



INTERACTIVE RATES & BENEFITS GUIDE

GET STARTED



CONTENTS

Welcome to Fedhealth >

Unique and additional benefits paid from Risk >

flexiFED option range overview >

Your flexiFED. Your way >

flexiFED Supercharged Hospital Plans >

In-hospital benefit overview
Chronic benefit overview
Screening benefit overview
Cancer cover overview
Maternity and childhood benefit overview
Mental health benefit overview
How much will I pay?

flexiFED Supercharged Savings Plans >

A supercharged hospital plan Day-to-day benefit overview Threshold benefit overview How much will I pay?

flexiFED Supercharged Flexible Savings Plans >

A supercharged hospital plan Day-to-day benefit overview Threshold benefit overview How much will I pay?

Programmes and wellness initiatives >

Contribution and benefit tables >

flexi**FED** contributions flexi**FED** rate calculations

Contact details >







Medical aid members can build their way

In a world where consumers demand customisation, Fedhealth Medical Scheme offers our members the chance to build their medical aid their way. By choosing our flexi**FED** range, members decide how their cover is structured, to suit their needs and pocket.



The most important building blocks of the flexi**FED** range include:

Use it as a supercharged hospital plan, a supercharged savings plan or a supercharged flexible savings plan

Choose to **reduce** your monthly contribution by either **11% or 25%**

flexiFED plans are tailored around the member's life stage

Only pay for the cover needed right now with our 30-day upgrade policy

to look after our members, Fedhealth boasts a successful **86-year track record in healthcare**, a **Global Credit Rating of AA-**retained for 15 consecutive years, and a **solvency rate of 42.76%**Our

Our

Our

We've made it our mission to take excellent care of the changing health and wellness needs of our members as they go through life, whilst always ensuring the sustainability of the Scheme for all our members.

Testament to the fact that we have the expertise and capability

Join Fedhealth to enjoy the reassurance that you can build your perfect medical aid.

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



Unique benefits paid from Risk

Take a look at our unique benefits paid from Risk (and not the member's day-to-day benefit) to save the member money:



Upgrades to higher options any time of year

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



Unlimited network doctor's visits

On Fedhealth, members can see their GP as often as they need on most options, by either visiting any network GP or a nominated network GP (depending on the option).



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

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





Fedhealth pays for seven days of take-home medication when you're discharged from hospital. The medication must however be dispensed by the hospital, and must reflect on the original hospital account.

Specialised radiology



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



Trauma treatment at a casualty ward

On Fedhealth, injuries that require medical treatment like stitches or the setting of a fractured bone, are covered whether you're admitted to hospital or not. Authorisation must be obtained within 48 hours and a co-payment of R750 per visit for non-PMBs applies to all options.



Female contraception

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



In-hospital dentistry for children under 7

We pay for dentistry performed in-hospital for children up to the age of 7. The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits. Not applicable to flexiFED 1.

Child rates for financially dependent children



On Fedhealth, you pay child rates for children who still depend on you financially, are unmarried and don't earn more than the maximum social pension up to 27 years of age.





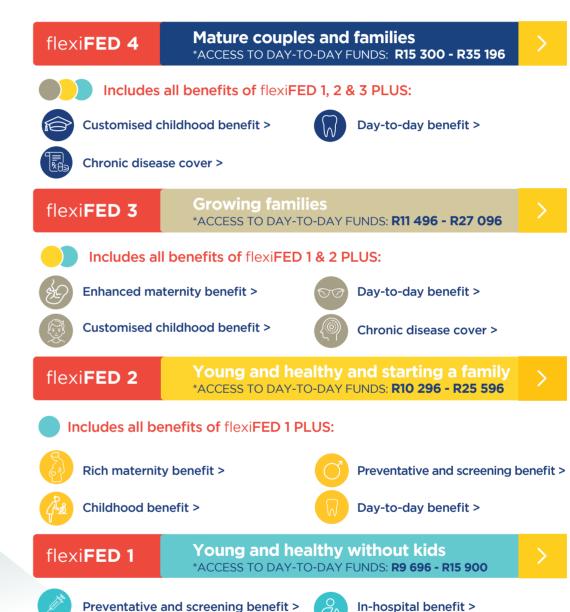




flexiFED option range overview

The flexi**FED** option range can be perfectly customised around the different and changing needs of our members. These options can be used as **supercharged hospital plans**, **supercharged savings plans** or **supercharged flexible savings plans**. Plus, with Fedhealth, members only need to choose the cover they need right now – they only need to upgrade to more comprehensive options as and when life-changing events take place thanks to our unique 30-day upgrade benefit.





Chronic disease cover >

Lifestyle benefit >

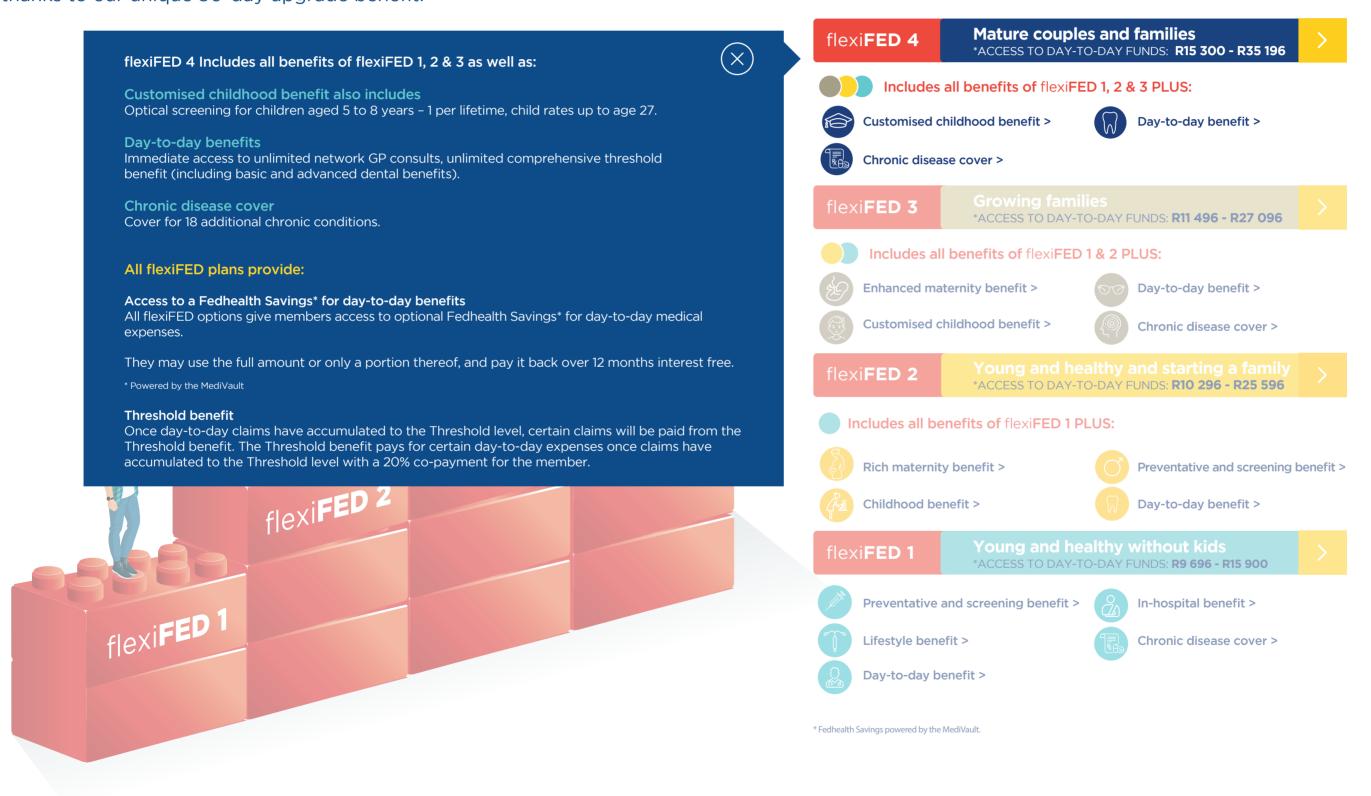
* Fedhealth Savings powered by the MediVault.

Day-to-day benefit >



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Enhanced maternity benefit also includes:

Customised childhood benefit also includes:

Optical benefit up to R1 930 per beneficiary every 24 months.

Chronic disease cover for additional conditions

more!

Day-to-day benefit

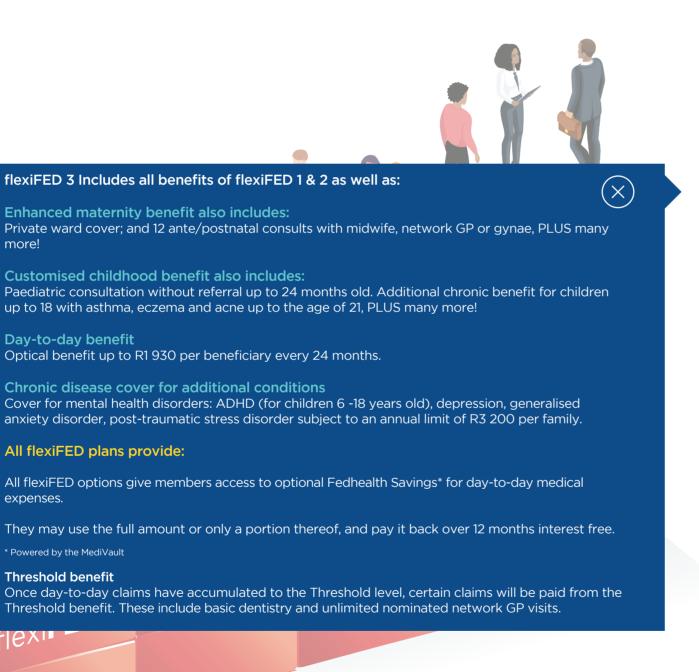
* Powered by the MediVault

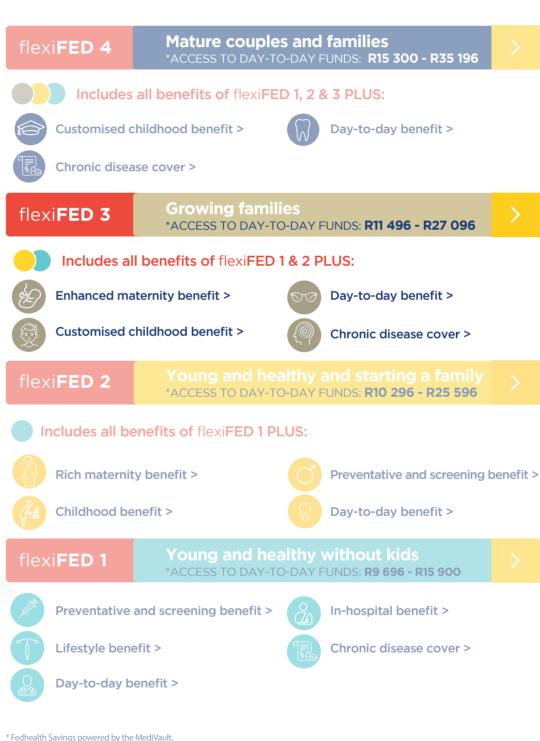
Threshold benefit

All flexiFED plans provide:

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flexiFED 2 Includes all benefits of flexiFED 1 as well as:

Rich maternity benefit

Cover for natural deliveries, rental of water baths, epidurals and C-sections, 2x 2D antenatal scans and 8 ante/postnatal consults with midwife, network GP or gynae; Doula benefit; Postnatal midwifery benefit. PLUS many more!

Childhood benefit

Paediatric consult without referral up to 12 months old; Infant hearing screening; Childhood immunisations; Childhood illness specialised drug benefit up to 18 years old. PLUS many more!

Preventative and screening benefit

Flu vaccination

Day-to-day benefit

Unlimited nominated network GP consults and basic dental benefit from Risk after day-to-day claims have reached the Threshold level.

All flexiFED plans provide:

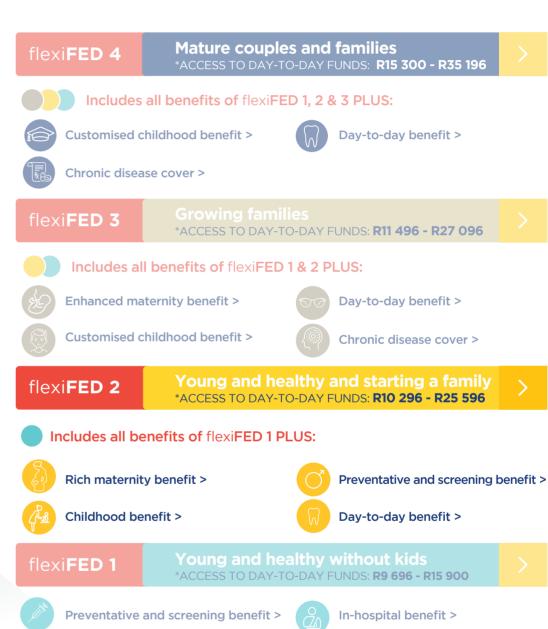
All flexiFED options give members access to optional Fedhealth Savings* for day-to-day medical expenses.

They may use the full amount or only a portion thereof, and pay it back over 12 months interest free.

* Powered by the MediVault

Threshold benefit

Once day-to-day claims have accumulated to the Threshold level, certain claims will be paid from the Threshold benefit. These include basic dentistry and unlimited nominated network GP visits.



Chronic disease cover >

Lifestyle benefit >

* Fedhealth Savings powered by the MediVault

Day-to-day benefit >



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All medical aid options consist of two parts: your hospital cover and your day-to-day benefits. flexiFED is no different, but what is unique is that YOU have total control over how you structure and utilise your benefits.

Start with choosing an option based on your life stage

Hospital cover is the foundation of any medical aid option. Forget about day-to-day benefits for a second - this is your protection against the big expenses that land you in hospital. Fedhealth offers four options to choose from, relevant to your lifestyle and family composition.

YOUNG SINGLES Emergency and planned

FAMILY START-UPS Emergency and planned

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GROWING FAMILIES gency and planned

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UNIQUE BENEFITS PAID FROM RISK

Choose an additional discount (if you want to)



FULL COVER AT NETWORK HOSPITALS private hospitals. You can R13 800 co-payment. The

WITH ELECT

PRIVATE HOSPITAL WITH A **CO-PAYMENT FOR ELEC-**TIVE SURGERY admissions, except for work specialists, a procedu

FULL COVER AT ANY

Both GRID and Elect restrictions only apply in case of planned procedures - like hip replacements for example. The restrictions do not apply in case of accidents or emergencies.

Now that your hospital cover is squared away, let's talk day-to-day

Only Fedhealth gives you three different ways to structure your day-to-day benefits. You can either choose to have no funds for day-to-day expenses and self-fund it where needed, or access your Fedhealth Savings. The amount of Fedhealth Savings available depends on your chosen flexiFED 1, 2, 3 or 4 option, as well as family composition. You can either choose to use your Fedhealth Savings as part of a supercharged savings plan where you pay it back in equal portions from January each year, or as part of a supercharged flexible savings plan where you only use a portion of it and just pay for that portion - interest free over 12 months.

Use it as a supercharged hospital plan only

If you want to keep your contributions as low as possible while ensuring complete peace of mind should you be admitted into hospital, then the flexiFED supercharged hospital plan is perfect for you.

flexiFED 1 **FROM**

R1 583

flexiFED 2 **FROM**

R2 196

flexiFED 3 flexiFED 4 FROM FROM R₂ 508

R3 355

Use it as a supercharged savings plan

Enhance your cover even further with an annual pool of funds for day-to-day expenses to cover you for additional benefits that are not already covered on your plan. Use your Fedhealth Savings powered by the MediVault and pay it back in equal portions from January each year.

flexiFED 3

flexiFED 1

FROM R1895 flexiFED 2 **FROM**

FROM R2 611 R3 132

flexiFED 4 **FROM** R4 394

Use it as a supercharged flexible savings plan

Choose this route if you want mostly a hospital plan, but like the idea of having flexible savings in case you need them. Use a portion of your Fedhealth Savings powered by the MediVault and only pay for the portion you use - interest free over 12 months.



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UNIQUE BENEFITS PAID FROM RISK

We are the only medical aid scheme that pays for the following unique benefits from your Hospital/Risk cover - not from your day-to-day funds so you can keep your day-to-day funds (which we'll get to shortly) for other expenses.



🜓 7 days of take-home medicine

Child rates for financially dependent

children up to the age of 27

Specialised radiology

Female contraceptives

Trauma treatment at a casualty ward

Post-hospitalisation treatment

Upgrades within 30 days of a life-changing event

Only pay for three children

example. The restrictions do not apply in case of accidents or emergencies

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UNIQUE BENEFITS PAID FROM RISK

Choose an additional discount (if you want to)



world-class private hospitals, but pay 11% less on your flexiFED rate.

Both GRID and Elect restrictions only apply in example. The restrictions do not Choose a **GRID discount** and you'll be restricted to our network of over 120

Now that your hospital cover is squared away, let's talk day-to-day

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flexiFED 1

FROM R1895 flexiFED 2 FROM

R2 611

flexiFED 4 flexiFED 3 FROM FROM

R3 132 R4 394

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Emergency and planned procedure hospital cover
Oncology



flexiFED 3 GROWING FAMILIE Emergency and planned

Oncology

Ontainity, infants and childre



UNIQUE BENEFITS PAID FROM RISK

2 Choose an additional discount (if you want to)

Choose an **Elect discount**, and you'll pay a **R13 800 co-payment on all planned hospital procedures**, but **save 25%** on your monthly rate.



PRIVATE HOSPITAL WITH A CO-PAYMENT FOR ELECTIVE SURGERY
In exchange, you'll be charged a fixed excess of R13 800 on all hospital admissions, except for emergencies. This excess only applies to the hospital bill; you could still have co-payments on out-of-network specialists, a procedure co-payment or shortfalls because benefit limits have

FULL COVER AT ANY

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flexiFED 1

R1 583

flexiFED 2
FROM

R2 196

flexiFED 3 FROM R2 508 flexiFED 4
FROM
R3 355

OR

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Enhance your cover even further with an annual pool of funds for day-to-day expenses to cover you for additional benefits that are not already covered on your plan. Use your Fedhealth Savings powered by the MediVault and pay it back in equal portions from January each year.

flexiFED 1

R1 895

flexiFED 2
FROM

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FROM
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UNIQUE BENEFITS PAID FROM RISK

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flexiFED 1 FROM

R1 583

flexiFED 2 **FROM** R2 196

flexiFED 3 FROM R2 508 flexiFED 4 **FROM** R3 355

Why do we call it a "supercharged" hospital plan?



Because unlike other hospital plans that only pay for hospital related expenses, our flexiFED plans go further by covering you for a range of day-to-day benefits as well.

These include unlimited cover for female contraceptives, unlimited cover for trauma treatment in a casualty ward (with a copay), unlimited cover for MRI/CT scans (with a copay), 7 days' supply of take-home medicine post-discharge, 30-day post hospital benefit, unlimited GP consults. Certain plans offer even more built in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... all at no additional cost to you.

Rich in-hospital cover PLUS built in day-to-day benefits... it's so much more than your average hospital plan!

flexiFED 1 R2 031 flexiFED 1Elect

R1 583

flexiFED 2 R2 934 flexiFED 2GRID R2 608 flexiFED 2^{Elect}

R2 196

flexiFED 3 R3 347

flexiFED 3^{GRID} R2 975 flexiFED 3^{Elect} R2 508

flexiFED 4 R4 480 flexiFED 4^{GRID} R3 978

flexiFED 4Elect **R3 355**



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Your flexiFED. Your way.

All medical aid options consist of two parts: your **hospital cover** and your **day-to-day benefits**. flexi**FED** is no different, but what is unique is that YOU have total control over how you structure and utilise your benefits.

Start with choosing an option based on your life stage

Hospital cover is the foundation of any medical aid option. Forget about day-to-day benefits for a second – this is your protection against the big expenses that land you in hospital. Fedhealth offers four options to choose from, relevant to your lifestyle and family composition.

| Comparison of the fed protection of the protection of the protection options to choose from, relevant to your lifestyle and family composition.

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| Comparison option option option option option option option options to choose from, relevant to your lifestyle and family composition.

| Comparison option option

Choose an additional discount (if you want to)



Now that your hospital cover is squared away, let's talk day-to-day

When your day-to-day limit is depleted, the scheme will continue to pay for unlimited GP consults, dental benefits, unlimited MRI/CT scans, trauma treatment in a casualty ward, 7 days supply of take home medicine post discharge, 30 day post hospital benefit (for things like physio, blood tests and general radiology) and female contraceptives.

While other schemes have Savings Plans, they don't come close to the value for money of our supercharged Savings Plans!

flexiFED 1
Day-to-day benefit
R3 744
flexiFED 1
R2 343

flexiFED 1^{Elect} R1 895 Day-to-day benefit R4 980 flexiFED 2 R3 349 flexiFED 2^{GRID} R3 023 flexiFED 2^{Elect}

R2 611

flexiFED 2

Day-to-day benefit R7 488 flexiFED 3 R3 971 flexiFED 3^{GRID} R3 599 flexiFED 3^{Elect} R3 132

flexiFED 3

flexiFED 4
Day-to-day benefit
R12 468
flexiFED 4
R5 519
flexiFED 4
GRID
R5 017
flexiFED 4
Elect
R4 394

2 Use it as a supercharged savings plan

Enhance your cover even further with an annual pool of funds for day-to-day expenses to cover you for additional benefits that are not already covered on your plan. Use your Fedhealth Savings powered by the MediVault and pay it back in equal portions from January each year.

flexiFED 1 FROM R1 895 flexiFED 2 FROM R2 611 flexiFED 3 FROM R3 132

flexiFED 4 FROM R4 394

OR

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Emergency and perocedure hospita

Emergency and planned procedure hospital cover Oncology

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Chronic

Mental health

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Emergency and planned

Oncology

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Chronic

Mental health

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MATURE FAMILIES
Emergency and planned

Oncology
Oncology
ternity, infants and children

Chronic

Mental health

UNIQUE BENEFITS PAID FROM RISK

2 Choose an additional discount (if you want to)



FULL COVER AT
NETWORK HOSPITALS
In exchange, for planned
procedures you must use
Fedhealth's Private
Hospital Network, which
includes over 120 top
private hospitals. You can
still use a non-network
hospital if you wish, but
you will then have to pay a
R13 800 co-payment. The
co-payment doesn't apply
in case of emergencies.

OR SAVE
WITH ELECT

PRIVATE HOSPITAL WITH A CO-PAYMENT FOR ELECTIVE SURGERY
In exchange, you'll be charged a fixed excess of R13 800 on all hospital admissions, except for emergencies. This excess only applies to the hospital bill; you could still have co-payments on out-of-network specialists, a procedure co-payment or shortfalls because benefit limits have

Both GRID and Elect restrictions only apply in case of planned procedures - like hip replacements for example. The restrictions do not apply in case of accidents or emergencies.

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Only Fedhealth gives you three different ways to structure your day-to-day benefits. You can either choose to have no funds for day-to-day expenses and self-fund it where needed, or access your Fedhealth Savings. The amount of Fedhealth Savings available depends on your chosen flexiFED 1, 2, 3 or 4 option, as well as family composition. You can either choose to use your Fedhealth Savings as part of a supercharged savings plan where you pay it back in equal portions from January each year, or as part of a supercharged flexible savings plan where you only use a portion of it and just pay for that portion – interest free over 12 months.

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If you want to keep your contributions as low as possible while ensuring complete peace of mind should you be admitted into hospital, then the flexiFED supercharged hospital plan is perfect for you.

flexiFED 1
FROM

R1 583

flexiFED 2
FROM

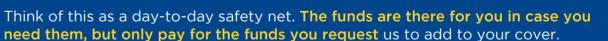
R2 196

flexiFED 3 flexiFED 4 FROM

FROM FROM R2 508 R3 355

OR

By using your Fedhealth Savings only when you need them, you'll only pay for the portion you use. Different from other schemes, you get to choose how much Fedhealth savings you want.



flexiFED 1 Day-to-day benefit M: R9 696 M+1: R13 392 M+2: R14 592

M+2+: R15 900

flexiFED 2 Day-to-day benef M: R10 296 M+1: R15 900 M+2: R21 792 M+2+: R25 596

flexiFED 3 Day-to-day benefi M: R11 496 M+1: R17 496 M+2: R23 100 M+2+: R27 096 flexiFED 4 Day-to-day benefit M: R15 300 M+1: R27 696 M+2: R31 500 M+2+: R35 196

3 Use it as a supercharged flexible savings plan

Choose this route if you want mostly a hospital plan, but like the idea of having flexible savings in case you need them. Use a portion of your Fedhealth Savings powered by the MediVault and only pay for the portion you use – interest free over 12 months.



If you want to keep your contributions as low as possible while ensuring complete peace of mind should you be admitted to hospital, the **flexiFED supercharged hospital plan is perfect for you.**

Why do we call it a "supercharged" hospital plan?

Because unlike other hospital plans that only pay for hospital related expenses, our flexiFED plans go further by covering you for a range of day-to-day benefits as well.

These include unlimited cover for female contraceptives, unlimited cover for trauma treatment in a casualty ward (with a co-pay), unlimited cover for MRI/CT scans (with a co-pay), 7 days' supply of take-home medicine post-discharge, 30-day post hospital benefit, unlimited GP consults and dentistry.

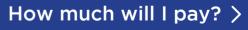
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In-hospital benefit overview	>	More info Benefit table
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flexiFED Supercharged

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UNLIMITED PRIVATE HOSPITAL COVER

ALL FEDHEALTH OPTIONS



Depending on their option, members may use either:

FEDHEALTH **NETWORK HOSPITALS***

Co-pay applies if not used for planned hospital procedures.

PRIVATE HOSPITALS

flexiFED 2. 3 and 4 covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital (City of Tshwane), Arwyp Medical Centre (Ekurhuleni), Busamed Modderfontein Private Hospital (City of Johannesburg), Hibiscus Hospital (Ugu), Mooimed Private Hospital (Dr Kenneth Kaunda), St Helena Private Hospital (Lejweleputswa), Capital Hospital (Durban), which will not be covered in full for 2023. Emergency treatment at these 7 hospitals. however, will be covered in full without a co-payment but elective procedures will attract a R7 800 co-payment.

This benefit covers:













Hospital account Doctors and Specialists Other healthcare e.g. anaesthetists

Fedhealth Network GPs and Specialists covered in full - non-network **GPs and Specialists** covered up to Fedhealth Rate.

providers e.g. X-rays Certain procedures at day wards, day clinics and doctor's rooms On some options,

Fedhealth Day Surgery Network must be used to avoid co-pays.

270 hospital-based PMB conditions DSPs 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 working days after hospital admission.

An emergency is unexpected, requiring immediate treatment to avoid lasting damage to organs, limbs or other body parts, or death.

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



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In-hospital benefit

All Fedhealth options have 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. On certain options, members must use facilities on the Fedhealth Day Surgery Network.
- On certain options, members must use the Fedhealth Hospital Network or pay a co-payment on the hospital account.

Cover for hospital admissions

- The hospital account is covered from the in-hospital benefit.
- Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate.
- Referral by a medical practitioner and pre-authorisation are required for physiotherapy, covered up to the Fedhealth Rate.

Prescribed Minimum Benefits (PMBs) PMBs are a basic level of cover for a defined set of conditions.

By law, all medical schemes are required to cover the treatment of 270 hospital-based conditions and 27 chronic conditions, i.e. the Chronic Disease List (CDL), in full without co-payment or deductibles, as well as any emergency treatment and certain out-of-hospital treatment.

This means that all schemes must provide PMB level of care at cost for these conditions. In order for members to get funding in full, schemes are allowed to require members to use Designated Service Providers (DSPs) and apply formularies and managed care protocols.

- Fedhealth uses network specialists, network GPs and network hospitals for the provision of PMBs.
- Members must use a Fedhealth Network Specialist and a 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 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.





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CHRONIC MEDICATION BENEFIT ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE







27 Prescribed Minimum Benefit conditions

Paid from formulary. Preferred provider must be used.



Chronic Disease List conditions

Covered in full if preferred provider and medicine on formulary are used.



Additional chronic conditions

flexiFED 3 & 4

Annual limit up to MPL.

Medicine Price List (MPL)

MPL is a reference price list that is set at a level to ensure that a number of medicines will be available without any co-payment.



Obtaining chronic medicine

Members must obtain chronic medicines from the preferred providers

More info | Benefit table

More info | Benefit table



How much will I pay? >



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Chronic medicine benefit

Prescribed Minimum Benefit (PMB) conditions

All options have a benefit for the 27 chronic conditions on the PMB Chronic Disease List (CDL). The benefit covers medication for the list of CDL conditions paid from a formulary and must be obtained from a preferred provider.

Chronic Disease Benefit

This benefit covers the conditions on the CDL. Some options cover additional conditions.

Chronic Disease List

Conditions on the CDL are covered in full, provided members use the Scheme's preferred providers as well as medicine on the formulary applicable to their option. If the medicine on the formulary is not used, the member will have to pay a 40% co-payment on the cost of the medicine.

Medication for additional chronic conditions

Certain options cover medicine for additional chronic conditions. The medicine for these conditions is paid from an annual limit and will be covered in full up to the Medicine Price List rate.

The Medicine Price List (MPL)

Medication will be covered at the MPL rate up to the limits as specified on the chosen option. MPL is a reference price list that benchmarks each product against generically similar products. It does not restrict the member's choice, but limits the amount the Scheme will refund for each product. The MPL reference price is set at a level to ensure that a number of medicines will be available without any co-payment.

Obtaining chronic medicine

- Can obtain chronic medicine from any preferred provider pharmacies namely Clicks, Dis-Chem and Medirite, and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct.
- These preferred provider pharmacies ensure price certainty for members when obtaining medication.
- Members may also use any other pharmacy including independent pharmacies, however if a dispensing fee in excess of 25%/R26.50 is charged,



More info | Benefit table



How much will I pay? >





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Women's health	Men's health	Children's health	Cardiac health	Over 45's	Health risk assessments	
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Screening benefit

Packed with screenings for every life stage, Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. The Scheme pays for screenings for women's, children's, cardiac, as well as general health (like an annual flu vaccine). 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.

Cervical cancer screening	Women; ages 21 to 65	1 every 3 years
(Pap smear) Men's Health		
	Mary 2002 45 to 60	1
Prostate Specific Antigen (PSA) Children's Health	Men; ages 45 to 69	1 every year
	B: 11 + 12	
Immunisation Programme (as per State EPI)	Birth to 12 years	Various
**HPV vaccine	Girl beneficiaries aged 9 to 14 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 45's		
Breast cancer screening with mammography	All lives; aged 45 and older	1 every 2 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination	All lives; aged 65 and older	1 per lifetime
General		
Flu vaccination	All lives	1 every year
HIV finger prick test	All lives	1 every year
Health risk assessments		
Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year
Only available on flexi FED 4 ** Only a	available on flexi FED 2. 3 & 4	



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ONCOLOGY BENEFIT

OPTION DEPENDENT



Upon cancer diagnosis, members must register on the:

Fedhealth Oncology Programme

NB: Members can upgrade to a higher option within 30 days of cancer diagnosis.

This benefit covers:



Oncology treatment ICON is the oncology designated service provider on all options.



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



Radiotherapy



Consultations and visits



Pathology



Radiology General Specialised.



PET scans flexiFED 1 does not have a PET scan benefit.



Surgery and hospitalisation Paid from in-hospital benefit.



Stoma therapy



Terminal care
Paid from terminal
care benefit up to
annual limit per family.



Post-active treatment



Alignd benefit for palliative care





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Maternity and childhood benefit overview	>	More info
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Cancer cover

Fedhealth Oncology Programme

- Fedhealth members diagnosed with cancer must register on the Fedhealth Oncology Programme.
- All members can change to a higher option within 30 days of a life-changing diagnosis like cancer to ensure they receive the required oncology treatment.
- Proposed treatment plan must be submitted so the oncology team can approve the appropriate therapy.
- The oncology benefit can be accessed by obtaining pre-authorisation from the Fedhealth Oncology Programme team, a team of highly skilled healthcare professionals supported by oncologists and haematologists from the private, public and academic sectors.

Independent Clinical Oncology Network (ICON)
The Scheme has contracted with ICON, a network
of oncologists that includes 75% of all practicing
oncologists in South Africa. ICON is the Designated
Service Provider (DSP) for management of the
oncology benefit.

Chemotherapy and associated medicine

Chemotherapy and medicine directly associated with the treatment of cancer will be paid from the oncology benefit, provided a valid authorisation has been obtained.

flexiFED 1, flexiFED 2^{GRID} and all Elect options: Chemotherapy, medicine and consumables associated with the cancer treatment should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – nonuse will result in a 25% co-payment.

Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained.

Oncologist consultations and hospital visits

- Paid from the oncology benefit while the member has an active chemotherapy or radiotherapy authorisation. Prior to starting treatment, consults are paid from Savings.
- Hospital visits are pre-authorised at the same time as the authorisation for chemotherapy or radiation.
 Number of visits authorised and the period for which these visits are authorised will be detailed.

Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving chemo or radiotherapy treatment, provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and these claims are automatically paid from the oncology benefit.

Radiology - general

Claims are paid from the oncology benefit while the member is receiving treatment (chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and these claims are automatically paid from the oncology benefit.

Radiology - specialised

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorisation and is paid from Risk. These pre-authorisations must be obtained from the Hospital Authorisation Centre. A co-payment for non-PMB MRI/CT scans applies on most options.

PET scans

PET scans are limited to two per family per annum restricted to staging of malignant tumours. PET scans are paid from the oncology benefit. flexi**FED 1** does not have a PET scan benefit.

Surgery and hospitalisation

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

Stoma therapy

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

Aliand

Fedhealth has partnered with Alignd to offer members with serious illnesses, like advanced cancer, extra care. The benefit covers an initial consultation with a palliative care trained doctor to assess their needs holistically. Counselling for the member and their family is included, as is putting in place an advance healthcare plan or living will. Three follow-up doctor consultations, and two follow-up social worker consultations per year are also covered.

Terminal care and private nursing

- Accommodation in a hospice or terminal care facility will be covered from the Terminal Care Benefit up to R34 500 per family per year.
- Pre-authorisation must be obtained from the Hospital Authorisation Centre.
- Private nursing will be paid from the Alternatives to Hospitalisation benefit, where available.

Post-active treatment

- Post-active refers to the time when the member actually had last active treatment (e.g. hormone therapy, chemotherapy or radiotherapy).
- "For life" means that the member will remain on the oncology programme as long as the cancer is in remission.
- Whilst in remission, a list of consultation, radiology and pathology codes has been defined and claims are automatically paid for life from the oncology benefit.
 Should the condition regress, the active treatment benefit will be reinstated upon submission of a new treatment plan.



OPTION DEPENDENT



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Screening benefit overview	>
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Mental Health benefit overview	>

MATERNITY & CHILDHOOD BENEFIT



This benefit covers:

PREGNANCY AND BIRTH









2D antenatal scans

Ante- and postnatal consultations with a midwife, network GP or gynaecologist

Antenatal classes

Amniocentesis



Fedhealth Baby **Programme**



Private ward cover for delivery



Doula (birthing coach)



Midwife consultations in- and out-of-hospital

CHILDHOOD







Paediatric consultations without GP referral



Infant hearing screening



Childhood immunisations



Optical screening for children aged 5 to 8 years (on flexiFED 4)



Childhood illness specialised drug benefit



Trauma treatment in a casualty ward



Child rates for financially dependent children up to age 27



Breast pumps and nebulisers covered from Savings (NAPPI code required).



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Maternity and childhood benefit

Fedhealth provides rich maternity benefits across the flexi**FED** option range, that so parents-to-be can focus on the joy of their pregnancy journey.

Some of Fedhealth's maternity and childhood benefits (option dependent):

Maternity benefits

- Two x 2D antenatal scans
- Eight ante- and postnatal consultations with a midwife, network GP or gynaecologist on flexiFED
 Twelve ante- and postnatal consultations with a midwife, network GP or gynaecologist on flexiFED 3 and flexiFED 4
- Antenatal classes up to R1 160
- Amniocentesis
- Fedhealth Baby Programme a free programme for all expecting beneficiaries offering support, advice and a free Fedhealth baby bag filled with items for baby
- Private ward cover (when available) for delivery on flexiFED 3 and flexiFED 4
- Doula benefit R3 000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
- Postnatal midwifery benefit four consultations per delivery with a midwife in- and out-of-hospital

Great childhood benefits

 Paed-IQ - free access to a 24/7 paediatric telephonic advice line

- Paediatric consultations without referral from a GP, up to 12 months of age on flexiFED 2 and up to 24 months of age on flexiFED 3 and flexiFED 4
- Infant hearing screening benefit one test from birth up to the age of eight weeks with an audiologist up to the Fedhealth Rate
- Childhood immunisations immunisation from birth up to 12 years as per the state EPI
- HPV vaccine for girl beneficiaries aged 9 to 14 years old, 2 doses per lifetime on flexiFED 2, 3 and 4
- Optical screening for children aged 5 to 8 years 1 per lifetime on flexiFED 4
- Trauma treatment in a casualty ward we cover emergency treatment, like stitches, in a casualty ward, whether the member is admitted to hospital or not. Authorisation must be obtained and a copayment of R750 applies to non-PMBs
- Childhood illness specialised drug benefit up to 18 years old on flexiFED 2, 3 and 4
- Child rates up to the age of 27 financially dependent children up to 27 are covered under child rates, provided they don't earn more than the maximum social pension
- Only pay for three children we cover fourth and subsequent children for free

Appliances

We pay for breast pumps and nebulisers from the member's Savings provided they have a NAPPI code. This will accumulate to Threshold up to the appliances, external accessories and orthotics limit.





If you want to keep your contributions as low as possible while ensuring complete peace of mind should you be admitted to hospital, the flexiFED supercharged hospital plan is perfect for you.



Because unlike other hospital plans that only pay for hospital related expenses, of day-to-day benefits as well.

These include unlimited cover for female contraceptives, unlimited cover for trau cover for MRI/CT scans (with a co-pay), 7 days' supply of take-home medicine p consults and dentistry.

Certain plans offer even more built-in day-to-day benefits for things like opto all at no additional cost to you.

Your supercharged hospital plan includes the following bene

In-hospital benefit overview	>
Chronic benefit overview	>
Screening benefit overview	>
Cancer cover overview	>
Maternity and childhood benefit overview	>
Mental Health benefit overview	>

MENTAL HEALTH COVER

ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE



This benefit covers:







Chronic medication

flexiFED 1 & 2: PMBs only flexiFED 3: R3 200 limit p/f for selected non-PMB conditions flexi**FED 4**: Funding for non-PMBs subject to diagnosis and chronic list



Ambulatory care plans

Manages diagnoses out-of-hospital. Paid from Scheme limits if Fedhealth Network providers are used. then from Risk.

PMB conditions:

Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.



In-hospital cover

PMB conditions: Up to 21 days in-hospital OR up to 15 out-of-hospital psychotherapy sessions.



Mental Health Programme flexi**FED 4** only

Qualifying members with mental health conditions e.g. bipolar mood disorder.

NB: Hospital admissions for mental health



✓ Doctor must obtain authorisation first ✓ Fedhealth Network GPs/Specialists covered in full



flexiFED 1 members must use Mental Health Hospital Network to avoid R7 800 co-pay.



GRID members must use Mental Health Hospital Network to avoid R13 800 co-pay.



Elect members have a R13 800 co-pay for mental health admissions.





If you want to keep your contributions as love should you be admitted to hospital, the flexi

Why do we call it a "supercharged" ho

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Your supercharged hospital plan includes the fe

In-hospital benefit overview

Chronic benefit overview

Screening benefit overview

Cancer cover overview

Maternity and childhood benefit overview

Mental Health benefit overview

Mental health benefit

Fedhealth supports members with mental health conditions by making the following benefits available to members:

Mental Health Resource Hub

The Mental Health Resource Hub provides credible mental health information and support channels. It's available via the Fedhealth Family Room or members can visit www.medscheme.com/mental-wellness-resource-hub/

Chronic Benefit

- Chronic medicine for mental health conditions is limited to PMBs on flexiFED 1 and flexiFED 2, while flexiFED 3 has a R3 200 limit per family for funding of chronic medicine for selected non-PMB diagnoses such as depression, anxiety and post-traumatic stress disorder.
- Funding of chronic medicine for non-PMB mental health conditions on flexiFED 4 is limited to a diagnosis list and chronic limits: refer to benefit tables for more information.

Ambulatory Care Plans

- A care plan is a list of the type and number of services that's likely to be needed for management of a diagnosis in an outof-hospital setting.
- Fedhealth covers these costs from the member's available Scheme limits, subject to the use of the Fedhealth Network Providers. Once the member's Scheme limits are used up, further services, as listed in their care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, the member must make sure that every claim sent has an ICD-10 code reflected on it.
- The PMBs allow for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. These out-of-hospital psychotherapy sessions are made available as part of the member's care plan on request from their treating healthcare provider.

In-hospital Benefits

As above, the PMBs allow for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. Admission into a facility for a mental health diagnosis requires authorisation.

Factors to consider before an admission:

1. Is the member's doctor on the Fedhealth Network?

All Scheme options have a GP and specialist network applicable. Should the member choose not to use network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. The member will have a shortfall should the healthcare professional charge more.

2. Is the hospital/facility that the member is being admitted to part of the network list applicable to their option?

- flexiFED 1 utilises the Mental Health Hospital Network and admission to a non-network facility will attract a R7 800 co-payment.
- All GRID options utilise the Mental Health Hospital Network and admission to a non-network facility will attract a R13 800 co-payment.
- All admissions for members on the Elect options will attract a R13 800 co-payment.

Mental Health Programme

Available on flexiFED 4 only

- Fedhealth's Mental Health Programme is available to all qualifying members who've been diagnosed with mental health conditions, including depression and bipolar mood disorder.
- The programme uses innovative solutions for member empowerment and education with the support of a dedicated Care Manager.

Panda Mental Health Support App

Panda makes mental health benefits and support available through the Fedhealth Member App.

- Fedhealth members have **FREE** access to all aspects of the Panda Bamboo Forest; videos and exercises; training; reading materials; and live virtual group sessions.
- Individual virtual consultations with registered counselors are subject to standard scheme benefits.
- Fulfilment of the Stress and Anxiety benefit **exclusive to flexiFED 1 members**. flexi**FED 1** members can use the Panda app for the following consultations via a virtual platform:
- ~ Two individual consultations per year with a registered counsellor.
- ~ These sessions will be paid from risk benefits, provided that the correct ICD 10 codes and tariff codes are submitted with the claim.





In-hospital benefit

This benefit covers all treatments and procedures that have to be done in a hospital and that are covered by the flexiFED options. All limits are per family per year unless otherwise stated.

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Overall annual limit (OAL)	Unlimited at	Unlimited at negoti	ated tariff.	
	network hospitals.			
	R7 800 co-pay-	On flexiFED 2GRID, fl	exi FED 3 GRID and flexi	FED 4 ^{GRID} members
	ment on voluntary	must use network h	ospitals. There is a R	13 800 co-payment
	use	on use of non-netw	ork hospitals. There is	s a R2 200 co-pay-
	of non-network	ment on use of non	-network day surgery	facilities.
	hospital. R2 200			
	co-payment on	On flexiFED 2 ^{Elect} , fl	exi FED 3 Elect and flexil	FED 4 ^{Elect} there is a
	voluntary use of	R13 800 excess on	all hospital admission	s except emergenc
	non-network day	admissions.		
	surgery facilities.			
	On flexi FED 1 ^{Elect} ,			
	there is a R13 800			
	excess on all			
	hospital admis-			
	sions except emer-			
	gency admissions.			
Healthcare Professional Tariff in		D . I . C II		
Fedhealth Network GPs and	Covered unlimited.	Covered unlimited. Paid in full.		
Specialists Non-network GPs	Daid water Fadhaalt	h Data		
	Paid up to Fedhealth Rate			
Non-network Specialists Other Healthcare Professionals	Paid up to Fedhealth Rate Paid up to Fedhealth Rate			
Prescribed Minimum Benefits	-		as covered in full you	will have to use
(PMB):	To have the treatment for PMB conditions covered in full, you will have to use			
Treatment for PMB	Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only			
conditions can be	-		ate and you will have	
funded in two ways:	· ·	re professional charg	-	a co payment
Hospitalisation costs:	Unlimited at	Unlimited at	Unlimited at negotia	ated tariff Private
accommodation in a general	negotiated tariff at	negotiated tariff	ward cover (when	
ward, high care ward and in-	network		ternity admissions	
tensive care unit, theatre fees,	hospitals only.		corney daminoorone	
medicine, material and hospital				
apparatus				
Additional medical	Paid from Fedhealth	Savings or self-fund	ded. Accumulates at	In and out-of-hos-
services (dietetics,	cost to Threshold le	_		pital: Paid from
occupational therapy and				Fedhealth Savings
speech therapy)				or self-funded. Doe
				not accumulate
				to Threshold. Paid
				from Threshold
				up to R12 900 per
	I control to the cont			The state of the s

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Alternatives to hospitalisation				
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negoti	Unlimited at negotiated tariff		
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost up to PMB level of care			
Appliances, external accessories and orthotics	cost to Threshold level Fedhealth or self-fur Does not late to th Paid from old up to per family year. (R4 860 sper benefits)		Paid from Fedhealth Savings or self-funded. Does not accumulate to threshold. Paid from threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)	
Blood, blood equivalents and blood products	Unlimited			
Immune deficiency related to HIV infection	Unlimited (see HPT)			
Maternity - Healthcare Profession	nal Tariff in-hospital	(HPT)		
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered unlimited.	Covered unlimited. Paid in full.		
Non-network GPs	Paid up to Fedhealt	th Rate		
Non-network Specialists	Paid up to Fedheal	th Rate		
Other Healthcare Professionals	Paid up to Fedheal	Paid up to Fedhealth Rate		
Dentistry				
Maxillo-facial surgery	Unlimited, subject t	Unlimited, subject to approval (see HPT)		
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R5 100 on the hospital bill			
In-hospital dentistry benefit for children under 7	No benefit We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Fedhealth Savings or self-funded			





In-hospital benefit

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	Unlimited at cost at PMB level of care at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used.	R311 900 at Designat er* and paid at Esser co-payment applies used.	ntial protocol. 25%	R499 100 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used.
Organ transplant including immunosuppression medication	Unlimited at cost at PMB level of care	R311 900 (See HPT)		R499 100 (See HPT)
Corneal graft	No benefit			R36 300 per beneficiary
Pathology, radiology (general)	Unlimited at Fedhealth Rate			
Physiotherapy	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols			d treatment proto-
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	Unlimited at cost at PMB level of care	R26 400 (see HPT)	R28 000 (see HPT)	

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the	Unlimited at cost at PMB level of care at Designated Service Provider (DSP).	R311 900 up to the Designated Service		R499 100 up to the Fedhealth Rate at Designated Service Provider (DSP).
cost of renal dialysis	A 40% co-payment a	applies where a DSP	s not used	
Childhood illness specialised drug benefit (up to the age of 18)	No benefit	Childhood illness specialised drug benefit for children up age of 18		or children up to the
Specialised radiology	Unlimited at Fedhealth Rate. First R3 650 for non-PMB MRI/ CT scans for the member's account			or non-PMB MRI/ CT
Spinal surgery	No benefit unless PMB level of care		No benefit unless Conservative Back & Neck Rehabili- tation Programme has been complet- ed. Member pays a co-payment of R8 920 on the hospital bill	No benefit unless Conservative Back & Neck Rehabili- tation Programme has been complet- ed. Member pays a co-payment of R6 690 on the hospital bill
Terminal care benefit	R34 500		ı	

*Designated Service Provider is ICON (Independent Clinical Oncology Network)







Co-payments

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

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Co-payments per event a	pplicable on the hos	spital/facility bill or	nly	
Adenoidectomy, bunion procedures, diagnostic cystoscopy, gastritis/dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	R7 540		No co-payment	
All open hernia surgery	R7 540	R5 100		No co-payment
Arthroscopic procedures - knee, shoulder, ankle	R9 450			R2 970
Arthroscopic procedures: wrist	Unlimited at cost at PMB level of care	R9 450		R2 970
Arthroscopic procedures: hip	No benefit	R9 450		R2 970
Back & neck procedures	R7 540		R5 000	R2 760
Colonoscopy, upper GI endoscopy	R7 540	R5 100		R2 970
Dental admissions	No benefit	R7 540	No co-payment	'
Hysterectomy (unless for cancer)	R4 460			No co-payment
Inguinal hernia sugery	R7 540	R5 100		No co-payment
Joint replacements				
Single hip and knee replacements with CP*	No benefit		No co-payment	
Single hip and knee replacements- voluntary non-use of CP*	No benefit		R31 400	
Other joint replacements and involuntary non-use of CP* for single hip and knee replacements	No benefit		R7 540	R5 100

^{*}Contracted Provider: Must use ICPS Hip and Knee network, JointCare 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.

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparo- scopic procedures	R7 540			R5 100
Laparoscopic varicoce- lectomy	R7 540			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit			R5 100
Spinal surgery**	No benefit unle	ss PMB	R8 920	R6 690
Surgical extraction of impacted wisdom teeth	R5 100			·
Varicose vein procedures	R7 540		R5 100	No co-payment
Tonsillectomy				
Under the age of 12	No co-payment			
12 and over	R7 540		No co-paymen	t

^{**} No benefit unless Conservative Back and Neck Rehabilitation Programme has been completed





Prosthesis benefit

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

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
External	Unlimited at cost at PMB level of care	R12 100 at cost	R12 900 at cost	
Internal				
Aorta Stent Grafts Bone lengthening devices, carotid stents, embolic pro- tection devices, other ap- proved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws Cardiac pacemakers, cardiac stents, cardiac valves			R65 500 See combined benef unlisted internal productions Unlimited at cost at PMB level of care	sthesis*
Elbow, hip, knee and shoulder replacement			R56 700 See combined benefit limit for all unlisted internal prosthesis*	R31 000
Total ankle replacement	No benefit		prostricsis	See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses (per lens) * Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at	PMB level of care	R3 500 R27 900	

Chronic Disease benefit

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

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Limit	Unlimited cover for co Chronic Disease List (Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children ages 6-18), Eczema (children ages 6-18), Attention Deficit Hyperactivity Disorder (children ages 6-18), Acne (up to the age of 21). Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder subject to a limit of R3 200 per family	Subject to a limit of R6 300 per benefi- ciary, and R12 600 per family. Thereaf- ter unlimited cover for conditions on the CDL.
Formulary	Basic formulary	Intermediate formula	ry	
Preferred Provider	Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct			

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

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

Additional chronic conditions covered on certain options

Acne (up to the age of 21)	flexiFED 4, flexiFED 3
Allergic rhinitis (from 6 to the age of 18)	flexiFED 4, flexiFED 3
Ankylosing Spondylitis	flexi FED 4
Anorexia Nervosa	flexiFED 4
Attention Deficit Hyperactivity	flexiFED 4, flexiFED 3
Disorder (from 6 to the age of 18)	
Benign Prostatic Hyperplasia	flexi FED 4
Bulimia Nervosa	flexi FED 4
Depression	flexiFED 4. flexiFED 3
Dermatomyositis	flexiFED 4
Eczema (from 6 to the age of 18)	flexiFED 4, flexiFED 3
Generalised Anxiety Disorder	flexiFED 4, flexiFED 3
Narcolepsy	flexi FED 4
Obsessive Compulsive Disorder	flexi FED 4
Panic Disorder	flexi FED 4
Paraplegia/ Quadriplegia	flexi FED 4
(associated medicine)	
Post-Traumatic Stress Disorder	flexiFED 4, flexiFED 3
Scleroderma	flexi FED 4
Tourette's syndrome	flexi FED 4



Day clinic/ doctor's room procedures covered from the in-hospital benefit

The following procedures will be paid from the in-hospital benefit if done in a day clinic, day ward or an outpatient section of a hospital. For members on the following options flexiFED 3^{GRID}, flexiFED 3^{GRID} and flexiFED 4^{GRID}, there will be a co-payment of R2 200 if a non-network day surgery facility is used. The day surgery network list can be found on the website using the provider locator. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorised. If the procedure is performed without pre-authorisation, the full amount will be paid from day-to-day benefits or self-funded by the member and will not accumulate towards the Threshold level. If authorisation is requested after the procedure has taken place, a R1 000 penalty will apply which will be paid from day-to-day benefits or self-funded by the member, without accumulating to the Threshold level.

Gynaecology

Bartholin cyst drainage/excision/ marsupialisation Biopsy - vulva, vagina, cervix, perineum Cauterisation of warts - all methods Colposcopy Diagnostic hysteroscopy

Endometrial and cervical procedures (includes dilatation and curettage endometrial ablation, cervical cerclage, LLETZ)

Hysteroscopy Foreign body removal – vagina Labiaplastv

Ovarian cyst(s) drainage Sterilisation

Urology Adults

Bilateral total orchidectomy for prostate cancer
Bladder biopsy (cancer and other conditions)
Bouginage for urethral stricture
Circumcision
Cystoscopy & ureteral catheter or stent
Cystourethroscopy & urethrotomy
DJ stent removal post pyeloplasty
Foreign body removal

Hydrocelectomy for vaginal hydrocele Inguinal hernia repair Laparoscopy for ureteroneocystostomy & cystoscopy and ureteral stent placement Open cystolithotomy for bladder stone

Penile lesions removal - all methods Prostate biopsy (cancer and other conditions) Renal calculus removal & stent insertion Scope and pyelogram

Second stage urethroplasty post stage 1 Testicular biopsy for infertility Urethrocystoscopy for bladder outlet

obstruction Urethrolithotomy - lower 1/3 ureter Varicocelectomy for varicocele

Vasectomy Vasostomy

Penile biopsy

Paediatrics

Circumcision - all indications
Glandulo-cavernous shunt for priapism
Hydrocelectomy for congenital hydrocele
Meatotomy for meatal stenosis
Orchidopexy for undescended testis
Urethrocystoscopy for urinary incontinence

Orthopaedics

Arthrocentesis
Arthrodesis of hand/elbow/foot
Arthroscopy
Arthrotomy - all joints & biopsy & synovectomy
Aspiration/intra-articular injection of joints
Biopsy - bone
Bunionectomy
Carpal tunnel release

Cartilage grafts
Cast/application removal
Closed fracture procedures
Foreign body removal - must

Foreign body removal - muscle tendon sheath

Ganglionectomy
Grafts - bone/tendon
Injection of tendon/ligament
trigger points/ganglion cyst

Injection therapeutic carpal tunnel Implant/wire/pin insertion or

removal

Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal,

interphalangeal joint arthroplasty)
Orthopaedic casts/spica

procedures

Radical nail bed removal Tenotomy - all areas

General Surgery

Anal procedures, including dilatations, biopsies, fissure repairs, haemorrhoidectomies Breast biopsy/ removal lesion (s) Colonoscopy

Drainage of abscesses/ haematomas/cysts (subcutaneous/submucosal)
Excision lipoma/cysts/tumours

Excision of sweat glands (axilla inguinal) and simple repair

Foreign body removal Gastroscopy/

oesophagogastroduodenoscopy, Haemorrhoidectomy

Inguinal hernia repair Lymph node/muscle/skin/bone

and breast biopsy Nail/nail bed related procedures Proctoscopy and removal of

polyps Sigmoidoscopy

Umbilical hernia repair Wound debridement (skin/ subcutaneous tissue)

ENT Surgery
Adenoidectomy
Antrostomy
Diathermy to nose and pharynx
(under LA)
Biopsies, including DPP (Diagnostic
Proof Puncture)
ENT Endoscopy (nasal endoscopy,
laryngoscopy, diagnostic and
interventional)
Foreign body removal - auditory
canal
Middle ear procedures including
stapes surgery
Mastoidectomy

stapes surgery
Mastoidectomy
Tympanic membrane related
procedures (includes myringotomy (including aspiration and incision) and/or grommets,
tympanoplasty, tympanolysis)
Nasal surgery/procedures (includes nasal bleeds (control), reduction of nose fracture,
rhinoplasty, septoplasty, turbinectomy, nasal turbinate repair)

Oral cavity related procedures, including biopsies Salivary gland related procedures

Sinus related surgery (ethmoidectomy/ sinusotomy and lavage) Tonsillectomy

Ophthalmology

Anterior and/or posterior chamber related procedures e.g. vitrectomy
Biopsy - all eye structures
Blepheroplasty
Cataract surgery

Choroid related procedures Conjunctival procedures e.g. pterygium surgery Fine needle aspiration - all eye structures

Foreign body removal Intra ocular injection e.g. Avastin, including

Glaucoma Laser Surgery Orbitotomy

Posterior and Anterior Vitrectomy
Probing & repair of tear ducts
Removal of pterygium
Retinal surgery
Sclera related procedures Strabismus repair
Treatment of progressive retinopathy

Oral and Maxillofacial Surgery

Trichiasis correction (non forceps)

Apisectomy
Frenectomies
Gingival Graft
Implantology
Orthodontic Attachment
Pulpotomy and fillings
Wisdom or Impacted Teeth removal
Extractions

Plastic and Reconstructive Surgery

Repair wound with layers (scalp/axillae/trunk/limbs)
Repair wound lesions (scalp/hands/neck/feet/

face)

Excision of benign lesions (scalp/neck/hands/feet/trunk/limbs)
Excision of malignant lesions and margins (face, lips, nose, ears, eyelids) + flap
Flaps - delay/sectioning
Malignant lesions - destruction and removal via

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

non-incision intervention

In addition, 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. 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:

Gastroscopy (no general anaesthetic will be paid for)

Colonoscopy (no general anaesthetic will be paid for)

Flexible sigmoidoscopy
Indirect larvngoscopy

Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and

for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)

Fine needle aspiration biopsy

Excision of nailbed
Drainage of abscess or cyst
Injection of varicose veins
Excision of superficial benign tumours

Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision



flexiFED Supercharged Savings Plans

You can enhance your <u>supercharged hospital plan</u> even further with an annual pool of funds for day-to-day expenses to cover you for additional benefits not already included on your plan.

While other schemes also have savings plans, they don't come close to the value for money offered by Fedhealth's supercharged savings plans!

Day-to-day benefits >

Threshold benefit >

Supercharged Hospital Plan >

More info | Benefit table

More info | Benefit table

Benefit table







How much will I pay? >







flexiFED Supercharged

You can enhance your <u>supercharged hospital plan</u> even to day-to-day expenses to cover you for additional benefits

While other schemes also have savings plans, they don't commoney offered by Fedhealth's supercharged savings plans!





DAY-TO-DAY BENEFIT

OPTION DEPENDENT







Unlimited network GP visits



Treatment for 30 days after discharge from hospital (post-hospitalisation benefit)



Take-home medicine



Specialised radiology



Trauma treatment at a casualty ward



In-hospital dentistry for children up to the age of 7



Fedhealth Savings powered by the MediVault



Maternity benefit



Fedhealth Baby Programme



Doula benefit



Postnatal midwifery benefit



Early childhood benefits



Paed-IQ



Optometry benefit



Dentistry benefits



Female contraception

How much will I pay? >



flexiFED Si

You can enhance your sup day-to-day expenses to co

While other schemes also he money offered by Fedhealth

Day-to-day benefits

Threshold benefit

Supercharged Hospita

Day-to-day benefits

Unlimited network GP visits

- flexiFED 1, 2, and 3: Unlimited consultations at a nominated Fedhealth Network GP once Threshold has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations p.b.p.a. Up to two GP consultations per beneficiary allowed per year at any GP.
- flexiFED 4: Unlimited consultations at a Network GP. These consultations are always paid from Risk and never from the member's Fedhealth Savings. Limited to two mental health consultations p.b.p.a.
- flexiFED 4^{GRID} and flexiFED 4^{Elect}: Unlimited consultations at a nominated Network GP. Each beneficiary can nominate up to two network GPs. These consultations are always paid from Risk and never from the member's Fedhealth Savings. Limited to two mental health consultations p.b.p.a. Up to two GP consultations per beneficiary allowed per year at any GP

Treatment for 30 days after discharge from hospital (post-hospitalisation benefit)

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.

Take-home medicine

We pay for seven days of take-home medicine 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

Specialised radiology

MRI/ CT scans are covered whether they're performed in- or out-of-hospital.

- flexilexiFED 1: Unlimited at Fedhealth Rate. First R3 650 for each non-PMB MRI/ CT scan for member's
- flexiFED 2, 3, and 4: Unlimited at Fedhealth Rate. First R2 630 for each non-PMB MRI/ CT scan for member's own account.

Trauma treatment at a casualty ward

Emergency treatment, like stitches, at a casualty ward whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. Co-payment of R750 per visit for non-PMBs.

In-hospital dentistry for children up to the age of 7

The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits. Not applicable to flexi**FED 1**.

Fedhealth Savings

On flexi**FED** options, members have access to Fedhealth Savings to pay for day-to-day medical expenses. The amount of Fedhealth Savings available depends on the member's chosen flexi**FED 1**, **2**, **3** or **4** option, as well as their family composition. The member can either choose to use their Fedhealth Savings as part of a supercharged savings plan where they pay it back in equal portions from January each year, or as part of a supercharged flexible savings plan where they only use a portion of it and just pay for that portion – interest free over 12 months.

Maternity benefit

The maternity benefits we offer differ according to the option:

flexi**FED 1**: The maternity benefit is paid from the Fedhealth Savings or self-funded by the member. flexi**FED 2**: The member gets two x 2D scans, antenatal classes up to R1 160, eight ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.

flexi**FED 3** and flexi**FED 4**: This benefit covers two x 2D scans, antenatal classes up to R1 160, 12 ante- and/ or postnatal consultations with a midwife.

Fedhealth Baby Programme

We offer a free maternity programme for pregnant members and beneficiaries offering support, advice and a handy baby bag.

network GP or gynaecologist, amniocentesis.

Doula benefit

We pay up to R3 000 per delivery for a Doula (a labour coach during natural childbirth).

Postnatal midwifery benefit

We pay for four consultations per pregnancy with a midwife. This benefit applies to consultations both inand out-of-hospital.

Early childhood benefits

1. Paediatric consultations

The paediatric benefits we offer differ according to the option:

- flexiFED 1: Paid from the Fedhealth Savings or selffunded by the member.
- flexiFED 2: One consultation per beneficiary with a network paediatrician up to 12 months of age. No GP referral required.
- flexiFED 3 and flexiFED 4: One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.

2. Infant hearing screening benefit

We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate

3. Childhood illness specialised drug benefit

We pay for certain specialised drugs for children up to 18 years old on flexi**FED 2**, **3** and **4**.

Paed-IQ advice line

Paed-IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues.

Call 0860 444 128 to access this great service.

Optometry benefit

- flexiFED 1 & 2: Paid from the member's Fedhealth Savings or self-funded.
- flexiFED 3: Limited to R1 930 per beneficiary every 24 months. Benefit paid from Risk and not from the member's Fedhealth Savings.
- flexi**FED 4**: Paid from the member's Fedhealth Savings or self-funded.

Dentistry benefits

On flexiFED 1, 2 and 3

Paid from Fedhealth Savings or self-funded. Once Threshold has been reached, the following will be paid from the Threshold benefit: two annual consultations per beneficiary incl. x-rays, scaling and polishing (on flexiFED 2 and 3, fillings, extractions and root canal are also covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.

Female contraception

Female contraception like oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena® is paid from Risk. Must be prescribed by a GP or gynaecologist; not applicable to pills prescribed for acne.



flexiFED Supercharged Savings Plans

You can enhance your <u>supercharged hospital plan</u> even further with an annual pool of funds for day-to-day expenses to cover you for additional benefits not already included on your plan.

While other schemes also have savings plans, they don't come close to the value for money offered by Fedhealth's supercharged savings plans!

Day-to-day benefits >

Threshold benefit >

Supercharged Hospital Plan >

Threshold benefit

On flexiFED 1, flexiFED 2 and flexiFED 3

To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level, which accumulate to the Threshold level at cost. Thereafter, certain claims will be paid from the Threshold benefit. These include preventative dentistry (flexiFED 1), basic dentistry (flexiFED 2 and 3) and unlimited nominated network GP visits.

On flexi**FED 4**

The Threshold benefit pays for certain day-to-day expenses once the member's claims have accumulated up to the required level. The Threshold level is reached through the accumulation of claims paid from the member's day-to-day benefit or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold. A 20% co-payment will apply to all claims paid from the Threshold benefit on flexi**FED 4**.









flexiFED Supercharged FLEXIBLE Savings Plans

Choose this if you want mostly a hospital plan, but like the idea of having flexible savings in case you need them.

By using your day-to-day benefits only when you need them, you'll only pay for the portion you use. Different from other schemes, you get to choose how much savings you want. Think of it as a day-to-day back-up. The funds are there for you in case you need them, but you will only pay for the funds that you request us to add to your cover.

Day-to-day benefits	>
Threshold benefit	>
Supercharged Hospital Plan	>

More info | Benefit table

More info | Benefit table

Benefit table





flexiFED Supercharged

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By using your day-to-day benefits only when you need ther schemes, you get to choose how much savings you want. T in case you need them, but you will only pay for the funds t









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By using your day-to-day be schemes, you get to choose in case you need them, but y

Day-to-day benefits

Threshold benefit

Supercharged Hospita



Day-to-day benefits

Unlimited network GP visits

- flexiFED 1, 2, and 3: Unlimited consultations at a nominated Fedhealth Network GP once Threshold has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations p.b.p.a. Up to two GP consultations per beneficiary allowed per year at any GP.
- flexiFED 4: Unlimited consultations at a Network GP. These consultations are always paid from Risk and never from the member's Fedhealth Savings. Limited to two mental health consultations p.b.p.a.
- flexiFED 4^{GRID} and flexiFED 4^{Elect}: Unlimited consultations at a nominated Network GP. Each beneficiary can nominate up to two network GPs. These consultations are always paid from Risk and never from the member's Fedhealth Savings. Limited to two mental health consultations p.b.p.a. Up to two GP consultations per beneficiary allowed per year at any GP.

Treatment for 30 days after discharge from hospital (post-hospitalisation benefit)

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.

Take-home medicine

We pay for seven days of take-home medicine 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.

Specialised radiology

MRI/ CT scans are covered whether they're performed in- or out-of-hospital.

- flexilexi**FED 1**: Unlimited at Fedhealth Rate. First R3 650 for each non-PMB MRI/ CT scan for member's own account.
- flexiFED 2, 3, and 4: Unlimited at Fedhealth Rate. First R2 630 for each non-PMB MRI/ CT scan for member's own account.

Trauma treatment at a casualty ward

Emergency treatment, like stitches, at a casualty ward whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. Co-payment of R750 per visit for non-PMBs.

In-hospital dentistry for children up to the age of 7

The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits. Not applicable to flexiFED 1.

Fedhealth Savings

On flexi**FED** options, members have access to Fedhealth Savings to pay for day-to-day medical expenses. The amount of Fedhealth Savings available depends on the member's chosen flexi**FED** 1, 2, 3 or 4 option, as well as their family composition. The member can either choose to use their Fedhealth Savings as part of a supercharged savings plan where they pay it back in equal portions from January each year, or as part of a supercharged flexible savings plan where they only use a portion of it and just pay for that portion – interest free over 12 months.

Maternity benefit

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flexi**FED 3** and flexi**FED 4**: This benefit covers two x 2D scans, antenatal classes up to R1 160,

12 ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.

Fedhealth Baby Programme

We offer a free maternity programme for pregnant members and beneficiaries offering support, advice and a handy baby bag.

Doula benefit

We pay up to R3 000 per delivery for a Doula (a labour coach during natural childbirth).

Postnatal midwifery benefit

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Early childhood benefits

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2. Infant hearing screening benefit

We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate

3. Childhood illness specialised drug benefit

We pay for certain specialised drugs for children up to 18 years old on flexiFED 2, 3 and 4.

Paed-IQ advice line

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Call 0860 444 128 to access this great service.

Optometry benefit

- flexiFED 1 & 2: Paid from the member's Fedhealth Savings or self-funded.
- flexiFED 3: Limited to R1 930 per beneficiary every 24 months. Benefit paid from Risk and not from the member's Fedhealth Savings.
- flexiFED 4: Paid from the member's Fedhealth Savings or self-funded.

Dentistry benefits

On flexi**FED 1. 2** and **3**

Paid from Fedhealth Savings or self-funded. Once Threshold has been reached, the following will be paid from the Threshold benefit: two annual consultations per beneficiary incl. x-rays, scaling and polishing (on flexiFED 2 and 3, fillings, extractions and root canal are also covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.

Female contraception

Female contraception like oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena® is paid from Risk. Must be prescribed by a GP or gynaecologist; not applicable to pills prescribed for acne.



flexiFED Supercharged FLEXIBLE Savings Plans

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Day-to-day benefits	>
Threshold benefit	>
Supercharged Hospital Plan	>

Threshold benefit

On flexiFED 1, flexiFED 2 and flexiFED 3

To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level, which accumulate to the Threshold level at cost. Thereafter, certain claims will level is reached through the accumulation of be paid from the Threshold benefit. These include preventative dentistry (flexiFED 1), basic dentistry (flexiFED 2 and 3) and unlimited nominated network GP visits.

On flexi**FED 4**

The Threshold benefit pays for certain day-today expenses once the member's claims have accumulated up to the required level. The Threshold claims paid from the member's day-to-day benefit or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold. A 20% co-payment will apply to all claims paid from the Threshold benefit on flexiFED 4.









flexiFED Day-to-Day benefits

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

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Tariff	Paid up to Fedhe	ealth Rate		
Co-payments in Threshold	N/A			20% co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not ac- cumulate to threshold. Paid from Threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)	
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)		ealth Savings or self-fu cost to Threshold leve		Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy		ealth Savings or self-fu cost to Threshold leve		In and out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumu- late to Threshold. Paid from Threshold up to R12 900 per family per year.
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians		ealth Savings or self-fu cost to Threshold leve		Paid from Fedhealth Savings or self-funded and Threshold. R8 270 per beneficiary per year R24 700 per family per year before and after Thresh- old

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Osseo-integrated implants, orthognathic surgery	Paid from Fedhealt Accumulates at co	•		Paid from Fedhealth Sav- ings or self-funded. Does not accumulate to or pay from Threshold
Dentistry (Basic)	Paid from Fedhealth Savings or self-funded. Once your 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, extractions and root canal will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.			Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached
General Practitioners				
Fedhealth Network GPs	network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP		Unlimited GP consultations at a Network GP. flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} unlimited consultations at nominated Network GP. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP	
Non-network GPs	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. Unlimited accumulation to and refund from Threshold at the Fedhealth Rate. Limited to 2 mental health consultations per beneficiary per year	
Maternity benefit	Paid from Fedhealth Sav- ings or self-fund- ed. Accumulates at cost to Thresh- old level	benefit.Thereaf Fedhealth Savir	o see maternity ter, paid from ngs or self-funded. It cost to Threshold	CLICK HERE to see mater- nity benefit. Thereafter, paid from Fedhealth Savings or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold

^{*}Private nursing that falls outside the Alternatives to Hospitalisation Benefit.



flexiFED Day-to-Day benefits



	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Optometry		ealth Savings or self- ulates at cost to Threshold	click HERE to see optometry benefit. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level	Paid from Fedhealth Savings or self-funded and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold.
Over-the-counter medication		ealth Savings or self-funded cost to Threshold level	d.	Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Pathology	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year
Prescribed medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. R6 330 per beneficiary per year, R12 770 per family per year before and after Threshold.	
Radiology general	Paid from Fedhocost to Thresho	ealth Savings or self-funded Id level	d. Accumulates at	Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 4
Specialists exclud			required for consultation	
	paid from Risk bene			
Fedhealth Network Specialists	Paid from Fedhealtl cost to Threshold le	_	nded. Accumulates at	Paid from Fedhealth Savings or self-funded and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 20% co- payment if GP referral not obtained
Non-network Specialists	Paid from Fedhealtl cost to Threshold le		nded. Accumulates at	Paid from Fedhealth Savings or self-funded and Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained
Specialists: Psych paid from Risk be		referral required for	or consultations (includi	ng PMB conditions) to be
Fedhealth Network Psychiatrists	Paid from Fedhealth cost to Threshold le		nded. Accumulates at	Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained
Non-network Psychiatrists	Paid from Fedhealtl cost to Threshold le		nded. Accumulates at	Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained



We give our members **more value and support** when they need it through additional programmes, benefits and initiatives.

AfA (HIV Management) > Alignd > Corporate wellness days > Diabetes Care > Emergency transport/response > Fedhealth Conservative Back and Neck Rehabilitation Programme > GoSmokeFree Smoking Cessation Programme > Health Risk Assessments > Hospital at Home > MediTaxi > 24-hour Nurse Line > Paed-IQ > Sisters-on-Site > SOS Call Me > Weight Management Programme >



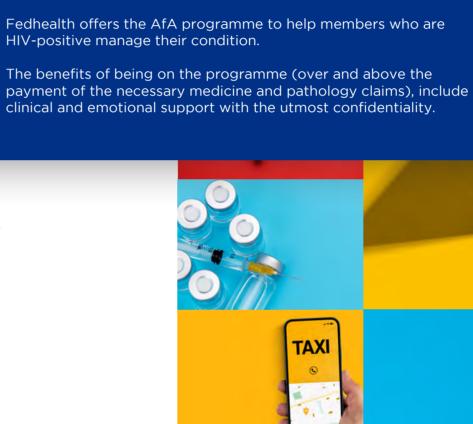


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Programmes and wellness initiatives

We give our members more value and support when they need it through additional programmes, benefits and initiatives.











Weight Management Programme >

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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck

GoSmokeFree Smoking Cessation Progr

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Alignd

Fedhealth has partnered with Alignd to offer members with serious illnesses, like advanced cancer, extra care. The benefit covers an initial consultation with a palliative care trained doctor to assess their needs holistically. Counselling for the member and their family is included, as is putting in place an advance healthcare plan or living will. Three follow-up doctor consultations, and two follow-up social worker consultations per year are also covered so the member is supported throughout their treatment journey.

More intensive support is available where the illness has progressed further. Members can call Fedhealth on **0860 002 153** and asked to be referred to Alignd, or email **referrals@alignd.co.za**











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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck

GoSmokeFree Smoking Cessation Programme

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Corporate wellness days provide the opportunity to create awareness, education, prevention, screening and targeted interventions that support positive lifestyle changes. These days are well-received, as it is convenient for Fedhealth members to have these services at their place of work. In addition to the clinical value that can be derived from wellness days, they provide Fedhealth with the opportunity to market the Scheme to clients and potential clients.









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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck

GoSmokeFree Smoking Cessation Progr

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



We provide members with diabetes access to a comprehensive programme that is tailored to their needs and other chronic conditions they might have. This includes continued access to a treating doctor, authorised chronic medicine, blood and laboratory tests, a Health Coach, online tools and information to empower the member. Members can call **0860 002 153** or email **diabeticcare@fedhealth.co.za**









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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck

GoSmokeFree Smoking Cessation Progr

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Emergency transport/ response

Through our partner Europ Assistance, we provide all members with emergency transport in an emergency situation.











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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck

GoSmokeFree Smoking Cessation Progr

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Fedhealth Conservative Back and Neck Rehabilitation Programme

Fedhealth has an established intervention for members suffering from back and neck problems. Built on the principle of active muscle reconditioning, it's supported by clinical studies showing that exercise reduces pain and can normalise function in many instances. The 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 may receive treatment up to twice a week for six weeks and a home based protocol for long-term care. Email backandneck@fedhealth.co.za for more information about the programme.







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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck

GoSmokeFree Smoking Cessation Prod

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



GoSmokeFree Smoking Cessation Programme

Fedhealth is encouraging members who smoke to sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies.

All smokers have a yearly benefit for the GoSmokeFree programme which is payable from risk benefits. The service comprises a prequit assessment and support sessions and features an individual plan to help with smoking cessation. Visit **gosmokefree.co.za** to find out more about this benefit.









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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck Rehabilitation Programme >

GoSmokeFree Smoking Cessation Progr

Health Risk Assessments >

Hospital at Home >

MediTaxi >

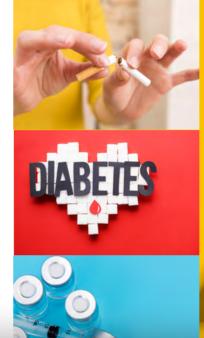
24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Health Risk Assessments

This benefit aims to identify members who are at risk of developing lifestyle diseases, and either help them prevent the onset through suitable lifestyle interventions, or help them manage their disease with practical advice and utilisation of Scheme benefits. A Health Risk Assessment can be requested at participating pharmacies and BASA registered biokineticists







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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck Rehabilitation Programme >

GoSmokeFree Smoking Cessation Programme >

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Hospital at Home

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, brings the essential elements of in-patient care to a patient's home, including real-time patient monitoring. It's available in the Eastern Cape, Western Cape, Gauteng and Bloemfontein with rollout to other areas to follow in due course. This service gives Fedhealth members the option to receive active treatment for a specified period at home instead of a general hospital ward, without compromising on the quality of care. Visit www.quromedical.co.za or call **010 141 7710**.











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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck Rehabilitation Programme >

GoSmokeFree Smoking Cessation Programme >

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



MediTaxi

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











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AfA (HIV Management) >

Alignd >

Corporate wellness days >

Diabetes Care >

Emergency transport/response >

Fedhealth Conservative Back and Neck Rehabilitation Programme >

GoSmokeFree Smoking Cessation Programme >

Health Risk Assessments >

Hospital at Home >

MediTaxi >

24-hour Nurse Line >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

Weight Management Programme >









Professional nurses are always on the other end of our toll-free 24-hour line to provide advice on issues like medical emergencies, symptoms, medicine side-effects, stress management and teenage support. Call **0860 333 432**.









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AfA (HIV Management) > Alignd > Corporate wellness days > Diabetes Care > Emergency transport/response > Fedhealth Conservative Back and Neck Rehabilitation Programme > GoSmokeFree Smoking Cessation Programme > Health Risk Assessments > Hospital at Home > MediTaxi > 24-hour Nurse Line > Paed-IQ > Sisters-on-Site >













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Weight Management Programme >

SOS Call Me >



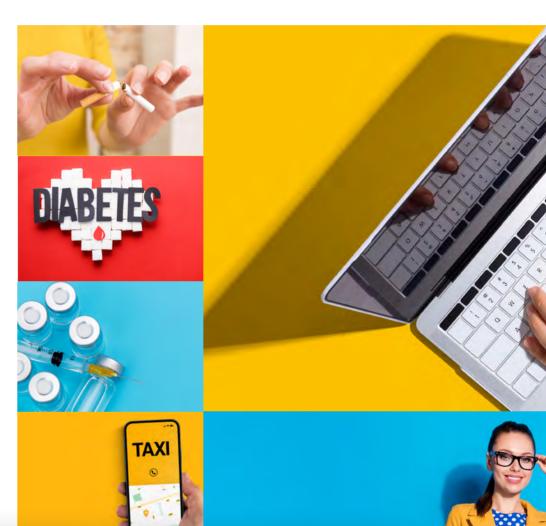
We give our members **more value and support** when they need it through additional programmes, benefits and initiatives.

AfA (HIV Management) >
Alignd >
Corporate wellness days >
Diabetes Care >
Emergency transport/response >
Fedhealth Conservative Back and Neck Rehabilitation Programme >
GoSmokeFree Smoking Cessation Programme >
Health Risk Assessments >
Hospital at Home >



Sisters-on-Site

Fedhealth partnered with SOS Corporate Wellness (Sisters-on-Site) to offer a nursing Sister-on-Site at our members' workplaces. With the employer's influence, we aim to identify and address the organisation's specific areas of concern. By helping members change their behaviour patterns and choose healthier lifestyles, we aim to reduce healthcare expenditure (particularly on day-to-day utilisation), absenteeism, turnover rates, worker's compensation claims and tardiness.





MediTaxi >

Paed-IQ >

Sisters-on-Site >

SOS Call Me >

24-hour Nurse Line >

Weight Management Programme >

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Sisters-on-Site >

SOS Call Me >

Weight Management Programme >





SOS Call Me

Fedhealth's user-friendly USSD call back service is free to all Fedhealth members and their dependants. Members can select three options on the service:

- 1. Emergency Medical Services (EMS)
- 2. Nurse Line
- 3. MediTaxi









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Sisters-on-Site >

SOS Call Me >

Weight Management Programme >



Weight Management Programme

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









flexiFED Contributions



flexiFED Supercharged Hospital Plans

\checkmark	
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flexiFED 1			
	Member Total	Adult Total	Child Total
Network hospitals	R2 031	R1 591	R743
Elect	R1 583	R1 237	R576

	flexiFED 1	flexiFED 1 ^{Elect}	Annual Threshold Level
М	R2 031	R1 583	R4 600
M+AD	R3 622	R2 820	R7 300
M+AD+CD	R4 365	R3 396	R9 000
M+AD+2CD	R5 108	R3 972	R10 700

SEE HOW MUCH YOU CAN SAVE A single Member can save R448 per month and R5 376 per annum by choosing Elect

flexiFED 2			
	Member Total	Adult Total	Child Total
Any hospital	R2 934	R2 611	R866
GRID	R2 608	R2 325	R770
Elect	R2 196	R1 963	R652

	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Thresh- old Level
M	R2 934	R2 608	R2 196	R5 200
M+AD	R5 545	R4 933	R4 159	R9 700
M+AD+CD	R6 411	R5 703	R4 811	R11 000
M+AD+2CD	R7 277	R6 473	R5 463	R13 100

SEE HOW MUCH YOU CAN SAVE
A Member and Adult Dependant can save R612
per month and R7 344 per annum by choosing
GRID and R1 386 per month and R16 632
per annum by choosing Elect

flexiFED 3			
	Member Total	Adult Total	Child Total
Any hospital	R3 347	R3 066	R1 186
GRID	R2 975	R2 729	R1 055
Elect	R2 508	R2 299	R890
			•

	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Thresh- old Level
M	R3 347	R2 975	R2 508	R6 300
M+AD	R6 413	R5 704	R4 807	R11 800
M+AD+CD	R7 599	R6 759	R5 697	R13 400
M+AD+2CD	R8 785	R7 814	R6 587	R15 800

SEE HOW MUCH YOU CAN SAVE
A Member, Adult Dependant and Child
Dependant can save R840 per month and
R10 080 per annum by choosing GRID and
R1 902 per month and R22 824 per
annum by choosing Elect

flexiFED 4			
	Member Total	Adult Total	Child Total
Any hospital	R4 480	R4 089	R1 347
GRID	R3 978	R3 639	R1 199
Elect	R3 355	R3 126	R1 029

	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Thresh- old Level
M	R4 480	R3 978	R3 355	R16 800
M+AD	R8 569	R7 617	R6 481	R30 600
M+AD+CD	R9 916	R8 816	R7 510	R34 700
M+AD+2CD	R11 263	R10 015	R8 539	R38 800

SEE HOW MUCH YOU CAN SAVE
A Member, Adult Dependant and 2 Child
Dependants can save R1 248 per month and
R14 976 per annum by choosing GRID and
R2 724 per month and R32 688 per annum by
choosing Elect



flexiFED Contributions



2	

flexiFED Supercharged Savings Plans

	flexiFED 1	flexiFED 1 ^{Elect}	Annual Thresh- old Level	Available Day-to-Day
M	R2 343	R1 895	R4 600	R3 744
M+AD	R4 090	R3 288	R7 300	R5 616
M+AD+CD	R4 936	R3 967	R9 000	R6 852
M+AD+2CD	R5 835	R4 699	R10 700	R8 724

	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Threshold Level	Available Day-to-Day
М	R3 349	R3 023	R2 611	R5 200	R4 980
M+AD	R6 169	R5 557	R4 783	R9 700	R7 488
M+AD+CD	R7 397	R6 689	R5 797	R11 000	R11 832
M+AD+2CD	R8 575	R7 771	R6 761	R13 100	R15 576

	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Threshold Level	Available Day-to-Day
М	R3 971	R3 599	R3 132	R6 300	R7 488
M+AD	R7 243	R6 534	R5 637	R11 800	R9 960
M+AD+CD	R8 691	R7 851	R6 789	R13 400	R13 104
M+AD+2CD	R10 083	R9 112	R7 885	R15 800	R15 576

	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Threshold Level	Available Day-to-Day
М	R5 519	R5 017	R4 394	R16 800	R12 468
M+AD	R10 388	R9 436	R8 300	R30 600	R21 828
M+AD+CD	R11 991	R10 891	R9 585	R34 700	R24 900
M+AD+2CD	R13 653	R12 405	R10 929	R38 800	R28 680

flexiFED Supercharged Flexible Savings Plans

	flexiFED 1	flexiFED 1 ^{Elect}	Annual Thresh- old Level	Available Day-to-Day	Total repayment to the Scheme
M	R2 031	R1 583	R4 600	R9 696	Total +
M+AD	R3 622	R2 820	R7 300	R13 392	Fedhealth
M+AD+CD	R4 365	R3 396	R9 000	R14 592	Savings used
M+AD+2CD	R5 108	R3 972	R10 700	R15 900*	÷ 12

	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Threshold Level	Available Day-to-Day	Total repay- ment to the Scheme
M	R2 934	R2 608	R2 196	R5 200	R10 296	Total +
M+AD	R5 545	R4 933	R4 159	R9 700	R15 900	Fedhealth
M+AD+CD	R6 411	R5 703	R4 811	R11 000	R21 792	Savings used
M+AD+2CD	R7 277	R6 473	R5 463	R13 100	R25 596*	÷ 12

	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Threshold Level	Available Day-to-Day	Total repay- ment to the Scheme
M	R3 347	R2 975	R2 508	R6 300	R11 496	Total +
M+AD	R6 413	R5 704	R4 807	R11 800	R17 496	Fedhealth
M+AD+CD	R7 599	R6 759	R5 697	R13 400	R23 100	Savings used
M+AD+2CD	R8 785	R7 814	R6 587	R15 800	R27 096*	÷ 12

	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Threshold Level	Available Day-to-Day	Total repay- ment to the Scheme
М	R4 480	R3 978	R3 355	R16 800	R15 300	Total +
M+AD	R8 569	R7 617	R6 481	R30 600	R27 696	Fedhealth
M+AD+CD	R9 916	R8 816	R7 510	R34 700	R31 500	Savings used
M+AD+2CD	R11 263	R10 015	R8 539	R38 800	R35 196*	÷ 12

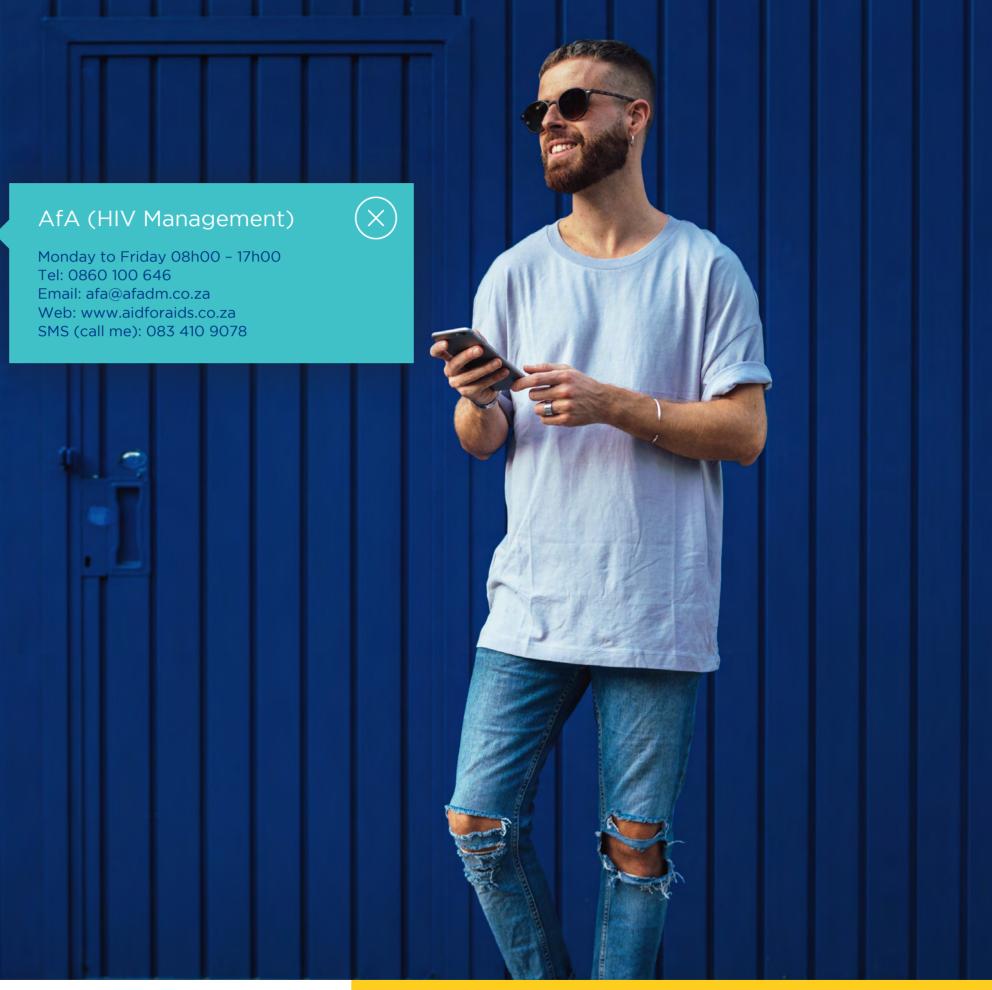
^{*} Maximum Fedhealth Savings allocation per family.



Contact details AfA (HIV Management) **Ambulance Services Chronic Medicine Management Disease Management** Fedhealth Baby **Fedhealth Customer Service Centre** Fedhealth Oncology Programme **Fraud Hotline Hospital Authorisation Centre Medscheme Client Service Centres Preferred Provider Pharmacies**

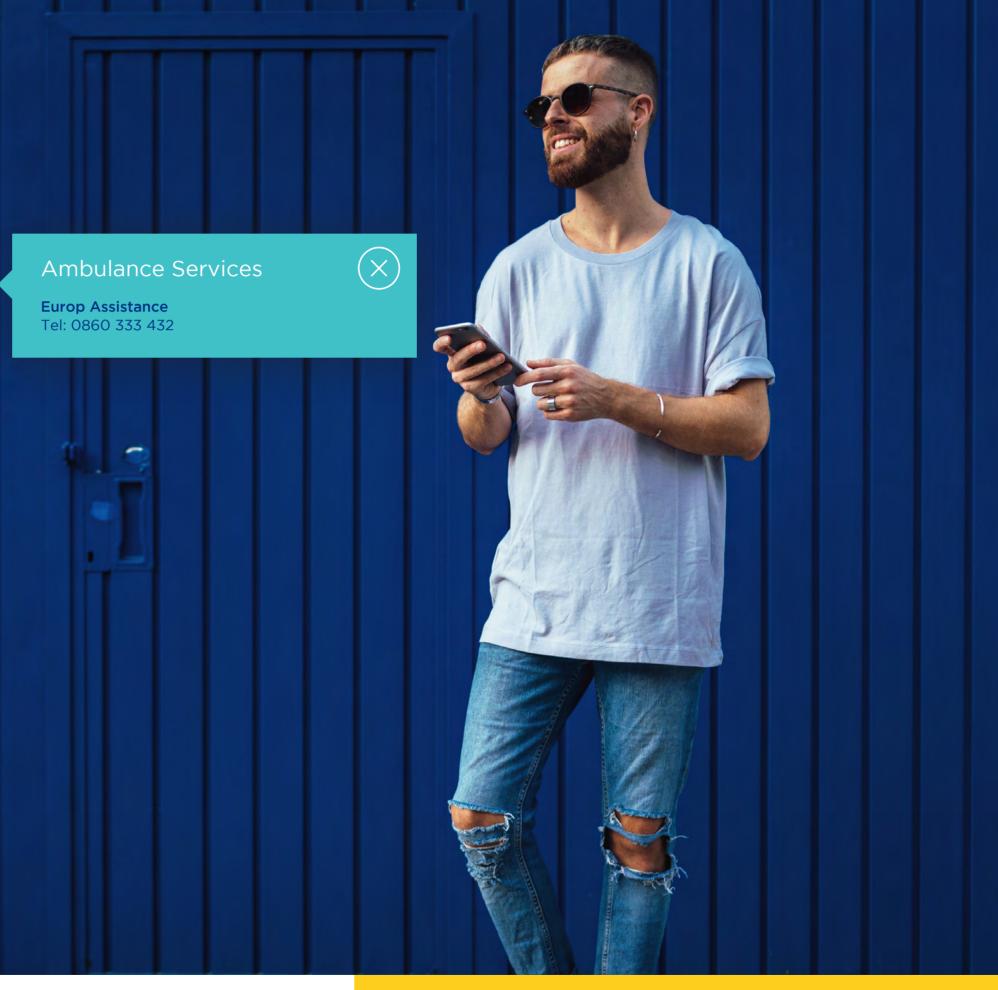




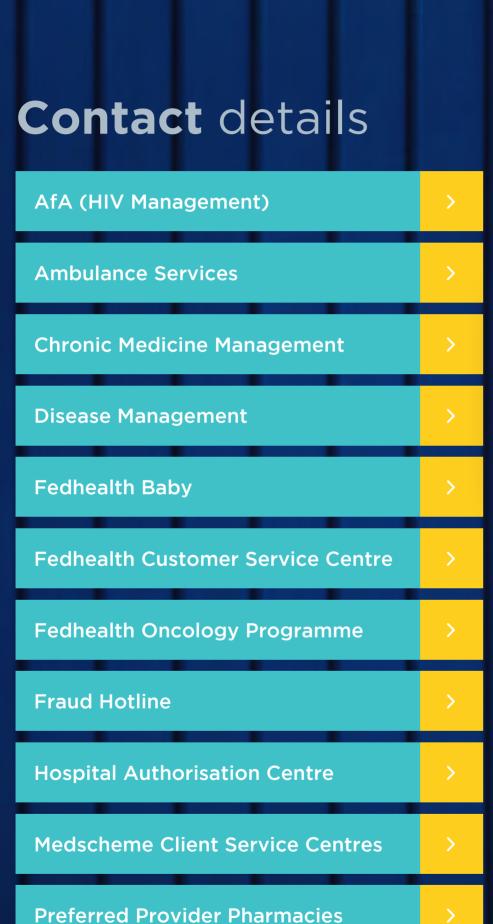






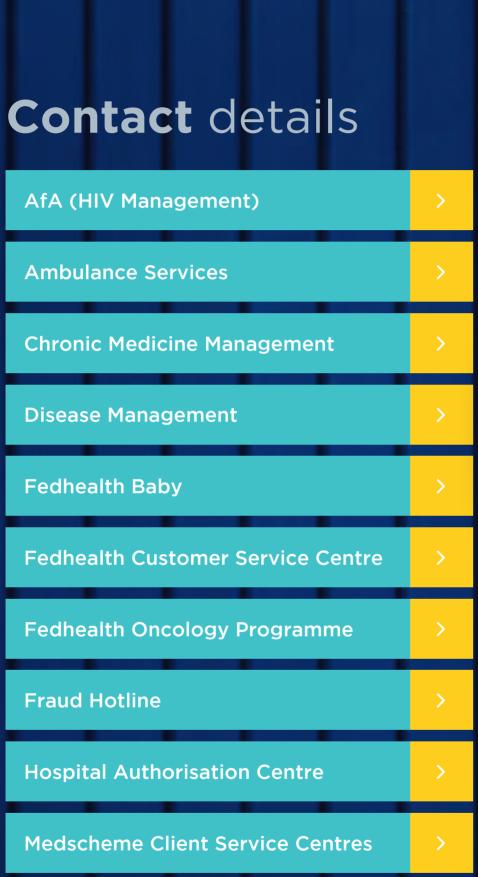


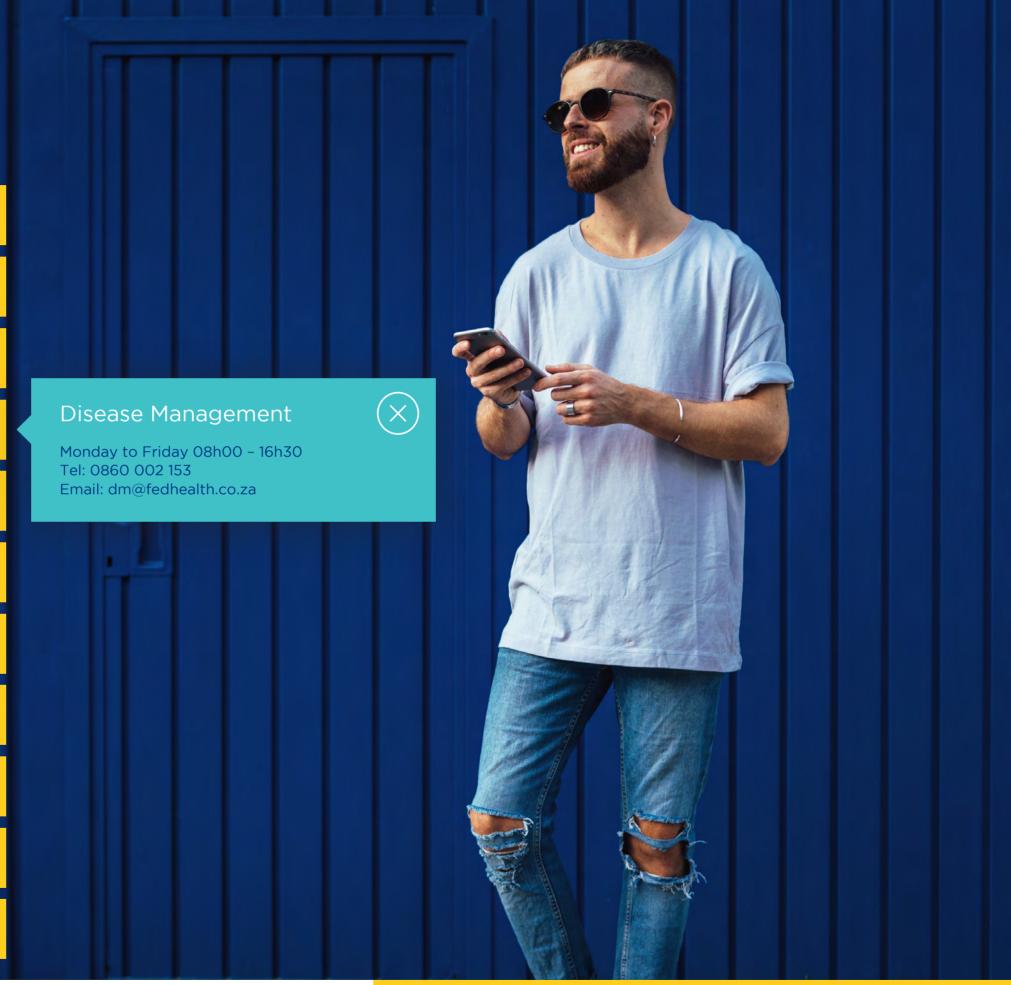






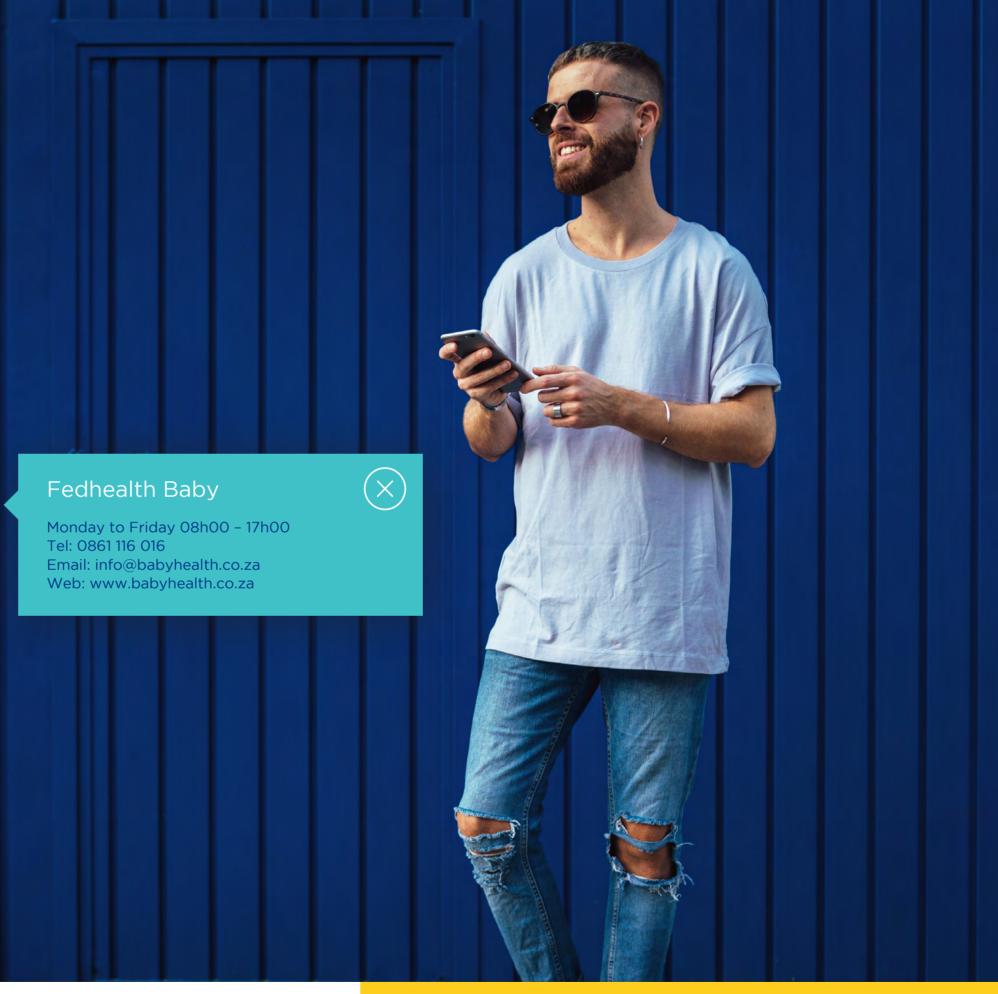








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Contact details AfA (HIV Management) **Ambulance Services Chronic Medicine Management Disease Management Fedhealth Baby Fedhealth Customer Service Centre** Fedhealth Oncology Programme **Fraud Hotline Hospital Authorisation Centre Medscheme Client Service Centres**





Contact details AfA (HIV Management) **Ambulance Services Chronic Medicine Management Disease Management Fedhealth Baby Fedhealth Customer Service Centre** Fedhealth Oncology Fedhealth Oncology Programme Programme Monday to Friday 08h00 - 16h00 **Fraud Hotline** Tel: 0860 100 572 Email: cancerinfo@fedhealth.co.za Postal address: P O Box 38632, Pinelands, 7430 **Hospital Authorisation Centre Medscheme Client Service Centres Preferred Provider Pharmacies**



Contact details AfA (HIV Management) **Ambulance Services Chronic Medicine Management Disease Management** Fedhealth Baby **Fedhealth Customer Service Centre** Fedhealth Oncology Programme Fraud Hotline **Fraud Hotline** Tel: 0800 112 811 **Hospital Authorisation Centre Medscheme Client Service Centres Preferred Provider Pharmacies**



Contact details

Ambulance Services

AfA (HIV Management)

Chronic Medicine Management

Disease Management

Fedhealth Baby

Fedhealth Customer Service Centre

Fedhealth Oncology Programme

Fraud Hotline

Hospital Authorisation Centre

Medscheme Client Service Centres







Contact details

Ambulance Services

AfA (HIV Management)

Chronic Medicine Management

Disease Management

Fedhealth Baby

Fedhealth Customer Service Centre

Fedhealth Oncology Programme

Fraud Hotline

Hospital Authorisation Centre

Medscheme Client Service Centres

Preferred Provider Pharmacies



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

Bloemfontein:

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

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

Durban:

Ground Floor, 102 Stephen Dlamini Road,

Musgrave, Durban

Port Elizabeth:

1st Floor, Block 6, Greenacres Office Park, 2nd Avenue, Newton Park

Pretoria:

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

Roodepoort:

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

Vereeniging:

27 Grey Avenue





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Medscheme Client Service Centres	>
Preferred Provider Pharmacies	>

Preferred Provider Pharmacies

Clicks

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

Dis-Chem

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

Medirite Pharmacy

Tel: 0800 222 617

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

To find an independent pharmacy near you, please visit www.icpa.co.za/find-a-pharmacy/

Pharmacy Direct

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

Clicks Direct Medicines

Tel: 0861 444 405

Email: directmedicines@dirmed.co.za

Dis-Chem Direct Courier

Tel: 011 589 2788

Email: direct.documents@dischem.co.za

Medirite Courier Pharmacy

Tel: 0800 010 701

Email: medirite.courier@shoprite



