maxima PLUS

2025

FEDHEALTH

Sanlam healthcare partner

Contents

Comprehensive cover
you can always count on

As we get older, our healthcare needs may be vastly different to what they were in our twenties, and the medical aid option we choose should accommodate these changing needs.

Fedhealth's maxi**FED** range, consisting of maxima **EXEC** and maxima **PLUS**, provides comprehensive medical aid cover that ensures total peace of mind for more mature members. These options are structured to provide generous in-hospital, screening and chronic cover, and day-to-day cover, through a Medical Savings Account (MSA), a Threshold benefit and an Out-of-Hospital Expenses Benefit (OHEB) (the latter on maxima **PLUS** only).

On maxima **PLUS** members can look forward to:

- Generous **in-hospital, screening** and **day-to-day** benefits
- Don't pay for certain benefits until you need them with our **30-day upgrade** policy
- **Pay child rates up to the age of 27** for children who are registered full time students

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

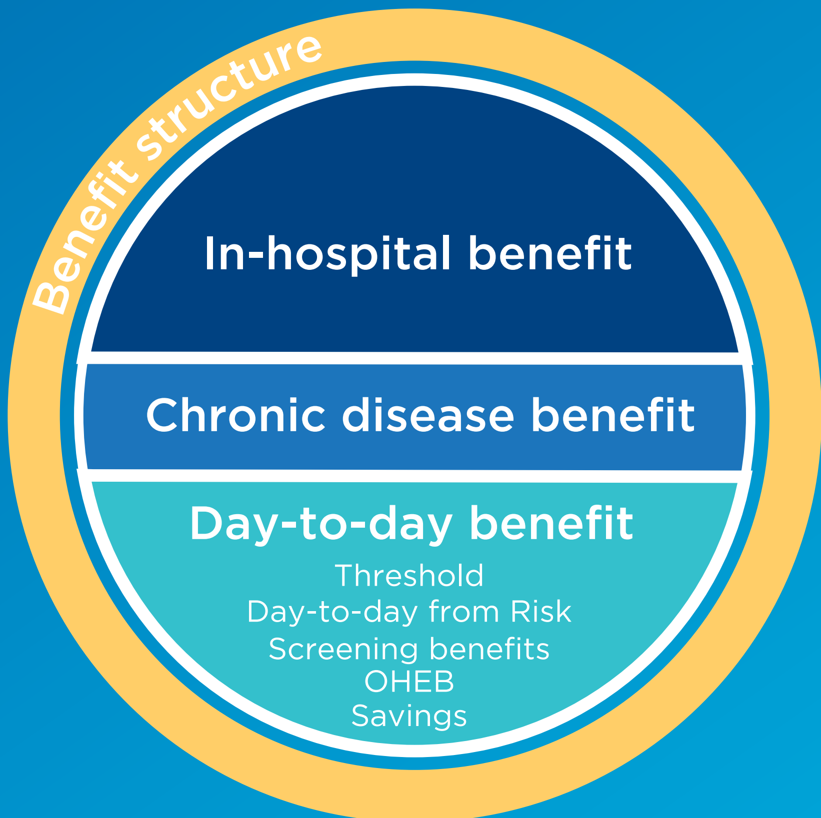
Choose medical aid that leaves nothing to chance.
Choose maxima **PLUS** from Fedhealth!

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 maxima PLUS **option**

Fedhealth's maxima **PLUS** option provides comprehensive medical aid cover that ensures total peace of mind for more mature members. This option is structured to provide generous in-hospital, screening and chronic cover, and day-to-day cover, through a Medical Savings Account (MSA), a Threshold benefit and an Out-of-Hospital Expenses Benefit (OHEB).



On maxima PLUS, members enjoy the following benefits:

- **IN-HOSPITAL BENEFIT** – No overall annual limit for hospitalisation
- **CHRONIC DISEASE BENEFIT** – Members are covered for conditions on the Chronic Disease List (CDL) plus additional conditions. This is covered in full up to the Medicine Price List if the member uses medicine on the comprehensive formulary. Members can use any pharmacy to get their chronic medication.
- **DAY-TO-DAY BENEFITS FROM RISK** – We provide comprehensive day-to-day benefits on maxima PLUS like unlimited Fedhealth Network GP visits once Savings is depleted.
- **Threshold** – The Threshold benefit pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level.
- **Screening benefit** – We pay for lifestyle screenings, wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.
- **Out-of-Hospital Expenses Benefit (OHEB)** – This benefit covers day-to-day expenses, after the Savings Account has run out of funds, up to the Fedhealth Rate until the benefit limit has been reached. There are maximum amounts for specific treatments and conditions.
- **Savings** – The funds in the member's Medical Savings Account (MSA) will be used first when he or she has day-to-day medical expenses.

PLUS, loads of additional value-added benefits like the Fedhealth Nurse Line, MediTaxi or the Weight Management Programme.

maxima PLUS Contributions

maxima PLUS (including Savings and OHEB)	Risk	Savings	Total	Annual Threshold*	Annual OHEB
Member	16 312	625	16 937	22 700	10 310
Adult dependant	14 080	539	14 619	17 700	7 440
Child dependant*	5 040	193	5 233	6 200	2 290

*Up to a maximum of three children

maxima PLUS Calculations

maxima PLUS (including Savings and OHEB)	Risk	Savings	Total	Annual savings	OHEB	Total day-to-day available	Annual Threshold level	Self-payment gap
M	16 312	625	16 937	7 500	10 310	17 810	22 700	4 890
M + AD	30 392	1 164	31 556	13 968	17 750	31 718	40 400	8 682
M + AD + CD	35 432	1 357	36 789	16 284	20 040	36 324	46 600	10 276
M + AD + 2CD	40 472	1 550	42 022	18 600	22 330	40 930	52 800	11 870

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.

- **Unlimited network GP visits**
- **Trauma treatment** at a **casualty ward**
- **7 days of take-home medication**
- **Post-hospitalisation** treatment
- **Specialised** radiology
- **Upgrades within 30 days** of a **life-changing event**
- **Female contraception**
- **Only pay** for **three children**
- **Child rates up to 27** for children who are registered full time students

MORE INFORMATION

Unique set of benefits paid from Risk

Unlimited network GP visits – once OHEB is depleted.

Trauma treatment at a casualty ward
Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours.

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

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

Specialised radiology
MRI/ CT scans are covered whether they're performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R2 960 for each non-PMB MRI/ CT scan for member's own account.

Upgrades within 30 days of a life-changing event
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.

Female contraceptives
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.

Only pay for three children
Only pay for three children – we cover fourth and subsequent children for free.

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

Members may use:

maxima **PLUS** 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 have been excluded 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.

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.

MORE INFORMATION

Hospital Cover

maxima **PLUS** 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.

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 is 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 nominated network GP 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.

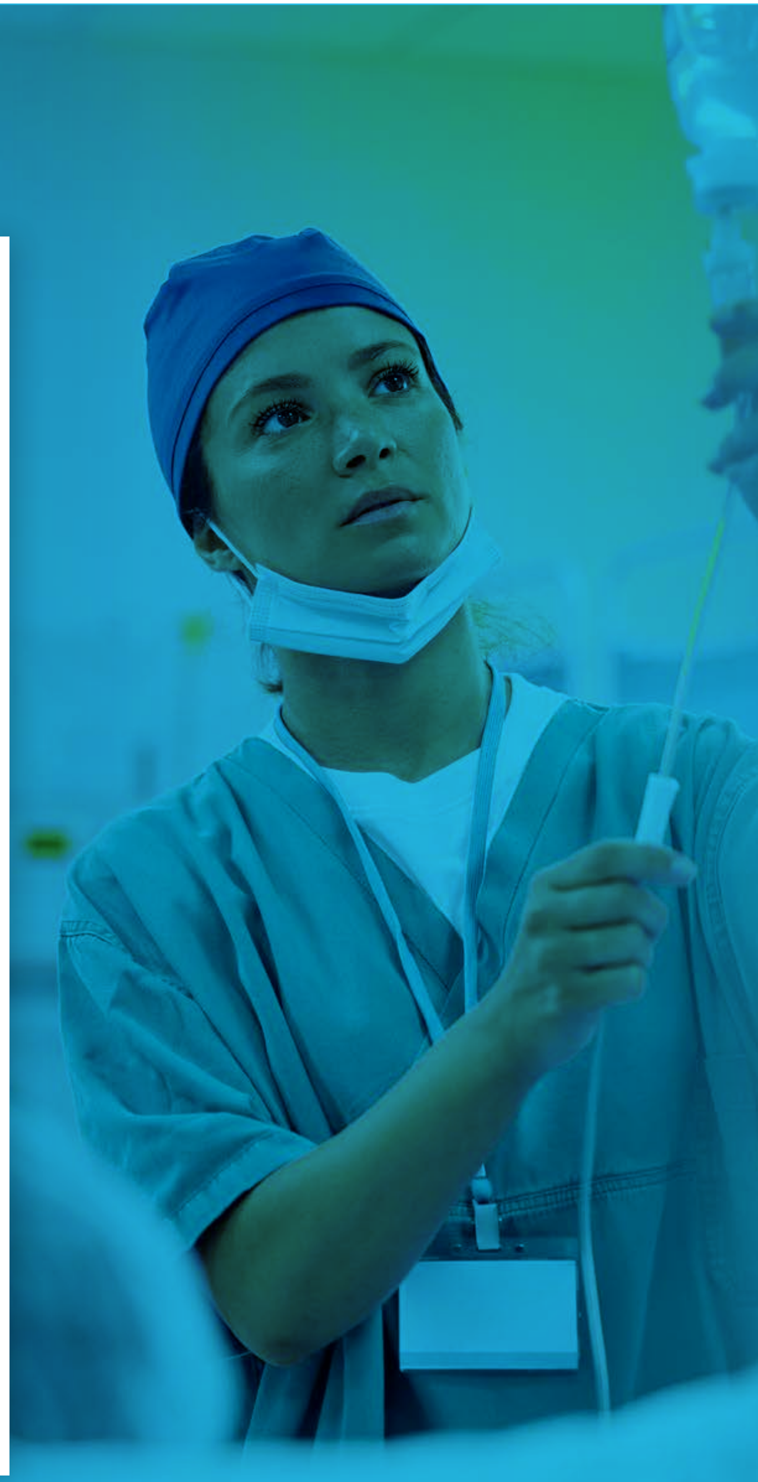
Please note: Qualification for reimbursement as a PMB is not based solely on the diagnosis (condition), but also on the treatment provided (level of care). So although a member's condition may be a PMB condition, the Scheme would only be obliged to fund it in full if the treatment provided was considered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

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 death.



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 & 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
Bone densitometry	Women; aged 65 and older and men; aged 70 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

maxima PLUS hospital cover

This benefit covers all treatments and procedures that have to be done in a hospital and that are covered by the maxima **PLUS** option.

	maxima **PLUS**
Benefit	**All limits are per family per year unless otherwise specified**
Overall annual limit (OAL)	Unlimited at negotiated tariff maxima **PLUS** 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.
Healthcare Professional Tariff in-hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full
Non-network GPs	Paid up to the Fedhealth Rate
Non-network Specialists	Paid up to 200% of the Fedhealth Rate
Other Healthcare Professionals	Paid up to 300% of the 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 and Specialists. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and 200% of the Fedhealth Rate for non-network specialists. You will have a shortfall 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)	Unlimited subject to medical practitioner referral
Alternatives to hospitalisation:	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost
Appliances, external accessories and orthotics	

maxima PLUS hospital cover

	maxima PLUS
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited (see HPT)
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	
In-hospital dentistry benefit for children under 7	We cover the hospital and anaesthetist. Dentist will be paid from day-to-day benefits
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	Unlimited at preferred provider* and paid from Enhanced protocol
Reimbursement rate if you don't use preferred providers	Up to the Fedhealth Rate
Organ transplant including immunosuppression medication	Unlimited (see HPT)
Corneal graft	R36 300 per beneficiary
Pathology, radiology (general)	Unlimited up to the Fedhealth Rate
Physiotherapy	Unlimited subject to medical practitioner referral
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R45 100 (See HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP provider is not used
Specialised Medication (e.g. biologicals) Benefit (oncology & non-oncology)	R390 400 at cost
Specialised radiology	Unlimited at Fedhealth Rate. First R2 960 for non-PMB MRI/CT scans for the member's account
Spinal surgery	No benefit unless utilisation of Conservative Back & Neck Rehabilitation Programme has been completed
Terminal care benefit	R34 500 at Fedhealth Rate

***ICON** (Independent Clinical Oncology Network)

Co-payments

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

	maxima PLUS
Co-payments per event applicable on the hospital/ facility bill only	
Arthroscopic procedures – hip, wrist, knee, shoulder, ankle, other arthroscopic procedures	No co-payments
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures, rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No co-payments
Spinal surgery**	No co-payment
Cataract surgery (Voluntary use of non contract providers)***	R7 520
Colonoscopy, upper GI endoscopy	No co-payment
Surgical extraction of impacted wisdom teeth	No co-payment
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements - voluntary use of non-CP*	R35 240
Other joint replacements	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

	maxima PLUS
External prosthesis	R24 300 at cost
Internal prosthesis	
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs), bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws, total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*
Aorta stent grafts	R65 500
Cardiac pacemakers	R65 500
Cardiac stents	R56 100
Cardiac valves	R49 800
Detachable platinum coils	R56 700
Elbow, hip, knee and shoulder replacement	R49 800
Intraocular lenses (per lens)	R3 500
*Combined benefit limit for all unlisted internal prosthesis	*R40 400

Chronic disease benefit

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

	maxima **PLUS**
Limit	R16 700 per beneficiary, subject to an overall limit of R31 300 per family per year. Thereafter unlimited cover for conditions on the CDL.
Formulary	Comprehensive formulary
Pharmacy	Any pharmacy

Chronic conditions on the Chronic Disease List (CDL)

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

Additional chronic conditions covered on maxima PLUS

Acne (up to the age of 21), Allergic rhinitis (up to the age of 18), Alzheimer's Disease, Angina, Ankylosing Spondylitis, Anorexia Nervosa, Attention Deficit Hyperactivity Disorder (from 6 to the age of 18), Barrett's Oesophagus, Benign Prostatic Hyperplasia, Bulimia Nervosa, Conn's Syndrome, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Depression, Dermatomyositis, Eczema (up to the age of 18), Gastro-Oesophageal Reflux Disease, Generalised Anxiety Disorder, Gout, Hypoparathyroidism, Menopause, Motor Neuron Disease, Muscular Dystrophy, Myasthenia Gravis, Narcolepsy, Obsessive Compulsive Disorder, Osteoporosis, Paget's Disease, Pancreatic Disease, Panic Disorder, Paraplegia/ Quadriplegia (associated medicine), Pemphigus, Polyarteritis Nodosa, Post-Traumatic Stress Disorder, Pulmonary Interstitial Fibrosis, Scleroderma, Stroke, Thromboangitis Obliterans, Thrombocytopaenic Purpura, Tourette's Syndrome, Valvular Heart Disease, Zollinger-Ellison Syndrome

maxima PLUS day-to-day benefits

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

	maxima **PLUS**
Benefit	**Limit per family per year**
Tariff	Up to the Fedhealth Rate
Co-payments in Threshold	No co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	Paid from Savings, OHEB and Threshold. R17 300 per family per year before and after Threshold. (R4 860 sub-limit per beneficiary for foot orthotics)
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings and OHEB. 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	Paid from Savings, OHEB and Threshold. R19 400 per family per year before and after Threshold
Dentistry advanced: inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings, OHEB and Threshold. R8 270 per beneficiary per year, R24 700 per family per year before and after Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
Dentistry (basic)	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
General Practitioners	
Fedhealth Network GPs	Paid from OHEB then unlimited from Risk. Once OHEB is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network
Non-network GPs	Paid from Savings, OHEB and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate
Maternity benefit	The following benefits are paid from Risk: 12 ante/ postnatal consultations with midwife, Network GP or Gynae; Antenatal classes to the value of R1 160 conducted by Private Nurses; 2 x 2D scans; 1 x amniocentesis. Thereafter, paid from Savings, OHEB and Threshold. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold

* Private nursing that falls outside the alternatives to hospitalisation benefit

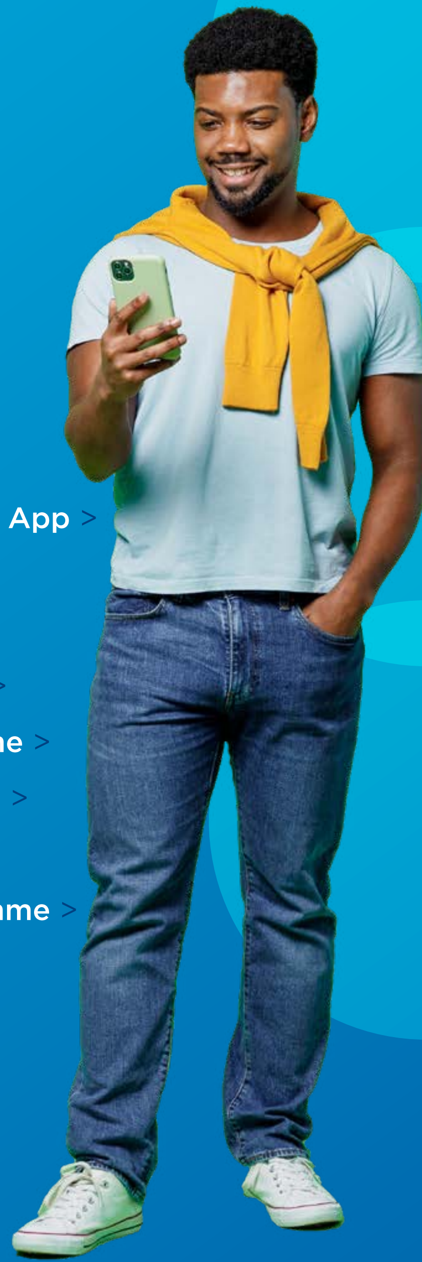
maxima PLUS day-to-day benefits

	maxima PLUS
Optometry	Paid from Savings, OHEB and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold
Over-the-counter medication	Paid from Savings only. Does not accumulate to or pay from Threshold
Pathology & radiology	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
Prescribed medication	Paid from Savings, OHEB and Threshold. R11 060 per beneficiary per year, R22 010 per family per year before and after Threshold
Radiology specialised	Paid from Risk if authorised. First R2 960 for non-PMB MRI/ CT scans is for the member's account
Specialists excluding psychiatrists	
Fedhealth Network Specialists	Paid from Savings, OHEB and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached
Non-network Specialists	Paid from Savings, OHEB and Threshold. Accumulation to and refund from Threshold at Fedhealth Rate only
Specialists: psychiatrists	
Fedhealth Network Psychiatrists	Paid from Savings, OHEB and accumulation to and refund from Threshold at cost. Subject to Additional Medical Services limit of R19 400 per family per year before and after Threshold
Non-network Psychiatrists	Paid from Savings, OHEB and accumulation to and refund from Threshold at the Fedhealth Rate. Subject to Additional Medical Services limit of R19 400 per family per year before and after Threshold

Zoom on **benefits**

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 **Conservative Back & Neck Rehabilitation Programme** >
ZOOM on **Emergency Assistance** >
ZOOM on **Emergency Treatment in a Casualty Ward** >
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** >



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 Living Fedhealthy blog – filled with lifestyle and wellness topics.

Fedhealth Family Room

Fedhealth's online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, 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 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

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

Ambulance Services
Europ Assistance
Tel: 0860 333 432

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

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

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

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

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

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

Fraud Hotline
Tel: 0800 112 811

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

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

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