flexiFED 4

2025

FEDHEALTH

Sanlam healthcare partner

Contents

Medical aid cover that's **perfectly customisable** for every member

At Fedhealth Medical Scheme, we've always taken great care to adapt to the ever-changing world we live in by providing quality medical aid plans that give members unrivalled control over how and how much they pay.

Our flagship range of flexi**FED** options allow members to do just that: to choose how their cover is structured, so that it perfectly fits with where they are in life, their budget and healthcare needs.

On flexi**FED 4** members can:

- Choose to reduce their monthly contribution by either 10% or 25% without compromising benefits
- Enjoy cover that fits their unique health needs
- Only pay for the cover needed right now with our 30-day upgrade policy
- Enjoy more benefits paid from Risk to help day-to-day savings stretch further
- Use flexi**FED 4** as a hospital plan, but with a unique day-to-day savings back-up plan in case they ever need it, OR as a straightforward savings plan.

88 **88-year** track record in healthcare

34.72% **34.72%** solvency

AA- **18 consecutive years** of achieving a **AA- Global Credit Rating**

* As at 31 December 2023

For flexible medical aid cover that fits around the member and not the other way around, choose a flexi**FED** option from Fedhealth.

Fedhealth and Sanlam partnership – an exciting new door opens for healthcare in South Africa

The partnership between Fedhealth and Sanlam means a new chapter for both entities, which will benefit our members, brokers and other stakeholders alike. We look forward to stepping into this bright new future together!

The flexiFED 4 option

flexiFED 4

You need a plan that takes care of you, your spouse and children, offers chronic, mental health and oncology benefits.

Emergency and planned procedure hospital cover

✓ ✓ ✓ ✓

Oncology

✓ ✓ ✓ ✓

Maternity, infants & children

✓ ✓ ✓ ✓

Chronic

✓ ✓ ✓ ✓

Mental health

✓ ✓ ✓ ✓

MORE DETAIL

Here's a plan that takes care of the health needs of all members of the family. flexiFED 4 is packed with maternity and childhood benefits, whilst offering unlimited network GP visits covered from Rand 1, female contraceptives and vasectomies paid from Risk, child rates up to the age of 27 for student children and a mental health benefit.

It also offers good in-hospital benefits, chronic benefits, screening benefits and day-to-day benefits paid from Risk.

It has a **Threshold benefit**, which pays for comprehensive day-to-day expenses once claims have reached the Threshold level.

Additional benefits include **30 days of post-hospitalisation treatment** such as physio, **specialised radiology** like MRI and CT scans, and **upgrades any time of year** within 30 days of a life-changing event.

As far as day-to-day savings goes, you can either use flexiFED 4 as a hospital plan or a savings plan:

- Use your flexiFED 4 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.

On flexi**FED 4**, you can also choose flexi**FED 4**^{GRID} and save 10% on your monthly contributions by using one of our 120 world-class network hospitals, or choose flexi**FED 4**^{Elect} and save 25% on your monthly contribution by choosing to pay a R15 470 co-payment on all planned procedures at any private hospital (excluding emergencies).

What makes flexiFED options special?

Our flexiFED plans cover members for a range of day-to-day benefits as well – regardless of whether they choose a hospital or a savings plan. These include our **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... **all at no additional cost to the member.**

Fedhealth pays for the following unique benefits from your Risk/In-hospital benefit:

- Female contraceptives
- Post-hospitalisation treatment
- 7 days of take-home medicine
- Trauma treatment at a casualty ward
- Specialised radiology

The flexi**FED 4** option can be perfectly customised around your different and changing needs. This option can be used as a Hospital Plan with a day-to-day back up, or Savings Plan. Plus, with Fedhealth, you only need to choose the cover you need right now – you only need to upgrade to more comprehensive options as and when life-changing events take place thanks to our unique 30-day upgrade benefit.

flexi**FED 4** benefits

Preventative and screening benefit
Screenings like HIV tests, Pap smears, HPV PCR tests, cholesterol screening, wellness and preventative screenings, HPV vaccine. and flu vaccines.

Lifestyle benefit
Female contraception paid from Risk.

In-hospital benefit
Unlimited accident and emergency treatment at any private hospital. Unlimited cover for planned procedures at private hospitals. Members of flexi**FED 4**$^{\text{GRID}}$ and flexi**FED 4**$^{\text{Elect}}$ must use network hospitals or pay a co-payment on the hospital account.

Chronic disease cover
Unlimited cover for 27 (CDL) chronic conditions.Plus, cover for 18 additional chronic conditions.

Rich maternity benefit
Private ward cover, cover for natural deliveries, rental of water baths, epidurals and C-sections, 2x 2D antenatal scans and 12 ante/postnatal consults with midwife, network GP or gynae; Doula benefit; Postnatal midwifery benefit. PLUS many more!

Childhood benefit
Paediatric consultation without referral up to 24 months old; Infant hearing screening; childhood immunisations, additional chronic benefit for children up to 18 with asthma, eczema and acne up to the age of 21; childhood illness specialised drug benefit up to 18 years old and vision screening in neonates. PLUS many more!

Unlimited network GP consultations
Immediate access to unlimited network GP consults.

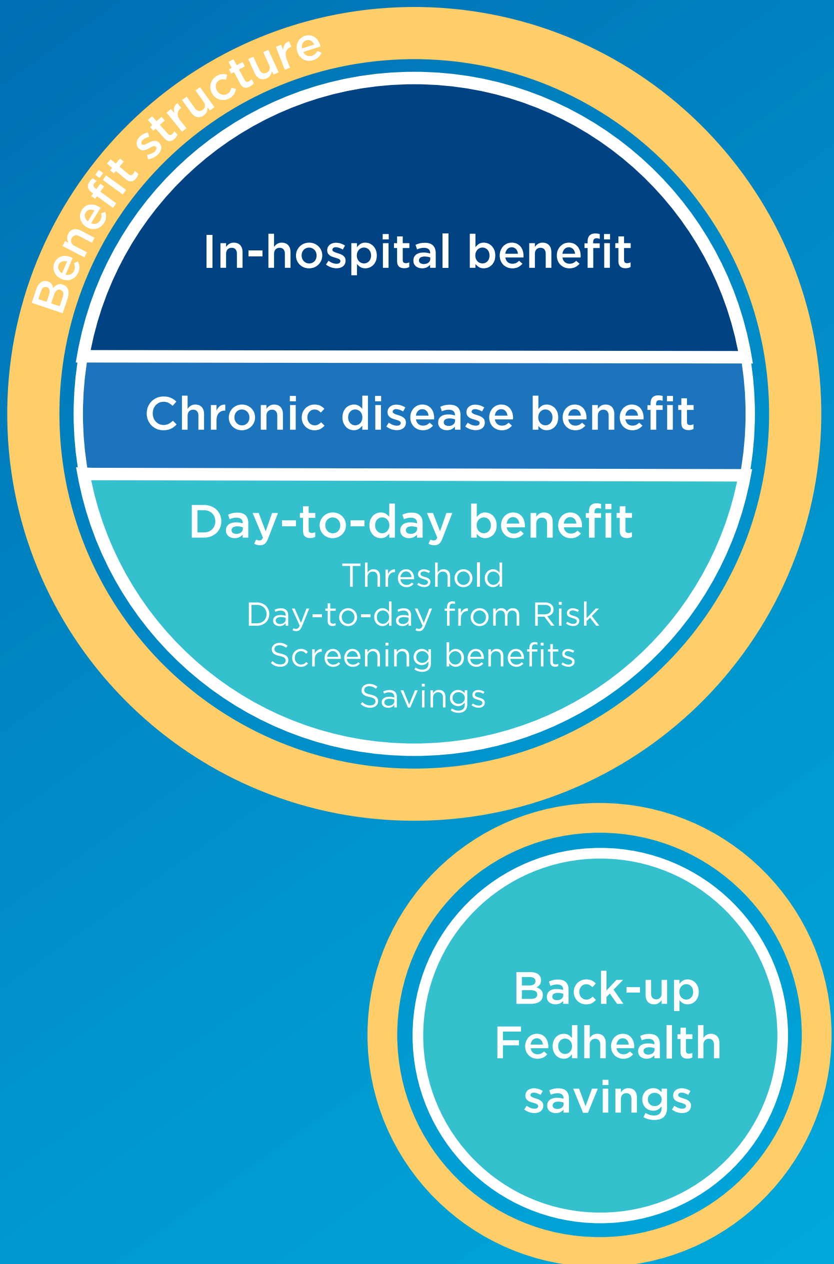
Comprehensive threshold benefit
Unlimited comprehensive threshold benefit (including basic and advanced dental benefits)

flexi**FED 4** provides:

Threshold benefit

Once day-to-day claims have accumulated to the Threshold level, certain claims will be paid from the Threshold benefit. On flexi**FED 4**, the Threshold benefit pays for certain day-to-day expenses once claims have accumulated to the Threshold level with a 20% co-payment for the member.

The flexiFED 4 **option**



- **In-hospital benefit**
  Members have no overall annual limit for hospitalisation.
- **Chronic disease benefit**
  This benefit covers chronic conditions on the CDL. It's covered in full up to the Medicine Price List (MPL) if members use medicine on the formulary. Any pharmacy may be used for obtaining chronic medication.
- **Day-to-day benefits**
- **Threshold**
  On flexi**FED 4**, the Threshold benefit pays for certain day-to-day expenses once claims have accumulated to the Threshold level with a 20% co-payment for the member.
- **Day-to-day benefits paid by the Scheme**
  We pride ourselves on paying more from Risk so member's day-to-day benefits last longer.
- **Screening benefit**
  Preventative screenings and assessments like lifestyle screenings, wellness screenings (includes finger prick glucose and cholesterol, blood pressure, waist circumference and body mass index (BMI) and physical screenings are covered from this benefit.
- **Savings** – The funds in the member's Medical Savings Account (MSA) will be used first if he/she has day-to-day medical expenses. Members on this option have a Nominal Savings contribution, which allows them to transfer/retain any accumulated Savings from a previous option/scheme when joining this option. Any claim submitted which is not funded from Risk will be funded from the member's Savings account first.
- **Back-up Fedhealth savings**
  Once their Savings is depleted, day-to-day expenses can be funded from the member's Fedhealth Savings. The amount of Fedhealth Savings available depends on the member's family composition. Members can either use their Fedhealth Savings as part of a straightforward savings plan where they pay it back in equal portions from January each year, OR as a day-to-day back-up savings plan that's part of their hospital plan where they only pay for the portion they use – interest free over 12 months.

flexiFED

2

Customise your flexiFED 4 option to suit YOUR NEEDS.

You've created your flexi**FED 4** option to become the perfect medical aid plan for your needs and budget. Here's how:

You've selected either a hospital plan or a savings plan.

Hospital cover

A hospital plan gives you 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.

Contributions

	Member Total	Adult Total	Child Total
Any hospital	R5 782	R5 277	R1 739
GRID	R5 180	R4 737	R1 561
Elect	R4 330	R4 035	R1 328

Contribution calculations

	flexiFED 4	flexiFED 4 GRID	flexiFED 4 Elect	Annual Threshold Level
M	R5 782	R5 180	R4 330	R21 200
M+AD	R11 059	R9 917	R8 365	R36 800
M+AD+CD	R12 798	R11 478	R9 693	R41 700
M+AD+2CD	R14 537	R13 039	R11 021	R46 600

What if I do end up needing day-to-day savings?

Day-to-day savings

A savings plan gives you the peace of mind of a hospital plan PLUS a set pool of funds you can use to pay for your day-to-day medical expenses, for example doctor's visits or flu medication from the pharmacy.

Contributions

	flexiFED 4	flexiFED 4 GRID	flexiFED 4 Elect
M	R6 875	R6 273	R5 423
M+AD	R12 973	R11 831	R10 279
M+AD+CD	R14 981	R13 661	R11 876
M+AD+2CD	R17 052	R15 554	R13 536

	Annual Threshold Level	Available Day-to-Day
M	R21 200	R13 120
M+AD	R36 800	R22 970
M+AD+CD	R41 700	R26 200
M+AD+2CD	R46 600	R30 180

Fedhealth Savings Plans include a nominal Savings amount as part of your monthly contribution in order to accommodate carry-over Savings from other schemes or previous product structures.

What if my health needs suddenly change?

flexiFED 2

Customise your flexiFED 4 option to suit **YOUR NEEDS**.

You've created your flexi**FED 4** option to become the perfect medical aid plan for your needs and budget. Here's how:

You've selected either a hospital plan or a savings plan.

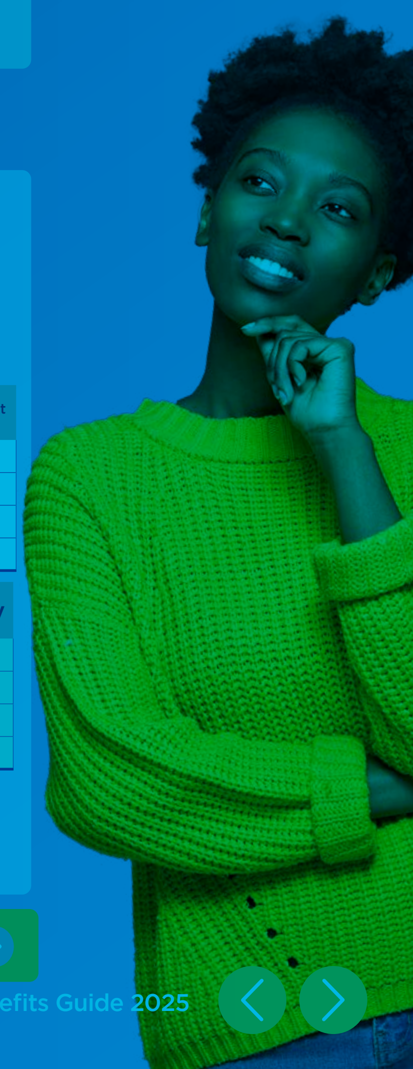
NO PROBLEM!

Simply use your flexiFED 4 option as a **day-to-day savings back-up plan** by activating your Fedhealth Savings. You only activate what you need, and that's all you will have to pay for – interest-free over 12 months.

The amounts below are how much Fedhealth Savings you have available based on your family composition. The amount you activate will be divided by 12 and added to your hospital plan contribution.

UNIQUE TO FEDHEALTH

Fedhealth Savings	Fedhealth Savings	Fedhealth Savings	Fedhealth Savings
R15 800	R30 210	R34 970	R39 720



What if I do end up needing day-to-day savings?

What if my health needs suddenly change?

flexiFED

2

Customise your flexiFED 4 option to suit **YOUR NEEDS**.

You've created your flexi**FED 4** option to become the perfect medical aid plan for your needs and budget. Here's how:

You've selected either a hospital plan or a savings plan.

Upgrade to a higher option **ANY TIME OF THE YEAR**

UPGRADE ANYTIME

Only Fedhealth lets you 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 you can pay for the cover you need RIGHT NOW, not future 'what-ifs'.

UNIQUE TO FEDHEALTH

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	flexiFED 4	flexiFED 4GRID	flexiFED 4Elect	Threshold Level
M	R5 782	R5 180	R4 330	R21 200
M+AD	R11 059	R9 917	R8 365	R36 800
M+AD+CD	R12 798	R11 478	R9 693	R41 700
M+AD+2CD	R14 537	R13 039	R11 021	R46 600

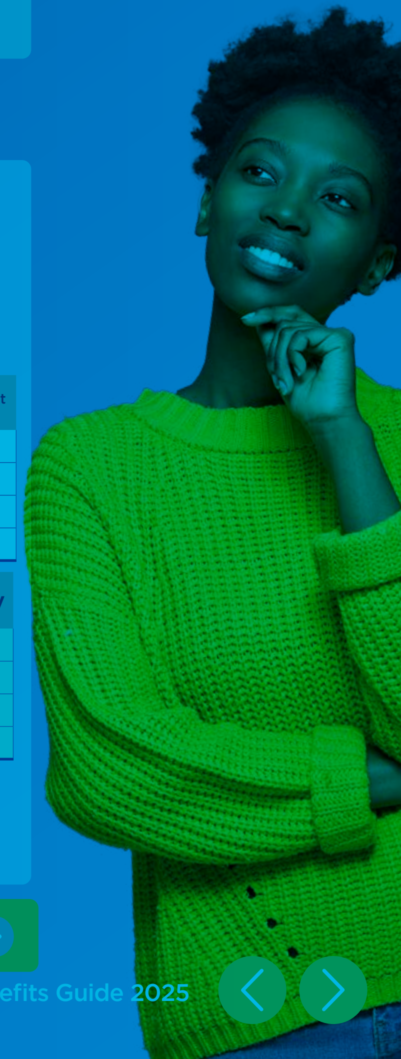
flexiFED 4Elect
R5 423
R10 279
R11 876
R13 536

		...able Day-to-Day
		R13 120
M+AD	R36 800	R22 970
M+AD+CD	R41 700	R26 200
M+AD+2CD	R46 600	R30 180

Fedhealth Savings Plans include a nominal Savings amount as part of your monthly contribution in order to accommodate carry-over Savings from other schemes or previous product structures.

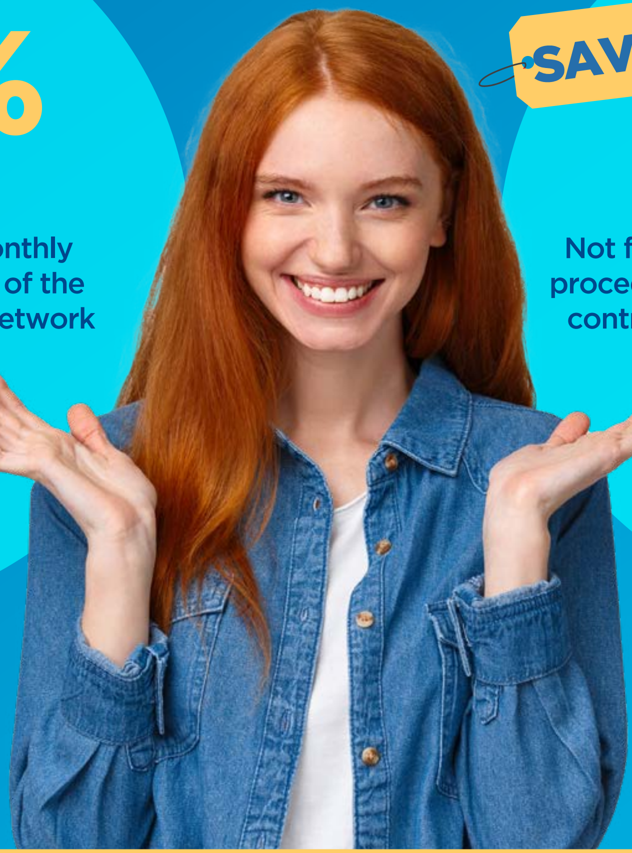
What if I do end up needing **day-to-day savings?**

What if my **health needs suddenly change?**



STEP 3

Choose an **additional discount** (if you want to)



SAVE 10% WITH GRID

In exchange for 10% off your monthly contribution, you simply use one of the 120 world-class Fedhealth GRID network hospitals countrywide for all planned procedures. All your other benefits remain the same. In case of emergencies, you will always be taken to your nearest private hospital.

SAVE 25% WITH ELECT

Not foreseeing needing any planned hospital procedures soon? To get 25% off your monthly contribution, you choose to pay an excess of R15 470 on any planned hospital admissions at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital.

SAVE!!! See how much you can save with GRID and Elect

STEP 3

Choose an **additional discount** (if you want to)

SAVE 10%

SAVE 25%

SAVE with GRID and Elect

flexiFED 4	flexiFED 4 GRID	flexiFED 4 Elect
R5 782	R5 180	R4 330
	SAVE On GRID, you SAVE: **R602** p/m and **R7 224** p/a	SAVE On Elect, you SAVE: **R1 452** p/m and **R17 424** p/a

Please note: These GRID and Elect savings have been calculated based on a principal member's contribution.

Hospital plan contributions

Please note: Remember, you can access your day-to-day savings back-up plan even while on a hospital plan. The amount of Fedhealth Savings you do end up using will be divided by 12 and added to your monthly contribution.

flexiFED 4

	Member Total	Adult Total	Child Total
Any hospital	R5 782	R5 277	R1 739
GRID	R5 180	R4 737	R1 561
Elect	R4 330	R4 035	R1 328

	flexiFED 4	flexiFED 4GRID	flexiFED 4Elect	Annual Threshold Level	Optional Back-up Savings
M	R5 782	R5 180	R4 330	R21 200	R15 800
M+AD	R11 059	R9 917	R8 365	R36 800	R30 210
M+AD+CD	R12 798	R11 478	R9 693	R41 700	R34 970
M+AD+2CD	R14 537	R13 039	R11 021	R46 600	R39 720

SEE HOW MUCH YOU CAN SAVE
A Member, Adult Dependant and 2 Child Dependants can save R1 498 per month and R17 976 per annum by choosing GRID and R3 516 per month and R42 192 per annum by choosing Elect

Savings plan contributions

Fedhealth Savings Plans include a nominal Savings amount as part of your monthly contribution in order to accommodate carry-over Savings from other schemes or previous product structures.

	flexiFED 4	flexiFED 4GRID	flexiFED 4Elect	Annual Threshold Level	Available Day-to-Day*
M	R6 875	R6 273	R5 423	R21 200	R13 120
M+AD	R12 973	R11 831	R10 279	R36 800	R22 970
M+AD+CD	R14 981	R13 661	R11 876	R41 700	R26 200
M+AD+2CD	R17 052	R15 554	R13 536	R46 600	R30 180

* Maximum Fedhealth Savings allocation per family

Unique set of benefits paid from Risk

Fedhealth is the only medical scheme to cover **ALL of the benefits listed below from Risk, and not the member's day-to-day benefit.** This ensures a significant saving for members since they can use their day-to-day benefit for other expenses instead.

- **Upgrades to higher options any time of year**
- **Unlimited network doctor's visits**
- **Post-hospitalisation treatment for up to 30 days after discharge** from hospital
- **Take-home medication**
- **Specialised radiology**
- **Trauma treatment** at a casualty ward
- **Female contraception**
- **In-hospital dentistry** for children under 7
- **Child rates up to 27** for children who are registered full time students

MORE INFORMATION

Unique set of benefits paid from Risk

Upgrades to higher options any time of year

Life happens, right? So whether you are diagnosed with a serious illness, get married or discover that a baby is on the way, Fedhealth will let you upgrade to a higher option that better suits your needs within 30 days of your diagnosis or circumstances changing.

Unlimited network doctor's visits

Unlimited consultations at a network GP. These consultations are always paid from Risk and never from the member's Fedhealth Savings. Limited to two mental health consultations per beneficiary per year.

Post-hospitalisation treatment for up to 30 days after discharge from hospital

This means that following a hospital stay, your treatment like physiotherapy, x-rays or pathology is covered by Fedhealth, and not your day-to-day benefit or your own pocket. Excludes follow-up consultations with GPs or specialists.

Take-home medication

Fedhealth pays for 7 days supply of take-home medication, to a maximum of R400 per beneficiary per admission, when you are discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day that the member is discharged from hospital

Specialised radiology

Fedhealth covers specialised radiology such as MRI and CT scans from Risk, whether it's performed in- or out-of-hospital. A co-payment of R2 960 applies to non-PMB MRI/CT scans.

Trauma treatment at a casualty ward

On Fedhealth, injuries that require medical treatment like stitches or the setting of a fractured bone, are covered whether you're admitted to hospital or not. Authorisation must be obtained within 48 hours and a co-payment of R850 per visit for non-PMBs applies to all options.

Female contraception

Oral, patches, certain injectables, contraceptive rings as well as IUDs that include the Mirena® are paid for by Fedhealth. It must, however, be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.

In-hospital dentistry for children under 7

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

Child rates up to 27 for children who are still studying

A child will be covered at child rates up to the age of 27, if they are registered as full time students. If not, they will be covered at child rates until the age of 21.

Hospital Cover

UNLIMITED PRIVATE HOSPITAL COVER

On flexiFED 4 , members may use either:

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

PRIVATE HOSPITALS**
*On the flexi**FED 4** main option.*

THIS BENEFIT COVERS:

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

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

EMERGENCIES: members must obtain authorisation **within 2 days after hospital admission**.
An emergency is unexpected, requiring immediate treatment to avoid lasting damage to organs, limbs or other body parts, or death.

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

** flexi**FED 4** covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital (City of Tshwane), Arwyp Medical Centre (Ekurhuleni), Busamed Modderfontein Private Hospital (City of Johannesburg), Hibiscus Hospital (Ugu), Mooimed Private Hospital (Dr Kenneth Kaunda), Capital Hospital (Durban), which will not be covered in full for 2025. Emergency treatment at these 6 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R8 840 co-payment.

MORE INFORMATION

Hospital Cover

flexi**FED 4** 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 hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards, day clinics and doctor's rooms. Members must use facilities on the Fedhealth Day Surgery Network to avoid a R2 630 co-payment.
- Members on a **GRID** option must use the Fedhealth Hospital Network or pay a co-payment of R15 470 on the hospital account.
- Members on the main option can use any private hospital

Cover for hospital admissions

- The hospital account is covered from the in-hospital benefit.
- 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.
- Referral by a medical practitioner and pre-authorisation are required for physiotherapy, 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 are required to cover the treatment of 270 hospital-based conditions and 27 chronic conditions, i.e. the Chronic Disease List (CDL), in full without co-payment or deductibles, as well as any emergency treatment and certain out-of-hospital treatment.

This means that all schemes must provide PMB level of care at cost for these conditions. In order for members to get funding in full, 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 network GP or nominated network GP, depending on their option, in order for the cost to be refunded in full.
- Should you 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.

What qualifies as an emergency?

- An emergency is when the condition is unexpected and requires immediate treatment. This means that if there is no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect} 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.

Screening benefit

Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have. Consultations are subject to available Scheme benefits.

SCREENING BENEFIT

This benefit covers screenings for:

- Women's health
- Men's health
- Children's health
- Cardiac health
- Over 40's
- Health risk assessments

MORE INFORMATION

Screening benefit

Women's Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Cervical cancer screening pharmacy consultation	Women; ages 21 to 65	1 every 3 years
HPV PCR test	Women; ages 21 to 65	1 every 5 years
Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
Children's Health		
Immunisation Programme and administration* (as per State EPI)	Birth to 12 years	Various
HPV vaccine and administration* Cervarix and Gardasil only	Girl beneficiaries aged 9 to 16 years old	2 doses per lifetime
Optical Screening (tariff code 11001)	All lives; ages 5 to 8	1 per lifetime
Cardiac Health		
Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
Over 40's		
Breast cancer screening with mammography	All lives; aged 40 and older	1 every 2 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination and administration*	All lives; aged 65 and older	1 per lifetime
General		
Flu vaccination and administration*	All lives	1 every year
HIV finger prick test	All lives	1 every year
Health risk assessments		
Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year

** Combined administration of vaccination benefit limit of 15 per family per year*

Doctor's room procedures
covered from the in-hospital benefit

The following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, at up to 100% of the Fedhealth Rate.

In addition, pre-authorisation must be obtained and should no pre-authorisation take place, reimbursement will be restricted to the member's available day-to-day benefit or self-funded by the member.

This will not accumulate to the Threshold Level.

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

- 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

flexiFED 4 hospital cover

	flexiFED 4
Overall annual limit (OAL)	Unlimited at negotiated tariff. R2 630 co-payment on voluntary use of non-network day surgery facilities On flexi**FED 4**GRID members must use network hospitals. There is a R15 470 co-payment on use of non-network hospitals. There is a R2 630 co-payment on use of non-network day surgery facilities On flexi**FED 4**Elect there is a R15 470 excess on all hospital admissions except emergency admissions
Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions
Additional medical services (dietetics, occupational therapy and speech therapy)	In and out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year
Alternatives to hospitalisation	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost up to PMB level of care
Appliances, external accessories and orthotics	Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited (see HPT)

flexiFED 4	
Maternity - Healthcare Professional Tariff in-hospital (HPT)	
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered unlimited. Paid in full
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Dentistry	
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R5 730 on the hospital bill
In-hospital dentistry benefit for children under 7	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Fedhealth Savings or self-funded
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R499 100 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used
Organ transplant including immunosuppression medication	R499 100 (See HPT)
Corneal graft	R36 300 per beneficiary
Pathology, radiology (general)	Unlimited at Fedhealth Rate
Physiotherapy	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R28 000 (see HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R499 100 up to the Fedhealth Rate at Designated Service Provider (DSP) A 40% co-payment applies where a DSP is not used
Childhood illness specialised drug benefit (up to the age of 18)	Childhood illness specialised drug benefit for children up to the age of 18
Specialised radiology	Unlimited at Fedhealth Rate. First R2 960 for non-PMB MRI/ CT scans for the member's account Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 500 co-payment for use of non-DSP
Spinal surgery	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R7 510 on the hospital bill
Terminal care benefit	R34 500

*__Designated Service Provider is ICON__ (Independent Clinical Oncology Network)

Co-payments

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

	flexiFED 4
Co-payments per event applicable on the hospital/ facility bill only	
Bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	No co-payment
All open hernia surgery	No co-payment
Arthroscopic procedures - shoulder, ankle	R3 340
Arthroscopic procedures: wrist	R3 340
Arthroscopic procedures: hip	R3 340
Arthroscopic procedures: knee	R3 340
Other Arthroscopic procedures	R3 340
Back & neck procedures	R2 910
Cataract surgery (Voluntary use of non-contract providers)***	R7 520
Colonoscopy, upper GI endoscopy	R3 130
Dental admissions	No co-payment
Inguinal hernia sugery	No co-payment
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements-non-use of CP*	R35 240
Other joint replacements	R5 730
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R5 370
Laparoscopic varicocelectomy	No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	R5 370
Spinal surgery**	R7 510
Surgical extraction of impacted wisdom teeth	R5 730
Varicose vein procedures	No co-payment

* 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 Conservative Back and Neck Rehabilitation 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

Prosthesis benefit

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

	flexiFED 4
External	R12 900 at cost
Internal	
Aorta Stent Grafts	R65 500
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	See combined benefit limit for all unlisted internal prosthesis*
Cardiac pacemakers, cardiac stents, cardiac valves	R31 000
Detachable platinum coils	R56 700
Elbow, hip, knee and shoulder replacement	R31 000
Total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses – non-cataract (per lens)	R3 500
* Combined benefit limit for all unlisted internal prosthesis	R27 900

Chronic Disease benefit

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

	flexiFED 4
Limit	Subject to a limit of R6 300 per beneficiary, and R12 600 per family. Thereafter unlimited cover for conditions on the CDL
Formulary	Intermediate formulary on flexiFED 4. Basic formulary on flexiFED 4 GRID and flexiFED 4 Elect
Pharmacy	Any

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

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

Additional chronic conditions covered on flexiFED 4

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

flexiFED 4 day-to-day benefits

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

	flexiFED 4
Tariff	Paid up to Fedhealth Rate
Co-payments in Threshold	20% co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	In and out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Fedhealth Savings or self-funded and Threshold. R8 270 per beneficiary per year. R24 700 per family per year before and after Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Dentistry (Basic)	Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached

* Private nursing that falls outside the alternatives to hospitalisation benefit

flexiFED 4 day-to-day benefits

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

	flexiFED 4
General Practitioners	
Fedhealth Network GPs	Each beneficiary can nominate up to 2 Network GPs on flexiFED 4[GRID] and flexiFED 4[Elect] **Pre Threshold:**: Consults with a Network GP will be paid from Risk from Rand one and not from Savings (these consults do not accumulate to Threshold). On flexiFED 4[GRID] and flexiFED 4[Elect], you also need to nominate a network GP. Mental health: In-network, Fedhealth will pay for two mental health consults per beneficiary with a network GP – before and after Threshold **In Threshold:** Unlimited Network GP benefit. Consults will be subject to a 20% co-payment in Threshold.
Non-network GPs	**Pre Threshold:** Consults with out-of-network GP will be paid from Savings and accumulates to Threshold at the Fedhealth rate. Mental health consults out-of-network: Subject to Savings and will accumulate. **In Threshold:** Limit of 2 consults with out-of-network GP per beneficiary paid from Threshold. Thereafter, consults with a non-network GP will be paid from Savings. Mental health: a maximum of 2 mental health consults per beneficiary with a network GP will be paid from Risk before and after Threshold.
Maternity benefit	See maternity benefit > Thereafter, paid from Fedhealth Savings or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold
Optometry	Paid from Fedhealth Savings or self-funded and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold
Over-the-counter medication	Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Pathology	Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year
Prescribed medication	Paid from Fedhealth Savings or self-funded and Threshold. R6 330 per beneficiary per year, R12 770 per family per year before and after Threshold
Radiology general	Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached
Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Specialists	Paid from Fedhealth Savings or self-funded and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 20% co-payment if GP referral not obtained
Non-network Specialists	Paid from Fedhealth Savings or self-funded and Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained
Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Psychiatrists	Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained
Non-network Psychiatrists	Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained

Additional information

Need more information on a specific Fedhealth benefit, programme, service or provider?
We've got you covered. Just click on the relevant link below 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 **Conservative Back & Neck Rehabilitation Programme** >
ZOOM on **Emergency Assistance** >
ZOOM on **Emergency Treatment in a Casualty Ward** >
ZOOM on **GP Nomination** >
ZOOM on **Maternity & Childhood Benefits** >
ZOOM on **Option Upgrades** >
ZOOM on **Self-Service Channels** >
ZOOM on **Specialist Referral** >
ZOOM on the **Contraceptive Benefit** >

ZOOM on the **Fedhealth Baby Programme** >
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 **October Health Mental Health App** >
ZOOM on the **Oncology Benefit** >
ZOOM on the **Screening Benefit** >
ZOOM on the **Selected Procedures Benefit** >
ZOOM on the **Smoking Cessation Programme** >
ZOOM on the **Specialised Radiology Benefit** >
ZOOM on the **Threshold Benefit** >
ZOOM on the **Weight Management Programme** >

CLICK HERE for flexi**FED**GRID **network hospitals** >
CLICK HERE for flexi**FED**Elect **network hospitals** >
CLICK HERE for flexi**FED 4 day surgery network facilities** >
CLICK HERE for flexi**FED**GRID **day surgery network facilities** >
CLICK HERE for **Mental Health network facilities** >

Get **in touch**

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

Fedhealth website

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

Fedhealth Family Room

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

Fedhealth Member App

Our app has been designed to help simplify members' interaction with Fedhealth. Available from the Google Play Store, Huawei App Gallery and Apple App store, it lets the member activate the amount of Fedhealth Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.

Click here to download the Member App >

LiveChat

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

Fedhealth WhatsApp bot

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

Network GP, specialist and hospital locator

Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a GP, specialist or hospital on the Fedhealth network.

Click here for provider locator >

Contact details

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

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

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

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

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

Gqeberha:
78-84 Block 3, Greenacres Office Park, 2nd Avenue, Newton Park

Pretoria:
Nedbank Plaza, Ground Floor, Shop 17, 175 Steve Biko Street, Arcadia

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

Vereeniging:
32 Grey Avenue

Contact us

Fedhealth Customer Contact Centre
Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0860 002 153
Email: member@fedhealth.co.za
Claim submission: claims@fedhealth.co.za
Web: www.fedhealth.co.za
Postal address: Private Bag X3045, Randburg, 2125

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

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

Ambulance Services
Europ Assistance
Tel: 0860 333 432

AfA (HIV Management)
Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
Fax: 0800 600 773
Email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

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

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

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

Fedhealth Oncology Programme
Monday to Friday 08h00 – 16h00
Tel: 0860 100 572
Fax: 021 466 2303
Email: cancerinfo@fedhealth.co.za
Postal address: P O Box 38632, Pinelands, 7430

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi
Tel: 0860 333 432 press 5 for the
point-to-point service

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

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