



2026

flexiFED

Hospital Plan

 **FEDHEALTH**

 **Sanlam** healthcare partner



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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!



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.



03. INCLUSIVITY.

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



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.

flexiFED

HOSPITAL PLANS

OPTION OVERVIEW

Our flexiFED hospital plans take care of the changing needs of members – whether they're just starting out in their career, are planning to have a baby, or have a mature family to look after.

What makes these hospital plans truly one-of-a-kind and customisable?

- flexiFED members can choose only the cover they need at present, because they're allowed to upgrade to a more comprehensive option any time of year within 30 days of a life-changing event.
- flexiFED members have the choice to save either 10% or 25%* on their monthly contribution. They can either choose a flexiFED GRID option to save 10% by using network hospitals for any planned procedures, or select the flexiFED Elect option for a 25% discount by using any private hospital for planned procedures but paying a fixed co-payment of R15 950.
- All flexiFED hospital plans have built-in day-to-day benefits paid from Risk to give members more value for money.
- flexiFED members can access back-up day-to-day savings at any time should they need it. 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.

* GRID/Elect is not available on flexiFED Savvy and GRID is not available on flexiFED 1.

° In case of emergencies, members will always be taken to their nearest private hospital for stabilising treatment.

FIND THE RIGHT flexiFED FOR YOU:

				
flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Digitally savvy under-35s	People with few health issues	Young couples planning a baby	Families who are starting to need more health cover	People with comprehensive health concerns
The younger, health-conscious, digital generation who want reliable, cost-effective cover with a focus on prevention/wellness, day-to-day benefits and mainly emergency hospitalisation.	Generally healthy or perhaps thinking about starting a family, these members want economical medical aid cover that provides peace of mind at an affordable price.	Growing families or individuals who want well-rounded medical aid. They are looking for a robust plan that provides generous screening, preventative, in-hospital, chronic, oncology and mental health cover.	Growing families or individuals who want well-rounded medical aid. They need a robust plan that provides generous screening, preventative, in-hospital, chronic, oncology, mental health and prosthesis benefits.	For individuals and families with ongoing health needs, this plan offers comprehensive cover, unlimited hospitalisation, and strong benefits for chronic conditions, mental health, and prosthetics—providing true peace of mind.
From R1 155p/m	From R2 051p/m	From R3 104p/m	From R3 705p/m	From R4 958p/m

KEY FEATURES

-  **UNLIMITED HOSPITALISATION BENEFIT**
flexiFED options don't have an overall annual limit on the hospital benefit.
-  **FULL COVER FOR 27 CHRONIC CONDITIONS**
All flexiFED 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 up to 100% of the Fedhealth Rate.
-  **BACK-UP SAVINGS AVAILABLE FOR DAY-TO-DAY EXPENSES**
flexiFED 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 flexiFED 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.

STEP 1

Customising flexiFED HOSPITAL PLANS

Using two simple steps, members can create their flexiFED option to become the perfect medical aid plan for their needs and budget.

MEMBER CHOOSES WHICH flexiFED HOSPITAL PLAN BEST SUITS THEIR NEEDS

A hospital plan 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.

	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
DAY-TO-DAY BENEFITS					
Optional back-up savings available for additional day-to-day cover	✓	✓	✓	✓	✓
Threshold benefit – pays for certain day-to-day expenses once claims have reached the threshold level		✓	✓	✓	✓
Day-to-day expenses paid from risk	✓	✓	✓	✓	✓
GP Benefits paid from risk from rand 1	✓				✓
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	✓	✓	✓	✓	✓
Oncology cover above 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 in any facility approved by the Scheme.			✓	✓	✓
Unlimited private hospital cover at a network hospital, day surgery facility, mental health facility	✓	✓	flexiFED 2 ^{GRID} ✓	flexiFED 3 ^{GRID} ✓	flexiFED 4 ^{GRID} ✓
Network GPs and Specialists covered in full	✓	✓	✓	✓	✓

Elect options - any hospital with elective co-payment

STEP 2

Member can choose AN OPTIONAL MONTHLY DISCOUNT

The GRID and Elect options offer the exact same benefits as the main flexiFED options, whilst allowing members to choose between two monthly discounts:

MEMBERS CAN SAVE 10% WITH GRID

MEMBERS CAN SAVE 10% BY USING THE GRID NETWORK

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

Should members voluntarily make use of non-network hospitals, a 30% co-payment will be applied

How much members can save on GRID per year

Family Type	flexiFED 2 ^{GRID}	flexiFED 3 ^{GRID}	flexiFED 4 ^{GRID}
M	R5 136	R6 120	R8 268
M+A	R9 636	R11 676	R15 684
M+C	R6 648	R8 280	R10 716
M+A+A	R14 136	R17 232	R23 100
M+A+C	R11 148	R13 836	R18 132
M+C+C	R8 160	R10 440	R13 164

WHY THANDI CHOSE GRID:

Thandi is happy to use the GRID network hospitals close to her home. It gives her peace of mind that she won't face a large co-payment for planned procedures, while still enjoying lower monthly premiums. If she ever does face an out-of-network cost, gap cover can help absorb the shortfall.

OR

MEMBERS CAN SAVE 25% WITH ELECT

MEMBERS CAN SAVE 25% BY CHOOSING THE ELECT EXCESS ON PLANNED PROCEDURES

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

How much members can save on Elect per year

Family Type	flexiFED 1 ^{Elect}	flexiFED 2 ^{Elect}	flexiFED 3 ^{Elect}	flexiFED 4 ^{Elect}
M	R6 948	R12 516	R14 892	R19 944
M+A	R12 456	R23 496	R28 488	R37 008
M+C	R9 540	R16 140	R20 160	R25 584
M+A+A	R17 964	R34 476	R42 084	R54 072
M+A+C	R15 048	R27 120	R33 756	R42 648
M+C+C	R12 132	R19 764	R25 428	R31 224

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 flexiFED HOSPITAL PLANS TRULY SPECIAL?

flexiFED plans cover 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 ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
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	✓	✓	✓	✓	✓
Optical benefit				✓	✓
Basic Threshold benefit -unlimited GP consults and a preventative/basic dental benefit		✓	✓	✓	✓
Unlimited, comprehensive Threshold 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		✓	✓	✓	✓
Private ward cover for the maternity event				✓	✓
Childhood immunisations		✓	✓	✓	✓
Paediatric consultations			✓	✓	✓
24/7 paediatric telephonic advice line	✓	✓	✓	✓	✓
Infant hearing screening benefit		✓	✓	✓	✓
Vision Screening in Neonates for Retinopathy of prematurity					✓
In-hospital dentistry for children under age 7			✓	✓	✓
Childhood illness specialised drug benefit			✓	✓	✓

WHAT IS THE THRESHOLD BENEFIT ON flexiFED 1, 2, 3 AND 4?

The Threshold Benefit on the flexiFED 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 flexiFED 1, 2 and 3, once members have spent enough to reach the Threshold, their unlimited visits to a Fedhealth nominated network GP and basic or preventative dentistry are paid from their Threshold Benefit (instead of from their own pocket or from Fedhealth Savings).

The Threshold Benefit on flexiFED 4 is a comprehensive benefit that pays for additional services across the various benefit categories, whereas the Threshold Benefit on flexiFED 1, 2 and 3 only pays for certain additional services (such as GP consultations and basic or preventative dentistry).

Threshold levels on flexiFED hospital plans

Family Type	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Principal member	N/A	R5 508	R8 724	R10 416	R22 308
Adult member	N/A	R4 320	R7 764	R9 540	R20 364
Child member	N/A	R2 016	R2 580	R3 696	R6 708

NOTE: Claims accumulate at cost on flexiFED 1, 2 and 3, and at scheme rate on flexiFED 4.

*Up to a maximum of three children



NEW



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

From 2026, we’re rewarding members’ smart health choices with up to R4 500 in extra day-to-day benefits.

flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
R3 000	R3 500	R4 000	R4 500

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, flexiFED 1, 2, 3 and 4 members can unlock an extra amount of up to R4 500 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!

D2D+ Benefit not applicable to flexiFED^{Savvy}

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 flexiFED 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 BACKUP SAVINGS

	Annual maximum Back-up Savings that a member can add to their day-to-day cover		
	Principal member	Adult dependant	Child dependant
flexiFED ^{Savvy}	R6 528 for all family types		
flexiFED 1	R7 488	R5 880	R2 760
flexiFED 1 ^{Elect}	R7 572	R5 940	R2 796
flexiFED 2	R12 012	R10 692	R3 564
flexiFED 2 ^{GRID}	R12 048	R10 728	R3 564
flexiFED 2 ^{Elect}	R12 108	R10 764	R3 576
flexiFED 3	R14 440	R13 200	R5 112
flexiFED 3 ^{GRID}	R14 436	R13 224	R5 124
flexiFED 3 ^{Elect}	R14 472	R13 284	R5 148
flexiFED 4	R21 960	R20 052	R6 600
flexiFED 4 ^{GRID}	R21 996	R20 076	R6 624
flexiFED 4 ^{Elect}	R22 032	R20 124	R6 636

flexiFED

DAY-TO-DAY BENEFITS

Here's an overview of the day-to-day benefits available on flexiFED, including the casualty ward benefit and the chronic medication benefit (refer to page 19 for further details).

On flexiFED, 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	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk	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.	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.	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. Each beneficiary can nominate up to 2 Network GPs on flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} . 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. See page 8 for information about Back-Up Savings	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. Each beneficiary can nominate up to 2 Network GPs on flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} . 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. See page 8 for information about Back-Up Savings
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP	2 consultations per family, subject to the 3 face-to-face visits	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.	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.	Pre Threshold: Consults with out-of-network GP will be self-funded or paid from available D2D+ benefits at scheme rate and accumulates to Threshold at the Fedhealth Rate (claims paid from D2D+ will not accumulate to threshold). Mental health consults out-of-network: Self-funded 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 self-funded. Mental health: a maximum of 2 mental health consults per beneficiary with a network GP will be paid from Risk before and after Threshold.	Pre Threshold: Consults with out-of-network GP will be self-funded or paid from available D2D+ benefits at scheme rate and accumulates to Threshold at the Fedhealth Rate (claims paid from D2D+ will not accumulate to threshold). Mental health consults out-of-network: Self-funded 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 self-funded. Mental health: a maximum of 2 mental health consults per beneficiary with a network GP will be paid from Risk before and after Threshold.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)	Self-funded or paid from available D2D+ benefits. Accumulation to and refund from Threshold up to cost. 20% co-payment if GP referral not obtained	Self-funded or paid from available D2D+ benefits. Accumulation to and refund from Threshold up to cost. 20% co-payment if GP referral not obtained
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded	Self-funded or paid from available D2D+ at scheme rate. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)	Self-funded or paid from available D2D+ at scheme rate. Accumulates at cost to Threshold level. (claims paid from D2D+ will not accumulate)	Self-funded. Fedhealth Rate to and refund from Threshold up to cost. 20% co-payment if GP referral not obtained	Self-funded. Fedhealth Rate to and refund from Threshold up to cost. 20% co-payment if GP referral not obtained
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded	Self-funded. Accumulates at cost to Threshold.	Self-funded. Accumulates at cost to Threshold.	Self-funded. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R13 300 per family per year before and after Threshold. 20% co-payment if GP referral not obtained	Self-funded. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R13 300 per family per year before and after Threshold. 20% co-payment if GP referral not obtained
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded	Self-funded. Accumulates at cost to Threshold.	Self-funded. Accumulates at cost to Threshold.	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 300 per family per year before and after Threshold. 20% co-payment if GP referral not obtained	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 300 per family per year before and after Threshold. 20% co-payment if GP referral not obtained
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	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. (On flexiFED 2 and 3, fillings and extractions will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.	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. (On flexiFED 2 and 3, fillings and extractions will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.	Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate) Unlimited once Threshold is reached 20% co-payment applies in Threshold	Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate) Unlimited once Threshold is reached 20% co-payment applies in Threshold
ADVANCED DENTISTRY inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Self-funded	Self-funded. Accumulates at cost to Threshold level	Self-funded. Accumulates at cost to Threshold level	Self-funded. R8 530 per beneficiary per year, R25 470 per family per year before and after Threshold 20% co-payment applies in Threshold	Self-funded. R8 530 per beneficiary per year, R25 470 per family per year before and after Threshold 20% co-payment applies in Threshold
Osseo-integrated implants, orthognathic surgery	Self-funded	Self-funded. Accumulates at cost to Threshold level	Self-funded. Accumulates at cost to Threshold level	Self-funded. Does not accumulate to or pay from Threshold	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	Self-funded	Self-funded. Accumulates at cost to Threshold level	Self-funded. Accumulates at cost to Threshold level	In and out-of-hospital: self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year 20% co-payment applies in Threshold	In and out-of-hospital: self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year 20% co-payment applies in Threshold

* Private nursing that falls outside the alternatives to hospitalisation benefit

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
ALTERNATIVE HEALTHCARE: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Self-funded	Self-funded. Accumulates at cost to Threshold level			Self-funded. Does not accumulate to or pay from Threshold
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS: Hearing aids, wheelchairs, etc.	Self-funded	Self-funded. Accumulates at cost to Threshold level			In and Out of hospital: Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year.
MEDICINES AND INJECTION MATERIAL					
• Acute medicine	Self-funded	Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate) Accumulates at cost to Threshold level			Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate) R6 530 per beneficiary per year, R13 170 per family per year before and after Threshold 20% co-payment applies in Threshold
• Chronic medicine	Please see Chronic Medicine Benefit on page 10				
• Over-the-counter medicine	Self-funded	Self-funded. Accumulates at cost to Threshold level			Self-funded. Does not accumulate to or pay from Threshold
OPTICAL BENEFIT					
• Consultations	Self-funded	Self-funded. Accumulates at cost to Threshold level		Up to R1 990 per beneficiary every 24 months paid from Risk. Thereafter, self-funded. Accumulates at cost to Threshold level	Self-funded. R3 860 per beneficiary per year, R11 750 per family per year before and after Threshold 20% co-payment applies in Threshold
• Spectacle lenses					
• Frames and/ or lens enhancements					
PATHOLOGY AND MEDICAL TECHNOLOGY	Self-funded	Self-funded or paid from available D2D+ benefits. Accumulates at cost to Threshold level (claims paid from D2D+ do not accumulate)			Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate) Unlimited once Threshold is reached 20% co-payment applies in Threshold
GENERAL RADIOLOGY	Self-funded	Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate). Accumulates at cost to Threshold level (claims paid from D2D+ do not accumulate)			Self-funded or paid from available D2D+ benefits. (claims paid from D2D+ will not accumulate). Unlimited once Threshold is reached 20% co-payment applies in Threshold
SPECIALISED RADIOLOGY Pre-authorization is required	Self-funded	Unlimited at Fedhealth Rate. First R4 230 for non-PMB MRI/ CT scans for the member's account.	Unlimited at Fedhealth Rate. First R3 050 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	2 PET scans per family per annum limited to the Oncology benefit subject to DSP network.		R5 670 co-payment for use of non-DSP
Specified procedures in practitioner's rooms	Self-funded	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	Self-funded. Accumulates at cost to Threshold level			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R13 300 per family per year

flexiFED

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
flexiFED ^{Savvy}	R1 155	R1 155	R849
flexiFED 1	R2 630	R2 061	R963
flexiFED 1 ^{Elect}	R2 051	R1 602	R747
flexiFED 2	R4 147	R3 690	R1 224
flexiFED 2 ^{GRID}	R3 719	R3 315	R1 098
flexiFED 2 ^{Elect}	R3 104	R2 775	R922
flexiFED 3	R4 946	R4 531	R1 753
flexiFED 3 ^{GRID}	R4 436	R4 068	R1 573
flexiFED 3 ^{Elect}	R3 705	R3 398	R1 314
flexiFED 4	R6 620	R6 042	R1 991
flexiFED 4 ^{GRID}	R5 931	R5 424	R1 787
flexiFED 4 ^{Elect}	R4 958	R4 620	R1 521

*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
flexiFED ^{Savvy}	R0	R0	R0
flexiFED 1	R324	R240	R108
flexiFED 1 ^{Elect}	R240	R180	R72
flexiFED 2	R348	R300	R84
flexiFED 2 ^{GRID}	R312	R264	R84
flexiFED 2 ^{Elect}	R252	R228	R72
flexiFED 3	R348	R312	R120
flexiFED 3 ^{GRID}	R312	R288	R108
flexiFED 3 ^{Elect}	R276	R228	R84
flexiFED 4	R348	R312	R108
flexiFED 4 ^{GRID}	R312	R288	R84
flexiFED 4 ^{Elect}	R276	R240	R72

Annual maximum Backup Savings that a member can add to their day-to-day cover			
	Principal member	Adult dependant	Child dependant
flexiFED ^{Savvy}	R6 528 for all family types		
flexiFED 1	R7 488	R5 880	R2 760
flexiFED 1 ^{Elect}	R7 572	R5 940	R2 796
flexiFED 2	R12 012	R10 692	R3 564
flexiFED 2 ^{GRID}	R12 048	R10 728	R3 564
flexiFED 2 ^{Elect}	R12 108	R10 764	R3 576
flexiFED 3	R14 440	R13 200	R5 112
flexiFED 3 ^{GRID}	R14 436	R13 224	R5 124
flexiFED 3 ^{Elect}	R14 472	R13 284	R5 148
flexiFED 4	R21 960	R20 052	R6 600
flexiFED 4 ^{GRID}	R21 996	R20 076	R6 624
flexiFED 4 ^{Elect}	R22 032	R20 124	R6 636

The amount of Backup 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, 2, 3 AND 4?

The Threshold Benefit on the flexiFED 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 flexiFED 1, 2 and 3, once members have spent enough to reach the Threshold, their unlimited visits to a Fedhealth nominated network GP and basic or 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
flexiFED ^{Savvy}	none		
flexiFED 1	R5 508	R4 320	R2 016
flexiFED 1 ^{Elect}	R5 508	R4 320	R2 016
flexiFED 2	R8 724	R7 764	R2 580
flexiFED 2 ^{GRID}	R8 724	R7 764	R2 580
flexiFED 2 ^{Elect}	R8 724	R7 764	R2 580
flexiFED 3	R10 416	R9 540	R3 696
flexiFED 3 ^{GRID}	R10 416	R9 540	R3 696
flexiFED 3 ^{Elect}	R10 416	R9 540	R3 696
flexiFED 4	R22 308	R20 364	R6 708
flexiFED 4 ^{GRID}	R22 308	R20 364	R6 708
flexiFED 4 ^{Elect}	R22 308	R20 364	R6 708

* Claims accumulate at cost on flexiFED 1, 2 & 3 and at scheme rate on flexiFED 4

** 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:

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
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		Two virtual mental health consultations per beneficiary at a nominated provider once threshold has been reached		Two virtual mental health consultations per beneficiary at a nominated provider before and after threshold
	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)	No benefit	All lives aged 20 and older: 1 test every 5 years			
CHILDREN'S HEALTH					
• Immunisation programme and administration (as per State EPI)*	No benefit	Birth to age 12			
• Infant hearing screening test and consultation**	No benefit	Birth up to 8 weeks of age: 1 per new-born beneficiary			
• Vision Screening for Retinopathy of prematurity	Paid from Fedhealth Savings	2 tests and consultations for babies under 1.5kg or born before 32 weeks. Once benefit has been utilised, subject to available Fedhealth Savings			
• Paediatric consultation	Subject to available day-to-day unless PMB level of care	Self-funded	Birth up to age 1: One paediatric consultation, with no referral required from GP	Birth up to age 2: 1 Paediatric consultation, with no referral required from GP.	
• HPV vaccine and administration Cervarix and Gardasil only*	No benefit	flexiFED 1 (and 1 ^{ELECT}): Covers administration of 2 doses per lifetime, but no benefit for HPV vaccine	Girls aged 9-16: HPV vaccine and administration (two doses per lifetime)		
• Child optometry screening Tariff code 11001		No benefit		All children aged 5-8: 1 Child Optometry Screening per lifetime	
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 certain injectable contraceptives are paid for by the Scheme, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne	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 Contraceptive		Women up to age 55, 1 every year			
MEN'S HEALTH	No benefit	Men Aged 45-69: 1 Prostate specific antigen 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)	No benefit	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 Assessments 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	No benefit	Limited to 1 qualifying enrolment per beneficiary per annum: 1 Psychotherapy consult 2 Dietician consults 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)		Limited to 1 qualifying enrolment per beneficiary per annum: 2 Psychotherapy consult (1 session on flexiFED4 ^{GRID} , flexiFED4 ^{Elect} , flexiFED3 ^{GRID} , flexiFED3 ^{Elect}) 2 Dietician consults 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

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:

	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
 LIMIT	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL) Depression medication - R2 160 per beneficiary per annum subject to an approved list of medications	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	Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children under the age of 18), Eczema (children under the age of 18), Acne (up to the age of 21). The following specified non-PMB conditions are subject to a sub-limit of R3 300 per family which are: ADHD (6 – 18 years old) Depression General Anxiety disorder Post-traumatic stress disorder	Subject to a limit of R6 530 per beneficiary, and R13 170 per family. Thereafter unlimited cover for conditions on the CDL	
 FORMULARY	Basic formulary or a 25% co-payment for non-use of formulary medication	Basic formulary or a 30% co-payment for non-use of formulary medication	Restrictive formulary on flexiFED 3 and 4. Basic formulary on flexiFED 2, 2 ^{GRID} , 2 ^{Elect} , 3 ^{GRID} , 3 ^{Elect} , 4 ^{GRID} and 4 ^{Elect} or a 30% co-payment for non-use of formulary medication		
 PHARMACY	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP	Scriptpharm Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP	Any pharmacy on flexiFED 3, flexiFED 3 ^{GRID} and flexiFED 4 and flexiFED 4 ^{GRID} Members on flexiFED 3 ^{Elect} and flexiFED 4 ^{Elect} : 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

7 additional conditions covered on flexiFED 3:

- Acne (up to the age of 21)
- Allergic rhinitis (from 6 to the age of 18)
- Attention Deficit Hyperactivity Disorder (from 6 to the age of 18)
- Depression
- Eczema (from 6 to the age of 18)
- Generalised Anxiety Disorder
- Post-Traumatic Stress Disorder

18 additional 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

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

(not available to members on flexiFED^{Savvy})

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

flexiFED 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

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS RESOURCES AND DIGITAL TOOLS	Stress and Anxiety Benefit: On flexiFED ^{Savvy} and flexiFED 1, 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.	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).	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).		Two mental health consultations per beneficiary (in network GPs only). 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, Additional Medical Services benefit that is limited to R13 300 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Program.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions. Depression Medication: R2 160 per beneficiary per annum subject to approved list of medication	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	As part of annual chronic medicine benefit of R3 300 per family, covers and includes the following mental health conditions: depression, Generalised Anxiety Disorder and PTSD.		As part of annual chronic medicine benefit of R6 530 per beneficiary, R13 170 per family covering and including list of mental health diagnoses.
MENTAL HEALTH PROGRAMME			No access to programme.		Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as a set benefit that can be used for consultations with psychiatrists, psychologists, GPs or other mental health providers.
PSYCHIATRIC HOSPITALISATION	Subject to PMB level of care up to 21 days admissions per beneficiary (see above)		R27 220 per family.		R28 870 per family



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 Aligned Palliative Care Programme, as well as the Terminal Care benefit to members and their families.

ONCOLOGY BENEFIT

On flexiFED^{Savvy} and flexiFED 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.

On flexiFED 2, oncology is covered up to R321 570 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On flexiFED 3, oncology is covered up to R360 850 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On flexiFED 4, oncology is covered up to R514 570 per family per year 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.

	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
BENEFIT	All limits are per family per year unless otherwise specified				
ONCOLOGY LIMIT The use of non-DSP will attract a 25% upfront co-payment	Covered up to PMB level of care		R321 570	R360 850	R514 570
• Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply		Subject to Oncology limit. 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		Subject to Oncology limit. ICON Essential Protocols apply. 25% co-payment applicable for medication not obtained from DSP		
• Radiology and pathology	Covered up to PMB level of care		Subject to Oncology limit		
• PET and PET-CT	No benefit, unless PMB level of care, DSP Network applicable or a R5 670 co-payment for non-DSP use		Subject to Oncology limit. Limited to 2 per family per year, 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			R62 100
TERMINAL CARE	No benefit unless PMB level of 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-authorization 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 17 to see benefits related to maternity confinement in-hospital.



MATERNITY BENEFITS

BENEFIT

flexiFED^{Savvy}

flexiFED 1

flexiFED 2

flexiFED 3

flexiFED 4

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

Benefit	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3
• Antenatal (or postnatal) consultations	Paid from available Fedhealth Savings	6 antenatal (or postnatal) consultations with a midwife, network GP or network gynaecologist	8 antenatal (or postnatal) consultations with a midwife, network GP or network gynaecologist	12 antenatal (or postnatal) consultations with a midwife, network GP or network gynaecologist
• Antenatal scans	Paid from available Fedhealth Savings		2 x 2D antenatal scans	
• Amniocentesis	Paid from available Fedhealth Savings		1 Amniocentesis	
• Antenatal classes	Paid from available Fedhealth Savings		Antenatal classes up to R1 200 conducted by Private Nurses	

BIRTH-RELATED BENEFITS

• Private ward cover		No benefit.		Private ward cover (when available) for delivery
• Doula benefit	Paid from available Fedhealth Savings	Doula benefit: offer R3 600 per delivery for a doula (birthing coach) to assist mothers during natural childbirth		
• Post-natal midwifery benefit		Postnatal midwifery benefit : 4 consultations per delivery with a midwife, in-and out-of-hospital		

POST-BIRTH BENEFITS

• Postnatal (or antenatal) consultations	Subject to available Fedhealth Savings	6 postnatal (or antenatal) consultations with a midwife, network GP or gynaecologist. Subject to how many antenatal consultations were already covered	8 postnatal (or antenatal) consultations with a midwife, network GP or gynaecologist. Subject to how many antenatal consultations were already covered.	12 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	Paid From available Fedhealth Savings on flexiFED ^{Savvy}		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		Birth up to 12 months of age: 1 Paediatric consultation, with no referral required from GP	Birth up to 24 months of age: 1 Paediatric consultation, with no referral required from GP.
• Online post-birth lactation and breastfeeding consultations	No benefit.	Exclusively available to members on Fedhealth Baby Programme		
• Appliances		Breast pumps and nebulisers paid from Fedhealth Savings.		

POST-BIRTH AND CHILDHOOD BENEFITS

CHILD CARE

• Immunisation programme and administration* (as per State EPI)	No benefit.	Birth to age 12		
• HPV vaccine and administration*		Girls aged 9-16: (two doses per lifetime)		
• Childhood illness specialised drug benefit	No benefit.	All children up to age 18 • Growth Hormone medication • Palivizumab for Respiratory Syncytial Virus • Botulinum Toxin • Juvenile Idiopathic/Rheumatoid Arthritis medication		
• Optical screening		No benefit.		All children aged 5-8: 1 per lifetime

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:

- **Add newborns within 30 days
- *Combined administration of vaccination benefit limit of 15 per annum per family;
- Child rates up to the age of 27
- Only pay for three children – we cover fourth and subsequent children for free



UNLIMITED HOSPITAL COVER

flexiFED, like all Fedhealth options, has an unlimited in-hospital benefit. Pre-authorization 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. Limited to R2 580 per beneficiary per year on flexiFED^{Savvy}
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- Members must use the **Fedhealth Hospital Network** or pay a co-payment on the hospital account, depending on the option.
- **Physiotherapy:** Referral by a medical practitioner and pre-authorization 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 ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
OVERALL ANNUAL LIMIT	No overall annual limit				
HOSPITAL NETWORK					
Acute Hospital Facilities:	flexiFED ^{Savvy} Hospital Network	flexiFED 1 Hospital Network	flexiFED 2: At any private hospital flexiFED 2 ^{GRID} : Hospital Network	flexiFED 3: At any private hospital flexiFED 3 ^{GRID} : Hospital Network	flexiFED 4: At any private hospital flexiFED 4 ^{GRID} : Hospital Network
Day Surgery Facilities:	flexiFED ^{Savvy} Day Surgery Facilities Network	flexiFED 1 Day Surgery Facilities Network	flexiFED 2 and flexiFED 2 ^{GRID} : Day Surgery Facilities Network	flexiFED 3 and flexiFED 3 ^{GRID} : Day Surgery Facilities Network	flexiFED 4 and flexiFED 4 ^{GRID} : Day Surgery Facilities Network
Mental Health Facilities:	Fedhealth Mental Health Facilities Network	Fedhealth Mental Health Facilities Network	flexiFED 2 and flexiFED 2 ^{GRID} : Fedhealth Mental Health Facilities Network.	flexiFED 3 and flexiFED 3 ^{GRID} : Fedhealth Mental Health Facilities Network.	flexiFED 4 and flexiFED 4 ^{GRID} : 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 flexiFED ^{Savvy} Network Hospitals	Unlimited at Fedhealth flexiFED 1 Network Hospitals. On flexiFED 1 ^{Elect} there is a R15 950 excess on all hospital admissions except emergency admissions	Unlimited at any hospital. R2 710 co-payment on voluntary use of non-network day surgery facilities On flexiFED 2 ^{GRID} , flexiFED 3 ^{GRID} and flexiFED 4 ^{GRID} members must use network hospitals. On flexiFED 2 ^{Elect} , flexiFED 3 ^{Elect} and flexiFED 4 ^{Elect} there is a R15 950 excess on all hospital admissions except emergency admissions	Unlimited at any hospital. R2 710 co-payment on voluntary use of non-network day surgery facilities. On flexiFED 2 ^{GRID} , flexiFED 3 ^{GRID} and flexiFED 4 ^{GRID} R2 710 co-payment on voluntary use of non-network hospitals. 30% co-payment on voluntary use of non-network mental health facilities On flexiFED 2 ^{Elect} , flexiFED 3 ^{Elect} and flexiFED 4 ^{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 15% co-payment on voluntary use of non-Network Hospitals for Rehabilitation for substance abuse.	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 flexiFED 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 at PMB level of care Elective Caesarean sections subject to a R9 330 co-payment			Unlimited	
• Private ward cover		No benefit			When available
• Delivery by Fedhealth Network GPs and specialists				Covered in full	
• Delivery by non-network GPs and specialists	100% of the Fedhealth Rate, subject to a combined limit of R2 580 for GPs and Specialist consultations.			Covered up to the Fedhealth Rate	
• Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited at PMB level of care	Unlimited			
• Delivery by a registered midwife/ nurse or a practitioner	Unlimited at PMB level of care			Unlimited	
• Hire of water bath and oxygen cylinder	Unlimited at PMB level of care			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 flexiFED 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	No benefit	Self-funded. Accumulates at cost to Threshold level			In- and out-of-hospital: Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family
SURGICAL PROCEDURES Hospital admissions will require pre-authorization	Unlimited at cost at PMB level of care			Unlimited	
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	Self-funded	<ul style="list-style-type: none"> •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 			

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
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 cost at PMB level of care	Unlimited at negotiated tariff			
• Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care	Unlimited at cost up to PMB level of care			
• Terminal Care Benefit	No benefit unless PMB level of care	R35 570			
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS					
• General medical and surgical appliances (including glucometers)	Self-funded unless PMB level of care	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level			Paid from day-to-day or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year. (R5 010 sub-limit per beneficiary for foot orthotics)
• Hearing aids including repairs	Self-funded unless PMB level of care	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level			Paid from day-to-day or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year. (R5 010 sub-limit per beneficiary for foot orthotics)
• Large orthopaedic orthotics/ appliances	Self-funded unless PMB level of care	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level			Paid from day-to-day or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year. (R5 010 sub-limit per beneficiary for foot orthotics)
• Stoma products	Self-funded unless PMB level of care	Unlimited subject to authorisation			
• CPAP apparatus for sleep apnoea	Self-funded unless PMB level of care	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level			Paid from day-to-day or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year. (R5 010 sub-limit per beneficiary for foot orthotics)
• Foot orthotics (incl. shoes and foot inserts/ levellers)	Self-funded unless PMB level of care	Paid from day-to-day or self-funded. Accumulates at cost to Threshold level			Paid from day-to-day or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 300 per family per year. (R5 010 sub-limit per beneficiary for foot orthotics)
• Oxygen therapy equipment	No benefit unless PMB level of care	Unlimited subject to authorisation			
• Home ventilators	Self-funded unless PMB level of care	Unlimited subject to authorisation			
• Long leg callipers	Self-funded unless PMB level of care	Unlimited subject to authorisation			
• Moon boots	No benefit unless PMB level of care	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. Limited to R2 580 per family	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	R321 570			R514 570
• Corneal grafts	No benefit	R37 430 per beneficiary			
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited				
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited				

BENEFIT	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PROSTHESES AND DEVICES INTERNAL					
• Aorta stent grafts	Unlimited at cost at PMB level of care			R67 530	
• 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			See combined benefit limit for all unlisted internal prosthesis*	
• Cardiac pacemakers, cardiac stents, cardiac valves	Unlimited at cost at PMB level of care				R31 960
• Detachable platinum coils	Unlimited at cost at PMB level of care			R58 460	
• Elbow, hip, knee and shoulder replacement	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	R31 960
• Total ankle replacement	No benefit				See combined benefit limit for all unlisted internal prosthesis*
• Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care				See combined benefit limit for all unlisted internal prosthesis*
• Intraocular lenses – non-cataract (per lens)	Unlimited at cost at PMB level of care				R3 610
* Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at PMB level of care			R28 760	
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care		R12 480		R13 300
GENERAL RADIOLOGY	Unlimited				
SPECIALISED RADIOLOGY	Unlimited at cost at PMB level of care	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	Unlimited at Fedhealth Rate. First R3 050 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 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		R321 570 up to the Fedhealth Rate		R514 570 up to the Fedhealth Rate
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	No benefit from risk, paid from day-to-day	Covered in full, limited to a list of approved procedures			
HIV/ AIDS Hospitalisation, anti-retroviral and related medication and related pathology	Unlimited at cost at PMB level of care	Unlimited			

PROCEDURE CO-PAYMENTS

	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/excision	No benefit unless PMB level of care	R8 190		No co-payment	
All open hernia surgery	No benefit unless PMB level of care	R8 720	R5 910		No co-payment
Arthroscopic procedures – shoulder, ankle	No benefit unless PMB level of care	R10 930			R3 440
Arthroscopic procedures: wrist	No benefit	No benefit		R10 930	R3 440
Arthroscopic procedures: hip	No benefit	No benefit	R10 930		R3 440
Arthroscopic procedures: knee	No benefit unless PMB level of care	No benefit unless PMB Knee: only Anterior Cruciate Ligament repair – R10 930		R10 930	R3 440
Other arthroscopic procedures	No benefit unless PMB level of care	No benefit unless PMB		R10 930	R3 440
Back & neck procedures	No benefit unless PMB level of care	R8 190		R5 420	R3 000
Colonoscopy, upper GI endoscopy	No benefit unless PMB level of care	R8 190	R5 540		R3 230
Dental admissions	No benefit	No benefit	No co-payment		
Inguinal hernia surgery	No benefit unless PMB level of care	R8 720	R5 910		No co-payment
JOINT REPLACEMENTS					
• Single hip and knee replacements with CP*	No benefit	No benefit		No co-payment	
• Single hip and knee replacements-non-use of CP*	No benefit	No benefit		R36 330	
• Other joint replacements	No benefit	No benefit		R8 720	R5 910
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	No benefit unless PMB level of care	R8 190			R5 540
Laparoscopic varicocelelectomy	No benefit unless PMB level of care	R8 190			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit	No benefit			R5 540
Spinal surgery**	No benefit unless PMB level of care	No benefit unless PMB		R10 310	R7 740
Surgical extraction of impacted wisdom teeth	No benefit unless PMB level of care	R5 910			
Varicose vein procedures	No benefit unless PMB level of care	R8 190		R5 540	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 OrthoCare Programme has been completed.

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.

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

Quoro Medical

Tel: 010 141 7710
Web: www.quoromedical.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, Rooydene, 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 Customer Contact Centre 0860 002 153
Corner Ontdekkers Road and Conrad Street, Absa Building Block F,
Florida, 1716 • Private Bag X3045, Randburg 2125

www.fedhealth.co.za

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