FEDHEALTH

Sanlam preferred healthcare provider

HOSPITAL PLANS RATES & BENEFITS GUIDE FOR FINANCIAL ADVISERS // **2027**

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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

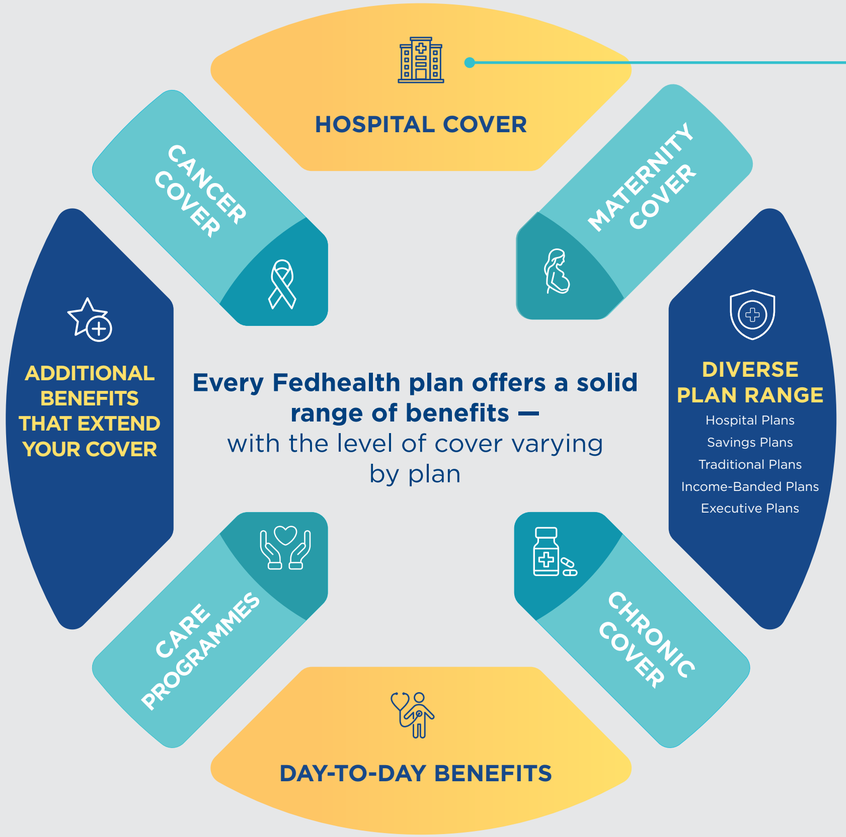
Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

GET REWARDS

Earn rewards through simple health engagement.

Sanlam

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

FREEDOM OF CHOICE TO USE ANY PRIVATE HOSPITAL

Available on: flexiFED 2, flexiFED 3, flexiFED 4

AFFORDABLE COVER ON NETWORK PLANS

Available on: flexiFED^{Savvy}, flexiFED 1, flexiFED 2^{GRID}, flexiFED 3^{GRID}, flexiFED 4^{GRID}

Extensive network coverage across South Africa

Representation across all major hospital groups*

MEDICLINIC GROUP · NETCARE · NATIONAL HOSPITAL NETWORK · Life Healthcare

*Plan dependent

Members on GRID options can save 10% on their monthly contribution

Available on: flexiFED 2^{GRID}, flexiFED 3^{GRID} & flexiFED 4^{GRID}

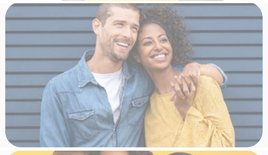
Choose the right flexi**FED Hospital Plan** for you

You generally spend **very little** on day-to-day medical expenses and/or prefer to self-fund these

- ✓ Keep your monthly medical scheme contributions low
- ✓ Our hospital plans come with essential, built-in day-to-day benefits, e.g. screening and wellness benefits
- ✓ You are covered for hospital bills

Cover starting from
FROM R1 252 p/m

HOSPITAL PLANS
Hospital cover and self-funded out-of-hospital expenses

ESSENTIAL healthcare cover (for under 35 year olds)		flexiFED Savvy Hospital Plan — From R1 252 p/m
OCCASIONAL healthcare cover (e.g. maternity)		flexiFED 1 Hospital Plan — From R2 885 p/m
MEDIUM healthcare cover (e.g. maternity; enhanced cancer cover; enhanced chronic)		flexiFED 2 Hospital Plan — From R4 126 p/m flexiFED 3 Hospital Plan — From R5 035 p/m
HIGH healthcare cover (e.g. maternity; enhanced cancer cover; enhanced chronic; prostheses)		flexiFED 4 Hospital Plan — From R6 733 p/m

PLUS, the following unique benefits that are paid from Risk on all hospital plans

- **Unlimited MRI/CT scans** – Whether they're done in- or out-of-hospital
- **Trauma treatment in a casualty ward** – Treatment like stitches is covered whether you're admitted to hospital or not
- **7 days of take-home medicine** – Up to a maximum of R428 per beneficiary per admission upon discharge from hospital
- **30-day post-hospitalisation benefit** – Treatment like physio, X-rays or pathology is covered following a hospital stay
- **Female contraceptives** – Certain oral and injectable female contraceptives are covered, provided they are prescribed by a doctor or gynae, and not as an acne treatment

You also enjoy:

- A rich **screening benefit** for general, children's, women's, men's, cardiac, and over-40's health
- **Child rates** up to the age of 27
- Only pay for **three children**

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: flexiFED Hospital Plans overview

		flexiFED Savvy Hospital Plan	flexiFED 1 Hospital Plan	flexiFED 2 GRID | flexiFED2 Hospital Plan		flexiFED 3 GRID | flexiFED 3 Hospital Plan		flexiFED 4 GRID | flexiFED 4 Hospital Plan	
Monthly contribution	**Principal Member**	R1 252	R2 885	R4 126	R4 600	R5 035	R5 614	R6 733	R7 515
	Adult Dependant	R1 252	R2 261	R3 678	R4 094	R4 617	R5 143	R6 157	R6 859
	Child Dependant	R920	R1 056	R1 218	R1 358	R1 785	R1 990	R2 029	R2 260
Day-to-day benefit	**Annual D2D+**	-	R3 120	R3 640		R4 160		R4 680	
	Additional benefits	Unlimited virtual consults 3 in-person consults per beneficiary	Unlimited network GP consults once submitted out-of-pocket expenses reach Threshold Unlimited MRI/CT scans Preventative dentistry once submitted out-of-pocket expenses reach Threshold	Unlimited network GP consults once submitted out-of-pocket expenses reach Threshold Unlimited MRI/CT scans Basic dentistry once submitted out-of-pocket expenses reach Threshold		Unlimited network GP consults once submitted out-of-pocket expenses reach Threshold Optical benefit Unlimited MRI/CT scans Basic dentistry once submitted out-of-pocket expenses reach Threshold		Unlimited network GP consults Unlimited MRI/CT scans Unlimited Above-threshold benefit (ATB) once submitted out-of-pocket expenses reach Threshold	
Maternity	**During pregnancy**		✓	✓		✓		✓	
	Hospital birth cover	✓	✓	✓		✓ Including private ward cover		✓ Including private ward cover	
	Post-birth benefit		✓	✓		✓		✓	
	Infant & childcare			✓		✓		✓	
Chronic benefits	**27 PMB conditions**	✓	✓	✓		✓		✓	
	Additional conditions	Depression				Depression + 7 Conditions		Depression + 18 Conditions	
Cancer		PMB	PMB	R334 110		R374 920		R534 640	
Mental health		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							
	Consultations			Mental health Programme		Mental health Programme		Mental health Programme	
	Psychiatric hospitalisation			✓ R43 000 pf		✓ R53 000 pf		✓ R56 000 pf	
Hospital cover	**Level of cover**		Additional Non-PMB admissions						
			271 PMB admissions						
	Use network facilities for planned procedures	✓	✓	✓	Any hospital	✓	Any hospital	✓	Any hospital

HOSPITAL 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
- Maternity Programme (excl. Savvy)
- Upgrade to a higher plan within 30 days of a life-changing event

flexiFED
Hospital plan contributions

2027 Gross monthly contributions

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	R1 252	R1 252	R920
flexi**FED 1**	R2 885	R2 261	R1 056
flexi**FED 2**	R4 600	R4 094	R1 358
flexi**FED 2**[GRID]	R4 126	R3 678	R1 218
flexi**FED 3**	R5 614	R5 143	R1 990
flexi**FED 3**[GRID]	R5 035	R4 617	R1 785
flexi**FED 4**	R7 515	R6 859	R2 260
flexi**FED 4**[GRID]	R6 733	R6 157	R2 029

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

Fedhealth applies child rates up until age 27.

Members can **SAVE 10%** with GRID

GRID options are network plans.

GRID options offer the exact same level of coverage compared to their respective non-GRID variant.

You can enjoy lower monthly contributions of up to 10%, by opting to make use of over 140 private hospitals for planned procedures.

- ✓ Extensive network coverage across South Africa
- ✓ Representation across all major hospital groups

D2D+ BENEFIT

We reward your smart health choices with up to R4 680 in extra day-to-day benefits.

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, flexi**FED 1, 2, 3** and **4** members can unlock an extra amount of up to R4 680 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**

*D2D+ Benefit is not applicable to flexi**FED**Savvy*

flexi**FED 1**	R3 120
flexi**FED 2**	R3 640
flexi**FED 3**	R4 160
flexi**FED 4**	R4 680

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

Threshold Benefit

The Threshold Benefit on flexi**FED 1, 2, 3** and **4** offers additional cover for certain day-to-day expenses.

The benefit is unlocked by submitting out-of-pocket expenses for day-to-day expenses not already covered on your plan.

Once your submitted expenses reach a certain Rand amount (‘Threshold level’), your threshold benefit will unlock.

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

Threshold levels on flexi**FED hospital plans**

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
flexi**FED**Savvy	N/A		
flexi**FED 1**	R5 724	R4 488	R2 100
flexi**FED 2**	R9 060	R8 064	R2 676
flexi**FED 3**	R10 824	R9 912	R3 840
flexi**FED 4**	R23 184	R21 156	R6 972

***NOTE:** Claims accumulate at cost on flexi**FED 1, 2 and 3**, and at scheme rate on flexi**FED 4**.*
**Up to a maximum of three children*

Screening, wellness and extra value-added benefits

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	Benefit criteria	Quantity and frequency	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS BENEFITS							
MENTAL WELLNESS							
Mental health consultations			Two virtual mental health consultations per beneficiary at a nominated network GP	Two mental health consultations per beneficiary at a nominated network GP once Threshold has been reached			Two mental health consultations per beneficiary at a nominated network GP before and after Threshold
Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.			✔	✔	✔	✔	✔
Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.			✔	✔	✔	✔	✔
GENERAL WELLNESS							
HIV finger prick test	All lives	1 test every year	✔	✔	✔	✔	✔
Flu vaccination and administration*	All lives	1 vaccine 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	–	✔	✔	✔	✔

** Combined administration of vaccination benefit limit of 15 per annum per family*

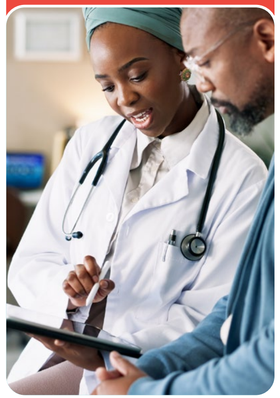
BENEFIT	Benefit criteria	Quantity and frequency	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CHILDREN'S HEALTH							
RSV vaccination administered during pregnancy to protect infants against severe RSV-related lower respiratory tract disease from birth to 6 months	Pregnant women	Once per lifetime.	–	–	–	–	✔
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	–	–	✔	–	–
	Birth up to age 2	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	–	–	✔	✔	✔
Child optometry screening (tariff code 11001)	All children aged 5-8	1 Child Optometry Screening per lifetime	–	–	–	–	✔
WOMEN'S HEALTH							
Cervical cancer screening (Pap smear)	Women aged 21 - 65	1 test every 3 years	✔	✔	✔	✔	✔
Cervical cancer screening pharmacy consultation	Women aged 21 - 65	1 consultation every 3 years	✔	✔	✔	✔	✔
HPV PCR test	Women aged 21 to 65	1 test every 5 years	✔	✔	✔	✔	✔
Contraceptives	Women up to age 55	Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. 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: Limited to 1 every 2 years	–	✔	✔	✔	✔
Emergency oral contraceptive benefit	Women up to age 55	1 every year	✔	✔	✔	✔	✔

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

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
MEN'S HEALTH							
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test every year	–	✔	✔	✔	✔
ALL OVER 40s HEALTH							
Breast cancer screening with mammography	All lives aged 40 and older	1 every 2 years	–	✔	✔	✔	✔
Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75	1 every year	–	✔	✔	✔	✔
Pneumococcal vaccination and administration*	All lives aged 65 and older	2 per lifetime	–	✔	✔	✔	✔
HEALTH RISK ASSESSMENTS							
Wellness screening (BMI, blood pressure, finger prick cholesterol and glucose tests)	All lives	1 every year	✔	✔	✔	✔	✔
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture and fitness)	All lives	1 every year	✔	✔	✔	✔	✔
Weight management programme	Limited to 1 qualifying enrolment per beneficiary per annum.	2 Psychotherapy consultations 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)	–	✔	✔	✔	✔

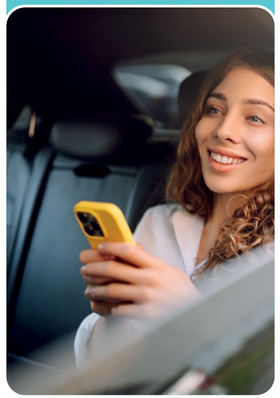
PLUS, the following support and assistance:

30-day Post-hospitalisation benefit



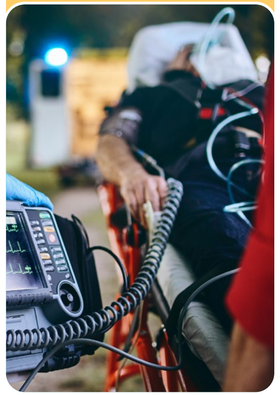
Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk. This includes post-hospital treatment for physiotherapy, 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



flexi**FED** 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



flexi**FED** 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 is 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 Benefit.**

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

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

flexiFED
Day-to-Day Benefits

Here's an overview of the day-to-day benefits available on flexi**FED**, including the casualty ward benefit and the chronic medication benefit (refer to page 20–22 for further details).

On flexi**FED**, day-to-day expenses are either self-funded, or they can be paid from Fedhealth Savings if the member makes use of their available back-up day-to-day savings up to cost, and from available D2D+ benefits up to the Fedhealth Rate. See page 40 for information about Back-up Savings and page 6 for information about D2D+ benefits.

Click here to access **ZOOM on D2D+ Benefits.**

BENEFIT	flexi**FED**^{Savvy}	flexi**FED 1**	flexi**FED 2**	flexi**FED 3**	flexi**FED 4**
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk.	**Pre Threshold:** Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Each beneficiary can nominate up to 2 Network GPs. Consultations at a network GP (not the nominated one) will be self-funded and accumulate to Threshold at cost. **In Threshold:** Unlimited nominated Network GP benefit. Consultations will be subject to a 20% co-payment in Threshold. **Mental health:** Maximum of 2 mental health consultations per beneficiary with a network GP will be paid from Threshold.			**Pre Threshold:** Consultations with a Network GP will be paid from Risk from Rand one (these consultations do not accumulate to Threshold). On flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect}, you also need to nominate a network GP. Each beneficiary can nominate up to 2 Network GPs on flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect}. **Mental health:** In-network, Fedhealth will pay for two mental health consultations per beneficiary with a network GP – before and after Threshold. **In Threshold:** Unlimited Network GP benefit. Consultations will be subject to a 20% co-payment in Threshold.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP.	2 consultations per family, subject to the 3 face-to-face visits.	**Pre Threshold:** Consultations with an out-of-network GP will be self-funded or paid from available D2D+ benefits at the Fedhealth Rate. **In Threshold:** Limit of 2 consultations with an out-of-network or non-nominated GP per beneficiary paid from Threshold. Thereafter, consultations with a non-network GP will be self-funded. **Mental health:** Consultations with a non-network GP will not be paid from Threshold, but will be self-funded.			**Pre Threshold:** Consultations with an out-of-network GP will be self-funded or paid from available D2D+ benefits at the Fedhealth Rate and accumulate at the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. **Mental health consultations out-of-network:** Self-funded and will accumulate to Threshold. **In Threshold:** Limit of 2 consultations with an out-of-network GP per beneficiary paid from Threshold. Thereafter, consultations with a non-network GP will be self-funded. **Mental health:** Consultations with a non- network GP will not be paid from Threshold, but will be self-funded.

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Self-funded accumulates at the Fedhealth Rate, but if paid from D2D+, no accumulation. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered at cost with 20% co-payment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold.. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at Fedhealth Rate Accumulates up to the Fedhealth Rate. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered up to the Fedhealth Rate with 20% co-payment if GP referral not obtained.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% copayment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% co-payment if GP referral not obtained.
TRAUMA TREATMENT IN A CASUALTY WARD	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R910 per visit for non-PMBs applies.				
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery.	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Once threshold has been reached, the following benefits pay in threshold: 2 consults pbpa (includes infection control+ sterilised instruments+ x-rays) and 2 scaling and polishing pbpa. Topical application of fluoride: 2 pbpa for children between ages 3 and 12. Fissure sealant for children younger than 14. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Once Threshold has been reached, the following benefits will be paid from Threshold: 2 annual consultations per beneficiary incl. x-rays and scaling and polishing and fillings and extractions. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.		Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians.	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R8 860 per beneficiary per year • R26 460 per family per year • 20% co-payment applies in Threshold
Osseo-integrated implants, orthognathic surgery.	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to or pay from Threshold.
ADDITIONAL MEDICAL SERVICES Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Self-funded	Self-funded. Accumulates at cost to Threshold.			**In and out-of-hospital:** Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. 20% co-payment applies in Threshold.
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to or pay from Threshold.
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Hearing aids, wheelchairs, etc.	Self-funded	Self-funded. Accumulates at cost to Threshold.			**In and out-of-hospital:** Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics).
MEDICINES AND INJECTION MATERIAL					
Acute medicine	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate. The following limits apply before and after Threshold: • R6 780 per beneficiary per year • R13 680 per family per year • 20% co-payment applies in Threshold
Chronic medicine	Please see Chronic Medicine Benefit on page 21				
Over-the-counter medicine	Self-funded	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to or pay from Threshold.
Specialised Drugs (oncology/non-oncology)	No benefit				R30 000 per family for the treatment of macular degeneration.
OPTICAL BENEFIT					
Consultations Spectacle lenses Frames and/or lens enhancements	Self-funded	Self-funded. Accumulates at cost to Threshold.		Up to R2 070 per beneficiary every 24 months paid from Risk. Lens enhancement excluded. Thereafter, self-funded. Accumulates at cost to Threshold.	Self-funded. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R4 010 per beneficiary per year. • R12 210 per family per year. • 20% co-payment applies in Threshold.

** Private nursing that falls outside the alternatives to hospitalisation benefit*

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PATHOLOGY AND MEDICAL TECHNOLOGY	Self-funded	Self-funded or paid from available D2D+ benefits at Fedhealth Rate. Accumulates at cost to Threshold. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
GENERAL RADIOLOGY	Self-funded	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates at cost. Claims paid from D2D+ do not accumulate to Threshold.			Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
SPECIALISED RADIOLOGY Pre-authorisation is required	Self-funded	Unlimited at Fedhealth Rate. First R4 390 for non-PMB MRI/CT scans for the member's account.	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/CT scans for the member's account		
Oncology PET and PET/CT scans	PMB level of care at network DSP or R5 890 co-payment for use of non-DSP.	2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.			
SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS Paid from the in-hospital benefit (subject to authorisation)	Self-funded	Gastroscopy (no general anaesthetic will be paid for) Colonoscopy (no general anaesthetic will be paid for) Flexible sigmoidoscopy Indirect laryngoscopy Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) Fine needle aspiration biopsy Excision of nailbed Drainage of abscess or cyst Injection of varicose veins Excision of superficial benign tumours Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision			
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy.	Self-funded	Self-funded. Accumulates at cost to Threshold			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year. 20% co-payment applies in Threshold.

Maternity and Childhood Benefits

Maternity and Childhood Benefits

flexiFED 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		flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
During pregnancy						
FEDHEALTH BABY | MOM MATERNITY CARE PROGRAMME						
Online Doula-on-Call consultation* to activate member's enrolment PLUS a R500 voucher once Doula consultation is completed. A personal Doula (area dependent) from our Preferred Doula list. Up to R4 000 in vouchers and gifts along member's pregnancy journey. Weekly pregnancy updates (and every second week for spouse). Doula benefit of R5 000. Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings. Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop. Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes. A midwife appointment - R500 voucher after appointment. A R1 000 voucher if member gives birth at a preferred birthing facility. 24-hour medical advice line. Trimester calls from our friendly consultants. Doula-on-Call support throughout pregnancy. Post-birth Doula check-in Online lactation consultation. Handy Fedhealth baby bag, filled with essential baby products. **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.*		–	✔	✔	✔	✔
MAIN BENEFITS						
Antenatal (or postnatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	–	✔	–	–	–
	8 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	–	–	✔	–	–
	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	–	–	–	✔	✔
RSV vaccination for maternity	Once in a woman's lifetime during pregnancy funded from Risk.	–	–	–	–	✔

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

Please refer to page 33 to see benefits related to maternity confinement in-hospital.

BENEFIT			flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
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		–	✔	✔	✔	✔
Post-birth benefits							
Postnatal (or antenatal) consultations	6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	✔	–	–	–
	8 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	–	✔	–	–
	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		–	–	–	✔	✔
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	–	–	✔	–	–
	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	–	–	–	✔	✔
Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby | Mom Maternity Care Programme		–	✔	✔	✔	✔

Click here to access ZOOM on Maternity and Childhood Benefits.

Click here to access ZOOM on Fedhealth Baby | Mom Maternity Care Programme.

BENEFIT			flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
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	Payable from risk up to the age of 18	Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin Juvenile Idiopathic Rheumatoid Arthritis medication	–	–	✔	✔	✔
Optical screening	All children aged 5 – 8	1 Child Optometry Screening per lifetime	–	–	–	–	✔
24-HOUR PAED-IQ ADVICE LINE	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.		✔	✔	✔	✔	✔

Please note:
*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:

	flexi**FED**[Savvy]	flexi**FED 1**	flexi**FED 2**	flexi**FED 3**	flexi**FED 4**
LIMIT	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL). Depression medication - R2 250 per beneficiary per annum subject to an approved list of medications.	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL). Depression medication - R2 490 per beneficiary subject to an approved list of medications.		Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children under the age of 18), Eczema (children under the age of 18), Acne (up to the age of 21). The following specified non-PMB conditions are subject to a sub-limit of R3 430 per family which are: • ADHD (children ages 6 – 18 years old) • Depression • Generalised Anxiety Disorder • Post-Traumatic Stress Disorder	Subject to a limit of R6 750 per beneficiary, and R13 500 per family. Thereafter unlimited cover for conditions on the CDL.
FORMULARY	Basic formulary or a 25% co-payment for non-use of formulary medication.	Basic formulary or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexi**FED 2**. Basic formulary on flexi**FED 2**[GRID] and **2**[Elect] or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexi**FED 3**. Basic formulary on flexi**FED 3**[GRID] and **3**[Elect] or a 30% co-payment for non-use of formulary medication.	Intermediate formulary on flexi**FED 4**. Basic formulary on flexi**FED 4**[GRID] and **4**[Elect] or a 30% co-payment for non-use of formulary medication.
PHARMACY	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP.	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.	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.

HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS

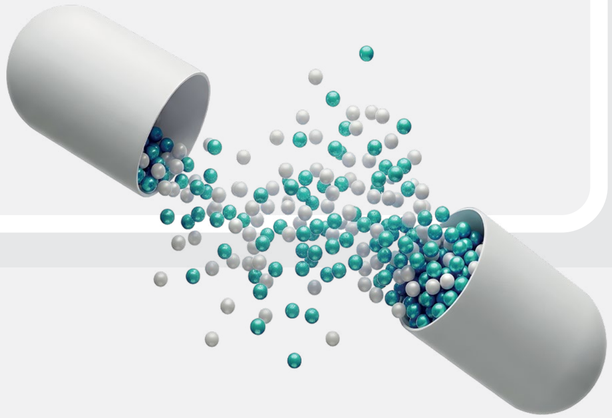
Limit	Unlimited

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

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

7 Additional conditions covered on flexiFED 3:

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

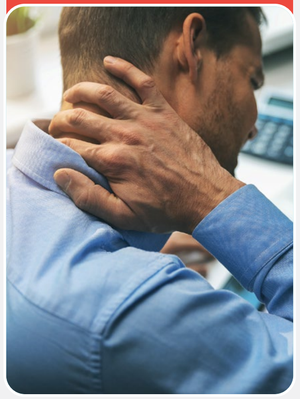


18 Additional conditions covered on flexiFED 4:

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

Managed Care

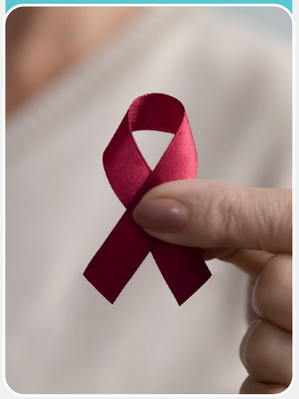
OrthoCare



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

Click here to access **ZOOM on OrthoCare Spinal Programme.**

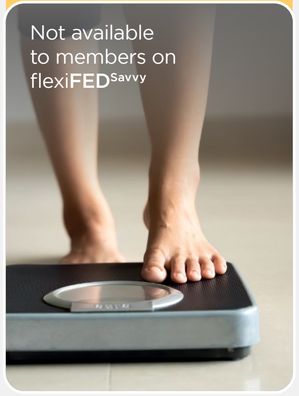
AfA HIV Management Programme



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

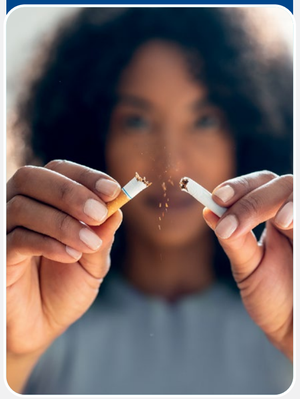


The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

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.**

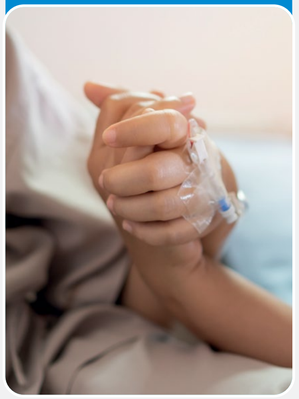
Smoking Cessation Programme



flexi**FED** 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 flexi**FED**[Savvy] and flexi**FED 1**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 2**, oncology is covered up to R334 110 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 3**, oncology is covered up to R374 920 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.
- On flexi**FED 4**, oncology is covered up to R534 640 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

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

BENEFIT	flexi**FED**[Savvy]	flexi**FED 1**	flexi**FED 2**	flexi**FED 3**	flexi**FED 4**
ONCOLOGY LIMIT: The use of non-DSP* will attract a 25% upfront co-payment.	Covered up to PMB level of care		R334 110	R374 920	R534 640
Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply.		Subject to Oncology limit. ICON Essential Protocols apply.		
ONCOLOGY AND ONCOLOGY MEDICINE 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. ICON Essential Protocols apply.		Subject to Oncology limit. 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 DSP Network applicable or a R5 890 co-payment for non-DSP use		Subject to Oncology limit. Limited to 2 per family per year, DSP Network applicable or a R5 890 co-payment for non-DSP use		
Specialised drugs for oncology	No benefit unless PMB level of care				
Brachytherapy materials	No benefit				R64 520
TERMINAL CARE	No benefit unless PMB level of care	R36 960			

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

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

BENEFIT		flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
WELLNESS RESOURCES AND DIGITAL TOOLS	Stress and Anxiety Benefit:	Two virtual consultations per beneficiary which can be used via any virtual mental health platform.		–		
	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.	✔	✔	✔	✔	✔
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	✔	✔	✔	✔	✔
OVERVIEW OF PMBs FOR MENTAL HEALTH		Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia, acute stress disorder, and substance abuse. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.				

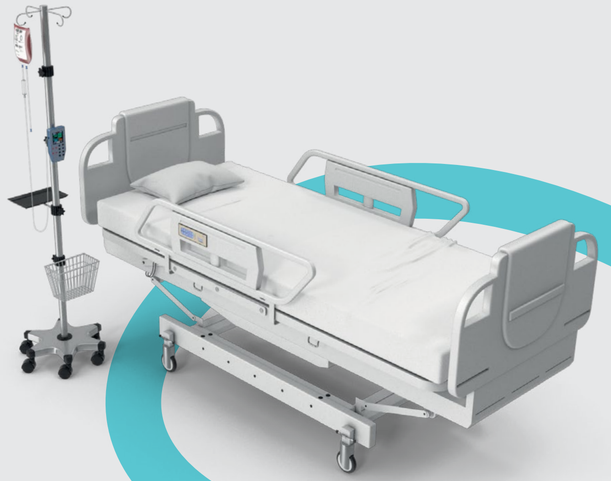
Click here to access ZOOM on Mental Health Benefits.

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CONSULTATIONS	Two virtual consultations per beneficiary. Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be self-funded.	Two virtual consultations per beneficiary. 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. Additional consultations will be self-funded. Once in Threshold, two mental health consultations per beneficiary (in-network GPs only).	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. Additional consultations will be self-funded. Once in Threshold, two mental health consultations per beneficiary (in-network GPs only).		Two mental health consultations per beneficiary (in network GPs only). Up to 21 days of admissions or up to 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. Additional consultations will be self-funded. Once in Threshold, Additional Medical Services benefit that is limited to R13 820 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Programme.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions. Depression Medication: R2 250 per beneficiary per annum subject to approved list of medication.	Covered under PMBs for qualifying conditions. Depression medication: R2 490 per beneficiary per annum subject to approved list of medication Once limit is depleted, medication for depression will be self-funded.		As part of annual chronic medicine benefit of R3 430 per family, covers selected mental health conditions like depression, anxiety and PTSD.	As part of annual chronic medicine benefit of R6 750 per beneficiary, R13 500 per family covering a list of mental health diagnoses.
MENTAL HEALTH PROGRAMME	No access to programme.		Limited to R10 000 per enrolling beneficiary. 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	Subject to PMB level of care up to 21 days admissions per beneficiary (see above).		R43 000 per family.	R53 000 per family.	R56 000 per family.

Hospital Cover

Unlimited Hospital Cover

flexi**FED**, like all Fedhealth options, has an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions.



The in-hospital benefit covers:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
  - Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate. Limited to R2 680 per beneficiary per year on flexi**FED**[Savvy]
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- Members must use the **Fedhealth Hospital Network** or pay a co-payment on the hospital account, depending on the option.
- **Physiotherapy:** Referral by a medical practitioner and pre-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. Please see page 38 for a list of co-payments.

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	flexi**FED**[Savvy]	flexi**FED 1**	flexi**FED 2**	flexi**FED 3**	flexi**FED 4**
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit				
HOSPITAL NETWORK					
Acute Hospital Facilities	flexi**FED**[Savvy] Hospital Network	flexi**FED 1** Hospital Network	flexi**FED 2:** At any private hospital flexi**FED 2**[GRID]: Hospital Network	flexi**FED 3:** At any private hospital flexi**FED 3**[GRID]: Hospital Network	flexi**FED 4:** At any private hospital flexi**FED 4**[GRID]: Hospital Network
Day Surgery Facilities	flexi**FED**[Savvy] Day Surgery Facilities Network	flexi**FED 1** Day Surgery Facilities Network	flexi**FED 2** and flexi**FED 2**[GRID]**:** Day Surgery Facilities Network	flexi**FED 3** and flexi**FED 3**[GRID]**:** Day Surgery Facilities Network	flexi**FED 4** and flexi**FED 4**[GRID]**:** Day Surgery Facilities Network
Mental Health Facilities	Fedhealth Mental Health Facilities Network	Fedhealth Mental Health Facilities Network	flexi**FED 2**[GRID]**:** Fedhealth Mental Health Facilities Network.	flexi**FED 3**[GRID]**:** Fedhealth Mental Health Facilities Network.	flexi**FED 4**[GRID]**:** Fedhealth Mental Health Facilities Network.
HOSPITAL LIMIT	Unlimited				
PRESCRIBED MINIMUM BENEFITS (PMB) Treatment for PMB conditions can be funded in two ways	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, specialists, hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more.				
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items	Unlimited at Fedhealth flexi**FED**[Savvy] Network Hospitals	Unlimited at Fedhealth flexi**FED 1** Network Hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi**FED 1**[Elect] there is a R16 570 excess on all hospital admissions except emergency admissions	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi**FED 2**[GRID], members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi**FED 2**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions.	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi**FED 3**[GRID], members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi**FED 3**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions.	Unlimited at any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi**FED 4**[GRID], members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi**FED 4**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions.
Hospital co-payment for non-network hospital	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities. 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse.	30% co-payment on voluntary use of non-network acute hospitals. 30% co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi**FED 1**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions On flexi**FED 1**[Elect], there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi**FED 2** and flexi**FED 2**[GRID] there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi**FED 2**[GRID]: there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi**FED 2** and flexi**FED 2**[GRID] there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi**FED 2**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi**FED 2**[Elect], there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi**FED 3** and flexi**FED 3**[GRID] there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi**FED 3**[GRID]: there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi**FED 3** and flexi**FED 3**[GRID] there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi**FED 3**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi**FED 3**[Elect], there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse	flexi**FED 4** and flexi**FED 4**[GRID] there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi**FED 4**[GRID]: there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi**FED 4** and flexi**FED 4**[GRID] there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi**FED 4**[Elect], there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi**FED 4**[Elect], there is a 25% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
CONFINEMENT					
Maternity confinement: Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.	Unlimited at PMB level of care. Elective Caesarean sections subject to a R9 690 co-payment.	Unlimited			
Elective Caesareans	Elective Caesarean sections subject to a R9 690 co-payment	Unlimited			
Private ward cover	No benefit			When available	
Delivery by Fedhealth Network GPs and specialists	Covered in full				
Delivery by non-network GPs and specialists	100% of the Fedhealth Rate, subject to a combined limit of R2 680 for non-network GP and Specialist consultations.	Covered up to the Fedhealth Rate			
Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited at PMB level of care	Unlimited			
Delivery by a registered midwife/nurse or a practitioner	Unlimited at PMB level of care	Unlimited			
Hire of water bath and oxygen cylinder	Unlimited at PMB level of care	Unlimited			
Medicine on discharge from hospital: The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital.	Limited to 7 days' medication up to a maximum of R428 per beneficiary per admission				
FEDHEALTH BABY | MOM MATERNITY CARE PROGRAMME	No benefit	All 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 Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	Self-funded unless PMB level of care	Self-funded Accumulates at cost to Threshold			**In- and out-of-hospital:** Self-funded Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited at cost at PMB level of care	Unlimited			

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms (Subject to authorisation and covered from risk)	Self-funded.	Gastroscopy (no general anaesthetic will be paid for) Colonoscopy (no general anaesthetic will be paid for) Flexible sigmoidoscopy Indirect laryngoscopy Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) Fine needle aspiration biopsy Excision of nailbed Drainage of abscess or cyst Injection of varicose veins Excision of superficial benign tumours Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision			
MEDICINE ON DISCHARGE FROM HOSPITAL The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital.	Up to 7 days supply to a maximum of R428 per beneficiary per admission				
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities.					
Nursing services, private nurse practitioners and nursing agencies	Unlimited at cost at PMB level of care	Unlimited at negotiated tariff			
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care				
Terminal Care Benefit	No benefit	R36 960			
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS					
General medical and surgical appliances (including glucometers)	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Hearing aids including repairs	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Large orthopaedic orthotics/ appliances	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Stoma products	Self-funded unless PMB level of care	Unlimited subject to authorisation			
CPAP apparatus for sleep apnoea	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Foot orthotics (incl. shoes and foot inserts/ levellers)	Self-funded unless PMB level of care	Self-funded. Accumulates at cost to Threshold.			Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Oxygen therapy equipment	No benefit unless PMB level of care	Unlimited subject to authorisation			
Home ventilators	Self-funded unless PMB level of care	Unlimited subject to authorisation			
Long leg callipers	Self-funded unless PMB level of care	Unlimited subject to authorisation			
Moon boots	No benefit unless PMB level of care	Limited to R2 140 per beneficiary			
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited				
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER					
Fedhealth Network GPs and Specialists	Covered in full				
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 680 per family	Covered up to the Fedhealth Rate.			
Other Healthcare Practitioners	Covered up to the Fedhealth Rate				
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care		R334 110		R534 640
Corneal grafts	No benefit				R38 890 per beneficiary

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited				
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited				
PROSTHESES AND DEVICES INTERNAL					
Aorta stent grafts	Unlimited at cost at PMB level of care			R70 160	
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	
Cardiac pacemakers	Unlimited at cost at PMB level of care				R33 210
Cardiac stents	Unlimited at cost at PMB level of care				R33 210
Cardiac valves	Unlimited at cost at PMB level of care				R33 210
Detachable platinum coils	Unlimited at cost at PMB level of care			R60 740	
Elbow, hip, knee and shoulder replacement	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	R33 210 limit applies for each joint category separately and not a combined limit for all. All joint replacements are limited to one procedure per joint category per beneficiary per year.
Total ankle replacement	No benefit				See combined benefit limit for all unlisted internal prosthesis*
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care				See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses – non-cataract (per lens) limited to 2 per beneficiary	Unlimited at cost at PMB level of care			R3 750	
* Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at PMB level of care			R29 880	

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care		R12 970	R13 820	
Continuous Glucose Monitoring (CGM devices) This benefit is limited to Type 1 diabetics only.	No benefit				R29 000 per family every year for CGM consumables and R8 000 per family every 5 years for CGM device.
GENERAL RADIOLOGY	Unlimited				
SPECIALISED RADIOLOGY	Unlimited at cost at PMB level of care	Unlimited at Fedhealth Rate. First R4 390 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - PMB level of care at network DSP or R5 890 co-payment for use of non-DSP.	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/ CT scans for the member's account Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.		
CT scans, MUGA scans, MRI scans, radio isotope studies	Specific authorisation required				
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used. Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis.	Unlimited at cost at PMB level of care		R334 110 up to the Fedhealth Rate		R534 640 up to the Fedhealth Rate
IMMUNE DEFICIENY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.	Unlimited at cost at PMB level of care.	Unlimited			

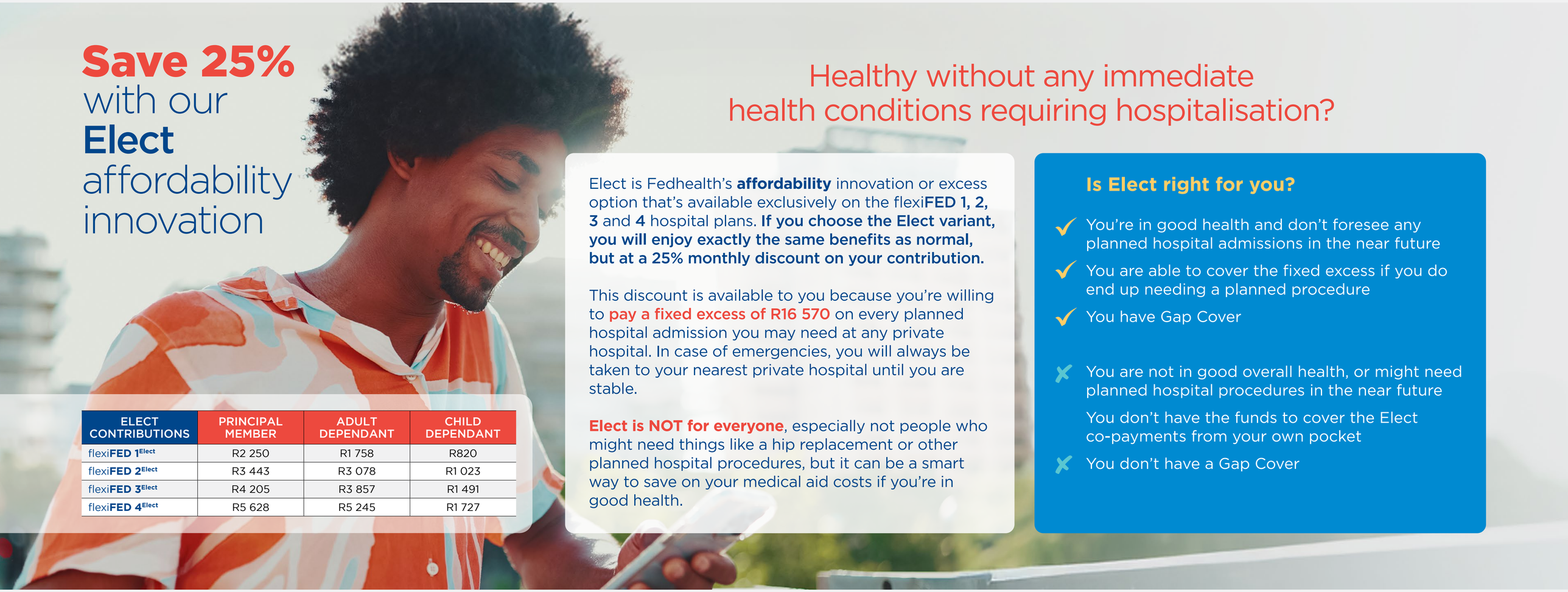
Procedure co-payments

BENEFIT	flexiFED Savvy	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Bunion procedures, diagnostic cystoscopy, gastritis/dyspepsia/ heartburn, nasal procedures, skin biopsy/excision	No benefit unless PMB level of care	R8 510		No co-payment	
All open hernia surgery	No benefit unless PMB level of care	R9 060	R6 140		No co-payment
Arthroscopic procedures - shoulder, ankle	No benefit unless PMB level of care	R11 360			R3 570
Arthroscopic procedures - wrist	No benefit		R11 360		R3 570
Arthroscopic procedures - hip	No benefit		R11 360		R3 570
Arthroscopic procedures - knee	No benefit unless PMB level of care	No benefit unless PMB Knee: only Anterior Cruciate Ligament repair – R11 360		R11 360	R3 570
Other arthroscopic procedures	No benefit unless PMB level of care	R11 360			R3 570
Back and neck procedures	No benefit unless PMB level of care	R8 510		R5 630	R3 120
Colonoscopy, upper GI endoscopy	No benefit unless PMB level of care	R8 510	R5 760		R3 360
Dental admissions	No benefit		No co-payment		
Inguinal hernia surgery	No benefit unless PMB level of care	R9 060	R6 140		No co-payment
JOINT REPLACEMENTS					
Single hip and knee replacements with CP*	No benefit			No co-payment	
Single hip and knee replacements-non-use of CP*	No benefit			R37 750	
Other joint replacements	No benefit			R9 060	R6 140
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias and Nissen/Toupet hernia repairs only), laparoscopic procedures	No benefit unless PMB level of care	R8 510			R5 760
Laparoscopic varicocelectomy	No benefit unless PMB level of care	R8 510			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit				R5 760
Spinal surgery**	No benefit unless PMB level of care			R10 710	R8 040
Surgical extraction of impacted wisdom teeth	No benefit unless PMB level of care	R6 140			
Varicose vein procedures	No benefit unless PMB level of care	R8 510		R5 760	No co-payment

** Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics or Major Joints for Life for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.*
*** No benefit unless OrthoCare Spinal Programme has been completed.*

Protect your health with **innovative customisation features**

Talk to your financial adviser about how you can **customise your cover** to better suit your needs and budget.



Save 25% with our **Elect** affordability innovation

ELECT CONTRIBUTIONS	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED 1**[Elect]	R2 250	R1 758	R820
flexi**FED 2**[Elect]	R3 443	R3 078	R1 023
flexi**FED 3**[Elect]	R4 205	R3 857	R1 491
flexi**FED 4**[Elect]	R5 628	R5 245	R1 727

Healthy without any immediate health conditions requiring hospitalisation?

Elect is Fedhealth's **affordability** innovation or excess option that's available exclusively on the flexi**FED 1, 2, 3** and **4** hospital plans. **If you choose the Elect variant, you will enjoy exactly the same benefits as normal, but at a 25% monthly discount on your contribution.**

This discount is available to you because you're willing to **pay a fixed excess of R16 570** on every planned hospital admission you may need at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital until you are stable.

Elect is NOT for everyone, especially not people who might need things like a hip replacement or other planned hospital procedures, but it can be a smart way to save on your medical aid costs if you're in good health.

Is Elect right for you?

- ✓ You're in good health and don't foresee any planned hospital admissions in the near future
- ✓ You are able to cover the fixed excess if you do end up needing a planned procedure
- ✓ You have Gap Cover

- ✗ You are not in good overall health, or might need planned hospital procedures in the near future
- ✗ You don't have the funds to cover the Elect co-payments from your own pocket
- ✗ You don't have a Gap Cover

Nominal and Back-up **Savings**

Nominal Savings

flexi**FED** hospital plans come with a nominal savings account so that members joining Fedhealth from other schemes can easily transfer their Medical Savings Account balances to the Scheme. The nominal savings amount is included in your contribution.

Annual Nominal Savings (included in the Gross Contribution)

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	R0	R0	R0
flexi**FED 1**	R324	R240	R108
flexi**FED 1**[Elect]	R240	R180	R72
flexi**FED 2**	R348	R3OO	R84
flexi**FED 2**[GRID]	R312	R264	R84
flexi**FED 2**[Elect]	R252	R228	R72
flexi**FED 3**	R348	R312	R120
flexi**FED 3**[GRID]	R312	R288	R108
flexi**FED 3**[Elect]	R276	R228	R84
flexi**FED 4**	R348	R312	R108
flexi**FED 4**[GRID]	R312	R288	R84
flexi**FED 4**[Elect]	R276	R240	R72

Back-up Savings

Worried about costly day-to-day expenses not already covered on your flexiFED Hospital Plan? Why not add back-up savings to your cover?.

The amounts below indicate how much back-up Savings you have available based on your option and family composition. The amount you activate will be divided by 12 and added to your hospital plan contribution.

flexi**FED with Backup Savings**

Annual maximum Back-up Savings that a member can add to their day-to-day cover

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	R6 648 for all family types		
flexi**FED 1**	R6 480	R5 100	R2 388
flexi**FED 1**[Elect]	R6 576	R5 172	R2 436
flexi**FED 2**	R10 452	R9 312	R3 108
flexi**FED 2**[GRID]	R10 500	R9 360	R3 108
flexi**FED 2**[Elect]	R10 572	R9 408	R3 120
flexi**FED 3**	R12 576	R11 520	R4 464
flexi**FED 3**[GRID]	R12 612	R11 544	R4 476
flexi**FED 3**[Elect]	R12 660	R11 616	R4 512
flexi**FED 4**	R19 788	R18 060	R5 952
flexi**FED 4**[GRID]	R19 824	R18 084	R5 976
flexi**FED 4**[Elect]	R19 872	R18 144	R5 988

flexiFED
Hospital plan

2027 Gross monthly contributions

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	R1 252	R1 252	R920
flexi**FED 1**	R2 885	R2 261	R1 056
flexi**FED 1**[Elect]	R2 250	R1 758	R820
flexi**FED 2**	R4 600	R4 094	R1 358
flexi**FED 2**[GRID]	R4 126	R3 678	R1 218
flexi**FED 2**[Elect]	R3 443	R3 078	R1 023
flexi**FED 3**	R5 614	R5 143	R1 990
flexi**FED 3**[GRID]	R5 035	R4 617	R1 785
flexi**FED 3**[Elect]	R4 205	R3 857	R1 491
flexi**FED 4**	R7 515	R6 859	R2 260
flexi**FED 4**[GRID]	R6 733	R6 157	R2 029
flexi**FED 4**[Elect]	R5 628	R5 245	R1 727

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

Fedhealth applies child rates up until age 27.

D2D+ BENEFIT

flexi**FED 1**	R3 120
flexi**FED 2**	R3 640
flexi**FED 3**	R4 160
flexi**FED 4**	R4 680

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

Threshold Benefit

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	none		
flexi**FED 1**	R5 724	R4 488	R2 100
flexi**FED 2**	R9 060	R8 064	R 2676
flexi**FED 3**	R10 8 24	R9 912	R3 840
flexi**FED 4**	R23 184	R21 156	R6 972

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

**Up to a maximum of three children*

Annual Nominal Savings (included in the Gross Contribution)

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	R0	R0	R0
flexi**FED 1**	R324	R240	R108
flexi**FED 1**[Elect]	R240	R180	R72
flexi**FED 2**	R348	R3OO	R84
flexi**FED 2**[GRID]	R312	R264	R84
flexi**FED 2**[Elect]	R252	R228	R72
flexi**FED 3**	R348	R312	R120
flexi**FED 3**[GRID]	R312	R288	R108
flexi**FED 3**[Elect]	R276	R228	R84
flexi**FED 4**	R348	R312	R108
flexi**FED 4**[GRID]	R312	R288	R84
flexi**FED 4**[Elect]	R276	R240	R72

Annual maximum Back-up Savings that a member can add to their day-to-day cover

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED**[Savvy]	R6 648 for all family types		
flexi**FED 1**	R6 480	R5 100	R2 388
flexi**FED 1**[Elect]	R6 576	R5 172	R2 436
flexi**FED 2**	R10 452	R9 312	R3 108
flexi**FED 2**[GRID]	R10 500	R9 360	R3 108
flexi**FED 2**[Elect]	R10 572	R9 408	R3 120
flexi**FED 3**	R12 576	R11 520	R4 464
flexi**FED 3**[GRID]	R12 612	R11 544	R4 476
flexi**FED 3**[Elect]	R12 660	R11 616	R4 512
flexi**FED 4**	R19 788	R18 060	R5 952
flexi**FED 4**[GRID]	R19 824	R18 084	R5 976
flexi**FED 4**[Elect]	R19 872	R18 144	R5 988

The amount of Back-up savings that a member decides to add to their cover will be divided by 12 and added to their gross contribution

Links to benefits info

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

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

ZOOM

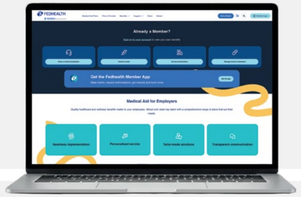
- 30-Day Post-Hospitalisation Benefit →
- Alignd Serious Illness Benefit →
- All about dependants →
- Alternatives to Hospitalisation Benefit →
- Chronic Medicine Benefit →
- Contraceptive Benefit →
- Emergency Assistance →
- Emergency Treatment in a Casualty Ward →
- Maternity & Childhood Benefits →
- Fedhealth Baby | Mom Maternity Care Programme →
- flexi**FED 1** Preventative Dentistry Benefit →
- flexi**FED 2** Basic Dentistry Benefit →
- flexi**FED 3** Basic Dentistry Benefit →
- GP Nomination →
- Hospital at Home Benefit →
- MediTaxi Benefit →
- Mental Health Benefit →
- Mental Health Programme →
- Oncology Benefit →
- Option Upgrades →
- OrthoCare Spinal Programme →
- Screening Benefit →
- Self-Service Channels →
- Selected Procedures Benefit →
- Smoking Cessation Programme →
- Specialised Radiology Benefit →
- Specialist Referral →
- Weight Management Programme →

Contact us

WEBSITE

fedhealth.co.za

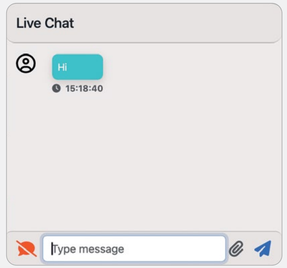
The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



LIVECHAT

Access on the website

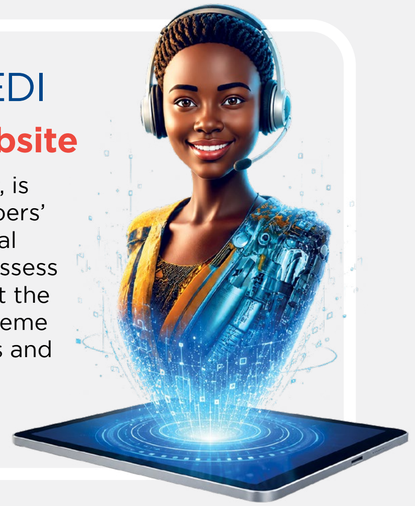
Members can type in their queries and one of our LiveChat agents will assist them online.



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.

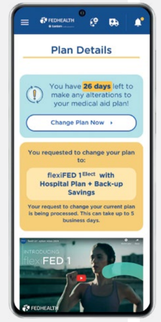
Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

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
Web: www.fedhealth.co.za

Alignd
Tel: 0860 100 572
Email: 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
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

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

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

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 - 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

Fedhealth Oncology Programme
Monday to Friday 08h00 – 16h00
Tel: 0860 100 572
Email: 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

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
Claim submission: claims@fedhealth.co.za
Web: www.fedhealth.co.za
Postal address: Private Bag X3045, Randburg, 2125

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

FEDHEALTH

Sanlam preferred healthcare provider

Fedhealth Customer Contact Centre 0860 002 153

Corner Ontdekkers Road and Conrad Street, Absa Building Block F, Florida, 1716
Private Bag X3045, Randburg 2125

www.fedhealth.co.za

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.

For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.