

2026

maximaPLUS





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

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

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

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

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

01.

AFFORDABILITY.

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

02.

CUSTOMISATION.

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

04.

SIMPLICITY.

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

03.

INCLUSIVITY.

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

05.

TRUST.

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

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

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

maxima PLUS PLAN

OPTION OVERVIEW

Fedhealth’s most comprehensive option for mature members

Designed for older members with more significant healthcare needs, maxima **PLUS** is a comprehensive medical aid plan that will give you peace of mind that all aspects of your health is well taken care of.

It features generous unlimited private in-hospital cover, a chronic disease benefit and a screening benefit for various lifestyle, wellness and physical screenings tailored to your age group.

You will also enjoy day-to-day benefits paid from Risk, such as specialised radiology like MRI and CT scans, a 30-day post-hospitalisation treatment benefit like X-rays and physio, and seven days of take-home medication upon discharge from hospital.

On this option, you have substantial Fedhealth Savings for your day-to-day medical expenses, a Threshold benefit and an Out-of-Hospital-Expenses Benefit (OHEB).

By choosing maxima PLUS, you can also look forward to rich value added benefits like the 24-hour Fedhealth Nurse Line for medical advice and the MediTaxi transport service.



maxima PLUS PLAN

OPTION CONTRIBUTIONS

MONTHLY CONTRIBUTIONS

	Risk Contribution			Savings			Gross		
	P	A	C	P	A	C	P	A	C
maxima PLUS	R18 749	R16 183	R5 793	R644	R556	R199	R19 393	R16 739	R5 992

Only pay for a maximum of 3 children
Child rates apply up to age 27

ANNUAL DAY-TO-DAY BENEFIT POOLS

	Annual Savings			OHEB			Self-payment Gap		
	P	A	C	P	A	C	P	A	C
maxima PLUS	R7 728	R6 672	R2 388	R10 630	R7 680	R2 370	R5 042	R3 898	R1 632

ANNUAL DAY-TO-DAY BENEFIT POOLS CONTINUED

	Threshold Level			Above Threshold Benefit		
	P	A	*C	P	A	C
maxima PLUS	R23 400	R18 250	R6 390	Unlimited, sub-limits may apply for specific benefit categories		

*Up to a maximum of three children

maxima PLUS PLAN

DAY-TO-DAY BENEFITS

Here’s an overview of the day-to-day benefits available on Fedhealth’s comprehensive options, including the casualty ward benefit and the chronic medication benefit (refer to page 6 for further details).

BENEFIT	maxima PLUS
TARIFF	Up to the Fedhealth Rate
CO-PAYMENTS IN THRESHOLD	No co-payment
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS Mental health consultations with network GPs	Paid from OHEB then unlimited from Risk. Once OHEB is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network 2 consultations per beneficiary paid from Risk before or after threshold, then payable from savings without accumulation to threshold
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP	Paid from Savings, OHEB and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate
Mental health GP consultations	Payable from savings without accumulation to threshold
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Paid from Savings and OHEB. Accumulation to and refund from Threshold up to cost
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Paid from Savings and OHEB. Accumulation to and refund from Threshold up to the Fedhealth Rate only. A 10% co-payment will apply if a specialist referral is not obtained
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (psychiatrists)	Paid from Savings, OHEB and accumulation to and refund from Threshold at cost. Subject to Additional Medical Services limit of R20 000 per family per year before and after Threshold
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (psychiatrists)	Paid from Savings, OHEB and accumulation to and refund from Threshold at the Fedhealth Rate. Subject to Additional Medical Services limit of R20 000 per family per year before and after Threshold
TRAUMA TREATMENT IN A CASUALTY WARD	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours.
DENTISTRY (BASIC)	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings, OHEB and Threshold. R8 530 per beneficiary per year, R25 470 per family per year before and after Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold. Limited to and included in the advanced dental benefit
ADDITIONAL MEDICAL SERVICES: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Savings, OHEB and Threshold. R20 000 per family per year before and after Threshold
ALTERNATIVE HEALTHCARE: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
MEDICINES AND INJECTION MATERIAL	
Acute medicine	Paid from Savings, OHEB and Threshold. R11 400 per beneficiary per year, R22 690 per family per year before and after Threshold
Chronic medicine	Please see Chronic Medicine Benefit on page 6
Over-the-counter medicine	Paid from Savings. Does not accumulate to or pay from Threshold
OPTICAL BENEFIT	
Consultations, spectacle lenses, frames and/or lens enhancements	Paid from Savings, OHEB and Threshold. R3 860 per beneficiary per year, R11 750 per family per year before and after Threshold
PATHOLOGY AND MEDICAL TECHNOLOGY	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
GENERAL RADIOLOGY	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
SPECIALISED RADIOLOGY Pre-authorisation is required	Unlimited at Fedhealth Rate. First R3 050 for non-PMB MRI/CT scans for the member’s account
Oncology PET and PET/CT scans	2 PET scans per family per annum limited to the Oncology benefit subject to PET network. R5 670 co-payment for use of non PET Network Provider
SURGICAL AND NON-SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS ROOMS	Paid from the in-hospital benefit - Gastroscopy (no general anaesthetic will be paid for) - Colonoscopy (no general anaesthetic will be paid for) - Flexible sigmoidoscopy - Indirect laryngoscopy - Removal of impacted wisdom teeth - Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) - Fine needle aspiration biopsy - Excision of nailbed - Drainage of abscess or cyst - Injection of varicose veins - Excision of superficial benign tumours - Superficial foreign body removal - Nasal plugging for epistaxis - Cauterisation of warts - Bartholin cyst excision
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached

* Private nursing that falls outside the alternatives to hospitalisation benefit



SCREENING, WELLNESS AND EXTRA VALUE- ADDED BENEFITS

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

SCREENING & WELLNESS BENEFIT:

Fedhealth’s screening and wellness 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.

BENEFIT	maxima PLUS
WELLNESS BENEFITS	Benefits aimed to promote early detection and healthier living through age- and gender-specific screenings.
MENTAL WELLNESS	Two mental health consultations per beneficiary at a nominated plan-contracted provider. (see network mental health GP consultation benefits on page 3) Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.
GENERAL WELLNESS	
• HIV finger prick test	All lives: 1 test every year
• Flu vaccination and administration*	All lives: 1 vaccine every year
• Smoking cessation programme	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc.)
• Cardiac health screening (full lipogram)	All lives aged 20 and older: 1 test every 5 years
• Breast cancer screening with mammography	All lives aged 40 and older: 1 every two years
CHILDREN'S HEALTH	
• Immunisation programme and administration* (as per State EPI)	Birth to age 12
• Infant hearing screening test and consultation**	Birth up to 8 weeks of age: 1 per new-born beneficiary
• Vision Screening for Retinopathy of prematurity	2 tests and consultations for pre-term babies under 1.5kg or babies born before 32 weeks
• Paediatric consultation	Birth up to age 2: 1 Paediatric consultation, with no referral required from GP.
• HPV vaccine and administration*	Girls aged 9-16: two doses per lifetime
• Child optometry screening	All children aged 5-8: 1 per lifetime
WOMEN'S HEALTH	
• Cervical cancer screening (Pap smear)	Women Aged 21-65: 1 test every 3 years
• Cervical cancer screening pharmacy consultation	Women Aged 21-65, 1 consultation every 3 years
• HPV PCR test	Women Aged 21-65, 1 test every 5 years
• Contraceptives	Women up to age 55: Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. Contraceptive implants and Intrauterine Devices: limited to and payable from risk, every 2 years.
• Emergency contraceptive benefit	Women under the age of 55; 1 every year
MEN'S HEALTH	
Prostate Specific Antigen (PSA)	Men Aged 45-69: 1 test every year
ALL OVER 40S HEALTH	
• Breast cancer screening with mammography	All lives aged 40 and older: 1 every 2 years
• Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75: 1 every year
• Pneumococcal vaccination and administration*	All lives aged 65 and older: 2 per lifetime
• Bone densitometry screening	Women aged 65 and older, men aged 70 and older; 1 test every 2 years
SCREENING BENEFITS	Aimed to prevent illness through early detection via Health Risk Assesments and Weight Management Programme.
WELLNESS SCREENING	
BMI, blood pressure, finger prick cholesterol and glucose test	All lives, 1 every year
PREVENTATIVE SCREENING	
Waist-to-hip ratio, body fat%, flexibility and fitness	All lives, 1 every year
WEIGHT MANAGEMENT PROGRAMME	Limited to 1 qualifying enrolment per beneficiary per annum: 2 Psychotherapy consultations 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)
*Combined administration of vaccination benefit limit of 15 per annum per family **Add newborns within 30 days	

PLUS, the following support and assistance:

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

UNLIMITED NETWORK GP VISITS	TRAUMA TREATMENT AT A CASUALTY WARD
Once OHEB is depleted.	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours.
7 DAYS OF TAKE-HOME MEDICINE	SPECIALISED RADIOLOGY
Fedhealth pays for 7 days’ supply of take-home medication, to a maximum of R412 per beneficiary per admission, when the member is discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account or be dispensed by a pharmacy on the same day as the member is discharged from hospital.	MRI/CT scans are covered whether they’re performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R3 050 for each non-PMB MRI/CT scan for member’s own account.
ONLY PAY FOR THREE CHILDREN	FEMALE CONTRACEPTIVES
Only pay for three children – we cover the fourth and subsequent children for free. A child will be covered at child rates up to the age of 27.	Oral, certain injectables, patches and contraceptive rings are restricted to a maximum of one month’s supply per female beneficiary up to the age of 55 years old. Implants and IUDs that include the Mirena are paid for by Fedhealth every 2 years for female beneficiaries up to the age of 55 years old. These, however, must be prescribed by a GP or a gynaecologist and are not applicable to oral contraceptives prescribed for acne. Emergency contraceptives are covered for women up age 55, once per year.
30-DAY POST-HOSPITALISATION BENEFIT	MEDITAXI SERVICE
Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk, to save members’ day-to-day savings. This includes post-hospital treatment like physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.	Members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/ beneficiary per annum, and the total trip should not exceed 50km. • Call 0860 333 432 to access this service, and press 5 for the point-to-point service.

EMERGENCY ASSISTANCE
Members can bank on the following assistance in emergency medical situations:
- Emergency Medical Benefit: Europ Assistance provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. Call 0860 333 432 to access this service, and press 1. Included in this benefit: emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions. 24-hour Fedhealth Nurse Line: Members can call 0860 333 432 and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.



CHRONIC MEDICINE AND MANAGED CARE

CHRONIC MEDICINE BENEFIT

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

	maxima PLUS
LIMIT	R17 220 per beneficiary, subject to an overall limit of R31 960 per family per year. Thereafter unlimited cover for conditions on the CDL
FORMULARY	Comprehensive formulary 40% co-payment for voluntary non-use of formulary medication, not refundable from savings.
PHARMACY	Any

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

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

58 additional conditions covered on maxima PLUS

Acne (up to the age of 21)	Depression	Peripheral Neuropathy
Allergic rhinitis (from 6 to the age of 18)	Dermatomyositis	Polyarteritis Nodosa
Angina	Eczema (from 6 to the age of 18)	Post-Traumatic Stress Disorder
Ankylosing Spondylitis	Endocrine Disorder	Psoriasis
Anorexia Nervosa	Endometriosis	Pulmonary Interstitial Fibrosis
AD(H)D (from 6 to the age of 18)	Gastro-Oesophageal Reflux Disease	Rickets
Barrett's Oesophagus	Generalised Anxiety Disorder	Scleroderma
Benign Prostatic Hyperplasia	Huntington's Chorea	Thromboangitis Obliterans
Bulimia Nervosa	Liver Failure	Thrombocytopaenic Purpura
Calcium Supplementation	Menieres Disease	Tourette's syndrome
Cerebral Palsy	Narcolepsy	Transient Ischaemic Attacks
Connective Tissue Disorder	Obsessive Compulsive Disorder	Trigeminal Neuralgia
Conn's Syndrome	Osteoarthritis	Urticaria
Cushing's Syndrome	Panic Disorder	Valvular Heart Disease
Deep Vein Thrombosis	Paraplegia/Quadriplegia (associated medicine)	Zollinger-Ellison Syndrome

ORTHOCARE

The Fedhealth OrthoCare spinal programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members – with the goal to help members avoid spinal surgery where possible. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members. This multidisciplinary programme includes treatment from doctors, physiotherapists and/or biokineticists to treat severe neck and back pain.

AFA HIV MANAGEMENT PROGRAMME

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

WEIGHT MANAGEMENT PROGRAMME

Fedhealth members looking to lose weight and with a qualifying BMI and waist circumference may register to join the Scheme's weight management programme. Members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 clinical psychologist consultations, as well as 2 GP consultations. Various pathology codes are available to assist doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.

GOSMOKEFREE SMOKING CESSATION PROGRAMME

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

ALIGND PALLIATIVE CARE PROGRAMME

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problems such as pain, or by helping the member by addressing their emotional, social or spiritual needs. The programme supports both the member and their family. Members who meet the clinical criteria for enrolment will immediately have access to the programme, at no extra cost. For members with more intensive care needs, the programme also covers end-of-life care.

HOSPITAL AT HOME

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





MENTAL HEALTH COVER

In order for us all to be productive members of society, reach our full potential and cope with the stresses that are associated with daily life, it's important that we prioritise our mental health and wellbeing. Mental health impacts our thoughts, emotions, interactions, livelihoods and enjoyment of life.

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

MENTAL HEALTH BENEFIT

BENEFIT	maxima PLUS
WELLNESS RESOURCES AND DIGITAL TOOLS	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.
OVERVIEW OF PMBS FOR MENTAL HEALTH	Up to 21 days of admission or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia, acute stress disorder, and substance abuse. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.
CONSULTATIONS	Two mental health consultations per beneficiary (in-network GPs only). 15 out-of-hospital consultations per beneficiary for major affective disorders, anorexia, bulimia, acute stress disorder, and substance abuse as per PMB entitlement. Additional consultations paid from available Fedhealth Savings. Once in threshold, access to Additional Medical Services benefit that is limited to R20 000 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Program.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	The chronic medicine benefit covers mental health conditions like Depression, Generalised Anxiety Disorder and Post-Traumatic Stress Disorder - see page 7 for more details.
MENTAL HEALTH PROGRAMME	Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as a set benefit that can be used for consultations with psychiatrists, psychologists, GPs or other mental health providers.
PSYCHIATRIC HOSPITALISATION	R46 500 per family



ONCOLOGY BENEFIT

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

ONCOLOGY BENEFIT

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

BENEFIT	maxima PLUS
ONCOLOGY LIMIT	Unlimited at preferred provider* and paid from Enhanced protocol
• Active treatment period	Subject to Oncology limit. ICON Enhanced Protocols apply
• Oncology and oncology medicine	Subject to Oncology limit. ICON Enhanced Protocols apply. Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.
• Radiology and pathology	Subject to Oncology limit
• PET and PET-CT	Subject to Oncology limit. Limited to 2 per family per year, DSP Network applicable or a R5 670 co-payment for non-DSP use
• Specialised drugs for Oncology and non-oncology (combined unit)	R402 500
• Brachytherapy materials	R64 030

**ICON (Independent Clinical Oncology Network)*



MATERNITY AND CHILDHOOD BENEFITS

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

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

Please refer to page 13 to see benefits related to maternity confinement in-hospital.



MATERNITY BENEFITS

BENEFIT		maxima PLUS
DURING PREGNANCY	FEDHEALTH BABY PROGRAMME	Education and Support: Parental Questionnaire – a handy document to work through with your partner or spouse in preparation for the upcoming birth. Ongoing engagement in the form of emails and wellbeing calls for each trimester. Baby Medical Advice Line - A dedicated 24-hour medical advice line for any pregnancy concerns. Before Reaching 26 Weeks of Pregnancy: Healthy Pregnancy Workshop where doula educators share critical pregnancy information covering nutrition dealing with depression in pregnancy, pregnancy stretches and exercises, as well as an in-depth look at birth options - their risks and benefits. After Reaching 26 Weeks of Pregnancy: Online (live on Zoom) childbirth classes providing clinically based information to make informed decisions regarding planned birth (natural or C-section). Third Trimester Baby Backpack including baby products, breastfeeding guide, and other maternity vouchers.
	MAIN BENEFITS	
	• Antenatal (or postnatal) consultations	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist
	• Antenatal scans	2 x 2D antenatal scans
POST-BIRTH AND CHILDHOOD BENEFITS	• Amniocentesis	1 Amniocentesis
	• Antenatal classes	Antenatal classes up to R1 200 conducted by Private Nurses
	BIRTH-RELATED BENEFITS	
	• Private ward cover	Private ward cover (when available) for delivery
	• Doula benefit	R3 600 per delivery for a doula (birthing coach) to assist mothers during natural childbirth
	POST-BIRTH BENEFITS	
	• Postnatal or antenatal consultations	12 postnatal or antenatal consultations with a midwife, network GP or gynaecologist.
	• Vision screening for retinopathy of prematurity	2 tests and consultations for babies under 1.5kg or born before 32 weeks.
	• Infant hearing screening test	Birth up to 8 weeks of age: 1 Infant hearing screening test and consultation per new-born beneficiary**
	• Paediatric consultation	Birth up to 24 months of age: 1 Paediatric consultation, with no referral required from GP.
	• Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby Programme
	• Appliances	Breast pumps and nebulisers paid from Fedhealth Savings.
	CHILD CARE	
	• Immunisation programme and administration* (as per State EPI)	Birth to age 12
	• HPV vaccine and administration*	Girls aged 9-16: two doses
	• Childhood illness specialised drug benefit	All children up to age 18
	• Optical screening	All children aged 5-8: 1 per lifetime
	24-Hour Paed-IQ Advice Line	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.
	Please note: **Add newborns within 30 days *Combined administration of vaccination benefit limit of 15 per annum per family - Child rates up to the age of 27 - Only pay for three children – we cover the fourth and subsequent children for free	



UNLIMITED HOSPITAL COVER

maxima **PLUS**, like all Fedhealth options, has an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

THE IN-HOSPITAL BENEFIT COVERS:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
 - Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate.
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- **Physiotherapy:** Referral by a medical practitioner and pre-authorisation is required, covered up to the Fedhealth Rate.

PRESCRIBED MINIMUM BENEFITS (PMBS)

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

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

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

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

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

Co-payments are option dependent.

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

CO-PAYMENTS ON CERTAIN PROCEDURES

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

WHAT ARE CONSIDERED AS EMERGENCIES?

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

BENEFIT		maxima PLUS	
OVERALL ANNUAL LIMIT		No overall annual limit	
HOSPITAL NETWORK		No network	
HOSPITAL LIMIT		Unlimited	
PREScribed MINIMUM BENEFITS (PMBs) Treatment for PMB conditions can be funded in two ways		To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more	
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items		Unlimited at negotiated tariff	
CONFINEMENT			
Maternity confinement Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus		Unlimited	
Private ward cover		When available	
Delivery by Fedhealth Network GPs and specialists		Covered in full	
Delivery by non-network GPs and specialists		Covered up to the Fedhealth Rate	
Delivery by a registered midwife/nurse or a practitioner		Unlimited	
Hire of water bath and oxygen cylinder		Unlimited	
Medicine on discharge from hospital: The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital		Limited to 7 days’ medication up to a maximum of R412 per hospital event	
ADDITIONAL MEDICAL SERVICES Includes Dietetics, Occupational therapy, Speech therapy, Orthoptics, Podiatry, Private nurse practitioners, Social workers, Audiology, Genetic counselling		Paid from Savings, OHEB and accumulates to threshold. Paid from Threshold up to R20 000 per family per year, combined limit with Physical Therapy	
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation			
Refractive surgery		Paid from Savings. Does not accumulate to or pay from Threshold	
Maxillo-facial surgery		Unlimited, subject to approval	
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner’s rooms		- Gastroscopy (no general anaesthetic will be paid for) - Colonoscopy (no general anaesthetic will be paid for) - Flexible sigmoidoscopy - Indirect laryngoscopy - Removal of impacted wisdom teeth - Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) - Fine needle aspiration biopsy - Excision of nailbed - Drainage of abscess or cyst - Injection of varicose veins - Excision of superficial benign tumours - Superficial foreign body removal - Nasal plugging for epistaxis - Cauterisation of warts - Bartholin cyst excision	
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities			
Nursing services, private nurse practitioners & nursing agencies		Unlimited at negotiated tariff	
Sub-acute facilities, physical rehabilitation facilities		Unlimited at negotiated tariff	
Terminal Care Benefit		R35 570	
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS			
General medical and surgical appliances (including glucometers)		Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.	
Hearing aids including repairs		Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.	
Large orthopaedic orthotics/ appliances		Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.	
Stoma products		Unlimited at cost	
CPAP apparatus for sleep apnoea		Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.	
Foot orthotics (incl. shoes and foot inserts/levellers)		Paid from Savings and OHEB and Threshold. R17 840 per family per year before and after Threshold. (R5 010 sub-limit per beneficiary for foot orthotics)	
Oxygen therapy equipment		Unlimited at cost if authorised	
Home ventilators		Unlimited at cost if authorised	
Long leg callipers		Unlimited at cost if authorised	
Moon boots		Limited to R2 060 per beneficiary payable from Risk. Once benefit is depleted, payable from available savings	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood		Unlimited	

BENEFIT		maxima PLUS
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER		
Fedhealth Network GPs and Specialists	Covered in full	
Non-network GPs	Paid up to the Fedhealth Rate	
Non-network Specialists	Paid up to 200% of the Fedhealth Rate	
Other Healthcare Professionals	Paid up to 300% of the Fedhealth Rate	
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION		
- Haemopoietic stem cell (bone marrow) transplantation - Immunosuppressive medication, - Post transplantation biopsies - Scans, radiology and pathology	Unlimited	
Corneal grafts	R37 430 per beneficiary	
PATHOLOGY AND MEDICAL TECHNOLOGY		
PHYSIOTHERAPY	Unlimited	
In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols		
PROSTHESIS AND DEVICES INTERNAL		
Aorta Stent Grafts	R67 530	
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs), bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws, total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*	
Cardiac pacemakers	R67 530	
Cardiac stents	R57 840	
Cardiac valves	R51 340	
Detachable platinum coils	R58 460	
Elbow, hip, knee and shoulder replacement	R51 340	
Intraocular lenses – non-cataract (per lens)	R3 610	
* Combined benefit limit for all unlisted internal prosthesis	R41 650	
PROSTHESIS EXTERNAL		
GENERAL RADIOLOGY	Unlimited	
SPECIALISED RADIOLOGY	Unlimited at Fedhealth Rate. First R3 050 for non-PMB MRI/ CT scans for the member’s account Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 670 co-payment for use of non-DSP	
CT scans, MUGA scans, MRI scans, Radio Isotope studies	Specific authorisation required	
CHRONIC RENAL DIALYSIS		
Pre-authorisation is required and services must be obtained from the DSP. A 40% copayment applies where a DSP provider is not used	Unlimited	
Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis		
IMMUNE DEFICIENCY RELATED TO HIV INFECTION HOSPITALISATION, ANTI-RETROVIRAL AND RELATED MEDICATION AND RELATED PATHOLOGY		
	Unlimited	

PROCEDURE CO-PAYMENTS

	maxima PLUS	
Arthroscopic procedures – hip, wrist, knee, shoulder, ankle, other arthroscopic procedures	No co-payment	* Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics or Major Joints for Life for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment. ** No benefit unless OrthoCare Programme has been completed. ***Contracted providers: Must use NHN and ICPS for cataract surgery. Voluntary use of non-Contracted Provider will result in co-payment.
Diagnostic laparoscopy	No co-payment	
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/Toupet hernia repairs only), rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No co-payment	
Spinal surgery**	No co-payment	
Cataract surgery (Voluntary use of non contract providers) ***	R7 750	
Colonoscopy, upper GI endoscopy	No co-payment	
Surgical extraction of impacted wisdom teeth	No co-payment	
Joint replacements		
• Single hip and knee replacements with CP*	No co-payment	
• Single hip and knee replacements-voluntary non-use of CP*	R36 330	
• Other joint replacements	No co-payment	

LINKS TO BENEFITS INFO

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

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

ZOOM on [30-Day Post-Hospitalisation Benefit](#) >

ZOOM on [Alignd Serious Illness Benefit](#) >

ZOOM on [All about dependants](#) >

ZOOM on [Alternatives to Hospitalisation Benefit](#) >

ZOOM on [Chronic Medicine Benefit](#) >

ZOOM on the [Contraceptive Benefit](#) >

ZOOM on [Emergency Assistance](#) >

ZOOM on [Emergency Treatment in a Casualty Ward](#) >

ZOOM on the [Hospital at Home Benefit](#) >

ZOOM on [Maternity & Childhood Benefits](#) >

ZOOM on the [MediTaxi Benefit](#) >

ZOOM on the [Mental Health Benefit](#) >

ZOOM on the [Mental Health Programme](#) >

ZOOM on the [Oncology Benefit](#) >

ZOOM on [Option Upgrades](#) >

ZOOM on the [OrthoCare Spinal Programme](#)>

ZOOM on the [Screening Benefit](#) >

ZOOM on [Self-Service Channels](#) >

ZOOM on the [Selected Procedures Benefit](#) >

ZOOM on the [Smoking Cessation Programme](#) >

ZOOM on the [Specialised Radiology Benefit](#) >

ZOOM on [Specialist Referral](#) >

ZOOM on the [Weight Management Programme](#) >



HOW TO GUIDE

01 Getting started

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

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

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

 See the next page for more info.

02 Getting in touch with us

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

Here are the various service channels you can use:



Fedhealth Family Room

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

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

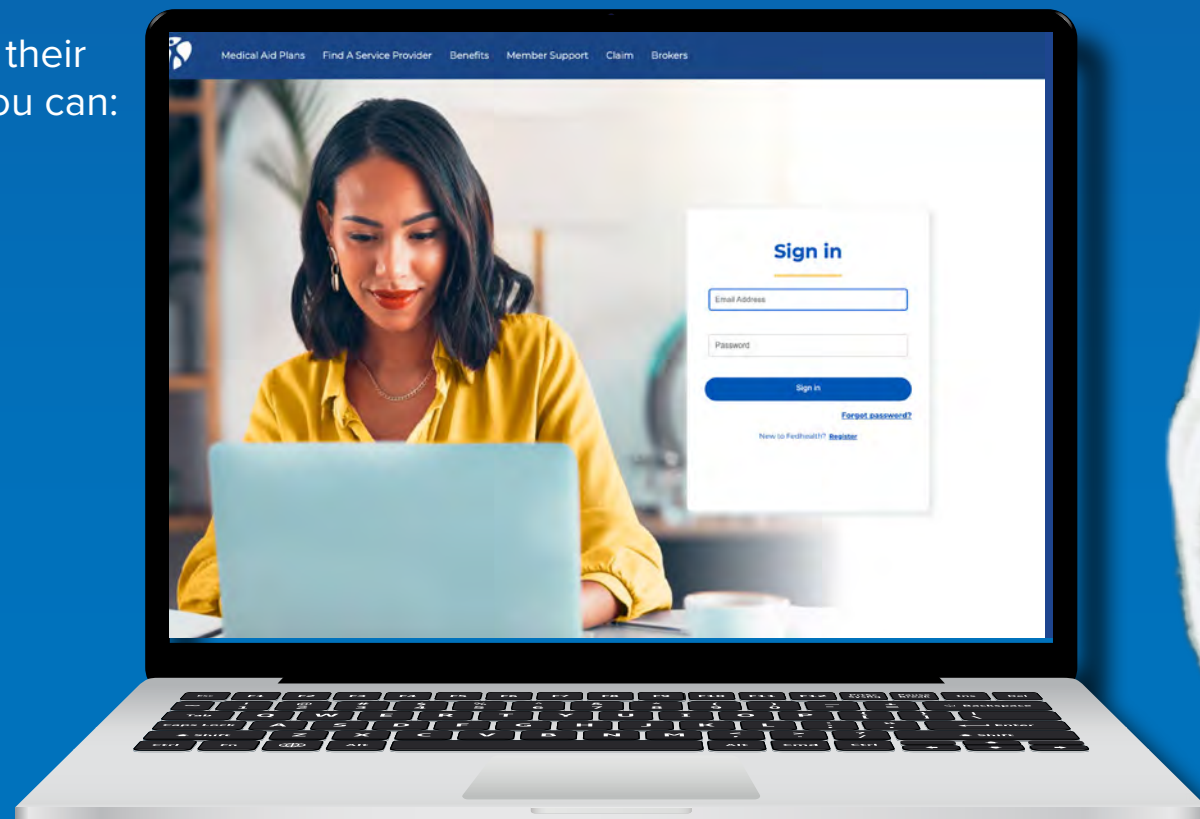
Access the Fedhealth Family Room via fedhealth.co.za and register by following all the prompts to enjoy all the great features.



Fedhealth Member App

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

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



WhatsApp service

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

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

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



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

 See page 30 of this guide for important Fedhealth contact numbers.

03 Paying your monthly contribution



IMPORTANT:

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

Payment of contributions

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

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



Our bank details

Account name: Fedhealth Medical Scheme
Bank: Nedbank
Branch code: 19-84-05
Account number: 1984 563 009

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

Arrears billing

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

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

Advanced billing

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

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



04 Finding network providers in your area

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

We use the following networks:

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

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

05 How to claim

The majority of your claims will most likely be submitted by your healthcare providers.

But when you do need to claim, you can do so in the following ways:

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

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

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



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

Monthly statements

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

The statements include:

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





06 How to get authorisation for a hospital event

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

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

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

You can request authorisation by:

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

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

07 Hospital at Home

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

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

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

08 How to access post-hospitalisation treatment paid from Risk

Post-hospitalisation treatment in the 30 days after your hospital visit is paid from your Risk benefit, however, you will need an additional authorisation number.

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

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

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

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

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



10 Getting authorisation for a visit to the casualty ward

Claims will be paid from Risk if:

- You visit the trauma unit of a clinic or hospital and are admitted into hospital immediately for further treatment.
- You visit the trauma unit of a clinic or hospital for emergency trauma treatment, for a fracture or stitches, for example, and are not immediately admitted into hospital.
- Authorisation for the casualty visit must be obtained **within two working days after the visit**, to have the claim paid from your Risk benefit.
- In an emergency, you must get an authorisation number from us within two working days after going to hospital, or you will have to pay a penalty of R1 000.

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

A photograph of a woman with dark, curly hair, wearing a blue and white striped shirt, holding a baby. The baby is wearing a yellow shirt and light blue pants. The woman is looking up at the baby with a smile. The background is a bright, indoor setting with a window and a potted plant.

11 How to register on the Fedhealth Baby Programme

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

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

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

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

12 How to apply for the chronic disease benefit



To claim for medication under this benefit, your condition:

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

STEP 1

Collect the information needed to apply

You'll need the following information to apply. If you need help gathering this information, please contact us:

- Membership number
- Dependant code
- ICD10 code of your chronic condition
- Drug name, strength and quantity
- Prescribing doctor's practice number
- Diagnostic test results, e.g. Total Cholesterol, LDL, HDL, glucose tests, thyroid (depending on your condition).

STEP 2

Apply in one of the following ways

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

STEP 3

Get a response right away

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

STEP 4

Receive a communication with your approved medication

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

Treatment guidelines

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

If there is a co-payment on your medicine

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

We will approve a chronic condition, not individual chronic medications

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

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

You can use any pharmacy to obtain your chronic medication.

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





13 How do I register for Diabetes Care?

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

14 Registering on the Oncology Disease Management Programme (cancer)

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

15 Alignd Serious Illness Benefit

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

What does the benefit include?

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

Who has access to this benefit?

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

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

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

16 How to register for AfA (HIV Management)

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

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

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

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

17 How to access the Weight Management Programme

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

Who qualifies?

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

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

This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives you access to two dietician consultations, one behavioural psychologist consultation, as well as two GP consultations.

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

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

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



18 How to access the Fedhealth OrthoCare Spinal Programme

Need spinal or back surgery?

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

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

How you can access the programme:

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

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

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

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

20 Who to call in case of an emergency

Emergency Ambulance Services

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

Europ Assistance offers a range of emergency services:

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



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

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

22 How to use the MediTaxi service

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

Fedhealth members who've had hospital authorisations can access the 24/7 MediTaxi benefit to take them to follow-up doctor's appointments, if they've undergone an authorised operation or medical treatment that prevents them from driving.

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

Booking the MediTaxi service

When you phone to book a trip, you need to provide

- a) your membership number,
- b) date of operation, and
- c) healthcare provider's details.

To access the MediTaxi benefit

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



23 Making changes to your membership

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

Adding or removing dependants

Only the principal member can add or remove dependants.

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

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

Who can be registered as a dependant?

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

Child rates up to 27

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

Adding a newborn baby

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

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

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

Dependant reviews

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

- a) **Overage review:** Applies to child status dependants over the age of 27. This will take place annually linked to the birthdate of a dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we raise the contributions to adult rates.
- b) **Special dependant review:** Refers to parents, siblings, grandparents, foster children, NOT including disabled dependants. This takes place on the anniversary of the start date of the dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/ acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we terminate the dependant.

Year-end renewal change of option

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

You can upgrade to a higher option

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

The option upgrade will only be allowed within 30 days of diagnosis. You will be required to provide supporting medical evidence. Upgrades can also be completed via the Family Room and Member App.

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

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

24 Leaving the Scheme

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

Last contribution

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

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

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

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

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

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

Remaining a member after resigning from a company

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

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



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

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

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

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



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



01.

Call directly on toll-free number 0800 112 811

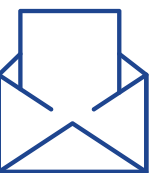
Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.



02.

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

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



04.

Email to information@whistleblowing.co.za

Send an email of your report privately to Whistle Blowers.



03.

Report online on www.whistleblowing.co.za

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



05.

Download and use the Whistle Blowers app

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



Remember, reports can be made anonymously or in confidence.

CONTACT US



WEBSITE

fedhealth.co.za

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



LIVECHAT

Access on the website

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



AI AGENT NALEDI

Access on the website

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



FAMILY ROOM

Access on the website

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



WHATSAPP

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

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



MEMBER APP

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

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

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

CONTACT DETAILS

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

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

Ambulance Services
Europ Assistance
Tel: 0860 333 432

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

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

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

Fedhealth Baby
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za
Web: www.babyhealth.co.za

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

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

Fraud Hotline
Tel: 0800 112 811

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

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

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

MEDSCHEME CLIENT SERVICE CENTRES

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

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

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

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

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

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

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

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

Kimberley
Shop 76, North Cape Mall, Royleidene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

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

Mafikeng
Shop 118, Mega City, East Gallery, Mafikeng

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

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

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

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

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

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

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

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

CONTACT US

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

Fedhealth Customer Contact Centre 0860 002 153
Corner Ontdekkers Road and Conrad Street, Absa Building Block F,
Florida, 1716 • Private Bag X3045, Randburg 2125

www.fedhealth.co.za

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