
2026
EXECUTIVE
OPTIONS
FEDHEALTH
Sanlam healthcare partner

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FEDHEALTH

Sanlam healthcare partner

FEDHEALTH IS BECOMING A REIMAGINED SCHEME IN 2026, BUILT ON THE VALUES THAT MATTER

Thank you for choosing Fedhealth as your medical aid scheme of choice.

In 2026, Fedhealth, a trusted name in healthcare with a proud, 89-year track record, will become a reimagined scheme, following our partnership with Sanlam, one of the most esteemed financial service providers in South Africa.

When we joined forces in 2024, we carefully considered the current medical aid landscape, with the goal to create a revitalised medical scheme that better suits the needs of modern South Africans.

Using five **values** as our blueprint, this reimagined scheme will offer real medical aid that addresses the needs of ordinary people. **These values are:**

01. AFFORDABILITY.

We offer a wide range of options that can be tailored to members' unique needs and circumstances, both in terms of benefits and payment structures, to give them real control over their benefits and medical aid expenses. We believe that quality healthcare should be accessible and within reach, and that affordability should never mean compromising on care.

02. CUSTOMISATION.

We ensure that our members' plans fit THEIR lives, not the other way around. This means we provide the cover members need at a fair price, rather than forcing them to pay for extras they don't use. We also offer a wide range of options to choose from, ensuring that there's an option for every pocket, preference and health need!

03. INCLUSIVITY.

We believe medical aid should work for more people, more of the time.

04. SIMPLICITY.

Our members deserve to know exactly what they're getting, without unnecessary jargon or unexpected surprises. We aim to make healthcare clear, straightforward and easy to understand, so members can make confident choices without confusion. While medical aid will always be a complex product, by stripping away the complexity as much as possible, we help our members feel empowered and in control of their healthcare journey.

05. TRUST.

When our members need support most, they know that their scheme will be there. We're committed to ensuring that members know exactly what to expect when it comes to their medical aid cover.

Fedhealth is a scheme run by members, for members, which means that we always put members' interests first.

We look forward to taking care of every member's health in 2026 and beyond.

EXECUTIVE PLANS
OPTION OVERVIEW

Fedhealth's executive option range, consisting of maxima **EXEC** and maxima **PLUS**, provides comprehensive medical aid cover that ensures total peace of mind for more mature members.

These options are structured to provide generous in-hospital, screening and chronic cover, and day-to-day cover, through a Medical Savings Account (MSA), a Threshold benefit and an Out-of-Hospital Expenses Benefit (OHEB) (the latter on maxima **PLUS** only).

IN-HOSPITAL BENEFIT

No overall annual limit for hospitalisation.

CHRONIC DISEASE BENEFIT

Members are covered for conditions on the Chronic Disease List (CDL) plus additional conditions. This is covered in full up to the Medicine Price List if the member uses medicine on the comprehensive formulary. Members can use any pharmacy to get their chronic medication.

DAY-TO-DAY BENEFITS FROM RISK

We provide comprehensive day-to-day benefits like unlimited Fedhealth Network GP visits once Savings is depleted on maxima **EXEC** and once OHEB is depleted on maxima **PLUS**.

Threshold – The Threshold benefit pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level. Once you've reached the required Threshold Level, qualifying day-to-day expenses will be refunded from the Threshold benefit. Examples of day-to-day expenses that may be refunded include: Non-network GPs (only maxima **PLUS**) and Network Specialist consultations. Please refer to page 5 for a detailed breakdown of day-to-day expenses that qualify for accumulation to, and refund from, the Threshold benefit.

Screening benefit – We pay for lifestyle and wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings

Out-of-Hospital Expenses Benefit (OHEB) – This benefit covers day-to-day expenses, after the Savings Account has run out of funds, up to the Fedhealth Rate until the benefit limit has been reached. There are maximum amounts for specific treatments and conditions. OHEB applies to maxima **PLUS** only

Savings – The funds in the member's Medical Savings Account (MSA) will be used first for their day-to-day medical expenses.

PLUS, loads of additional value-added benefits like the Fedhealth Nurse Line, MediTaxi or the Weight Management Programme.

maxima **EXEC**

Families who are starting to need more health cover

Growing families or individuals who want well-rounded medical aid. They need a robust plan that provides generous screening, preventative, in-hospital, chronic, oncology, mental health and prosthesis benefits.

From
R12 273p/m

maxima **PLUS**

People with comprehensive health concerns

People with ongoing health concerns, who've moved beyond basic medical aid needs and want a reliable, benefit rich plan that provides peace of mind for the whole family with comprehensive cover spanning across unlimited hospitalisation, robust cover for planned and emergency hospital admissions, generous dread disease/ mental health and prosthesis benefits.

From
R19 393p/m

EXECUTIVE PLANS
OPTION CONTRIBUTIONS

MONTHLY CONTRIBUTIONS

	Risk Contribution			Savings			Gross		
	P	A	C	P	A	C	P	A	C
maxima **EXEC**	R11 229	R9 747	R3 470	R1 044	R906	R322	R12 273	R10 653	R3 792
maxima **PLUS**	R18 749	R16 183	R5 793	R644	R556	R199	R19 393	R16 739	R5 992

Only pay for a maximum of 3 children
Child rates apply up to age 27

ANNUAL DAY-TO-DAY BENEFIT POOLS

	Annual Savings			OHEB			Self-payment Gap		
	P	A	C	P	A	C	P	A	C
maxima **EXEC**	R12 528	R10 872	R3 864	R0	R0	R0	R9 332	R5 208	R1 186
maxima **PLUS**	R7 728	R6 672	R2 388	R10 630	R7 680	R2 370	R5 042	R3 898	R1 632

ANNUAL DAY-TO-DAY BENEFIT POOLS CONTINUED

	Threshold Level			Above Threshold Benefit		
	P	A	*C	P	A	C
maxima **EXEC**	R21 860	R16 080	R5 050	Unlimited with a 10% copay, sub-limits may apply for specific benefit categories		
maxima **PLUS**	R23 400	R18 250	R6 390	Unlimited, sub-limits may apply for specific benefit categories		

**Up to a maximum of three children*

EXECUTIVE PLANS

DAY-TO-DAY BENEFITS

Here's an overview of the day-to-day benefits available on Fedhealth's comprehensive options, including the casualty ward benefit and the chronic medication benefit (refer to page 11 for further details).

BENEFIT	maxima **EXEC**	maxima **PLUS**
TARIFF	Up to the Fedhealth Rate	
CO-PAYMENTS IN THRESHOLD	10% co-payment	No co-payment
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	Paid from Savings then unlimited from Risk. Once Savings is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network	Paid from OHEB then unlimited from Risk. Once OHEB is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network
• Mental health consultations with network GPs	2 consultations per beneficiary paid from Risk before or after threshold, then payable from savings without accumulation to threshold	2 consultations per beneficiary paid from Risk before or after threshold, then payable from savings without accumulation to threshold
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP	Paid from Savings and Threshold. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate	Paid from Savings, OHEB and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate
• Mental health GP consultations	Payable from savings without accumulation to threshold	Payable from savings without accumulation to threshold
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Paid from Savings. Accumulation to and refund from Threshold up to cost. 10% co-payment if GP referral not obtained	Paid from Savings and OHEB. Accumulation to and refund from Threshold up to cost
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Paid from Savings. Does not accumulate to Threshold. 10% co-payment if GP referral not obtained	Paid from Savings and OHEB. Accumulation to and refund from Threshold up to the Fedhealth Rate only. A 10% co-payment will apply if a specialist referral is not obtained
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (psychiatrists)	Paid from Savings. Does not accumulate to Threshold. Paid at cost from Threshold up to the Additional Medical Services limit of R20 000 per family per year. 10% co-payment if GP referral is not obtained	Paid from Savings, OHEB and accumulation to and refund from Threshold at cost. Subject to Additional Medical Services limit of R20 000 per family per year before and after Threshold
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (psychiatrists)	Paid from Savings. Does not accumulate to Threshold. Paid at the Fedhealth Rate from Threshold up to the Additional Medical Services limit of R20 000 per family per year. 10% co-payment if GP referral is not obtained	Paid from Savings, OHEB and accumulation to and refund from Threshold at the Fedhealth Rate. Subject to Additional Medical Services limit of R20 000 per family per year before and after Threshold
TRAUMA TREATMENT IN A CASUALTY WARD	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. A co-payment of R880 per visit for non-PMBs applies.	Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours.
DENTISTRY (BASIC)	Paid from Savings and Threshold. Unlimited once Threshold is reached	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings and Threshold. R8 530 per beneficiary per year, R25 470 per family per year before and after Threshold	Paid from Savings, OHEB and Threshold. R8 530 per beneficiary per year, R25 470 per family per year before and after Threshold
• Osseo-integrated implants, orthognathic surgery	Paid from Savings. Does not accumulate to or pay from Threshold. Limited to and included in the advanced dental benefit	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold. Limited to and included in the advanced dental benefit
ADDITIONAL MEDICAL SERVICES: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R20 000 per family per year	Paid from Savings, OHEB and Threshold. R20 000 per family per year before and after Threshold
ALTERNATIVE HEALTHCARE: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings. Does not accumulate to or pay from Threshold	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
MEDICINES AND INJECTION MATERIAL		
• Acute medicine	Paid from Savings and Threshold. R8 190 per beneficiary per year, R15 160 per family per year before and after Threshold	Paid from Savings, OHEB and Threshold. R11 400 per beneficiary per year, R22 690 per family per year before and after Threshold
• Chronic medicine	Please see Chronic Medicine Benefit on page 6	
• Over-the-counter medicine	Paid from Savings. Does not accumulate to or pay from Threshold	Paid from Savings. Does not accumulate to or pay from Threshold
OPTICAL BENEFIT		
• Consultations, spectacle lenses, frames and/or lens enhancements	Paid from Savings and Threshold. R3 860 per beneficiary per year, R11 750 per family per year before and after Threshold	Paid from Savings, OHEB and Threshold. R3 860 per beneficiary per year, R11 750 per family per year before and after Threshold
PATHOLOGY AND MEDICAL TECHNOLOGY	Paid from Savings and Threshold. Unlimited once Threshold is reached	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
GENERAL RADIOLOGY	Paid from Savings and Threshold. Unlimited once Threshold is reached	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
SPECIALISED RADIOLOGY Pre-authorisation is required	Unlimited at Fedhealth Rate. First R3 050 for non-PMB MRI/ CT scans for the member's account	Unlimited at Fedhealth Rate. First R3 050 for non-PMB MRI/CT scans for the member's account
• Oncology PET and PET/CT scans	2 PET scans per family per annum limited to the Oncology benefit subject to PET network. R5 670 co-payment for use of non PET Network Provider	
SURGICAL AND NON-SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS ROOMS	Paid from the in-hospital benefit • Gastroscopy (no general anaesthetic will be paid for) • Colonoscopy (no general anaesthetic will be paid for) • Flexible sigmoidoscopy • Indirect laryngoscopy • Removal of impacted wisdom teeth • Intravenous administration of 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	
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy	Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R20 000 per family per year	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached

** Private nursing that falls outside the alternatives to hospitalisation benefit*

SCREENING, WELLNESS AND EXTRA VALUE-ADDED BENEFITS

Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. 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.

SCREENING & WELLNESS BENEFIT:

BENEFIT	maxima **EXEC** / maxima **PLUS**
WELLNESS BENEFITS	Benefits aimed to promote early detection and healthier living through age- and gender-specific screenings.
MENTAL WELLNESS	Two mental health consultations per beneficiary at a nominated plan-contracted provider. (see network mental health GP consultation benefits on page 5) Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.
GENERAL WELLNESS	All lives
• HIV finger prick test	1 every year
• Flu vaccination and administration	1 every year*
• Smoking cessation programme	1 GoSmokeFree enrolment every year (face-to-face and virtual excluding patches, medicines etc.)
• Cardiac health screening (full lipogram)	All lives aged 20 and older: 1 test every 5 years
• Breast cancer screening with mammography	All lives aged 40 and older: 1 every two years
CHILDREN'S HEALTH	
• Immunisation programme and administration (as per State EPI)*	Birth to age 12
• Infant hearing screening test and consultation**	Birth up to 8 weeks of age: 1 per new-born beneficiary
• Vision Screening for Retinopathy of prematurity	2 tests and consultations for pre-term babies under 1.5kg or babies born before 32 weeks
• Paediatric consultation	Birth up to age 2: 1 Paediatric consultation, with no referral required from GP.
• HPV vaccine and administration*	Girls aged 9-16: (two doses per lifetime)
• Child optometry screening	All children aged 5-8: 1 per lifetime
WOMEN'S HEALTH	
• Cervical cancer screening (Pap smear)	Women Aged 21-65: 1 every 3 years
• Cervical cancer screening pharmacy consultation	Women Aged 21-65, 1 every 3 years
• HPV PCR test	Women Aged 21-65, 1 every 5 years
• Contraceptives	Women up to age 55: Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. Contraceptive implants and Intrauterine Devices: limited to and payable from risk, every 2 years.
• Emergency contraceptive benefit	Women under the age of 55; 1 every year
MEN'S HEALTH Prostate Specific Antigen (PSA)	Men Aged 45-69: 1 Prostate specific antigen test every year
ALL OVER 40S HEALTH	
• Breast cancer screening with mammography	All lives aged 40 and older: 1 every 2 years
• Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75: 1 every year
• Pneumococcal vaccination and administration*	All lives aged 65 and older: 2 per lifetime
• Bone densitometry screening	Women aged 65 and older, men aged 70 and older; 1 test every 2 years
SCREENING BENEFITS	Aimed to prevent illness through early detection via Health Risk Assesments and Weight Management Programme.
WELLNESS SCREENING BMI, blood pressure, finger prick cholesterol and glucose test	All lives, 1 every year
PREVENTATIVE SCREENING Waist-to-hip ratio, body fat%, flexibility and fitness	All lives, 1 every year
WEIGHT MANAGEMENT PROGRAMME	Limited to 1 qualifying enrolment per beneficiary per annum: 2 Psychotherapy consults 2 Dietician consults 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)

***Combined administration of vaccination benefit limit of 15 per annum per family**
****Add newborns within 30 days**

PLUS, the following support and assistance:

Fedhealth is the only medical scheme to cover ALL of the benefits listed below from Risk, and not the member's day-to-day benefit. This ensures a significant saving for members since they can use their day-to-day benefit for other expenses instead.

UNLIMITED NETWORK GP VISITS

Once Savings are depleted on maxima **EXEC** and once OHEB is depleted on maxima **PLUS**.

7 DAYS OF TAKE-HOME MEDICINE

Fedhealth pays for 7 days' supply of take-home medication, to a maximum of R412 per beneficiary per admission, 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.

UPGRADES WITHIN 30 DAYS OF A LIFE-CHANGING EVENT

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

ONLY PAY FOR THREE CHILDREN

Only pay for three children – we cover the fourth and subsequent children for free. A child will be covered at child rates up to the age of 27.

MEDITAXI SERVICE

Members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.

- Call **0860 333 432** to access this service, and press 5 for the point-to-point service.

TRAUMA TREATMENT AT A CASUALTY WARD

Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. A co-payment of R880 per visit for non-PMBs applies on maxima **EXEC**.

SPECIALISED RADIOLOGY

MRI/CT scans are covered whether they're performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R3 050 for each non-PMB MRI/CT scan for member's own account.

FEMALE CONTRACEPTIVES

Oral, certain injectables, patches and contraceptive rings are restricted to a maximum of one month's supply per female beneficiary up to the age of 55 years old. Implants and IUDs that include the Mirena are paid for by Fedhealth every 2 years for female beneficiaries up to the age of 55 years old. These, however, must be prescribed by a GP or a gynaecologist and are not applicable to oral contraceptives prescribed for acne. Emergency contraceptives are covered for women up age 55, once per year.

30-DAY POST-HOSPITALISATION BENEFIT

Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk, to save members' day-to-day savings. This includes post-hospital treatment like physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

EMERGENCY ASSISTANCE

Members can bank on the following assistance in emergency medical situations:

- Emergency Medical Benefit: Europ Assistance provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. Call **0860 333 432** to access this service, and press 1. Included in this benefit: emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.
- 24-hour Fedhealth Nurse Line: Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.

CHRONIC MEDICINE AND MANAGED CARE

CHRONIC MEDICINE BENEFIT

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

	maxima **EXEC**	maxima **PLUS**
LIMIT	R8 130 per beneficiary, subject to an overall limit of R14 950 per family per year. Thereafter unlimited cover for conditions on the CDL	R17 220 per beneficiary, subject to an overall limit of R31 960 per family per year. Thereafter unlimited cover for conditions on the CDL
FORMULARY	Comprehensive formulary 40% copayment for voluntary non-use of formulary medication, not refundable from savings.	Comprehensive formulary 40% co-payment for voluntary non-use of formulary medication, not refundable from savings.
PHARMACY	Any	Any

27 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

45 additional conditions covered on maxima **EXEC** and maxima **PLUS**

- Acne (up to the age of 21)
- Allergic rhinitis (from 6 to the age of 18)
- Angina
- Ankylosing Spondylitis
- Anorexia Nervosa
- AD(H)D (from 6 to the age of 18)
- Barrett's Oesophagus
- Benign Prostatic Hyperplasia
- Bulimia Nervosa
- Calcium Supplementation
- Cerebral Palsy
- Connective Tissue Disorder
- Conn's Syndrome
- Cushing's Syndrome
- Deep Vein Thrombosis
- Depression
- Dermatomyositis
- Eczema (from 6 to the age of 18)
- Endocrine Disorder
- Endometriosis
- Gastro-Oesophageal Reflux Disease
- Generalised Anxiety Disorder
- Huntington's Chorea
- Liver Failure
- Menieres Disease
- Narcolepsy
- Obsessive Compulsive Disorder
- Osteoarthritis
- Panic Disorder
- Paraplegia/Quadriplegia (associated medicine)
- Peripheral Neuropathy
- Polyarteritis Nodosa
- Post-Traumatic Stress Disorder
- Psoriasis
- Pulmonary Interstitial Fibrosis
- Rickets
- Scleroderma
- Thromboangitis Obliterans
- Thrombocytopaenic Purpura
- Tourette's syndrome
- Transient Ischaemic Attacks
- Trigeminal Neuralgia
- Urticaria
- Valvular Heart Disease
- Zollinger-Ellison Syndrome

In addition to the above, an additional 13 conditions are covered on maxima **PLUS**

- Alzheimer's Disease
- Cystic Fibrosis
- Gout
- Hypoparathyroidism
- Menopause
- Motor Neuron Disease
- Muscular Dystrophy
- Myasthenia Gravis
- Osteoporosis
- Paget's Disease
- Pancreatic Disease
- Pemphigus
- Stroke

ORTHOCARE

The Fedhealth OrthoCare spinal programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members – with the goal to help members avoid spinal surgery where possible. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members. This multidisciplinary programme includes treatment from doctors, physiotherapists and/or biokineticists to treat severe neck and back pain.

AFA HIV MANAGEMENT PROGRAMME

The Scheme offers the AfA (HIV Management) 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 to manage the condition.

WEIGHT MANAGEMENT PROGRAMME

Fedhealth members looking to lose weight and with a qualifying BMI and waist circumference may register to join the Scheme's weight management programme. Members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 clinical psychologist consultations, as well as 2 GP consultations. Various pathology codes are 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 the member.

GOSMOKEFREE SMOKING CESSATION PROGRAMME

All Fedhealth members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.

ALIGND PALLIATIVE CARE PROGRAMME

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problems such as pain, or by helping the member by addressing their emotional, social or spiritual needs. The programme supports both the member and their family. Members who meet the clinical criteria for enrolment will immediately have access to the programme, at no extra cost. For members with more intensive care needs, the programme also covers end-of-life care.

HOSPITAL AT HOME

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring. This gives 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 their care.

MENTAL HEALTH COVER

In order for us all to be productive members of society, reach our full potential and cope with the stresses that are associated with daily life, it's important that we prioritise our mental health and wellbeing. Mental health impacts our thoughts, emotions, interactions, livelihoods and enjoyment of life.

Fedhealth recognises that mental health is key to our members' quality of life, and as such, we offer a range of benefits and programmes across the Executive Plan option range to provide members with mental health care and support.

MENTAL HEALTH BENEFIT

BENEFIT	maxima **EXEC**	maxima **PLUS**
WELLNESS RESOURCES AND DIGITAL TOOLS	Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone. Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	
OVERVIEW OF PMBS FOR MENTAL HEALTH	Up to 21 days of admission or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia, acute stress disorder, and substance abuse. Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs.	
CONSULTATIONS	Two mental health consultations per beneficiary (in network GPs only). 15 out-of-hospital consultations per beneficiary for major affective disorders, anorexia, bulimia, acute stress disorder, and substance abuse as per PMB entitlement. Additional consults paid from available Fedhealth Savings. Once in threshold, access to Additional Medical Services benefit that is limited to R20 000 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Program.	
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	The chronic medicine benefit covers mental health conditions like Depression, Generalised Anxiety Disorder and Post-Traumatic Stress Disorder - see page 7 for more details.	
MENTAL HEALTH PROGRAMME	Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as a set benefit that can be used for consultations with psychiatrists, psychologists, GPs or other mental health providers.	
PSYCHIATRIC HOSPITALISATION	R36 910 per family	R46 500 per family

ONCOLOGY BENEFIT

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different.

ONCOLOGY BENEFIT

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme. Members will have access to post active treatment for life.

BENEFIT	maxima **EXEC**	maxima **PLUS**
ONCOLOGY LIMIT	R643 340 at preferred provider* and paid from Core protocol. DSP* above limit. 25% co-payment applies where a DSP is not used.	Unlimited at preferred provider* and paid from Enhanced protocol
• **Active treatment period**	Subject to Oncology limit. ICON Core Protocols apply	Subject to Oncology limit. ICON Enhanced Protocols apply
• **Oncology and oncology medicine**	Subject to Oncology limit. ICON Core Protocols apply. Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Subject to Oncology limit. ICON Enhanced Protocols apply. Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.
• **Radiology and pathology**	Subject to Oncology limit	Subject to Oncology limit
• **PET and PET-CT**	Subject to Oncology limit. Limited to 2 per family per year, DSP Network applicable or a R5 670 co-payment for non-DSP use	
• **Specialised drugs for Oncology and non-oncology (combined unit)**	R200 630	R402 500
• **Brachytherapy materials**	R64 030	

**ICON (Independent Clinical Oncology Network)*

MATERNITY AND CHILDHOOD BENEFITS

Fedhealth members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children’s early years, which include, for example, the Fedhealth Baby Programme, paediatric consults, immunisations and the Paed-IQ advice line.

Pre-authorisation is required. Members will receive a handy Fedhealth Baby Bag once they've registered for the Baby Programme from their 12th week of pregnancy.

Please refer to page 13 to see benefits related to maternity confinement in-hospital.

MATERNITY BENEFITS

	BENEFIT	maxima **EXEC**	maxima **PLUS**
DURING PREGNANCY	FEDHEALTH BABY PROGRAMME	Education and Support: Parental Questionnaire – a handy document to work through with your partner or spouse in preparation for the upcoming birth. Ongoing engagement in the form of emails and wellbeing calls for each trimester. Baby Medical Advice Line - A dedicated 24-hour medical advice line for any pregnancy concerns. Before Reaching 26 Weeks of Pregnancy: Healthy Pregnancy Workshop where doula educators share critical pregnancy information covering nutrition dealing with depression in pregnancy, pregnancy stretches and exercises, as well as an in-depth look at birth options - their risks and benefits. After Reaching 26 Weeks of Pregnancy: Online (live on Zoom) childbirth classes providing clinically based information to make informed decisions regarding planned birth (natural or C-section). Third Trimester Baby Backpack including baby products, breastfeeding guide, and other maternity vouchers.	
	MAIN BENEFITS		
	• **Antenatal (or postnatal) consultations**	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist	
	• **Antenatal scans**	2 x 2D antenatal scans	
	• **Amniocentesis**	1 Amniocentesis	
	• **Antenatal classes**	Antenatal classes up to R1 200 conducted by Private Nurses	
	BIRTH-RELATED BENEFITS		
	• **Private ward cover**	Private ward cover (when available) for delivery	
	• **Doula benefit**	Doula benefit: offer R3 600 per delivery for a doula (birthing coach) to assist mothers during natural childbirth	
POST-BIRTH AND CHILDHOOD BENEFITS	POST-BIRTH BENEFITS		
	• **Postnatal or antenatal consultations**	12 postnatal or antenatal consultations with a midwife, network GP or gynaecologist.	
	• **Vision screening for retinopathy of prematurity**	2 tests and consultations for babies under 1.5kg or born before 32 weeks.	
	• **Infant hearing screening test**	Birth up to 8 weeks of age: 1 Infant hearing screening test and consultation per new-born beneficiary**	
	• **Paediatric consultation**	Birth up to 24 months of age: 1 Paediatric consultation, with no referral required from GP.	
	• **Online post-birth lactation and breastfeeding consultations**	Exclusively available to members on Fedhealth Baby Programme	
	• **Appliances**	Breast pumps and nebulisers paid from Fedhealth Savings.	
	CHILD CARE		
	• **Immunisation programme and administration (as per State EPI)**	Birth to age 12	Birth to age 12
	• **HPV vaccine and administration**	Girls aged 9-16: (two doses)	Girls aged 9-16: (two doses)
	• **Childhood illness specialised drug benefit**	All children up to age 18	
	• **Optical screening**	All children aged 5-8: 1 per lifetime	All children aged 5-8: 1 per lifetime
	24-Hour Paed-IQ Advice Line	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.	

Please note:
1. **Add newborns within 30 days
2. *Combined adminstration of vaccination benefit limit of 15 per annum per family
3. Child rates up to the age of 27
4. Only pay for three children – we cover the fourth and subsequent children for free

UNLIMITED HOSPITAL COVER

my**FED**, like all Fedhealth options, has an unlimited in-hospital benefit. Pre-authorisation 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:

- The **hospital costs and accounts from doctors and specialists,** e.g. the anaesthetist and the X-ray department.
  - 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.
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- **Physiotherapy:** Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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 ARE CONSIDERED AS EMERGENCIES?

- An unexpected condition that requires immediate treatment. This means that if there's 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.

BENEFIT	maxima **EXEC**	maxima **PLUS**
OVERALL ANNUAL LIMIT	No overall annual limit	No overall annual limit
HOSPITAL NETWORK	No network	No network
HOSPITAL LIMIT	Unlimited	Unlimited
PRESCRIBED MINIMUM BENEFITS (PMBs) 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	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 Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items	Unlimited at negotiated tariff	
CONFINEMENT		
• Maternity confinement Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited	
• Private ward cover	When available	
• Delivery by Fedhealth Network GPs and specialists	Covered in full up to the Fedhealth Rate	
• Delivery by non-network GPs and specialists	Covered up to the Fedhealth Rate	
• Delivery by a registered midwife/nurse or a practitioner	Unlimited	
• Hire of water bath and oxygen cylinder	Unlimited	
• Medicine on discharge 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	Limited to 7 days' medication up to a maximum of R412 per hospital event	
ADDITIONAL MEDICAL SERVICES Includes Dietetics, Occupational therapy, Speech therapy, Orthoptics, Podiatry, Private nurse practitioners, Social workers, Audiology, Genetic counselling	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R20 000 per family per year. Combined limit with Physical Therapy	Paid from Savings, OHEB and accumulates to threshold. Paid from Threshold up to R20 000 per family per year, combined limit with Physical Therapy
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation		
• Refractive surgery	Paid from Savings. Does not accumulate to or pay from Threshold	Paid from Savings. Does not accumulate to or pay from Threshold
• Maxillo-facial surgery	R5 910 co-payment on surgical removal of impacted wisdom teeth	Unlimited, subject to approval
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	• Gastroscopy (no general anaesthetic will be paid for) • Colonoscopy (no general anaesthetic will be paid for) • Flexible sigmoidoscopy • Indirect laryngoscopy • Removal of impacted wisdom teeth • Intravenous administration of 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	
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities		
• Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff	
• Sub-acute facilities, physical rehabilitation facilities	Unlimited at negotiated tariff	
• Terminal Care Benefit	R35 570	
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS		
• General medical and surgical appliances (including glucometers)	In- & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 840 per family per year.	Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.
• Hearing aids including repairs	In- & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 840 per family per year.	Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.
• Large orthopaedic orthotics/ appliances	In- & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 840 per family per year.	Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.
• Stoma products	Limited to and payable from risk	Unlimited at cost
• CPAP apparatus for sleep apnoea	In- & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 840 per family per year.	Paid from Savings, OHEB and Threshold. R17 840 per family per year before and after Threshold.
• Foot orthotics (incl. shoes and foot inserts/levellers)	In- & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 840 per family per year. (R5 010 sub-limit per beneficiary for foot orthotics)	Savings and OHEB and Threshold. R17 840 per family per year before and after Threshold. (R5 010 sub-limit per beneficiary for foot orthotics)
• Oxygen therapy equipment	Unlimited at cost if authorised	
• Home ventilators	Unlimited at cost if authorised	
• Long leg callipers	Unlimited at cost if authorised	
• Moon boots	Limited to R2 060 per beneficiary payable from Risk. Once benefit is depleted, payable from available savings	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited	

BENEFIT	maxima **EXEC**	maxima **PLUS**
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER		
• Fedhealth Network GPs and Specialists	Covered in full	
• Non-network GPs	Paid up to the Fedhealth Rate	
• Non-network Specialists	Paid up to 200% of the Fedhealth Rate	
• Other Healthcare Professionals	Paid up to the Fedhealth Rate	Paid up to 300% of the Fedhealth Rate
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION • Haemopoietic stem cell (bone marrow) transplantation • Immunosuppressive medication, • Post transplantation biopsies • Scans, radiology and pathology	R643 340	Unlimited
• Corneal grafts	R37 430 per beneficiary	
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited In hospital	
PHYSIOTHERAPY In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited	Unlimited
PROSTHESIS AND DEVICES INTERNAL		
• Aorta Stent Grafts	R67 530	R67 530
• Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs), bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws, total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*	See combined benefit limit for all unlisted internal prosthesis*
• Cardiac pacemakers	R56 190	R67 530
• Cardiac stents	R57 840	R57 840
• Cardiac valves	R51 340	R51 340
• Detachable platinum coils	R58 460	R58 460
• Elbow, hip, knee and shoulder replacement	R40 110	R51 340
• Intraocular lenses – non-cataract (per lens)	R3 610	R3 610
• * Combined benefit limit for all unlisted internal prosthesis	R33 710	R41 650
PROSTHESIS EXTERNAL	R19 900	R25 050
GENERAL RADIOLOGY	Unlimited	Unlimited
SPECIALISED RADIOLOGY	Unlimited at Fedhealth Rate. First R3 050 for non-PMB MRI/ CT scans for the member's account Oncology PET and PET/CT scans - 2 co-payment for use of non-DSP	PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 670
• CT scans, MUGA scans, MRI scans, Radio Isotope studies	Specific authorisation required	
CHRONIC RENAL DIALYSIS Pre-authorisation is required and services must be obtained from the DSP. A 40% copayment applies where a DSP provider is not used Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R643 340 up to the Fedhealth Rate	Unlimited
IMMUNE DEFICIENCY RELATED TO HIV INFECTION HOSPITALISATION, ANTI-RETROVIRAL AND RELATED MEDICATION AND RELATED PATHOLOGY	Unlimited	Unlimited

PROCEDURE CO-PAYMENTS

	maxima **EXEC**	maxima **PLUS**
Arthroscopic procedures – hip, wrist, knee, shoulder, ankle, other arthroscopic procedures	R3 440	No co-payment
Diagnostic laparoscopy	R5 540	No co-payment
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/Toupet hernia repairs only), rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	R5 540	No co-paymentw
Spinal surgery**	R7 740	No co-payment
Cataract surgery (Voluntary use of non contract providers) ***	R7 750	R7 750
Colonoscopy, upper GI endoscopy	R3 230	No co-payment
Surgical extraction of impacted wisdom teeth	R5 910	No co-payment
Joint replacements		
• Single hip and knee replacements with CP*	No co-payment	No co-payment
• Single hip and knee replacements-voluntary non-use of CP*	R36 330	R36 330
• Other joint replacements	R5 910	No co-payment

* Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics 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 OrthoCare Programme has been completed.

***Contracted providers: Must use NHN and ICPS for cataract surgery. Voluntary use of non-Contracted Provider will result in co-payment.

LINKS TO BENEFITS INFO

NEED MORE INFORMATION ON A SPECIFIC FEDHEALTH BENEFIT, PROGRAMME, SERVICE OR PROVIDER?
We've got you covered. For additional information, just click on the relevant Zoom to find out more.

ZOOM on 30-Day Post-Hospitalisation Benefit >
ZOOM on Alignd Serious Illness Benefit >
ZOOM on All about dependants >
ZOOM on Alternatives to Hospitalisation Benefit >
ZOOM on Chronic Medicine Benefit >
ZOOM on the Contraceptive Benefit >
ZOOM on Emergency Assistance >
ZOOM on Emergency Treatment in a Casualty Ward >
ZOOM on the Hospital at Home Benefit >
ZOOM on Maternity & Childhood Benefits >
ZOOM on the MediTaxi Benefit >
ZOOM on the Mental Health Benefit >
ZOOM on the Mental Health Programme >
ZOOM on the Oncology Benefit >
ZOOM on Option Upgrades >
ZOOM on the OrthoCare Spinal Programme>
ZOOM on the Screening Benefit >
ZOOM on Self-Service Channels >
ZOOM on the Selected Procedures Benefit >
ZOOM on the Smoking Cessation Programme >
ZOOM on the Specialised Radiology Benefit >
ZOOM on Specialist Referral >
ZOOM on the Weight Management Programme >

CONTACT US

WEBSITE

fedhealth.co.za

The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.

FAMILY ROOM

Access on the website

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activate the amount of Savings they require, registering for chronic medicine and obtaining hospital authorisations.

LIVECHAT

Access on the website

Members can type in their queries and one of our LiveChat agents will assist them online.

WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number

060 070 2479 as a contact and type 'hi' to start a conversation

AI AGENT NALEDI

Access on the website

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.

MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

Google Play Store, Huawei App Gallery and Apple App Store,

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.

CONTACT DETAILS

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

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

Ambulance Services
Europ Assistance
Tel: 0860 333 432

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

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

Disease Management
Monday to Friday 08h00 – 16h30
Tel: 0860 002 153
Email: membercare@medscheme.co.za

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

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

Fedhealth Paed-IQ 24 hour service
Tel: 0860 444 128

Fraud Hotline
Tel: 0800 112 811

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

MediTaxi
Tel: 0860 333 432 press 5 for the point-to-point service

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

SOS Call Me
Tel: 0860 333 432 press 5 for the point-to-point service

MEDSCHEME CLIENT SERVICE CENTRES

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

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

Bloemfontein
Medical Suites 4 & 5, 1st Floor, Middestad Centre,
Cnr Charles & West Burger Street, Bloemfontein

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

Durban
14/36 Silver Oaks Office Park, Silverton Road, Musgrave, Durban

East London
Unit 5, Balfour Road, Vincent, East London

Johannesburg
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

Kathu
Shop 18D,
Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road,
Kathu

Kimberley
Shop 76, North Cape Mall, Royldene, Kimberley

Klerksdorp
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

Lephalale
Shop 0050A, Lephalale Mall,
cnr Chris Hani Ave & Nelson Mandela Drive, Ellisras Extension 16

Mafikeng
Shop 118, Mega City, East Gallery, Mafikeng

Nelspruit
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive,
Nelspruit

Pietermaritzburg
Shop 32B, Park Lane Shopping Centre,
12 Chief Albert Luthuli Street, Pietermaritzburg

Polokwane
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

Port Elizabeth
78-84 Block 3, 2nd Avenue, Newton Park

Pretoria
Shop 17, Nedbank Plaza, 175 Steve Biko Street, Arcadia

Roodepoort
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof,
Roodepoort

Rustenburg
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

Vereeniging
32 Grey Avenue, Vereeniging

Worcester
45 Church Street, Worcester

CONTACT US

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

FEDHEALTH

Sanlam healthcare partner

Fedhealth Customer Contact Centre 0860 002 153
Corner Ontdekkers Road and Conrad Street, Absa Building Block F,
Florida, 1716 • Private Bag X3045, Randburg 2125

www.fedhealth.co.za