

flexiFED  
2023



**INTERACTIVE** RATES & BENEFITS GUIDE

**GET STARTED**





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# Medical aid members can **build their way**

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



The most important building blocks of the flexiFED range include:

Use it as a **supercharged hospital plan**, a super-charged **savings plan** or a supercharged **flexible savings plan**

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

flexiFED plans are **tailored around the member's life stage**

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

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

Testament to the fact that we have the expertise and capability to look after our members, Fedhealth boasts a successful **86-year track record in healthcare**, a **Global Credit Rating of AA-** retained for 15 consecutive years, and a **solvency rate of 42.76%** (as at 31 December 2021).

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

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



# Unique benefits **paid from Risk**

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



## Upgrades to higher options any time of year

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



## Unlimited network doctor's visits

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



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

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



## Take-home medication

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



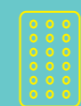
## Specialised radiology

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



## Trauma treatment at a casualty ward

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



## Female contraception

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



## In-hospital dentistry for children under 7

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



## Child rates for financially dependent children

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

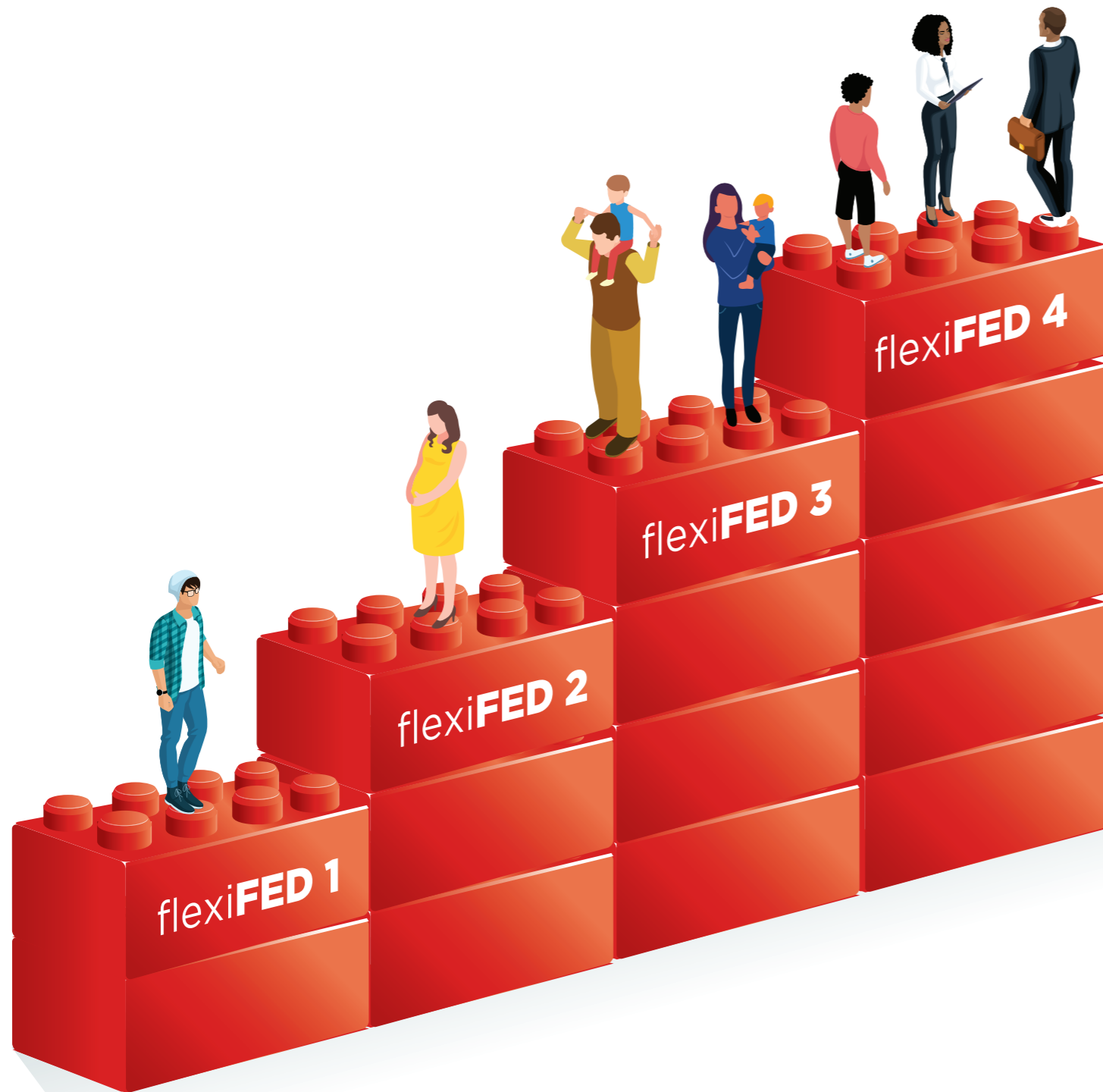






# flexiFED option range overview

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



## flexiFED 4 **Mature couples and families** [>](#) \*ACCESS TO DAY-TO-DAY FUNDS: R15 300 - R35 196

**Includes all benefits of flexiFED 1, 2 & 3 PLUS:**

- Customised childhood benefit >
- Day-to-day benefit >
- Chronic disease cover >

## flexiFED 3 **Growing families** [>](#) \*ACCESS TO DAY-TO-DAY FUNDS: R11 496 - R27 096

**Includes all benefits of flexiFED 1 & 2 PLUS:**

- Enhanced maternity benefit >
- Day-to-day benefit >
- Customised childhood benefit >
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## flexiFED 2 **Young and healthy and starting a family** [>](#) \*ACCESS TO DAY-TO-DAY FUNDS: R10 296 - R25 596

**Includes all benefits of flexiFED 1 PLUS:**

- Rich maternity benefit >
- Preventative and screening benefit >
- Childhood benefit >
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## flexiFED 1 **Young and healthy without kids** [>](#) \*ACCESS TO DAY-TO-DAY FUNDS: R9 696 - R15 900

- Preventative and screening benefit >
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flexiFED 4 Includes all benefits of flexiFED 1, 2 & 3 as well as:

**Customised childhood benefit also includes**

Optical screening for children aged 5 to 8 years – 1 per lifetime, child rates up to age 27.

**Day-to-day benefits**

Immediate access to unlimited network GP consults, unlimited comprehensive threshold benefit (including basic and advanced dental benefits).

**Chronic disease cover**

Cover for 18 additional chronic conditions.

**All flexiFED plans provide:**

**Access to a Fedhealth Savings\* for day-to-day benefits**

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

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

\* Powered by the MediVault

**Threshold benefit**

Once day-to-day claims have accumulated to the Threshold level, certain claims will be paid from the Threshold benefit. The Threshold benefit pays for certain day-to-day expenses once claims have accumulated to the Threshold level with a 20% co-payment for the member.



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### Mature couples and families

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Customised childhood benefit >



Day-to-day benefit >



Chronic disease cover >

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**Includes all benefits of flexiFED 1 PLUS:**



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## flexiFED 1

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In-hospital benefit >



Lifestyle benefit >



Chronic disease cover >



Day-to-day benefit >

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**flexiFED 3** Includes all benefits of flexiFED 1 & 2 as well as:

**Enhanced maternity benefit also includes:**  
Private ward cover; and 12 ante/postnatal consults with midwife, network GP or gynae, PLUS many more!

**Customised childhood benefit also includes:**  
Paediatric consultation without referral up to 24 months old. Additional chronic benefit for children up to 18 with asthma, eczema and acne up to the age of 21, PLUS many more!

**Day-to-day benefit**  
Optical benefit up to R1 930 per beneficiary every 24 months.

**Chronic disease cover for additional conditions**  
Cover for mental health disorders: ADHD (for children 6 -18 years old), depression, generalised anxiety disorder, post-traumatic stress disorder subject to an annual limit of R3 200 per family.

**All flexiFED plans provide:**

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

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

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

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

#### Rich maternity benefit

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

#### Childhood benefit

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

#### Preventative and screening benefit

Flu vaccination

#### Day-to-day benefit

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

#### All flexiFED plans provide:

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

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

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#### Threshold benefit

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

## flexiFED 4

### Mature couples and families

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Day-to-day benefit >

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**flexiFED 1** ✕

**Preventative and screening benefit**  
Screenings like HIV tests, Pap smears, cholesterol screening, wellness and preventative screenings and flu vaccines.

**Lifestyle benefit**  
Female contraception paid from Risk.

**Day-to-day benefit**  
Unlimited nominated network GP consults from Risk after day-to-day claims have reached the Threshold level.

**In-hospital benefit**  
Unlimited accident and emergency treatment at any private hospital.  
Unlimited hospital cover for planned procedures at network hospitals.

**Chronic disease cover**  
Unlimited cover for 27 (CDL) chronic conditions

**All flexiFED plans provide:**

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

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

\* Powered by the MediVault

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

**flexiFED 4**
**Mature couples and families**
>

\*ACCESS TO DAY-TO-DAY FUNDS: R15 300 - R35 196

- Includes all benefits of flexiFED 1, 2 & 3 PLUS:**
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# Your flexiFED. Your way.

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

## 1 Start with choosing an **option based on your life stage**

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

flexiFED 1 YOUNG SINGLES	flexiFED 2 FAMILY START-UPS	flexiFED 3 GROWING FAMILIES	flexiFED 4 MATURE FAMILIES
Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover
✓✓ Oncology	✓✓✓ Oncology	✓✓✓ Oncology	✓✓✓ Oncology
✓ Maternity, infants and children	✓✓ Maternity, infants and children	✓✓ Maternity, infants and children	✓✓ Maternity, infants and children
✓ Chronic	✓✓ Chronic	✓✓✓ Chronic	✓✓✓ Chronic
✓ Mental health	✓ Mental health	✓✓ Mental health	✓✓ Mental health

UNIQUE BENEFITS PAID FROM RISK

## 2 Choose an **additional discount** (if you want to)

SAVE **11%** WITH GRID

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

OR

SAVE **25%** WITH ELECT

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

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

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

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

### 1 Use it as a supercharged **hospital plan only**

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

flexiFED 1 FROM R1 583	flexiFED 2 FROM R2 196	flexiFED 3 FROM R2 508	flexiFED 4 FROM R3 355
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OR

### 2 Use it as a supercharged **savings plan**

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

flexiFED 1 FROM R1 895	flexiFED 2 FROM R2 611	flexiFED 3 FROM R3 132	flexiFED 4 FROM R4 394
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OR

### 3 Use it as a supercharged **flexible savings plan**

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





# Your flexiFED. Your way.

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

## 1 Start with choosing an option based on your life stage

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

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UNIQUE BENEFITS PAID FROM RISK

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

- Unlimited GP visits
- 7 days of take-home medicine
- Specialised radiology
- Female contraceptives
- Child rates for financially dependent children up to the age of 27
- Trauma treatment at a casualty ward
- Post-hospitalisation treatment
- Upgrades within 30 days of a life-changing event
- Only pay for three children

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

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

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

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flexiFED 1 FROM R1 583	flexiFED 2 FROM R2 196	flexiFED 3 FROM R2 508	flexiFED 4 FROM R3 355
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OR

### 2 Use it as a supercharged savings plan

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

flexiFED 1 FROM R1 895	flexiFED 2 FROM R2 611	flexiFED 3 FROM R3 132	flexiFED 4 FROM R4 394
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OR

### 3 Use it as a supercharged flexible savings plan

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



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UNIQUE BENEFITS PAID FROM RISK

## 2 Choose an **additional discount** (if you want to)

**SAVE 11% WITH GRID**

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

Choose a **GRID discount** and you'll be restricted to **our network of over 120 world-class private hospitals**, but **pay 11% less** on your flexiFED rate.

Both GRID and Elect restrictions only apply in example. The restrictions do not

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**UNIQUE BENEFITS PAID FROM RISK**

## 2 Choose an **additional discount** (if you want to)

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

**SAVE 25% WITH ELECT**

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

planned procedures – like hip replacements for case of accidents or emergencies.

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

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

**1 Use it as a supercharged **hospital plan only****

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

flexiFED 1 FROM R1 583	flexiFED 2 FROM R2 196	flexiFED 3 FROM R2 508	flexiFED 4 FROM R3 355
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**OR**

**2 Use it as a supercharged **savings plan****

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

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**OR**

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





# Your flexiFED. Your way.

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## 1 Start with choosing an option based on your life stage

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

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✓ Maternity, infants and children	✓ Maternity, infants and children	✓ Maternity, infants and children	✓ Maternity, infants and children
✓ Chronic	✓ Chronic	✓ Chronic	✓ Chronic
✓ Mental health	✓ Mental health	✓ Mental health	✓ Mental health

UNIQUE BENEFITS PAID FROM RISK

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<p><b>SAVE 11%</b></p> <p><b>WITH GRID</b></p> <p>FULL COVER AT NETWORK HOSPITALS In exchange, for planned procedures you must use Fedhealth's Private Hospital Network, which includes over 120 top private hospitals. You can still use a non-network hospital if you wish, but you will then have to pay a R13 800 co-payment. The co-payment doesn't apply in case of emergencies.</p>	<p><b>OR</b></p>	<p><b>SAVE 25%</b></p> <p><b>WITH ELECT</b></p> <p>FULL COVER AT ANY PRIVATE HOSPITAL WITH A CO-PAYMENT FOR ELECTIVE SURGERY In exchange, you'll be charged a fixed excess of R13 800 on all hospital admissions, except for emergencies. This excess only applies to the hospital bill; you could still have co-payments on out-of-network specialists, a procedure co-payment or shortfalls because benefit limits have been exceeded.</p>
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### Why do we call it a "supercharged" hospital plan?

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

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

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

flexiFED 1 R2 031	flexiFED 2 R2 934	flexiFED 3 R3 347	flexiFED 4 R4 480
-	flexiFED 2 <sup>GRID</sup> R2 608	flexiFED 3 <sup>GRID</sup> R2 975	flexiFED 4 <sup>GRID</sup> R3 978
flexiFED 1 <sup>Elect</sup> R1 583	flexiFED 2 <sup>Elect</sup> R2 196	flexiFED 3 <sup>Elect</sup> R2 508	flexiFED 4 <sup>Elect</sup> R3 355



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

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

flexiFED 1 Day-to-day benefit R3 744	flexiFED 2 Day-to-day benefit R4 980	flexiFED 3 Day-to-day benefit R7 488	flexiFED 4 Day-to-day benefit R12 468
flexiFED 1 R2 343	flexiFED 2 R3 349	flexiFED 3 R3 971	flexiFED 4 R5 519
flexiFED 1 <sup>Elect</sup> R1 895	flexiFED 2 <sup>GRID</sup> R3 023	flexiFED 3 <sup>GRID</sup> R3 599	flexiFED 4 <sup>GRID</sup> R5 017
	flexiFED 2 <sup>Elect</sup> R2 611	flexiFED 3 <sup>Elect</sup> R3 132	flexiFED 4 <sup>Elect</sup> R4 394

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OR

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

Think of this as a day-to-day safety net. **The funds are there for you in case you need them**, but only pay for the funds you request us to add to your cover.

<p>flexiFED 1 Day-to-day benefit M: R9 696 M+1: R13 392 M+2: R14 592 M+2+: R15 900</p>	<p>flexiFED 2 Day-to-day benefit M: R10 296 M+1: R15 900 M+2: R21 792 M+2+: R25 596</p>	<p>flexiFED 3 Day-to-day benefit M: R11 496 M+1: R17 496 M+2: R23 100 M+2+: R27 096</p>	<p>flexiFED 4 Day-to-day benefit M: R15 300 M+1: R27 696 M+2: R31 500 M+2+: R35 196</p>
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

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# flexiFED Supercharged Hospital Plans

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

## Why do we call it a “supercharged” hospital plan?

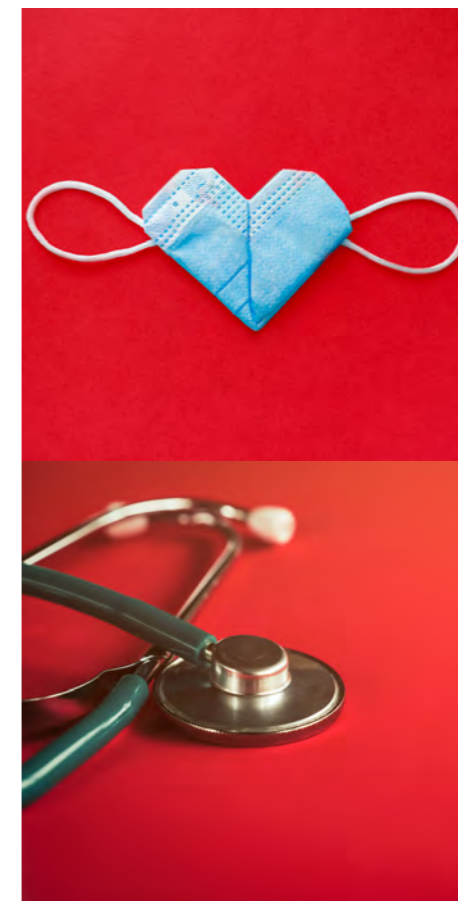
Because unlike other hospital plans that only pay for hospital related expenses, our flexiFED plans go further by covering you for a range of day-to-day benefits as well.

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

Certain plans offer even more built-in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... all at no additional cost to you.

## Your supercharged hospital plan includes the following benefits:

In-hospital benefit overview	>	More info   Benefit table
Chronic benefit overview	>	More info   Benefit table
Screening benefit overview	>	More info   Benefit table
Cancer cover overview	>	More info   Benefit table
Maternity and childhood benefit overview	>	More info   Benefit table
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How much will I pay? >



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# flexiFED Supercharged

If you want to keep your contributions as low as possible, should you be admitted to hospital, the flexiFED supercharged hospital plan is the best option for you.

## Why do we call it a “supercharged” hospital plan?

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

These include unlimited cover for female contraceptives, unlimited cover for trauma, unlimited cover for MRI/CT scans (with a co-pay), 7 days’ supply of take-home medicine per month, 24-hour GP consultations and dentistry.

Certain plans offer even more built-in day-to-day benefits for things like optical, dental and physiotherapy, all at no additional cost to you.

## Your supercharged hospital plan includes the following benefits:

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

## UNLIMITED PRIVATE HOSPITAL COVER ALL FEDHEALTH OPTIONS



Depending on their option, members may use either:

### FEDHEALTH NETWORK HOSPITALS\*

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

### PRIVATE HOSPITALS

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

## This benefit covers:



**Hospital account**



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



**Other healthcare providers**  
e.g. X-rays



**Certain procedures at day wards, day clinics and doctor's rooms**  
On some options, Fedhealth Day Surgery Network must be used to avoid co-pays.



**270 hospital-based PMB conditions**  
DSPs and referrals may apply to avoid co-pays.

**Pre-authorisation** must be obtained for all planned hospital admissions.

**EMERGENCIES:** members must obtain authorisation within 2 working days after hospital admission.

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

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





# flexiFED Supercharged Hos

If you want to keep your contributions as low as possible while ensuring you should you be admitted to hospital, the **flexiFED supercharged hos**

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Certain plans offer even more built-in day-to-day benefits for things like optometry, maternity and child health, all at no additional cost to you.

## Your supercharged hospital plan includes the following benefits:

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<b>Mental Health benefit overview</b>	>	More info

## In-hospital benefit

All Fedhealth options have an unlimited in-hospital benefit. Pre-authorization must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

- The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards, day clinics and doctor's rooms. On certain options, members must use facilities on the Fedhealth Day Surgery Network.
- On certain options, members must use the Fedhealth Hospital Network or pay a co-payment on the hospital account.

### Cover for hospital admissions

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

### Prescribed Minimum Benefits (PMBs)

PMBs are a basic level of cover for a defined set of conditions.

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

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

- Fedhealth uses network specialists, network GPs and network hospitals for the provision of PMBs.
- Members must use a Fedhealth Network Specialist and a nominated network GP in order for the cost to be refunded in full.
- Should you not use these DSPs for PMB treatment, the Scheme will reimburse treatment at the non-network rate.
- Co-payments are applicable to the voluntary use of non-DSPs. Referral must be obtained from a Fedhealth Network GP for consultations with Fedhealth Network Specialists. If referral is not obtained, there will be a co-payment on specialist claims paid from the Risk benefit. Co-payments are option dependent.

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

### Co-payments on certain procedures

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

### What qualifies as an emergency?

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







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

These include unlimited cover for female contraceptives, unlimited cover for trauma and emergency care, cover for MRI/CT scans (with a co-pay), 7 days' supply of take-home medicine per month, and cover for optometry, dental consults and dentistry.

Certain plans offer even more built-in day-to-day benefits for things like optical, dental and physiotherapy, all at no additional cost to you.

## Your supercharged hospital plan includes the following benefits:


In-hospital benefit overview	>
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### CHRONIC MEDICATION BENEFIT


ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

X


**This benefit covers:**



**27 Prescribed Minimum Benefit conditions**  
Paid from formulary. Preferred provider must be used.




**Chronic Disease List conditions**  
Covered in full if preferred provider and medicine on formulary are used.



**Additional chronic conditions**  
flexiFED 3 & 4  
Annual limit up to MPL.

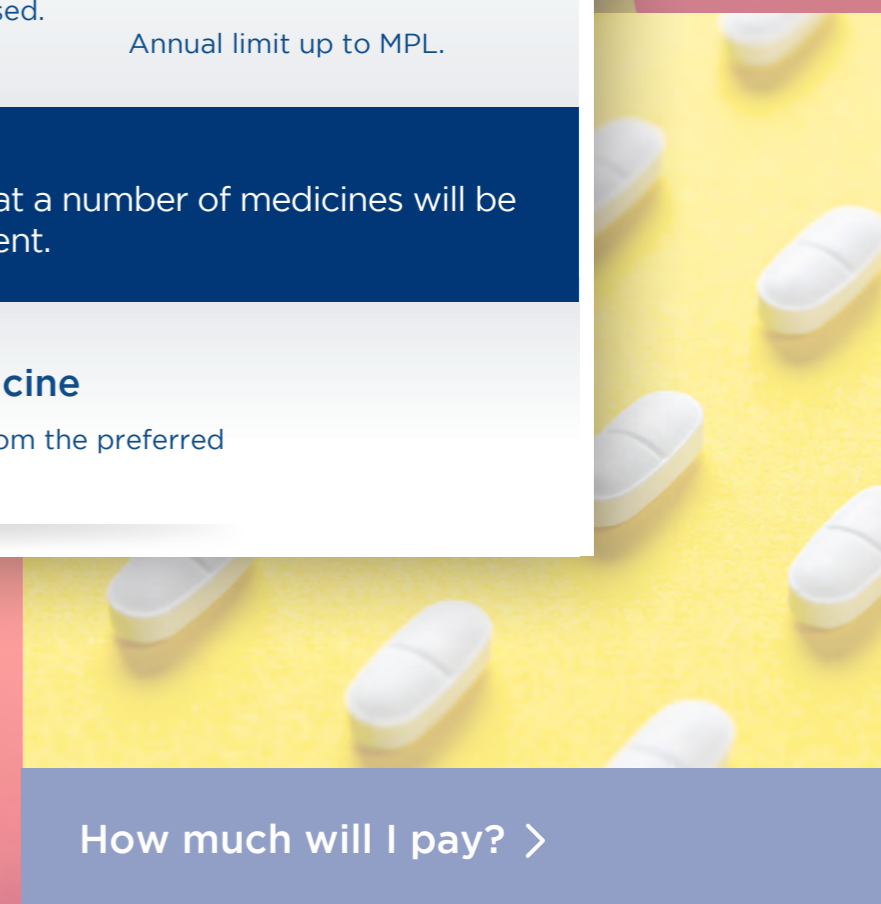
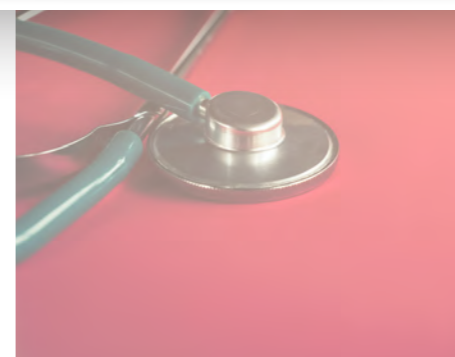
**Medicine Price List (MPL)**  
MPL is a reference price list that is set at a level to ensure that a number of medicines will be available without any co-payment.



**Obtaining chronic medicine**  
Members must obtain chronic medicines from the preferred providers

[More info](#) | [Benefit table](#)

[More info](#) | [Benefit table](#)



[How much will I pay? >](#)



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Mental Health benefit overview	>	More info   Benefit table

✕

### Chronic medicine benefit

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

**Chronic Disease Benefit**  
This benefit covers the conditions on the CDL. Some options cover additional conditions.

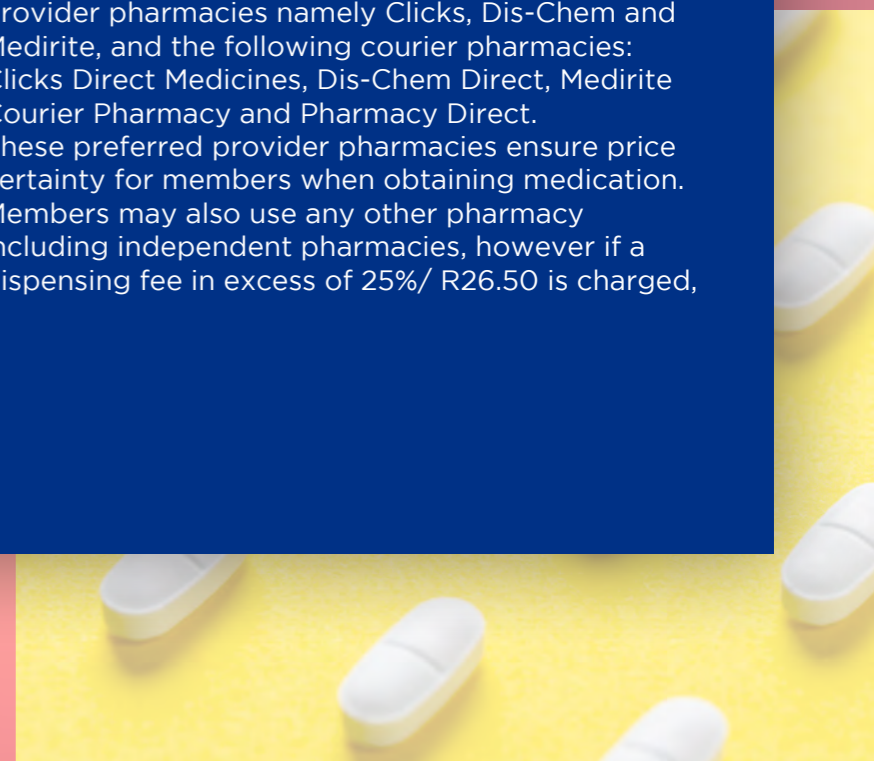
**Chronic Disease List**  
Conditions on the CDL are covered in full, provided members use the Scheme’s preferred providers as well as medicine on the formulary applicable to their option. If the medicine on the formulary is not used, the member will have to pay a 40% co-payment on the cost of the medicine.

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

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

**Obtaining chronic medicine**

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



How much will I pay? >



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# flexiFED Supercharged Hospital Plans

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

## Why do we call it a “supercharged” hospital plan?

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

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

Certain plans offer even more built-in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... all at no additional cost to you.

## Your supercharged hospital plan includes the following benefits:

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

### SCREENING BENEFIT

ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

**This benefit covers screenings for:**

Women's health

Men's health

Children's health

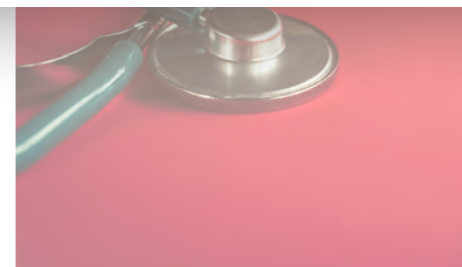
Cardiac health

Over 45's

Health risk assessments

[More info](#) | [Benefit table](#)

[More info](#) | [Benefit table](#)



[How much will I pay? >](#)







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## Your supercharged hospital plan includes the following benefits:

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

## Screening benefit

Packed with screenings for every life stage, Fedhealth’s screening benefit was created to stretch members’ day-to-day benefit by paying more from Risk. The Scheme pays for screenings for women’s, children’s, cardiac, as well as general health (like an annual flu vaccine). This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have. Consultations are subject to available scheme benefits.

Women’s Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Men’s Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
Children’s Health		
Immunisation Programme (as per State EPI)	Birth to 12 years	Various
**HPV vaccine	Girl beneficiaries aged 9 to 14 years old	2 doses per lifetime
*Optical Screening (tariff code 11001)	All lives, ages 5 to 8	1 per lifetime
Cardiac Health		
Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
Over 45’s		
Breast cancer screening with mammography	All lives; aged 45 and older	1 every 2 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination	All lives; aged 65 and older	1 per lifetime
General		
Flu vaccination	All lives	1 every year
HIV finger prick test	All lives	1 every year
Health risk assessments		
Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year

\* Only available on flexiFED 4

\*\* Only available on flexiFED 2, 3 & 4



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## Your supercharged hospital plan includes the following benefits

In-hospital benefit overview	>
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## ONCOLOGY BENEFIT

OPTION DEPENDENT



Upon cancer diagnosis, members must register on the:

### Fedhealth Oncology Programme

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

#### This benefit covers:



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



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



**Radiotherapy**



**Consultations and visits**



**Pathology**



**Radiology**  
General  
Specialised.



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



**Surgery and hospitalisation**  
Paid from in-hospital benefit.



**Stoma therapy**



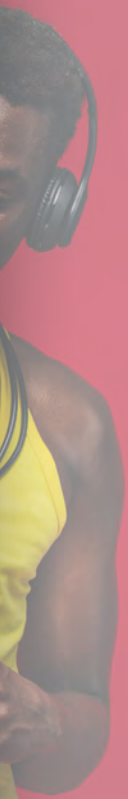
**Terminal care**  
Paid from terminal care benefit up to annual limit per family.



**Post-active treatment**



**Align benefit for palliative care**





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Mental Health benefit overview	>	More info

## Cancer cover

### Fedhealth Oncology Programme

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

### Independent Clinical Oncology Network (ICON)

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

### Chemotherapy and associated medicine

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

flexiFED 1, flexiFED 2<sup>GRIP</sup> and all Elect options: Chemotherapy, medicine and consumables associated with the cancer treatment should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use will result in a 25% co-payment.

### Radiotherapy

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

### Oncologist consultations and hospital visits

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

### Pathology

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

### Radiology – general

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

### Radiology – specialised

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

### PET scans

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

### Surgery and hospitalisation

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

### Stoma therapy

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

### Alignd

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

### Terminal care and private nursing

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

### Post-active treatment

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





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

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

## Your supercharged hospital plan includes the following benefits:

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

## MATERNITY & CHILDHOOD BENEFIT

OPTION DEPENDENT



This benefit covers:

### PREGNANCY AND BIRTH



2D antenatal scans



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



Antenatal classes



Amniocentesis



Fedhealth Baby Programme



Private ward cover for delivery



Doula (birthing coach)



Midwife consultations in- and out-of-hospital

### CHILDHOOD



Paed-IQ telephonic advice line



Paediatric consultations without GP referral



Infant hearing screening



Childhood immunisations



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



Childhood illness specialised drug benefit



Trauma treatment in a casualty ward



Child rates for financially dependent children up to age 27

### APPLIANCES

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



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## Your supercharged hospital plan includes the following benefits:

In-hospital benefit overview	>	More info
Chronic benefit overview	>	More info
Screening benefit overview	>	More info
Cancer cover overview	>	More info
<b>Maternity and childhood benefit overview</b>	>	More info
Mental Health benefit overview	>	More info

## Maternity and childhood benefit

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

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

### Maternity benefits

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

### Great childhood benefits

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

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

### Appliances

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



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## Your supercharged hospital plan includes the following benefits

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

## MENTAL HEALTH COVER

ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

### This benefit covers:



**Mental Health Resource Hub**



**Chronic medication**

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



**Ambulatory care plans**

Manages diagnoses out-of-hospital. Paid from Scheme limits if Fedhealth Network providers are used, then from Risk.  
  
**PMB conditions:**  
Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.



**In-hospital cover**

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



**Mental Health Programme**  
*flexiFED 4 only*

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

**NB: Hospital admissions for mental health**  
✓ Doctor must obtain authorisation first ✓ Fedhealth Network GPs/Specialists covered in full



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



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



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





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Certain plans offer even more built-in day-to-day benefits for members, all at no additional cost to you.

## Your supercharged hospital plan includes the following benefits:

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

## Mental health benefit

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

### Mental Health Resource Hub

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

### Chronic Benefit

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

### Ambulatory Care Plans

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

### In-hospital Benefits

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

### Factors to consider before an admission:

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

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

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

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

### Mental Health Programme

Available on flexiFED 4 only

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

### Panda Mental Health Support App

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

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





# flexiFED Supercharged Hospital Plans



## In-hospital benefit

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Overall annual limit (OAL)</b>	Unlimited at network hospitals. R7 800 co-payment on voluntary use of non-network hospital. R2 200 co-payment on voluntary use of non-network day surgery facilities. On flexiFED 1 <sup>Elect</sup> , there is a R13 800 excess on all hospital admissions except emergency admissions.	Unlimited at negotiated tariff.	On flexiFED 2 <sup>GRID</sup> , flexiFED 3 <sup>GRID</sup> and flexiFED 4 <sup>GRID</sup> members must use network hospitals. There is a R13 800 co-payment on use of non-network hospitals. There is a R2 200 co-payment on use of non-network day surgery facilities.	On flexiFED 2 <sup>Elect</sup> , flexiFED 3 <sup>Elect</sup> and flexiFED 4 <sup>Elect</sup> there is a R13 800 excess on all hospital admissions except emergency admissions.
<b>Healthcare Professional Tariff in hospital (HPT)</b>				
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full.			
Non-network GPs	Paid up to Fedhealth Rate			
Non-network Specialists	Paid up to Fedhealth Rate			
Other Healthcare Professionals	Paid up to Fedhealth Rate			
<b>Prescribed Minimum Benefits (PMB):</b> 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			
<b>Hospitalisation costs:</b> accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff at network hospitals only.	Unlimited at negotiated tariff	Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions	
<b>Additional medical services</b> (dietetics, occupational therapy and speech therapy)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		In and out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year	

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



# flexiFED Supercharged Hospital Plans



## In-hospital benefit

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Renal dialysis</b> (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited at cost at PMB level of care at Designated Service Provider (DSP).	R311 900 up to the Fedhealth Rate at Designated Service Provider (DSP).		R499 100 up to the Fedhealth Rate at Designated Service Provider (DSP).
	A 40% co-payment applies where a DSP is not used			
<b>Childhood illness specialised drug benefit</b> (up to the age of 18)	No benefit	Childhood illness specialised drug benefit for children up to the age of 18		
<b>Specialised radiology</b>	Unlimited at Fedhealth Rate. First R3 650 for non-PMB MRI/ CT scans for the member's account	Unlimited at Fedhealth Rate. First R2 630 for non-PMB MRI/ CT scans for the member's account		
<b>Spinal surgery</b>	No benefit unless PMB level of care		No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R8 920 on the hospital bill	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R6 690 on the hospital bill
<b>Terminal care benefit</b>	R34 500			

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





# flexiFED Supercharged Hospital Plans



## Co-payments

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

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

\*Contracted Provider: Must use ICPS Hip and Knee network, JointCare or Major Joints for Life for single non-PMB hip and knee joint replacements  
Non-use of Contracted Provider (CP) will result in co-payment.

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R7 540			R5 100
Laparoscopic varicocelelectomy	R7 540			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit			R5 100
Spinal surgery**	No benefit unless PMB		R8 920	R6 690
Surgical extraction of impacted wisdom teeth	R5 100			
Varicose vein procedures	R7 540		R5 100	No co-payment
<b>Tonsillectomy</b>				
Under the age of 12	No co-payment			
12 and over	R7 540		No co-payment	

\*\* No benefit unless Conservative Back and Neck Rehabilitation Programme has been completed



# flexiFED Supercharged Hospital Plans



## Prosthesis benefit

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
External	Unlimited at cost at PMB level of care	R12 100 at cost	R12 900 at cost	
<b>Internal</b>				
Aorta Stent Grafts	Unlimited at cost at PMB level of care		R65 500	
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws			See combined benefit limit for all unlisted internal prosthesis*	
Cardiac pacemakers, cardiac stents, cardiac valves			Unlimited at cost at PMB level of care	R31 000
Detachable platinum coils			R56 700	
Elbow, hip, knee and shoulder replacement			See combined benefit limit for all unlisted internal prosthesis*	R31 000
Total ankle replacement	No benefit			See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses (per lens)	Unlimited at cost at PMB level of care		R3 500	
* Combined benefit limit for all unlisted internal prosthesis			R27 900	

## Chronic Disease benefit

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

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

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

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

### Additional chronic conditions covered on certain options

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



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

The following procedures will be paid from the in-hospital benefit if done in a day clinic, day ward or an outpatient section of a hospital. For members on the following options flexiFED 1, flexiFED 2<sup>GRID</sup>, flexiFED 3<sup>GRID</sup> and flexiFED 4<sup>GRID</sup>, there will be a co-payment of R2 200 if a non-network day surgery facility is used. The day surgery network list can be found on the website using the provider locator. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

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

## Gynaecology

Bartholin cyst drainage/excision/  
marsupialisation  
Biopsy - vulva, vagina, cervix, perineum  
Cauterisation of warts - all methods  
Colposcopy  
Diagnostic hysteroscopy  
Endometrial and cervical procedures (includes dilatation and curettage endometrial ablation, cervical cerclage, LLETZ)  
Hysteroscopy  
Foreign body removal - vagina  
Labioplasty  
Ovarian cyst(s) drainage  
Sterilisation

## Urology

*Adults*  
Bilateral total orchidectomy for prostate cancer  
Bladder biopsy (cancer and other conditions)  
Bouginae for urethral stricture  
Circumcision  
Cystoscopy & ureteral catheter or stent  
Cystourethroscopy & urethrotomy  
DJ stent removal post pyeloplasty  
Foreign body removal  
Hydrocelectomy for vaginal hydrocele  
Inguinal hernia repair  
Laparoscopy for ureteroneocystostomy & cystoscopy and ureteral stent placement  
Open cystolithotomy for bladder stone  
Penile biopsy  
Penile lesions removal - all methods  
Prostate biopsy (cancer and other conditions)  
Renal calculus removal & stent insertion  
Scope and pyelogram  
Second stage urethroplasty post stage 1  
Testicular biopsy for infertility  
Urethroscopy for bladder outlet obstruction  
Urethrolithotomy - lower 1/3 ureter  
Varicocelectomy for varicocele  
Vasectomy  
Vasostomy

## Paediatrics

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

## Orthopaedics

Arthrocentesis  
Arthrodesis of hand/elbow/foot  
Arthroscopy  
Arthrotomy - all joints & biopsy & synovectomy  
Aspiration/intra-articular injection of joints  
Biopsy - bone  
Bunionectomy  
Carpal tunnel release  
Cartilage grafts  
Cast/application removal  
Closed fracture procedures  
Foreign body removal - muscle tendon sheath  
Ganglionectomy  
Grafts - bone/tendon  
Injection of tendon/ligament trigger points/ganglion cyst  
Injection therapeutic carpal tunnel  
Implant/wire/pin insertion or removal  
Minor joint arthroplasty (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty)  
Orthopaedic casts/spica procedures  
Radical nail bed removal  
Tenotomy - all areas

## General Surgery

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

## Colonoscopy

Drainage of abscesses/ haematomas/cysts (subcutaneous/submucosal)  
Excision lipoma/cysts/tumours  
Excision of sweat glands (axilla inguinal) and simple repair  
Foreign body removal  
Gastroscopy/oesophagogastroduodenoscopy, Haemorrhoidectomy  
Inguinal hernia repair  
Lymph node/muscle/skin/bone and breast biopsy  
Nail/nail bed related procedures  
Proctoscopy and removal of polyps  
Sigmoidoscopy  
Umbilical hernia repair  
Wound debridement (skin/subcutaneous tissue)

## ENT Surgery

Adenoidectomy  
Antrostomy  
Diathermy to nose and pharynx (under LA)  
Biopsies, including DPP (Diagnostic Proof Puncture)  
ENT Endoscopy (nasal endoscopy, laryngoscopy, diagnostic and interventional)  
Foreign body removal - auditory canal  
Middle ear procedures including stapes surgery  
Mastoidectomy  
Tympanic membrane related procedures (includes myringotomy (including aspiration and incision) and/or grommets, tympanoplasty, tympanolysis)  
Nasal surgery/procedures (includes nasal bleeds (control), reduction of nose fracture, rhinoplasty, septoplasty, turbinectomy, nasal turbinate repair)

Oral cavity related procedures, including biopsies  
Salivary gland related procedures  
Sinus related surgery (ethmoidectomy/sinusotomy and lavage)  
Tonsillectomy

## Ophthalmology

Anterior and/or posterior chamber related procedures e.g. vitrectomy  
Biopsy - all eye structures  
Blepharoplasty  
Cataract surgery  
Choroid related procedures  
Conjunctival procedures e.g. pterygium surgery  
Fine needle aspiration - all eye structures  
Foreign body removal  
Intra ocular injection e.g. Avastin, including Glaucoma  
Laser Surgery  
Orbitotomy  
Posterior and Anterior Vitrectomy  
Probing & repair of tear ducts  
Removal of pterygium  
Retinal surgery  
Sclera related procedures Strabismus repair  
Treatment of progressive retinopathy  
Trichiasis correction (non forceps)

## Oral and Maxillofacial Surgery

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

## Plastic and Reconstructive Surgery

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

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

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

In addition, the following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, at up to 100% of the Fedhealth Rate. Pre-authorization must be obtained and should no pre-authorization take place, reimbursement will be restricted to the member's available day-to-day benefit or self-funded by the member. This will not accumulate to the Threshold Level:

Gastroscopy (no general anaesthetic will be paid for)  
Colonoscopy (no general anaesthetic will be paid for)  
Flexible sigmoidoscopy  
Indirect 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





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# flexiFED Supercharged **Savings Plans**

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

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

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[How much will I pay? >](#)



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# flexiFED Supercharged

You can enhance your **supercharged hospital plan** even further by adding day-to-day expenses to cover you for additional benefits

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

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## DAY-TO-DAY BENEFIT

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OPTION DEPENDENT

— This benefit covers: —



Unlimited network GP visits



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



Take-home medicine



Specialised radiology



Trauma treatment at a casualty ward



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



Fedhealth Savings powered by the MediVault



Maternity benefit



Fedhealth Baby Programme



Doula benefit



Postnatal midwifery benefit



Early childhood benefits



Paed-IQ



Optometry benefit



Dentistry benefits



Female contraception

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## Day-to-day benefits

### Unlimited network GP visits

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

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

We pay for follow-up treatment that may be required after a hospital event for up to 30 days after the date of discharge. This treatment includes physiotherapy, x-rays and pathology, but does not cover follow-up consultations with specialists or GPs.

### Take-home medicine

We pay for seven days of take-home medicine when the member is discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account or be dispensed by a pharmacy on the same day as the member is discharged from hospital.

### Specialised radiology

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

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

### Trauma treatment at a casualty ward

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

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

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

### Fedhealth Savings

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

### Maternity benefit

The maternity benefits we offer differ according to the option:

flexiFED 1: The maternity benefit is paid from the Fedhealth Savings or self-funded by the member.

flexiFED 2: The member gets two x 2D scans, antenatal classes up to R1 160, eight ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.

flexiFED 3 and flexiFED 4: This benefit covers two x 2D scans, antenatal classes up to R1 160, 12 ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.

### Fedhealth Baby Programme

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

### Doula benefit

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

### Postnatal midwifery benefit

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

### Early childhood benefits

#### 1. Paediatric consultations

The paediatric benefits we offer differ according to the option:

- flexiFED 1: Paid from the Fedhealth Savings or self-funded by the member.
  - flexiFED 2: One consultation per beneficiary with a network paediatrician up to 12 months of age. No GP referral required.
  - flexiFED 3 and flexiFED 4: One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.
- 2. Infant hearing screening benefit**  
We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate.
- 3. Childhood illness specialised drug benefit**  
We pay for certain specialised drugs for children up to 18 years old on flexiFED 2, 3 and 4.

### Paed-IQ advice line

Paed-IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues. Call 0860 444 128 to access this great service.

### Optometry benefit

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

### Dentistry benefits

#### On flexiFED 1, 2 and 3

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

### Female contraception

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







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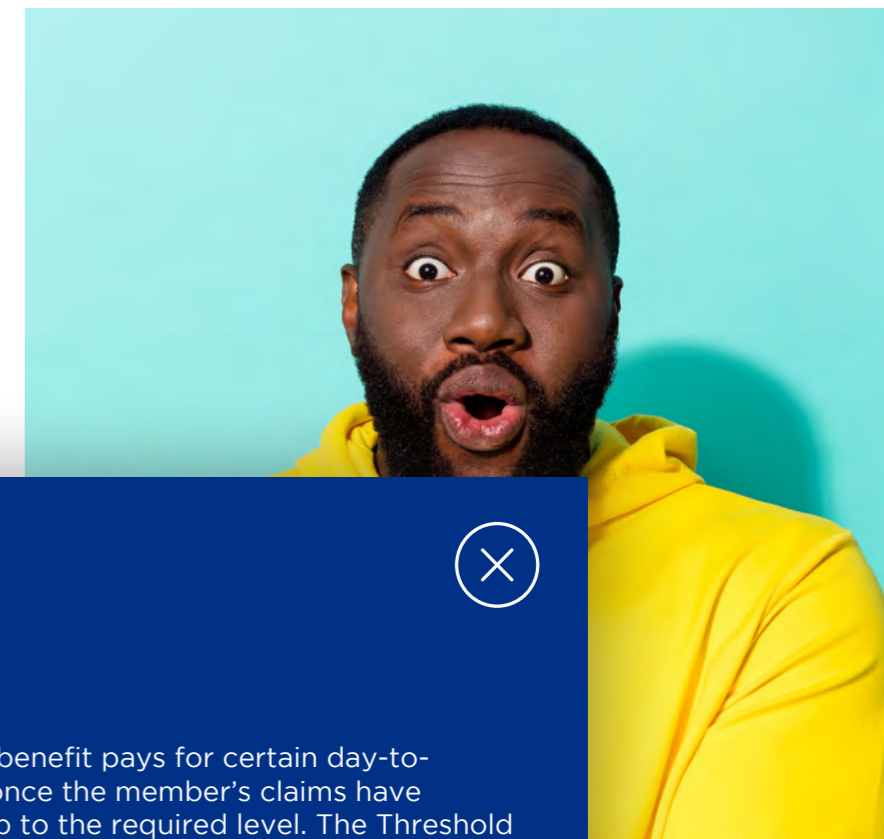
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Day-to-day benefits	>
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### Threshold benefit

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

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



How much will I pay? >



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SUPERCHARGED  
SAVINGS PLANS

**FLEXIFED  
SUPERCHARGED  
FLEXIBLE SAVINGS PLANS**

PROGRAMMES  
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# flexiFED Supercharged **FLEXIBLE** Savings Plans

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

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



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RANGE OVERVIEW

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# flexiFED Supercharged

Choose this if you want **mostly a hospital plan**, but like **you need them**.

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Day-to-day benefits	>
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## DAY-TO-DAY BENEFIT

✕

OPTION DEPENDENT

— This benefit covers: —



Unlimited network GP visits



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



Take-home medicine



Specialised radiology



Trauma treatment at a casualty ward



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



Fedhealth Savings powered by the MediVault



Maternity benefit



Fedhealth Baby Programme



Doula benefit



Postnatal midwifery benefit



Early childhood benefits



Paed-IQ



Optometry benefit



Dentistry benefits



Female contraception

How much will I pay? >





# flexiFED Supercharged

Choose this if you want **more** you need them.

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

Day-to-day benefits

Threshold benefit

Supercharged Hospital Plans

## Day-to-day benefits

### Unlimited network GP visits

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

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

We pay for follow-up treatment that may be required after a hospital event for up to 30 days after the date of discharge. This treatment includes physiotherapy, x-rays and pathology, but does not cover follow-up consultations with specialists or GPs.

### Take-home medicine

We pay for seven days of take-home medicine when the member is discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account or be dispensed by a pharmacy on the same day as the member is discharged from hospital.

### Specialised radiology

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

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

### Trauma treatment at a casualty ward

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

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

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

### Fedhealth Savings

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

### Maternity benefit

The maternity benefits we offer differ according to the option:

- flexiFED 1: The maternity benefit is paid from the Fedhealth Savings or self-funded by the member.
- flexiFED 2: The member gets two x 2D scans, antenatal classes up to R1 160, eight ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.
- flexiFED 3 and flexiFED 4: This benefit covers two x 2D scans, antenatal classes up to R1 160, 12 ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.

### Fedhealth Baby Programme

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

### Doula benefit

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

### Postnatal midwifery benefit

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

### Early childhood benefits

#### 1. Paediatric consultations

The paediatric benefits we offer differ according to the option:

- flexiFED 1: Paid from the Fedhealth Savings or self-funded by the member.
  - flexiFED 2: One consultation per beneficiary with a network paediatrician up to 12 months of age. No GP referral required.
  - flexiFED 3 and flexiFED 4: One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.
- 2. Infant hearing screening benefit**  
We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate.
- 3. Childhood illness specialised drug benefit**  
We pay for certain specialised drugs for children up to 18 years old on flexiFED 2, 3 and 4.

### Paed-IQ advice line

Paed-IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues. Call 0860 444 128 to access this great service.

### Optometry benefit

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

### Dentistry benefits

#### On flexiFED 1, 2 and 3

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

### Female contraception

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





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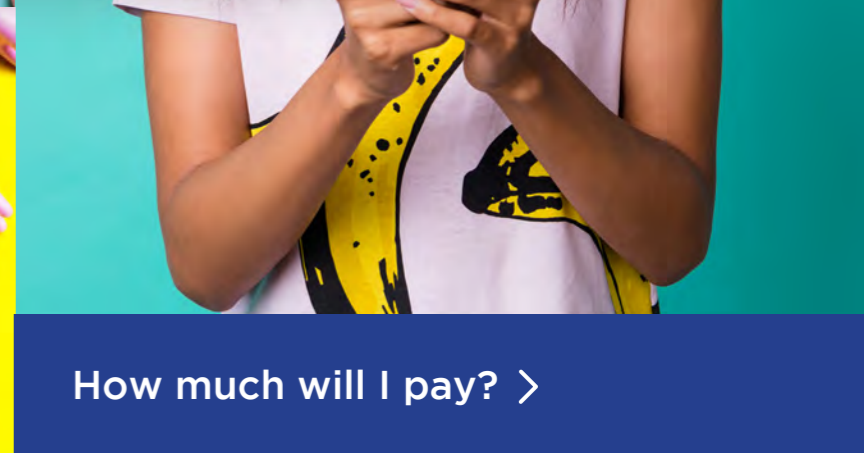
Day-to-day benefits	>
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✕

### Threshold benefit

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

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



How much will I pay? >



# flexiFED Day-to-Day benefits



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

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

\*Private nursing that falls outside the Alternatives to Hospitalisation Benefit.

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Osseo-integrated implants, orthognathic surgery</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold	
<b>Dentistry (Basic)</b>	Paid from Fedhealth Savings or self-funded. Once your Threshold level has been reached, the following benefits will be paid from the Threshold benefit. 2 annual consultations per beneficiary incl. x-rays and scaling and polishing. (On flexiFED 2 and 3, fillings, extractions and root canal will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.		Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached	
<b>General Practitioners</b>				
<b>Fedhealth Network GPs</b>	Paid from Fedhealth Savings then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year  Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP		Unlimited GP consultations at a Network GP. flexiFED 4 <sup>GRID</sup> and flexiFED 4 <sup>Elect</sup> unlimited consultations at nominated Network GP. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year  Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP	
<b>Non-network GPs</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. Unlimited accumulation to and refund from Threshold at the Fedhealth Rate. Limited to 2 mental health consultations per beneficiary per year	
<b>Maternity benefit</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level	<a href="#">CLICK HERE</a> to see maternity benefit. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		<a href="#">CLICK HERE</a> to see maternity benefit. Thereafter, paid from Fedhealth Savings or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold





# flexiFED Day-to-Day benefits



	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Optometry</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		<a href="#">CLICK HERE</a> to see optometry benefit. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level	Paid from Fedhealth Savings or self-funded and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold.
<b>Over-the-counter medication</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
<b>Pathology</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached	
<b>Physical therapy: Chiropractics, biokinetics &amp; physiotherapy</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year	
<b>Prescribed medication</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. R6 330 per beneficiary per year, R12 770 per family per year before and after Threshold.	
<b>Radiology general</b>	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached	

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
<b>Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>				
Fedhealth Network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 20% co-payment if GP referral not obtained	
Non-network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded and Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained	
<b>Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>				
Fedhealth Network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained	
Non-network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained	



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# Programmes and wellness initiatives

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

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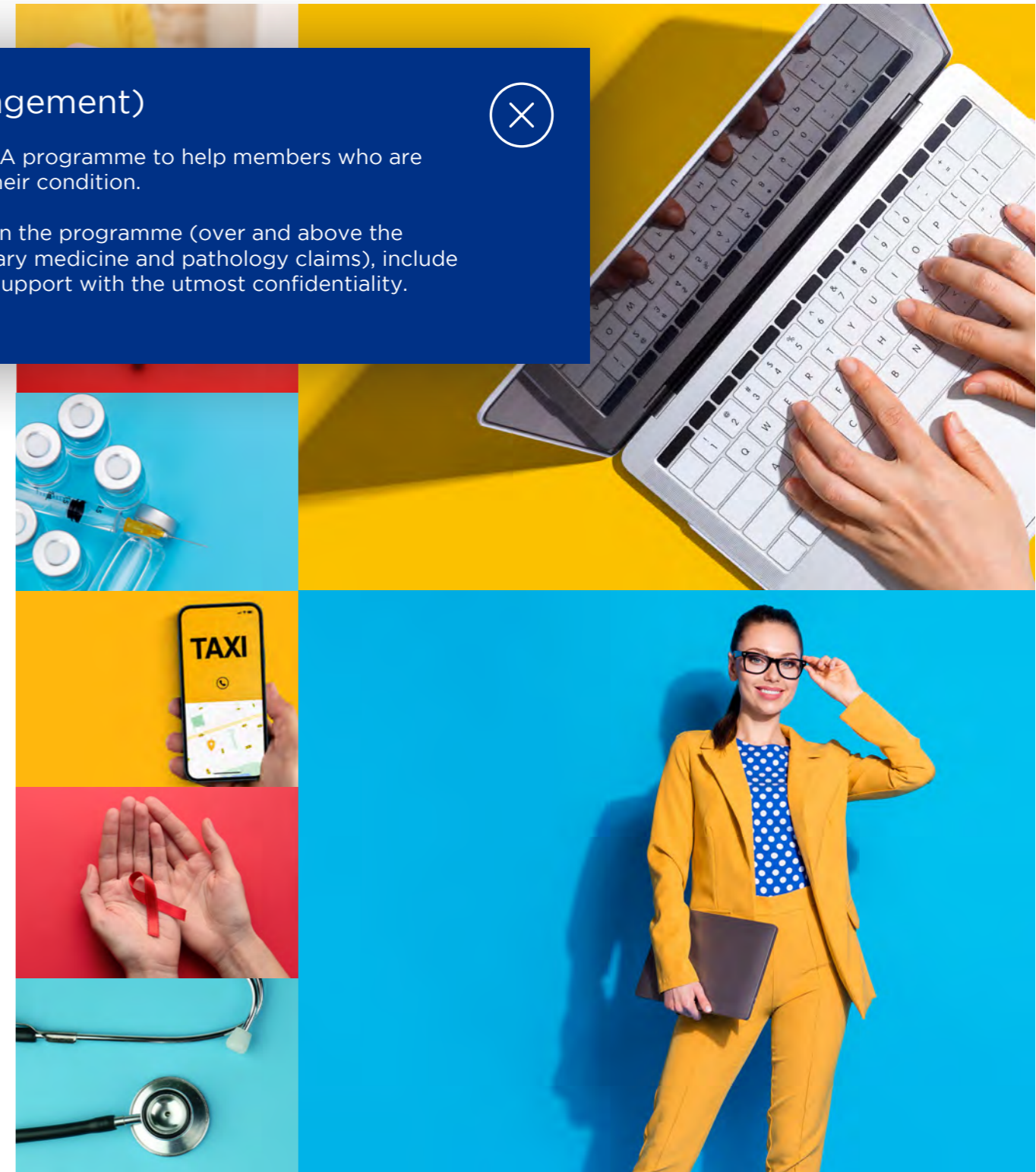


## AfA (HIV Management)



Fedhealth offers the AfA 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 with the utmost confidentiality.







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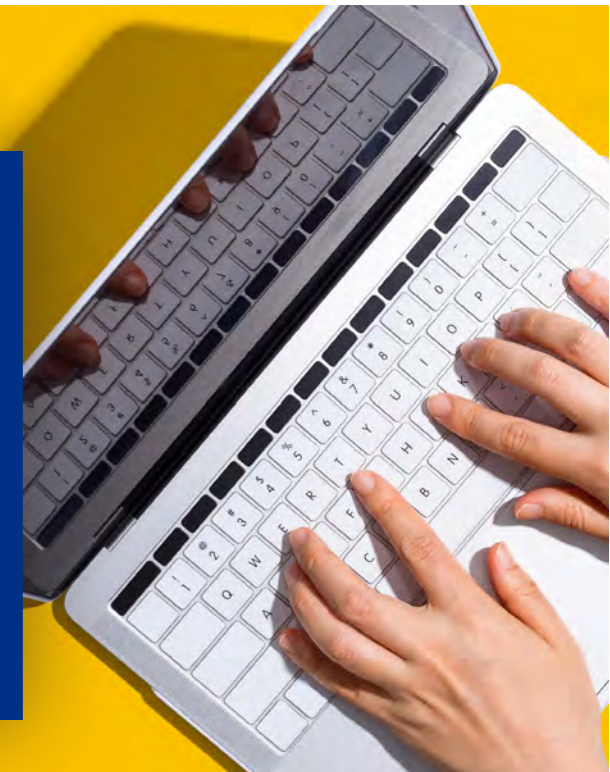
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## Alignd

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

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







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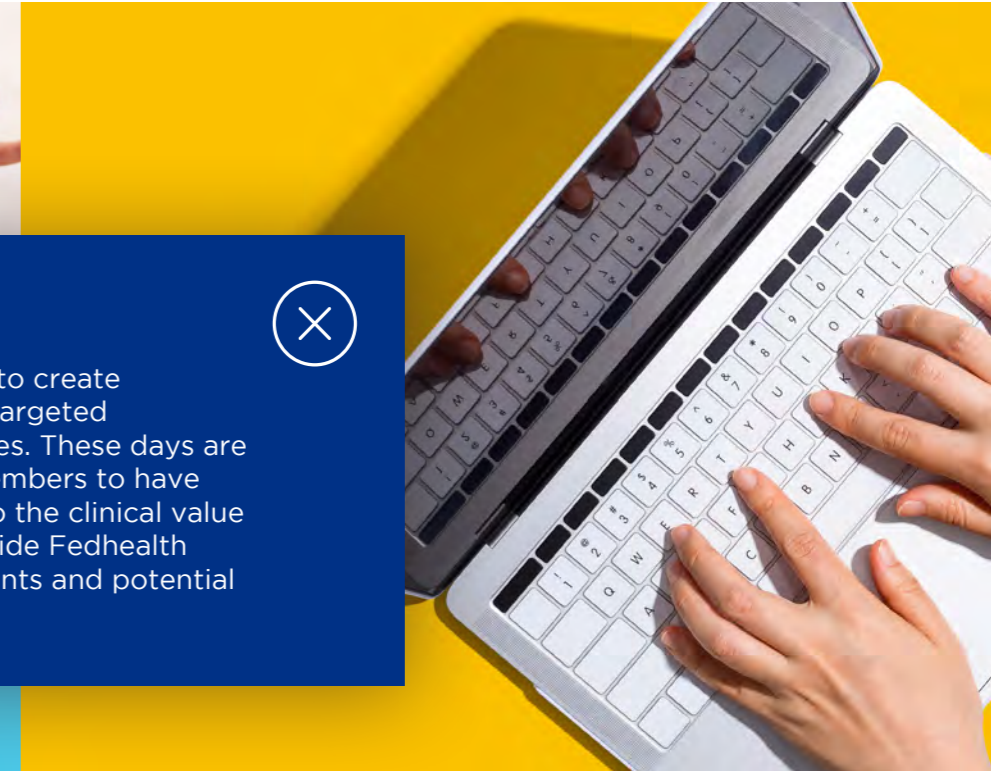
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## Corporate wellness days

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





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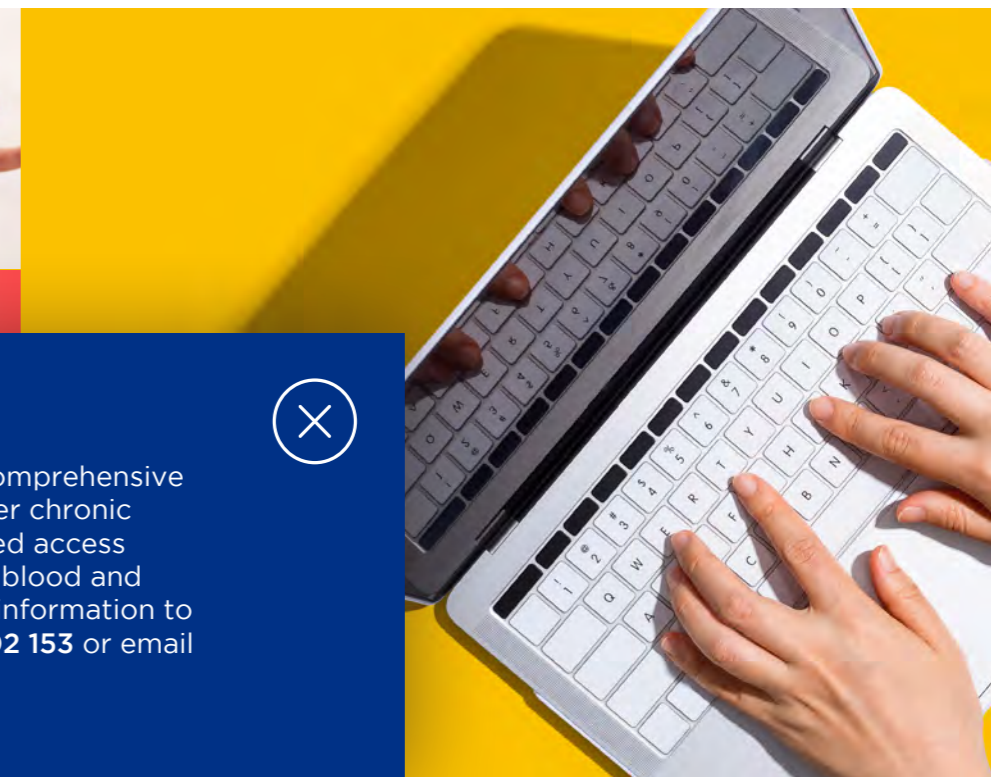
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## Diabetes Care

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







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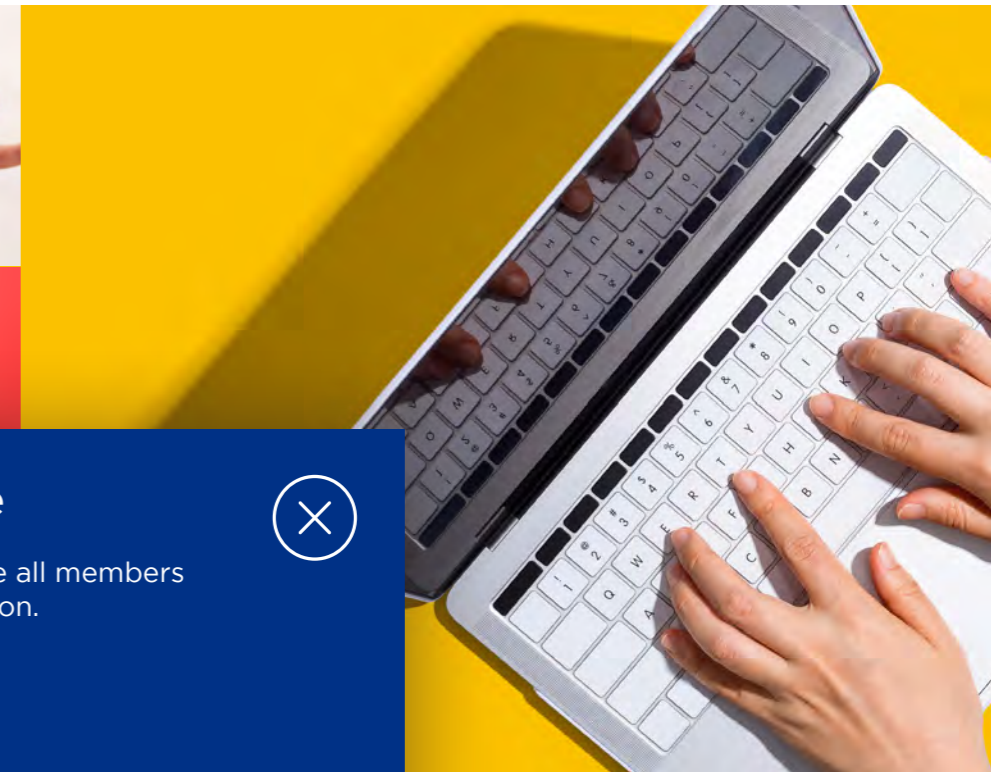
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## Emergency transport/ response

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







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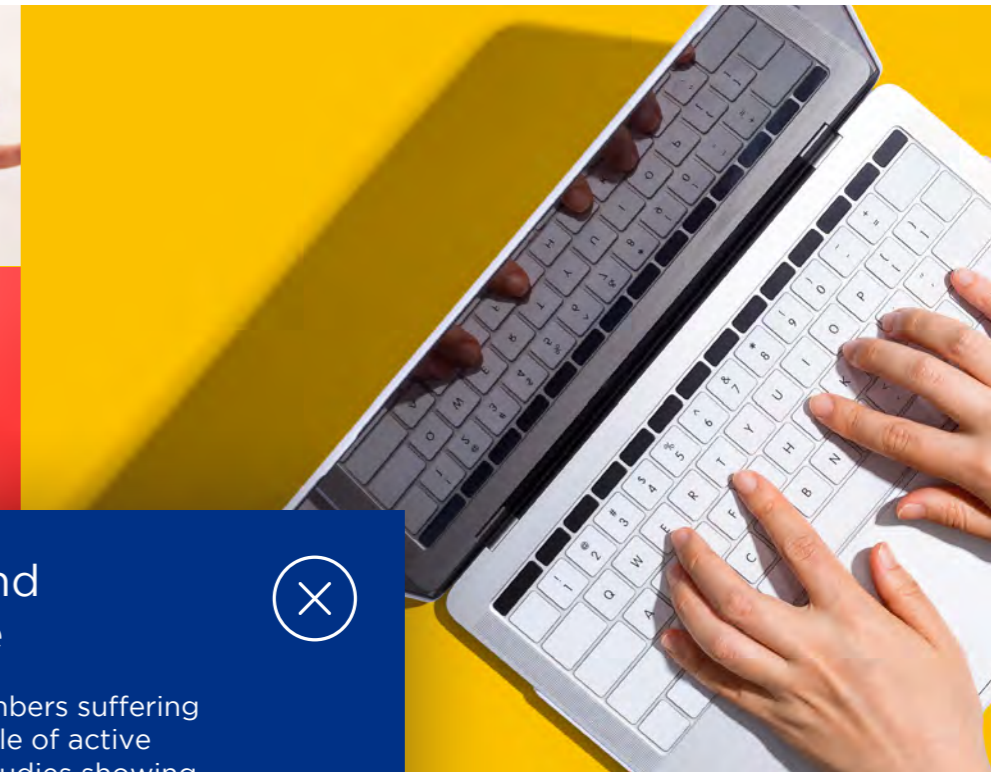
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## Fedhealth Conservative Back and Neck Rehabilitation Programme

Fedhealth has an established intervention for members suffering from back and neck problems. Built on the principle of active muscle reconditioning, it's supported by clinical studies showing that exercise reduces pain and can normalise function in many instances. The programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries may receive treatment up to twice a week for six weeks and a home based protocol for long-term care. Email [backandneck@fedhealth.co.za](mailto:backandneck@fedhealth.co.za) for more information about the programme.







# Programmes and wellness initiatives

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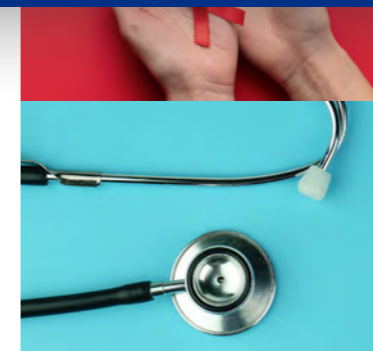


## GoSmokeFree Smoking Cessation Programme



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

All smokers have a yearly benefit for the GoSmokeFree programme which is payable from risk benefits. The service comprises a pre-quit assessment and support sessions and features an individual plan to help with smoking cessation. Visit [gosmokefree.co.za](http://gosmokefree.co.za) to find out more about this benefit.







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## Health Risk Assessments



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







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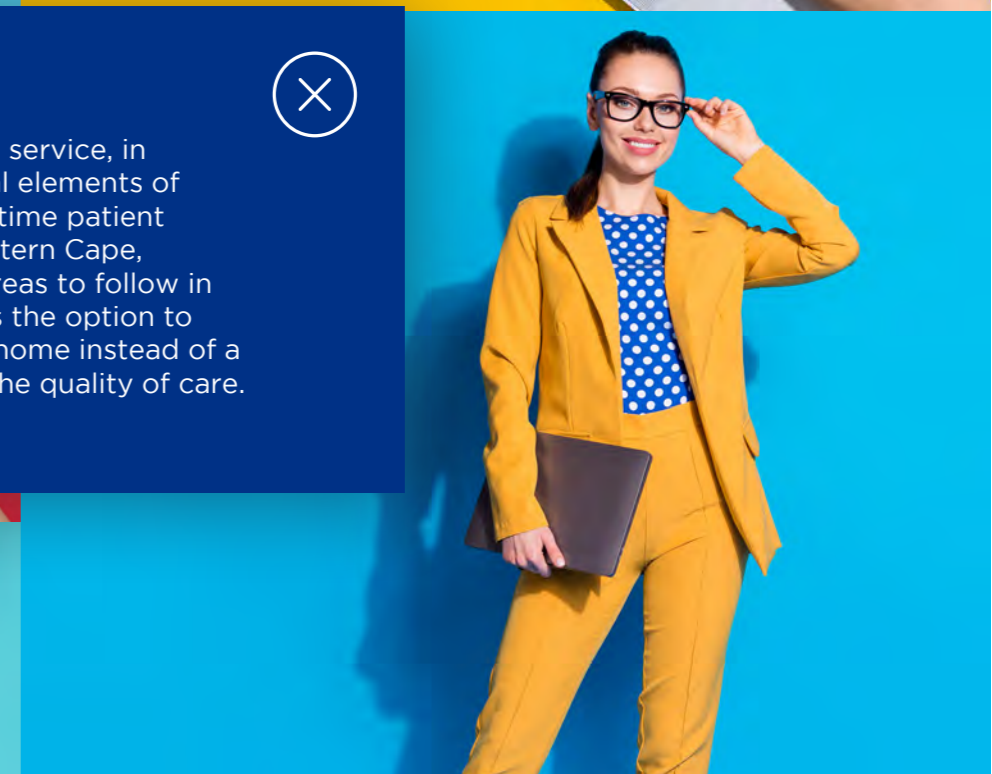
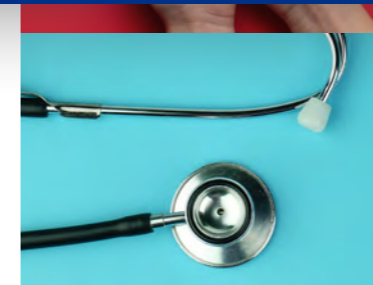
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## Hospital at Home

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







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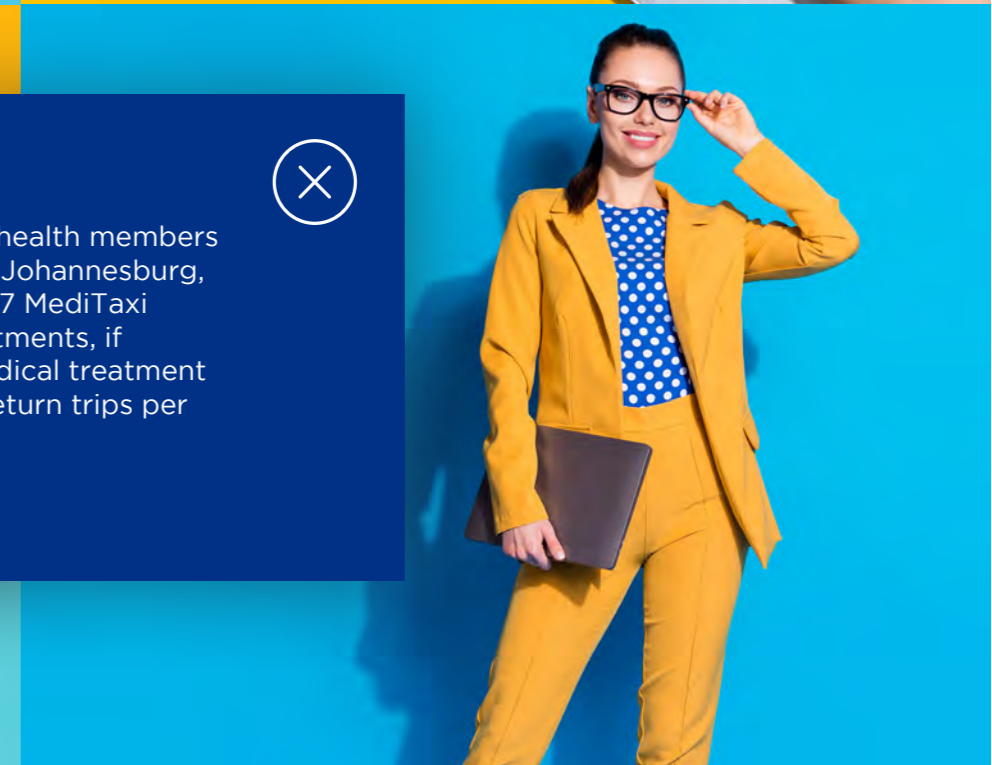
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## MediTaxi

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







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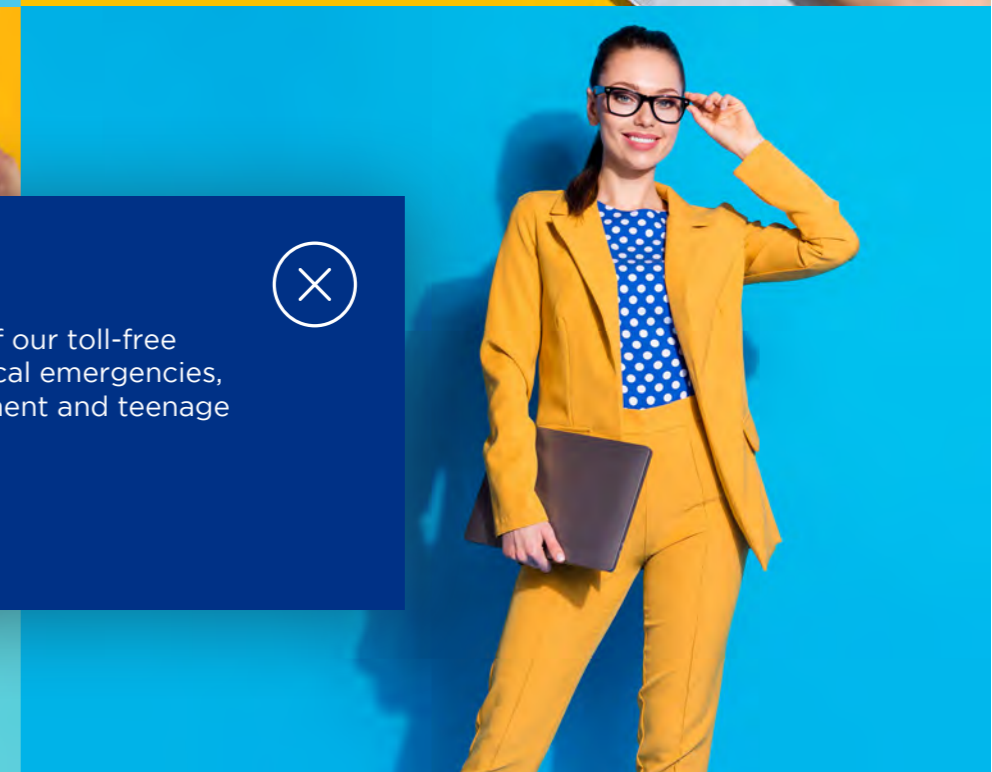
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## 24-hour Fedhealth Nurse Line

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





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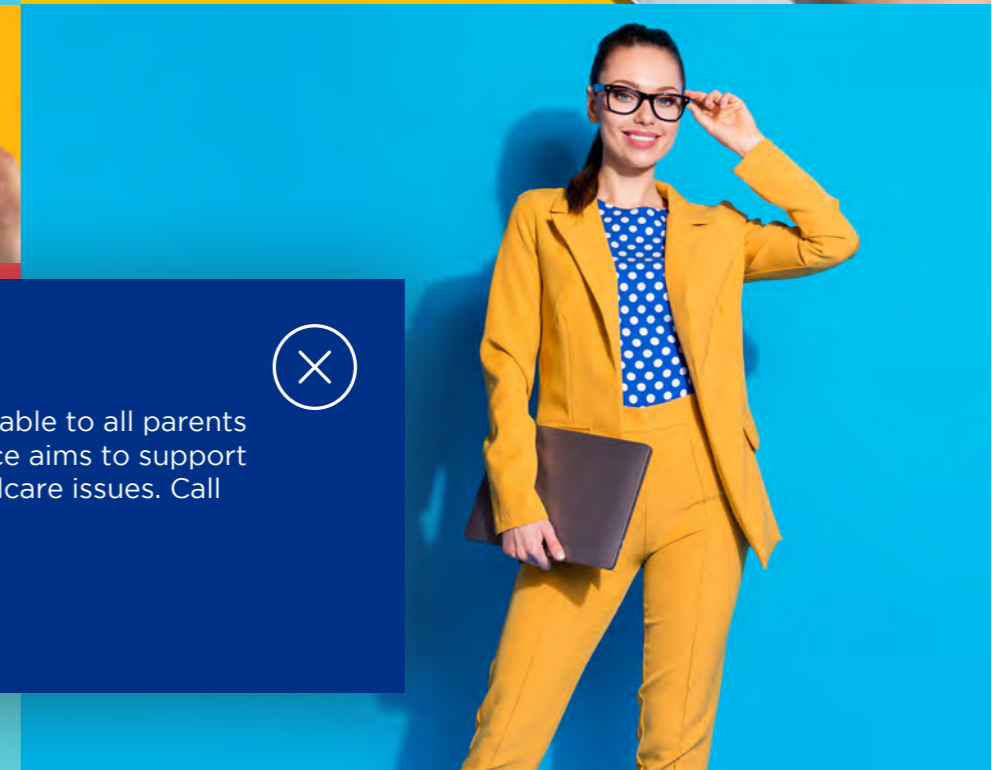
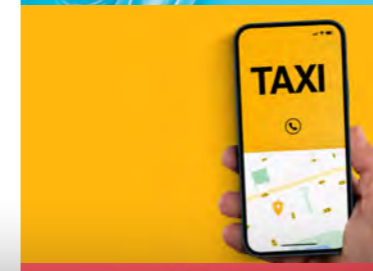
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## Paed-IQ

Paed-IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues. Call **0860 444 128** to access this great service.







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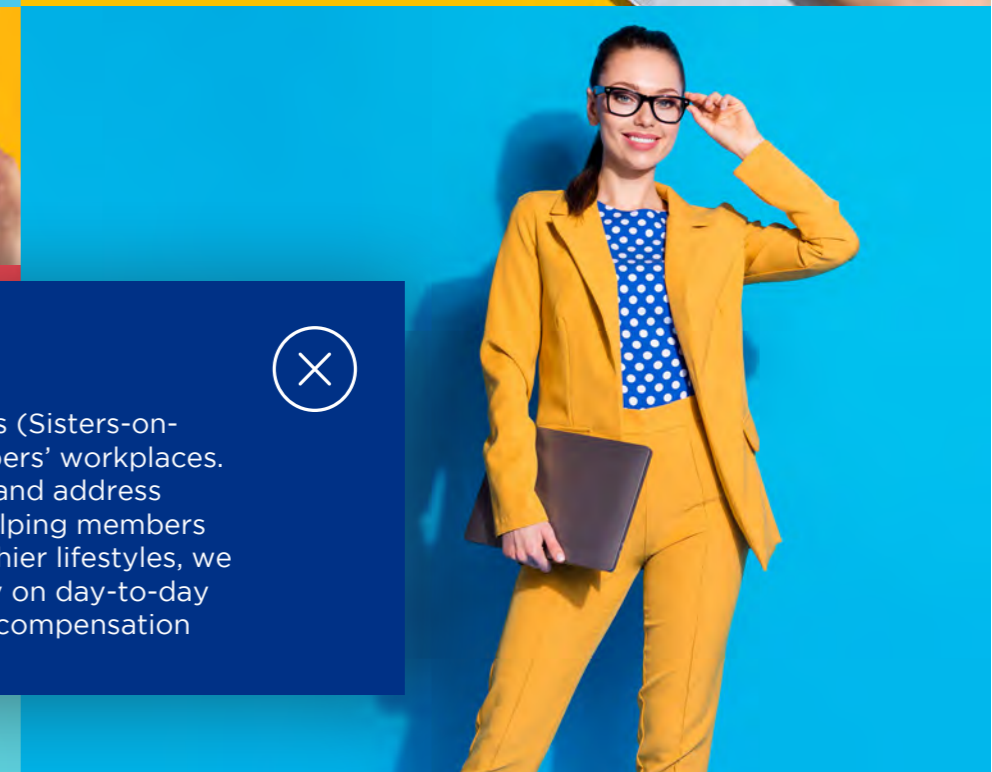
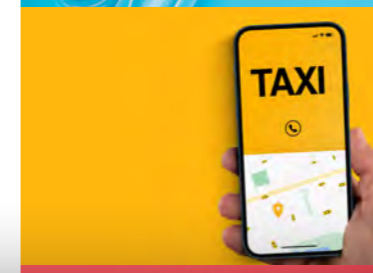
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## Sisters-on-Site



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





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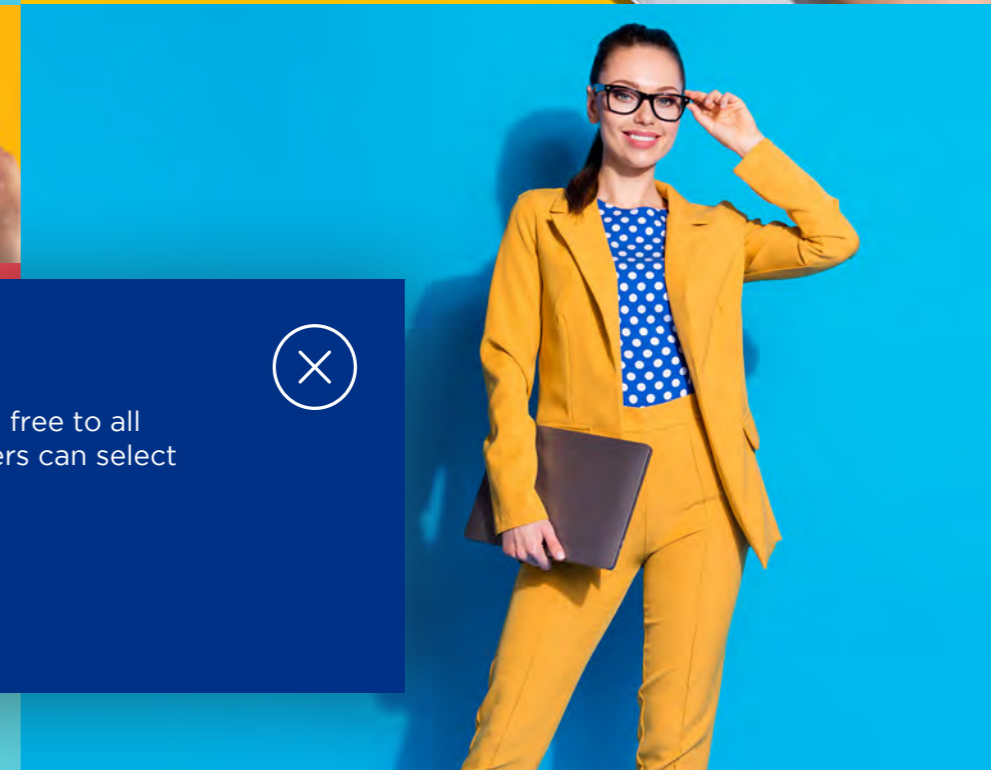
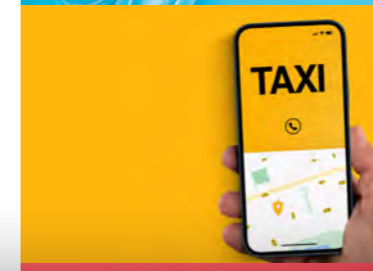
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## SOS Call Me



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

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





# Programmes and wellness initiatives

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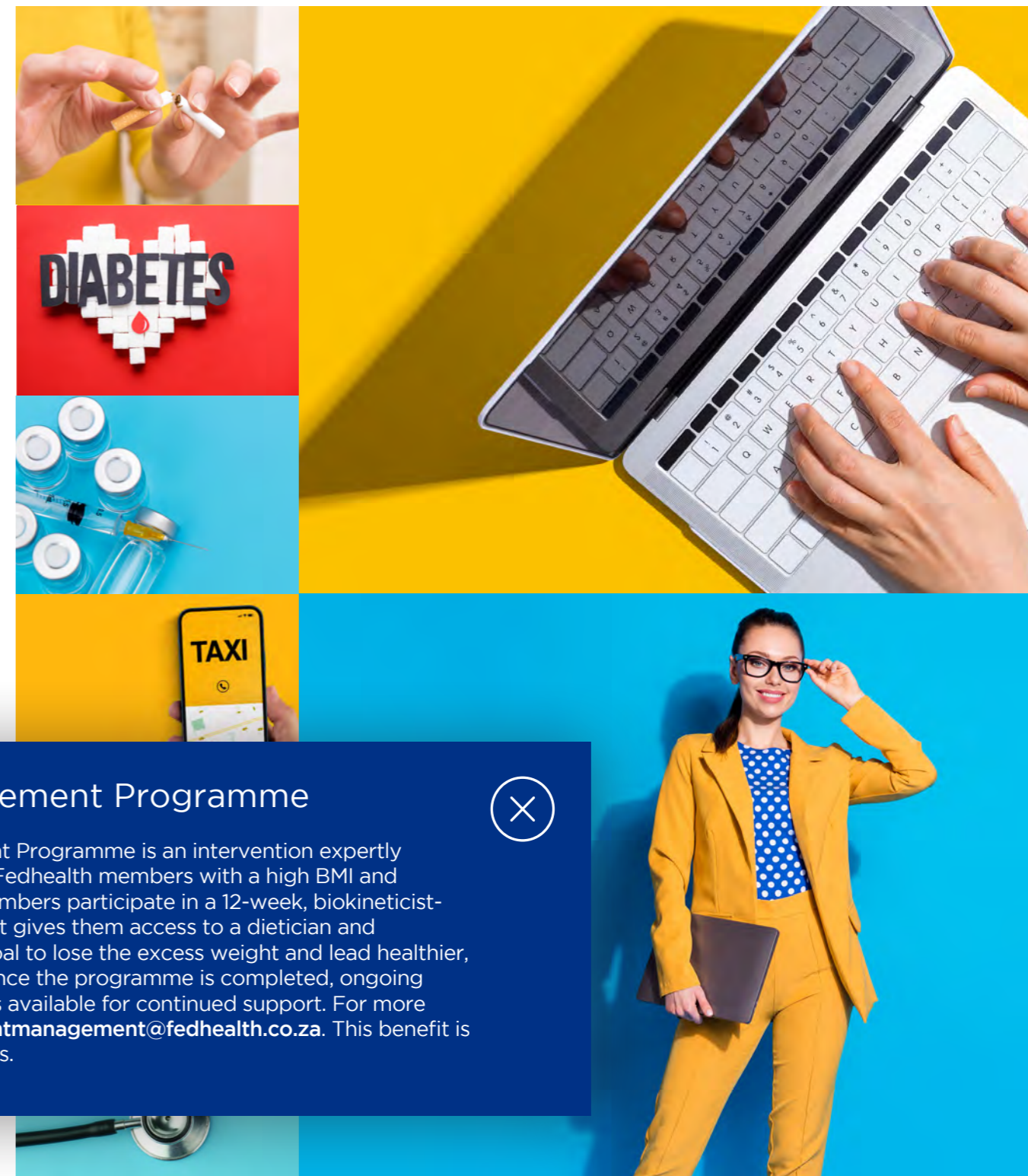
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## Weight Management Programme

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





# flexiFED Contributions



## 1 flexiFED Supercharged Hospital Plans

### flexiFED 1

	Member Total	Adult Total	Child Total
Network hospitals	R2 031	R1 591	R743
Elect	R1 583	R1 237	R576

	flexiFED 1	flexiFED 1 <sup>Elect</sup>	Annual Threshold Level
M	R2 031	R1 583	R4 600
M+AD	R3 622	R2 820	R7 300
M+AD+CD	R4 365	R3 396	R9 000
M+AD+2CD	R5 108	R3 972	R10 700

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

### flexiFED 2

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

	flexiFED 2	flexiFED 2 <sup>GRID</sup>	flexiFED 2 <sup>Elect</sup>	Annual Threshold Level
M	R2 934	R2 608	R2 196	R5 200
M+AD	R5 545	R4 933	R4 159	R9 700
M+AD+CD	R6 411	R5 703	R4 811	R11 000
M+AD+2CD	R7 277	R6 473	R5 463	R13 100

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

### flexiFED 3

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

	flexiFED 3	flexiFED 3 <sup>GRID</sup>	flexiFED 3 <sup>Elect</sup>	Annual Threshold Level
M	R3 347	R2 975	R2 508	R6 300
M+AD	R6 413	R5 704	R4 807	R11 800
M+AD+CD	R7 599	R6 759	R5 697	R13 400
M+AD+2CD	R8 785	R7 814	R6 587	R15 800

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

### flexiFED 4

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

	flexiFED 4	flexiFED 4 <sup>GRID</sup>	flexiFED 4 <sup>Elect</sup>	Annual Threshold Level
M	R4 480	R3 978	R3 355	R16 800
M+AD	R8 569	R7 617	R6 481	R30 600
M+AD+CD	R9 916	R8 816	R7 510	R34 700
M+AD+2CD	R11 263	R10 015	R8 539	R38 800

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





# flexiFED Contributions



## 2 flexiFED Supercharged Savings Plans

## 3 flexiFED Supercharged Flexible Savings Plans

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

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

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

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

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

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

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

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

\* Maximum Fedhealth Savings allocation per family.



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AfA (HIV Management) X

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







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## Chronic Medicine Management ✕

Monday to Thursday 08h30 - 17h00  
Friday 09h00 - 17h00  
Tel: 0860 002 153  
Email: [cmm@fedhealth.co.za](mailto:cmm@fedhealth.co.za)  
Postal address: PO Box 38632, Pinelands, 7430







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## Disease Management



Monday to Friday 08h00 - 16h30  
Tel: 0860 002 153  
Email: dm@fedhealth.co.za







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## Fedhealth Baby



Monday to Friday 08h00 - 17h00  
Tel: 0861 116 016  
Email: [info@babyhealth.co.za](mailto:info@babyhealth.co.za)  
Web: [www.babyhealth.co.za](http://www.babyhealth.co.za)







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## Fedhealth Customer Service Centre



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







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## Fedhealth Oncology Programme



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







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Fraud Hotline

Tel: 0800 112 811







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Hospital Authorisation Centre 

Monday to Thursday 08h30 - 17h00  
Friday 09h00 - 17h00  
Tel: 0860 002 153  
Email: [authorisations@fedhealth.co.za](mailto:authorisations@fedhealth.co.za)  
Web: [www.fedhealth.co.za](http://www.fedhealth.co.za)







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## Medscheme Client Service Centres



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

**Bloemfontein:**

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

**Cape Town:**

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

**Durban:**

Ground Floor, 102 Stephen Dlamini Road, Musgrave, Durban

**Port Elizabeth:**

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

**Pretoria:**

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

**Roodepoort:**

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

**Vereeniging:**

27 Grey Avenue







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## Preferred Provider Pharmacies



### Clicks

Tel: 0860 254 257  
To locate a store, go to: [www.clicks.co.za](http://www.clicks.co.za) and select Store Locator

### Dis-Chem

Care-Line: 0860 347 243  
To locate a store, go to: [www.dischem.co.za](http://www.dischem.co.za) and select Store Locator

### Medirite Pharmacy

Tel: 0800 222 617  
To locate a store, go to: [www.medirite.co.za](http://www.medirite.co.za) and select Store Locator

To find an independent pharmacy near you, please visit [www.icpa.co.za/find-a-pharmacy/](http://www.icpa.co.za/find-a-pharmacy/)

### Pharmacy Direct

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

### Clicks Direct Medicines

Tel: 0861 444 405  
Email: [directmedicines@dirmed.co.za](mailto:directmedicines@dirmed.co.za)

### Dis-Chem Direct Courier

Tel: 011 589 2788  
Email: [direct.documents@dischem.co.za](mailto:direct.documents@dischem.co.za)

### Medirite Courier Pharmacy

Tel: 0800 010 701  
Email: [medirite.courier@shoprite](mailto:medirite.courier@shoprite)

