

Traditional



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# Why choose Fedhealth?

## PROTECT YOUR HEALTH

### 90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

### A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

### WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

### PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

### FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

## INVEST IN YOUR FUTURE



### GROW YOUR WEALTH

**Health Boosted WealthBonus**  
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

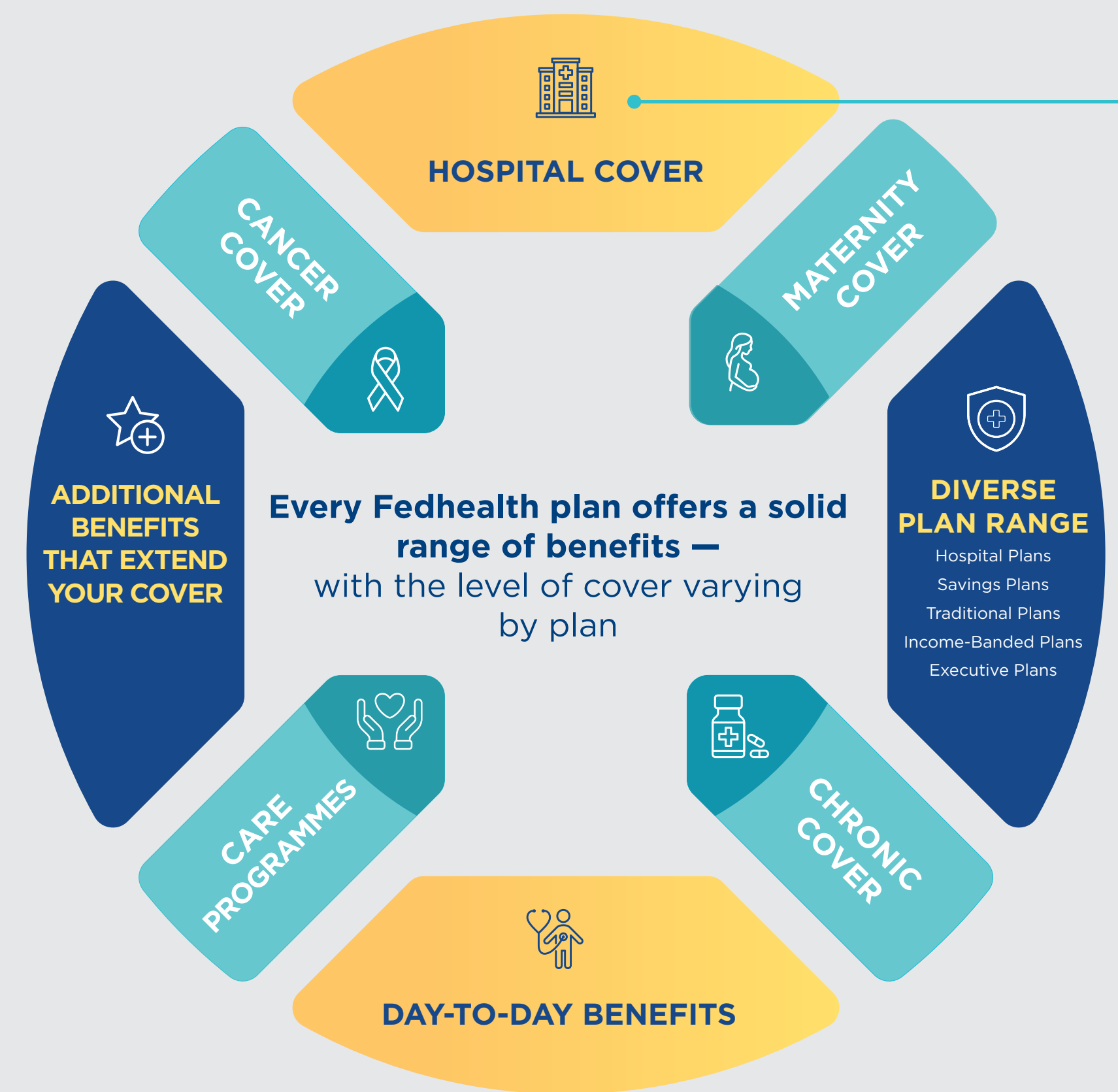


### GET REWARDS

Earn rewards through simple health engagement.



# Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



**PERSONALISED CARE AND ENGAGEMENT**  
Screen | Prevent | Support

Dynamic networks to suit your preference when it comes to hospitalisation

**UNLIMITED HOSPITAL COVER AT PRIVATE HOSPITALS**  
Available on all plans - Benefit limits may apply

**AFFORDABLE COVER ON NETWORK PLANS**  
Available on: sureFED<sup>Essential</sup> and sureFED<sup>Plus</sup>

**Extensive network coverage across South Africa**

**Representation across all major hospital groups\***



\*Plan dependent

# Are our **Traditional Plans** right for you?

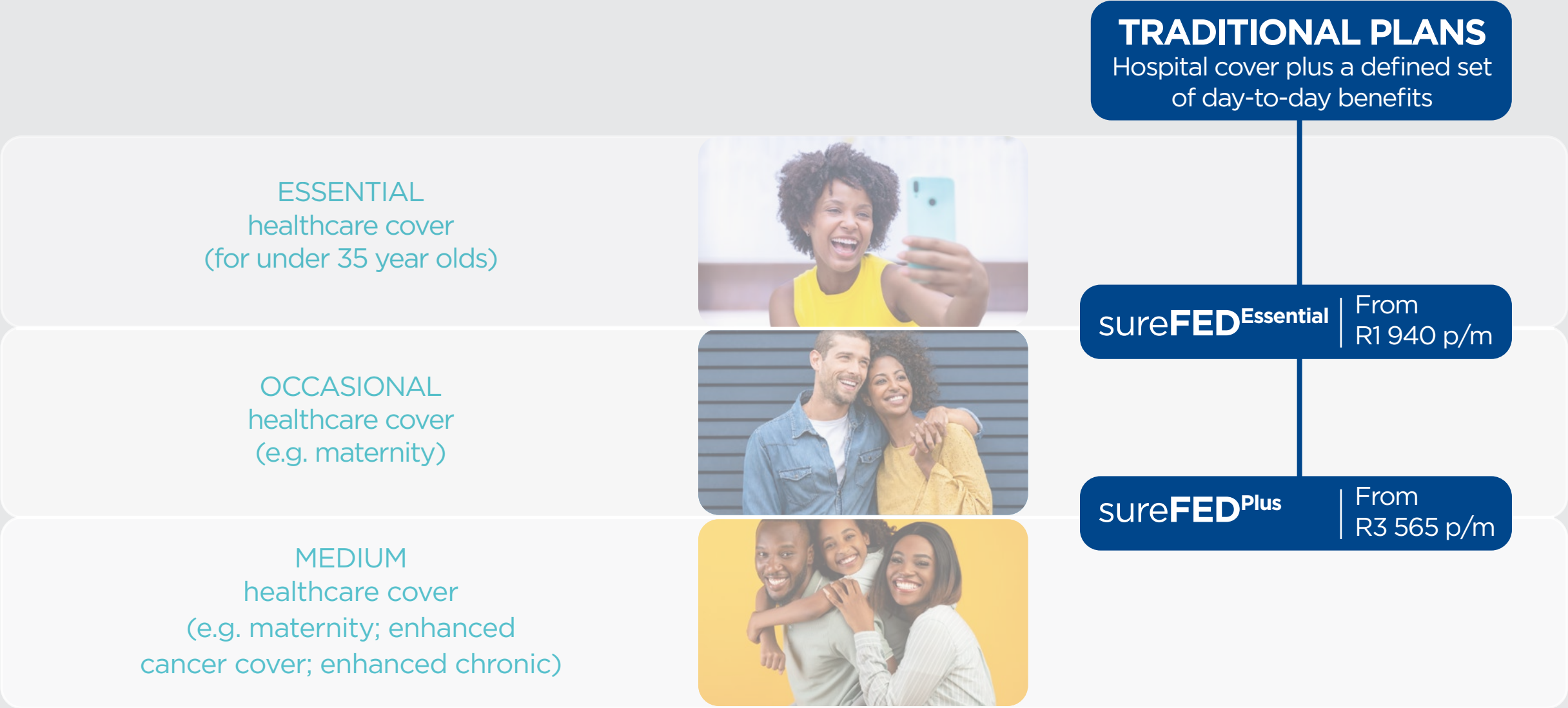


## sureFED Traditional Plans

You prefer a plan that offers a **defined set of day-to-day benefits**

- ✓ You know upfront how your day-to-day benefit is allocated across individual benefit categories, e.g. GPs, medication, specialists, etc.
- ✓ You are covered for hospital bills

Cover starting from  
**FROM R1 940 p/m**



## Upgrade to a higher option **any time of the year**

Only Fedhealth lets you upgrade to a higher option any time of the year, as long as it's within 30 days of a life-changing event, like pregnancy or serious illness diagnosis. This means you only need to find your flexi**FIT** for right now – not for future ‘what-ifs’.

# Protect your health: sureFED overview

|                      |                                                                                                                    | sureFED <sup>Essential</sup>                                                                                                                                                                                                                                | sureFED <sup>Plus</sup>                                                                                                                                                                                                                                                           |
|----------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly contribution | Principal Member                                                                                                   | R1 940                                                                                                                                                                                                                                                      | R3 565                                                                                                                                                                                                                                                                            |
|                      | Adult Dependant                                                                                                    | R1 845                                                                                                                                                                                                                                                      | R3 115                                                                                                                                                                                                                                                                            |
|                      | Child Dependant                                                                                                    | R870                                                                                                                                                                                                                                                        | R999                                                                                                                                                                                                                                                                              |
| Day-to-day benefit   | Annual  Annual day-to-day benefit | R1 226                                                                                                                                                                                                                                                      | R3 380                                                                                                                                                                                                                                                                            |
|                      |                                                                                                                    | Set limits per benefit category                                                                                                                                                                                                                             | Annual pool of funds for out-of-hospital expenses                                                                                                                                                                                                                                 |
|                      |                                                                                                                    | Nominated network GP consults                                                                                                                                                                                                                               | M+0: R7 272                                                                                                                                                                                                                                                                       |
|                      |                                                                                                                    | Network specialist consults                                                                                                                                                                                                                                 | M+1: R10 392                                                                                                                                                                                                                                                                      |
|                      |                                                                                                                    | Preventative dentistry                                                                                                                                                                                                                                      | M+2: R12 468                                                                                                                                                                                                                                                                      |
|                      |                                                                                                                    | Acute medication, pathology, radiology                                                                                                                                                                                                                      | M+2+:R13 512                                                                                                                                                                                                                                                                      |
|                      |                                                                                                                    | Pharmacy medication (OTC)                                                                                                                                                                                                                                   | Sub-limits apply on certain benefit categories                                                                                                                                                                                                                                    |
|                      |                                                                                                                    | Optometry                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |
|                      |                                                                                                                    | MRI/CT scans (in- and out-of-hospital)                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                   |
|                      |                                                                                                                    | Physical therapy                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                   |
| Additional benefits  |                                                                                                                    |  3 virtual GP consults per family per annum                                                                                                                                |  Optical benefits<br> Basic and advanced dentistry                                                          |
|                      |                                                                                                                    |                                                                                                                                                                                                                                                             |  Unlimited network GP consults once day-to-day benefit is depleted<br> MRI/CT scans in- and out-of-hospital |
| Maternity            | During pregnancy                                                                                                   | ✓                                                                                                                                                                                                                                                           | ✓                                                                                                                                                                                                                                                                                 |
|                      | Hospital birth cover                                                                                               | ✓                                                                                                                                                                                                                                                           | ✓                                                                                                                                                                                                                                                                                 |
|                      | Post-birth benefit                                                                                                 | ✓                                                                                                                                                                                                                                                           | ✓                                                                                                                                                                                                                                                                                 |
|                      | Infant & childcare                                                                                                 |                                                                                                                                                                                                                                                             | ✓                                                                                                                                                                                                                                                                                 |
| Mental health        | PMB                                                                                                                | 21 days for admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder |                                                                                                                                                                                                                                                                                   |
|                      | Additional out-of-hospital consults                                                                                | ✓ Stress and anxiety benefit                                                                                                                                                                                                                                | ✓ R5 200 pf, subject to the Enhanced in-hospital benefit                                                                                                                                                                                                                          |
|                      | Enhanced in-hospital benefit                                                                                       |                                                                                                                                                                                                                                                             | ✓ R10 390 pf                                                                                                                                                                                                                                                                      |
| Chronic benefits     | 27 PMB conditions                                                                                                  | ✓                                                                                                                                                                                                                                                           | ✓                                                                                                                                                                                                                                                                                 |
|                      | Additional conditions                                                                                              | Depression                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                   |
| Cancer               |                                                                                                                    | PMB                                                                                                                                                                                                                                                         | R259 750                                                                                                                                                                                                                                                                          |
| Hospital cover       | Use network facilities for planned procedures                                                                      | Unlimited hospitalisation / Full cover for network Specialists in-hospital                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                   |
|                      |                                                                                                                    | ✓                                                                                                                                                                                                                                                           | ✓                                                                                                                                                                                                                                                                                 |

## TRADITIONAL PLANS

### AVAILABLE ON ALL PLANS

-  Child rates up to age 27
-  Only pay for first 3 children

-  Screening benefits
-  Wellness benefits
-  Preventative benefits
-  30-day post-hospitalisation benefit
-  Trauma treatment in a casualty ward

 Upgrade to a higher plan within 30 days of a life-changing event

# Traditional Plans

## Contributions

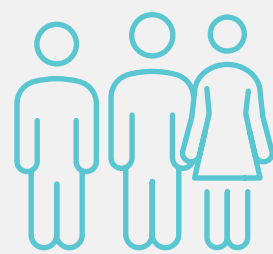
### Plan contributions

|                              | PRINCIPAL MEMBER | ADULT DEPENDANT | CHILD |
|------------------------------|------------------|-----------------|-------|
| sureFED <sup>Essential</sup> | R1 940           | R1 845          | R870  |
| sureFED <sup>Plus</sup>      | R3 565           | R3 115          | R999  |

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



# sureFED

## Day-to-day benefits



We're rewarding members' smart health choices with up to R3 380 in extra Day-to-Day benefits.

| sureFED <sup>Essential</sup> | sureFED <sup>Plus</sup> |
|------------------------------|-------------------------|
| R1 226                       | R3 380                  |

Please note that D2D+ Rand amounts listed are annual family amounts.

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, **sureFED** members can unlock an extra amount of up to R3 380 to use for Day-to-Day medical expenses. These expenses will first be covered by your D2D+ benefit up to the Fedhealth Rate once it is activated. After this benefit is exhausted, any remaining expenses will be paid from your Day-to-Day benefits:

- GP consultations
- Specialist consultations
- Basic dentistry
- Prescribed medication
- Pathology
- General radiology

This benefit will bring even more Day-to-Day value for members!

| sureFED <sup>Essential</sup>           |                                                                     |
|----------------------------------------|---------------------------------------------------------------------|
| Set limits per benefit category        |                                                                     |
| Nominated network GP consults          | M+0:4; M+1+: 7                                                      |
| Network specialist consults            | 2 consults (up to R2 310 per family)                                |
| Preventative dentistry                 | 1 visit at a dentist + 1 visit at an oral hygienist per beneficiary |
| Acute medication, pathology, radiology | R1 870 per family (defined list)                                    |
| Pharmacy medication (OTC)              | R156 per script (R623 pf per annum)                                 |
| Optometry                              | R1 970 per beneficiary every 2 years at DSP                         |
| MRI/CT scans (in- and out-of-hospital) | R12 570 per family per annum (co-pay for non-PMBs)                  |
| Physical therapy                       | 2 consults per beneficiary per annum (R80 co-pay applies)           |

| Additional benefit                         |  |
|--------------------------------------------|--|
| 3 virtual GP consults per family per annum |  |

| sureFED <sup>Plus</sup>                           |  |
|---------------------------------------------------|--|
| Annual pool of funds for out-of-hospital expenses |  |

M+0: R7 272 | M+1: R10 392 | M+2: R12 468 | M+2+:R13 512  
Sub-limits apply on certain benefit categories

| Additional benefits          |                                                                   |
|------------------------------|-------------------------------------------------------------------|
| Optical benefits             | Unlimited network GP consults once day-to-day benefit is depleted |
| Basic and advanced dentistry | MRI/CT scans in- and out-of-hospital                              |

### Additional benefits that extend your cover



Screening benefits



Wellness benefits



Preventative benefits



30-day post-hospitalisation benefit



Trauma treatment in a casualty ward



Female contraceptives

# Screening, wellness and extra value-added benefits

Apart from a host of screening, preventative and wellness benefits, also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.



# Screening & Wellness Benefit



For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Screening Benefit**.

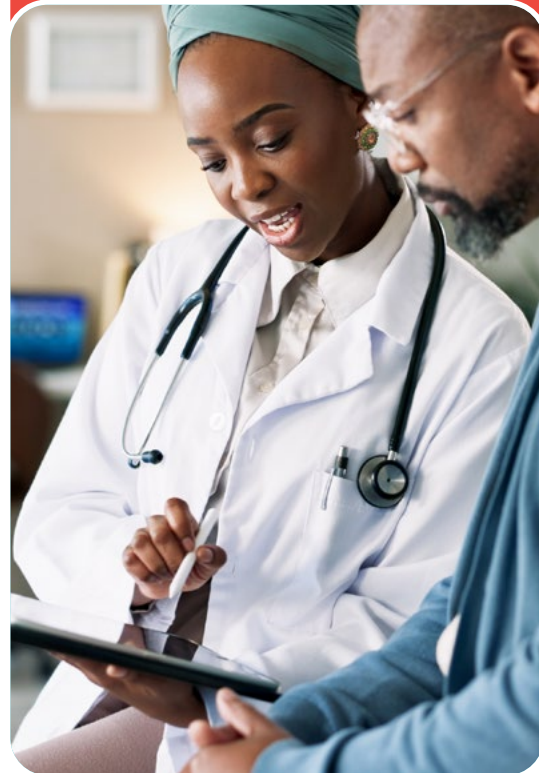
| BENEFIT                                                    |                                                                                                                                                                                                                             |                                                                                                                | sureFED <sup>Essential</sup>                                                                                                  | sureFED <sup>Plus</sup>                                                       |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| WELLNESS BENEFITS                                          |                                                                                                                                                                                                                             |                                                                                                                |                                                                                                                               |                                                                               |
| Mental wellness                                            | Mental health consultations                                                                                                                                                                                                 |                                                                                                                | No benefit unless PMB                                                                                                         | Limited to R5 200 per family subject to the in-hospital Mental Health benefit |
|                                                            | Depression medication                                                                                                                                                                                                       |                                                                                                                | R2 370 per beneficiary subject to an approved list of medications                                                             | R2 490 per beneficiary subject to an approved list of medications             |
|                                                            | Stress and Anxiety benefit                                                                                                                                                                                                  |                                                                                                                | Two virtual consultations per beneficiary which can be used via any virtual mental health platform, this is a non PMB benefit |                                                                               |
| Wellness resources and digital tools                       | <b>Mental Health Resource Hub:</b><br>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. |                                                                                                                | ✓                                                                                                                             | ✓                                                                             |
|                                                            | <b>Mental Health Survey:</b><br>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                                | All lives                                                                                                                                                                                                                   | 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                                                                                           | –                                                                                                                             | ✓                                                                             |
| CHILDREN'S HEALTH                                          |                                                                                                                                                                                                                             |                                                                                                                |                                                                                                                               |                                                                               |
| Immunisation Programme (as per State EPI)*                 | Birth to age 12                                                                                                                                                                                                             |                                                                                                                | ✓                                                                                                                             | ✓                                                                             |
| Infant hearing screening test and consultation**           | Birth up to 8 weeks of age                                                                                                                                                                                                  | 1 per newborn beneficiary                                                                                      | ✓                                                                                                                             | ✓                                                                             |
| Vision screening for retinopathy of prematurity            | Babies under 1.5kg or born before 32 weeks                                                                                                                                                                                  | 2 tests and consultations                                                                                      | –                                                                                                                             | ✓                                                                             |
| Paediatric consultation                                    | Birth up to age 1                                                                                                                                                                                                           | 1 Paediatric consultation, with no referral required from GP                                                   | –                                                                                                                             | ✓                                                                             |
| HPV vaccine and administration* Cervarix and Gardasil only | Girls aged 9-16                                                                                                                                                                                                             | Two doses per lifetime                                                                                         | –                                                                                                                             | ✓                                                                             |

\* Combined administration of vaccination benefit limit of 15 per annum per family  
\*\*Add newborns within 30 days

| BENEFIT                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                                      | sureFED <sup>Essential</sup> | sureFED <sup>Plus</sup> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|
| WOMEN'S HEALTH                                                                          |                                                             |                                                                                                                                                                                                                                                                                                                      |                              |                         |
| Cervical cancer screening (Pap smear)                                                   | Women aged 21 - 65                                          | 1 test every 3 years                                                                                                                                                                                                                                                                                                 | ✓                            | ✓                       |
| Cervical cancer screening pharmacy consultation                                         | Women aged 21 - 65                                          | 1 consultation every 3 years                                                                                                                                                                                                                                                                                         | –                            | ✓                       |
| HPV PCR test                                                                            | Women                                                       | 1 test every 5 years                                                                                                                                                                                                                                                                                                 | –                            | ✓                       |
| Contraceptives                                                                          | Women up to age 55                                          | Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to non-contraceptive treatment (e.g. pills prescribed for acne.)                                                            | ✓                            | ✓                       |
|                                                                                         |                                                             | Contraceptive implants and Intrauterine Devices:<br>Limited to 1 every 2 years                                                                                                                                                                                                                                       | –                            | ✓                       |
| Emergency oral contraceptive benefit                                                    | Women up to age 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                                                                                                                                                                                                                                                                                                      | –                            | ✓                       |
| 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                                                                                                                                                                                                                                                                                                         | ✓                            | ✓                       |
| Weight management programme                                                             | Limited to 1 qualifying enrolment per beneficiary per annum | 2 Psychotherapy consultations<br>2 Dietician consultations<br>2 GP consultations<br>12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions)<br>Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test) | ✓                            | ✓                       |

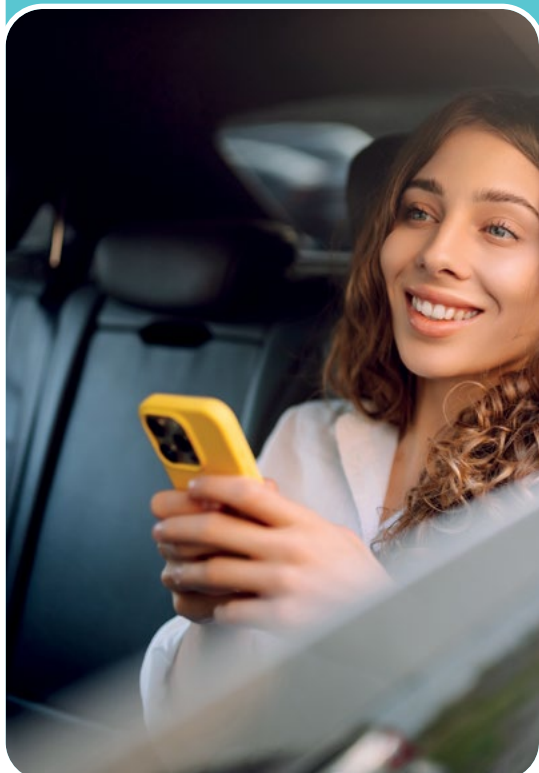
# PLUS, the following support and assistance:

## 30-day Post-hospitalisation benefit



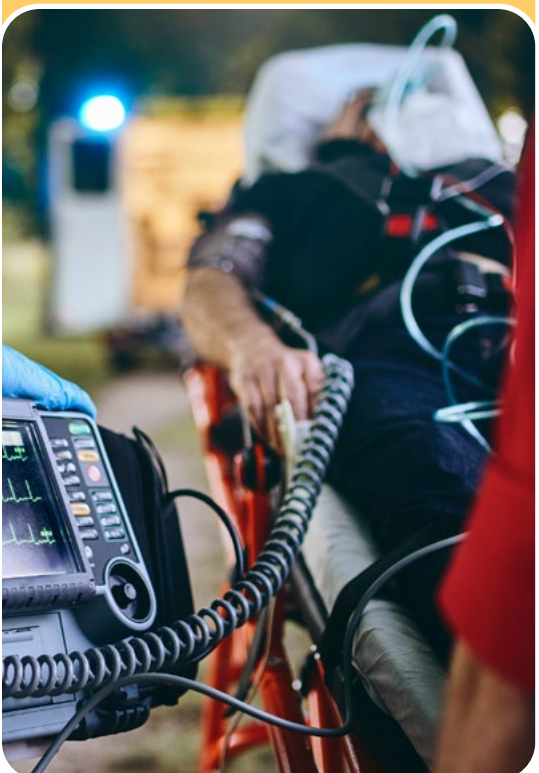
Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Scheme Risk benefits and not your Day-to-Day benefits. This includes post-hospital treatment for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

## MediTaxi service



Members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

## Emergency assistance



Members can bank on the following assistance in emergency medical situations:

**Emergency Medical Benefit:** Azoza 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.



**Click here** to access ZOOM on 30-day Post-hospitalisation Benefit.



**Click here** to access ZOOM on Weight Management Programme.



**Click here** to access ZOOM on MediTaxi Service.



**Click here** to access ZOOM on Screening Benefit.



**Click here** to access ZOOM on Emergency Assistance.



# Traditional Plans

## Day-to-Day Benefits

Here’s an overview of the Day-to-Day benefits (and their limits) that are available on the sure**FED** options. These include benefits like network and non-network GP visits, chronic medication and specialised radiology.

| BENEFIT                                                                                                 | sure <b>FED</b> Essential                                                                                                                                                                      | sure <b>FED</b> Plus                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ANNUAL DAY-TO-DAY BENEFIT                                                                               | Subject to sub-limits per benefit category                                                                                                                                                     | M+0: R7 272<br>M+1: R10 392<br>M+2: R12 468<br>M+2+: R13 512                                                                                                                        |
| NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS                                                         | M+0: 4 consultations with a nominated network GP per year.<br>M+1+: maximum of 7 consultations with a nominated network GP per year.<br>Virtual GP consults limited to 3 per family per annum. | In Network & nominated; subject to Annual Day-to-day benefit.<br>Once Annual Day-to-Day Benefit is depleted, unlimited consultations with a 20% co-payment at Nominated Network GP. |
| NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS<br>When you have not consulted your nominated network GP | Limited to 2 consultations per family per year with either a non-network or a non-nominated network GP.                                                                                        | Limited to 2 consultations per beneficiary per year with either a non-network or a non-nominated network GP with a 30% co-payment.                                                  |
| NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (REQUIRES REFERRAL FROM A GP)                       | Limited to 2 consultations up to a maximum of R2 310 per family per year.<br>30% co-payment if referral is not obtained.                                                                       | Limited to 2 consultations up to a maximum of R2 600 per family per year.<br>Subject to the Annual Day-to-Day benefit.<br>40% co-payment if referral from GP is not obtained.       |
| NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (REQUIRES REFERRAL FROM A GP)                   | Covered up to 70% of the Fedhealth Rate & subject to the in-network specialist benefit.<br>30% co-payment if GP referral is not obtained.                                                      | Covered up to 80% of the Fedhealth Rate & subject to the in-network specialist benefit.<br>40% co-payment if GP referral is not obtained.                                           |
| TRAUMA TREATMENT IN A CASUALTY WARD                                                                     | Trauma treatment covered unlimited up to the Fedhealth Rate.<br>Authorisation must be obtained within 48 hours and a co-payment of R910 per visit for non-PMBs applies.                        |                                                                                                                                                                                     |

| BENEFIT                                                                                                                                                                                                            | sureFED <sup>Essential</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sureFED <sup>Plus</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BASIC DENTISTRY</b><br>Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician’s fees for all such surgery. | <b>1 visit per annum to a network dentist which includes the following:</b> <ul style="list-style-type: none"><li>• A consultation</li><li>• Intra oral radiographs</li><li>• Scale and polishing</li><li>• Infection control (gloves and masks)</li><li>• Instrument sterilisation</li></ul> <b>1 visit per annum to an oral hygienist which includes the following:</b> <ul style="list-style-type: none"><li>• A consultation</li><li>• Scale and polishing</li><li>• Infection control (gloves and masks)</li><li>• Instrument sterilisation</li></ul> | Limited to the Specialised Dentistry benefit, once benefit depleted subject the Annual day-to day benefit.<br><br><b>Limits apply to the below benefits as follows:</b> <ul style="list-style-type: none"><li>• Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum</li><li>• Sterilised instrumentation – 2 per beneficiary per annum limited to 1 per visit</li><li>• Infection Control (gloves and masks) – 4 per beneficiary per annum limited to 2 per visit</li></ul><br><b>The following is limited to 2 per beneficiary per annum:</b> <ul style="list-style-type: none"><li>• Consultations</li><li>• Intra Oral Radiographs</li><li>• Scale and Polishing</li><li>• Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)</li><li>• Topical Application of Fluoride for adults</li></ul> |
| <b>ADVANCED DENTISTRY</b><br>inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians                | No benefit unless PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Limited to R3 640 per family, once benefit depleted subject to Annual Day-to-day benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Osseo-integrated implants, orthognathic surgery                                                                                                                                                                    | No benefit unless PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>ADDITIONAL MEDICAL SERVICES</b><br>Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing, psychologists, social workers, speech therapy | No benefit unless PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Subject to a combined limit with Physical Therapy of R3 120 per family subject to the Annual day-to-day benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>ALTERNATIVE HEALTHCARE</b><br>Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)                                                                               | No benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Subject to a combined limit with Physical Therapy of R3 120 per family subject to the Annual day-to-day benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS</b><br>Hearing aids, wheelchairs, etc.                                                                                                                           | No benefit unless PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Subject to the Annual day-to-day benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>MEDICINES AND INJECTION MATERIAL</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Acute medicine                                                                                                                                                                                                     | Limited to R1 870 per family.<br>Subject to acute formulary, 30% co-payment for use of non-formulary medication                                                                                                                                                                                                                                                                                                                                                                                                                                            | M+0: R1 560<br>M+1+: R3 120 maximum family limit, subject to Annual day-to-day benefit.<br>Subject to acute formulary, 30% co-payment for use of non-formulary medication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Chronic medicine                                                                                                                                                                                                   | Please see chronic medicine benefit on page 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Over-the-counter medicine                                                                                                                                                                                          | Limited to R156 per script to a family limit of R623 per annum.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Limited to R623 per beneficiary to a family limit of R1 560 per annum. Limited to 1 script per day subject to acute medicine benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| BENEFIT                                                | sureFED <sup>Essential</sup>                                                                                                                   | sureFED <sup>Plus</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPTICAL BENEFIT                                        | Subject to R1 970 pb, based on a two-year benefit cycle.<br>Subject to IsoLeso Optometrist Network.                                            | Based on a two-year benefit cycle.<br>Subject to ISOLeso Optometrist Network.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Consultations                                          | Limited to one comprehensive examination per beneficiary.<br>With a R104 co-payment.<br>Subject to the Optical Limit                           | At network optometrist: Limited to one comprehensive examination per beneficiary covered at 100% of scheme rate.<br>At non-network optometrist: covered up to R436 per beneficiary                                                                                                                                                                                                                                                                                                                                                                                                                |
| Spectacle lenses                                       | Limited to 1 pair of clear CR39 single vision spectacle lenses.<br>With a R104 co-payment.<br>Subject to the Optical Limit                     | 1 pair of lenses every 24 months.<br><b>The pair of lenses can be either:</b><br>Single Vision Lenses (Clear), covered at 100% of scheme rate at network optometrists (or R229 pb per lens at non-network optometrists).<br><b>OR</b><br>Bifocal Lenses (Clear), covered at 100% of scheme rate at network optometrists (or R500 pb per lens at non-network optometrists).<br><b>OR</b><br>Multifocal Lenses, covered at 100% of scheme rate of base lenses at network optometrists, or limited to a maximum of R935 per designer lens, per beneficiary, at network and non-network optometrists. |
| Frames and/or lens enhancements                        | Limited to R779 per beneficiary.<br>With a R104 co-payment.<br>Subject to the Optical Limit                                                    | At network optometrist: Limited to R826 per beneficiary covered at 100% of scheme rate.<br>At non-network optometrist: covered up to R520 per beneficiary.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Contact lenses                                         | No benefit                                                                                                                                     | R1 590 per beneficiary at network optometrists and R1 517 per beneficiary at non-network providers.<br>If frames and lenses were previously claimed, then no benefit applies.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PATHOLOGY AND MEDICAL TECHNOLOGY                       | Subject to the Acute Medication Benefit limit of R1 870.<br>Subject to basic protocols and a limited list of tests and specified tariff codes. | Subject to a combined limit with Basic Radiology of R2 080 per family subject to the Annual day-to-day benefit.<br>Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers.                                                                                                                                                                                                                                                                                                                                                  |
| GENERAL RADIOLOGY                                      | Subject to the Acute Medication Benefit limit .<br>Subject to basic protocols and a limited list of tests and specified tariff codes.          | Subject to a combined limit with Pathology of R2 080 per family subject to the Annual day-to-day benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SPECIALISED RADIOLOGY<br>Pre-authorisation is required | Limited to R12 570 per family, in and out-of-hospital at Fedhealth Rate.<br>First R2 910 for non-PMB MRI/ CT scans for member's account        | Limited to R14 640 per family, in and out-of-hospital at Fedhealth Rate.<br>First R2 600 for non-PMB MRI/ CT scans for member's account                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Oncology PET and PET/CT scans                          | No benefit unless PMB level of care                                                                                                            | 2 PET scan per family per annum limited to the oncology benefit.<br>DSP Network applicable or a R5 890 co-payment for non-DSP use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| BENEFIT                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sureFED <sup>Essential</sup>                                                                                                    | sureFED <sup>Plus</sup> |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                         |
| Non-surgical procedures & tests: Specified non-surgical procedures in practitioner's rooms (subject to authorisation) | Gastroscopy (no general anaesthetic will be paid for)<br>Colonoscopy (no general anaesthetic will be paid for)<br>Flexible sigmoidoscopy<br>Indirect laryngoscopy<br>Removal of impacted wisdom teeth<br>Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)<br>Fine needle aspiration biopsy<br>Excision of nailbed<br>Drainage of abscess or cyst<br>Injection of varicose veins<br>Excision of superficial benign tumours<br>Superficial foreign body removal<br>Nasal plugging for epistaxis<br>Cauterisation of warts<br>Bartholin cyst excision |                                                                                                                                 |                         |
| <b>PHYSICAL THERAPY</b><br>Chiropractics, biokinetics and physiotherapy                                               | 2 consultations per beneficiary per annum with a R80 co-payment.<br>Covers sports and non-sports related injuries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Subject to a combined limit with Additional Medical Services of R3 120 per family.<br>Subject to the Annual day-to-day benefit. |                         |

# Maternity and Childhood Benefits



# Maternity and Childhood Benefits

sureFED 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 | Mom Maternity Care Programme, paediatric consults, immunisations and the Paed IQ advice line.



| BENEFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              | sureFED <sup>Essential</sup>            | sureFED <sup>Plus</sup> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|
| During pregnancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                         |                         |
| FEDHEALTH BABY   MOM MATERNITY CARE PROGRAMME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                         |                         |
| <p>Online Doula-on-Call consultation* to activate member’s enrolment PLUS a R500 voucher once Doula consultation is completed.</p> <p>A personal Doula (area dependent) from our Preferred Doula list.</p> <p>Up to R4 000 in vouchers and gifts along member’s pregnancy journey.</p> <p>Weekly pregnancy updates (and every second week for spouse).</p> <p>Doula benefit of R5 000.</p> <p>Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings.</p> <p>Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop.</p> <p>Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes.</p> <p>A midwife appointment - R500 voucher after appointment.</p> <p>A R1 000 voucher if member gives birth at a preferred birthing facility.</p> <p>24-hour medical advice line.</p> <p>Trimester calls from our friendly consultants.</p> <p>Doula-on-Call support throughout pregnancy.</p> <p>Post-birth Doula check-in</p> <p>Online lactation consultation.</p> <p>Handy Fedhealth baby bag, filled with essential baby products.</p> <p><small>*We know not every mum qualifies for Doula care due to medical reasons and therefore will receive a lesser value of certain Vouchers as above. Please speak to our team about the alternative programme benefits.</small></p> |                                                                                              | –                                       | ✓                       |
| MAIN BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                         |                         |
| Antenatal (or postnatal) consultations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist.        | ✓<br>(gynae limited to 2 consultations) | ✓                       |
| Antenatal scans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 x 2D antenatal scans                                                                       | ✓                                       | ✓                       |
| Amniocentesis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 amniocentesis                                                                              | ✓                                       | ✓                       |
| Antenatal classes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Antenatal classes up to R1 250 conducted by Private Nurses                                   | ✓                                       | ✓                       |
| BIRTH-RELATED BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                         |                         |
| Private ward cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Private ward cover (when available) for delivery                                             | –                                       | –                       |
| Doula benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | R5 000 per delivery for a doula (birthing coach) to assist mothers during natural childbirth | –                                       | ✓                       |

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 28 to see benefits related to maternity confinement in-hospital.



Click here to access ZOOM on Maternity and Childhood Benefits.

| BENEFIT                                                       |                                                                                                                                               |                                                                                                                                                      | sureFED <sup>Essential</sup>              | sureFED <sup>Plus</sup>             |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|
| Post-birth benefits                                           |                                                                                                                                               |                                                                                                                                                      |                                           |                                     |
| Postnatal (or antenatal) consultations                        | 6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist                                                          |                                                                                                                                                      | ✓<br>(gynae limited to 2 consultations)   | ✓                                   |
| Vision screening for retinopathy of prematurity               | Babies under 1.5kg or born before 32 weeks                                                                                                    | 2 tests and consultations                                                                                                                            | –                                         | ✓                                   |
| Infant hearing screening test**                               | Birth up to 8 weeks of age                                                                                                                    | 1 per newborn beneficiary                                                                                                                            | ✓                                         | ✓                                   |
| Paediatric consultation                                       | Birth up to age 1                                                                                                                             | 1 Paediatric consultation, with no referral required from GP                                                                                         | Paid from specialist consultation benefit | ✓                                   |
| Online post-birth lactation and breastfeeding consultations   | Exclusively available to members on Fedhealth Baby   Mom Maternity Care Programme                                                             |                                                                                                                                                      | –                                         | ✓                                   |
| Appliances                                                    | Breast pumps and nebulisers                                                                                                                   |                                                                                                                                                      | –                                         | Paid from annual day-to-day benefit |
| CHILD CARE                                                    |                                                                                                                                               |                                                                                                                                                      |                                           |                                     |
| Immunisation programme and administration* (as per State EPI) | Birth to age 12                                                                                                                               |                                                                                                                                                      | ✓                                         | ✓                                   |
| HPV vaccine and administration* Cervarix and Gardasil only    | Girls aged 9-16                                                                                                                               | Two doses per lifetime                                                                                                                               | –                                         | ✓                                   |
| Childhood illness specialised drug benefit                    | All children up to age 18                                                                                                                     | Growth Hormone medication<br>Palivizumab for Respiratory Syncytial Virus<br>Botulinum Toxin<br>Juvenile Idiopathic / Rheumatoid Arthritis medication | –                                         | ✓                                   |
| 24-HOUR PAED-IQ ADVICE LINE                                   | Once your baby is born, access to paediatric nurse helpline 24 hours a day.<br>This advice line can be used until your child is 14 years old. |                                                                                                                                                      | ✓                                         | ✓                                   |

Please note:

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

# Chronic Medicine Benefits



# Chronic Medicine Benefits

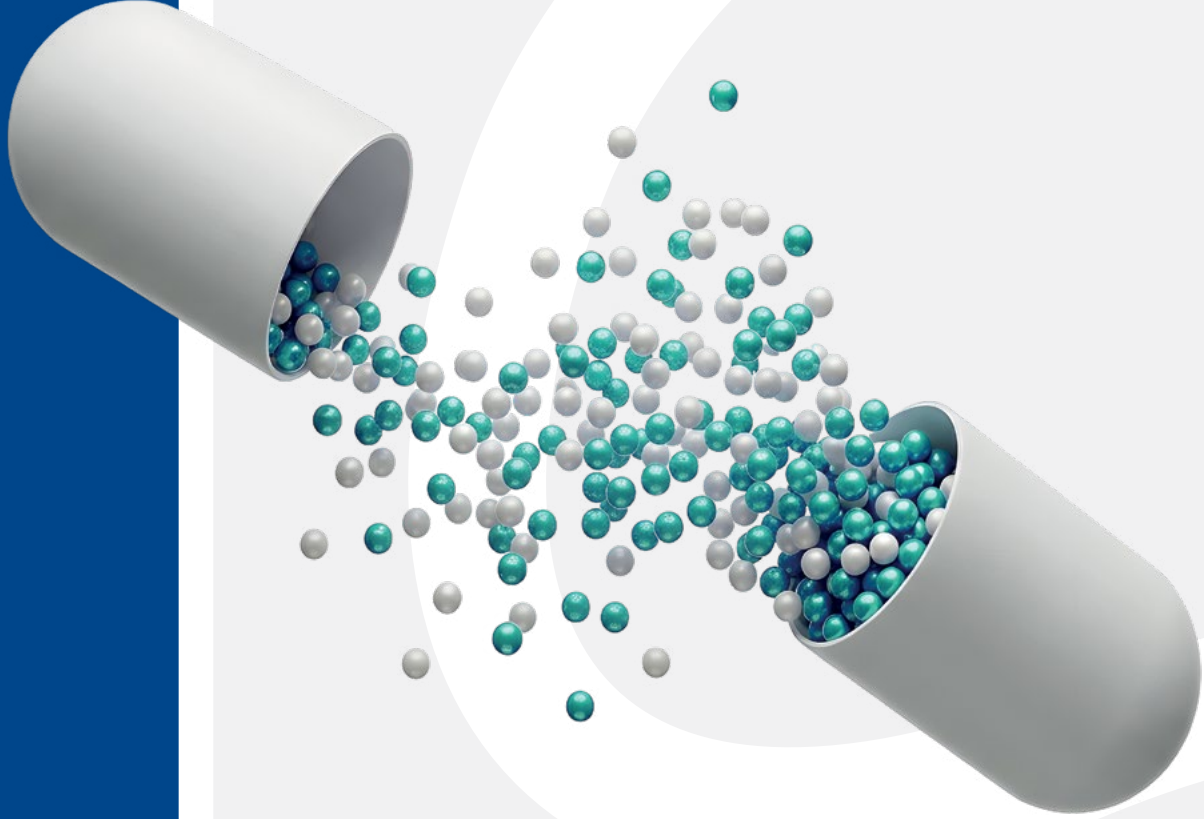
 For full benefit information, how to access or register, applicable DSPs, formularies and protocols, [click here](#) to access **ZOOM on Chronic Medicine Benefit**.

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

|                                                                                                                           | sureFED <sup>Essential</sup>                                                                                                                                                                  | sureFED <sup>Plus</sup>                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LIMIT</b><br>                         | Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL)<br>Depression medication - R2 370 per beneficiary subject to an approved list of medications. | Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL)<br>Depression medication - R2 490 per beneficiary subject to an approved list of medications. |
| <b>FORMULARY</b><br>                    | Basic formulary or a 30% co-payment for non-use of formulary medication.                                                                                                                      | Basic formulary or a 30% co-payment for non-use of formulary medication.                                                                                                                      |
| <b>PHARMACY</b><br>                    | Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.                                                                                                              | Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP.                                                                                                              |
| <b>HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS</b> |                                                                                                                                                                                               |                                                                                                                                                                                               |
| Limit                                                                                                                     | Unlimited                                                                                                                                                                                     |                                                                                                                                                                                               |

### 27 Chronic conditions on the Chronic Disease List (CDL):

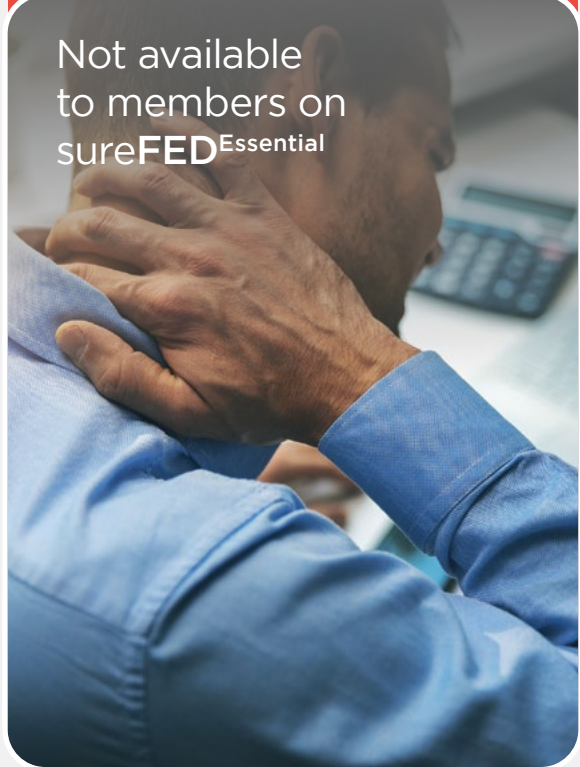
- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- COPD/ Emphysema/ Chronic Bronchitis
- Chronic Renal Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus type 1 & 2
- Dysrhythmias
- Epilepsy
- Glaucoma
-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



# Managed Care



OrthoCare



Not available to members on sureFED<sup>Essential</sup>

The Fedhealth OrthoCare Spinal Programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.



Click here to access ZOOM on OrthoCare Spinal Programme.

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.



Click here to access ZOOM on AfA HIV Management Programme.

Weight Management Programme



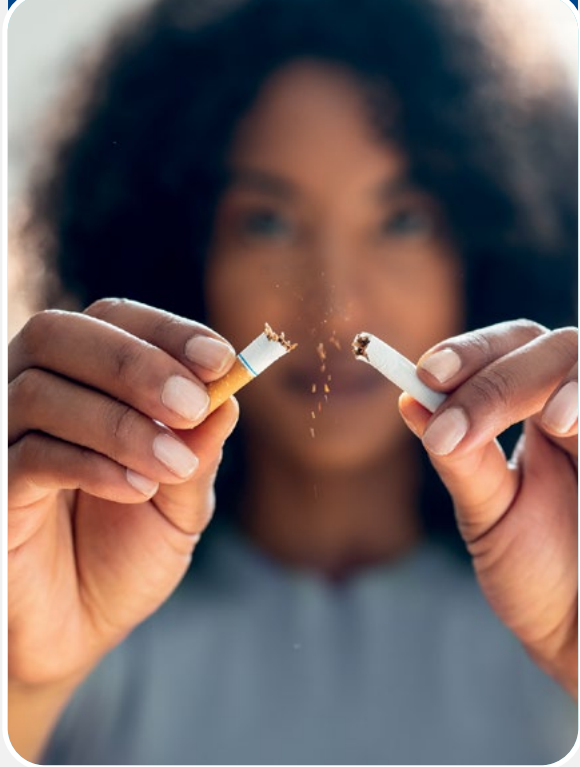
The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 psychologist consultations, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.



Click here to access ZOOM on Weight Management Programme.

Smoking Cessation Programme

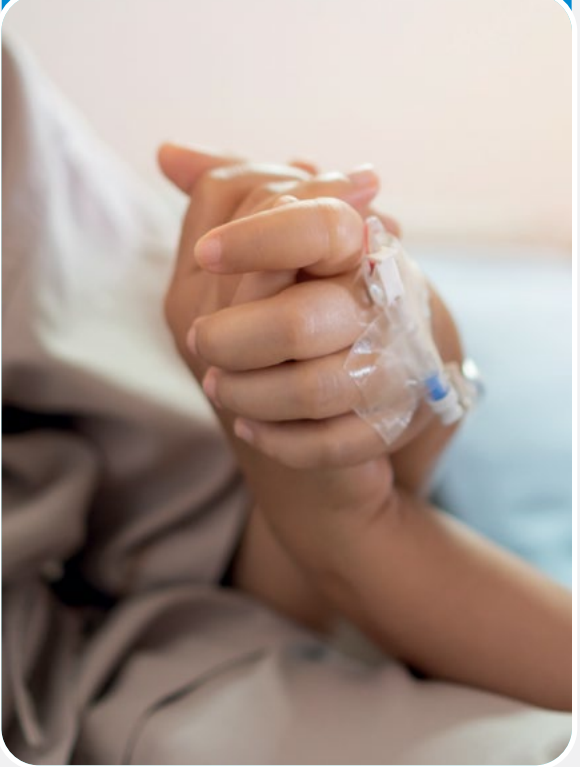


Members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree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



Click here to access ZOOM on Smoking Cessation Programme.

Alignd Palliative Care Programme



This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.



Click here to access ZOOM on Alignd Palliative Care Programme.

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.



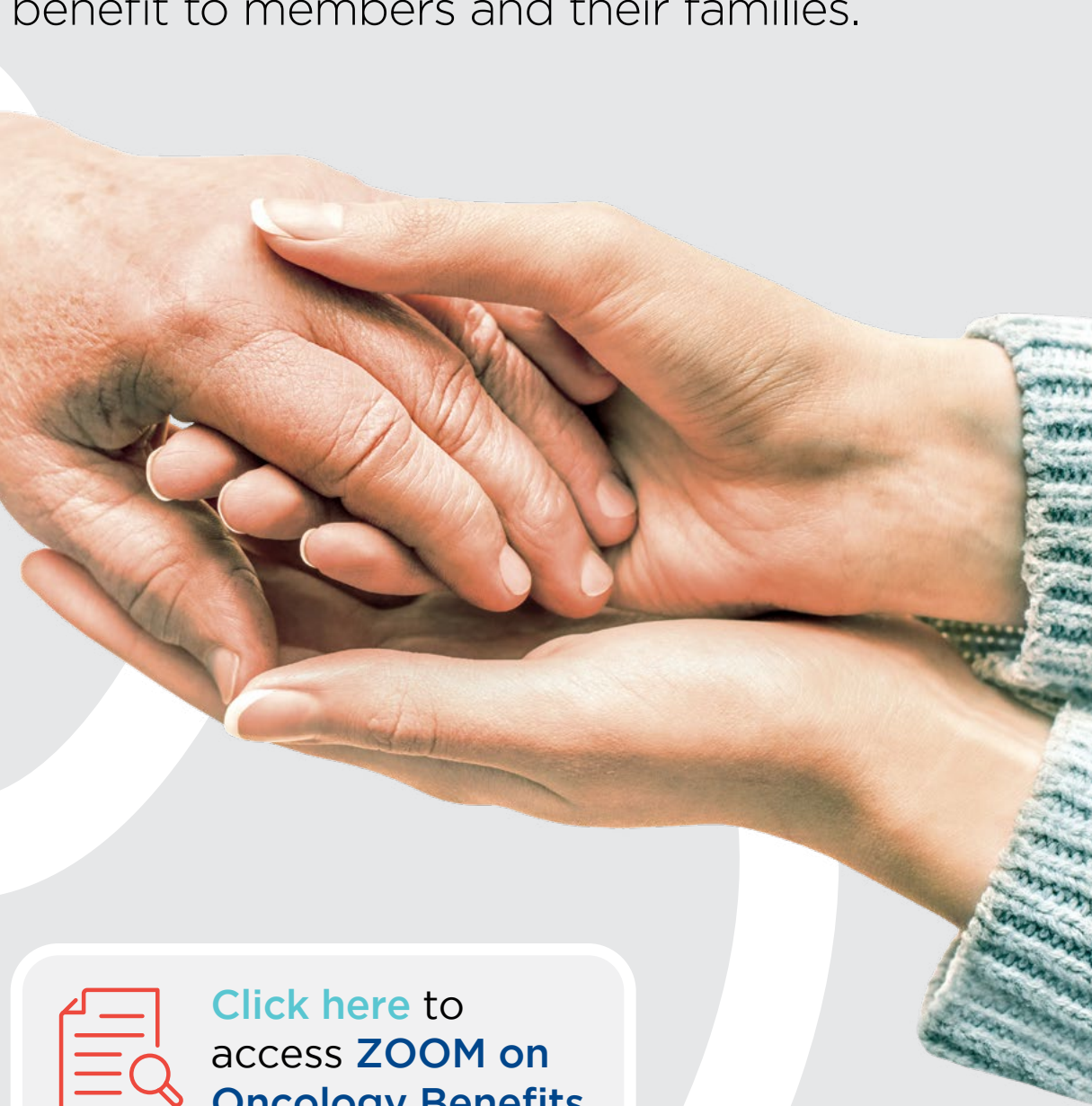
Click here to access ZOOM on Hospital at Home Benefit.

# Oncology Benefits



# Oncology Benefits

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different, and as such we aim to provide relief through benefits like the Alignd Palliative Care Programme, as well as the Terminal Care benefit to members and their families.



 [Click here](#) to access **ZOOM** on Oncology Benefits.

On **sureFED<sup>Essential</sup>**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On **sureFED<sup>Plus</sup>**, oncology is covered up to R259 750 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

| BENEFIT                                                                                                                                                                                                                                                                                                               | sureFED <sup>Essential</sup>                                        | sureFED <sup>Plus</sup>                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>ONCOLOGY LIMIT</b><br>The use of non-DSP will attract a 25% upfront co-payment.                                                                                                                                                                                                                                    | Covered up to PMB level of care                                     | R259 750                                                                                                                          |
| Active treatment period                                                                                                                                                                                                                                                                                               | Covered up to PMB level of care.<br>ICON Essential Protocols apply. | Subject to Oncology limit.<br>ICON Essential Protocols apply.                                                                     |
| <b>ONCOLOGY AND ONCOLOGY MEDICINE</b><br>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. | Covered up to PMB level of care.<br>ICON Essential Protocols apply. | Subject to Oncology limit.<br>ICON Essential Protocols apply.                                                                     |
| Radiology and pathology                                                                                                                                                                                                                                                                                               | Covered up to PMB level of care                                     | Subject to Oncology limit.                                                                                                        |
| PET and PET-CT scans                                                                                                                                                                                                                                                                                                  | No benefit unless PMB level of care                                 | Subject to Oncology limit.<br>Limited to 2 per family per year.<br>DSP Network applicable or a R5 890 co-payment for non-DSP use. |
| Specialised drugs for oncology                                                                                                                                                                                                                                                                                        | No benefit                                                          |                                                                                                                                   |
| Brachytherapy materials                                                                                                                                                                                                                                                                                               | No benefit                                                          |                                                                                                                                   |
| <b>TERMINAL CARE</b>                                                                                                                                                                                                                                                                                                  | Unlimited at cost at PMB level of care                              | R36 960                                                                                                                           |

## Alignd Palliative Care Programme

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

# Mental Health Benefits



# Mental Health Benefits

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 the **sureFED** options to provide members with mental health care and support.



 [Click here](#) to access **ZOOM on Mental Health Benefits.**

| BENEFIT                                         |                                                                                                                                                                                                                             | sureFED <sup>Essential</sup>                                                                                                                                                                                                                                                                                                                                         | sureFED <sup>Plus</sup>                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WELLNESS RESOURCES AND DIGITAL TOOLS            | Mental health consultations                                                                                                                                                                                                 | Two virtual consultations per beneficiary which can be used via any virtual mental health platform                                                                                                                                                                                                                                                                   | Mental Health Consultations out of hospital - Limited to R5 200 per family subject to the Mental health in hospital benefit                                                                                                                                                                                                                          |
|                                                 | <b>Mental Health Resource Hub:</b><br>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. | ✓                                                                                                                                                                                                                                                                                                                                                                    | ✓                                                                                                                                                                                                                                                                                                                                                    |
|                                                 | <b>Mental Health Survey:</b><br>Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.                                                                            | ✓                                                                                                                                                                                                                                                                                                                                                                    | ✓                                                                                                                                                                                                                                                                                                                                                    |
| OVERVIEW OF PMBS FOR MENTAL HEALTH              |                                                                                                                                                                                                                             | Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder.<br>Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.      |                                                                                                                                                                                                                                                                                                                                                      |
| CONSULTATIONS                                   |                                                                                                                                                                                                                             | 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement.<br><b>Stress and Anxiety Benefit:</b><br>Two virtual consultations per beneficiary which can be used via any virtual mental health platform. | 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement.<br><b>Additional consults:</b><br>Mental Health Consultations out of hospital - Limited to R5 200 per family subject to the. |
| CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS |                                                                                                                                                                                                                             | Covered under PMBs for qualifying conditions.<br>Depression medication - R2 370 per beneficiary subject to an approved list of medications.                                                                                                                                                                                                                          | Covered under PMBs for qualifying conditions.<br>Depression medication - R2 490 per beneficiary subject to an approved list of medications.                                                                                                                                                                                                          |
| MENTAL HEALTH PROGRAMME                         |                                                                                                                                                                                                                             | No access to programme.                                                                                                                                                                                                                                                                                                                                              | Limited to R10 000 per enrolling beneficiary.<br>Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as consultations with psychiatrists, psychologists, GPs or other mental health providers.                                                                                    |
| PSYCHIATRIC HOSPITALISATION                     |                                                                                                                                                                                                                             | No benefit unless PMB level of care                                                                                                                                                                                                                                                                                                                                  | R10 390                                                                                                                                                                                                                                                                                                                                              |

# Hospital Cover



# Unlimited Hospital Cover

The **sureFED** options, like 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, or you will have to pay a penalty of R1000.



## 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 70% of the Fedhealth Rate on **sureFED<sup>Essential</sup>** and 100% of the Fedhealth Rate on **sureFED<sup>Plus</sup>**.
- **Selected procedures in day wards and day clinics** on the Fedhealth Day Surgery Network.
- **Selective procedures in doctor's rooms** paid from risk if authorised
- Members must use the **sureFED Fedhealth Hospital Network** or pay a 30% co-payment on the hospital account.
- **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                                                                                                                                                                                                                                    | sureFED <sup>Essential</sup>                                                                                                                                                                                                                                                                                                                                     | sureFED <sup>Plus</sup>                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| OVERALL ANNUAL LIMIT (OAL)                                                                                                                                                                                                                 | No overall annual limit                                                                                                                                                                                                                                                                                                                                          |                                                                         |
| HOSPITAL NETWORK                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |
| Acute Hospital Facilities                                                                                                                                                                                                                  | Fedhealth network hospitals                                                                                                                                                                                                                                                                                                                                      |                                                                         |
| Day Surgery Facilities                                                                                                                                                                                                                     | Day Surgery Facilities Network                                                                                                                                                                                                                                                                                                                                   |                                                                         |
| Mental Health Facilities                                                                                                                                                                                                                   | Fedhealth Mental Health Facilities Network                                                                                                                                                                                                                                                                                                                       |                                                                         |
| <b>PRESCRIBED MINIMUM BENEFITS (PMB)</b><br>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.<br>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. |                                                                         |
| <b>HOSPITALISATION</b><br>Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items.                                                                                                   | Unlimited at Fedhealth network hospitals                                                                                                                                                                                                                                                                                                                         |                                                                         |
| Hospital co-payment for non-network hospital                                                                                                                                                                                               | 30% co-payment on voluntary use of non-network acute hospitals.<br>30% co-payment on voluntary use of non-network day surgery facilities.<br>30% co-payment on voluntary use of non-network mental health facilities.<br>25% co-payment on voluntary use of non-network substance abuse facilities.                                                              |                                                                         |
| CONFINEMENT                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |
| <b>Maternity confinement:</b><br>Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.                                                                              | Unlimited                                                                                                                                                                                                                                                                                                                                                        |                                                                         |
| <b>Elective Caesareans:</b><br>Unlimited at cost for Network GPs and Specialists at Network hospitals.                                                                                                                                     | R6 230 co-payment for non-PMB elective caesareans                                                                                                                                                                                                                                                                                                                | R2 600 co-payment for non-PMB elective caesareans                       |
| Private ward cover                                                                                                                                                                                                                         | No benefit                                                                                                                                                                                                                                                                                                                                                       |                                                                         |
| Delivery by Fedhealth Network GPs and specialists                                                                                                                                                                                          | Covered in full                                                                                                                                                                                                                                                                                                                                                  |                                                                         |
| Delivery by non-network GPs and specialists                                                                                                                                                                                                | Covered up to 70% of the Fedhealth Rate                                                                                                                                                                                                                                                                                                                          | Covered up to the Fedhealth Rate                                        |
| Maternity confinement in a registered birthing unit or out-of-hospital                                                                                                                                                                     | Unlimited                                                                                                                                                                                                                                                                                                                                                        |                                                                         |
| Delivery by a registered midwife/nurse or a practitioner                                                                                                                                                                                   | Unlimited                                                                                                                                                                                                                                                                                                                                                        | Unlimited<br>200% of Fedhealth rate if delivery by a registered midwife |
| Hire of water bath and oxygen cylinder                                                                                                                                                                                                     | Unlimited                                                                                                                                                                                                                                                                                                                                                        |                                                                         |
| <b>Medicine on discharge from hospital:</b><br>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 R428 per beneficiary per admission.                                                                                                                                                                                                                                                                              |                                                                         |

| BENEFIT                                                                                                                                                                                                                            | sureFED <sup>Essential</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | sureFED <sup>Plus</sup>                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FEDHEALTH BABY   MOM PROGRAMME                                                                                                                                                                                                     | No benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | All sureFED <sup>Plus</sup> members enjoy access to the Fedhealth Baby   Mom Maternity Care Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag. |
| ADDITIONAL MEDICAL SERVICES<br>Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling                                         | No benefit unless PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Subject to a combined limit with Physical Therapy of R3 120 per family subject to the annual day-to-day benefit                                                                                                                      |
| SURGICAL PROCEDURES<br>Hospital admissions will require pre-authorisation                                                                                                                                                          | Unlimited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                                                                                                                                      |
| NON-SURGICAL PROCEDURES AND TESTS<br>Specified non-surgical procedures in practitioner’s rooms (Subject to authorisation and covered from risk)                                                                                    | Gastroscopy (no general anaesthetic will be paid for)<br>Colonoscopy (no general anaesthetic will be paid for)<br>Flexible sigmoidoscopy<br>Indirect laryngoscopy<br>Removal of impacted wisdom teeth<br>Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)<br>Fine needle aspiration biopsy<br>Excision of nailbed<br>Drainage of abscess or cyst<br>Injection of varicose veins<br>Excision of superficial benign tumours<br>Superficial foreign body removal<br>Nasal plugging for epistaxis<br>Cauterisation of warts<br>Bartholin cyst excision |                                                                  |                                                                                                                                                                                                                                      |
| MEDICINE ON DISCHARGE FROM HOSPITAL<br>The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital. | Up to 7 days supply to a maximum of R428 per beneficiary per admission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                                                                      |
| ALTERNATIVES TO HOSPITALISATION<br>Sub-acute facilities and physical rehabilitation facilities.                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                                                                                                                                                                      |
| Nursing agencies                                                                                                                                                                                                                   | No benefit unless PMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                                                                                                                                                      |
| Private nurse practitioners                                                                                                                                                                                                        | No benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Limited to & included in the Additional Medical Services Benefit |                                                                                                                                                                                                                                      |
| Sub-acute facilities, physical rehabilitation facilities                                                                                                                                                                           | Unlimited at cost at PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                                                                      |
| Terminal care benefit                                                                                                                                                                                                              | Unlimited at cost at PMB level of care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | R36 960                                                          |                                                                                                                                                                                                                                      |

| BENEFIT                                                                                                                                                                                                                              | sureFED <sup>Essential</sup>                  | sureFED <sup>Plus</sup>             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS                                                                                                                                                                                       |                                               |                                     |
| General medical and surgical appliances (including glucometers)                                                                                                                                                                      | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Hearing aids including repairs                                                                                                                                                                                                       | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Large orthopaedic orthotics/appliances                                                                                                                                                                                               | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Stoma products                                                                                                                                                                                                                       | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| CPAP apparatus for sleep apnoea                                                                                                                                                                                                      | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Foot orthotics (incl. shoes and foot inserts/levellers)                                                                                                                                                                              | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Oxygen therapy equipment                                                                                                                                                                                                             | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Home ventilators                                                                                                                                                                                                                     | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Long leg callipers                                                                                                                                                                                                                   | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| Moon boots                                                                                                                                                                                                                           | No benefit unless PMB level of care           | Paid from annual day-to-day benefit |
| <b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS</b><br>Including transportation of blood                                                                                                                                              | Unlimited                                     |                                     |
| CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER                                                                                                                                                                                     |                                               |                                     |
| Fedhealth Network GPs and specialists                                                                                                                                                                                                | Covered in full                               |                                     |
| Non-network GPs and Specialists                                                                                                                                                                                                      | Covered up to 70% of the Fedhealth Rate       | Covered up to the Fedhealth Rate    |
| Other healthcare practitioners                                                                                                                                                                                                       | Covered up to the Fedhealth Rate              |                                     |
| <b>ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION</b><br>Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology | Unlimited at cost at PMB level of care at DSP |                                     |
| Corneal grafts                                                                                                                                                                                                                       | No benefit                                    |                                     |
| <b>PATHOLOGY AND MEDICAL TECHNOLOGY</b>                                                                                                                                                                                              | Unlimited                                     |                                     |
| <b>PHYSIOTHERAPY</b><br>In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols                                                                                  | Unlimited                                     |                                     |

| BENEFIT                                                                                                                                                                                                                                                                                                                                    |  | sureFED <sup>Essential</sup>                                                                                                          | sureFED <sup>Plus</sup>                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| PROSTHESES AND DEVICES INTERNAL                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                       |                                                                                                                                       |
| Aorta stent grafts                                                                                                                                                                                                                                                                                                                         |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws                                                                                                                                       |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Cardiac pacemakers, cardiac stents, cardiac valves                                                                                                                                                                                                                                                                                         |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Detachable platinum coils                                                                                                                                                                                                                                                                                                                  |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Elbow, hip, knee and shoulder replacement                                                                                                                                                                                                                                                                                                  |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Total ankle replacement                                                                                                                                                                                                                                                                                                                    |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)                                                                                                                                                                                                                                                               |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Intraocular lenses – non-cataract (per lens)                                                                                                                                                                                                                                                                                               |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| Combined benefit limit for all unlisted internal prosthesis                                                                                                                                                                                                                                                                                |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| PROSTHESES EXTERNAL                                                                                                                                                                                                                                                                                                                        |  | Unlimited at cost at PMB level of care                                                                                                |                                                                                                                                       |
| GENERAL RADIOLOGY                                                                                                                                                                                                                                                                                                                          |  | Unlimited                                                                                                                             |                                                                                                                                       |
| SPECIALISED RADIOLOGY                                                                                                                                                                                                                                                                                                                      |  | Limited to R12 570 per family, in and out-of-hospital at Fedhealth Rate. First R2 910 for non-PMB MRI/ CT scans for member's account. | Limited to R14 640 per family, in and out-of-hospital at Fedhealth Rate. First R2 600 for non-PMB MRI/ CT scans for member's account. |
| CT scans, MUGA scans, MRI scans, radio isotope studies                                                                                                                                                                                                                                                                                     |  | Specific authorisation required                                                                                                       |                                                                                                                                       |
| CHRONIC RENAL DIALYSIS<br>Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used.<br>Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis. |  | Unlimited at cost at PMB level of care at DSP.<br>40% co-payment for voluntary use of non-DSP.                                        |                                                                                                                                       |
| IMMUNE DEFICIENY RELATED TO HIV INFECTION<br>Hospitalisation, anti-retroviral and related medication and related pathology.                                                                                                                                                                                                                |  | Unlimited                                                                                                                             |                                                                                                                                       |

# Procedure co-payments

| CO-PAYMENTS PER EVENT APPLICABLE ON THE HOSPITAL / FACILITY BILL ONLY                                                                                  | sureFED <sup>Essential</sup>                                                       | sureFED <sup>Plus</sup>                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Bunion procedures, gastritis / dyspepsia / heartburn                                                                                                   | No benefit unless PMB level of care                                                | R8 510                                                               |
| Diagnostic cystoscopy, nasal procedures, skin biopsy /excision                                                                                         | No benefit unless PMB level of care                                                | R2 100                                                               |
| All open hernia surgery                                                                                                                                | No benefit unless PMB level of care                                                | R4 160                                                               |
| Arthroscopic procedures - shoulder, ankle                                                                                                              | R6 230                                                                             | R4 160                                                               |
| Arthroscopic procedures - wrist                                                                                                                        | R6 230                                                                             | R4 160                                                               |
| Arthroscopic procedures - hip                                                                                                                          | No benefit                                                                         |                                                                      |
| Arthroscopic procedures - knee                                                                                                                         | No benefit unless PMB level of care.<br>Anterior Cruciate Ligament repair – R6 230 | No benefit unless PMB.<br>Anterior cruciate ligament repair – R4 160 |
| Other arthroscopic procedures                                                                                                                          | R6 230                                                                             | R4 160                                                               |
| Back & neck pain procedures                                                                                                                            | No benefit unless PMB level of care                                                | R8 510                                                               |
| Colonoscopy, Upper GI endoscopy                                                                                                                        | R3 120                                                                             | R2 100                                                               |
| Dental admissions                                                                                                                                      | No co-payment                                                                      |                                                                      |
| Elective C-sections                                                                                                                                    | R6 230                                                                             | R2 600                                                               |
| Inguinal hernia surgery                                                                                                                                | No benefit unless PMB level of care                                                | R4 160                                                               |
| JOINT REPLACEMENTS                                                                                                                                     |                                                                                    |                                                                      |
| Hip and knee replacements                                                                                                                              | No benefit                                                                         |                                                                      |
| Other joint replacements                                                                                                                               | No benefit                                                                         | No benefit unless PMB level of care                                  |
| Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ toupet hernia repairs only), appendectomy, diagnostic laparoscopy | PMB level of care                                                                  | R4 160                                                               |
| Laparoscopic pyeloplasty, Varicocelectomy, Sacrocolpopexy, Rectopexy, Recto sacrocolpopexy                                                             | Open only, except for PMB                                                          | R7 273                                                               |
| Laparoscopic radical prostatectomy                                                                                                                     | Open only, except for PMB                                                          | R8 510                                                               |
| Spinal surgery                                                                                                                                         | No benefit unless PMB level of care                                                |                                                                      |
| Surgical extraction of impacted wisdom teeth                                                                                                           | R1 560 in a day clinic, R5 200 in a hospital                                       | R830 in a day clinic, R4 160 in a hospital                           |
| Varicose vein procedures                                                                                                                               | No benefit unless PMB level of care                                                | R2 080                                                               |

# Links to benefits info

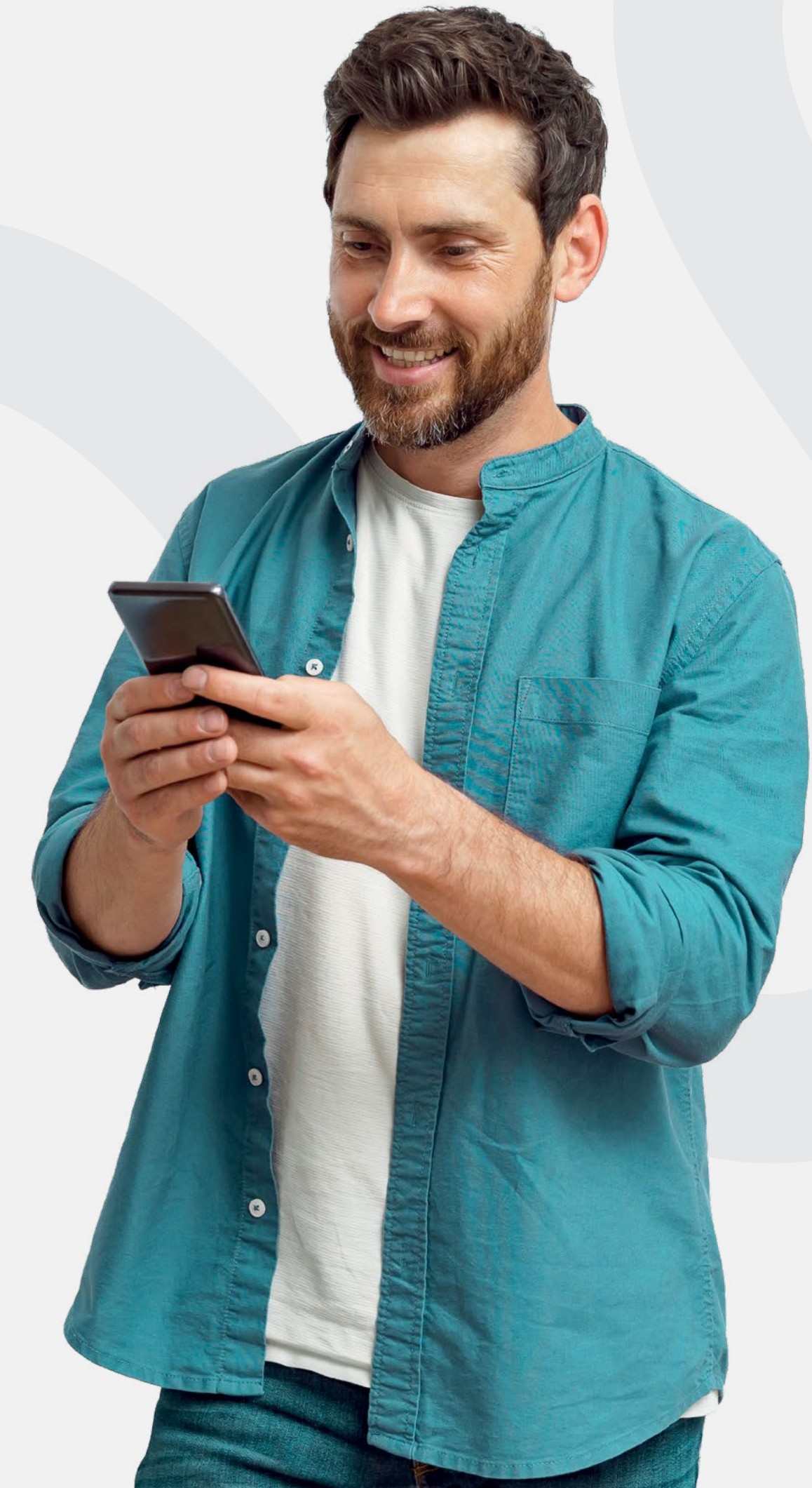
Need more information on a specific Fedhealth benefit, programme, service or provider?

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



- 30-Day Post-Hospitalisation Benefit →
- Alignd Serious Illness Benefit →
- All about dependants →
- Alternatives to Hospitalisation Benefit →
- Chronic Medicine Benefit →
- Contraceptive Benefit →
- Emergency Assistance →
- Emergency Treatment in a Casualty Ward →
- GP Nomination →
- Hospital at Home Benefit →
- Maternity & Childhood Benefits →
- Fedhealth Baby | Mom Maternity Care Programmer →
- MediTaxi Benefit →
- Mental Health Benefit →

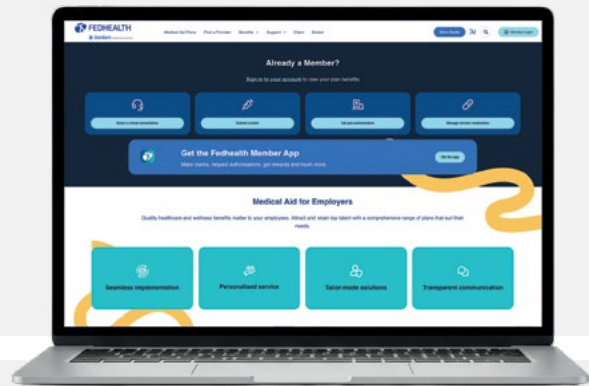
- Mental Health Programme →
- Oncology Benefit →
- OrthoCare Spinal Programme →
- Screening Benefit →
- Self-Service Channels →
- Smoking Cessation Programme →
- Weight Management Programme →



# Contact us

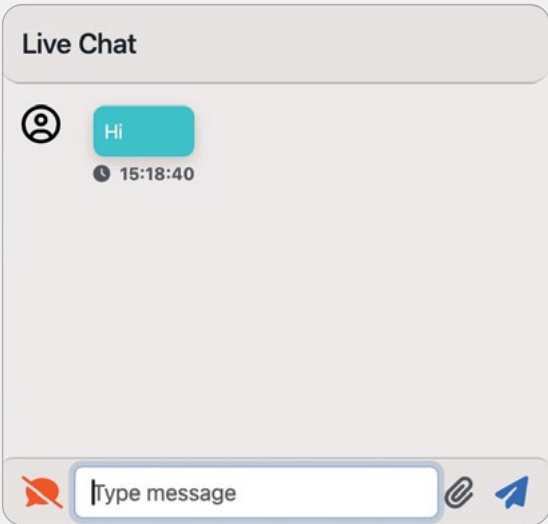
## WEBSITE **fedhealth.co.za**

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.



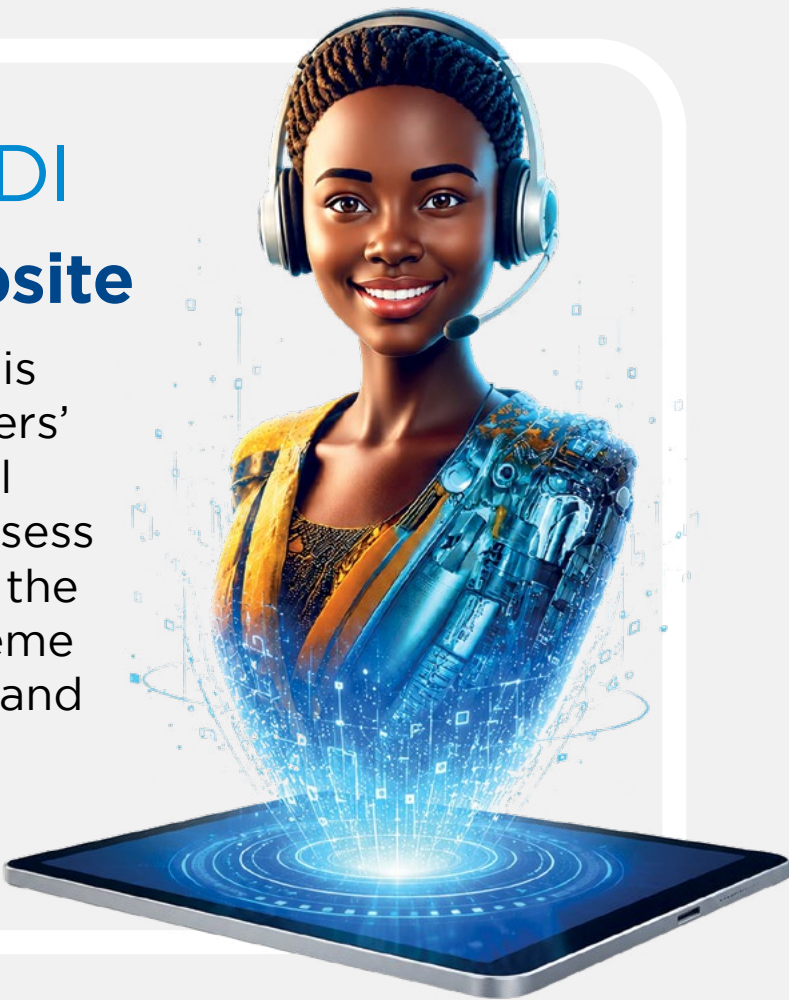
## LIVECHAT **Access on the website**

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**

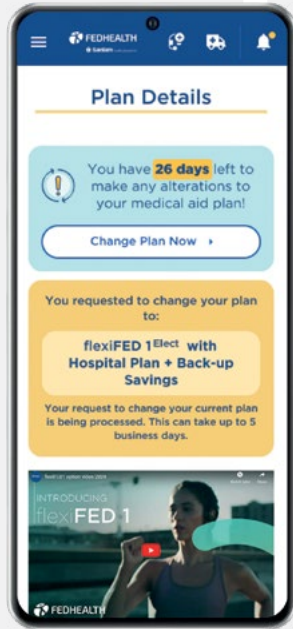


## MEMBER APP

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](mailto:authorisations@fedhealth.co.za)  
**Web:** [www.fedhealth.co.za](http://www.fedhealth.co.za)

**Alignd**  
**Tel:** 0860 100 572  
**Email:** [referrals@alignd.co.za](mailto:referrals@alignd.co.za)

**Ambulance Services**  
Azoza  
**Tel:** 0860 333 432

**AfA (HIV Management)**  
Monday to Friday 08h00 – 17h00  
**Tel:** 0860 100 646  
**Email:** [afa@afadm.co.za](mailto:afa@afadm.co.za)  
**Web:** [www.aidforaids.co.za](http://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](mailto:cmm@fedhealth.co.za)  
**Postal address:** PO Box 38632, Pinelands, 7430

**Disease Management**  
Monday to Friday 08h00 – 16h30  
**Tel:** 0860 002 153  
**Email:** [membercare@medscheme.co.za](mailto:membercare@medscheme.co.za)

**Fedhealth Baby | Mom Maternity Care Programme**  
Monday to Friday 09h00 – 16h00  
**Tel:** 0861 116 016  
**Email:** [info@babyhealth.co.za](mailto:info@babyhealth.co.za)

**Fedhealth Oncology Programme**  
Monday to Friday 08h00 – 16h00  
**Tel:** 0860 100 572  
**Email:** [cancerinfo@fedhealth.co.za](mailto:cancerinfo@fedhealth.co.za)  
**Postal address:** PO 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

**Hospital-at-Home (Quro Medical)**  
**Tel:** 010 141 7710  
**Web:** [www.quromedical.co.za](http://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, Royldene, Kimberley

**Klerksdorp**  
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

**Lephalale**  
Shop 0050A, Lephalale Mall, cnr Chris Hani Ave & Nelson Mandela Drive, Lephalale

**Mafikeng**  
Shop 118, Ground Floor, East Gallery, Mafikeng

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

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

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

**Port Elizabeth**  
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

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

**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**  
**Tel:** 0860 002 153  
**Email:** [member@fedhealth.co.za](mailto:member@fedhealth.co.za)  
**Claim submission:** [claims@fedhealth.co.za](mailto:claims@fedhealth.co.za)  
**Web:** [www.fedhealth.co.za](http://www.fedhealth.co.za)  
**Postal address:** Private Bag X3045, Randburg, 2125

**Contact Centre is open**  
**Monday to Thursday 08h30 – 17h00,**  
**Friday 09h00 – 17h00**



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](http://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](http://fedhealth.co.za) or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.

