

2026

Wise-Up Wednesday Chronic Benefits



2026

Welcome & Opening



 **Sanlam** healthcare partner

2026

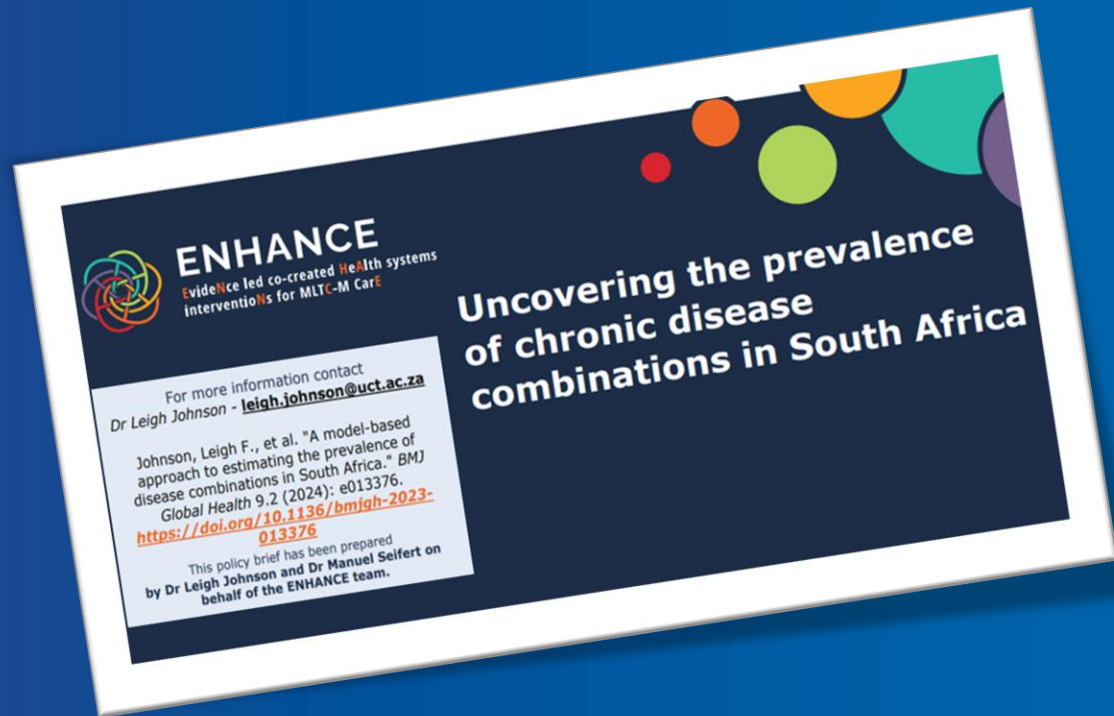
Chronic Benefits



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Chronic health conditions affect a **significant portion of the population**, presenting a spectrum of challenges that **impact people's daily life** and overall well-being.

In South Africa, the **most prevalent chronic conditions** are

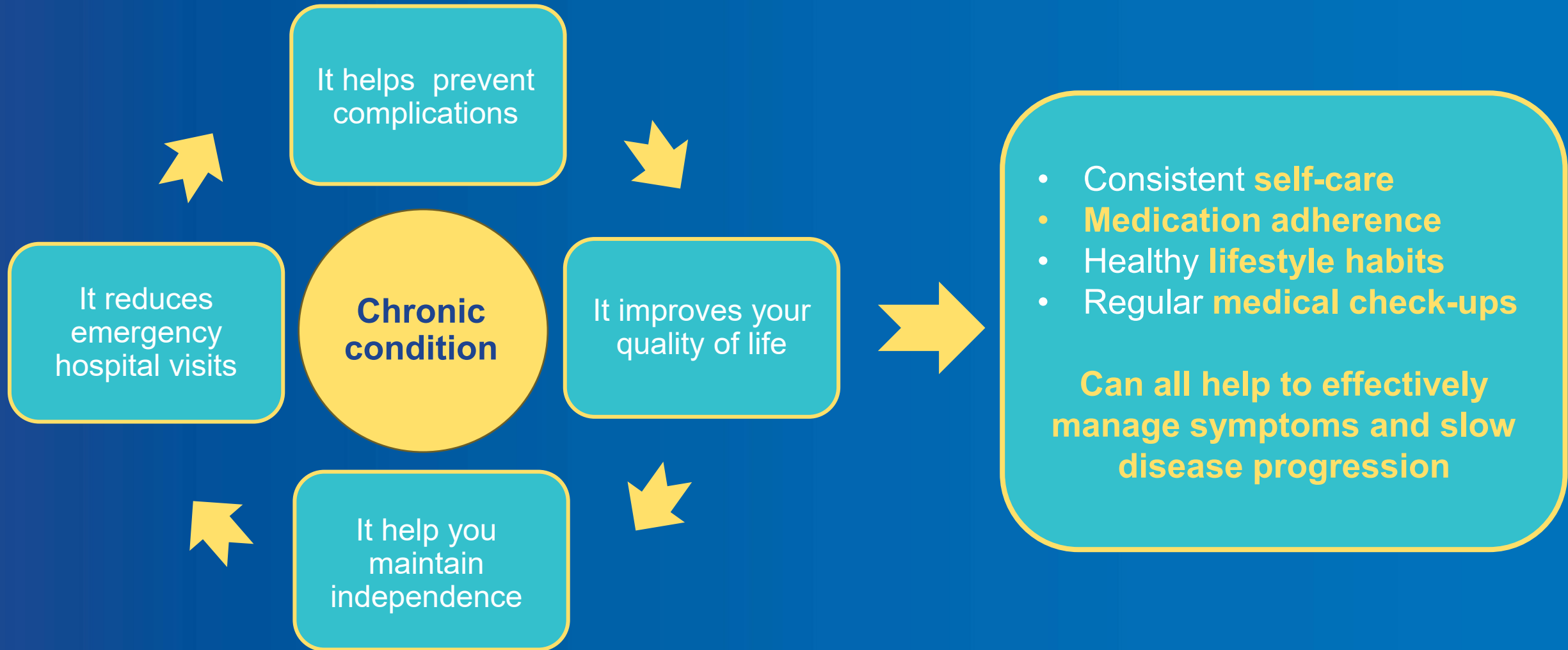


Condition	%
Hypertension	33.9%
HIV	17.2%
Arthritis	11.3%
Heart Disease	5.6%
Depression	4.9%

Table 1: National prevalence estimates for individual conditions at ages 15+ (Based on information received from BMJ Global Health (2024))

Many members experience **multi-morbidity**, meaning they have **more than one chronic condition**

Actively managing your chronic condition is crucial – why?



- Fedhealth covers **life-threatening conditions**, such as diabetes, heart disease, and many more **that needs ongoing treatment**.
- When a chronic **condition is managed effectively**, it will likely **result in fewer acute and long-term medical complications** or side effects.
- All options have a benefit for the **27 chronic conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL)**.
- The benefit **covers medication for the list of CDL conditions** and is **subject to a formulary**.
- **Certain options cover** medicine for **additional chronic conditions**, like medication for depression.

REMEMBER: Fedhealth's range of **screening benefits** support **early detection & disease prevention** for a **range of conditions**.



2026

Chronic Conditions Covered



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All Options - 27 Chronic conditions on the Chronic Disease List (CDL)

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

flexiFED Savvy, flexiFED 1 & flexiFED 2: 1 Additional chronic conditions covered

Depression medication subject to annual limit per option

NEW

flexiFED 3: 7 Additional chronic conditions covered

Allergic Rhinitis (children ages 6-18), Eczema (children ages 6-18), Attention Deficit Hyperactivity Disorder (children ages 6-18), Acne (up to the age of 21). Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder.

flexiFED 4: 18 Additional chronic conditions covered:

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

maximaEXEC: 29 Additional Chronic Conditions covered

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

maximaPLUS: 43 Additional Chronic Conditions covered

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

We are expanding **out-of-hospital mental health medication for depression** to be added to **flexiFED^{Savvy}, flexiFED 1 & flexiFED 2.**

This will improve your quality of life and empower you to manage your condition more effectively.

NEW



	myFED	flexiFED ^{Savvy}	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4	maxima EXEC	maxima PLUS
Chronic Medication for Depression	Subject to formulary	R2 160 per beneficiary per annum	R2 400 per beneficiary per annum	R2 400 per beneficiary per annum	Existing benefit	Existing benefit	Existing benefit	Existing benefit

2026

Formularies & Designated Service Providers



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Chronic Benefits

2026

	myFED	flexiFED ^{Sawvy}	flexiFED 1	flexiFED 1 ^{Elect}	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}
Limit	Unlimited cover for conditions on the Chronic Disease List (CDL).	Unlimited cover for conditions on the Chronic Disease List (CDL) + Depression R2 140 pb pa NEW	Unlimited cover for conditions on the Chronic Disease List (CDL) + Depression R2 400 pb pa NEW		Unlimited cover for conditions on the Chronic Disease List (CDL) + Depression R2 400 pb pa NEW			Unlimited cover for conditions on the Chronic Disease List (CDL). Also include medicine for allergic rhinitis, acne & eczema. Attention Deficit Hyperactivity Disorder (children ages 6-18), Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder. Subject to a limit of R3 300 per family				Cover for additional 18 conditions. Subject to a limit of R6 500 per beneficiary and R12 900 per family. Thereafter unlimited cover for conditions on the CDL.	
Formulary		Basic			Intermediate		Basic	Intermediate		Basic	Intermediate		Basic
Non-formulary copay	25%	NEW 30%											
DSP	Clicks Courier, Dischem Courier & Pharmacy Direct	NEW Script-pharm						Any Pharmacy	Script-pharm	Any Pharmacy	Script-pharm		
Non-DSP copay	25%	NEW 30%						No Copay Max dispensing fee payable*	30%	No Copay Max dispensing fee payable*	30%		

* 28.5% capped at a maximum of R32.50 (VAT exclusive)

DID YOU KNOW?

We will approve a **chronic condition**, NOT individual chronic medications

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



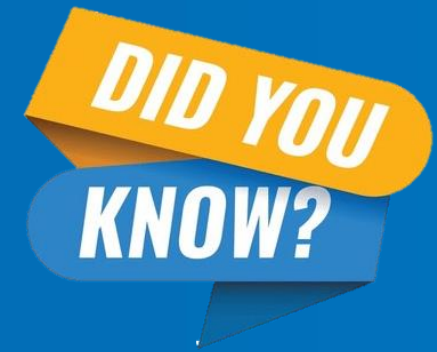
What can you do if there is a co-payment on your medicine?

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

Medicine Price List

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

- Generic medicine is exactly the same as the original medicine, but **costs less**.
- It contains the **same active ingredients**.
- It has a **proven track record** for treating any medical condition.
- It has the **same dosage form** (such as tablets, syrup or capsules).
- It is available in the **same strength** as the original medicine.



Why Generics?

- **Cost savings**
 - Generic medications are usually **significantly cheaper** than brand-name drugs.
- **Extended benefits**
 - Generic medications can help **extend a member's acute and chronic medicine benefit**.
- **Avoid co-payments**
 - Generic alternatives can **help prevent a member from paying co-payments**.



The screenshot shows the FedHealth website interface. At the top, the browser address bar displays <https://www.fedhealth.co.za>. The navigation menu includes: Medical Aid Plans, Find A Service Provider, Benefits, Member Support, Claim, and Broker. A dropdown menu is open, listing: FAQ's, Contact Us, Chronic Medication Information, Know Your Medical Aid, and About Us. A red hand icon points to the 'Chronic Medication Information' link. Below the navigation, a large banner features a smiling man and the text: 'Built Different', 'REASON #82 True Value for money', and 'Choose medical aid that stretches every Rand further, with benefits like R4 500 in extra day-to-day benefits with D2D+'. A yellow button labeled 'FIND OUT MORE' is visible. Below the banner, the section is titled 'Medical Aid Plans' with the subtext: 'Browse our medical aid plans to see how customisation = affordability when it comes to your healthcare'.

[Medical Aid Plans](#)[Find A Service Provider](#)[Benefits](#) ▾[Member Support](#) ▾[Claim](#)[Broker](#)[Login](#)

A formulary is a carefully **curated list of cost-effective, evidence-based medications** that Fedhealth Medical Aid may cover for specific conditions. These formularies are continuously reviewed, with funding determined by clinical guidelines, protocols, and the Scheme's Rules. We encourage our members to utilise the medications listed in the relevant formulary, as this can help avoid out-of-pocket expenses when submitting claims. The most recent formularies are listed below with the **option to which they apply**:

- flexi**FEDSavvy** – Basic formulary
- flexi**FED 1** – Basic formulary
- flexi**FED 2** – Intermediate formulary
- flexi**FED 3** – Intermediate formulary
- flexi**FED 4** – Intermediate formulary
- flexi**FED 1^{Elect}** – Basic formulary
- flexi**FED 2^{Elect}** – Basic formulary
- flexi**FED 3^{Elect}** – Basic formulary
- flexi**FED 4^{Elect}** – Basic formulary
- flexi**FED 2^{GRID}** – Basic formulary
- flexi**FED 3^{GRID}** – Basic formulary
- flexi**FED 4^{GRID}** – Basic formulary
- maxima **EXEC** – Comprehensive formulary
- maxima **PLUS** – Comprehensive formulary



Fedhealth formulary lists

- [View the May 2026 Fedhealth Basic Formulary](#)
- [View the May 2026 Fedhealth Comprehensive Formulary](#)
- [View the May 2026 Fedhealth Intermediate Formulary](#)
- [View the May 2026 Fedhealth Medicine Exclusion List](#)
- [View the May 2026 Fedhealth Medicine Price List](#)
- [View the Fedhealth myFED Acute Formulary](#)





2026

Applying for Chronic Benefits

 **FEDHEALTH**

 **Sanlam** healthcare partner

VALID PRESCRIPTION is a
CURRENT PRESCRIPTION
(not older than six months)

1. Doctor's Practice Info:

- Your prescribing doctor's name, address and practice number.

2. Personal and Scheme Information

- Medical Scheme Name
- Membership number
- Patient Details: Full name, date of birth, and ID or passport number
- Contact Information: Current email address and cellphone number for authorisation notifications

3. Clinical Information (Completed by Doctor)

- Diagnosis & ICD-10 Codes: The specific ICD-10 diagnosis code is mandatory for processing
- Medication Details: The name of the medicine, dosage, strength, and frequency of use

IMPORTANT

Member's need a **new prescription every 6 months** for **chronic medication**



1

Collect relevant information

We will need:

- Your membership number
- **Dependant code**
- **ICD10 code**
- **Drug name, strength and quantity**
- Your prescribing doctor's practice number
- **Diagnostic test results** (e.g. Total Cholesterol, LDL, HDL, glucose tests, etc.)

2

Apply for chronic registration

Call Chronic Department on **0860 002 153**

Apply on the **Fedhealth Family Room**

Ask your doctor or pharmacist to apply on your behalf

They can either apply online or call our **Provider Call Centre on 0861 112 666.**

3

We will give you response/ feedback

If we **need more information**, we'll let you, your doctor or your pharmacist know exactly what is missing.

If we **don't approve** your application, we'll give you the **reasons why**, and you may ask us to **review our decision.**

4

We will give you your Medicine Access Card

If we **approve** your application for our Chronic Disease Benefit, we'll give you a **medicine access card.**

This card records the **medical condition** for which we've approved treatment.

5

We will give you your treatment guidelines

If we **approve** your application for our Chronic Disease Benefit, we'll give you a **medicine access card.**

This card records the **medical condition** for which we've approved treatment.



Via Phone

Call the Chronic Medicine Management (CMM) team

Tel 0860 002 153



Apply Online

1. **Log-in** to the Fedhealth Family Room
2. **Select:** My Authorisations
3. **Select:** Request Chronic Pre-authorization
4. **Follow prompts**



Via Doctor/ Pharmacist

Ask your provider to submit the application via their dedicated channel

Tel: 0861 112 666



2026

Applying via Family Room



 **Sanlam** healthcare partner



The screenshot shows the Fedhealth member dashboard. At the top, a navigation bar includes 'My Plan', 'Claims', 'Authorisation', 'Network Providers', 'Benefits', and 'Support'. A red hand icon points to the 'Authorisation' menu. Below the navigation is a header section titled 'Your Family Dashboard' with the subtitle 'An overview of your medical aid and activity'. A date stamp indicates the dashboard was last updated on 09 February 2026 at 09:31:09. A yellow banner introduces 'Naledi', Fedhealth's AI agent, with a 'Chat to Naledi' button. Below this is a summary of the member's medical aid plan: 'flexiFED 1 Elect' with a 'Savings Plan' structure, a 'Hospital Discount Structure' of 'Elect', a 'Risk Contribution' of R 2798.00, and a 'Fedhealth Savings Instalment' of R 493.00, resulting in a 'Next Contribution' of R 3291.00. At the bottom right, there is a 'Live Chat' button.

https://member.fedhealth.co.za/dashboard

My Plan ▾ Claims ▾ Authorisation ▾ Network Providers ▾ Benefits ▾ Support ▾

Your Family Dashboard

An overview of your medical aid and activity

Last Updated: 09 February 2026 at 09:31:09

Introducing Naledi, Fedhealth's AI agent on hand to help. Naledi is here to guide you through the claims process or give you information on scheme benefits, rules and more.

Chat to Naledi

Plan	Day-To-Day Benefits Structure	Hospital Discount Structure	Risk Contribution	+	Fedhealth Savings Instalment	=	Next Contribution
flexiFED 1 Elect	Savings Plan	Elect	R 2798.00		R 493.00		R 3291.00

Show dashboard for:

Live Chat

The screenshot shows a web browser window with the URL <https://member.fedhealth.co.za/dashboard>. The navigation bar includes 'My Plan', 'Claims', 'Authorisations', 'Network Providers', 'Benefits', and 'Support'. The 'Authorisations' menu is highlighted with a red dashed box and a red hand cursor pointing to it. Below the navigation bar is a banner for 'Your Family Dashboard' with the subtitle 'An overview of your medical aid and activity'. The main content area shows the last update time as '09 February 2026 at 09:31:09'. A yellow banner introduces 'Naledi, Fedhealth's AI agent on hand to help'. Below this is a summary of the plan details: 'flexiFED 1 Elect' plan, 'Savings Plan' structure, 'Elect' hospital discount, 'R 2798.00' risk contribution, and 'R 493.00' Fedhealth Savings Instalment, resulting in a 'Next Contribution' of 'R 3291.00'. A 'Live Chat' button is visible in the bottom right corner.

My Plan ▾ Claims ▾ **Authorisations ▾** Network Providers ▾ Benefits ▾ Support ▾

Your Family Dashboard

An overview of your medical aid and activity

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Introducing Naledi, Fedhealth's AI agent on hand to help. Naledi is here to guide you through the claims process or give you information on scheme benefits, rules and more.

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Plan	Day-To-Day Benefits Structure	Hospital Discount Structure	Risk Contribution	Fedhealth Savings Instalment	Next Contribution
flexiFED 1 Elect	Savings Plan	Elect	R 2798.00	R 493.00	R 3291.00

Show dashboard for:

Live Chat

My Plan ▾ Claims ▾ Authorisations ▾ Network Providers ▾ Benefits ▾ Support ▾

< [Back](#) Home / Authorisations

Authorisations

View pre-authorisations for hospital admissions and chronic medication

[Request Pre-Authorisation](#)

What would you like to

Hospital Authorisations **Chronic Authorisations**

Search Authorisations

Filter By: **Member/Dep Name** Active Pending

[Export to Excel](#) [View My Care Plan](#)

Your Family Dashboard

An overview of your medical aid and activity



Select a Dependant

Dep	Name
<input checked="" type="radio"/> 00	Member/Dependant name

1 Choose patient/dependant name from pop up

Medicines

Diagnosis	Name	Strength	Directions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Complete diagnosis and medication details

3 Press Add

4 Find and select a Fedhealth Network Provider

START TYPING THE LOCATION...

Find a Provider (Provider Name or Practice Number)

Provider Name or Practice Number

Please select provider



How to request chronic authorization

Additional Information

5 Add any additional information relating to Chronic authorization.

Please add in any supporting or additional documentation

Drop files here to upload

6 Attach valid prescription and any other additional documentation

7 Submit authorisation request



How to request chronic authorization

My Plan ▾ Claims ▾ **Authorisations** ▾ Network Providers ▾ Benefits ▾ Support ▾

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[Export to Excel](#) [View My Care Plan](#)

Your Family Dashboard

An overview of your medical aid and activity



Viewing Your Chronic Authorisation

2026

View Authorisations

When you have one of the 25 PMB conditions, we will only show you the condition, not individual chronic medication with which you have been issued. You will therefore only see your approved PMB conditions and not your individual chronic medication. For all other conditions, we will list the treatments approved within that condition. For more information, view the Zoom on Chronic Medication.

#	Nappi	Drug	ICD 10	Description	Strength	Direction	Valid From	Status			
PMB			J45.9	Asthma, unspecified	X		2025-01-01	AUTHORISED			
			J30.4	Allergic rhinitis, unspecified	X		2025-01-01	AUTHORISED			
N	3002590	GENEMIST 120 DOSE	J30.4	Allergic rhinitis, unspecified	27.5MCG	mdu	2025-01-01	AUTHORISED			
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1		1		1		1		1		1	
			F32.9	Depressive episode, unspecified	X		2025-01-01	AUTHORISED			
N	708031	PANTOCID	K21.9	Gastro-oesophageal reflux disease without oesophagitis	40MG	1 d	2025-01-01	AUTHORISED			
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
30	30	30	30	30	30	30	30	30	30	30	30
N	700686	RANFLOCS	F32.9	Depressive episode, unspecified	20MG	tds	2025-01-01	AUTHORISED			
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
90	90	90	90	90	90	90	90	90	90	90	90
N	721303	MONTEFLO	J45.9	Asthma, unspecified	10MG	daily	2025-01-01	AUTHORISED			
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
30	30	30	30	30	30	30	30	30	30	30	30

STATUS COLUMN:

Will give details of your approved medication





2026

aPMB Care Plan

 **FEDHEALTH**

 **Sanlam** healthcare partner

WHAT IS A CARE PLAN?

Your care plan is a list of the type and number of services that are likely to be needed by a patient with a chronic diagnosis that the Scheme will cover.

It includes out of hospital treatment, such as doctor consultations, radiology, and pathology tests.

IMPORTANT

Members should take a copy of their Care Plan with them when seeing their treating provider.

WHAT IF I NEED MORE TREATMENT THAN IS LISTED IN MY CARE PLAN?

- If you need treatment and care in excess of your Care Plan, a clinical motivation needs to be provided and approved before more services will be covered.
- To register for other PMB conditions, a PMB application form must be filled out by your treating doctor.

DO I NEED TO DO ANYTHING?

- The Care Plan has automatically been put in place **BUT take a copy of your Care Plan with you** to your treating medical provider.
- Please make sure that **every claim you send to the Scheme has an ICD-10 code reflected on it** so that it can be identified on the system and paid from the correct limit.
- This **care plan takes into account the specified diagnosis and all pre-existing chronic conditions and merges all condition benefits together.**
- This means you will be authorised for the maximum of the highest number of treatments in the plan for each service.

FOR EXAMPLE: if you have 3 GP consultations for your Asthma diagnosis and 2 GP consultations for your diabetes, you will be authorised for the maximum of 3 GP consultations overall, to be used for both conditions, and not 5 GP consultations.



My Plan ▾ Claims ▾ **Authorisations** ▾ Network Providers ▾ Benefits ▾ Support ▾

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Authorisations

View pre-authorisations for hospital admissions and chronic medication

[Request Pre-Authorisation](#)

What would you like to view?

Hospital Authorisations **Chronic Authorisations**

Search Authorisations

Filter By: **Member/Dep Name** Active Pending

[Export to Excel](#) [View My Care Plan](#)

PAYMENT OF SERVICES FOR PMB CONDITIONS

- Fedhealth will pay for the diagnosis, treatment and care of a number of chronic conditions as per the Prescribed Minimum Benefits (PMB) legislation.
- To manage the care of these conditions your Scheme has put a Care Plan in place which assigns you with a basket of care specific to your PMB condition.

Viewing Your aPMB Care Plan

2026

aPMB Care Plan

PAYMENT OF SERVICES FOR PMB CONDITIONS

Your Scheme will pay for the diagnosis, treatment and care of a number of chronic conditions as per the Prescribed Minimum Benefits (PMB) legislation. To manage the care of these conditions your Scheme has put a Care Plan in place which assigns you with a basket of care specific to your PMB condition. Chronic medicine is not included in the Care Plan and is covered by your chronic medicine limit, where appropriate.

WHAT IS A CARE PLAN?

Your care plan is a list of the type and number of services that are likely to be needed by a patient with your diagnosis and that your Scheme will cover. It includes out of hospital treatment such as doctor consultations, radiology and pathology tests.

HOW WILL THE CARE PLAN BE COVERED?

Your Scheme will pay costs in full from your available Scheme limits, for example, radiology services will pay from your Radiology annual sub-limit. Once your Scheme limits are used up further services, as listed in your Care Plan, will continue to be paid from a risk pool.

WHAT IF I NEED MORE TREATMENT THAN IS LISTED IN MY CARE PLAN?

If you need treatment and care in excess of your Care Plan, a clinical motivation needs to be provided and approved before more services will be covered. To register for other PMB conditions, a PMB application form must be filled out by your treating doctor.

DO I NEED TO DO ANYTHING?

No, this letter is proof that a Care Plan has automatically been put in place. Please make sure that every claim you send to your Scheme has an ICD-10 code reflected on it so that it can be identified on the system and paid from the correct limit. This care plan takes into account the specified diagnosis and all pre-existing chronic conditions and merges all condition benefits together. This means you will be authorised for the maximum of the highest number of treatments in the plan for each service. For example: if you have 3 GP consultations for your Asthma diagnosis and 2 GP consultations for your diabetes, you will be authorised for the maximum of 3 GP consultations overall, to be used for both conditions, and not 5 GP consultations.

I understand and agree to the above disclaimer

Select a Dependant

Dep	Name
00	MRS VAN DER WALT LERICHE D

Diagnosis	Treatment	Disciplines	Tariff codes	Allowed	Available	Used	StartDate	EndDate	Request Date
Dvt - Phlebitis & Asthma & Major Affective Disorders	GP Consultations	14 , 15	View Details	4	4	0	2025/01/01	2025/12/31	2025/01/30
Dvt - Phlebitis	Pathology	52	3805 Prothrombin index	18	18	0	2025/01/01	2025/12/31	2025/01/30
Dvt - Phlebitis	Pathology	52	3806 Therapeutic drug level Dosage	18	18	0	2025/01/01	2025/12/31	2025/01/30
Asthma	Procedures Tests	14 , 15	1192 Peak expiratory flow only	4	4	0	2025/01/01	2025/12/31	2025/01/30

Download



PMB Condition List

DIAGNOSIS	TREATMENT	DISCIPLINES	TARIFF CODE & DESCRIPTION	ALLOWED	AVAILABLE	USED	START DATE	END DATE	REQUEST DATE
Dvt - Phlebitis & Asthma & Major Affective Disorders	GP Consultations	14 , 15	0130 Telephone consultation	4	4	0	2025/01/01	2025/12/31	2025/01/29
			0132 Consulting service eg writin						
			078330 Virtual consultation all hours						
			0190 New and established patient						
			0191 New and established patient consvis						
0192 New and established patient Consultvis									
Dvt - Phlebitis	Pathology	52	3805 Prothrombin index	18	18	0	2025/01/01	2025/12/31	2025/01/29
Dvt - Phlebitis	Pathology	52	3806 Therapeutic drug level Dosage	18	18	0	2025/01/01	2025/12/31	2025/01/29
Asthma	Procedures Tests	14 , 15	1192 Peak expiratory flow only	4	4	0	2025/01/01	2025/12/31	2025/01/29
Asthma	Radiology	38 , 39	30110 Xray of the chest two views PA and lat	1	1	0	2025/01/01	2025/12/31	2025/01/29
			39107 Chest item 167 included						
			39300 XRay films						
Asthma	Procedures Tests	14 , 15	1136 Nebulisationin rooms	2	2	0	2025/01/01	2025/12/31	2025/01/29
Asthma	Pathology	52	3887 Antibiotic susceptibility test	1	1	0	2025/01/01	2025/12/31	2025/01/29
Asthma	Pathology	52	3867 Miscellaneous body fluids	1	1	0	2025/01/01	2025/12/31	2025/01/29
Asthma	Pathology	52	3893 Bacteriological culture	1	1	0	2025/01/01	2025/12/31	2025/01/29
Asthma	Other Consultations	63	0010 A facetoface consultation	1	1	0	2025/01/01	2025/12/31	2025/01/29
Major Affective Disorders	OtherPsychothe rapy	22 , 86	078330 Virtual consultation all hours	15	15	0	2025/01/01	2025/12/31	2025/01/29
			078340 Telephone consultation all hours						



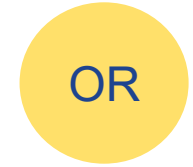
Take copy of your Care Plan with to your Treating Doctor

[Back](#) Home / Chronic Care Plan

Chronic Care

View the list of benefits available to you for your condition

- Benefits
- Chronic Care Plan**
- Gene testing
- International Travel Insurance



Please take note of the following:

How do payments of services for PMB conditions work?

Your scheme will pay for the diagnosis, treatment and care of a number of chronic conditions as per the Prescribed Minimum Benefits (PMB) legislation. To manage the care of these conditions, your scheme has put a Care Plan in place which provides you with a basket of care specific to your PMB condition. Chronic medicine is not included in the Care Plan and is covered by your chronic medicine limit, where appropriate.

What is a Care Plan?

Your Care Plan is a list of the type and number of services that are likely to be needed by a patient with your diagnosis, and which your scheme will cover. It includes out-of-hospital treatments such as doctor's consultations, radiology and pathology tests.

How will the Care Plan be covered?

Your scheme will pay the costs in full from your available scheme limits, for example, radiology services will be paid from your radiology annual sub-limit. Once your scheme limit is reached, further services, as listed in your Care Plan, will continue to be paid from the Risk benefit.



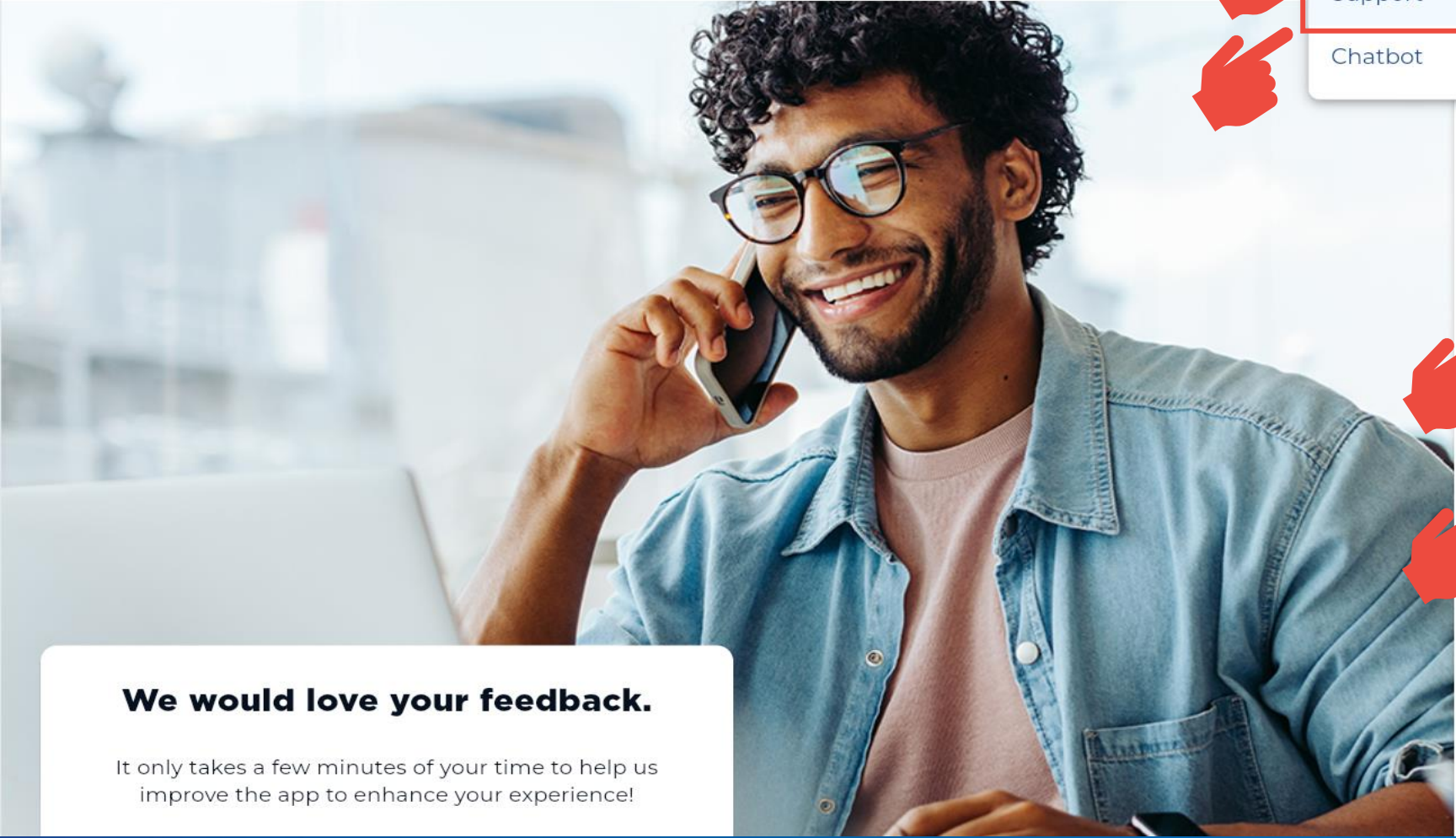
Need medical aid assistance?

Family Room: Support

2026

My Plan ▾ Claims ▾ Authorisations ▾ Network Providers ▾ Benefits ▾ **Support ▾**    

< [Back](#) Home / Support



Support
Chatbot

This is a:
Support Request Complaint Compliment


What does your support request relate to?*

eg Claims, Authorisations, Benefits etc.

How can we help you?*

Tell us here

Upload any supporting documents (Optional)

 PDF, Image or Word doc

LET'S TALK!

By clicking the button below, you will be contacted by an accredited health professional regarding medical scheme and **Need medical aid assistance?** 

We would love your feedback.

It only takes a few minutes of your time to help us improve the app to enhance your experience!

**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.

**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.

**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

**LIVECHAT****Access on the website**

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

**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 got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.

**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 US

We'd like to remind you of all the **convenient ways** you can **get in touch with Fedhealth** to manage those simple, everyday things you might need.

We've launched these platforms to help members, whom are mostly tech-savvy these days, manage their membership with a few swipes or clicks

CONTACT CENTRE NUMBERS

- **Fedhealth Customer Contact Centre:** 0860 002 153 and email: member@fedhealth.co.za
- **Claims submission:** claims@fedhealth.co.za
- **Chronic Medicine Management:** cmm@fedhealth.co.za
- **Disease Management:** dm@fedhealth.co.za
- **Oncology Programme:** 0860 100 572 and cancerinfo@fedhealth.co.za
- **Fedhealth Baby Programme:** 0861 116 016 and info@babyhealth.co.za or visit www.babyhealth.co.za
- **Fedhealth Paed-IQ:** 0860 444 128

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Thank YOU



 **Sanlam** healthcare partner

