The 30-Day Post-Hospitalisation Benefit

**Did you know** that Fedhealth is one of the only medical aid schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital? What this essentially means is that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk, so as not to unnecessarily deplete members’ Day-to-Day benefits - making this an important savings.

**The benefit is designed to:**
- Minimise the member’s stay in hospital
- Ensure the completion of treatment for a particular condition
- Most importantly, protect the member’s day-to-day benefits.

**So what exactly does the 30-Day Post-Hospitalisation Benefit cover?**
- Post-hospital treatment up to 30 days from date of discharge for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology
- Treatment is covered at 100% of the Fedhealth Rate and includes complications that may arise from hospitalisation.
- Treatment is limited to the hospitalisation benefit within 30 days following hospitalisation ONLY. The day that you are discharged counts as the first day of the 30 days of cover. Treatment is also subject to the relevant managed healthcare programme and prior authorisation. This benefit is available to all options except MyFED.

**Be advised that the following conditions apply to the benefit:**
- Members must pre-authorise treatment 48 hours prior to the treatment
- Only treatment as a result of a hospital event will be covered
- Only follow-up treatment related to the original diagnosis is covered
- If the member does not pre-authorise treatment, the claim will then be paid from available Day-to-Day benefits or by the member directly
- Applying for authorisation after treatment has been received will not be allowed
- Treatment must be requested by the doctor who treated the patient in-hospital.

**And please note that the benefit DOES NOT cover the following:**
- Routine consultations and investigations for medical follow-up cases
- All cases that were treated in a casualty ward and any casualty follow-up treatment
- Painkillers, sleeping pills and bandages
- Treatment by a chiropractor, aromatherapist, acupuncturist
- Dressing of wounds
- Medication – this includes all IV and IM injections, or antibiotics given in the rooms, but could be paid for in lieu of hospitalisation
- Specialists referrals and related requests
- MRI Scans
- CT Scans
- Surgical appliances, for e.g., wheelchairs, braces and crutches
- Biokinetics.

**CONTACT NUMBERS**

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

- Disease Management: 0860 101 306
- Europ Assistance: 0860 333 432
- MVA Third Party Recovery Department: 012 431 9720/18
- Fedhealth Baby: 0861 116 016

**DISCLAIMER:** This document is a summary for information purposes only and does not supersede the rules of the Scheme. In the event of any discrepancy between this summary and the Rules, the Rules will prevail. A copy of the Rules is available on request.