



Fedhealth Oncology Programme

Fedhealth supports cancer patients in their time of need, and diagnosed members are encouraged to register on the Fedhealth Oncology Programme by calling **0860 100 572**. The Scheme offers all members the opportunity to **change to a higher option within 30 days of a life-changing event or diagnosis (not available on myFED)**. This ensures that those with cancer can get access to medication that will help them to remain economically active, with all the support they require to deal with this stressful diagnosis.

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

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

On **myFED**, **flexiFED^{savvy}** and **flexiFED 1**, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On **flexiFED 2**, oncology is covered up to R321 570 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On **flexiFED 3**, oncology is covered up to R360 850 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On **flexiFED 4**, oncology is covered up to R514 570 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

CONTACT DETAILS

For more information, please visit fedhealth.co.za, or use the Fedhealth Family Room, WhatsApp service or Fedhealth Member App. You can also call the Fedhealth Customer Contact Centre on **0860 002 153**.

Disease Management
0860 101 306

Europ Assistance
0860 333 432

MVA Third Party Recovery Department
012 431 9718

Fedhealth Baby
0861 116 016

Specialised medication

Specialised medication is medication that is focused on a defined group of patients, diseases, skills, or philosophy. e.g. biologicals – oncology and non-oncology

- On **maxima EXEC** we cover specialised medicine up to R200 630 per family per year
- On **maxima PLUS** we cover specialised medicine up to R402 500 per family per year

Consultations and visits

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

Pathology

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

Radiology

General radiology

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

Specialised radiology

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

Benefits per Scheme option

Option	In-hospital Benefit	Oncology	Specialised medication benefit	Brachytherapy materials	Applicable protocols	DSP/ preferred provider	Specialised radiology	PET scans	Terminal care	Alternatives to hospitalisation	
										Sub-acute facilities & physical rehabilitation facilities	Nursing services, private nurse practitioners & nursing agencies
maxima PLUS	Unlimited	Unlimited	R402 500	R64 030	Enhanced	ICON - Preferred Provider	Paid from Risk Benefit	2 per member family per year – restricted to staging. R5 670 co-payment for non DSP use	R35 570	Unlimited	Unlimited
maxima EXEC	Unlimited	R643 340	R200 630	R64 030	Core	ICON - Preferred Provider within limit, DSP above limit	Paid from Risk Benefit	2 per member family per year – restricted to staging. R5 670 co-payment for non DSP use	R35 570	Unlimited	Unlimited
flexiFED 4	Unlimited	R514 570	No benefit	R62 100	Essential	ICON - DSP	Paid from Risk Benefit	2 per member family per year – restricted to staging. R5 670 co-payment for non DSP use	R35 570	PMB level of care only	Unlimited
flexiFED 3	Unlimited	R360 850	No benefit	No benefit	Essential	ICON - DSP	Paid from Risk Benefit	2 per member family per year – restricted to staging. R5 670 co-payment for non DSP use	R35 570	PMB level of care only	Unlimited
flexiFED 2	Unlimited	R321 570	No benefit	No benefit	Essential	ICON - DSP	Paid from Risk Benefit	2 per member family per year – restricted to staging. R5 670 co-payment for non DSP use	R35 570	PMB level of care only	Unlimited
flexiFED 1	unlimited	PMBs only	No benefit	No benefit	Essential	ICON - DSP	Paid from Risk Benefit	No benefit, unless PMB level of care, DSP network applicable or a R5 670 co-payment for non DSP use	R35 570	PMB level of care only	Unlimited
flexiFED^{Savvy}	Unlimited	PMBs only	No benefit	No benefit	Essential	ICON - DSP	Paid from Risk Benefit	No benefit, unless PMB level of care, DSP network applicable or a R5 670 co-payment for non DSP use	No Benefit	PMB level of care only	PMB level of care only
myFED	Unlimited	PMBs only	No benefit	No benefit	Essential	ICON - DSP	Paid from Risk Benefit	No benefit, unless PMB level of care, DSP network applicable or a R5 670 co-payment for non DSP use	No Benefit	PMB level of care only	PMB level of care only

PET scans

PET scans are limited to two per family per annum, DSP network applicable or a R5 670 co-payment for non-DSP use will apply. Restricted to staging of malignant tumours. PET scans are paid from the oncology benefit. Applicable to all options except **flexiFED 1**, **flexiFED^{Savvy}** and **myFED**. These options are covered at PMB level of care at a DSP network or a R5 670 co-payment for non-DSP use will apply.

Surgery and Hospitalisation

Claims for surgery and hospitalisation will be paid from the in-hospital benefit, provided that the member obtains a valid authorisation from the Authorisation Centre.

Stoma therapy

Stoma therapy will be paid from Risk. On **maxima PLUS**, stoma therapy will be paid from OHEB first and once depleted, from Risk. Pre-authorisation is not required.

Terminal care and private nursing

Accommodation in a hospice or terminal care facility for the care of patients in terminal stage of life will be covered from the Terminal Care Benefit covered up to R35 570 per family per year (no benefit on **myFED** and **flexiFED^{Savvy}**). Pre-authorisation must be obtained from the Hospital Authorisation Centre. Private nursing will be paid from the Alternatives to Hospitalisation benefit, where this is available.

Post-active treatment

Post-active refers to the time when the member actually had last active treatment (e.g., hormone therapy, chemotherapy or radiotherapy).

“For life” means that the member will remain on the oncology programme as long as the cancer is in remission. Whilst in remission, a list of appropriate consultation, radiology and pathology codes has been defined and claims for these services are automatically paid for life from the oncology benefit. Should the condition regress, the active treatment benefit will be reinstated upon submission of a new treatment plan.



A **Preferred Provider** means that Fedhealth would prefer you to use the ICON network as their treatment protocols are aligned with the Scheme. However, you may still use a service provider of your choice.

A **Designated Service Provider (DSP)** means that you must use the ICON network for oncology treatment.

Oncology reimbursement rate – ICON oncologists will be reimbursed at the ICON rate. Oncologists outside of the ICON network will only be reimbursed at 100% of the Fedhealth Rate regardless of whether care takes place in or out of hospital. Furthermore, where ICON is a DSP, a 25% co-payment will be levied on members who voluntarily elect to make use of a non-ICON doctor.

Other Important Information

- Claims will be paid in accordance with the reference prices defined for each scheme option (e.g. the Fedhealth Rate).
- It is extremely important that any changes made to your treatment plan are communicated to the relevant pre-authorisation team so that your authorisation can be updated. Claims are electronically matched to the authorisation, so failure to adhere to this may result in your claims being paid from the incorrect benefit.

Summary

The table below provides a brief summary of the pre-authorisations required and from which benefit the relevant claims will be paid. Please ensure that you have also read the detail contained above, as this provides valuable additional information.

TREATMENT	PRE-AUTHORISATION	CLAIM PAYABLE FROM
Chemotherapy & associated medicine	Fedhealth Oncology Programme	Oncology Benefit
Radiation Treatment	Fedhealth Oncology Programme	Oncology Benefit
Oncologist Consultations	Not required once treatment plan is submitted & approved	Oncology Benefit
Hospital Visits	Fedhealth Oncology Programme	Oncology Benefit
Pathology	Not required	Oncology Benefit
General Radiology	Not required	Oncology Benefit
Specialised Radiology	Authorisation Centre	Risk Benefit
PET scans	Authorisation Centre	Risk Benefit
Surgery	Authorisation Centre	In-hospital Benefit
Hospitalisation	Authorisation Centre	In-hospital Benefit
Stoma Therapy	Not required	Risk Benefit and OHEB on maxima PLUS
Private Nursing	Authorisation Centre	Alternatives to Hospitalisation Benefit
Terminal Care	Authorisation Centre	Terminal Care Benefit



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 **FEDHEALTH**
 **Sanlam** healthcare partner