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Fedhealth’s flexiFED option range, together with the MediVault system, remains a breath of fresh air within the South African medical aid market. Our flexiFED options are designed around life stages, but can be customised to suit the members’ own unique needs – truly giving them control over their medical aid.

Some of flexiFED’s finer details include:

- Select your own level of day-to-day funds
  - FLEXIBLE or FIXED
- Choose to reduce your monthly contribution by either 11% or 25%
- Plans are tailored around YOUR life stage
- Don’t pay for certain benefits until you need them with our 30-day upgrade policy
- We pay more from Risk to stretch day-to-day benefits further

When taking a closer look at Fedhealth Medical Scheme, we’re especially proud of our 85 years in healthcare, our solvency rate of 43.43% (as at 31 December 2020), and our Global Credit Rating of AA- retained for 14 consecutive years. Proof that we have both the experience and financial savvy to show up for our members when they need us most.

Run by members for members, we put you first by staying on top of the latest healthcare trends and constantly evaluating how we can give you more, whilst remaining as affordable as possible.

Choose Fedhealth for medical aid that YOU create and YOU control.
STAYING IN TOUCH

Fedhealth is at the forefront of technology... not only to ensure clear communication with our members, but also to give members more control over managing certain aspects of their membership.

Fedhealth website
The Fedhealth website, fedhealth.co.za, provides easy-to-navigate information on the various Fedhealth options, step-by-step instructions on how to submit claims etc, scheme news, and also hosts the informative Living Fedhealthy blog – filled with lifestyle and wellness topics.

Fedhealth Family Room
Fedhealth’s online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they’ve got left, activating their MediVault and making transfers to their Wallet, registering for chronic medicine and obtaining hospital authorisations.

Fedhealth Member App
Our app has been designed to help simplify members’ interaction with Fedhealth. Available from the Google Play Store and Apple App store, it lets the member activate their MediVault and make transfers to their Wallet, download their e-card, view their option’s benefits, set medicine reminders, and lots more. CLICK HERE for more about our Fedhealth member App.

LiveChat and chatbot
The LiveChat functionality is available to members via fedhealth.co.za. They can type in their queries and one of our LiveChat agents will assist them online. The Fedhealth chatbot can be used for all members’ queries about the MediVault and Wallet, and is also accessed through fedhealth.co.za

Fedhealth WhatsApp bot
This Fedhealth service is completely private and secure, and easy to use - simply choose from self-service actions like getting your tax certificate or seeing your e-card to share with your GP. To get started, just add the number 060 070 2479 as a contact and then type ‘hi’ to get the conversation started.

Network GP, specialist and hospital locator
Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a GP, specialist or hospital on the Fedhealth network. Go to www.fedhealth.co.za/provider-locator
FEDHEALTH MEMBER APP
POWERED BY AMP

The Fedhealth Member App has now been integrated with the AfroCentric Mobile Platform, or AMP.

What does this mean for members? Only that the Fedhealth Member App, designed to make members’ Fedhealth membership journey easier, is now a more fun tool with new features that use gamification and information on their personal Healthscore to help them stay healthy, informed and inspired. And, it comes at NO cost to members and their dependants!

Through the AMP integration, members can also:
- Understand their medical aid benefits.
- Enjoy discounts from the AVO online mall.
- Benefit from discounts by third party financial services providers.

AMP is all about improving members’:
- Physical health
- Preventative health
- Nutrition
- Disease management
- Mental health
- Financial health

It’s a FREE addition to the Fedhealth Member App for all members, including dependants on their medical aid.

All members have to do to start enjoying all the new features while creating a healthier, happy version of themselves, is to download the Fedhealth Member App from the Apple App store or the Google Play Store, or update their existing app.

1. Calculating the Healthscore

The Healthscore is basically a summary of where the member’s health is at by tracking and measuring their wellbeing in real-time:
- The higher their score, the closer they are to achieving optimal health.
- The lower their score, the more they have been affected by certain health conditions.

The member’s score changes as new information becomes available. Our system is constantly looking for and retrieving new information, which is then re-calculated into the member’s score.

The score is a scientifically calculated number from 1 (low) to 100 (high) that moves up or down, depending on how the member’s health, medical condition(s), clinical status, emotional wellbeing and lifestyle data, change.

Health record information (data) used to calculate the Healthscore:

2. Creating an avatar, linked to the Healthscore

Members can also create their own unique avatar based on their skin tone, eye colour, hairstyle and more. This avatar is linked to their Healthscore, so it will change and adapt as the Healthscore changes e.g. if the member has reported weight loss, their avatar will also slim down. In other words: via gamification and engagement, it’s the avatar that members create that will nudge them to take the next step that will improve their health.

3. Discounted online shopping

Fedhealth members who’ve provided consent on the app will receive discounts on a range of items in the AVO online mall.

AVO is an online store that facilitates online transactions from start to finish with secure payment.

AVO brings consumers and businesses together, accurately matching consumers’ lifestyle needs to product and service offerings through powerful artificial intelligence, safe and secure payments, and bank-grade security.

✔ Once registered, members will receive emails from AVO and AMP on the latest deals.
✔ They will get an AVO AMP wallet to bank cash-back received that can be used as a discount next time they shop.
✔ Members will have an option of taking an AVO loan when purchasing a big ticket item.

Thanks to the integration with AMP, the Fedhealth Member App is now an even more valuable and rewarding partner in members’ health journeys.
flexiFED 3 is the perfect plan for growing families who might have another baby on the way.

It offers good in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits. Its Threshold benefit kicks in once day-to-day claims have reached the Threshold level, as long as all day-to-day claims have been submitted. Certain claims like unlimited nominated network GP visits will be paid from the Threshold benefit.

flexiFED 3 offers rich maternity and childhood benefits paid from Risk to look after your growing family. These include two antenatal scans and 12 ante- and postnatal consultations with a midwife, network GP and gynae, paediatric consultations without referral up to 24 months old, and childhood illness specialised drug benefit up to 18 years old.

On flexiFED 3, you can also choose flexiFED 3grid and save 11% on your monthly contributions by using network hospitals only, or choose flexiFED 3 elect and save 25% on your monthly contribution by choosing to pay a R13 000 co-payment for planned procedures at any private hospital.

On this option, you have access to a MediVault and Wallet facility for day-to-day expenses. You can either choose to use no day-to-day benefits, or have a fixed amount made available for day-to-day expenses upfront like you’d have with any other MSA. But, if you’d like true control over your medical aid costs, you can also select the flexible repayment structure and only pay for the day-to-day funds you use (interest-free over 12 months).

On flexiFED 3, members enjoy the following benefits:

**IN-HOSPITAL BENEFIT**

Members have no overall annual limit for hospitalisation. flexiFED 3 covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital, Arwyp Medical Centre, Busamed Modderfontein Private Hospital, Hibiscus Hospital, Mooimed Private Hospital, St Helena Private Hospital, Capital Hospital, which will not be covered in full for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 300 co-payment.

**CHRONIC DISEASE BENEFIT**

This benefit covers chronic conditions on the CDL. It’s covered in full up to the Medicine Price List if members use medicine on the intermediate formulary and obtain it from one of our preferred providers: Clicks, Dis-Chem, Medirite (and their courier pharmacies) and Pharmacy Direct. Members can however use any pharmacy to obtain their chronic medication. Non-use of a DSP or a preferred provider may result in a co-payment if the dispensing fee is in excess of 25% (R26.50 for pharmacies or the agreed courier rate for courier pharmacies). Additional conditions are covered on flexiFED 3.

**DAY-TO-DAY BENEFITS**

Day-to-day expenses on flexiFED 3 are first funded from any available Savings the member might have. Once their Savings is depleted, day-to-day expenses can be paid from the Wallet once the member has activated their MediVault and transferred funds to their Wallet, on the FLEXIBLE repayment structure or from the funds allocated to them on 1 January (FIXED repayment structure).

Members on flexiFED 3 have a Nominal Savings contribution. This allows members to transfer/retain any accumulated Savings from a previous option/ scheme when joining flexiFED 3. Any member on flexiFED 3 can also top up this Savings Account at any time up to a maximum annual amount of 25% of their gross contribution. Any claim submitted which is not payable from Risk will be funded from the member’s Savings Account first.

**Threshold benefit**

On flexiFED 3 the Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.

**Day-to-day benefits paid by the Scheme**

We pride ourselves on paying more from Risk so the members’ day-to-day benefit lasts longer.

**Screening benefit**

Preventative screenings and assessments like lifestyle screenings, wellness screenings (includes finger prick, glucose and cholesterol, blood pressure, waist circumference and body mass index (BMI) and physical screenings are covered from this benefit.

**Savings**

The funds in the member’s Medical Savings Account (MSA) will be used first when he or she has day-to-day medical expenses.
**UNLIMITED PRIVATE HOSPITAL COVER**

**On flexiFED 3, members may use:**

flexiFED 3 covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital, Arwy Medical Centre, Busamed Modderfontein Private Hospital, Hibiscus Hospital, Mooimed Private Hospital, St Helena Private Hospital, Capital Hospital, which will not be covered in full for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 300 co-payment.

The in-hospital benefit covers hospital costs as well as the accounts from doctors, specialists e.g. the anaesthetist and other healthcare providers like the x-ray department.

This benefit also covers selected procedures performed in day wards, day clinics and doctor’s rooms.

**Cover for hospital admissions**

We cover the hospital account from the in-hospital benefit. Specialists and GPs who are on the Fedhealth network are covered in full. Specialists and GPs who are not on the Fedhealth network, are covered up to the Fedhealth Rate.

Referral by a medical practitioner and pre-authorisation is required for physical therapy (physiotherapists), which is covered up to the Fedhealth Rate.

**How Prescribed Minimum Benefits are covered**

Prescribed Minimum Benefits or PMBs refer to 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. The Medical Schemes Act 131 of 1998 allows schemes to require members to make use of Designated Service Providers (DSPs) in order for a member to be entitled to funding in full. Schemes may also apply formularies – a list of medicines which should be used to treat PMBs, and managed care protocols – based on evidence-based medicine and cost-effectiveness principles to manage this benefit.

Fedhealth has appointed network specialists, network GPs, network hospitals and four DSP pharmacies, Clicks, Dis-Chem, Medrinite and their courier pharmacies and Pharmacy Direct, for the provision of PMBs. If a DSP is required on your option, a 40% co-payment will apply if you don’t use a DSP. 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 the treatment of a PMB condition, 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. The co-payment depends on your option.

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). This means that although a member’s condition may be a PMB condition, the Scheme will reimburse treatment should you not use these DSPs for the treatment of a PMB condition, 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. The co-payment depends on your option.

**Co-payments on certain procedures**

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

**Treatment for emergencies**

To qualify as an emergency, the condition must be unexpected and require 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. If the member is on a network hospital option, treatment of an emergency medical condition may take place 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.
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.

Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorised. If the procedure is performed without pre-authorisation, 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
- Insertion of IUD (intra-uterine Device)
- Laparoscopy
- Ovarian cyst(s) drainage
- Sterilisation

Urology
- Adults
  - Bilateral total orchidectomy for prostate cancer
  - Bladder biopsy (cancer and other conditions)
  - Bougination for urethral stricture
  - Circumcision
  - Cystoscopy & urethral catheter or stent
  - Cystourethroscopy & urethrotomy
  - DJ stent removal post pyeloplasty
  - Foreign body removal
  - Hydrocelectomy for vaginal hydrocele
  - Inguinal hernia repair
  - Laparoscopy for ureteronecystostomy & 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
  - Urethrocystoscopy for bladder outlet obstruction
  - Urethrolithotomy – lower 1/3 ureter
- Varicocelectomy for varicocele
- Vasectomy
- Vasotomy

Paediatrics
- Circumcision - all indications
- Glanulo-cavernous shunt for priapism
- Hydrocelectomy for congenital hydrocele
- Meototomy for meatal stenosis
- Orchidopexy for undescended testes
- Urethrocystoscopy for urinary incontinence

Orthopaedics
- Arthrocentesis
- Arthrodesis of hand/elbow/foot
- Arthroscopy
- Arthroscopy - all joints & biopsy & synovectomy
- Arthroscopy/intra-articular injection of joints
- Arthroscopy/intra-articular steroid injection
- Biopsy - bone
- Blunionectionary
- Cartilage grafts
- Cast/application removal
- Closed fracture procedures
- Foreign body removal - muscle tendon sheath
- Ganglionectionary
- 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

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
- Intraocular 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
- Apixectomy
- 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-authorisation must be obtained and should no pre-authorisation 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 boli injections for medicines that include antimicrobials and immunoglobulins
- Payment of immunoglobulins is subject to the Specialised Medication Benefit

- Fine needle aspiration biopsy
- Excision of naeibed
- 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
Prescribed Minimum Benefit conditions
All options have a benefit for the 27 chronic conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL). The benefit covers medicine for the list of CDL conditions paid from a formulary and must be obtained from either the DSP or a preferred provider, depending on the option.

Chronic Disease Benefit
This benefit covers the conditions on the CDL. This option cover additional conditions.

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

Medicine for additional chronic conditions
This option covers 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
Medicine 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.

Chronic conditions on the Chronic Disease List (CDL) covered on all options
- Addison's Disease
- Asthma
- Bipolar Mood Disorder
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- COPD/ Emphysema/ Chronic Bronchitis
- Chronic Renal Disease
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Mellitus Type-1
- 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 this option
- Acne (up to the age of 21)
- Allergic rhinitis (up to the age of 18)
- Attention Deficit Hyperactivity Disorder (from 6 to the age of 18)
- Depression
- Eczema (up to the age of 18)
- Generalised Anxiety Disorder
- Post-Traumatic Stress Disorder

Obtaining chronic medicine
On flexiFED 3, members can obtain their chronic medicine from any of our preferred provider pharmacies namely Clicks, Dis-Chem, Medirite (and their courier pharmacies) 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, the member will have to pay the difference.
Fedhealth has an established intervention for members suffering from back and neck problems. Fedhealth Conservative Back and Neck Rehabilitation Programme is 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 up to twice a week for six weeks and a home based protocol for long-term care. Email backandneck@fedhealth.co.za for more information about the programme.

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.

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.

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.

Hospital at Home

Fedhealth’s technology-enabled Hospital at Home service, in partnership with Quro Medical, brings all 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 and Gauteng, 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. For more information, please visit the Quro Medical website on www.quromedical.co.za or call 010 141 7710.

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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 to find out more about this benefit.

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.

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.

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

Weight Management Programme

The Weight Management Programme is an intervention 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. Email weightmanagement@fedhealth.co.za for more information. This benefit is available every two years.

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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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

Weight Management Programme

The Weight Management Programme is an intervention 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. Email weightmanagement@fedhealth.co.za for more information. This benefit is available every two years.

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.

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.

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.

Hospital at Home

Fedhealth’s technology-enabled Hospital at Home service, in partnership with Quro Medical, brings all 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 and Gauteng, 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. For more information, please visit the Quro Medical website on www.quromedical.co.za or call 010 141 7710.

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 to find out more about this benefit.

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.

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.

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
Screening benefit
This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have.

<table>
<thead>
<tr>
<th>Women's Health</th>
<th>Men's Health</th>
<th>Cardiac Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cancer screening</td>
<td>Prostate Specific Antigen (PSA)</td>
<td>Cholesterol screening</td>
</tr>
<tr>
<td>(Pap smear)</td>
<td></td>
<td>(full lipogram)</td>
</tr>
<tr>
<td>Women; ages 21 to 65</td>
<td>Men; ages 45 to 69</td>
<td>All lives; aged 20 and older</td>
</tr>
<tr>
<td>1 every 3 years</td>
<td>1 every year</td>
<td>1 every 5 years</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Children's Health</td>
<td></td>
<td>Over 45's</td>
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<tr>
<td></td>
<td></td>
<td>Breast cancer screening with</td>
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<tr>
<td></td>
<td></td>
<td>mammography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All lives; aged 45 and older</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 every 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colorectal cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(faecal occult blood test)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All lives; ages 50 to 75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 every year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pneumococcal vaccination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All lives; aged 65 and older</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 per lifetime</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>General</td>
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<tr>
<td></td>
<td></td>
<td>Flu vaccination</td>
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<td></td>
<td></td>
<td>All lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 every year</td>
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<tr>
<td></td>
<td></td>
<td>HIV finger prick test</td>
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<td></td>
<td></td>
<td>All lives</td>
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<td></td>
<td>1 every year</td>
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<tr>
<td></td>
<td></td>
<td>Health risk assessments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness screening (BMI, blood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pressure, finger prick cholesterol &amp; glucose tests)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 every year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventative screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(waist-to-hip ratio, body fat %, flexibility, posture &amp; fitness)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 every year</td>
</tr>
</tbody>
</table>
Fedhealth Oncology Programme
Fedhealth supports cancer patients in their time of need, and diagnosed members are encouraged to register on the Fedhealth Oncology Programme by calling 0860 100 572. The Scheme offers all members the opportunity to change to a higher option within 30 days of a life-changing event or diagnosis. This ensures that those with cancer can get access to medication that will help them to remain economically active, with all the support they require to deal with this stressful diagnosis.

We require a clinical summary of each member’s case: this must contain the history, ICD-10 codes, the clinical findings of the doctor, as well as the test results confirming the cancer and the specific type of cancer. The proposed treatment plan must be submitted so that the oncology team can approve the appropriate therapy. Our caring agents will guide the member through the process.

Members can access the oncology benefit by obtaining pre-authorisation from a staff member within the Fedhealth Oncology Programme team. The team comprises a number of highly skilled healthcare professionals who work in conjunction with the treating doctor to ensure that treatment provided is both clinically appropriate and cost-effective. A set of cancer guidelines and protocols are used during the pre-authorisation process. These guidelines are continually updated as new products are launched and new treatment protocols established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On FlexiFED 3, oncology is covered up to R311 900 per family per year at the designated service provider, ICON and paid at Essential protocol. A 40% co-payment applies where a DSP is not used.

CANCER COVER

Upon cancer diagnosis, members must register on the:

Fedhealth Oncology Programme

This benefit covers:

- Oncology treatment
  - ICON is the oncology DSP on all options.
- Chemotherapy and related treatment
- Radiotherapy
- Consultations and visits
- Surgery and hospitalisation
  - Paid from in-hospital benefit.
- Radiology General Specialised.
- PET scans
- Pathology
- Stoma therapy
  - Paid from terminal care benefit up to annual limit per family.
- Terminal care
  - Paid from terminal care benefit up to annual limit per family.
- Post-active treatment
  - Aligned benefit for palliative care.
Independent Clinical Oncology Network (ICON)

ICON provides Fedhealth’s active oncology treatment. ICON is a network of oncologists that includes 75% of all practicing oncologists in South Africa. To find an ICON network specialist, you can call 0860 002 153.

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. The treating doctor must submit a treatment plan to the Fedhealth Oncology Programme team. Once treatment has been authorised, the member and doctor will receive an authorisation letter.

Treatment for conditions not directly related to the treatment of the cancer (e.g. depression) as well as treatment for the long-term conditions that may develop as the result of chemotherapy or radiotherapy, will be funded from an alternative benefit (i.e. the Chronic Disease Benefit or the Savings Account/Wallet).

Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to the Fedhealth Oncology Programme team. Once treatment has been authorised, the member and doctor will be sent an authorisation letter.

Specialised medication

Specialised medication is medication that is focused on a defined group of patients, diseases, skills, or philosophy (e.g. biologicals – oncology and non-oncology. Specialised medication is covered by our maxIFED options only.

Consultations and visits

Oncologist consultations and hospital visits are paid from the oncology benefit while the member has either an active chemotherapy or radiotherapy authorisation. Prior to starting treatment, consultations are paid from the Savings Account/Wallet. Hospital visits are pre-authorised at the same time as the authorisation for chemotherapy or radiation treatment. You will receive an authorisation letter detailing the number of visits authorised and the period for which these visits are authorised.

Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and claims for these services are automatically paid from the oncology benefit (a separate pre-authorisation is therefore not required).

Radiotherapy

General radiology

General oncology-related radiology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorisation is not required).

Specialised radiology

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

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.

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-authorisation is not required.

Terminal care and private nursing

Accommodation in a hospice or terminal care facility for the care of patients in terminal stage of life will be covered from the Terminal Care Benefit covered up to R34 500 per family per year. Pre-authorisation must be obtained from the Hospital Authorisation Centre. Private nursing will be paid from the Alternatives to Hospitalisation benefit, where this is 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 appropriate consultation, radiology and pathology codes has been defined and claims for these services 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.

new

Alignd benefit for palliative care

Fedhealth has partnered with Alignd to pioneer this new benefit that offers members with advanced cancer extra care when they need it most.

Who can access this benefit?

Fedhealth members diagnosed with advanced stage or metastatic cancer (cancer that has spread to other organs) will have immediate access to the Alignd benefit, at no extra cost.

Summary of the benefit

Fedhealth endeavours to help members live well if they’re managing a serious illness. The Alignd benefit offers specialised care for anyone with serious cancer, focusing on providing relief from symptoms and stress. This could be by controlling a physical problem such as pain, or by helping members with their emotional, social or spiritual needs. This benefit supports the member and their family.

Service providers

This care and support is provided by an expert team, which could include doctors, nurses and social workers. These practitioners have extra palliative care training, which means they are skilled in making patients’ illness journeys easier from the moment they are diagnosed, ideally with a focus on getting them back on their feet again. This team will consider and co-ordinate all aspects of the member’s health, not just their cancer. Accepting palliative care does not mean that one is dying, or giving up.

Members won’t have to change their current treatment plan or doctor either. This extra care team works together with the member’s treating oncologist and other involved doctors such as their GP. Members can receive this extra layer of support while they’re having curative treatment. It’s a team approach that puts members back in control of their illness journey, and can really improve the quality of their lives when they most need it.

Benefits

Patients with serious cancer consistently report finding more comfort and support with a palliative care trained team on their side than without it. With better all-round care, symptom management, and a comprehensive and holistic home-based care plan in place, patients are less likely to require emergency services, hospitalisation and ICU stays. Family members feel more supported too.

Costs

The Alignd benefit is a comprehensive care benefit available to all eligible Fedhealth members at no extra cost. With Alignd, we provide cover for our members to receive meaningful physical and emotional support from when they are diagnosed with advanced stage or metastatic cancer. For those with more intensive care needs, the benefit does also cover end-of-life care.

Included in the benefit

For those with cancer support needs, we cover an initial consultation with a palliative care trained doctor to assess their needs holistically – beyond their cancer treatment alone. 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.

Where the illness has progressed further, the Alignd benefit offers more intensive support, including home-based palliative care, medication for symptom relief, hospital bed hire, and limited home-based care (336 hours i.e. 2 weeks of 24-hour care or equivalent) at the end of life (this is not a replacement for frail care).

Members diagnosed with advanced cancer can contact Fedhealth on 0860 002 153 and ask to be referred to Alignd, or send an email to referrals@alignd.co.za
MATERNITY AND CHILDHOOD BENEFITS

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

Some of the maternity and childhood benefits members on flexiFED 3 can expect:

Maternity benefits
• Two x 2D antenatal scans
• Twelve ante- and postnatal consultations with a midwife, network GP or gynaecologist
• 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 baby goodies
• Private ward cover (when available) for delivery
• Doula benefit – we offer R3,000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
• Postnatal midwifery benefit – we provide 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 24 months of age
• Infant hearing screening benefit – we offer 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
• Trauma treatment in a casualty ward – we cover emergency treatment, like stitches, in a casualty ward, whether the child is admitted to hospital or not. Authorisation must be obtained and a co-payment of R660 applies for non-PMBs
• Childhood illness specialised drug benefit up to 18 years old
• 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/ Wallet provided they have a NAPPI code. This will accumulate to Threshold up to the appliances, external accessories and orthotics limit.

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
- 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/ Wallet (NAPPI code required).
MENTAL HEALTH BENEFIT

The World Health Organisation defines mental health as a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

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

**Mental Health Resource Hub**
Fedhealth members can access the Mental Health Resource Hub to help them navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. It’s available via the Fedhealth Family Room online member portal or go to www.medscheme.com/mental-wellness-resource-hub/

**Chronic Benefit**
Chronic medicine for mental health conditions is covered according to Prescribed Minimum Benefits as well as 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.

**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 will cover 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 Prescribed Minimum Benefits allows 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 Prescribed Minimum Benefits allows 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 which the member’s doctor should obtain.

**Factors to consider before an admission:**
- 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 make use of 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.
COVID-19 BENEFIT

Coronavirus disease (COVID-19) is an infectious disease caused by a new strain that was discovered in 2019 and had not been previously identified in humans. On Tuesday 17 March 2020, the World Health Organization (WHO) announced the official designation of COVID-19.

Fedhealth designed its COVID-19 benefit to help members prevent, monitor, treat and recover from this deadly disease.

2. COVID-19 testing and pathology
Fedhealth covers three different types of in-vitro tests for COVID-19 approved by the South African Health Products Regulatory Authority (SAHPRA). These are:

<table>
<thead>
<tr>
<th>TYPE OF TEST</th>
<th>HOW IT WORKS</th>
<th>HOW FEDHEALTH COVERS IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular test</td>
<td>Detects the presence of the SARS-CoV-2 virus’ genetic material (nucleic acid) and is performed on material obtained by means of nasopharyngeal and/or oropharyngeal swabs.</td>
<td>RT-PCR tests are PMB level of care; Fedhealth will pay where Persons Under Investigation (PUI) criteria are met and the test is requested by a healthcare provider.</td>
</tr>
<tr>
<td>Serological test</td>
<td>Detects antibodies to the SARS-CoV-2 virus and is conducted on samples likely to have antibodies, such as finger-prick blood samples. Serological tests are done at the point-of-care and detect the presence of immunoglobulin M (IgM) and/or immunoglobulin G (IgG) antibodies to SARS-CoV-2.</td>
<td>Serology tests are not PMB level of care; Fedhealth will fund COVID-19 antibody testing from Savings/Wallet benefits only.</td>
</tr>
<tr>
<td>Antigen test</td>
<td>Directly detects SARS-CoV-2 proteins produced by replicating virus in respiratory secretions and has been developed as both laboratory-based tests and point-of-care tests, referred to as rapid diagnostic tests (RDTs).</td>
<td>Ag-RDT tests are covered as PMB, irrespective of the result. Currently the test is only lab-based due to COVID-19 requirements and the labs need to confirm patient COVID-19 status with PCR according to NDoH guidelines. Fedhealth reimburses COVID-19 related PCR and Antigen tests for members meeting the PUI criteria, irrespective of outcome, as PMB. Providers wishing to perform antigen tests outside of the lab setting need to apply specifically to Fedhealth/Medscheme pathology to be added as a provider.</td>
</tr>
</tbody>
</table>

The benefit
Fedhealth’s COVID-19 benefit is structured around the pillars of: prevention/ protection, testing and pathology, doctors’ visits, hospitalisation, post-hospitalisation and vaccination.

1. Prevention/ protection
Fedhealth offers the following COVID-19 prevention support to members:

- **Regular communication** with reliable, health-related COVID-19 information to keep members aware of pandemic developments.
- **Weight management programme** to reduce BMI as obesity impacts COVID-19 severity - covered from Risk for qualifying members.
- **GoSmokeFree programme** to quit smoking – paid from Risk.
- **Oximeters paid from member’s Savings/ Wallet.**
- **Courier pharmacies** have been added to the Scheme’s DSPs so that members can have their medicine delivered at home to limit possible exposure.
- **Paed-IQ** for telephonic paediatric support to parents of children with COVID-19 (and other conditions).
- **Fedhealth COVID-19 Support Portal** where members can find COVID-19 information.

2. Background
**Symptoms**
Most people infected with the COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special or intensive treatment.

Who are most at risk of becoming seriously ill with COVID-19?
People of all ages can be infected by the coronavirus (COVID-19), but the risk of becoming severely ill with the virus appears to increase for people who:

- Have conditions that increase oxygen needs or reduce the body’s ability to use oxygen properly. This puts patients at higher risk of the consequences of bilateral viral pneumonia.
- Have pre-existing non-communicable diseases (NCDs) including:
  - Cardiovascular disease (e.g. hypertension)
  - Chronic respiratory disease (e.g. COPD)
  - Diabetes
  - Cancer

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold, to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).
3. Doctors’ visits and screenings
   • Doctors’ visits are covered from **Fedhealth’s unlimited GP benefit** paid from Risk according to the member’s option [CLICK HERE](#) for more information.
   • Consultations for screening by a healthcare worker for COVID-19 are PMB level of care and paid from Risk.
   • Virtual/Telephonic consultations with healthcare professionals have been introduced for the duration of the pandemic to limit physical contact.

4. PMB care template for active infection
   This care basket activates when a member’s COVID-19 diagnosis is confirmed via the receipt of a claim, and is paid from Risk.

<table>
<thead>
<tr>
<th>AMBULATORY PMB CARE PLAN</th>
<th>Codes</th>
<th>Provider Practice Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consultations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General practitioner</td>
<td>0190, 0191, 0192, 0130, 0132</td>
<td>14, 15</td>
<td></td>
</tr>
<tr>
<td>Pulmonologist, physician,</td>
<td></td>
<td>17, 18, 32</td>
<td></td>
</tr>
<tr>
<td>paediatrician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelet count</td>
<td>3797</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Full blood count (including</td>
<td>3755</td>
<td></td>
<td>2</td>
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<tr>
<td>items 3739, 3762, 3783, 3785, 3791)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td>4113</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Sodium</td>
<td>4114</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Urea</td>
<td>4131</td>
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<td>2</td>
</tr>
<tr>
<td>Creatinine (urine)</td>
<td>4221</td>
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<td>2</td>
</tr>
<tr>
<td>Creatinine (blood)</td>
<td>4032</td>
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<td>2</td>
</tr>
<tr>
<td>Erythrocyte sedimentation</td>
<td>3743</td>
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<td>2</td>
</tr>
<tr>
<td>rate (ESR)</td>
<td>52, 037</td>
<td></td>
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</tr>
<tr>
<td>C-reactive protein (CRP)</td>
<td>3947</td>
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<td>2</td>
</tr>
<tr>
<td>Antimicrobic substances</td>
<td>3928</td>
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<td>2</td>
</tr>
<tr>
<td>Bacteriological culture</td>
<td>3893</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>(miscellaneous)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Miscellaneous body fluids</td>
<td>3867</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Viable cell count</td>
<td>3922</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>PCR - Polymerase chain reaction</td>
<td>3974</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>PCR - Bacteriological DNA</td>
<td>4434</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>identification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pathology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray of the chest, single view</td>
<td>30100</td>
<td>38</td>
<td>2</td>
</tr>
<tr>
<td>Chest study (item 3601 included)</td>
<td>3445</td>
<td>17, 18, 32</td>
<td>2</td>
</tr>
<tr>
<td><strong>Procedures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous infusions</td>
<td>0205, 0206</td>
<td>14, 15, 17, 18, 32</td>
<td>2</td>
</tr>
<tr>
<td>Nebulisation (in rooms)</td>
<td>1136</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

5. Hospitalisation/ post-hospitalisation and Quro Hospital at Home
   • **Unlimited hospital cover** is covered at the required level of care. Network hospital rules apply except in cases of emergency or where the nearest network facility has reached full capacity.
   • **Ambulance transfer** to the hospital through Europ Assistance.
   • The **Quro Hospital at Home benefit** is an alternative for members who’d rather receive treatment at home instead of a general hospital ward. [CLICK HERE](#) for more information.
   • **All PMB-related COVID-19 admissions** are covered (does not include experimental drug therapy).
   • **Post-hospitalisation physiotherapy benefit**: benefit available for 30 days following a COVID-19 discharge.
   • We cover **acute home oxygen** for 14 days following a COVID-19 admission on request by a medical doctor.

6. COVID-19 vaccination and Vaccine-induced immune thrombotic thrombocytopenia (VITT) support
   • COVID-19 vaccinations are paid in full from Risk – whether a single or multi-dose regimen - even during waiting periods for eligible beneficiaries.
   • **VITT payment and support.** Supportive anti-coagulant therapy is covered from Risk should a member develop clotting from a COVID-19 vaccine.
## 1. Medical Aid as You Know It

### A) Hospital Plan Without Additional Day-to-Day Benefits:

This is for members who are only looking for the peace of mind offered by a flexiFED hospital plan that their major hospital costs will be covered.

**Hospital plan rates:**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Network Type</th>
<th>Monthly Contribution Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>January to March 2022 without increase</td>
<td>flexiFED 3</td>
<td>R2 825 R5 314 R3 840 R6 569 R7 404</td>
</tr>
<tr>
<td>From April 2022</td>
<td>flexiFED 3</td>
<td>R3 045 R5 835 R4 124 R6 914 R7 993</td>
</tr>
</tbody>
</table>

**REMEMBER though** that a flexiFED hospital plan is unequalled in the market because it has a MediVault attached to it. The MediVault is your go-to place should you ever need any day-to-day benefits. It’s there and available at any time, but you don’t pay for it until you’ve started using it. It provides members with the peace of mind that, although you only have a hospital plan, the option to cover day-to-day expenses is there should you ever need it.

**ALSO NOTE** that you can always upgrade to a higher option within 30 days of a life-changing event like a pregnancy, or the diagnosis of a serious disease.

### B) Hospital Plan With Upfront Day-to-Day Benefits (Fixed Repayment):

If you prefer simplicity and familiarity, this option is for you. It’s medical aid as you’ve always known it, where we give you a FIXED amount for day-to-day benefits upfront for the year which you pay as part of your FIXED monthly contribution.

**Annual Day-to-Day Benefits**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Network Type</th>
<th>January to March 2022 without increase</th>
<th>From April 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>flexiFED 3</td>
<td>Any</td>
<td>R7 830 R10 608 R10 419 R13 869 R16 458</td>
<td>R7 449 R16 204 R4 670 R7 481 R8 702</td>
</tr>
<tr>
<td>flexiFED 3</td>
<td>Any</td>
<td>R7 830 R10 608 R10 419 R13 869 R16 458</td>
<td>R7 669 R16 665 R4 954 R8 006 R9 291</td>
</tr>
</tbody>
</table>

*These benefits are pro-rated, depending on when the member joins.*

Members who choose flexiFED with upfront day-to-day benefits don’t have to do anything else except enjoy great certainty from Fedhealth. And, if you chose a flexiFED plan with day-to-day benefits, but have used up all your allocated benefits during the year, you can simply top up should you need to.
2. CHOOSE YOUR OWN AMOUNT OF DAY-TO-DAY BENEFITS:

What makes Fedhealth's flexiFED options so unique, is that you can structure your day-to-day benefits in any way you like - all thanks to our MediVault and Wallet system.

If you are keen on saving money and want more flexibility and control over your medical aid spend, then choose our FLEXIBLE MediVault and Wallet system!

Through the FLEXIBLE repayment structure, our innovative MediVault and Wallet system really comes to life, giving members medical aid that YOU create and YOU control.

Our MediVault system makes a pre-determined amount of money available for your day-to-day benefits, but if you choose the FLEXIBLE repayment structure, you only pay for the portion of your MediVault allowance that you actually use. This means you don't pay for your day-to-day benefit until you've started using it.

If you select the FLEXIBLE repayment structure, you simply transfer funds from your MediVault to your Wallet when you need to pay for day-to-day medical expenses. The funds you transfer are then repaid over 12 months, interest free.

• You don't pay for day-to-day benefits until you use them. This could save you thousands every month.
• You pay less without compromising on the quality of your Hospital (Risk) benefits.
• You are in full control over how much you pay for your medical aid.
• One debit order each month - made up of your Risk/Hospital cover contribution and your MediVault repayments.
• Any unused funds in your Wallet will transfer to the next year, so you won’t lose it.

So if you want to enjoy the perks of being in full control of your medical aid spend, the FLEXIBLE repayment structure is for you!

<table>
<thead>
<tr>
<th>How much is in the MediVault?</th>
<th>FLEXIBLE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>R11 496</td>
</tr>
<tr>
<td>M + 1</td>
<td>R17 496</td>
</tr>
<tr>
<td>M + 2</td>
<td>R23 100</td>
</tr>
<tr>
<td>M + 2+</td>
<td>R27 096</td>
</tr>
</tbody>
</table>

How much do I have available for day-to-day expenses?

<table>
<thead>
<tr>
<th>Total contribution</th>
<th>R3 045</th>
<th>R5 835</th>
<th>R4 124</th>
<th>R6 941</th>
<th>R7 993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount available for day-to-day benefits</td>
<td>R11 838</td>
<td>R18 144</td>
<td>R17 955</td>
<td>R23 865</td>
<td>R27 978</td>
</tr>
</tbody>
</table>

Note - You don't have to use any... or all... of the funds in your MediVault if you don't want to and you will only repay the amount you have used. To calculate how much you have to pay to the Scheme every month, simply divide the amount you intend to use by 12 and add that to your Hospital Cover contribution.

Example 1

<table>
<thead>
<tr>
<th>AMOUNT USED</th>
<th>R5 748</th>
<th>R8 748</th>
<th>R8 748</th>
<th>R11 550</th>
<th>R13 548</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL MONTHLY REPAYMENT TO THE SCHEME</td>
<td>R3 045</td>
<td>R5 835</td>
<td>R4 124</td>
<td>R6 941</td>
<td>R7 993</td>
</tr>
</tbody>
</table>

Example 2

<table>
<thead>
<tr>
<th>AMOUNT USED</th>
<th>R5 748</th>
<th>R8 748</th>
<th>R8 748</th>
<th>R11 550</th>
<th>R13 548</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL MONTHLY REPAYMENT TO THE SCHEME</td>
<td>R3 045</td>
<td>R5 835</td>
<td>R4 124</td>
<td>R6 941</td>
<td>R7 993</td>
</tr>
</tbody>
</table>

Example 3

<table>
<thead>
<tr>
<th>AMOUNT USED</th>
<th>R5 748</th>
<th>R8 748</th>
<th>R8 748</th>
<th>R11 550</th>
<th>R13 548</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL MONTHLY REPAYMENT TO THE SCHEME</td>
<td>R3 045</td>
<td>R5 835</td>
<td>R4 124</td>
<td>R6 941</td>
<td>R7 993</td>
</tr>
</tbody>
</table>
At Fedhealth, we pride ourselves on covering more from Risk than other medical schemes to help our members’ day-to-day benefits last longer. Here’s a breakdown of the different ways we cover day-to-day expenses on flexiFED 3.

**Unlimited network GP visits**
Members on flexiFED 3 get unlimited consultations at a nominated Fedhealth Network GP once the Threshold level has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations per beneficiary, per year. Up to two network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area); OR two non-network GP consultations per beneficiary up to the Fedhealth Rate.

**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**
We pay for MRI/CT scans whether they are performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R2 480 for each non-PMB MRI/CT scan for member’s own account.

**Trauma treatment at a casualty ward**
We pay for 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 within 48 hours and a co-payment of R660 per visit for non-PMBs applies.

**Female contraception**
We pay for female contraception including oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena® from Risk. It must be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.

**In-hospital dentistry for children up to the age of 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.

**Medical Savings Account**
The Savings Account pays for day-to-day expenses first (from the beginning of the year) and pays expenses up to the actual cost. In some cases, if the member has money available in their Savings Account, they can use this to pay co-payments. However, a co-payment for a Prescribed Minimum Benefit (PMB) condition cannot be paid from the Savings Account. The Savings Account works differently to other benefits in that the member carries any remaining amount over to the next year.

**MediVault & Wallet**
Once the Savings Account runs out, the member will either have to pay for all their day-to-day medical expenses out of their own pocket, or they can access their MediVault.

With the MediVault, flexiFED members can either choose a FIXED or a FLEXIBLE repayment structure. If they choose FIXED, a pre-determined amount for day-to-day expenses will be transferred to their Wallet by the Scheme on 1 January for the year - pro-rated if they join after January. Members who choose FLEXIBLE, can transfer funds as and when they need it to their Wallet - and pay it back over 12 months interest free. This amount will not be pro-rated.

**Threshold benefit**
To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level. All day-to-day expenses accumulate to the Threshold level at cost. Thereafter, certain claims will be paid from the Threshold benefit. These include basic dentistry) and unlimited nominated network GP visits.
Maternity benefit
This benefit covers two x 2D scans, antenatal classes up to R1160, 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 R3000 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

Pediatric consultations
One consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required.

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.

Childhood illness specialised drug benefit
We pay for certain specialised drugs for children up to 18 years old.

Paed-IQ
Paed-IQ is a free telephonic paediatric advice line for members with children up to the age of 14.

Optometry benefit
Limited to R1930 per beneficiary every 24 months. This benefit is paid from Risk and not from the member’s Savings or Wallet.

Dentistry benefits
Paid from Savings/Wallet or self-funded. Once the Threshold level has been reached, the following benefits will be paid from the Threshold benefit: two annual consultations per beneficiary incl. x-rays, scaling and polishing, fillings, extractions and root canal. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.
We give our members more value and support when they need it.

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.

Paed-iQ
A South African medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children up to 14 years old.

Fedhealth Baby Programme
Free baby goodies, support and advice for all parents-to-be. Pregnant members or dependants receive a Fedhealth baby bag filled with baby product samples, discount vouchers and a baby handbook. They also have access to professional advice when they need it.

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

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.

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),

Upgrades within 30 days of a life-changing event
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 the life-changing event taking place. Some dread diseases that qualify include: cancer, renal failure, multiple sclerosis, diabetes, stroke, neurological disorders, HIV, cardiac conditions, Parkinson’s disease, Alzheimer’s disease, Amyotrophic lateral sclerosis (ALS) a.k.a. motor neurone disease.

Child rates for financially dependent children up to the age of 27
Fedhealth charges child rates for financially dependent children up to the age of 27. This means that student dependants pay rates applicable to children, as long as they’re unmarried and not earning more than the maximum social pension.

Only pay for three children
The Scheme only charges for three child dependants, the fourth and subsequent children are free.
Sanlam Gap Cover assists in covering your additional medical expenses.

To avoid the network restrictions on the flexiFED and GRID options, you can take up Sanlam Gap Cover from R233 p/m (individuals) and R409 p/m (families). Even with gap cover in place, you will still pay less than for the standard flexiFED option and you won’t have to worry about selected copayments. Here’s more information about Sanlam’s Gap Cover product:

What is gap cover?

Even if you’re a member of a medical scheme, you’re not always fully covered for all in-hospital expenses. In most cases there’s a difference between what a specialist charges in-hospital, and what your medical scheme will cover. As the medical scheme member, you remain liable for the additional medical expenses. Gap cover ensures that you would not have to pay this unexpected cost from your own pocket (T&Cs apply).

Treatments not paid for by Gap Cover

• Certain treatments such as specialised dentistry and treatment for cosmetic surgery.
• Claims older than six months.
• Any claim that is excluded or rejected by the Insured’s medical aid.
• Day-to-day claims, unless otherwise specified.
• Claims not approved by, excluded by or paid as an ex-gratia by the medical aid.

Child dependents covered until they reach the age of 17. In addition, parents who are financially dependent on the Insured will be excluded and will be required to take out their own Sanlam Gap Cover policy.

The full list of exclusions is available in the Sanlam Gap policy document.

Waiting periods

The following waiting periods may apply:
• A general waiting period of three months on all benefits.
• A 12-month condition specific waiting period for pre-existing conditions for which you received advice, treatment or diagnosis during the 12 months prior to the cover commencing.

Sanlam Comprehensive Gap Cover 2022 Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
</table>
| Hospital Tariff Benefit | Provides an additional 50% of the medical aid rate, covering shortfalls for all service providers such as surgeons, radiologists, pathologists and physicians.
| Oncology Shortfall Benefit | Provides an additional 50% of the medical aid rate, covering oncology treatment shortfalls.
| Oncology Co-payment Benefit | Provides full cover for the 20% oncology related co-payments imposed by medical schemes.
| Oncology Booster Benefit | When a medical scheme imposes an overall annual limit on oncology treatment and the benefit has been exhausted, the Oncology Booster Benefit provides full cover to the statutory maximum of R177,800 per insured per annum.
| Co-payment & Deductible Benefit | Provides full cover to the statutory maximum of R177,800 per insured per annum for fixed co-payments applied to defined surgical procedures, basic in-patient dentistry and diagnostic services such as MRI / CT / PET scans and scopes.
| Penalty Benefit | R15,000, or a percentage penalty co-payment that does not exceed 30% per family per annum to a maximum of two such events.
| Innovative Medicines Benefit | A value equal to the lesser of 25% of the total drug cost or R2,000 as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your medical scheme.
| Sub-limit Enhancer Benefit | Provides up to an additional R87,500 per event, when a medical scheme imposes an overall annual limit, known as a sub-limit, on certain in-hospital medical procedures such as prosthetic devices or when a shortfall occurs.
| Casualty Benefit | Provides up to R16,500 per event for all services delivered in the casualty ward, relating to an accident (physical injury that requires immediate medical attention), even if the costs are paid from the medical aid scheme’s savings account.
| Casualty Child Illness Benefit | Subject to a maximum of two such events per annum and a maximum of R2,500 per event. Limited to children under age 12.
| Family Booster Benefit | For a premature birth (more than six weeks before the due date), a lump sum of R15,000 will be paid.
| Hospital Cash Benefit | A lump sum payment, related to the length of the hospital stay, will only be payable for accidents and premature births - six weeks or earlier, subject to a maximum of R12,000 per beneficiary per year.
| Day 1 to 10: R1,610 per day
| Day 11 to 20: R2,500 per day
| Day 21 to 30: R4,080 per day
| Family Protector Benefit | On the death of a permanent disability of an Insured as a result of accidental harm, the following lump sum is payable: Children below six years: R20,000. All other Insured Parties: R30,000.
| Dental Reconstruction Benefit | If dental reconstruction is required as a result of trauma or oncology treatment, all related costs up to R15,000 per event will be covered.
| Medical Scheme and Gap Cover Premium Benefit | If the principal member of the medical aid is involved in an accident/trauma or becomes permanently disabled, the medical aid contributions will be covered with a lump sum up to a maximum amount of R15,000 paid upfront to the claimant. The Sanlam Gap Cover policy premium will also be waived for these six months.
| Road Accident Fund Benefit | Assistance for Road Accident Claims where the policyholder was not at fault in the vehicle accident.

Contact information

Call 0861 111 167, send an email to sanlaminfo@kaelo.co.za or visit www.sanlamgapcover.co.za

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme membership. Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36391). Insurance Products are underwritten by Centurion Insurance Company Limited (‘Centurion’), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).
### flexiFED 3 IN-HOSPITAL BENEFIT

**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.

<table>
<thead>
<tr>
<th>Health Care Professional Tariff in hospital (HPT)</th>
<th>flexiFED 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall annual limit (OAL)</strong></td>
<td>Unlimited at negotiated tariff. flexiFED 3 covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital, Arwyp Medical Centre, Busamed Modderfontein Private Hospital, Hibiscus Hospital, Mooimed Private Hospital, St Helena Private Hospital, Capital Hospital, which will not be covered in full for 2022. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R7 300 co-payment</td>
</tr>
<tr>
<td>Non-network GPs</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td>Non-network Specialists</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td>Other Healthcare Professionals</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td><strong>Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:</strong></td>
<td>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</td>
</tr>
<tr>
<td>Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus</td>
<td>Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions</td>
</tr>
<tr>
<td>Additional medical services (dietetics, occupational therapy and speech therapy)</td>
<td>Paid from Savings/ Wallet of self-funded. Accumulates at cost to Threshold level</td>
</tr>
<tr>
<td><strong>Alternatives to hospitalisation:</strong></td>
<td></td>
</tr>
<tr>
<td>Nursing services, private nurse practitioners &amp; nursing agencies</td>
<td>Unlimited at negotiated tariff</td>
</tr>
<tr>
<td>Sub-acute facilities, physical rehabilitation facilities</td>
<td>Unlimited at cost up to PMB level of care</td>
</tr>
<tr>
<td>Appliances, external accessories and orthotics</td>
<td>Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level</td>
</tr>
<tr>
<td>Blood, blood equivalents and blood products</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Maternity - Healthcare Professional Tariff in-hospital (HPT)</strong></td>
<td></td>
</tr>
<tr>
<td>Fedhealth Network GPs and Specialists (e.g. Gynaecologists &amp; Paediatricians)</td>
<td>Covered unlimited. Paid in full.</td>
</tr>
<tr>
<td>Non-network GPs</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td>Non-network Specialists</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td>Other Healthcare Professionals</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td></td>
</tr>
<tr>
<td>Maxillo-facial surgery</td>
<td>Unlimited, subject to approval (see HPT)</td>
</tr>
<tr>
<td>Surgical extraction of impacted wisdom teeth</td>
<td>You pay a co-payment of R4 800 on the hospital bill</td>
</tr>
<tr>
<td><strong>in-hospital dentistry benefit for children under 7</strong></td>
<td>We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Savings/ Wallet or self-funded</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td></td>
</tr>
<tr>
<td>oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology</td>
<td>R311 900 at designated service provider* and paid at Essential protocol. A 40% co-payment applies where a DSP is not used</td>
</tr>
<tr>
<td><strong>Organ transplant</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pathology, radiology (general)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Physiotherapy</strong></td>
<td>Subject to referral by a medical practitioner, pre-authorisation and treatment protocols</td>
</tr>
<tr>
<td><strong>Psychiatric services:</strong></td>
<td></td>
</tr>
<tr>
<td>accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material</td>
<td>R28 000 (see HPT)</td>
</tr>
<tr>
<td><strong>Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis</strong></td>
<td>R310 900 up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP is not used</td>
</tr>
<tr>
<td><strong>Day-to-day</strong></td>
<td></td>
</tr>
<tr>
<td>Childhood illness specialised drug benefit (up to the age of 18)</td>
<td>Childhood illness specialised drug benefit for children up to the age of 18</td>
</tr>
<tr>
<td>Specialised radiology</td>
<td>Unlimited at Fedhealth Rate. First R2 480 for non-PMB MRI/ CT scans for the member’s account</td>
</tr>
<tr>
<td>Spinal surgery</td>
<td>No benefit unless Conservative Back &amp; Neck Rehabilitation Programme has been completed. Member pays a co-payment of R8 400 on the hospital bill</td>
</tr>
<tr>
<td>Terminal care benefit</td>
<td>R34 500 at Fedhealth Rate</td>
</tr>
</tbody>
</table>

*Designated Service Provider (DSP) is ICON - Independent Clinical Oncology Network
**flexiFED 3 FED CO-PAYMENTS**

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

<table>
<thead>
<tr>
<th>flexiFED 3 Co-payments per event applicable on the hospital/facility bill only</th>
<th>flexiFED 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenoidectomy, bunion procedures, diagnostic cystoscopy, gastritis/dyspepsia/heartburn, nasal procedures, skin biopsy/excision</td>
<td>No co-payment</td>
</tr>
<tr>
<td>All open hernia surgery</td>
<td>R4 800</td>
</tr>
<tr>
<td>Arthroscopic procedures - knee, shoulder, ankle and other</td>
<td>R8 900</td>
</tr>
<tr>
<td>Arthroscopic procedures: hip</td>
<td>R8 900</td>
</tr>
<tr>
<td>Arthroscopic procedures: wrist</td>
<td>R8 900</td>
</tr>
<tr>
<td>Back &amp; neck procedures</td>
<td>R4 700</td>
</tr>
<tr>
<td>Cataract surgery with CP**</td>
<td>Unlimited at cost at PMB level of care</td>
</tr>
<tr>
<td>Colonoscopy, upper GI endoscopy</td>
<td>R4 800</td>
</tr>
<tr>
<td>Dental admissions</td>
<td>No co-payment</td>
</tr>
<tr>
<td>Hysterectomy (unless for cancer)</td>
<td>R4 200</td>
</tr>
<tr>
<td>Inguinal hernia surgery</td>
<td>R4 800</td>
</tr>
</tbody>
</table>

**Joint replacements**
<table>
<thead>
<tr>
<th>flexiFED 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single hip and knee replacements with CP*</td>
</tr>
<tr>
<td>Single hip and knee replacements - voluntary non-use of CP*</td>
</tr>
<tr>
<td>Other joint replacements and involuntary non-use of CP* for single hip and knee replacements</td>
</tr>
<tr>
<td>Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias &amp; Nissen/ Toupet hernia repairs only), laparoscopic procedures</td>
</tr>
<tr>
<td>Laparoscopic varicocelectomy</td>
</tr>
<tr>
<td>Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)</td>
</tr>
<tr>
<td>Spinal surgery**</td>
</tr>
<tr>
<td>Surgical extraction of impacted wisdom teeth</td>
</tr>
<tr>
<td>Varicose vein procedures</td>
</tr>
</tbody>
</table>

**Tonsillectomy**
<table>
<thead>
<tr>
<th>flexiFED 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the age of 12</td>
</tr>
<tr>
<td>12 and over</td>
</tr>
</tbody>
</table>

*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.

**Contracted Provider: Must use ICPS Cataract network for cataract surgery. Non-use of Contracted Provider (CP) will result in co-payment of R6 300.

** No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed.

---

**flexiFED 3 PROSTHESIS BENEFIT & CHRONIC DISEASE BENEFIT**

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

<table>
<thead>
<tr>
<th>flexiFED 3 Prosthesis benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
</tr>
<tr>
<td>Internal</td>
</tr>
</tbody>
</table>

**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*

<table>
<thead>
<tr>
<th>flexiFED 3 Internal Prosthesis benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac pacemakers, cardiac stents, cardiac valves</td>
</tr>
<tr>
<td>Detachable platinum coils</td>
</tr>
<tr>
<td>Elbow, hip, knee and shoulder replacement</td>
</tr>
<tr>
<td>Total ankle replacement</td>
</tr>
<tr>
<td>Intracocular lenses (per lens)</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>flexiFED 3 Chronic Disease benefit</th>
</tr>
</thead>
</table>
| Limit | Unlimited cover for conditions on the CDL plus allergic rhinitis, acne and eczema.
Attention Deficit Hyperactivity Disorder (children ages 6-18), Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder subject to a limit of R3 200 per family |
| Formulary | Intermediate formulary |
| Preferred Provider | Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct |
**flexiFED 3 DAY-TO-DAY BENEFITS**

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>flexiFED 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tariff</strong></td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td><strong>Co-payments in Threshold</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Appliances, external accessories and orthotics:</strong> Hearing aids, wheelchairs, etc.</td>
<td>Paid up to Fedhealth Rate</td>
</tr>
<tr>
<td><strong>Alternative healthcare:</strong> Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)</td>
<td>Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level</td>
</tr>
<tr>
<td><strong>Additional medical services:</strong> Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthotics, podiatry, private nursing*, psychologists, social workers, speech therapy</td>
<td>Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level</td>
</tr>
<tr>
<td><strong>Dentistry (Advanced):</strong> inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians</td>
<td>Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level</td>
</tr>
<tr>
<td><strong>Osseo-integrated implants, orthognathic surgery</strong></td>
<td>Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level</td>
</tr>
<tr>
<td><strong>Dentistry (Basic)</strong></td>
<td>Paid from Savings/ Wallet 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, fillings, extractions and root canal. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.</td>
</tr>
<tr>
<td><strong>General Practitioners</strong></td>
<td></td>
</tr>
<tr>
<td>Fedhealth Network GPs</td>
<td>Paid from Savings/ Wallet 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 network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area). OR 2 non-network GP consultations up to the Fedhealth Rate</td>
</tr>
</tbody>
</table>
## flexiFED 3 CONTRIBUTIONS

### RATES FROM 1 JANUARY 2022 - 31 MARCH 2022

<table>
<thead>
<tr>
<th>flexiFED 3</th>
<th>Member</th>
<th>Adult</th>
<th>Child*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>Savings</td>
<td>Total</td>
<td>Risk</td>
</tr>
<tr>
<td>Any hospital</td>
<td>2 798</td>
<td>28</td>
<td>2 825</td>
</tr>
</tbody>
</table>

### RATES FROM 1 APRIL 2022 - 31 DECEMBER 2022

<table>
<thead>
<tr>
<th>flexiFED 3</th>
<th>Member</th>
<th>Adult</th>
<th>Child*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>Savings</td>
<td>Total</td>
<td>Risk</td>
</tr>
<tr>
<td>Any hospital</td>
<td>3 016</td>
<td>29</td>
<td>3 045</td>
</tr>
</tbody>
</table>

*Up to a maximum of three children

### How much is in the MediVault? flexiFED 3

<table>
<thead>
<tr>
<th>M</th>
<th>M + 1</th>
<th>M + 2</th>
<th>M + 2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>R11 496</td>
<td>R17 496</td>
<td>R23 100</td>
<td>R27 096</td>
</tr>
</tbody>
</table>

### How much is in the MediVault? flexiFED 3

<table>
<thead>
<tr>
<th>M</th>
<th>M + 1</th>
<th>M + 2</th>
<th>M + 2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>R7 488</td>
<td>R9 960</td>
<td>R13 104</td>
<td>R15 576</td>
</tr>
</tbody>
</table>
## flexiFED 3 RATE CALCULATIONS

### RATES FROM 1 JANUARY 2022 - 31 MARCH 2022

<table>
<thead>
<tr>
<th>flexiFED 3</th>
<th>Risk</th>
<th>Savings</th>
<th>Total</th>
<th>Annual Threshold level</th>
<th>FIXED repayment structure</th>
<th>FLEXIBLE repayment structure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total MediVault allocation</td>
<td>Total day-to-day available</td>
</tr>
<tr>
<td>M</td>
<td>2 798</td>
<td>27</td>
<td>2 825</td>
<td>5 900</td>
<td>7 488</td>
<td>7 830</td>
</tr>
<tr>
<td>M + AD</td>
<td>5 323</td>
<td>51</td>
<td>5 374</td>
<td>11 100</td>
<td>9 960</td>
<td>10 608</td>
</tr>
<tr>
<td>M + AD + CD</td>
<td>6 329</td>
<td>60</td>
<td>6 389</td>
<td>12 600</td>
<td>13 104</td>
<td>13 869</td>
</tr>
<tr>
<td>M + AD + 2CD</td>
<td>7 335</td>
<td>69</td>
<td>7 404</td>
<td>14 900</td>
<td>15 576</td>
<td>16 458</td>
</tr>
</tbody>
</table>

Total + MediVault used +12

### RATES FROM 1 APRIL 2022 - 31 DECEMBER 2022

<table>
<thead>
<tr>
<th>flexiFED 3</th>
<th>Risk</th>
<th>Savings</th>
<th>Total</th>
<th>Annual Threshold level</th>
<th>FIXED repayment structure</th>
<th>FLEXIBLE repayment structure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total MediVault allocation</td>
<td>Total day-to-day available</td>
</tr>
<tr>
<td>M</td>
<td>3 016</td>
<td>29</td>
<td>3 045</td>
<td>5 900</td>
<td>7 488</td>
<td>7 830</td>
</tr>
<tr>
<td>M + AD</td>
<td>5 780</td>
<td>55</td>
<td>5 835</td>
<td>11 100</td>
<td>9 960</td>
<td>10 608</td>
</tr>
<tr>
<td>M + AD + CD</td>
<td>6 849</td>
<td>65</td>
<td>6 914</td>
<td>12 600</td>
<td>13 104</td>
<td>13 869</td>
</tr>
<tr>
<td>M + AD + 2CD</td>
<td>7 918</td>
<td>75</td>
<td>7 993</td>
<td>14 900</td>
<td>15 576</td>
<td>16 458</td>
</tr>
</tbody>
</table>

*Maximum MediVault allocation per family
Contact details

Medscheme Client Service Centres
For personal assistance, visit one of the following Medscheme Client Service Centres.

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

Bloemfontein: Medical Suites 4 and 5, First Floor, Middelstad 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, Floris Centre, Cnr Ontdekkers and Conrad Roads, Florida North, Roodepoort
Vereeniging: Ground Floor, 36 Meriman Avenue

Contact us
Fedhealth Customer Contact 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

Hospital Authorisation Centre
Monday to Thursday 08h30 - 17h00
Friday 09h00 - 17h00
Tel: 0860 002 153
Email: authorisations@fedhealth.co.za
Web: www.fedhealth.co.za

Alignd
Tel: 0860 100 572
Email: referrals@alignd.co.za

Ambulance Services
Europ Assistance
Tel: 0860 333 432

AFA (HIV Management)
Monday to Friday 08h00 - 17h00
Tel: 0860 100 646
Fax: 0800 600 773
Email: af@afadm.co.za
Web: www.airforaids.co.za
SMS (call me): 083 410 9078

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

Disease Management
Monday to Friday 08h00 - 16h30
Tel: 0860 002 153
Email: dm@fedhealth.co.za
Postal address: P O Box 38632, Pinelands, 7430

Fedhealth Baby
Monday to Friday 08h00 - 17h00
Tel: 0861 116 116
Email: info@babyhealth.co.za
Web: www.babyhealth.co.za

Fedhealth Oncology Programme
Monday to Friday 08h00 - 16h00
Tel: 0860 100 172
Fax: 021 466 2303
Email: cancerinfo@fedhealth.co.za
Postal address: P O Box 38632, Pinelands, 7430

Fedhealth PaedIQ 24 hour service
Tel: 0860 444 128

FrailHotline
Tel: 0800 112 811

MVA Third Party Recovery Department
Monday to Friday 08h00 - 16h00
Tel: 0800 117 222

MediTaxi
Dial *130*3272*31#

Quro Medical
Tel: 010 141 7710
Web: www.quromedical.co.za

SOS Call Me
Dial *130*3272*31#

USSD
*134*999*member#