

# ZOOM

## Upgrades within 30 days of a life-changing event

One of Fedhealth's unique benefits is that members may upgrade any time of the year in case of a life-changing event. With other schemes, members can only change their option during the renewal period.

What this means for Fedhealth members, is that they don't have to take up the most expensive option just in case something unplanned happens, but can rather be on the plan they need right now and upgrade, if and when, they need to.

### Unpacking the benefit

Fedhealth members can upgrade to a higher option with better benefits ANY time of the year in the case of marriage of the main member, pregnancy or the diagnosis of a dread disease within 30 days of this life-changing event taking place.

#### So, what does this benefit mean in real-life terms?

For example, let's say you are a young and healthy person getting married, this benefit allows you to stay on flexiFED 1, which is a network option, while you are still planning a baby – you only need to move to a higher option like flexiFED 2<sup>GRID</sup> or flexiFED 3<sup>GRID</sup> with a good maternity and childhood benefit, within 30 days from you or your partner's pregnancy being medically confirmed.

Apart from peace of mind, you save a significant amount on your monthly contributions, take a look:



flexiFED 1  
M+AD

R3 390



flexiFED 2<sup>GRID</sup>  
M+AD

R4 489



flexiFED 3<sup>GRID</sup>  
M+AD

R5 190

Difference in contributions between flexiFED 1 and flexiFED 2<sup>GRID</sup> = R1 099p/m or R13 188 p/a

Difference in contributions between flexiFED 1 and flexiFED 3<sup>GRID</sup> = R1 800p/m or R21 600 p/a

This benefit really takes out the "in case of" or "but what if" part of medical aid. You pay for the cover you need right now, and if life throws an unexpected event at you, you have the reassurance that you can always change to the appropriate option with the necessary cover.

• What is important to remember is that you have to apply for the upgrade **within 30 days of the diagnosis/occurrence of the life-changing event.**

• As far as 'qualifying' diseases are concerned, there is no specific list of conditions. We will consider all requests as long as they fall within the 30 days timeframe and are based on the diagnosis of a disease/illness for which the benefit on your current option is not sufficient for the required treatment.

Please email the Scheme

[member@fedhealth.co.za](mailto:member@fedhealth.co.za)

to request an option upgrade.



## CONTACT DETAILS

Please call **0860 002 153** for all general enquiries and customer care assistance, including benefit and limit confirmation and document requests, as well as hospital authorisations, chronic medication enquiries and oncology related authorisations.

Disease Management  
0860 101 306

Europ Assistance  
0860 333 432

MVA Third Party Recovery Department  
012 431 9718

Fedhealth Baby  
0861 116 016