEFIT

From 2026, we're rewarding members' smart health choices with up to R3 000 in extra day-to-day benefits.

flexiFED 1
R3 000

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

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, flexi**FED 1** members can unlock an extra amount of up to R3 000 to use for day-to-day medical expenses. These expenses will be covered by the D2D+ benefit once the member has unlocked it:

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

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

A back-up plan if members DO end up needing day-to-day savings

Members who find that they do need day-to-day savings whilst on a flexi**FED** hospital plan, are sorted. All they need to do is to activate their day-to-day back-up savings aka Fedhealth Savings. They can only activate what they need, and that's all they will have to pay for – over 12 months.

The amounts below indicate how much Fedhealth Savings members have available based on their option and family composition. The amount they activate will be divided by 12 and added to their hospital plan contribution.

flexiFED WITH BACK-UP SAVINGS

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

	Principal member	Adult dependant	Child dependant
flexiFED 1	R7 488	R5 880	R2 760
flexiFED 1^{Elect}	R7 572	R5 940	R2 796

flexi**FED 1**
DAY-TO-DAY BENEFITS

Here's an overview of the day-to-day benefits available on flexi**FED 1**, including the casualty ward benefit and the chronic medication benefit (refer to page 10 for further details).

On flexi**FED 1**, day-to-day expenses are either self-funded, or they can be paid from Fedhealth Savings if the member makes use of their available back-up day-to-day savings, and from available D2D+ benefits. See page 4 for information about back-up savings and D2D+ benefits.

BENEFIT	flexi**FED 1**
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	**Pre Threshold:** Consults with a nominated Network GP will be self-funded or paid from available D2D+ benefits and accumulate at cost to the Threshold level (claims paid from D2D+ do not accumulate to threshold). Each beneficiary can nominate up to 2 Network GPs. Consults at a network GP (not the nominated one) will be self-funded and accumulate to Threshold at cost. Enjoy unlimited mental health consults in- or out-of-network pre Threshold – these will be self-funded. **In Threshold:** Unlimited nominated Network GP benefit. Consults will be subject to a 20% co-payment in Threshold. Mental health: maximum of 2 mental health consults per beneficiary with a network GP will be paid from Threshold benefit. We pay for 2 consults for non-nominated or non-network GPs once in Threshold.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP	**Pre Threshold:** Consults with out-of-network GPs will be self-funded or paid from available D2D+ benefits at scheme rate but will accumulate to Threshold level at cost. (claims paid from D2D+ will not accumulate to threshold) **In Threshold:** Limit of 2 consults with an out-of-network or non-nominated GP per beneficiary paid from Threshold. Thereafter, consults with a non-network GP will be self-funded. Mental health consults with a non-network GP will not be paid from Threshold benefit, but will be self-funded.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded or paid from available D2D+ at scheme rate. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded. Accumulates at cost to Threshold.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded. Accumulates at cost to Threshold.
CASUALTY/ EMERGENCY VISITS	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R880 per visit for non-PMBs applies
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.	Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate) Once 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. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.
ADVANCED DENTISTRY inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Self-funded. Accumulates at cost to Threshold level
Osseo-integrated implants, orthognathic surgery	Self-funded. Accumulates at cost to Threshold level
ADDITIONAL MEDICAL SERVICES: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Self-funded. Accumulates at cost to Threshold level
ALTERNATIVE HEALTHCARE: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Self-funded. Accumulates at cost to Threshold level
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS: Hearing aids, wheelchairs, etc.	Self-funded. Accumulates at cost to Threshold level

** Private nursing that falls outside the alternatives to hospitalisation benefit*

BENEFIT	flexiFED 1
MEDICINES AND INJECTION MATERIAL	
• Acute medicine	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)
• Chronic medicine	Please see Chronic Medicine Benefit on page 10
• Over-the-counter medicine	Self-funded. Accumulates at cost to Threshold level
OPTICAL BENEFIT	
• Consultations	
• Spectacle lenses	Self-funded. Accumulates at cost to Threshold level
• Frames and/ or lens enhancements	
PATHOLOGY AND MEDICAL TECHNOLOGY	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level (claims paid from D2D+ do not accumulate)
GENERAL RADIOLOGY	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level (claims paid from D2D+ do not accumulate)
SPECIALISED RADIOLOGY **Pre-authorisation is required**	Unlimited at Fedhealth Rate. First R4 230 for non-PMB MRI/ CT scans for the member's account.
• Oncology PET and PET/CT scans	PMB level of care at network DSP or R5 670 co-payment for use of non-DSP
Specified procedures in practitioner's rooms	Paid from the in-hospital benefit Gastroscopy (no general anaesthetic will be paid for) Colonoscopy (no general anaesthetic will be paid for) Flexible sigmoidoscopy Indirect laryngoscopy Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) Fine needle aspiration biopsy Excision of nailbed Drainage of abscess or cyst Injection of varicose veins Excision of superficial benign tumours Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision
PHYSICAL THERAPY **Chiropractics, biokinetics and physiotherapy**	Self-funded. Accumulates at cost to Threshold level

flexi**FED 1**
HOSPITAL PLAN CONTRIBUTIONS

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

Fedhealth applies child rates up until age 27

Gross Contributions Starting from*

	Principal member	Adult dependant	Child dependant
flexi**FED 1**	R2 630	R2 061	R963
flexi**FED 1**^{Elect}	R2 051	R1 602	R747

flexiFED** hospital plans also have a nominal savings account so that members joining Fedhealth from other schemes can easily transfer their Medical Savings Account balances to the Scheme. The nominal savings amount is included in the above Gross contributions*

Annual Nominal Savings (included in the Gross Contribution)

	Principal member	Adult dependant	Child dependant
flexi**FED 1**	R324	R240	R108
flexi**FED 1**^{Elect}	R240	R180	R72

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

	Principal member	Adult dependant	Child dependant
flexi**FED 1**	R7 488	R5 880	R2 760
flexi**FED 1**^{Elect}	R7 572	R5 940	R2 796

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

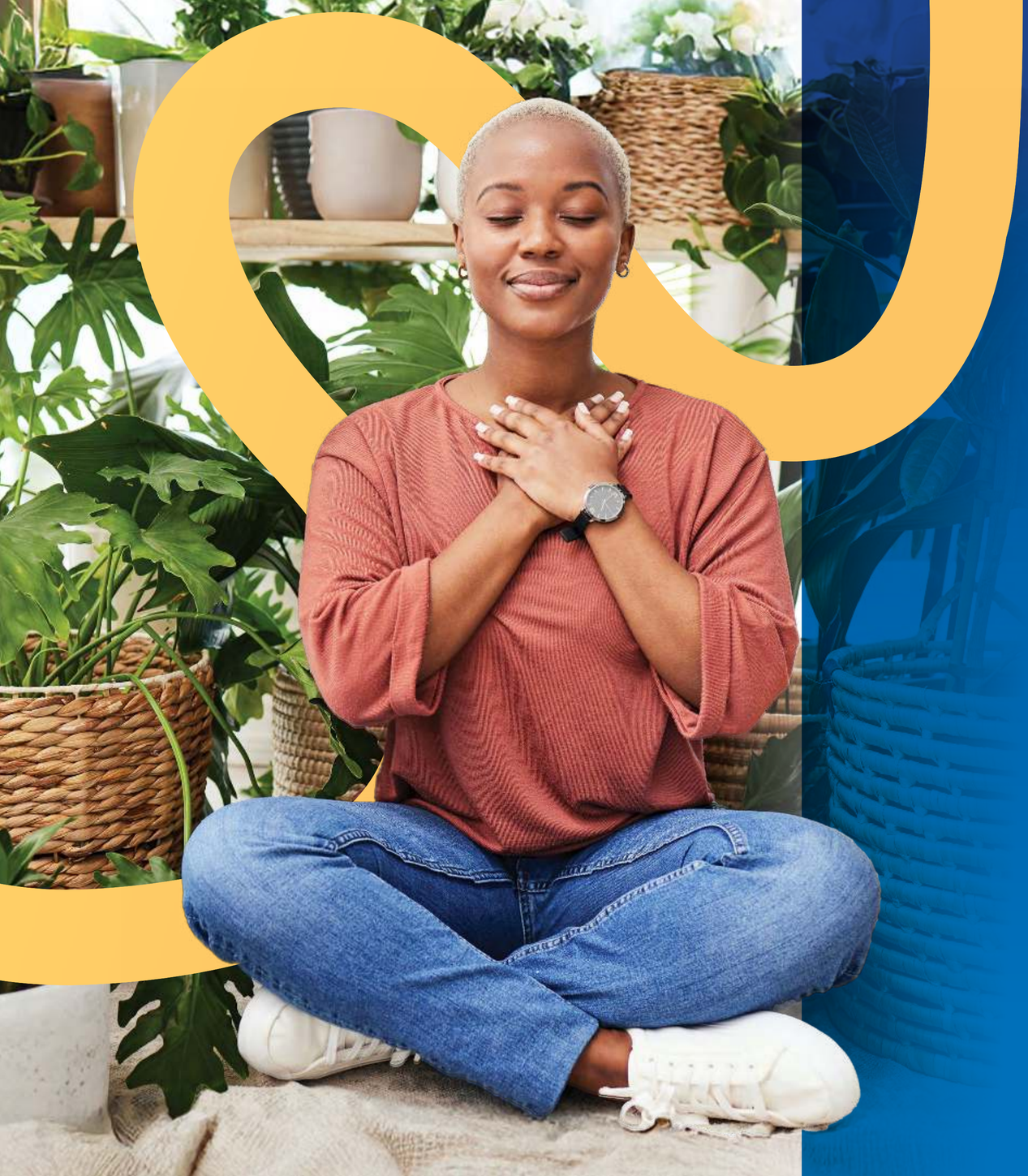
WHAT IS THE THRESHOLD BENEFIT ON flexiFED 1?

The Threshold Benefit on the flexi**FED** plans is essentially a benefit that's unlocked once the member's day-to-day medical claims, like GP visits or basic dental work, accumulate to a certain Rand amount (the 'threshold level'). After the member hits that Threshold, Fedhealth starts covering those services more generously and often fully pays for certain benefits, such as nominated network GP visits or specific dental treatments depending on the option. For example, on flexi**FED 1**, once members have spent enough to reach the Threshold, their unlimited visits to a Fedhealth nominated network GP and preventative dentistry are paid from their Threshold Benefit (rather than from their Fedhealth Savings or own pocket).

Annual Threshold Level

	Principal member	Adult dependant	Child dependant
flexi**FED 1**	R5 508	R4 320	R2 016
flexi**FED 1**^{Elect}	R5 508	R4 320	R2 016

** Claims accumulate at cost on flexi**FED 1***
*** Capped to a maximum of 3 children*
****Claims paid from D2D+ will not accumulate to Threshold*



SCREENING, WELLNESS AND EXTRA VALUE-ADDED BENEFITS

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

SCREENING & WELLNESS BENEFIT:

Apart from a host of screening, preventative and wellness benefits, flexi**FED 1** also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.

BENEFIT	flexi**FED 1**
WELLNESS BENEFITS	Benefits aimed to promote early detection and healthier living through age- and gender-specific screenings.
MENTAL WELLNESS	Two virtual mental health consultations per beneficiary at a nominated provider once threshold has been reached Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.
GENERAL WELLNESS	
• HIV finger prick test	All lives; 1 test every year
• Flu vaccination and administration*	All lives; 1 vaccine per beneficiary per annum
• Smoking cessation programme	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc.)
• Cardiac health screening (full lipogram)	All lives aged 20 and older: 1 test every 5 years
CHILDREN'S HEALTH	
• Immunisation programme and administration (as per State EPI)*	Birth to age 12
• Infant hearing screening test and consultation**	Birth up to 8 weeks of age: 1 per new-born beneficiary
• Vision Screening for Retinopathy of prematurity	2 tests and consultations for babies under 1.5kg or born before 32 weeks. Once benefit has been utilisied, subject to available Fedhealth Savings
• HPV vaccine and administration Cervarix and Gardasil only*	Covers administration of 2 doses per lifetime, but no benefit for HPV vaccine
WOMEN'S HEALTH	
• Cervical cancer screening (Pap smear)	Women aged 21 - 65; 1 test every 3 years
• Cervical cancer screening pharmacy consultation	Women aged 21 - 65; 1 consultation every 3 years
• HPV PCR test	Women; 1 test every 3 years (on HIV programme)
• Contraceptives	Women up to age 55 Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years.
• Emergency Contraceptives	Women up to age 55, 1 every year
MEN'S HEALTH	
• Prostate specific antigen	Men Aged 45-69; 1 test every year
ALL OVER 40S HEALTH	
• Breast cancer screening with mammography	All lives aged 40 and older: 1 every 2 years
• Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75: 1 every year
• Pneumococcal vaccination and administration*	All lives aged 65 and older: 2 per lifetime
SCREENING BENEFITS	Aimed to prevent illness through early detection via Health Risk Assesments and Weight Management Programme.*
WELLNESS SCREENING **BMI, blood pressure, finger prick cholesterol and glucose test**	All lives, 1 every year
PREVENTATIVE SCREENING **Waist-to-hip ratio, body fat%, flexibility, posture and fitness**	All lives, 1 every year
WEIGHT MANAGEMENT PROGRAMME	Limited to 1 qualifying enrolment per beneficiary per annum: 1 Psychotherapy consultation 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test,1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)

For full benefit information, how to access or register, applicable DSPs, formularies and protocols, access Zoom on Screening Benefit

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

PLUS, the following support and assistance:

30-DAY POST-HOSPITALISATION BENEFIT

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

MEDITAXI SERVICE

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

EMERGENCY ASSISTANCE

flexiFED members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Europ Assistance provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. Call 0860 333 432 to access this service, and press 1. Under this benefit, emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.

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

CHRONIC MEDICINE AND MANAGED CARE

CHRONIC MEDICINE BENEFIT

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

	flexi**FED 1**
LIMIT	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL) Depression medication - R2 400 per beneficiary subject to an approved list of medications
FORMULARY	Basic formulary or a 30% co-payment for non-use of formulary medication
PHARMACY	Scriptpharm Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP

27 CHRONIC CONDITIONS ON THE CHRONIC DISEASE LIST (CDL) COVERED ON ALL OPTIONS:

- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- COPD/ Emphysema/ Chronic Bronchitis
- Chronic Renal Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus Type-1
- 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 condition covered on flexi**FED 1**:

- Depression

ORTHOCARE

The Fedhealth OrthoCare spinal programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.

AFA HIV MANAGEMENT PROGRAMME

The Scheme offers the AfA (HIV Management) programme to help members who are HIV-positive manage their condition. The benefits of being on the programme (over and above the payment of the necessary medicine and pathology claims), include clinical and emotional support to manage the condition.

WEIGHT MANAGEMENT PROGRAMME

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

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 1 behavioral psychologist consultation, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.

SMOKING CESSATION PROGRAMME

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

ALIGND PALLIATIVE CARE PROGRAMME

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

HOSPITAL AT HOME

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

MENTAL HEALTH COVER

MENTAL HEALTH BENEFIT

Fedhealth recognises that mental health is key to our members' quality of life, and as such, we offer a range of benefits and programmes on flexi**FED 1** to provide members with mental health care and support.

BENEFIT	flexi**FED 1**
WELLNESS RESOURCES AND DIGITAL TOOLS	Stress and Anxiety Benefit:Two virtual consultations per beneficiary which can be used via any virtual mental health platform. Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.
OVERVIEW OF PMBS FOR MENTAL HEALTH	Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia, acute stress disorder, and substance abuse. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.
CONSULTATIONS	Two virtual consultations per beneficiary. 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia, acute stress disorder, and substance abuse as per PMB entitlement Additional consults paid from available Fedhealth Savings Once in threshold, two mental health consultations per beneficiary (in-network GPs only).
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions. Depression medication: R2 400 per beneficiary per annum subject to approved list of medication Thereafter subject to available Fedhealth Savings
PSYCHIATRIC HOSPITALISATION	Subject to PMB level of care up to 21 days admission per beneficiary (see above)

ONCOLOGY BENEFIT

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

ONCOLOGY BENEFIT

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need to flexi**FED 1** members.

On flexi**FED 1**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

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

BENEFIT	flexi**FED 1**
ONCOLOGY LIMIT The use of non-DSP will attract a 25% upfront co-payment	Covered up to PMB level of care
• **Active treatment period**	Covered up to PMB level of care. ICON Essential Protocols apply
• **Oncology and oncology medicine**	Covered up to PMB level of care. ICON Essential Protocols apply 25% co-payment applicable for medication not obtained from DSP
• **Radiology and pathology**	Covered up to PMB level of care
• **PET and PET-CT**	No benefit, unless PMB level of care, DSP Network applicable or a R5 670 co-payment for non-DSP use
• **Specialised drugs for oncology**	No benefit unless PMB level of care
• **Brachytherapy materials**	No benefit
TERMINAL CARE	R35 570

ALIGND PALLIATIVE CARE PROGRAMME

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

MATERNITY AND CHILDHOOD BENEFITS

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

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

Please refer to page 16 to see benefits related to maternity confinement in-hospital.

MATERNITY BENEFITS

	BENEFIT	flexiFED 1
DURING PREGNANCY	FEDHEALTH BABY PROGRAMME	Education and Support: Parental Questionnaire – a handy document to work through with your partner or spouse in preparation for the upcoming birth. Ongoing engagement in the form of emails and wellbeing calls for each trimester, as well as post-birth. Baby Medical Advice Line - A dedicated 24-hour medical advice line for any pregnancy concerns,. Before Reaching 26 Weeks of Pregnancy: Healthy Pregnancy Workshop where doula educators share critical pregnancy information covering nutrition dealing with depression in pregnancy, pregnancy stretches and exercises, as well as an in-depth look at birth options - their risks and benefits. After Reaching 26 Weeks of Pregnancy: Online (live on Zoom) childbirth classes providing clinically based information to make informed decisions regarding planned birth (natural or C-section). Third Trimester Baby Backpack including baby products, breastfeeding guide, and other maternity vouchers.
	MAIN BENEFITS	
	• Antenatal (or postnatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or network gynaecologist
	• Antenatal scans	2 x 2D antenatal scans
	• Amniocentesis	1 Amniocentesis
	• Antenatal classes	Antenatal classes up to R1 200 conducted by Private Nurses
	BIRTH-RELATED BENEFITS	
	• Private ward cover	No benefit.
	• Doula benefit	R3 600 per delivery for a doula (birthing coach) to assist mothers during natural childbirth
	• Post-natal midwifery benefit	4 consultations per delivery with a midwife, in-and out-of-hospital
POST-BIRTH AND CHILDHOOD BENEFITS	POST-BIRTH BENEFITS	
	• Postnatal (or antenatal) consultations	6 postnatal (or antenatal) consultations with a midwife, network GP or gynaecologist. Subject to how many antenatal consultations were already covered
	• Vision screening for retinopathy of prematurity	2 tests and consultations for babies under 1.5kg or born before 32 weeks. Once benefit has been utilised, subject to available Fedhealth Savings
	• Infant hearing screening test	Birth up to 8 weeks of age: 1 Infant hearing screening test and consultation per new-born beneficiary**
	• Paediatric consultation	Subject to available day-to-day unless PMB level of care
	• Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby Programme
	• Appliances	Breast pumps and nebulisers paid from Fedhealth Savings.
	CHILD CARE	
	• Immunisation programme and administration* (as per State EPI)	Birth to age 12
	• HPV vaccine and administration*	Covers administration of 2 doses per lifetime, but no benefit for HPV vaccine
	• Childhood illness specialised drug benefit	No benefit.
	• Optical screening	No benefit.
	24-Hour Paed-IQ Advice Line	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.

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

UNLIMITED HOSPITAL COVER

flexi**FED 1** has an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

THE IN-HOSPITAL BENEFIT COVERS:

- The **hospital costs and accounts from doctors and specialists,** e.g. the anaesthetist and the X-ray department.
  - Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate.
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network. Members must use facilities on the **Fedhealth Day Surgery Network** to avoid a R2 710 co-payment
- Members on flexi**FED 1** must use the **Fedhealth** flexi**FED 1 Hospital Network** or pay a 30% co-payment on the hospital account.
- **Physiotherapy:** Referral by a medical practitioner and pre-authorisation is required, covered up to the Fedhealth Rate.

PRESCRIBED MINIMUM BENEFITS (PMBS)

PMBs are a basic level of cover for a defined set of conditions. By law, all medical schemes must cover the treatment of 271 hospital-based conditions and 27 chronic conditions, i.e. the Chronic Disease List (CDL), in full without co-payment or deductibles, as well as any emergency treatment and certain out-of-hospital treatment.

This means that all schemes must provide **PMB level of care** at cost for these conditions. Schemes are allowed to require members to use Designated Service Providers (DSPs) and apply formularies and managed care protocols.

Fedhealth uses network specialists, network GPs and network hospitals for the provision of PMBs.

Members must use a Fedhealth Network Specialist and a nominated network GP in order for the cost to be refunded in full. Should members not use these DSPs for PMB treatment, the Scheme will reimburse treatment at the non-network rate.

Co-payments are applicable to the voluntary use of non-DSPs. Referral must be obtained from a Fedhealth Network GP for consultations with Fedhealth Network Specialists. If referral is not obtained, there will be a co-payment on specialist claims paid from the Risk benefit. Co-payments are option dependent.

Please note: Qualification for reimbursement as a PMB is not based solely on the diagnosis (condition), but also on the treatment provided (level of care). So although a member's condition may be a PMB condition, the Scheme would only be obliged to fund it in full if the treatment provided was considered PMB level of care.

CO-PAYMENTS ON CERTAIN PROCEDURES

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

WHAT ARE CONSIDERED AS EMERGENCIES?

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

BENEFIT	flexiFED 1
OVERALL ANNUAL LIMIT	No overall annual limit
HOSPITAL NETWORK	
Acute Hospital Facilities:	flexi**FED 1** Hospital Network
Day Surgery Facilities:	flexi**FED 1** Day Surgery Facilities Network
Mental Health Facilities:	Fedhealth Mental Health Facilities Network
HOSPITAL LIMIT	Unlimited
PRESCRIBED MINIMUM BENEFITS (PMB) Treatment for PMB conditions can be funded in two ways	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items	Unlimited at Fedhealth flexi**FED 1** Network Hospitals. On flexi**FED 1**^{Elect} there is a R15 950 excess on all hospital admissions except emergency admissions
• Hospital co-payment for non-network hospital	30% co-payment on voluntary use of non-network hospitals. R2 710 co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities On flexi**FED 1**^{Elect}, there is a R15 950 excess on all hospital admissions except emergency admissions
CONFINEMENT	
• Maternity confinement Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.	Unlimited
• Private ward cover	No benefit
• Delivery by Fedhealth Network GPs and specialists	Covered in full
• Delivery by non-network GPs and specialists	Covered up to the Fedhealth Rate
• Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited
• Delivery by a registered midwife/ nurse or a practitioner	Unlimited
• Hire of water bath and oxygen cylinder	Unlimited
• Medicine on discharge from hospital: The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital	Limited to 7 days' medication up to a maximum of R412 per hospital event
FEDHEALTH BABY PROGRAMME	All members enjoy access to the Fedhealth Baby Programme, with benefits depending on the member's flexi**FED** option. Included are a free baby bag with products, vouchers and advice.
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	Self-funded. Accumulates at cost to Threshold level
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	• Gastroscopy (no general anaesthetic will be paid for) • Colonoscopy (no general anaesthetic will be paid for) • Flexible sigmoidoscopy • Indirect laryngoscopy • Removal of impacted wisdom teeth • Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) • Fine needle aspiration biopsy • Excision of nailbed • Drainage of abscess or cyst • Injection of varicose veins • Excision of superficial benign tumours • Superficial foreign body removal • Nasal plugging for epistaxis • Cauterisation of warts • Bartholin cyst excision
MEDICINE ON DISCHARGE FROM HOSPITAL The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital	Up to 7 days supply to a maximum of R412 per beneficiary per admission
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities	
• 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
• Terminal Care Benefit	R35 570

BENEFIT	flexiFED 1
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	
• General medical and surgical appliances (including glucometers)	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level
• Hearing aids including repairs	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level
• Large orthopaedic orthotics/ appliances	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level
• Stoma products	Unlimited subject to authorisation
• CPAP apparatus for sleep apnoea	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level
• Foot orthotics (incl. shoes and foot inserts/ levellers)	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level
• Oxygen therapy equipment	Unlimited subject to authorisation
• Home ventilators	Unlimited subject to authorisation
• Long leg callipers	Unlimited subject to authorisation
• Moon boots	Limited to R2 060 per beneficiary payable from Risk. Once benefit is depleted, payable from available savings
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER	
• Fedhealth Network GPs and Specialists	Covered in full
• Non-network GPs and Specialists	Covered up to the Fedhealth Rate.
• Other Healthcare Practitioners	Covered up to the Fedhealth Rate
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care
• Corneal grafts	No benefit
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited
PROSTHESES AND DEVICES INTERNAL	
• Aorta stent grafts	Unlimited at cost at PMB level of care
• Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	Unlimited at cost at PMB level of care
• Cardiac pacemakers, cardiac stents, cardiac valves	Unlimited at cost at PMB level of care
• Detachable platinum coils	Unlimited at cost at PMB level of care
• Elbow, hip, knee and shoulder replacement	Unlimited at cost at PMB level of care
• Total ankle replacement	No benefit
• Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care
• Intraocular lenses – non-cataract (per lens)	Unlimited at cost at PMB level of care
* Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at PMB level of care
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care
GENERAL RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY	Unlimited at Fedhealth Rate. First R4 230 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - PMB level of care at network DSP or R5 670 co-payment for use of non-DSP
• CT scans, MUGA scans, MRI scans, radio isotope studies	Specific authorisation required
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited at cost at PMB level of care
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	Covered in full, limited to a list of approved procedures
HIV/ AIDS Hospitalisation, anti-retroviral and related medication and related pathology	Unlimited

PROCEDURE CO-PAYMENTS

	flexi**FED 1**
Bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/excision	R8 190
All open hernia surgery	R8 720
Arthroscopic procedures – shoulder, ankle	R10 930
Arthroscopic procedures: wrist	No benefit
Arthroscopic procedures: hip	No benefit
Arthroscopic procedures: knee	No benefit unless PMB Knee: only Anterior Cruciate Ligament repair – R10 930
Other arthroscopic procedures	No benefit unless PMB
Back & neck procedures	R8 190
Cataract surgery (Voluntary use of non-contract providers)*** Not applicable to all Elect options - Voluntary use of non-network facility will result in a R15 950 co-payment for Elect options.	R7 750
Colonoscopy, upper GI endoscopy	R8 190
Dental admissions	No benefit
Inguinal hernia surgery	R8 720
JOINT REPLACEMENTS	
• Single hip and knee replacements with CP*	No benefit
• Single hip and knee replacements-non-use of CP*	No benefit
• Other joint replacements	No benefit
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R8 190
Laparoscopic varicocelectomy	R8 190
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit
Spinal surgery**	No benefit unless PMB
Surgical extraction of impacted wisdom teeth	R5 910
Varicose vein procedures	R8 190

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

*** No benefit unless OrthoCare Programme has been completed.*

****Contracted providers: Must use NHN and ICPS for cataract surgery. Voluntary use of non-Contracted Provider will result in co-payment.*

LINKS TO BENEFITS INFO

NEED MORE INFORMATION ON A SPECIFIC FEDHEALTH BENEFIT, PROGRAMME, SERVICE OR PROVIDER?

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

ZOOM on 30-Day Post-Hospitalisation Benefit >

ZOOM on Alignd Serious Illness Benefit >

ZOOM on All about dependants >

ZOOM on Alternatives to Hospitalisation Benefit >

ZOOM on Chronic Medicine Benefit >

ZOOM on the Contraceptive Benefit >

ZOOM on Emergency Assistance >

ZOOM on Emergency Treatment in a Casualty Ward >

ZOOM on Maternity & Childhood Benefits >

ZOOM on the Fedhealth Baby Programme >

ZOOM on the flexi**FED 1** Preventative Dentistry Benefit >

ZOOM on GP Nomination >

ZOOM on the Hospital at Home Benefit >

ZOOM on the MediTaxi Benefit >

ZOOM on the Mental Health Benefit >

ZOOM on the Mental Health Programme >

ZOOM on the Oncology Benefit >

ZOOM on Option Upgrades >

ZOOM on the OrthoCare Spinal Programme>

ZOOM on the Screening Benefit >

ZOOM on Self-Service Channels >

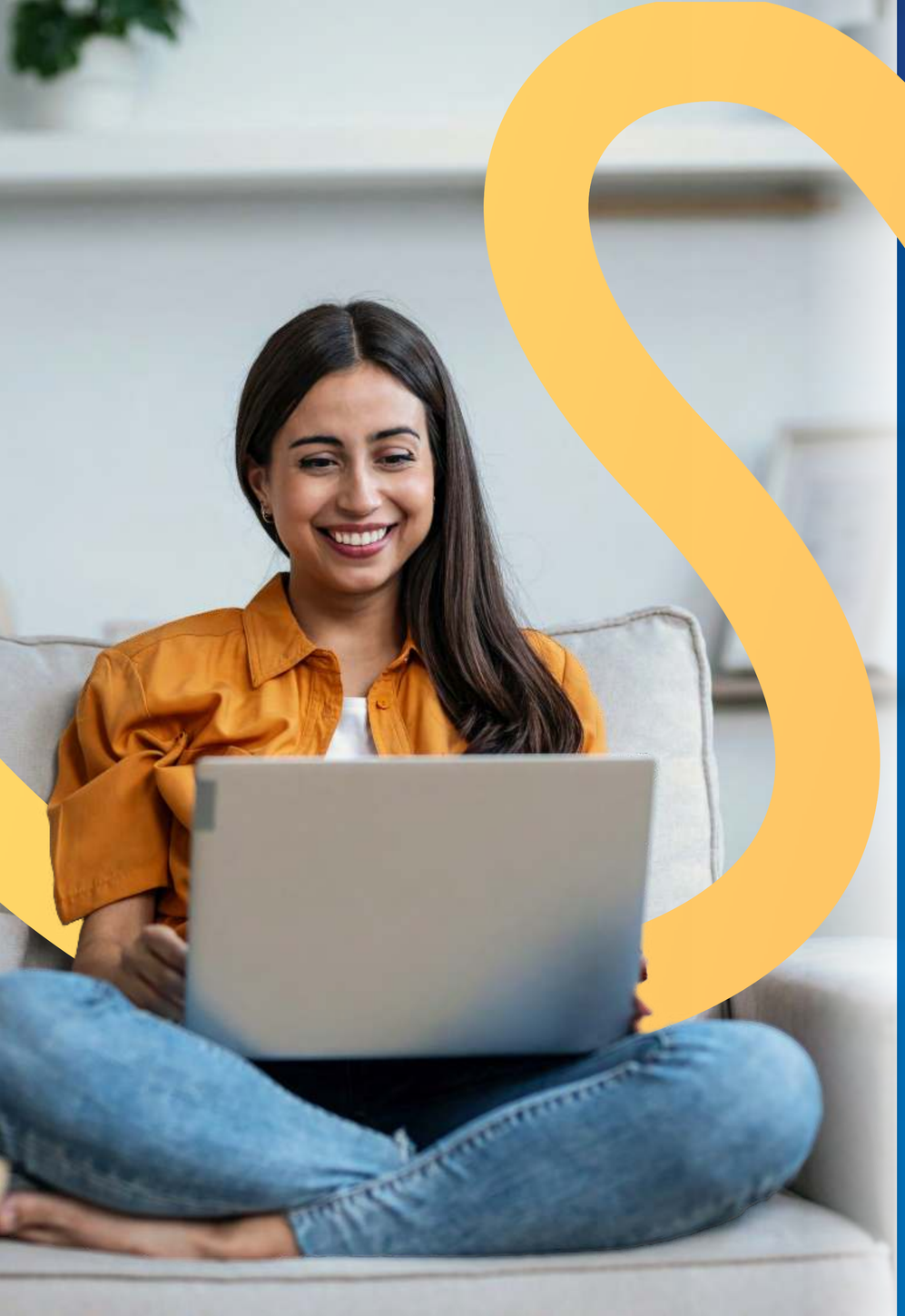
ZOOM on the Selected Procedures Benefit >

ZOOM on the Smoking Cessation Programme >

ZOOM on the Specialised Radiology Benefit >

ZOOM on Specialist Referral >

ZOOM on the Weight Management Programme >



HOW TO GUIDE

01 Getting started

Upon joining Fedhealth, you will receive a **welcome email** indicating your underwriting, or if any penalties are applicable.

Download your e-card from the **Fedhealth Family Room, Fedhealth Member App** or **WhatsApp** service.

To easily manage your Fedhealth membership wherever you are, we recommend that you register on the **Fedhealth Family Room** online member platform and/or download the **Fedhealth Member App.**

See the next page for more info.

02 Getting in touch with us

Over the course of your Fedhealth membership, you might need to get hold of the Scheme.

Here are the various service channels you can use:

Fedhealth Family Room

Register on the Fedhealth Family Room, our online member portal, to help you:

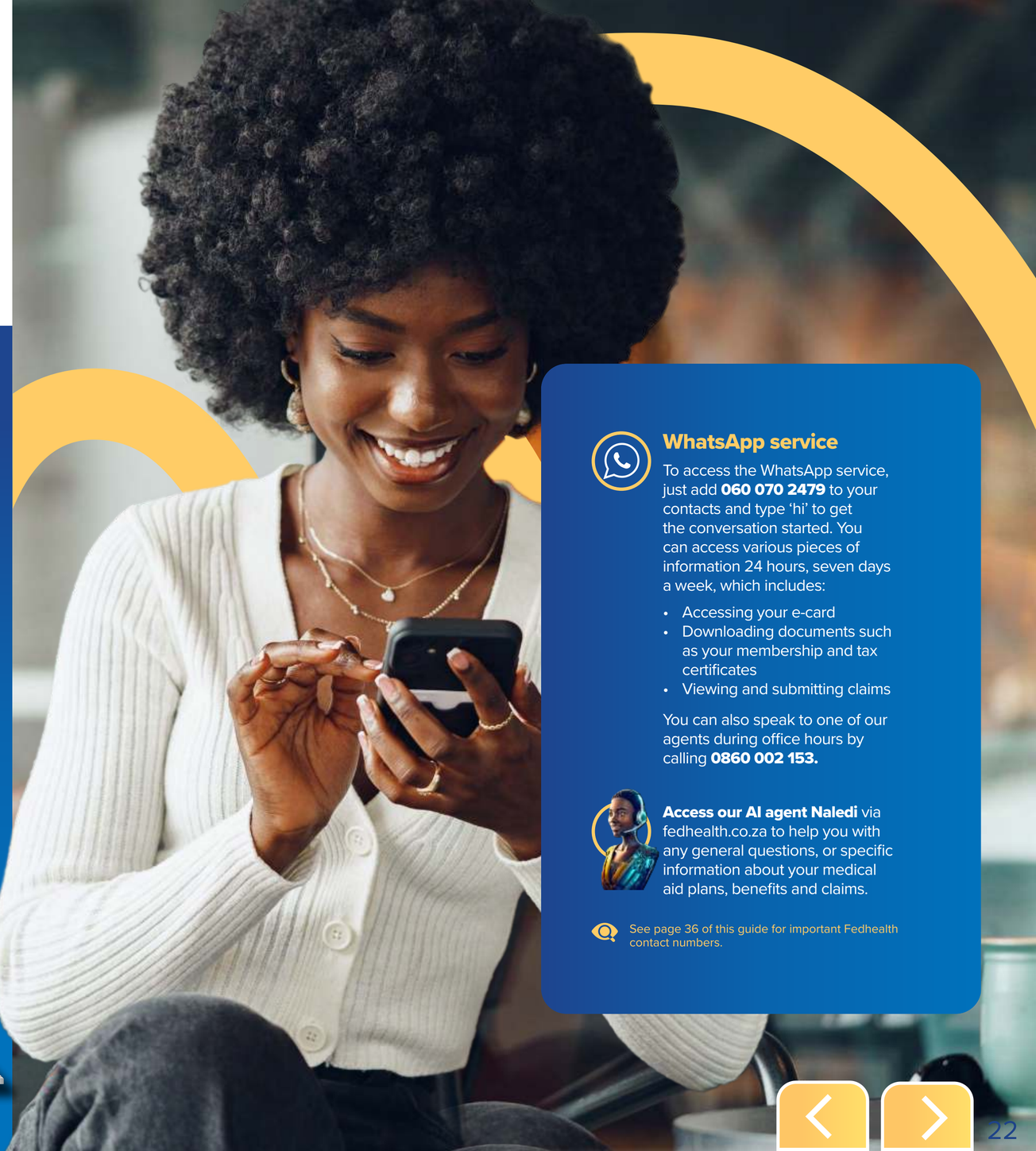
- Manage every aspect of your membership like submitting claims and obtaining pre-authorisations.
- Access the LiveChat functionality to have your medical aid questions answered during office hours without having to phone us. You can also get hospital and chronic disease authorisations using LiveChat.

Access the Fedhealth Family Room via fedhealth.co.za and register by following all the prompts to enjoy all the great features.

Fedhealth Member App

The Fedhealth Member App allows members to manage their membership and health all on one device. On the app, you can:

- Submit and track claims
- Download important Scheme documents
- Request authorisations for hospital admissions and chronic medicine
- Book and attend virtual consultations
- Access Health Rewards by Sanlam



WhatsApp service

To access the WhatsApp service, just add **060 070 2479** to your contacts and type ‘hi’ to get the conversation started. You can access various pieces of information 24 hours, seven days a week, which includes:

- Accessing your e-card
- Downloading documents such as your membership and tax certificates
- Viewing and submitting claims

You can also speak to one of our agents during office hours by calling **0860 002 153.**

Access our AI agent Naledi via fedhealth.co.za to help you with any general questions, or specific information about your medical aid plans, benefits and claims.

See page 36 of this guide for important Fedhealth contact numbers.

03 Paying your monthly contribution

IMPORTANT:
Your monthly contribution must be paid to us by the third (3rd) day of each month. If we do not receive payment by the third day of the month, we will suspend your cover until we receive the contribution payment.

Payment of contributions

You can pay your monthly contributions by using one of the following methods:

- **Debit order:** The debit order will be deducted based on the date you selected upon joining the Scheme
- **EFT:** Must be paid by the third day of the month
- Paid by your employer (depending on the employee benefits you enjoy)
- Due to changes in cross-border payment regulations within the Common Monetary Area (CMA), which includes South Africa, Namibia, Lesotho, and Eswatini, Fedhealth can no longer debit member bank accounts in these countries. Payments must now be paid directly into the Scheme bank account.

Our bank details

Account name: Fedhealth Medical Scheme
Bank: Nedbank
Branch code: 19-84-05
Account number: 1984 563 009
Please use your membership number as reference when making a payment.

Arrears billing

Depending on what you selected when you joined Fedhealth, we can bill contributions in arrears.

This means that the contribution for the current month is paid over at the end of the current month. Should you choose arrears billing, please note that a minimum of a one-month general waiting period will apply to your claims.

Advanced billing

Depending on what you selected when you joined Fedhealth, we can bill contributions in advance. This means that the contribution for the current month is paid in the beginning of the month. Should you choose to pay contributions in advance, you will have access to benefits once contributions are received by the Scheme.

Please use your membership number as reference when making a payment.

How is the Fedhealth Savings instalment paid back?

Your instalment will be included in your monthly contribution, so you will only have one monthly debit order.

04 Activating your Fedhealth Savings

If you are on one of the flexi**FED** options, and have selected the day-to-day savings back-up plan, you only need to start paying for it once you've activated your Fedhealth Savings.

How to activate your Fedhealth Savings

There are various options available to you:

1

USSD

Use our free USSD line to activate your Fedhealth Savings. This is an easy-to-use tool for any mobile phone device (not just smartphones). Below are the steps:

- Dial ***134*999*membershipnumber#.**
- Follow the prompts on the screen.
- Have your bank details on hand: depending on your membership profile, we might request the information from you.
- Please note: the USSD line might time out because of network connectivity. The system will remember your transactions up to that point, which will allow you to continue where you've left off.
- Once you've activated the Fedhealth Savings, these funds will be available for your day-to-day medical expenses.
- **You can activate amounts:**
  - In increments of R600, or
  - The entire Fedhealth Savings amount at once, or
  - Activate what's remaining of your Fedhealth Savings, these funds will be available for your day-to-day medical expenses.

You can action multiple activations, all depending on your day-to-day medical needs.
To make it easier, save the USSD code with your member number as a contact on your phone. These transactions will be active immediately without additional transactions needed, so you can get your medication at the pharmacy without hassle.

2

Fedhealth Family Room

Login to the Fedhealth Family Room, go to the Fedhealth Savings page and follow the prompts on the screen. The Fedhealth Family Room will also provide you with a transaction history as well as an instalment calculator to assist you with the decision on the amount you need to activate. These transactions will be active immediately without additional transactions needed.

3

Fedhealth Member App

You can also activate your Fedhealth Savings using the Fedhealth Member App. In addition, you can see how much you have left for the benefit year, and what your next instalment will be. Simply open the app, and click on Money Matters tab.

4

Fedhealth Customer Contact Centre

Contact us, and one of our agents will take you through the process of activating your Fedhealth Savings.

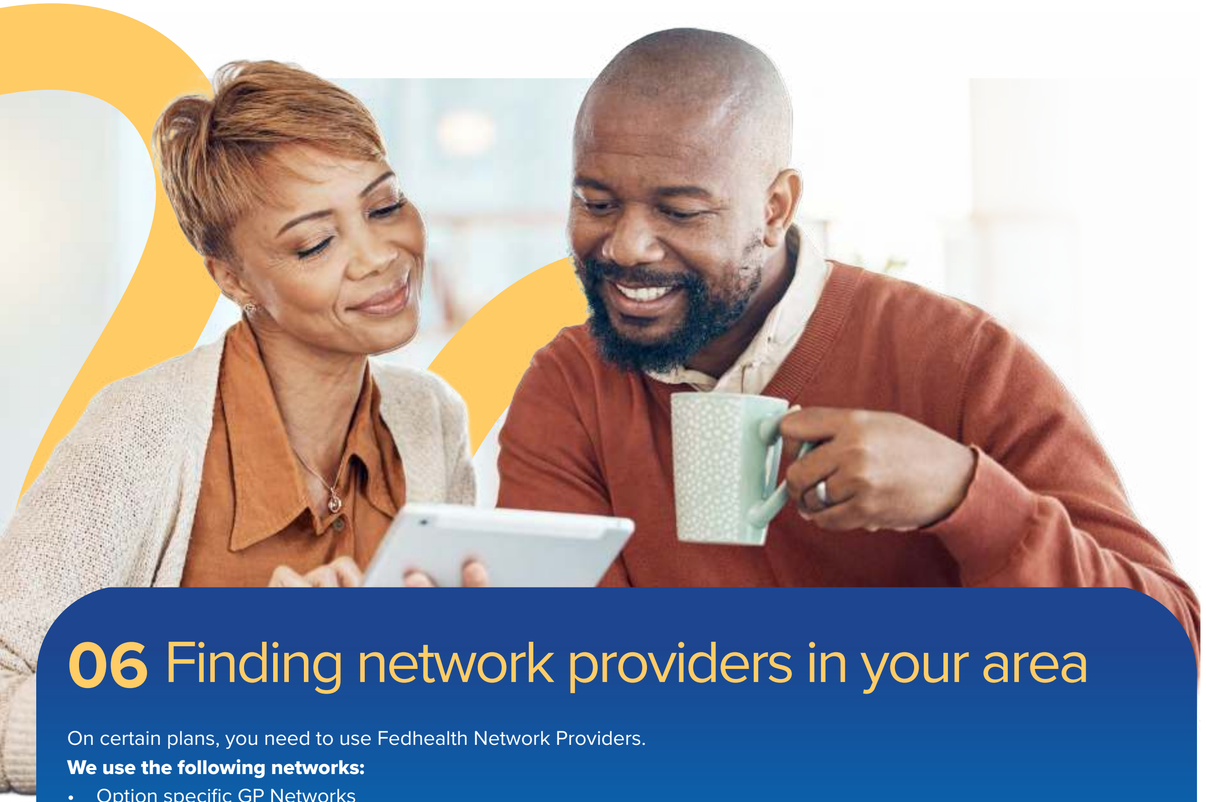
05 Accessing your additional day-to-day benefits through the D2D+ benefit

D2D+ BENEFIT

By completing a Health Risk Assessment at your GP or pharmacy and downloading the Fedhealth Member App, members on flexi**FED 1, 2, 3** and **4** (including Hospital plans) can activate the **D2D+ benefit** and unlock up to R4 500* in additional day-to-day benefits for GP and specialist consultations, prescribed medication and basic dentistry.

Claims paid from the D2D+ benefit won't accumulate to Threshold.

**The amount unlocked is option-dependent.*



06 Finding network providers in your area

On certain plans, you need to use Fedhealth Network Providers.

We use the following networks:

- Option specific GP Networks
- Option specific Hospital Networks
- Fedhealth Specialist Network

It's helpful to familiarise yourself with the various providers in your area. **To do this, access the 'Fedhealth Locator'** on the Fedhealth website, Fedhealth Family Room or the Fedhealth Member App, which will provide you with a list of Fedhealth Network Providers.





07 Nominating your preferred GP

On the following Fedhealth options you enjoy unlimited nominated network GP benefits once you have reached your option's respective Threshold levels: flexi**FED 1,** flexi**FED 1**^{Elect}**,** flexi**FED 2,** flexi**FED 2**^{GRID}**,** flexi**FED 2**^{Elect}**,** flexi**FED 3**, flexi**FED 3**^{GRID} and flexi**FED 3**^{Elect}**.**

On flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect} you enjoy unlimited nominated network GP consultations from day one.
You also need to nominate a GP on my**FED.**

What you need to know about nominating a preferred GP:

- You need to nominate a GP on your option's respective GP Network
- Each beneficiary on your option can have a different nominated GP
- You can nominate two GPs per beneficiary

How do you nominate your GP?

1. Fedhealth Family Room

- Login to the Fedhealth Family Room
- Go to "Network Providers"
- Find a "Service Provider"
- Follow the prompts as provided on the screen

2. WhatsApp Chat, Fedhealth Member App Chat or LiveChat

You can start a conversation with one of our service agents via WhatsApp Chat, Fedhealth Member App or LiveChat (accessible from the website).

3. Phone the Fedhealth Customer Contact Centre

Contact us on **0860 002 153** with the GP's name and practice number (if you have it), and an agent will load the required nomination on your membership.

4. Email

Send an email to member@fedhealth.co.za with the GP's name and practice number (if you have it). Also indicate for which dependants this GP must be nominated. Remember to check if your GP is on our GP network.

Don't know if your GP is on our network?

Access our 'Provider Locator' tool on the Fedhealth website as well as the Fedhealth Family Room to check if your GP is on our network or not. You can also find other GPs who are on our network in the area you live in.

Specialist referral number

When visiting a specialist for a PMB condition a specialist referral number is required. This number must be obtained by your referring GP.

08 How to claim

The majority of your claims will most likely be submitted by your healthcare providers.
But when you do need to claim, you can do so in the following ways:

- Login to the Family Room and submit your claim
- Use LiveChat accessible from the Fedhealth Family Room
- Use the Fedhealth Member App
- Use the WhatsApp service
- Email claims@fedhealth.co.za

The following information needs to be included on all claims to ensure accurate processing:

1. Your Fedhealth membership number
2. The provider details (practice number)
3. The patient's name
4. The date of treatment
5. The relevant treatment codes (NAPPI or tariff codes)
6. The relevant diagnostic codes (ICD-10 code)
7. Proof of payment if the claim needs to be paid back to you

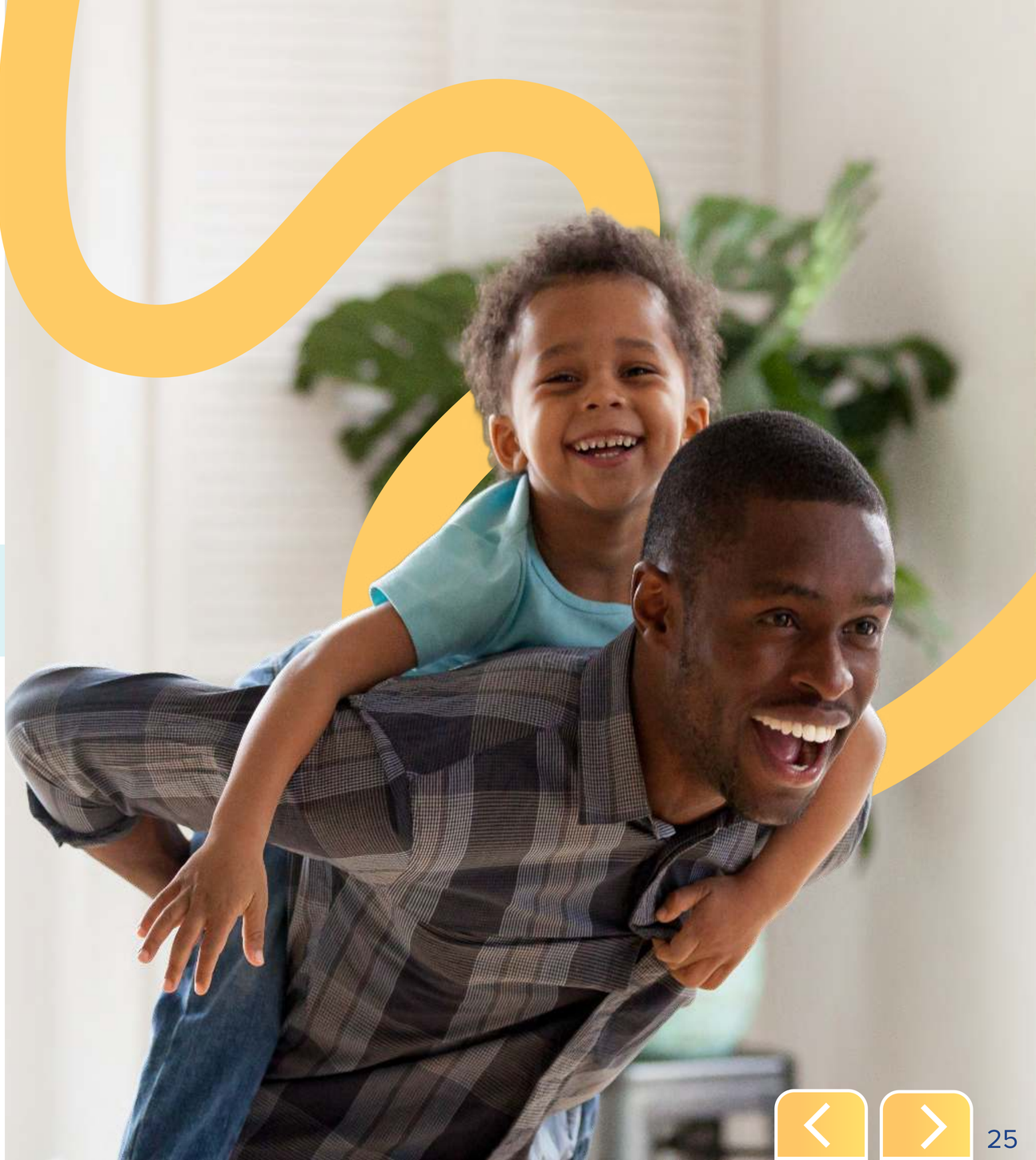
**When submitting a claim, please ensure that your copy is clear and easy to read.
We cannot complete the claim process if any of this is unclear or not available.**

Monthly statements

The statements are available on the Fedhealth Family Room, the Fedhealth Member App and the WhatsApp service.

The statements include:

- Member beneficiary status
- Benefit summary
- Member's portion and provider claims processed
- Claims refunded to member
- Savings account details
- For flexiFED members: Fedhealth Savings account details
- Information section which includes important messages from Fedhealth



09 How to get authorisation for a hospital event

If you or one of your dependants needs to be admitted to hospital, you have to get pre-authorisation. We need the following information to process an authorisation:

- Are you being admitted as an in-patient or an out-patient?
- Date of admission
- Date of the procedure
- Date of discharge
- Name of the hospital and/or its practice number (if you have it)
- Name and practice number of the treating provider
- Diagnostic codes (ICD-10 code)
- Procedure/tariff codes
- **You need to obtain an authorisation at least 48 hours before your procedure is required.**
- **In an emergency, you must get an authorisation number within two working days after going to hospital, or you'll have to pay a penalty of R1 000.**

If you cannot contact the Authorisation Centre yourself, your doctor, family member or the hospital can contact us on your behalf.

You can request authorisation by:

- Calling the Fedhealth Customer Contact Centre
- Submitting the request on the Fedhealth Family Room or the Fedhealth Member App
- Or via email: authorisations@fedhealth.co.za

Your healthcare professional will provide you with all the required information.

10 Hospital at Home

The Hospital at Home service is offered by Quro Medical, a team of trained Healthcare Professionals who will bring all the essential elements of in-patient care to your home, including real-time patient monitoring.

Patients eligible for Hospital at Home are those who'd ordinarily require admission in a hospital general ward. This offering is an alternative to a hospital admission and can only be offered upon your consent. You can either be referred to Quro Medical by your treating doctor, or you can request this service from your doctor when general ward admission is considered, or when you wish to go home earlier during a hospital admission.

For more information, please contact the call centre on **0860 002 153** or visit the Quro Medical website on **www.quromedical.co.za.**

11 How to access post-hospitalisation treatment paid from Risk

Post-hospitalisation treatment in the 30 days after your hospital visit is paid from your Risk benefit, however, you will need an additional authorisation number. This benefit is not available on my**FED.**

This treatment is subject to protocols, and the day of your discharge is counted as day 1 of the 30 days of the benefit. Only treatment as a result of a hospital event is covered under this benefit, and must be related to your original diagnosis.

Call **0860 002 153,** email us at **authorisations@fedhealth.co.za** or use the Fedhealth Family Room. Please provide us with the following information:

- The type of treatment you require, e.g. physiotherapy, occupational therapy, speech therapy, general radiology, pathology tests and dietetics
- The duration of the treatment you require
- The treating provider's practice number

12 Getting authorisation for MRI and CT scans* whether they're done in-hospital or not

Fedhealth covers specialised radiology like MRI and CT scans from Risk whether they are performed in-hospital or not. Co-payments apply depending on your option, but you have to obtain authorisation first to have this paid from Risk.
Call **0860 002 153,** email us at **authorisations@fedhealth.co.za** or get in touch via the Fedhealth Member App or the Fedhealth Family Room.

** No benefit for day-to-day specialised radiology on my**FED**.*

13 Getting authorisation for a visit to the casualty ward

Claims will be paid from Risk if:

- You visit the trauma unit of a clinic or hospital and are admitted into hospital immediately for further treatment.
- You visit the trauma unit of a clinic or hospital for emergency trauma treatment, for a fracture or stitches, for example, and are not immediately admitted into hospital.

A co-payment will apply to all non-PMB visits to the trauma unit of a clinic or hospital if you're not admitted to hospital directly, depending on your option.

- Authorisation for the casualty visit must be obtained **within two working days after the visit,** to have the claim paid from your Risk benefit and to avoid a larger co-payment.
- In an emergency, you must get an authorisation number from us within two working days after going to hospital, or you will have to pay a penalty of R1 000.

If you cannot contact the Authorisation Centre yourself, your doctor, a family member or the hospital can contact us on your behalf. The same information as listed on page 12 (hospital authorisation) would be required.

14 How to register on the Fedhealth Baby Programme

Fedhealth offers a great baby programme for parents-to-be who are members of the Scheme.

To join the Fedhealth Baby Programme, call us on **086 116 016** or email **info@babyhealth.co.za.** You can join from 12 weeks into your pregnancy.

Please note: Once your new bundle of joy has arrived, you only have 30 days to add your baby to your Fedhealth membership underwriting free. This provides the baby with cover from their date of birth. If the request to add the baby follows after 30 days, underwriting may be applied to your newborn.

To add your baby, please complete the Newborn Registration Form which can be found on the Fedhealth website, visit the Fedhealth Family Room or ask your broker or HR manager to do it via the Broker or Employer Portal.

15 How to apply for the chronic disease benefit

To claim for medication under this benefit, your condition:
- Must appear in the list of chronic conditions, and
- Must meet a set of defined criteria to qualify for the benefit (referred to as clinical entry criteria). If you need information on the criteria, please contact us.

STEP 1

Collect the information needed to apply

You'll need the following information to apply. If you need help gathering this information, please contact us:
- Membership number
- Dependant code
- ICD10 code of your chronic condition
- Drug name, strength and quantity
- Prescribing doctor's practice number
- Diagnostic test results, e.g. Total Cholesterol, LDL, HDL, glucose tests, thyroid (depending on your condition).

STEP 2

Apply in one of the following ways

- **Call Chronic Medicine Management (CMM):** Call **0860 002 153** between 08h30 and 17h00, **Monday to Thursday and 09h00 to 17h00 on Fridays.**
- **Fedhealth Family Room:** Go to **www.fedhealth.co.za** to access the Fedhealth Family Room. Simply click on "Authorisations > Request Pre-Authorisation" and then select "Chronic Pre-authorisation" and complete the form.
- **Fedhealth Member App:** Open the app, click on "Authorisations>Request Pre-Authorisation" and then select "Chronic Pre-authorisation" and complete the form.
- **Ask your doctor or pharmacist** to apply on your behalf. They can do an online application or contact our Provider Call Centre on **0861 112 666.**

STEP 3

Get a response right away

We will reply to your application right away. If we need more information, we will let you, your doctor or your pharmacist know exactly what information to give to us. If we don't approve the application, we will give you the reasons why, and you will have the opportunity to ask us to review our decision.

STEP 4

Receive a communication with your approved medication

If we approve your application, we'll send you a communication detailing your approved chronic medication.

Treatment guidelines

The Scheme has set up treatment guidelines for the chronic conditions on the Chronic Disease List (CDL) so that you have access to appropriate treatment for your condition. You will receive details of the treatment guidelines with your letter from CMM.

If there is a co-payment on your medicine

If the medicine your doctor has prescribed has a co-payment, because it costs more than the ceiling price given in the Medicine Price List, ask your pharmacist to help you to change it to a generic medicine we cover in full. If the medicine has a co-payment because it's not on the formulary, discuss a possible alternative with your prescribing doctor.

We will approve a chronic condition, not individual chronic medications

Thanks to our Disease Authorisation process, you can apply for approval of a chronic condition, as opposed to a single chronic medication. The Scheme will approve an entire list of medication for your specific condition (known as a basket of medicine). So, if your doctor should ever change your medication, you will most likely already be approved for it – provided it's in the basket.

You can view the approved medication for your condition in the Fedhealth Family Room. Simply click on Health > Authorisations > Chronic Authorisations > submit. You can also request Autorisation on the Fedhealth Family Room and Fedhealth Member App > Submit. When you need to change or add a new medicine for your condition, you can do this quickly and easily at your pharmacy with a new prescription, without having to contact Fedhealth at all.

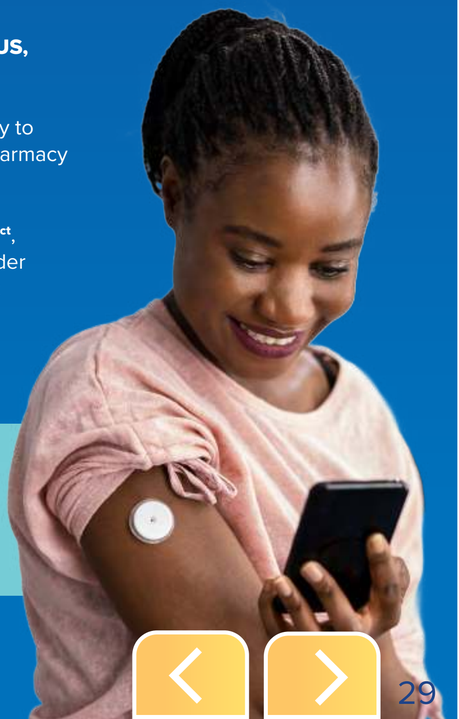
You can use any pharmacy to obtain your chronic medication on maxima **PLUS,** maxima **EXEC,** flexi**FED 4**, flexi**FED 4**^{GRID}, flexi**FED 3** and flexi**FED 3**^{GRID}**.**

my**FED** Members need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are: Dis-Chem Courier, Clicks Courier and Pharmacy Direct, or a 25% co-pay will apply for non-use of a DSP.

Members on flexi**FED 1,** flex**FED 1**^{Elect}, flexi**FED 2**, flexi**FED 2**^{GRID}, flexi**FED 2**^{Elect}, flexi**FED 3**^{Elect} and flexi**FED 4**^{Elect} will need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are Scriptpharm Network Pharmacies.

A 30% co-pay will apply for the non-use of a DSP.

To check which medicine is available in your condition's basket, call **Chronic Medicine Management (CMM)** between 08h30 and 17h00, Monday to Thursday and 09h00 to 17h00 on Fridays on **0860 002 153.**



16 How do I register for Diabetes Care?

All Fedhealth members with diabetes will have automatic access to the Diabetes Care programme and its benefits, once they've registered their chronic condition for disease specific benefits. When you register for Diabetes Care, we take all your other medical needs into account, including any other chronic conditions you may have. In addition, we continue to work with your doctor who looks after your chronic conditions in order to provide coordinated quality care. You can get your chronic medication from your pharmacy of choice. Simply call **0860 002 153** or email **diabeticcare@fedhealth.co.za**

17 Registering on the Oncology Disease Management Programme (cancer)

On diagnosis of cancer, you must register on the Fedhealth Oncology Disease Management (ODM) Programme. You or your treating doctor can call the team on **0860 100 572** to register. The programme aims to help your doctor provide the best cancer treatment and support for you. Changes that are needed in your oncology treatment plan need to be given to ODM as soon as possible. Please email your treatment plan to **cancerinfo@fedhealth.co.za**

18 Alignd Serious Illness Benefit

The Alignd Serious Illness Benefit offers specialised care for anyone with serious cancer. The benefit is also available to members with other serious illnesses who can benefit from palliative care, such as major organ failure, and on a case-by-case basis. The focus is on providing relief from symptoms and stress, as well as end-of-life care. This benefit supports you, and your family.

What does the benefit include?

- An initial consultation with a palliative care trained doctor to assess your needs
- Counselling for you and your family
- Monthly follow-up consultations with the involved palliative care multi-disciplinary team

Who has access to this benefit?

If you're a Fedhealth member who is diagnosed with a serious illness such as cancer, you'll immediately have access to the Alignd Serious Illness Benefit, at no extra cost to you.
For members with more intensive care needs, the benefit also covers end-of-life care.

How to access the benefit If you have been diagnosed with serious cancer

Contact Fedhealth directly to refer you to Alignd at **0860 002 153.**

19 How to register for AfA (HIV Management)

Fedhealth provides unlimited cover for HIV treatment and preventative medicine. To qualify for this benefit, you must be registered on the Scheme's HIV disease management programme, AfA. You have access to the HIV medicine benefit only when you are registered.

AfA is a comprehensive HIV disease management programme providing access to:

- Anti-retrovirals and related medicines
- Post-exposure preventative medicine
- Preventative medicine for mother-to-child transmission
- Post-exposure preventative medicine after rape

The programme gives ongoing patient support and monitors the disease and response to therapy. To join AfA, call them in confidence on **0860 100 646.** Your doctor may also call AfA on your behalf.

20 How to access the Weight Management Programme*

The Fedhealth Weight Management Programme is a 12-week biokineticist led programme for qualifying members who would like to kickstart their weight loss journey in a healthy way.

Who qualifies?
Fedhealth members with the following parameters will be eligible for the programme:

- BMI of 25kg/m2 and above (with no chronic comorbidities as a requirement), or
- Men with a waist circumference ≥ 102cm, or
- Women with a waist circumference ≥ 88cm.

This benefit is available once annually per beneficiary.
Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives you access to two dietician consultations, one behavioural psychologist consultation, as well as two GP consultations.

Various pathology codes are also available to assist doctors with exploring any underlying medical reason for obesity.

Once the programme is completed, ongoing advice and monitoring is also made available to you.

To access this programme, call us on **0860 002 153** or ask your GP to apply on your behalf.

**Not available to myFED members*

21 How to access the Fedhealth OrthoCare Spinal Programme*

Need spinal or back surgery?
You will need to participate in and successfully complete the Fedhealth OrthoCare Spinal Programme first before the surgery can be covered by the Scheme (not applicable to emergency treatment/PMB).

The programme focuses on active muscle reconditioning, improved flexibility, reduced pain and stiffness – in other words, a better quality of life without undergoing surgery.

How you can access the programme:

- Call us on **0860 002 153** or mail **orthocareprogramme@fedhealth.co.za**
- You could be identified by the Scheme through predictive modelling
- The Scheme might intervene prior to authorising your back and neck surgery
- Referral by your GP or specialist.

Not available to myFED** members.*

22 Contacting our Contracted Service Providers for non-PMB hip and knee replacements*

Should you need a planned hip or knee replacement (non-PMB), you need to use Joint-Care, ICPS Major Joints for Life (via the Life hospital group) and Care Expert (via Mediclinic but limited to maxima PLUS and maxima EXEC) specialists, to avoid a co-payment on your procedure.

For a list of ICPS and JointCare specialists, contact us on **0860 002 153** or via icpservices.co.za, and JointCare on **011 883 3310**

Not available to myFED**, flexi**FED 1** and flexi**FED 1**Elect members.*

23 Who to call in case of an emergency

Emergency Ambulance Services
As a Fedhealth member, you enjoy unlimited cover with Europ Assistance Ambulance Services. Simply call 0860 333 432 in case of an emergency.

Europ Assistance offers a range of emergency services:
- Emergency road or air response
- Medical advice in any emergency situation
- Delivery of medication and blood
- Patient monitoring
- Care for stranded minors or frail companions
- 24-hour Fedhealth Nurse Line

24 What to do if you've been in a car accident

If you were injured in a car accident, you may have to go through certain procedures with the Road Accident Fund. Please contact the MVA/Third Party Recovery Department at Fedhealth for more information on **0800 117 222.**

25 How to use the MediTaxi service

MediTaxi is a medical taxi service available to qualifying Fedhealth members in Cape Town, Johannesburg, Pretoria and Durban.

Fedhealth members who've had hospital authorisations 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.

MediTaxi provides transport from the member's home to the approved healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, and includes the return trip.

Booking the MediTaxi service

When you phone to book a trip, you need to provide
a) your membership number,
b) date of operation, and
c) healthcare provider's details.

To access the MediTaxi benefit

When you need to book Medi Taxi, call the Europ Assistance Emergency Contact Centre on **0860 333 432.**

26 Making changes to your membership

As a principal member, you can add or remove dependants to/from your Fedhealth membership.

Adding or removing dependants

Only the principal member can add or remove dependants.

To register or remove a dependant, you must fill in a Member Record Amendment Form and email it to: **maintenanceFDH@fedhealth.co.za,** or complete this via the Family Room and Member App, go to 'Manage Membership' and then add or remove dependants.

We need to receive changes to your membership by no later than the 1st of the month to become effective from the 1st of that month. If a company pays your medical aid contribution, you must advise the salary department that you are going to make changes, as this will affect the contribution.

Who can be registered as a dependant?

- Your spouse or partner
- Your children
- Other family members if, according to the Scheme Rules, they rely on you for financial care and support and have been approved by the Scheme

Child rates up to 27

Fedhealth will charge the child rate for your child dependants until they turn 27.

Adding a newborn baby

Babies must be registered by up to 30 days from birth to be covered on the Scheme.

Complete a Newborn Registration Form and email it to **newborn@fedhealth.co.za.** Fedhealth does not charge contributions for the baby for the month in which the baby is born.

Third generation babies (your adult child (over the age of 18) dependant's baby) will not be covered from date of birth and will be subject to normal underwriting.

Dependant reviews

Dependant reviews are conducted on an annual basis to determine eligibility.

a) **Overage review:** Applies to child status dependants over the age of 27. This will take place annually linked to the birthdate of a dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we raise the contributions to adult rates.

b) **Special dependant review:** Refers to parents, siblings, grandparents, foster children, NOT including disabled dependants. This takes place on the anniversary of the start date of the dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we terminate the dependant.

Year-end renewal change of option

During October, we advise you of plan changes for the next year, and you may select an option change. The closing date is 30 November. Complete an Option Change Form and email it to us at **renewal@fedhealth.co.za** or complete this via the Family Room and Member App. In general, option changes are only allowed with effect from 1 January every year.

You can upgrade to a higher option

You can upgrade to a higher option with more comprehensive benefits any time of the year, but only on diagnosis of a dread disease or in the case of a life-changing event, for example pregnancy.

The option upgrade will only be allowed within 30 days of diagnosis. You will be required to provide supporting medical evidence. Upgrades can also be completed via the Family Room and Member App. This benefit is not available to my**FED** members, who may only upgrade during the renewal period.

You can also upgrade in the Fedhealth Family Room member portal, or through theWhatsApp service or LiveChat on the website. Your broker can upgrade on your behalf by using the Fedhealth Broker Portal.

Additional documents needed for registering dependants:

Type of dependant	Extra documents we may need
A newborn baby	A copy of the baby's birth certificate or notification of birth from the hospital. The baby's ID number when they are registered
An adopted child	Proof of legal adoption
A foster child	Legal proof that the child is a foster child
A brother or sister, grandchild, nephew or niece, third generation baby	An affidavit confirming residency, employment, income and marital status of child and both parents
A parent or grandparent of the principal member	An affidavit confirming residency, employment, income and marital status
A spouse or partner	Marriage certificate, if available

27 Leaving the Scheme

If you want to leave Fedhealth, you must give us one calendar month's notice in writing. Paypoints must give us three months' notice.

Last contribution

If you pay at the start of the month for the previous month's cover, your last contribution will be deducted in the month after your last day of membership. We will deduct your last contribution by the third day of the month after your last day of membership.

Amount in Savings Account – if you spent less than you paid in

We pay the balance in your Savings Account to your new medical scheme's savings account five months after you've left Fedhealth.

This ensures that we can pay out any outstanding claims.
You must provide us with the name of your new scheme as well as your membership number so we can transfer your Savings Account balance. If your new scheme does not have a savings component, we will pay the balance to you. Please make sure we have your latest banking details to make this refund.

Amount in Savings Account – if you spent more than you paid in

If you leave the Scheme and have spent more than the monthly contributions you have paid into the Savings Account, you'll have to refund us with the difference. You must make the refund within 10 days after the last day of membership.

Remaining a member after resigning from a company

If you wish to contribute as an individual member (Direct Paying Member), complete a Record Amendment Form along with new banking details for the payment of contributions.

You can also inform us in writing, along with a copy of a bank statement, not older than three months and a copy of your ID. Also state that the banking details are for refunds.

28 How to report medical aid Fraud,Waste and Abuse via the whistle-blower ethics hotline

HEALTHCARE FRAUD CAN CONTRIBUTE DIRECTLY AND INDIRECTLY TO THE RISE OF MEDICAL COSTS, INCLUDING YOUR MEMBERSHIP CONTRIBUTION.

You have the power to help us prevent fraud for the greater good of all our members.

Fedhealth members are encouraged to use any of the dedicated Whistle Blowers hotline reporting channels to report any suspected medical aid fraud.

FEDHEALTH

Sanlam healthcare partner

Five ways to make a report to the **Whistle Blowers** ethics hotline.

01.

Call directly on toll-free number 0800 112 811

Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.

02.

SMS to 33490 or WhatsApp on +27 (0) 71 868 4792

Send your report via the SMS line from anywhere in South Africa at a cost of R1.50 or WhatsApp your report to Whistle Blowers.

04.

Email to information@whistleblowing.co.za

Send an email of your report privately to Whistle Blowers.

03.

Report online on www.whistleblowing.co.za

Visit the Whistle Blowers website to report and make your submission via the online reporting platform.

05.

Download and use the Whistle Blowers app

Download the secure Whistle Blowers app from Google Play or the Apple App Store. The app guides you through the reporting process with ease.

Remember, reports can be made anonymously or in confidence.

CONTACT US

WEBSITE

fedhealth.co.za

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

LIVECHAT

Access on the website

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

AI AGENT NALEDI

Access on the website

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

FAMILY ROOM

Access on the website

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

WHATSAPP

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

Save the number

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

MEMBER APP

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

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

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

CONTACT DETAILS

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

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

Ambulance Services
Europ Assistance
Tel: 0860 333 432

AfA (HIV Management)
Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
Email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

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

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

Fedhealth Baby
Monday to Friday 09h00 – 16h00
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
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
Tel: 0860 333 432 press 5 for the point-to-point service

Quro Medical
Tel: 010 141 7710
Web: www.quromedical.co.za

MEDSCHEME CLIENT SERVICE CENTRES

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

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

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

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

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

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

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

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

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Ellisras Extension 16

Mafikeng
Shop 118, Mega City, East Gallery, Mafikeng

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

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

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

Port Elizabeth
78-84 Block 3, 2nd Avenue, Newton Park

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

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

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

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

CONTACT US

Fedhealth Customer Contact Centre
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

FEDHEALTH

Sanlam healthcare partner

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