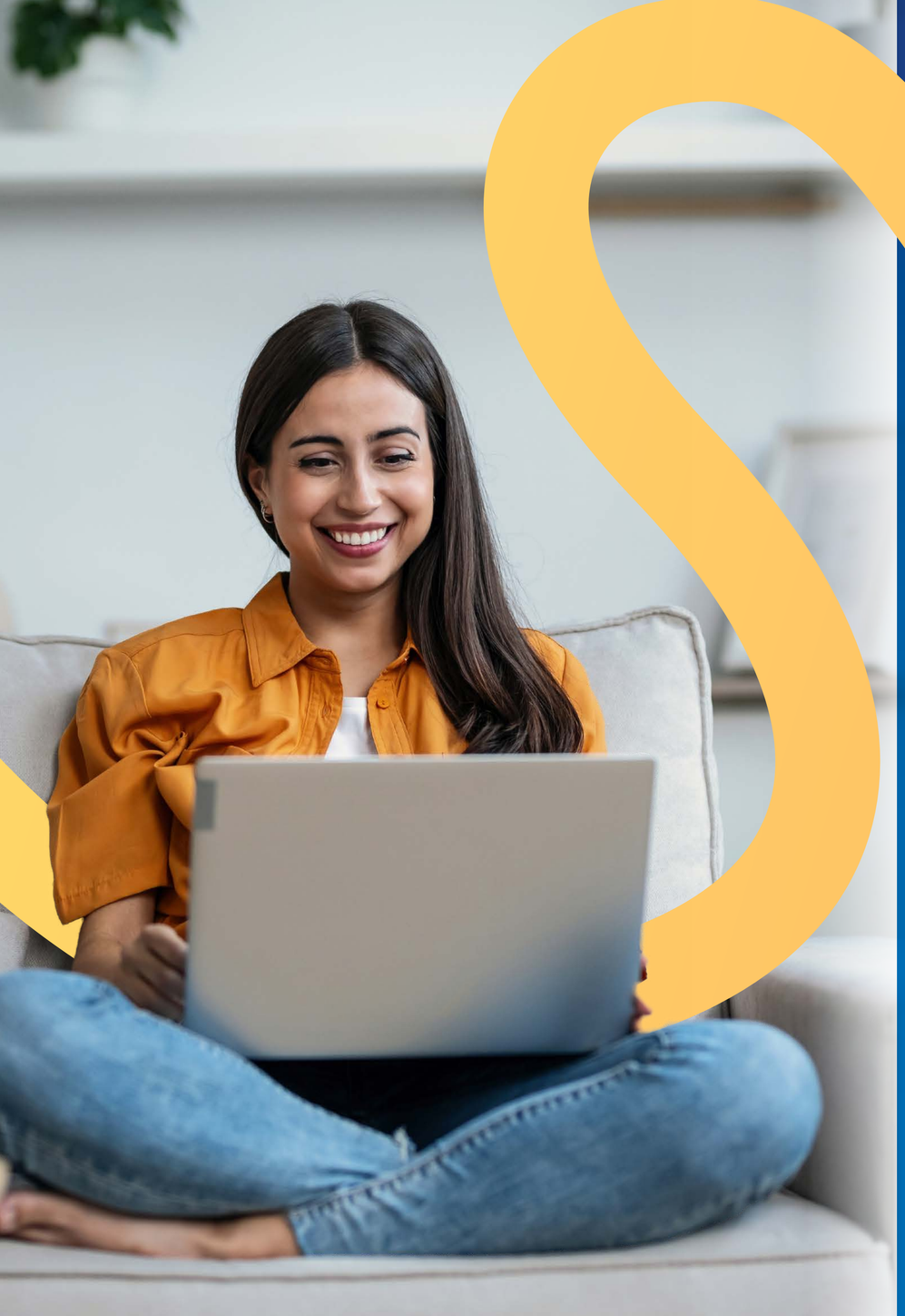


HOW TO GUIDE

FEDHEALTH

Sanlam healthcare partner

01 Getting started

Upon joining Fedhealth, you will receive a **welcome email** indicating your underwriting, or if any penalties are applicable.

Download your e-card from the **Fedhealth Family Room, Fedhealth Member App** or **WhatsApp** service.

To easily manage your Fedhealth membership wherever you are, we recommend that you register on the **Fedhealth Family Room** online member platform and/or download the **Fedhealth Member App.**

See the next page for more info.

02 Getting in touch with us

Over the course of your Fedhealth membership, you might need to get hold of the Scheme.

Here are the various service channels you can use:

Fedhealth Family Room

Register on the Fedhealth Family Room, our online member portal, to help you:

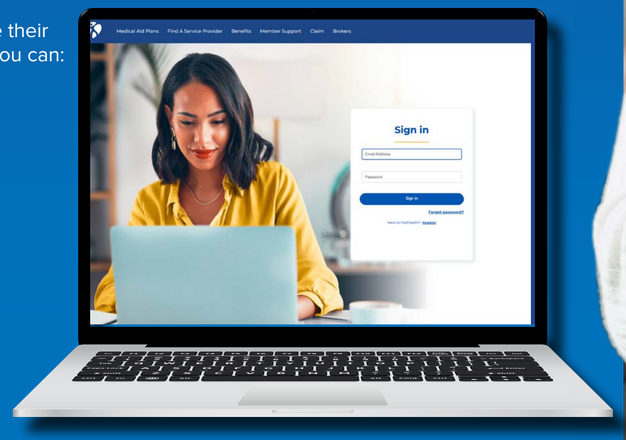
- Manage every aspect of your membership like submitting claims and obtaining pre-authorisations.
- Access the LiveChat functionality to have your medical aid questions answered during office hours without having to phone us. You can also get hospital and chronic disease authorisations using LiveChat.

Access the Fedhealth Family Room via fedhealth.co.za and register by following all the prompts to enjoy all the great features.

Fedhealth Member App

The Fedhealth Member App allows members to manage their membership and health all on one device. On the app, you can:

- Submit and track claims
- Download important Scheme documents
- Request authorisations for hospital admissions and chronic medicine
- Book and attend virtual consultations
- Access Health Rewards by Sanlam



WhatsApp service

To access the WhatsApp service, just add **060 070 2479** to your contacts and type ‘hi’ to get the conversation started. You can access various pieces of information 24 hours, seven days a week, which includes:

- Accessing your e-card
- Downloading documents such as your membership and tax certificates
- Viewing and submitting claims

You can also speak to one of our agents during office hours by calling **0860 002 153.**



Access our AI agent Naledi via fedhealth.co.za to help you with any general questions, or specific information about your medical aid plans, benefits and claims.

See page 32 of this guide for important Fedhealth contact numbers.

03 Paying your monthly contribution



IMPORTANT:
Your monthly contribution must be paid to us by the third (3rd) day of each month. If we do not receive payment by the third day of the month, we will suspend your cover until we receive the contribution payment.

Payment of contributions

You can pay your monthly contributions by using one of the following methods:

- **Debit order:** The debit order will be deducted based on the date you selected upon joining the Scheme
- **EFT:** Must be paid by the third day of the month
- Paid by your employer (depending on the employee benefits you enjoy)
- Due to changes in cross-border payment regulations within the Common Monetary Area (CMA), which includes South Africa, Namibia, Lesotho, and Eswatini, Fedhealth can no longer debit member bank accounts in these countries. Payments must now be paid directly into the Scheme bank account.



Our bank details

Account name: Fedhealth Medical Scheme
Bank: Nedbank
Branch code: 19-84-05
Account number: 1984 563 009
Please use your membership number as reference when making a payment.

Arrears billing

Depending on what you selected when you joined Fedhealth, we can bill contributions in arrears.

This means that the contribution for the current month is paid over at the end of the current month. Should you choose arrears billing, please note that a minimum of a one-month general waiting period will apply to your claims.

Advanced billing

Depending on what you selected when you joined Fedhealth, we can bill contributions in advance. This means that the contribution for the current month is paid in the beginning of the month. Should you choose to pay contributions in advance, you will have access to benefits once contributions are received by the Scheme.

Please use your membership number as reference when making a payment.



How is the Fedhealth Savings instalment paid back?

Your instalment will be included in your monthly contribution, so you will only have one monthly debit order (where applicable on the flexi**FED** options.)

04 Activating your Fedhealth Savings

If you are on one of the flexi**FED** options, and have selected the day-to-day savings back-up plan, you only need to start paying for it once you've activated your Fedhealth Savings.

How to activate your Fedhealth Savings

There are various options available to you:

1 USSD

Use our free USSD line to activate your Fedhealth Savings. This is an easy-to-use tool for any mobile phone device (not just smartphones). Below are the steps:

- Dial ***134*999*membershipnumber#.**
- Follow the prompts on the screen.
- Have your bank details on hand: depending on your membership profile, we might request the information from you.
- Please note: the USSD line might time out because of network connectivity. The system will remember your transactions up to that point, which will allow you to continue where you've left off.
- Once you've activated the Fedhealth Savings, these funds will be available for your day-to-day medical expenses.
- **You can activate amounts:**
  - In increments of R600, or
  - The entire Fedhealth Savings amount at once, or
  - Activate what's remaining of your Fedhealth Savings, these funds will be available for your day-to-day medical expenses.

You can action multiple activations, all depending on your day-to-day medical needs.
To make it easier, save the USSD code with your member number as a contact on your phone. These transactions will be active immediately without additional transactions needed, so you can get your medication at the pharmacy without hassle.

2 Fedhealth Family Room

Login to the Fedhealth Family Room, go to the Fedhealth Savings page and follow the prompts on the screen. The Fedhealth Family Room will also provide you with a transaction history as well as an instalment calculator to assist you with the decision on the amount you need to activate. These transactions will be active immediately without additional transactions needed.

3 Fedhealth Member App

You can also activate your Fedhealth Savings using the Fedhealth Member App. In addition, you can see how much you have left for the benefit year, and what your next instalment will be. Simply open the app, and click on Money Matters tab.

4 Fedhealth Customer Contact Centre

Contact us, and one of our agents will take you through the process of activating your Fedhealth Savings.

05 Accessing your additional day-to-day benefits through the D2D+ benefit

D2D+ BENEFIT

By completing a Health Risk Assessment at your GP or pharmacy and downloading the Fedhealth Member App, members on flexi**FED 1, 2, 3** and **4** (including Hospital plans) and sure**FED**^{Essential} and sure**FED**^{Plus} can activate the **D2D+ benefit** and unlock up to R4 500* in additional day-to-day benefits for GP and specialist consultations, prescribed medication and basic dentistry.

Claims paid from the D2D+ benefit won't accumulate to Threshold on flexi**FED** options.

**The amount unlocked is option-dependent.*



06 Finding network providers in your area

On certain plans, you need to use Fedhealth Network Providers.

We use the following networks:

- Option specific GP Networks
- Option specific Hospital Networks
- Fedhealth Specialist Network

It's helpful to familiarise yourself with the various providers in your area. **To do this, access the 'Fedhealth Locator'** on the Fedhealth website, Fedhealth Family Room or the Fedhealth Member App, which will provide you with a list of Fedhealth Network Providers.







07 Nominating your preferred GP

On the following Fedhealth options you enjoy unlimited nominated network GP benefits once you have reached your option's respective Threshold levels: flexi**FED 1,** flexi**FED 1**^{Elect}**,** flexi**FED 2,** flexi**FED 2**^{GRID}**,** flexi**FED 2**^{Elect}**,** flexi**FED 3**, flexi**FED 3**^{GRID} and flexi**FED 3**^{Elect}**.**

On flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect} you enjoy unlimited nominated network GP consultations from day one.

You also need to nominate a GP on my**FED**, sure**FED**^{Plus} and sure**FED**^{Essential}.



What you need to know about nominating a preferred GP:

- You need to nominate a GP on your option's respective GP Network
- Each beneficiary on your option can have a different nominated GP
- You can nominate two GPs per beneficiary

How do you nominate your GP?

1. Fedhealth Family Room

- Login to the Fedhealth Family Room
- Go to "Network Providers"
- Find a "Service Provider"
- Follow the prompts as provided on the screen

2. WhatsApp Chat, Fedhealth Member App Chat or LiveChat

You can start a conversation with one of our service agents via WhatsApp Chat, Fedhealth Member App or LiveChat (accessible from the website).

3. Phone the Fedhealth Customer Contact Centre

Contact us on **0860 002 153** with the GP's name and practice number (if you have it), and an agent will load the required nomination on your membership.

4. Email

Send an email to member@fedhealth.co.za with the GP's name and practice number (if you have it). Also indicate for which dependants this GP must be nominated. Remember to check if your GP is on the GP network for your specific option.



Don't know if your GP is on our network?

Access our 'Provider Locator' tool on the Fedhealth website as well as the Fedhealth Family Room to check if your GP is on our network or not. You can also find other GPs who are on our network in the area you live in.



Specialist referral number

When visiting a specialist for a PMB condition a specialist referral number is required. This number must be obtained by your referring GP.

08 How to claim

The majority of your claims will most likely be submitted by your healthcare providers.
But when you do need to claim, you can do so in the following ways:

- Login to the Family Room and submit your claim
- Use LiveChat accessible from the Fedhealth Family Room
- Use the Fedhealth Member App
- Use the WhatsApp service
- Email claims@fedhealth.co.za

The following information needs to be included on all claims to ensure accurate processing:

1. Your Fedhealth membership number
2. The provider details (practice number)
3. The patient's name
4. The date of treatment
5. The relevant treatment codes (NAPPI or tariff codes)
6. The relevant diagnostic codes (ICD-10 code)
7. Proof of payment if the claim needs to be paid back to you



**When submitting a claim, please ensure that your copy is clear and easy to read.
We cannot complete the claim process if any of this is unclear or not available.**

Monthly statements

The statements are available on the Fedhealth Family Room, the Fedhealth Member App and the WhatsApp service.

The statements include:

- Member beneficiary status
- Benefit summary
- Member's portion and provider claims processed
- Claims refunded to member
- Savings account details
- For flexi**FED** members: Fedhealth Savings account details
- Information section which includes important messages from Fedhealth





09 How to get authorisation for a hospital event

Important: Please note that on certain Fedhealth options you MUST use the Fedhealth Hospital Network and/or the Fedhealth Day Surgery Network to avoid a co-payment on the hospital/ facility account.

If you or one of your dependants needs to be admitted to hospital, you have to get pre-authorisation. We need the following information to process an authorisation:

- Are you being admitted as an in-patient or an out-patient?
- Date of admission
- Date of the procedure
- Date of discharge
- Name of the hospital and/or its practice number (if you have it)
- Name and practice number of the treating provider
- Diagnostic codes (ICD-10 code)
- Procedure/tariff codes
- **You need to obtain an authorisation at least 48 hours before your procedure is required.**
- **In an emergency, you must get an authorisation number within two working days after going to hospital, or you'll have to pay a penalty of R1 000.**

If you cannot contact the Authorisation Centre yourself, your doctor, family member or the hospital can contact us on your behalf.

You can request authorisation by:

- Calling the Fedhealth Customer Contact Centre
- Submitting the request on the Fedhealth Family Room or the Fedhealth Member App
- Or via email: authorisations@fedhealth.co.za

Your healthcare professional will provide you with all the required information.

10 Hospital at Home

The Hospital at Home service is offered by Quro Medical, a team of trained Healthcare Professionals who will bring all the essential elements of in-patient care to your home, including real-time patient monitoring.

Patients eligible for Hospital at Home are those who'd ordinarily require admission in a hospital general ward. This offering is an alternative to a hospital admission and can only be offered upon your consent. You can either be referred to Quro Medical by your treating doctor, or you can request this service from your doctor when general ward admission is considered, or when you wish to go home earlier during a hospital admission.

For more information, please contact the call centre on **0860 002 153** or visit the Quro Medical website on **www.quromedical.co.za.**

11 How to access post-hospitalisation treatment paid from Risk

Post-hospitalisation treatment in the 30 days after your hospital visit is paid from your Risk benefit, however, you will need an additional authorisation number. This benefit is not available on my**FED.**

This treatment is subject to protocols, and the day of your discharge is counted as day 1 of the 30 days of the benefit. Only treatment as a result of a hospital event is covered under this benefit, and must be related to your original diagnosis.

Call **0860 002 153,** email us at **authorisations@fedhealth.co.za** or use the Fedhealth Family Room. Please provide us with the following information:

- The type of treatment you require, e.g. physiotherapy, occupational therapy, speech therapy, general radiology, pathology tests and dietetics
- The duration of the treatment you require
- The treating provider's practice number

12 Getting authorisation for MRI and CT scans* whether they're done in-hospital or not

Fedhealth covers specialised radiology like MRI and CT scans from Risk whether they are performed in-hospital or not. Co-payments apply depending on your option, but you have to obtain authorisation first to have this paid from Risk.
Call **0860 002 153,** email us at **authorisations@fedhealth.co.za** or get in touch via the Fedhealth Member App or the Fedhealth Family Room.

** The specialised radiology benefit on sure**FED**^{Plus} and sure**FED**^{Essential} is a combined in- and out-of-hospital benefit with limits per option. my**FED** does not have a specialised radiology benefit.*



13 Getting authorisation for a visit to the casualty ward

Claims will be paid from Risk if:

- You visit the trauma unit of a clinic or hospital and are admitted into hospital immediately for further treatment.
- You visit the trauma unit of a clinic or hospital for emergency trauma treatment, for a fracture or stitches, for example, and are not immediately admitted into hospital.

A co-payment will apply to all non-PMB visits to the trauma unit of a clinic or hospital if you're not admitted to hospital directly, depending on your option.

- Authorisation for the casualty visit must be obtained **within two working days after the visit,** to have the claim paid from your Risk benefit and to avoid a larger co-payment.
- In an emergency, you must get an authorisation number from us within two working days after going to hospital, or you will have to pay a penalty of R1 000.

If you cannot contact the Authorisation Centre yourself, your doctor, a family member or the hospital can contact us on your behalf. The same information as listed on page 12 (hospital authorisation) would be required.

14 How to register for the FedhealthBaby | Mom Maternity Care Programme

Becoming a parent is one of life's most incredible experiences — and at Fedhealth, we're here to make sure you're supported, informed and celebrated every step of the way with the FedhealthBaby | Mom Maternity Care Programme or the Fedhealth my**FED** Baby Programme.*

Depending on the programme, you can look forward to a baby bag with freebies, emails and advice, and more.

To join the Fedhealth Baby Programme, call us on **086 116 016** or email **info@babyhealth.co.za**. You can join from 12 weeks into your pregnancy.

Please note: Once your new bundle of joy has arrived, you only have 30 days to add your baby to your Fedhealth membership underwriting free. This provides the baby with cover from their date of birth. If the request to add the baby follows after 30 days, underwriting may be applied to your newborn.

To add your baby, please complete the Newborn Registration Form which can be found on the Fedhealth website, visit the Fedhealth Family Room or ask your broker or HR manager to do it via the Broker or Employer Portal.

Programme is not available on sureFED**Essential.*



15 How to apply for the chronic disease benefit



To claim for medication under this benefit, your condition:
- Must appear in the list of chronic conditions, and
- Must meet a set of defined criteria to qualify for the benefit (referred to as clinical entry criteria). If you need information on the criteria, please contact us.

STEP 1

Collect the information needed to apply

You'll need the following information to apply. If you need help gathering this information, please contact us:
- Membership number
- Dependant code
- ICD10 code of your chronic condition
- Drug name, strength and quantity
- Prescribing doctor's practice number
- Diagnostic test results, e.g. Total Cholesterol, LDL, HDL, glucose tests, thyroid (depending on your condition).

STEP 2

Apply in one of the following ways

- **Call Chronic Medicine Management (CMM):** Call **0860 002 153** between 08h30 and 17h00, **Monday to Thursday and 09h00 to 17h00 on Fridays.**
- **Fedhealth Family Room:** Go to **www.fedhealth.co.za** to access the Fedhealth Family Room. Simply click on "Authorisations > Request Pre-Authorisation" and then select "Chronic Pre-authorisation" and complete the form.
- **Fedhealth Member App:** Open the app, click on "Authorisations>Request Pre-Authorisation" and then select "Chronic Pre-authorisation" and complete the form.
- **Ask your doctor or pharmacist** to apply on your behalf. They can do an online application or contact our Provider Call Centre on **0861 112 666.**

STEP 3

Get a response right away

We will reply to your application right away. If we need more information, we will let you, your doctor or your pharmacist know exactly what information to give to us. If we don't approve the application, we will give you the reasons why, and you will have the opportunity to ask us to review our decision.

STEP 4

Receive a communication with your approved medication

If we approve your application, we'll send you a communication detailing your approved chronic medication.

Treatment guidelines

The Scheme has set up treatment guidelines for the chronic conditions on the Chronic Disease List (CDL) so that you have access to appropriate treatment for your condition. You will receive details of the treatment guidelines with your letter from CMM.

If there is a co-payment on your medicine

If the medicine your doctor has prescribed has a co-payment, because it costs more than the ceiling price given in the Medicine Price List, ask your pharmacist to help you to change it to a generic medicine we cover in full. If the medicine has a co-payment because it's not on the formulary, discuss a possible alternative with your prescribing doctor.

We will approve a chronic condition, not individual chronic medications

Thanks to our Disease Authorisation process, you can apply for approval of a chronic condition, as opposed to a single chronic medication. The Scheme will approve an entire list of medication for your specific condition (known as a basket of medicine). So, if your doctor should ever change your medication, you will most likely already be approved for it – provided it's in the basket.

You can view the approved medication for your condition in the Fedhealth Family Room. Simply click on Health > Authorisations > Chronic Authorisations > submit. You can also request Autorisation on the Fedhealth Family Room and Fedhealth Member App > Submit. When you need to change or add a new medicine for your condition, you can do this quickly and easily at your pharmacy with a new prescription, without having to contact Fedhealth at all.

You can use any pharmacy to obtain your chronic medication on maxima **PLUS,** maxima **EXEC,** flexi**FED 4**, flexi**FED 4**^{GRID}, flexi**FED 3** and flexi**FED 3**^{GRID}**.**

my**FED** Members need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are: Dis-Chem Courier, Clicks Courier and Pharmacy Direct, or a 25% co-pay will apply for non-use of a DSP.

Members on flexi**FED 1,** flex**FED 1**^{Elect}, flexi**FED 2**, flexi**FED 2**^{GRID}, flexi**FED 2**^{Elect}, flexi**FED 3**^{Elect}, flexi**FED 4**^{Elect}, sure**FED**^{Essential} and sure**FED**^{Plus} will need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are Fedhealth Network Pharmacies.

A 30% co-pay will apply for the non-use of a DSP.



To check which medicine is available in your condition's basket, call **Chronic Medicine Management (CMM)** between 08h30 and 17h00, Monday to Thursday and 09h00 to 17h00 on Fridays on **0860 002 153.**



16 How do I register for Diabetes Care?

All Fedhealth members with diabetes will have automatic access to the Diabetes Care programme and its benefits, once they've registered their chronic condition for disease specific benefits. When you register for Diabetes Care, we take all your other medical needs into account, including any other chronic conditions you may have. In addition, we continue to work with your doctor who looks after your chronic conditions in order to provide coordinated quality care. You can get your chronic medication from your pharmacy of choice. Simply call **0860 002 153** or email **diabeticcare@fedhealth.co.za**

17 Registering on the Oncology Disease Management Programme (cancer)

On diagnosis of cancer, you must register on the Fedhealth Oncology Disease Management (ODM) Programme. You or your treating doctor can call the team on **0860 100 572** to register. The programme aims to help your doctor provide the best cancer treatment and support for you. Changes that are needed in your oncology treatment plan need to be given to ODM as soon as possible. Please email your treatment plan to **cancerinfo@fedhealth.co.za**

18 Alignd Serious Illness Benefit

The Alignd Serious Illness Benefit offers specialised care for anyone with serious cancer. The benefit is also available to members with other serious illnesses who can benefit from palliative care, such as major organ failure, and on a case-by-case basis. The focus is on providing relief from symptoms and stress, as well as end-of-life care. This benefit supports you, and your family.

What does the benefit include?

- An initial consultation with a palliative care trained doctor to assess your needs
- Counselling for you and your family
- Monthly follow-up consultations with the involved palliative care multi-disciplinary team

Who has access to this benefit?

If you're a Fedhealth member who is diagnosed with a serious illness such as cancer, you'll immediately have access to the Alignd Serious Illness Benefit, at no extra cost to you.
For members with more intensive care needs, the benefit also covers end-of-life care.

How to access the benefit If you have been diagnosed with serious cancer

Contact Fedhealth directly to refer you to Alignd at **0860 002 153.**

19 How to register for AfA (HIV Management)

Fedhealth provides unlimited cover for HIV treatment and preventative medicine. To qualify for this benefit, you must be registered on the Scheme's HIV disease management programme, AfA. You have access to the HIV medicine benefit only when you are registered.

AfA is a comprehensive HIV disease management programme providing access to:

- Anti-retrovirals and related medicines
- Post-exposure preventative medicine
- Preventative medicine for mother-to-child transmission
- Post-exposure preventative medicine after rape

The programme gives ongoing patient support and monitors the disease and response to therapy. To join AfA, call them in confidence on **0860 100 646.** Your doctor may also call AfA on your behalf.

20 How to access the Weight Management Programme*

The Fedhealth Weight Management Programme is a 12-week biokineticist led programme for qualifying members who would like to kickstart their weight loss journey in a healthy way.

Who qualifies?
Fedhealth members with the following parameters will be eligible for the programme:

- BMI of 25kg/m2 and above (with no chronic comorbidities as a requirement), or
- Men with a waist circumference ≥ 102cm, or
- Women with a waist circumference ≥ 88cm.

This benefit is available once annually per beneficiary.
Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives you access to two dietician consultations, two behavioural psychologist consultations, as well as two GP consultations.

Various pathology codes are also available to assist doctors with exploring any underlying medical reason for obesity.

Once the programme is completed, ongoing advice and monitoring is also made available to you.

To access this programme, call us on **0860 002 153** or ask your GP to apply on your behalf.

Not available to myFED** members*



21 How to access the Fedhealth OrthoCare Spinal Programme*

Need spinal or back surgery?
You will need to participate in and successfully complete the Fedhealth OrthoCare Spinal Programme first before the surgery can be covered by the Scheme (not applicable to emergency treatment/PMB).

The programme focuses on active muscle reconditioning, improved flexibility, reduced pain and stiffness – in other words, a better quality of life without undergoing surgery.

How you can access the programme:

- Call us on **0860 002 153** or mail **orthocareprogramme@fedhealth.co.za**
- You could be identified by the Scheme through predictive modelling
- The Scheme might intervene prior to authorising your back and neck surgery
- Referral by your GP or specialist.

Not available to myFED** or sure**FED**Essential.*

22 Contacting our Contracted Service Providers for non-PMB hip and knee replacements*

Should you need a planned hip or knee replacement (non-PMB), you need to use Joint-Care, ICPS Major Joints for Life (via the Life hospital group) and Care Expert (via Mediclinic but limited to maxima **PLUS** and maxima **EXEC**) specialists, to avoid a co-payment on your procedure.

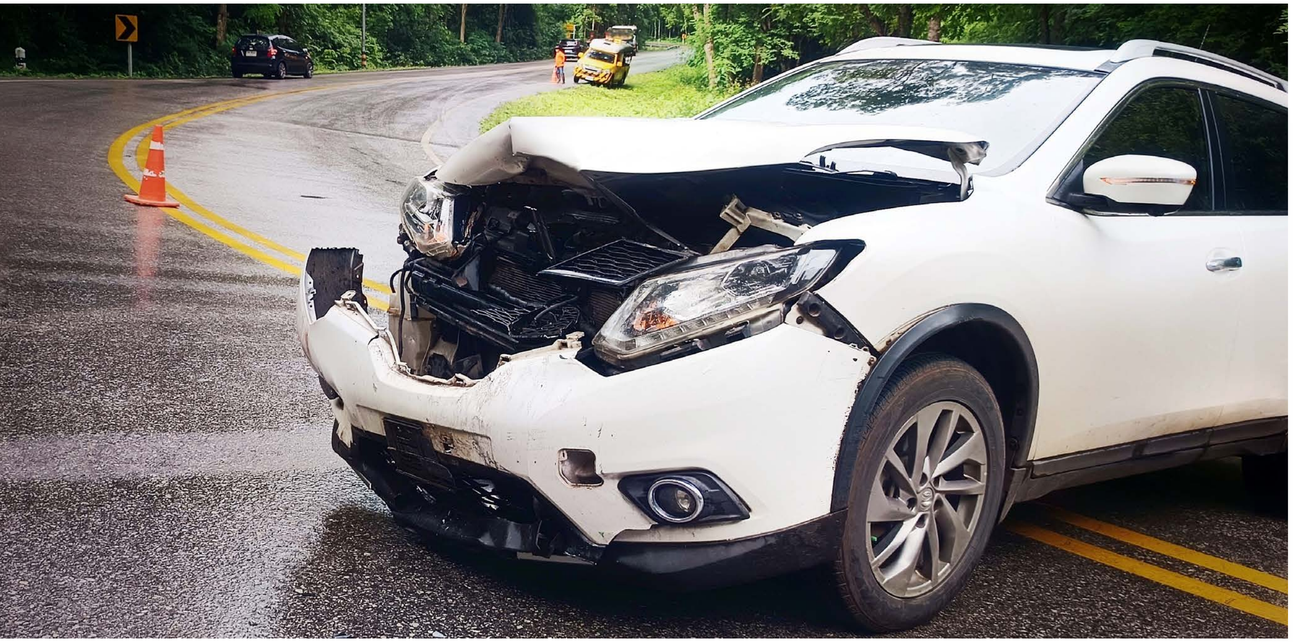
For a list of ICPS and JointCare specialists, contact us on **0860 002 153** or via icpservices.co.za, and JointCare on **011 883 3310**

Not available to myFED**, flexi**FED 1**, flexi**FED 1**Elect, sure**FED**Essential and Sure**FED**Plus members.*

23 Who to call in case of an emergency

Emergency Ambulance Services
As a Fedhealth member, you enjoy unlimited cover with Europ Assistance Ambulance Services. Simply call 0860 333 432 in case of an emergency.

Europ Assistance offers a range of emergency services:
- Emergency road or air response
- Medical advice in any emergency situation
- Delivery of medication and blood
- Patient monitoring
- Care for stranded minors or frail companions
- 24-hour Fedhealth Nurse Line



24 What to do if you've been in a car accident

If you were injured in a car accident, you may have to go through certain procedures with the Road Accident Fund. Please contact the MVA/Third Party Recovery Department at Fedhealth for more information on **0800 117 222.**

25 How to use the MediTaxi service

MediTaxi is a medical taxi service available to qualifying Fedhealth members in Cape Town, Johannesburg, Pretoria and Durban.

Fedhealth members who've had hospital authorisations 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.

MediTaxi provides transport from the member's home to the approved healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, and includes the return trip.

Booking the MediTaxi service

When you phone to book a trip, you need to provide
a) your membership number,
b) date of operation, and
c) healthcare provider's details.

To access the MediTaxi benefit

When you need to book Medi Taxi, call the Europ Assistance Emergency Contact Centre on **0860 333 432.**





26 Making changes to your membership

As a principal member, you can add or remove dependants to/from your Fedhealth membership.

Adding or removing dependants

Only the principal member can add or remove dependants.

To register or remove a dependant, you must fill in a Member Record Amendment Form and email it to: **maintenanceFDH@fedhealth.co.za,** or complete this via the Family Room and Member App, go to 'Manage Membership' and then add or remove dependants.

We need to receive changes to your membership by no later than the 1st of the month to become effective from the 1st of that month. If a company pays your medical aid contribution, you must advise the salary department that you are going to make changes, as this will affect the contribution.

Who can be registered as a dependant?

- Your spouse or partner
- Your children
- Other family members if, according to the Scheme Rules, they rely on you for financial care and support and have been approved by the Scheme

Child rates up to 27

Fedhealth will charge the child rate for your child dependants until they turn 27.

Adding a newborn baby

Babies must be registered by up to 30 days from birth to be covered on the Scheme.

Complete a Newborn Registration Form and email it to **newborn@fedhealth.co.za.** Fedhealth does not charge contributions for the baby for the month in which the baby is born.

Third generation babies (your adult child (over the age of 18) dependant's baby) will not be covered from date of birth and will be subject to normal underwriting.

Dependant reviews

Dependant reviews are conducted on an annual basis to determine eligibility.

a) **Overage review:** Applies to child status dependants over the age of 27. This will take place annually linked to the birthdate of a dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we raise the contributions to adult rates.

b) **Special dependant review:** Refers to parents, siblings, grandparents, foster children, NOT including disabled dependants. This takes place on the anniversary of the start date of the dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we terminate the dependant.

Year-end renewal change of option

During October, we advise you of plan changes for the next year, and you may select an option change. The closing date is 30 November. Complete an Option Change Form and email it to us at **renewal@fedhealth.co.za** or complete this via the Family Room and Member App. In general, option changes are only allowed with effect from 1 January every year.

You can upgrade to a higher option

You can upgrade to a higher option with more comprehensive benefits any time of the year, but only on diagnosis of a dread disease or in the case of a life-changing event, for example pregnancy.

The option upgrade will only be allowed within 30 days of diagnosis. You will be required to provide supporting medical evidence. Upgrades can also be completed via the Family Room and Member App. This benefit is not available to my**FED** members, who may only upgrade during the renewal period.

You can also upgrade in the Fedhealth Family Room member portal, or through theWhatsApp service or LiveChat on the website. Your broker can upgrade on your behalf by using the Fedhealth Broker Portal.

Additional documents needed for registering dependants:

Type of dependant	Extra documents we may need
A newborn baby	A copy of the baby's birth certificate or notification of birth from the hospital. The baby's ID number when they are registered
An adopted child	Proof of legal adoption
A foster child	Legal proof that the child is a foster child
A brother or sister, grandchild, nephew or niece, third generation baby	An affidavit confirming residency, employment, income and marital status of child and both parents
A parent or grandparent of the principal member	An affidavit confirming residency, employment, income and marital status
A spouse or partner	Marriage certificate, if available

27 Leaving the Scheme

If you want to leave Fedhealth, you must give us one calendar month's notice in writing. Paypoints must give us three months' notice.

Last contribution

If you pay at the start of the month for the previous month's cover, your last contribution will be deducted in the month after your last day of membership. We will deduct your last contribution by the third day of the month after your last day of membership.

If you are on an option with a savings account

Amount in Savings Account – if you spent less than you paid in

We pay the balance in your Savings Account to your new medical scheme's savings account five months after you've left Fedhealth.

This ensures that we can pay out any outstanding claims.
You must provide us with the name of your new scheme as well as your membership number so we can transfer your Savings Account balance. If your new scheme does not have a savings component, we will pay the balance to you. Please make sure we have your latest banking details to make this refund.

Amount in Savings Account – if you spent more than you paid in

If you leave the Scheme and have spent more than the monthly contributions you have paid into the Savings Account, you'll have to refund us with the difference. You must make the refund within 10 days after the last day of membership.

Remaining a member after resigning from a company

If you wish to contribute as an individual member (Direct Paying Member), complete a Record Amendment Form along with new banking details for the payment of contributions.

You can also inform us in writing, along with a copy of a bank statement, not older than three months and a copy of your ID. Also state that the banking details are for refunds.



28 How to report medical aid Fraud,Waste and Abuse via the whistle-blower ethics hotline

HEALTHCARE FRAUD CAN CONTRIBUTE DIRECTLY AND INDIRECTLY TO THE RISE OF MEDICAL COSTS, INCLUDING YOUR MEMBERSHIP CONTRIBUTION.

You have the power to help us prevent fraud for the greater good of all our members.

Fedhealth members are encouraged to use any of the dedicated Whistle Blowers hotline reporting channels to report any suspected medical aid fraud.

FEDHEALTH

Sanlam healthcare partner

Five ways to make a report to the **Whistle Blowers** ethics hotline.



01.

Call directly on toll-free number 0800 112 811

Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.



02.

SMS to 33490 or WhatsApp on +27 (0) 71 868 4792

Send your report via the SMS line from anywhere in South Africa at a cost of R1.50 or WhatsApp your report to Whistle Blowers.



04.

Email to information@whistleblowing.co.za

Send an email of your report privately to Whistle Blowers.



03.

Report online on www.whistleblowing.co.za

Visit the Whistle Blowers website to report and make your submission via the online reporting platform.



05.

Download and use the Whistle Blowers app

Download the secure Whistle Blowers app from Google Play or the Apple App Store. The app guides you through the reporting process with ease.



Remember, reports can be made anonymously or in confidence.