

flexiFED 3^{GRID}

2023



INTERACTIVE RATES & BENEFITS GUIDE

GET STARTED



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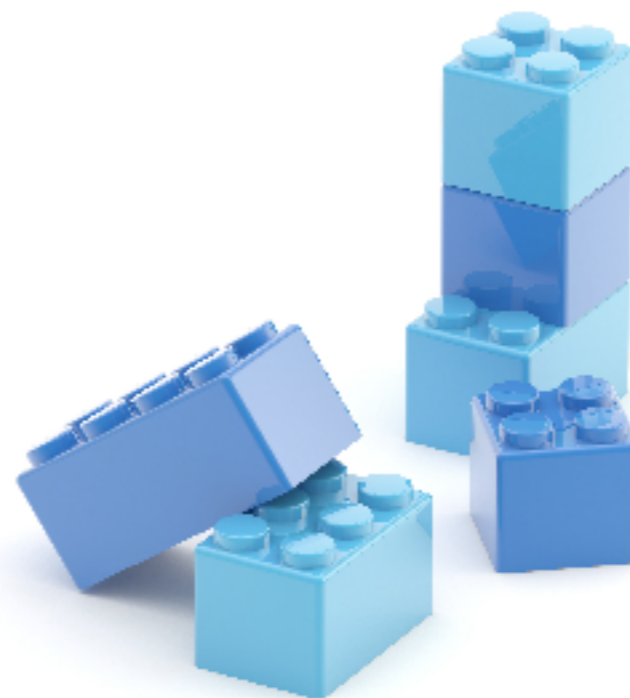
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Medical aid members can **build their way**

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



The most important building blocks of the flexiFED range include:

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

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

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

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

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

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

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

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



Unique benefits **paid from Risk**

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



Upgrades to higher options any time of year

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



Unlimited network doctor's visits

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



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

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



Take-home medication

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



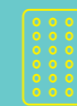
Specialised radiology

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



Trauma treatment at a casualty ward

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



Female contraception

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



In-hospital dentistry for children under 7

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



Child rates for financially dependent children

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





flexiFED 3^{GRID}

The plan for growing families with growing healthcare needs

Fedhealth's flexiFED 3^{GRID} option offers good in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits paid from Risk.

Thanks to its enhanced maternity and childhood benefits, growing families can look forward to two antenatal scans and 12 ante- and postnatal consults with a midwife, network GP and gynae, paediatric consultations without referral up to 24 months old, and a childhood illness specialised drug benefit up to 18 years old.

flexiFED 3^{GRID} has a Threshold benefit that 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 basic dentistry will be paid from the Threshold benefit.

Additional benefits include 30 days of post-hospitalisation treatment such as physio, specialised radiology like MRI and CT scans, and upgrades any time of year within 30 days of a life-changing event.

On this option, you can choose one of three ways to structure your day-to-day benefits, or Fedhealth Savings powered by the MediVault:

- Use your flexiFED option as a supercharged hospital plan, and pay for any day-to-day expenses from your own pocket;
- Use it as a supercharged savings plan and we will make a set pool of funds available for day-to-day expenses that you pay back in equal portions over the year; or
- Use it as a supercharged flexible savings plan where you can access day-to-day funds if and when you need it, but only pay for what you use (interest free, over 12 months).

On flexiFED 3^{GRID}, you've chosen to save 11% on your monthly contribution by committing to use Fedhealth's network of more than 120 world-class hospitals only for planned procedures. In the case of an emergency for stabilising treatment, you can still use any private hospital and will be covered without any co-payment.



DAY-TO-DAY BENEFIT

On this option, day-to-day expenses are first funded from any available Savings the member might have. Once their Savings is depleted, day-to-day expenses can be funded from Fedhealth Savings powered by the MediVault once the member has transferred funds to their Wallet. The amount of Fedhealth Savings available depends on the member's chosen flexiFED 1, 2, 3 or 4 option as well as their family composition. Members can choose to either use their Fedhealth Savings as part of a supercharged savings plan (previously known as the FIXED repayment structure) where they pay it back in equal portions from January each year, OR as part of a supercharged flexible savings plan (formerly known as the FLEXIBLE repayment structure) where they only pay for the portion they use - interest free over 12 months.

Members on this option have a Nominal Savings contribution, which allows them to transfer/retain any accumulated Savings from a previous option/scheme when joining this option. They have the option to 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 funded from Risk will be funded from the members Savings Account first.

Threshold benefit

On flexiFED 3^{GRID}, 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.

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 preferred provider may result in a co-payment if the dispensing fee is in excess of 25%/ R27.50 for pharmacies or the agreed courier rate for courier pharmacies. Additional conditions are covered on flexiFED 3^{GRID}.

IN-HOSPITAL BENEFIT

Members have no overall annual limit for hospitalisation.



flexiFED 3^{GRID} Supercharged Hospital Plan

Fedhealth gives you three different ways to structure your day-to-day benefits on our flexiFED options. Here's how:

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

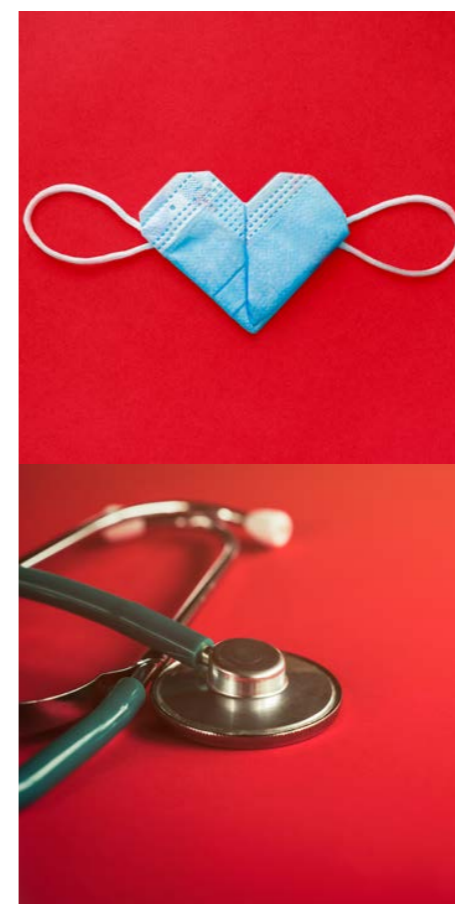
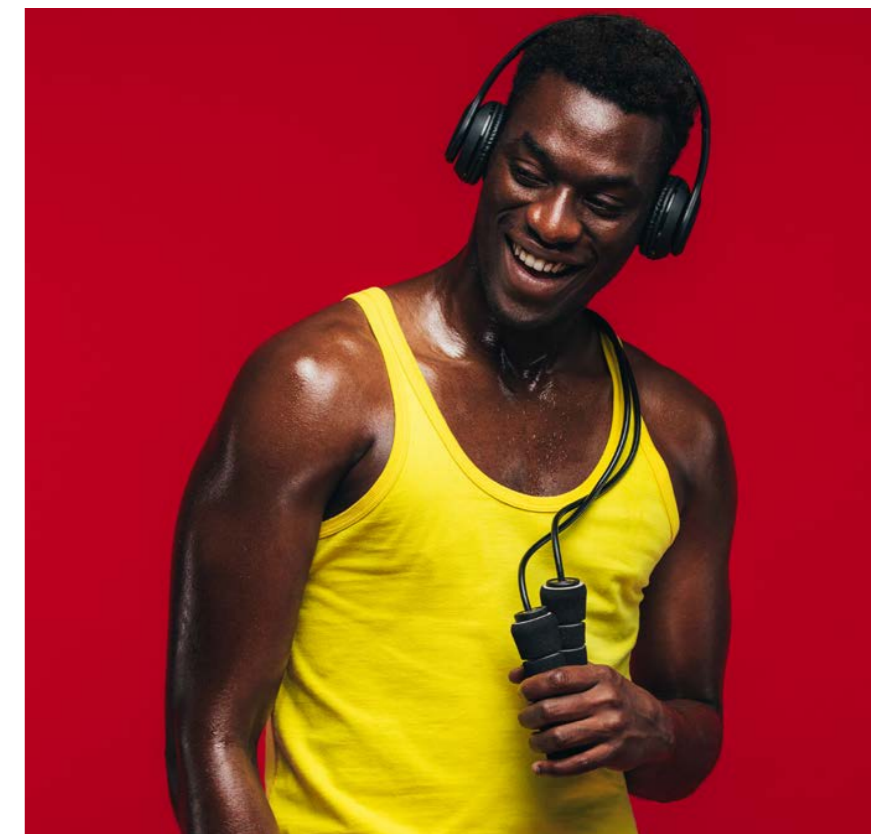
If you want to keep your contributions as low as possible while ensuring complete peace of mind should you be admitted to hospital, the flexiFED supercharged hospital plan is perfect for you.

Why do we call it a **'supercharged'** hospital plan?

Because unlike other hospital plans that only pay for hospital related expenses, our flexiFED plans go further by covering you for a range of day-to-day benefits as well. These include unlimited cover for female contraceptives, unlimited cover for trauma treatment in a casualty ward (with a co-pay), unlimited cover for MRI/CT scans (with a co-pay), 7 days' supply of take-home medicine post-discharge, 30-day post hospital benefit, unlimited GP consults and dentistry. Certain plans offer even more built in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... all at no additional cost to the member.

Your supercharged hospital plan includes the following benefits:

In-hospital benefit overview	>	More info Benefit table
Chronic benefit overview	>	More info Benefit table
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[How much will I pay? >](#)



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UNLIMITED PRIVATE HOSPITAL COVER



On flexiFED 3^{GRID}, members must use:

FEDHEALTH NETWORK HOSPITALS*

Co-pay of R13 800 applies if not used for planned hospital procedures.
flexiFED 3^{GRID} members may be treated at ANY hospital in an emergency, but will be moved to a network hospital once stabilised or face the co-pay.

This benefit covers:



Hospital account



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



Other healthcare providers
e.g. X-rays



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



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

Pre-authorization must be obtained for all planned hospital admissions.

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

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



flexiFED 3^{GRID} Supercharge

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In-hospital benefit

flexiFED 3^{GRID} has an unlimited in-hospital benefit. Pre-authorization must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

- The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards, day clinics and doctor's rooms. Members must use facilities on the Fedhealth Day Surgery Network to avoid a R2 200 co-payment.
- Members must use a hospital on the Fedhealth Hospital Network. If they use any other hospital, they will have to pay a co-payment of R13 800 on the hospital account.

Cover for hospital admissions

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

Prescribed Minimum Benefits (PMBs)

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

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

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

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

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

Co-payments on certain procedures

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

What qualifies as an emergency?

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





WELCOME TO
FEDHEALTH

UNIQUE BENEFITS
PAID FROM RISK

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OVERVIEW

**FLEXIFED 3^{GRID}
SUPERCHARGED
HOSPITAL PLAN**

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SUPERCHARGED
SAVINGS PLAN

FLEXIFED 3^{GRID}
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FLEXIBLE SAVINGS PLAN

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flexiFED 3^{GRID} Supercharged Hospital Plan

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

If you want to keep your contributions as low as possible while ensuring complete coverage, our flexiFED supercharged hospital plan is perfect for you.

Why do we call it a **'supercharged'** hospital plan?


Because unlike other hospital plans that only pay for hospital related expense, our supercharged hospital plan covers a range of day-to-day benefits as well. These include unlimited cover for female casualty ward (with a co-pay), unlimited cover for MRI/CT scans (with a co-pay), 30-day post hospital benefit, unlimited GP consults and dentistry. Certain plans also include optometry, maternity, childhood benefits and mental health... all at no additional cost.

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CHRONIC MEDICATION BENEFIT X


This benefit covers:



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




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



Additional chronic conditions
Annual limit up to MPL.

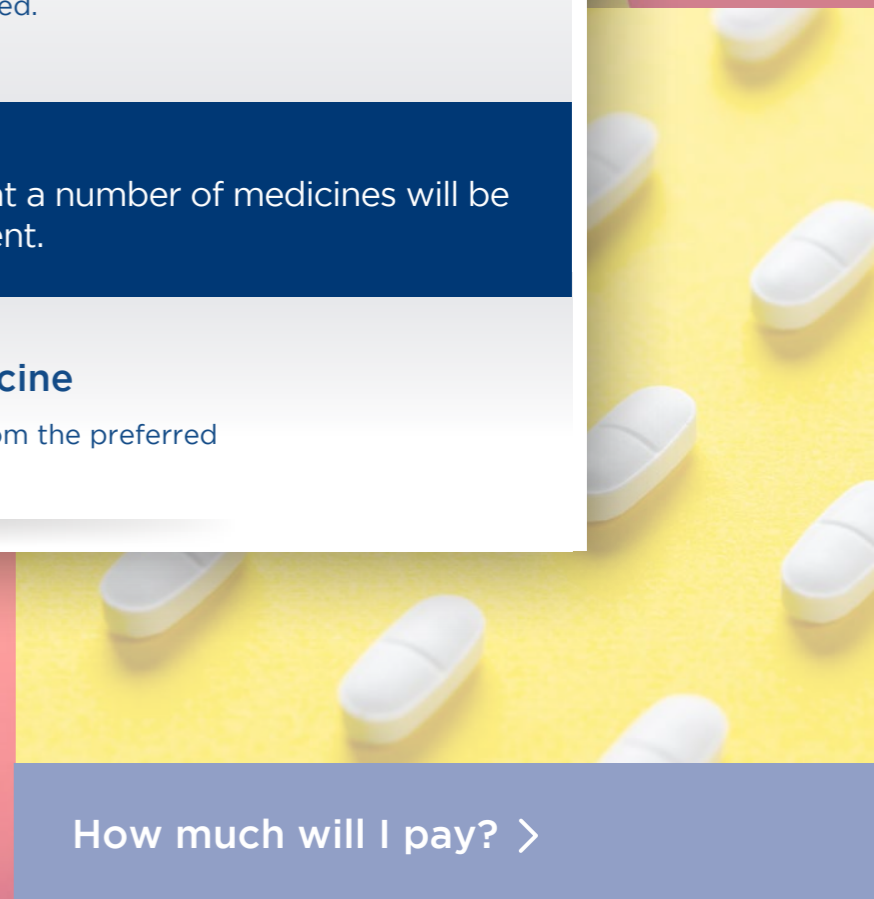
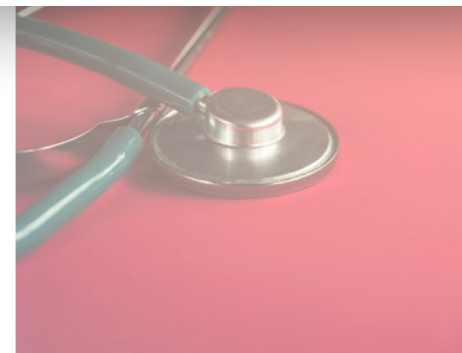
Medicine Price List (MPL)
MPL is a reference price list that is set at a level to ensure that a number of medicines will be available without any co-payment.



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

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

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



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Chronic medicine benefit

Prescribed Minimum Benefit (PMB) conditions

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

Chronic Disease Benefit

This 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.

Chronic Disease List

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

Medication for additional chronic conditions

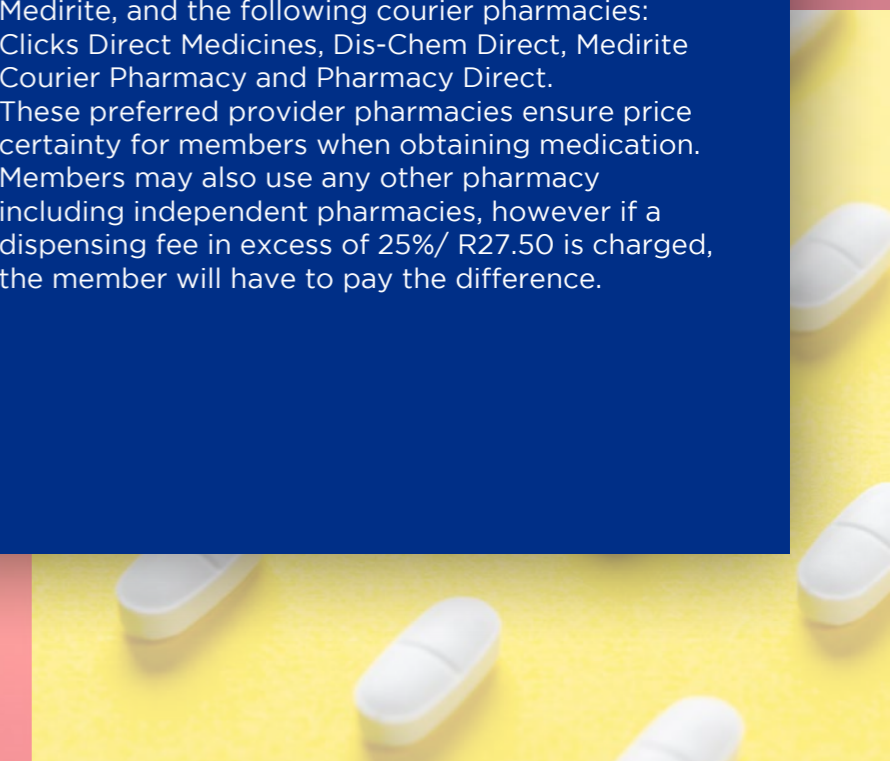
This option covers medicine for additional chronic conditions. The medicine for these conditions is paid from an annual limit and will be covered in full up to the Medicine Price List rate.

The Medicine Price List (MPL)

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

Obtaining chronic medicine

- Can obtain chronic medicine from any preferred provider pharmacies namely Clicks, Dis-Chem and Medirite, and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct.
- These preferred provider pharmacies ensure price certainty for members when obtaining medication.
- Members may also use any other pharmacy including independent pharmacies, however if a dispensing fee in excess of 25%/ R27.50 is charged, the member will have to pay the difference.



How much will I pay? >



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SCREENING BENEFIT X


This benefit covers screenings for:



Women's health


Men's health


Children's health


Cardiac health


Over 45's


Health risk assessments

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

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Screening benefit

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

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



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ONCOLOGY BENEFIT X

Upon cancer diagnosis, members must register on the:

Fedhealth Oncology Programme

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

This benefit covers:

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



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Mental Health benefit overview	>	More info

Cancer cover

Fedhealth Oncology Programme

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

Independent Clinical Oncology Network (ICON)

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

Chemotherapy and associated medicine

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

Radiotherapy

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

Oncologist consultations and hospital visits

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

Pathology

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

Radiology – general

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

Radiology – specialised

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorization and is paid from Risk. These pre-authorisations must be obtained from the Hospital Authorisation Centre. A co-payment of R2 630 for non-PMB MRI/CT scans applies.

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-authorization not required.

Alignd

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

Terminal care and private nursing

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

Post-active treatment

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





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FEDHEALTH

UNIQUE BENEFITS
PAID FROM RISK

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flexiFED 3^{GRID} Supercharged

Fedhealth gives you three different ways to structure your options. Here's how:

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

If you want to keep your contributions as low as possible while ensuring complete cover, the flexiFED supercharged hospital plan is perfect for you.

Why do we call it a **'supercharged'** hospital plan?

Because unlike other hospital plans that only pay for hospital related expenses, we also pay for a range of day-to-day benefits as well. These include unlimited cover for female casualty ward (with a co-pay), unlimited cover for MRI/CT scans (with a co-pay), 30-day post hospital benefit, unlimited GP consults and dentistry. Certain plans also include cover for optometry, maternity, childhood benefits and mental health... all at no additional cost.

Your supercharged hospital plan includes the following benefits:

In-hospital benefit overview	>
Chronic benefit overview	>
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MATERNITY & CHILDHOOD BENEFIT



This benefit covers:

PREGNANCY AND BIRTH



2D antenatal scans



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



Antenatal classes



Amniocentesis



Fedhealth Baby Programme



Private ward cover for delivery



Doula (birthing coach)



Midwife consultations in- and out-of-hospital

CHILDHOOD



Paed-IQ telephonic advice line



Paediatric consultations without GP referral



Infant hearing screening



Childhood immunisations



Childhood illness specialised drug benefit



Trauma treatment in a casualty ward



Child rates for financially dependent children up to age 27

APPLIANCES

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





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Your supercharged hospital plan includes the following benefits:

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

Maternity and childhood benefit

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

Some of Fedhealth's maternity and childhood benefits members on flexiFED 3^{GRID} 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 items for baby
- Private ward cover (when available) for delivery
- Doula benefit – R3 000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
- Postnatal midwifery benefit – four consultations per delivery with a midwife in- and out-of-hospital

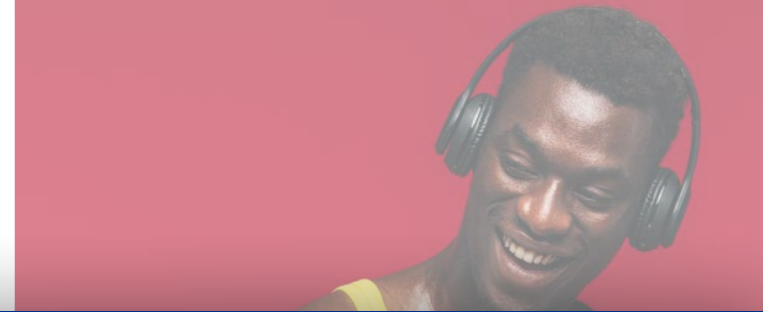
Great childhood benefits

- Paed-IQ – free access to a 24/7 paediatric telephonic advice line
- Paediatric consultations – without referral from a GP, up to 24 months of age

- Infant hearing screening benefit – one test from birth up to the age of eight weeks with an audiologist up to the Fedhealth Rate
- Childhood immunisations – immunisation from birth up to 12 years as per the state EPI
- HPV vaccine for girl beneficiaries aged 9 to 14 years old, 2 doses per lifetime
- Trauma treatment in a casualty ward – we cover emergency treatment, like stitches, in a casualty ward, whether the member is admitted to hospital or not. Authorisation must be obtained and a co-payment of R750 applies to non-PMBs
- Childhood illness specialised drug benefit up to 18 years old
- Child rates up to the age of 27 – financially dependent children up to 27 are covered under child rates, provided they don't earn more than the maximum social pension
- Only pay for three children – we cover fourth and subsequent children for free

Appliances

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





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Why do we call it a **'supercharged'** hospital plan?

Because unlike other hospital plans that only pay for hospital related expenses, the flexiFED supercharged hospital plan also covers a range of day-to-day benefits as well. These include unlimited cover for female casualty ward (with a co-pay), unlimited cover for MRI/CT scans (with a co-pay), 30-day post hospital benefit, unlimited GP consults and dentistry. Certain plans also cover optometry, maternity, childhood benefits and mental health... all at no additional cost.

Your supercharged hospital plan includes the following benefits:

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

MENTAL HEALTH COVER

✕

This benefit covers:



Mental Health Resource Hub



Chronic medication

R3 200 limit p/f for selected non-PMB conditions



Ambulatory care plans

Manages diagnoses out-of-hospital. Paid from Scheme limits if Fedhealth Network providers are used, then from Risk.

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



In-hospital cover

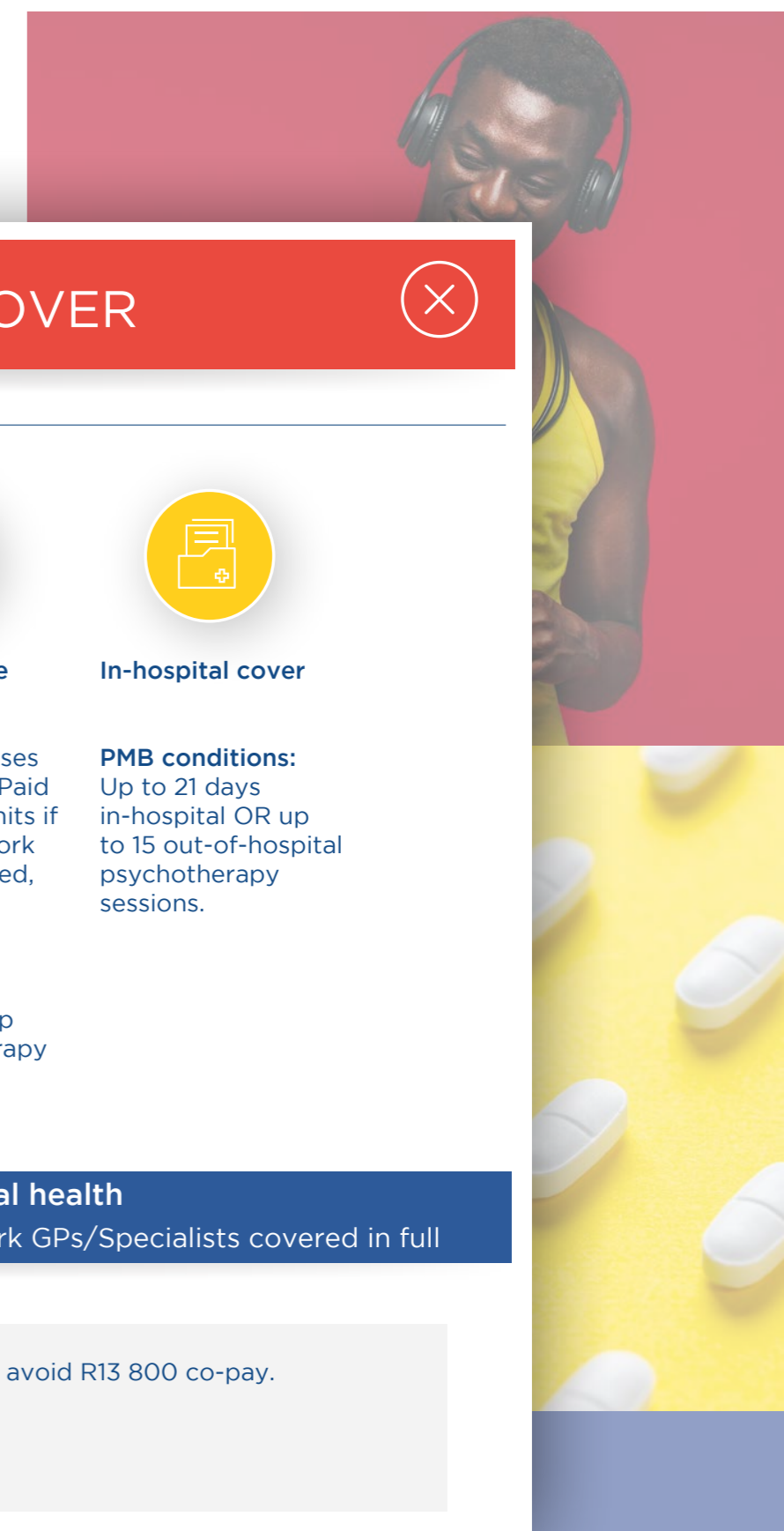
PMB conditions:
Up to 21 days in-hospital OR up to 15 out-of-hospital psychotherapy sessions.

NB: Hospital admissions for mental health

✓ Doctor must obtain authorisation first ✓ Fedhealth Network GPs/Specialists covered in full



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





flexiFED 3^{GRID} Supercharged

Fedhealth gives you three different ways to pay for your hospital care. Here's how:

Use it as a **supercharged** hospital plan

If you want to keep your contributions as low as possible while still getting the best care, flexiFED supercharged hospital plan is perfect for you.

Why do we call it a **'supercharged'** hospital plan?

Because unlike other hospital plans that only pay for hospital care, flexiFED supercharged hospital plan also pays for a wide range of day-to-day benefits as well. These include unlimited cover for MRI/CT scans, 30-day post hospital benefit, unlimited GP consults and dentistry, optometry, maternity, childhood benefits and mental health...

Your supercharged hospital plan includes the following benefits:

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

Mental health benefit

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

Mental Health Resource Hub

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

Chronic Benefit

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

In-hospital Benefits

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

Factors to consider before an admission:

1. Is the member's doctor on the Fedhealth Network? All Scheme options have a GP and specialist network applicable. Should the member choose not to use network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. The member will have a shortfall should the healthcare professional charge more.
2. Is the hospital/facility that the member is being admitted to part of the network list applicable to their option? flexiFED 3^{GRID} utilises the Mental Health Hospital Network and admission to a non-network facility will attract a R13 800 co-payment.

Panda Mental Health Support App

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

- Fedhealth members have **FREE** access to all aspects of the Panda Bamboo Forest; videos and exercises; training; reading materials; and live virtual group sessions.
- Individual virtual consultations with registered counselors are subject to standard scheme benefits.





flexiFED 3^{GRID} Supercharged Hospital Plan



In-hospital benefit

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

flexiFED 3 ^{GRID}	
Overall annual limit (OAL)	Unlimited at negotiated tariff. R13 800 co-payment on voluntary use of non-network hospital. R2 200 co-payment on voluntary use of non-network day surgery facilities.
Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions
Additional medical services (dietetics, occupational therapy and speech therapy)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Alternatives to hospitalisation	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost up to PMB level of care
Appliances, external accessories and orthotics	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited (see HPT)
Maternity - Healthcare Professional Tariff in-hospital (HPT)	
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate

flexiFED 3 ^{GRID}	
Dentistry	
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R5 100 on the hospital bill
In-hospital dentistry benefit for children under 7	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Fedhealth Savings or self-funded
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R311 900 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used.
Organ transplant including immunosuppression medication	R311 900 (See HPT)
Corneal graft	No benefit
Pathology, radiology (general)	Unlimited at Fedhealth Rate
Physiotherapy	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R28 000 (see HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R311 900 up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP is not used
Childhood illness specialised drug benefit (up to the age of 18)	Childhood illness specialised drug benefit for children up to the age of 18
Specialised radiology	Unlimited at Fedhealth Rate. First R2 630 for non-PMB MRI/ CT scans for the member's account
Spinal surgery	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R8 920 on the hospital bill
Terminal care benefit	R34 500

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



flexiFED 3^{GRID} Supercharged Hospital Plan



Co-payments

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

flexiFED 3 ^{GRID}	
Co-payments per event applicable on the hospital/ facility bill only	
Adenoidectomy, bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	No co-payment
All open hernia surgery	R5 100
Arthroscopic procedures - knee, shoulder, ankle	R9 450
Arthroscopic procedures: wrist	R9 450
Arthroscopic procedures: hip	R9 450
Back & neck procedures	R5 000
Colonoscopy, upper GI endoscopy	R5 100
Dental admissions	No co-payment
Hysterectomy (unless for cancer)	R4 460
Inguinal hernia surgery	R5 100
Joint replacements	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements- voluntary non-use of CP*	R31 400
Other joint replacements and involuntary non-use of CP* for single hip and knee replacements	R7 540
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R7 540
Laparoscopic varicocelelectomy	R7 540
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit
Spinal surgery**	R8 920
Surgical extraction of impacted wisdom teeth	R5 100
Varicose vein procedures	R5 100
Tonsillectomy	
Under the age of 12	No co-payment
12 and over	No co-payment

*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.

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

Prosthesis benefit

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

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

Chronic Disease benefit

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

flexiFED 3 ^{GRID}	
Limit	Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children ages 6-18), Eczema (children ages 6-18), Attention Deficit Hyperactivity Disorder (children ages 6-18), Acne (up to the age of 21). Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder subject to a limit of R3 200 per family
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

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 flexiFED 3

Acne (up to the age of 21)
Allergic rhinitis (from 6 to the age of 18)
Attention Deficit Hyperactivity Disorder (from 6 to the age of 18)
Depression
Eczema (from 6 to the age of 18)
Generalised Anxiety Disorder
Post-Traumatic Stress Disorder



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

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

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

Gynaecology

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

Urology

Adults
Bilateral total orchidectomy for prostate cancer
Bladder biopsy (cancer and other conditions)
Bougination for urethral stricture
Circumcision
Cystotomy with insertion of ureteric catheter
or stent
Cystourethroscopy & urethrotomy
Cystourethroscopy therapeutic
DJ stent removal post pyeloplasty
Foreign body removal
Hydrocelectomy for vaginal hydrocele
Laparoscopy for ureteroneocystostomy &
cystoscopy and ureteral stent placement
Open cystolithotomy for bladder stone
Penile biopsy
Penile lesions removal - all methods
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
Paediatrics
Circumcision - all indications
Glandulo-cavernous shunt for priapism
Hydrocelectomy for congenital hydrocele

Meatotomy for meatal stenosis
Orchidopexy for undescended testis
Urethrocystoscopy for urinary incontinence

Orthopaedics

Amputation
Arthrocentesis
Arthrodesis of hand/elbow/foot/wrist
Arthroscopy
Arthrotomy - all joints & biopsy & synovectomy
Aspiration/intra-articular injection of joints
Biopsy - bone
Bunionectomy
Capsulectomy/Capsulotomy
Carpal tunnel release
Cartilage grafts
Closed fracture procedures
Contracture release
Dislocation
Excision/Resection bone
Foreign body removal - muscle tendon sheath
Ganglionectomy
Grafts - bone/tendon
Injection of tendon/ligament
trigger points/ganglion cyst
Injection therapeutic carpal tunnel
Implant/wire/pin insertion or removal
Ligament repair/reconstruction
Manipulation
Minor joint arthroplasty
(intercarpal, carpometacarpal and
metacarpophalangeal, interphalangeal
joint arthroplasty)
Muscle transfer/release
Open treatment fracture
Orthopaedic casts/spica procedures
Tenotomy - all areas

General Surgery

Anal procedures, including dilatations, biopsies,
fissure repairs, haemorrhoidectomies
Biopsy - lymph node, muscle, skin, soft tissue
Breast biopsy/ removal lesion (s)
Colonoscopy
Drainage of abscesses/ haematomas/cysts
(subcutaneous/submucosal)

Dressings under anaesthesia
Excision lipoma/cysts/tumours
Excision of sweat glands (axilla
inguinal) and simple repair
Excision skin/subcutaneous tissue
Fistula related procedures
Foreign body removal
Frenulectomy/frenulectomy/frenectomy
Gastrosomy/ oesophagogastroduodenoscopy,
Hernia repair
Implant removal/reinsertion
Nail/nail bed related procedures
Proctoscopy and removal of polyps
Sigmoidoscopy
Small bowel endoscopy
Wound debridement (skin/ subcutaneous
tissue)

ENT Surgery

Adenolectomy
Antrostomy
Biopsies, including DPP (Diagnostic
Proof Puncture)
ENT Endoscopy (nasal endoscopy,
laryngoscopy, diagnostic and
interventional)
Foreign body removal - auditory canal
Middle ear procedures including
stapes surgery
Mastoidectomy
Tympanic membrane related procedures
(includes myringotomy with/without 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
Tonsillectomy

Ophthalmology

Anterior and/or posterior chamber related
procedures e.g. vitrectomy

Biopsy - all eye structures
Blepharoplasty
Canthotomy
Cataract surgery
Choroid related procedures
Ciliary body procedures
Conjunctival procedures e.g. pterygium surgery
Cornea related procedures
Enucleation/Implant insertion/removal
Fine needle aspiration - all eye structures
Foreign body removal
Intra ocular injection e.g. Avastin, including
Glaucoma
Iris related procedures e.g. iridectomy
Orbitotomy
Probing & repair of tear ducts
Ptosis
Retinal surgery
Sclera related procedures
Strabismus repair
Treatment of progressive retinopathy
Trichiasis correction (non forceps)

Neurosurgery

Biopsy of spinal cord/nerve
Injection of diagnostic/therapeutic agents
with/without catheter/needle insertion into
intrathecal space with/without imaging
guidance
Injection of neurolytic agents - all agents, all
sites
Intraneural Injection of anaesthetic agents with/
without continuous infusion
Electroconvulsive therapy

Dental

Dental procedures

Maxillofacial Surgery

Fixation device application

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
z-plasty

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

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

Gastrosomy (no general anaesthetic will be
paid for)
Colonoscopy (no general anaesthetic will be
paid for)
Flexible sigmoidoscopy
Indirect laryngoscopy
Removal of impacted wisdom teeth
Intravenous administration of bolus injections
for medicines that include antimicrobials and
immunoglobulins (payment of immunoglobulins
is subject to the Specialised Medication Benefit)
Fine needle aspiration biopsy
Excision of nailbed
Drainage of abscess or cyst
Injection of varicose veins
Excision of superficial benign tumours
Superficial foreign body removal
Nasal plugging for epistaxis
Cauterisation of warts
Bartholin cyst excision



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You can enhance your cover even further with an annual pool of funds for day-to-day expenses to cover you for additional benefits that are not already covered on your plan.

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

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Threshold benefit	>	More info Benefit table
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When your day-to-day limit is depleted, the Scheme will con benefits, unlimited MRI/CT scans, trauma treatment in a casual post-discharge, 30-day post hospital benefit (for things like p female contraceptives.

Day-to-day benefits	>
Threshold benefit	>
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DAY-TO-DAY BENEFIT



This benefit covers:



Unlimited network GP visits



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



Take-home medicine



Specialised radiology



Trauma treatment at a casualty ward



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



Fedhealth Savings powered by MediVault



Maternity benefit



Fedhealth Baby Programme



Doula benefit



Postnatal midwifery benefit



Early childhood benefits



Paed-IQ



Optometry benefit



Dentistry benefits



Female contraception

How much will I pay? >



flexiFED 3^{GRID}

You can enhance your cover for additional benefits.

When your day-to-day limited benefits, unlimited MRI/CT scans post-discharge, 30-day post-discharge, female contraceptives.

Day-to-day benefits

Threshold benefit

Supercharged Hospital Plan

Day-to-day benefits

Unlimited network GP visits

Unlimited consultations at a nominated Fedhealth Network GP once Threshold has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations p.b.p.a. Up to two GP consultations per beneficiary allowed per year at any GP.

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

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

Take-home medicine

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

Specialised radiology

MRI/ CT scans are covered whether they're performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R2 630 for each non-PMB MRI/ CT scan for member's own account.

Trauma treatment at a casualty ward

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

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

The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits.

Fedhealth Savings

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

Maternity benefit

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

Fedhealth Baby Programme

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

Doula benefit

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

Postnatal midwifery benefit

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

Early childhood benefits

1. Paediatric consultations

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

2. Infant hearing screening benefit

We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate.

3. Childhood illness specialised drug benefit

We pay for certain specialised drugs for children up to 18 years old.

Paed-IQ advice line

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

Optometry benefit

Limited to R1 930 per beneficiary every 24 months. Benefit paid from Risk and not from the member's Fedhealth Savings.

Dentistry benefits

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

Female contraception

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





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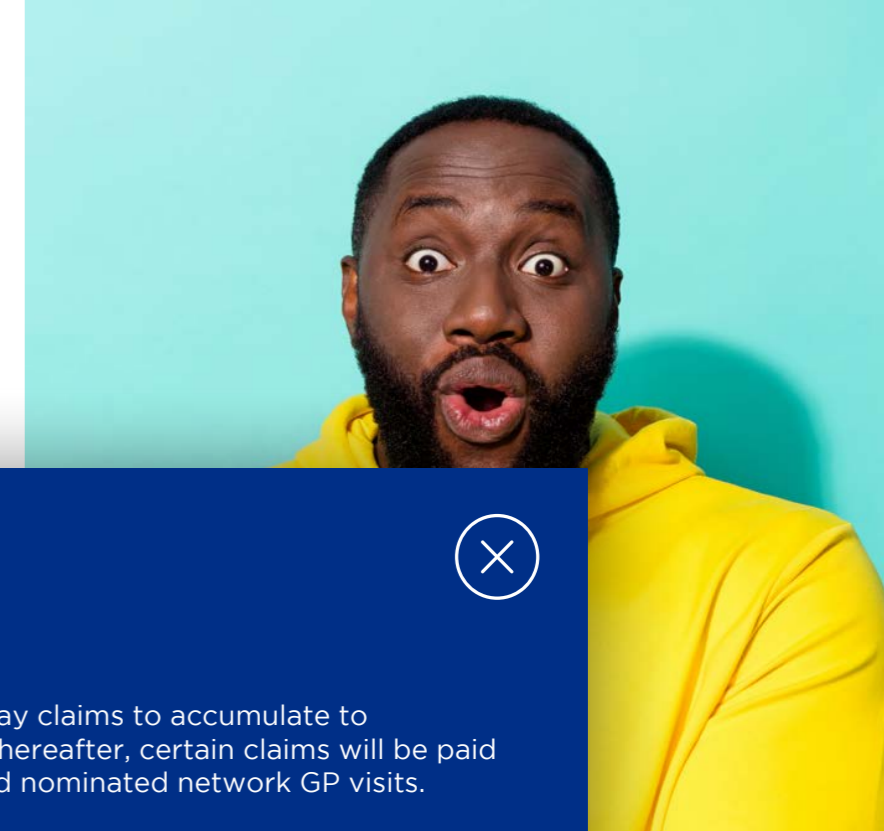
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flexiFED 3^{GRID} Supercharged Savings Plan

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Day-to-day benefits	>
Threshold benefit	>
Supercharged Hospital Plan	>

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Threshold benefit

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



How much will I pay? >



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flexiFED 3^{GRID} Supercharged **FLEXIBLE** Savings Plan

You can choose this route if you want **mostly a hospital plan**, but like the idea of having flexible savings in case it's needed.

By using your day-to-day benefits only when needed, you will only pay for the portion you use - interest free over 12 months. Different from other schemes, you get to choose how much savings you want.

Think of this as a day-to-day back-up plan. The funds are there for you in case you need them, but you only pay for the funds that you request Fedhealth to add to your cover.



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DAY-TO-DAY BENEFIT ✕


— This benefit covers: —



Unlimited network GP visits




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




Take-home medicine




Specialised radiology




Trauma treatment at a casualty ward




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



Fedhealth Savings powered by MediVault




Maternity benefit




Fedhealth Baby Programme




Doula benefit



Postnatal midwifery benefit



Early childhood benefits




Paed-IQ



Optometry benefit



Dentistry benefits



Female contraception

How much will I pay? >



flexiFED 3^{GRID}

You can choose this route to savings in case it's needed.

By using your day-to-day benefits for 30 months. Different from other plans.

Think of this as a day-to-day benefit that you request Fedhealth Savings to pay for.

Day-to-day benefits

Threshold benefit

Supercharged Hospital Plan

Day-to-day benefits

Unlimited network GP visits

Unlimited consultations at a nominated Fedhealth Network GP once Threshold has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations p.b.p.a. Up to two GP consultations per beneficiary allowed per year at any GP.

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

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

Take-home medicine

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

Specialised radiology

MRI/ CT scans are covered whether they're performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R2 630 for each non-PMB MRI/ CT scan for member's own account.

Trauma treatment at a casualty ward

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

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

The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits.

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Optometry benefit

Limited to R1 930 per beneficiary every 24 months. Benefit paid from Risk and not from the member's Fedhealth Savings.

Dentistry benefits

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

Female contraception

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





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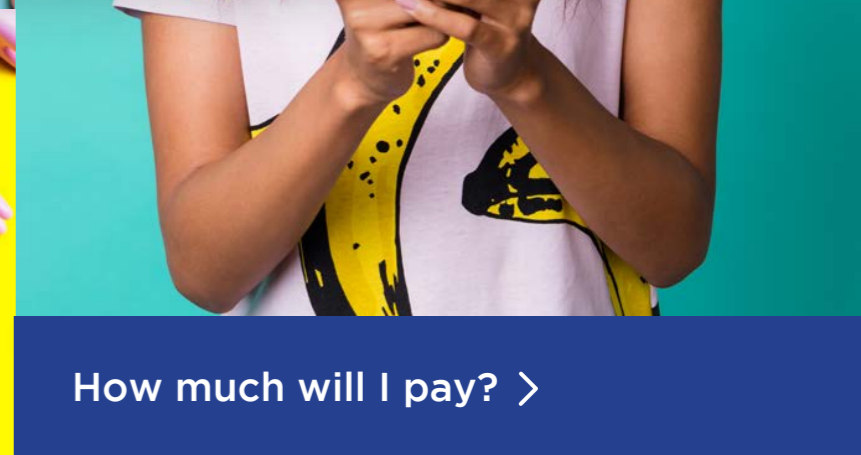
Think of this as a day-to-day back-up plan. The funds are there for you in case you need them, but you only pay for the funds that you request Fedhealth to add to your cover.

Day-to-day benefits	>
Threshold benefit	>
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✕

Threshold benefit

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



How much will I pay? >



flexiFED 3^{GRID} Day-to-Day benefits



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

flexiFED 3 ^{GRID}	
Tariff	Paid up to Fedhealth Rate
Co-payments in Threshold	N/A
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Osseo-integrated implants, orthognathic surgery	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Dentistry (Basic)	Paid from Fedhealth Savings or self-funded. Once your Threshold level has been reached, the following benefits will be paid from the Threshold benefit. 2 annual consultations per beneficiary incl. x-rays and scaling and polishing. (On flexiFED 2 and 3, fillings, extractions and root canal will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.
General Practitioners	
Fedhealth Network GPs	Paid from Fedhealth Savings then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP
Non-network GPs	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level

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

flexiFED 3 ^{GRID}	
Maternity benefit	CLICK HERE to see maternity benefit. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Optometry	CLICK HERE to see optometry benefit. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Over-the-counter medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Pathology	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Prescribed medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Radiology general	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Non-network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Non-network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level



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Programmes and wellness initiatives

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

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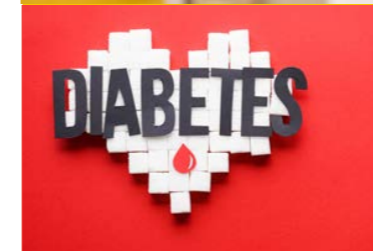
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Programmes and wellness initiatives

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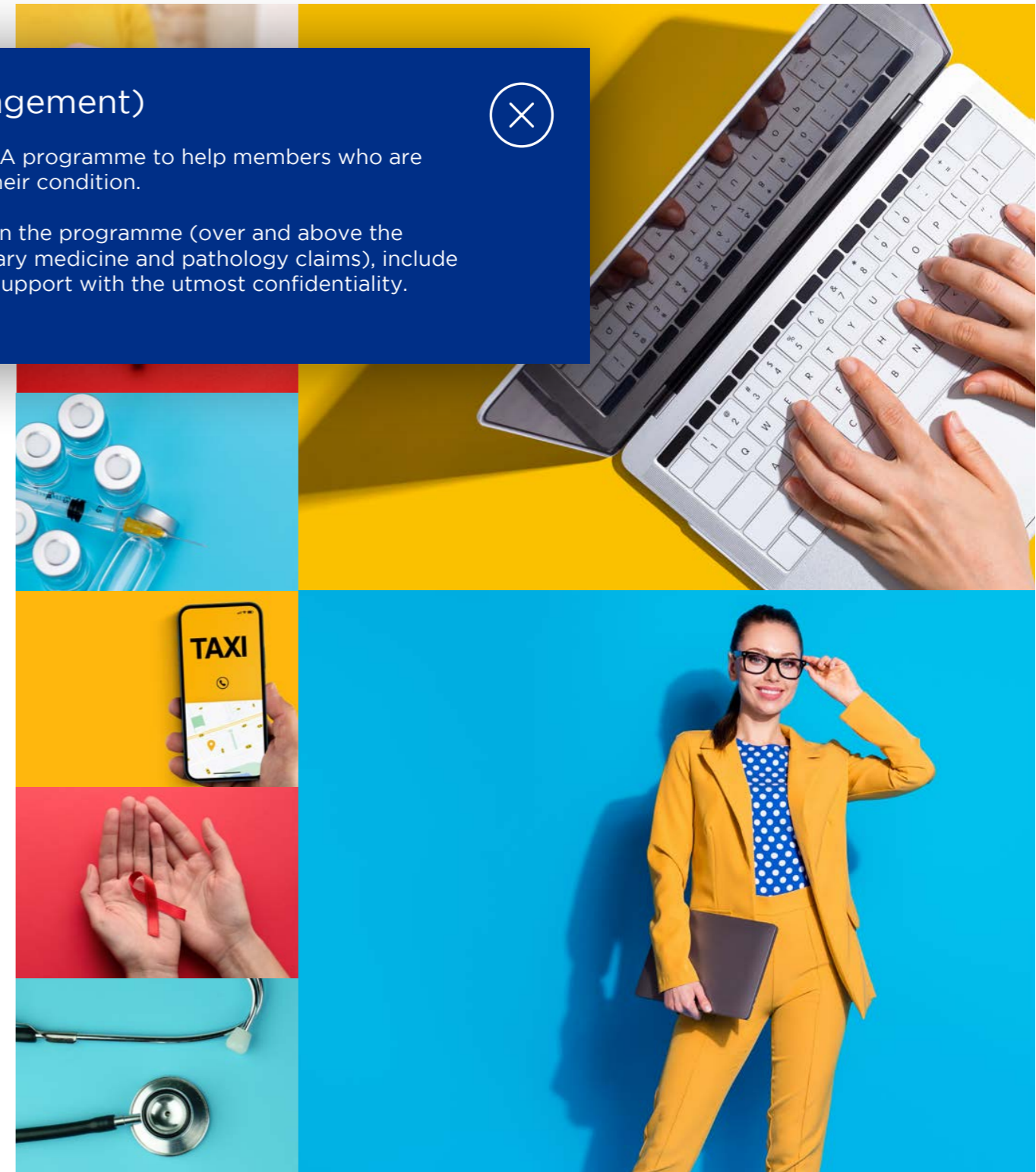


AfA (HIV Management)



Fedhealth offers the AfA programme to help members who are HIV-positive manage their condition.

The benefits of being on the programme (over and above the payment of the necessary medicine and pathology claims), include clinical and emotional support with the utmost confidentiality.





Programmes and wellness initiatives

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Alignd

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

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





Programmes and wellness initiatives

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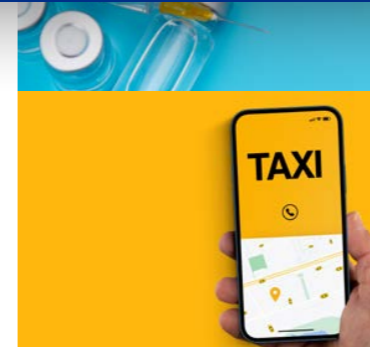
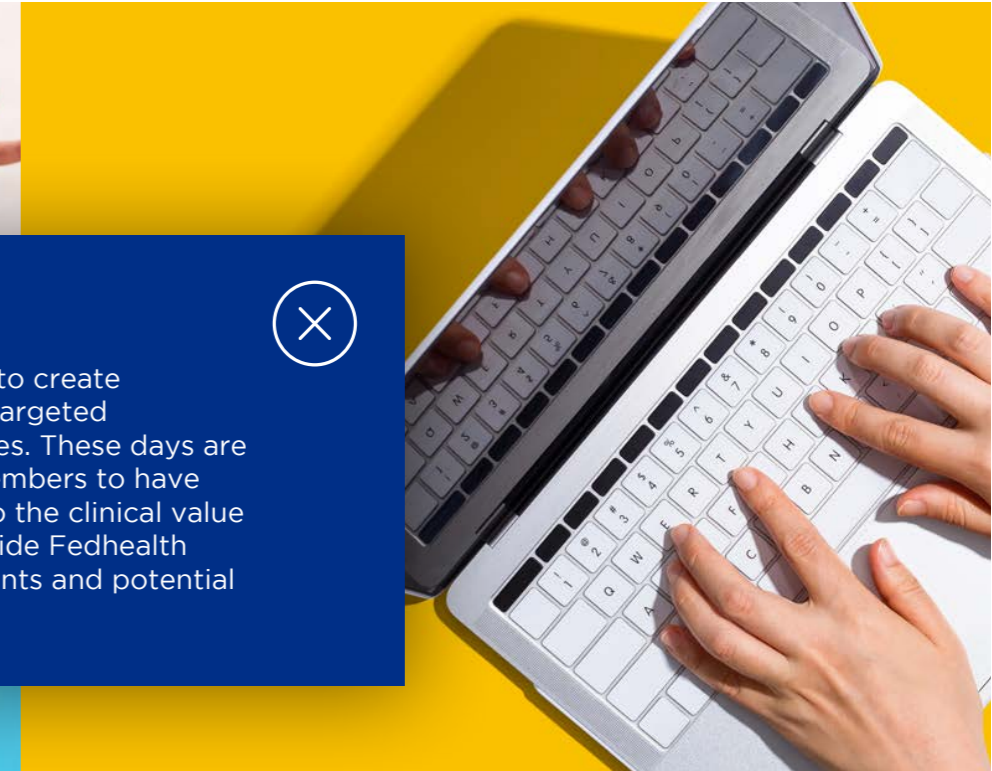
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Corporate wellness days

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





Programmes and wellness initiatives

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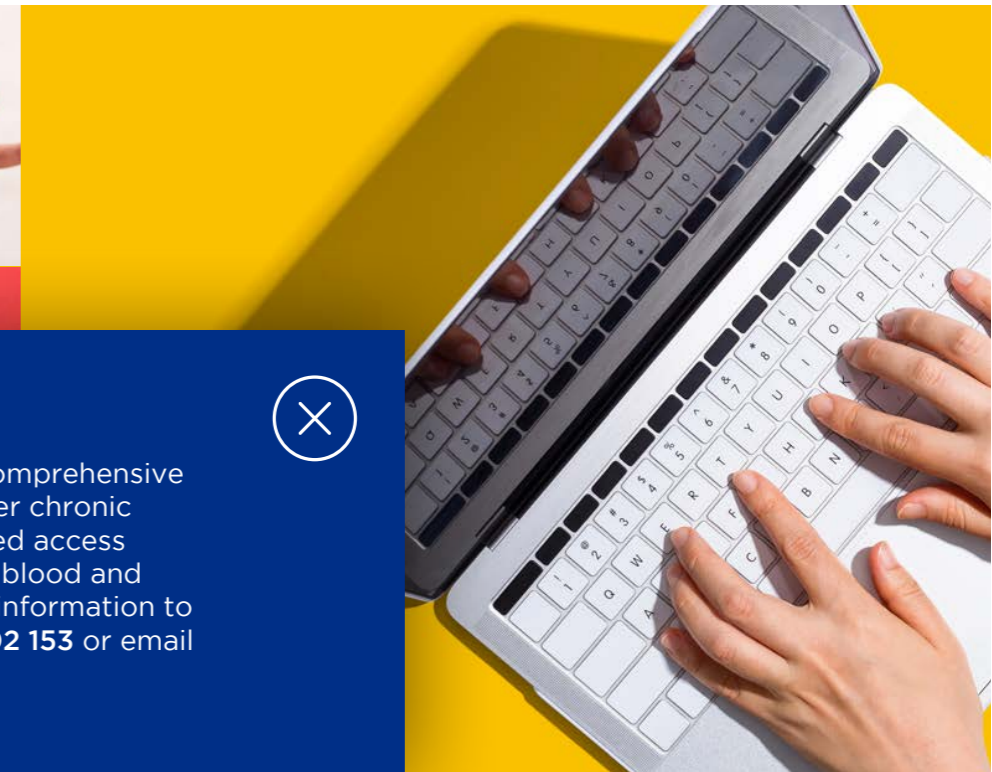
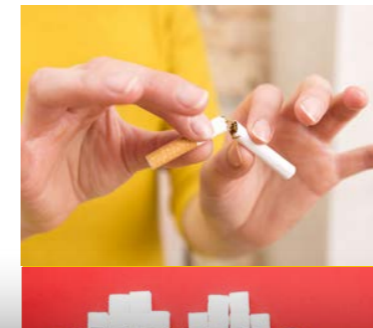
[SOS Call Me >](#)

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Diabetes Care

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





Programmes and wellness initiatives

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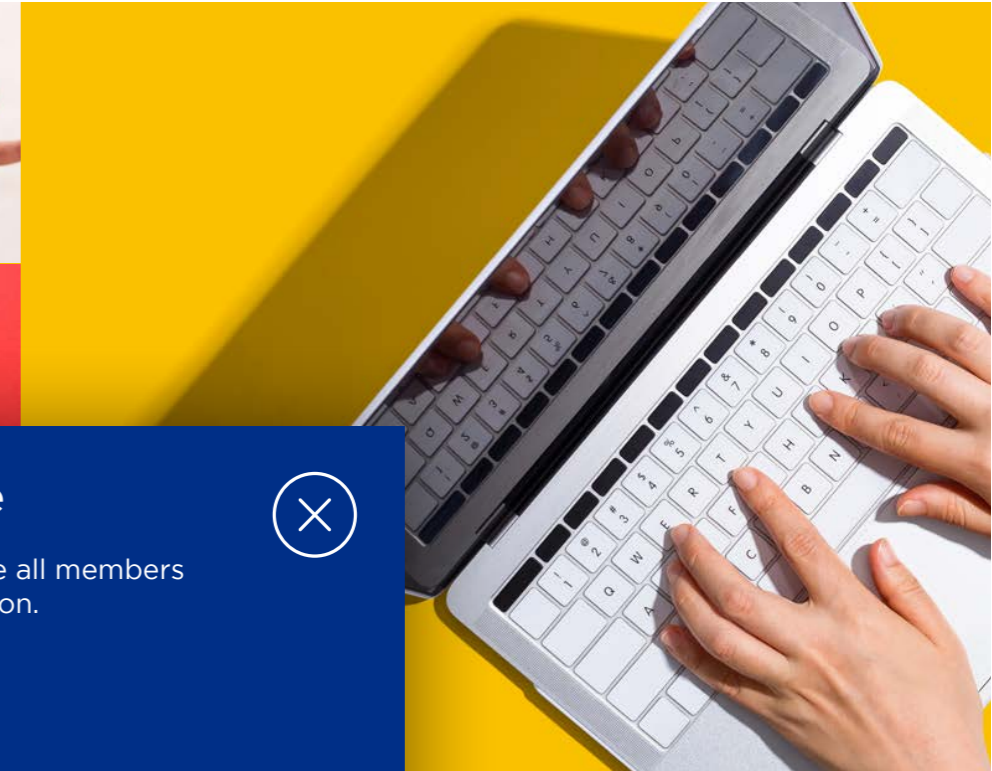
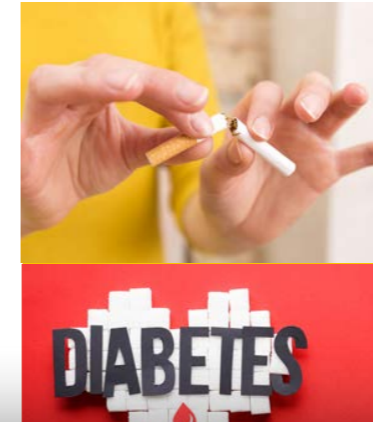
[24-hour Nurse Line >](#)

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Emergency transport/ response

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





Programmes and wellness initiatives

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

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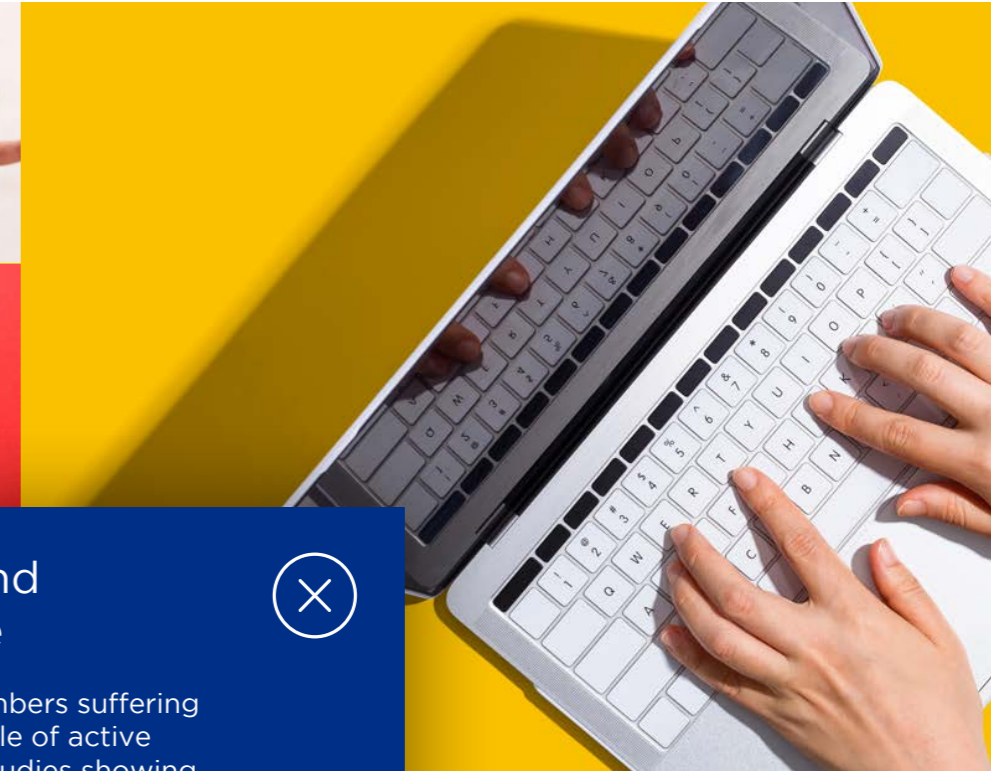
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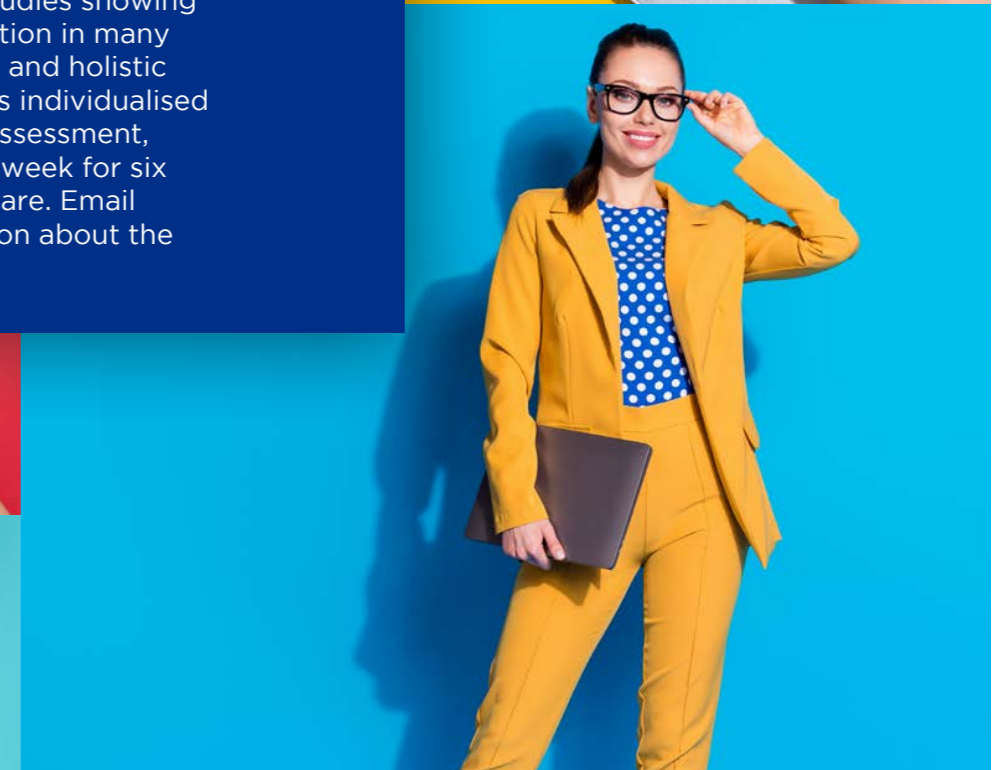
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Fedhealth Conservative Back and Neck Rehabilitation Programme

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





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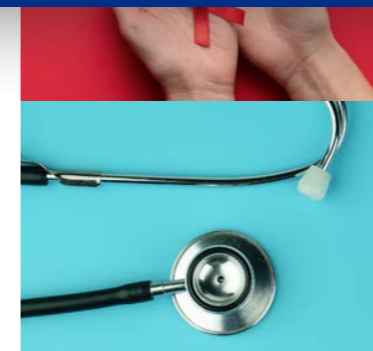


GoSmokeFree Smoking Cessation Programme



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.





Programmes and wellness initiatives

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Health Risk Assessments



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





Programmes and wellness initiatives

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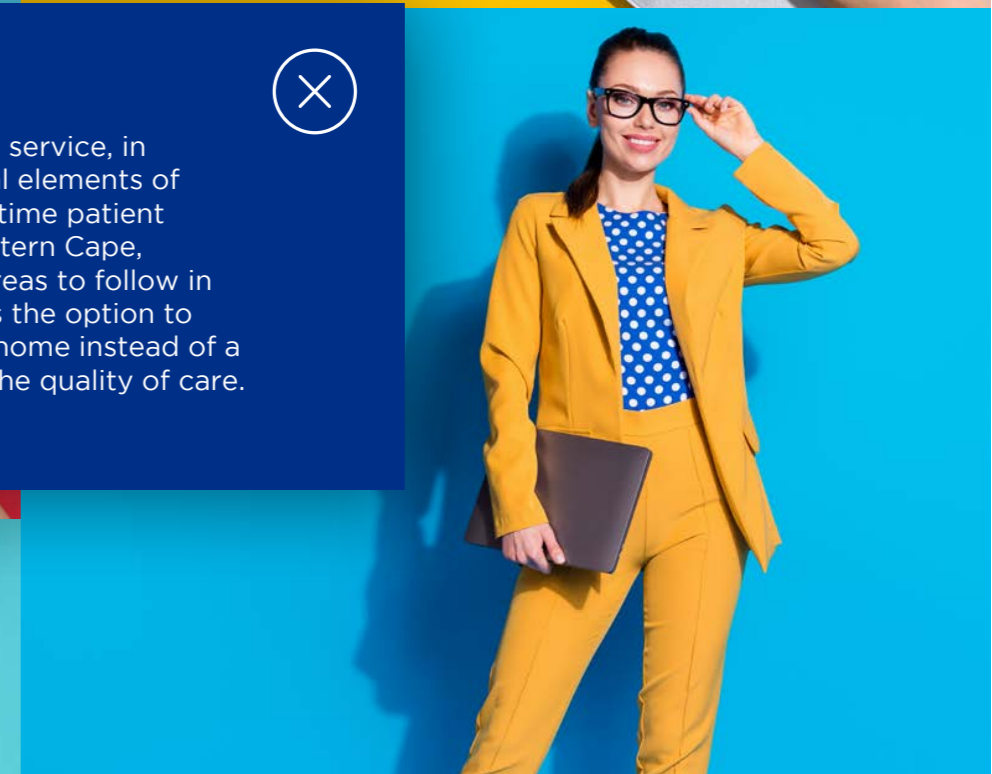
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Hospital at Home

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





Programmes and wellness initiatives

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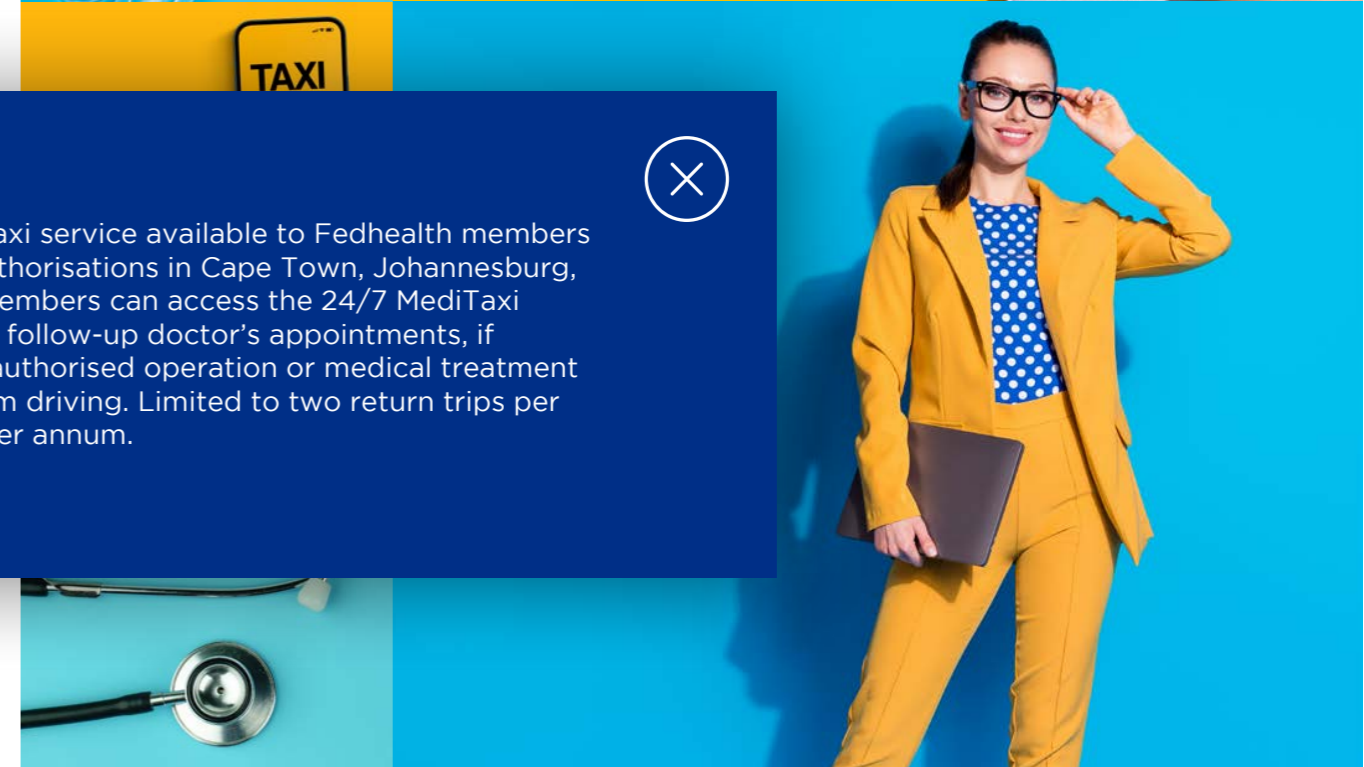
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MediTaxi

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





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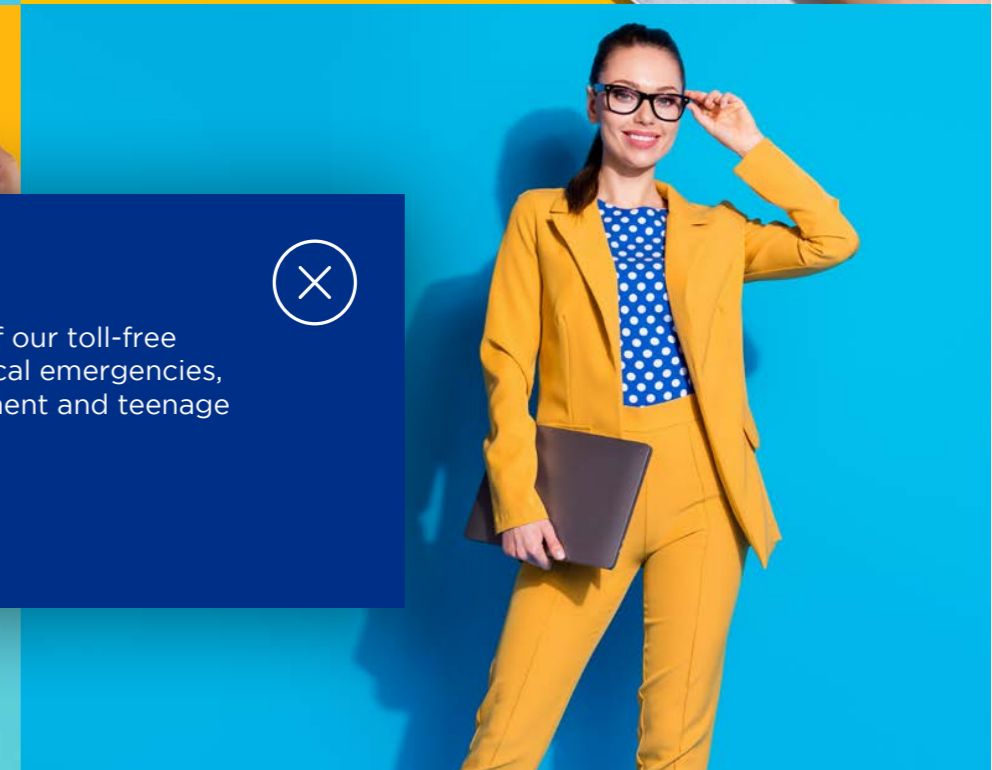
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24-hour Fedhealth Nurse Line

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





Programmes and wellness initiatives

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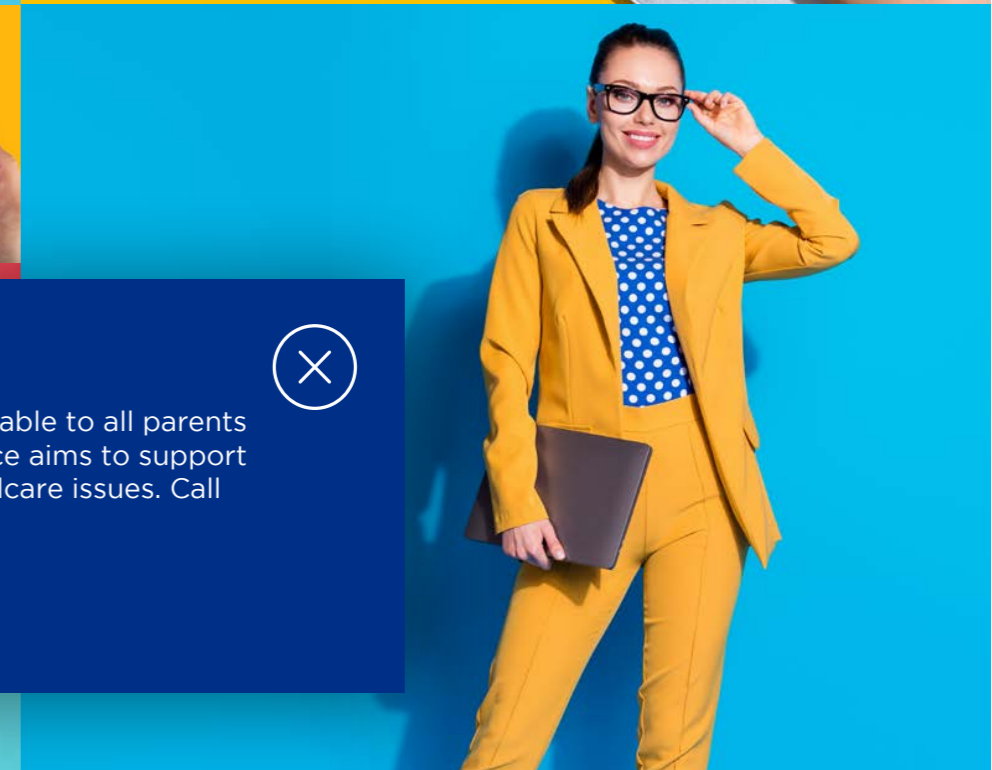
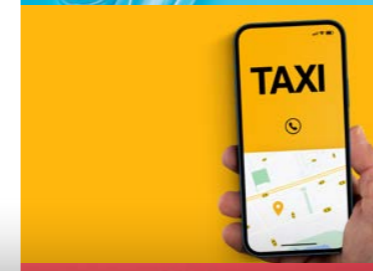
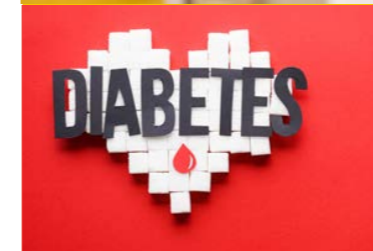
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Paed-IQ

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





Programmes and wellness initiatives

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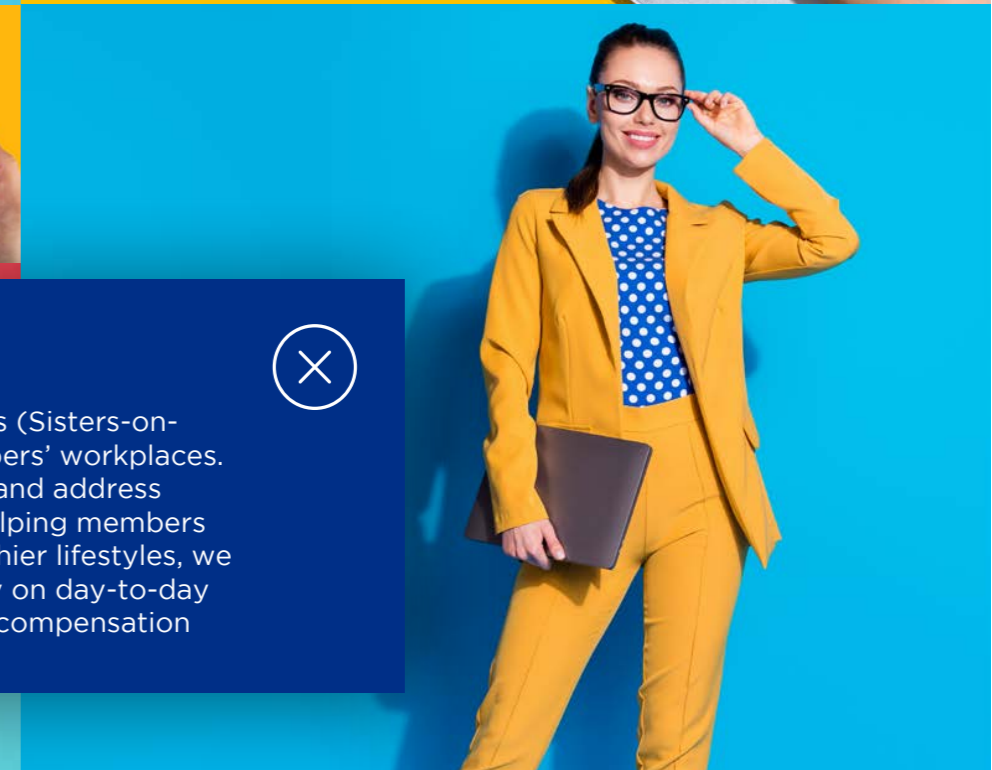
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Sisters-on-Site



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



Programmes and wellness initiatives

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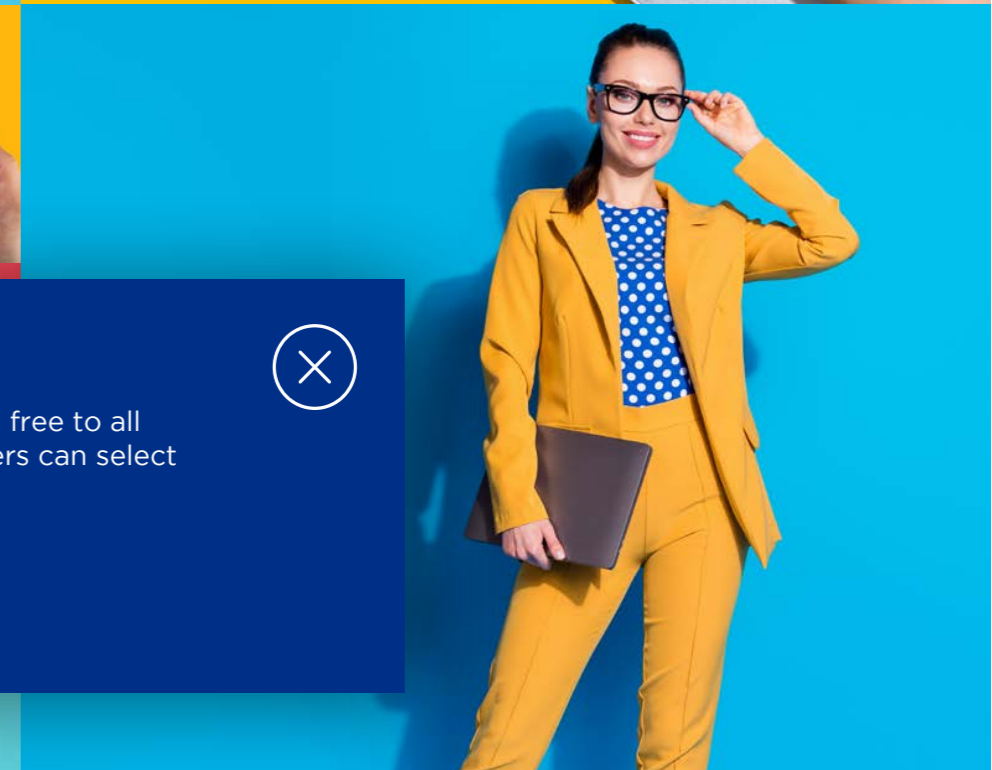
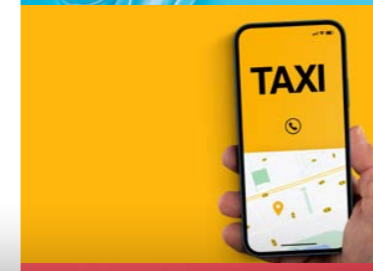
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SOS Call Me



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

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



Programmes and wellness initiatives

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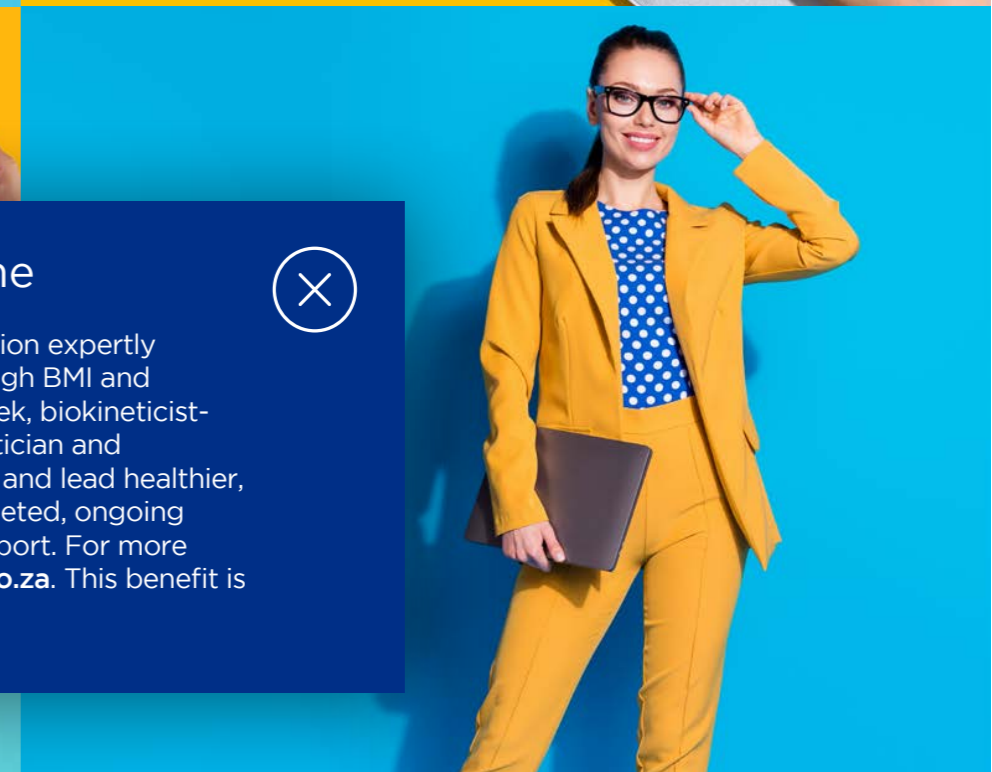
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Weight Management Programme



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



flexiFED 3^{GRID} Contributions



1 flexiFED 3^{GRID} Supercharged Hospital Plan

flexiFED 3 ^{GRID}			flexiFED 3 ^{GRID}		Annual Threshold Level	
	Member Total	Adult Total	Child Total			
	R2 975	R2 729	R1 055	M	R2 975	R6 300
				M+AD	R5 704	R11 800
				M+AD+CD	R6 759	R13 400
				M+AD+2CD	R7 814	R15 800

2 flexiFED 3^{GRID} Supercharged Savings Plan

	flexiFED 3 ^{GRID}	Annual Threshold Level	Available Day-to-Day
M	R3 599	R6 300	R7 488
M+AD	R6 534	R11 800	R9 960
M+AD+CD	R7 851	R13 400	R13 104
M+AD+2CD	R9 112	R15 800	R15 576

3 flexiFED 3^{GRID} Supercharged Flexible Savings Plan

	flexiFED 3 ^{GRID}	Annual Threshold Level	Available Day-to-Day	Total repayment to the Scheme
M	R2 975	R6 300	R11 496	Total + Fedhealth Savings used ÷ 12
M+AD	R5 704	R11 800	R17 496	
M+AD+CD	R6 759	R13 400	R23 100	
M+AD+2CD	R7 814	R15 800	R27 096*	

* Maximum Fedhealth Savings allocation per family.





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AfA (HIV Management) X

Monday to Friday 08h00 - 17h00
Tel: 0860 100 646
Email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078





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Europ Assistance
Tel: 0860 333 432





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Chronic Medicine Management ✕

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





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





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Fedhealth Baby



Monday to Friday 08h00 - 17h00
Tel: 0861 116 016
Email: info@babyhealth.co.za
Web: www.babyhealth.co.za





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Fedhealth Customer Service Centre



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





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Fedhealth Oncology Programme



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





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Tel: 0800 112 811





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Hospital Authorisation Centre

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





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Medscheme Client Service Centres



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

Bloemfontein:

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

Cape Town:

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

Durban:

Ground Floor, 102 Stephen Dlamini Road, Musgrave, Durban

Port Elizabeth:

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

Pretoria:

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

Roodepoort:

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

Vereeniging:

27 Grey Avenue





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Clicks

Tel: 0860 254 257

To locate a store, go to: www.clicks.co.za and select Store Locator

Dis-Chem

Care-Line: 0860 347 243

To locate a store, go to: www.dischem.co.za and select Store Locator

Medirite Pharmacy

Tel: 0800 222 617

To locate a store, go to: www.medirite.co.za and select Store Locator

To find an independent pharmacy near you, please visit www.icpa.co.za/find-a-pharmacy/

Pharmacy Direct

Monday to Friday 07h30 - 17h00

Tel: 0860 027 800

Fax: 0866 114 000/ 1/ 2/ 3/ 4

Email: care@pharmacydirect.co.za

Web: www.pharmacydirect.co.za

SMS (call me): 083 690 8934

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