

2026

flexiFED Savvy Hospital Plan



 **Sanlam** healthcare partner





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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!

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.

03.

INCLUSIVITY.

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

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.

flexiFED^{Savvy}

HOSPITAL PLAN

OPTION OVERVIEW

flexiFED^{Savvy} is for the younger (under-35), health-conscious, digital generation who want reliable, cost-effective cover with a focus on prevention/ wellness, day-to-day benefits and mainly emergency hospitalisation.

Additional benefits include certain female contraceptives paid from Risk, trauma treatment at a casualty ward, and upgrades any time of year within 30 days of a life-changing event.

On this option, you have the choice to:

- Use your flexiFED^{Savvy} option as a hospital plan, and pay for any day-to-day expenses from your own pocket. However, you also have access to a day-to-day savings back-up plan to cover day-to-day medical expenses. You can only use what you need, and it's all you'll ever pay for – divided into 12 and added to your hospital contribution.
- Use it as a straightforward savings plan and we will make a set pool of funds available for day-to-day expenses that you pay back in equal portions over the year.



KEY FEATURES



UNLIMITED HOSPITALISATION BENEFIT

flexiFED options don't have an overall annual limit on the hospital benefit.



FULL COVER FOR 27 CHRONIC CONDITIONS

All flexiFED options cover chronic medicine in full if the medicine is on the Chronic Disease List formulary.



FULL COVER FOR NETWORK SPECIALISTS IN-HOSPITAL

Specialists who are on the Fedhealth Network are covered in full in-hospital up to 100% of the Fedhealth Rate.



BACK-UP SAVINGS AVAILABLE FOR DAY-TO-DAY EXPENSES

flexiFED members can access back-up day-to-day savings should they need it. They only pay for what they use – over 12 months.



FEMALE CONTRACEPTIVES COVERED ON ALL OPTIONS

Certain female contraceptives are covered on flexiFED options, as long as it's prescribed by a doctor or gynae, and not as an acne treatment.



30-DAY POST-HOSPITALISATION BENEFIT

Following a hospital stay, treatment like physiotherapy, x-rays or pathology is covered by Fedhealth, and not members' day-to-day benefit or own pocket.



UNLIMITED MRI/CT SCANS

We pay for MRI/CT scans whether they're performed in- or out-of-hospital.



SCREENINGS

We cover screenings for general, women's, men's, children's, cardiac and over-40's health, as well as health risk assessments.



TRAUMA TREATMENT IN A CASUALTY WARD

Injuries requiring medical treatment, like stitches, are covered whether the member is admitted to hospital or not.



7 DAYS OF TAKE-HOME MEDICINE

We cover 7 days' supply of take-home medication, to a maximum of R412 per beneficiary per admission, when the member is discharged from hospital.



CHILD RATES UP TO AGE 27

Pay child rates for children up to the age of 27.



ONLY PAY FOR THREE CHILDREN

Fedhealth only charges for three children, fourth and subsequent child dependants are covered for free.

Your flexiFED

HOSPITAL PLAN

Your chosen flexiFED Hospital Plan provides a wide range of benefits to suit your unique health needs and budget.

It offers the peace of mind that the big expenses that could arise from a hospital admission will be covered. Hospital cover is the foundation of any medical aid option. On a hospital plan you need to pay for day-to-day medical expenses, like a pair of glasses, from your own pocket.

	flexiFED Savvy
DAY-TO-DAY BENEFITS	
Optional back-up savings available for additional day-to-day cover	✓
Day-to-day expenses paid from risk	✓
GP Benefits paid from risk from rand 1	✓
SCREENING, WELLNESS AND EXTRA VALUE-ADDED BENEFITS	
Screenings	✓
Female contraceptives	✓
30-day post-hospitalisation benefit	✓
Emergency assistance	✓
MediTaxi service	✓
CHRONIC MEDICINE AND MANAGED CARE	
Chronic medicine benefit for 27 CDL conditions	✓
Chronic medicine benefit for 27 CDL conditions plus additional conditions	✓
ONCOLOGY BENEFIT	
Oncology benefit covered up to PMB level of care	✓
MENTAL HEALTH BENEFIT	
Wellness resources, digital tools, consultations and hospitalisation	✓
IN-HOSPITAL BENEFIT	
Unlimited private hospital cover at a network hospital, day surgery facility, mental health facility	✓
Network GPs and Specialists covered in full	✓



WHAT MAKES THE flexiFED^{Savvy} HOSPITAL PLANS TRULY SPECIAL?

flexiFED^{Savvy} covers members for a range of day-to-day benefits by default – regardless of whether they choose a hospital or a savings plan. These include Fedhealth’s unique benefits (see below) and certain plans offer even more built-in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... at no additional cost to the member.

	flexiFED ^{Savvy}
DAY-TO-DAY BENEFITS PAID FROM RISK	
Trauma treatment in a casualty ward (co-pay for non-PMB)	✓
7 days of take-home medicine	✓
30-day post-hospitalisation benefit	✓
GP visits paid from risk	✓
Optional back-up savings available for additional day-to-day cover	✓
CHRONIC MEDICINE BENEFIT	
Chronic medicine benefit for 27 CDL conditions	✓
Additional chronic conditions	✓
MATERNITY AND CHILDHOOD BENEFITS	
Maternity programme	✓
Antenatal classes, postnatal midwife consults and Doula	✓
Cover for natural deliveries, rental of water baths, epidurals and C-sections	✓
24/7 paediatric telephonic advice line	✓



Upgrade to a higher option
**ANY TIME OF
THE YEAR**

Only Fedhealth lets members upgrade to a higher option any time of the year, as long it’s within 30 days of a life-changing event like pregnancy or serious illness diagnosis. This means members can pay for the cover they need RIGHT NOW, not future ‘what-ifs’.

A back-up plan if members
**DO end up needing
day-to-day savings**

Members who find that they do need day-to-day savings whilst on a flexiFED hospital plan, are sorted. All they need to do is to activate their day-to-day back-up savings a.k.a. Fedhealth Savings. They can only activate what they need, and that’s all they will have to pay for – over 12 months.

The amounts below indicate how much Fedhealth Savings members have available based on their option and family composition. The amount they activate will be divided by 12 and added to their hospital plan contribution.

flexiFED WITH BACK-UP SAVINGS

Annual maximum Back-up Savings that a member can add to their day-to-day cover			
	Principal member	Adult dependant	Child dependant
flexiFED ^{Savvy}	R6 528 for all family types		

flexiFEDSavvy

DAY-TO-DAY BENEFITS

Here’s an overview of the day-to-day benefits available on flexi**FED**^{Savvy}, including the casualty ward benefit and the chronic medication benefit (refer to page 9 for further details).

On flexi**FED**^{Savvy}, day-to-day expenses are either self-funded, or they can be paid from Fedhealth Savings if the member makes use of their available back-up day-to-day savings. See page 4 for information about back-up savings.

BENEFIT	flexiFEDSavvy
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP	2 consultations per family, subject to the 3 face-to-face visits
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded
CASUALTY/ EMERGENCY VISITS	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R880 per visit for non-PMBs applies
BASIC DENTISTRY Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician’s fees for all such surgery.	Self-funded
ADVANCED DENTISTRY inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Self-funded
Osseo-integrated implants, orthognathic surgery	Self-funded
ADDITIONAL MEDICAL SERVICES: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Self-funded
ALTERNATIVE HEALTHCARE: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Self-funded
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS: Hearing aids, wheelchairs, etc.	Self-funded
MEDICINES AND INJECTION MATERIAL	
• Acute medicine	Self-funded
• Chronic medicine	Please see Chronic Medicine Benefit on page 9
• Over-the-counter medicine	Self-funded
OPTICAL BENEFIT	
• Consultations	
• Spectacle lenses	Self-funded
• Frames and/ or lens enhancements	
PATHOLOGY AND MEDICAL TECHNOLOGY	Self-funded
GENERAL RADIOLOGY	Self-funded
SPECIALISED RADIOLOGY Pre-authorisation is required	Self-funded
• Oncology PET and PET/CT scans	
Specified procedures in practitioner’s rooms	Self-funded
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy	Self-funded

* Private nursing that falls outside the alternatives to hospitalisation benefit

flexiFED^{Savvy}

HOSPITAL PLAN CONTRIBUTIONS

Your 4th and subsequent child will be covered free of charge
Fedhealth applies child rates up until age 27

Gross Contributions Starting from*			
	Principal member	Adult dependant	Child dependant
flexiFED ^{Savvy}	R1 155	R1 155	R849

**flexiFED hospital plans also have a nominal savings account so that members joining Fedhealth from other schemes can easily transfer their Medical Savings Account balances to the Scheme. The nominal savings amount is included in the above Gross contributions*

Annual Nominal Savings (included in the Gross Contribution)			
	Principal member	Adult dependant	Child dependant
flexiFED ^{Savvy}	R0	R0	R0

Annual maximum Backup Savings that a member can add to their day-to-day cover			
	Principal member	Adult dependant	Child dependant
flexiFED ^{Savvy}	R6 528 for all family types		

The amount of Backup savings that a member decides to add to their cover will be divided by 12 and added to their gross contribution





SCREENING, WELLNESS AND EXTRA VALUE- ADDED BENEFITS

Apart from a host of screening, preventative and wellness benefits, flexi**FED**^{Savvy} also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.

SCREENING & WELLNESS BENEFIT:

Apart from a host of screening, preventative and wellness benefits, flexi**FED**^{Savvy} also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.

BENEFIT	flexi FED ^{Savvy}
WELLNESS BENEFITS	Benefits aimed to promote early detection and healthier living through age- and gender-specific screenings.
MENTAL WELLNESS	Two virtual mental health consultations per beneficiary at a nominated provider 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	
• HIV finger prick test	All lives; 1 test every year
• Flu vaccination and administration*	All lives; 1 vaccine per beneficiary per annum
• Smoking cessation programme	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc.)
• Cardiac health screening (full lipogram)	No benefit
CHILDREN'S HEALTH	
• Immunisation programme and administration (as per State EPI)*	No benefit
• Infant hearing screening test and consultation**	No benefit
• Vision Screening for Retinopathy of prematurity	Paid from Fedhealth Savings
• Paediatric consultation	Subject to available day-to-day unless PMB level of care
• HPV vaccine and administration Cervarix and Gardasil only*	No benefit
• Child optometry screening Tariff code 11001	No benefit
WOMEN'S HEALTH	
• Cervical cancer screening (Pap smear)	Women aged 21 - 65; 1 test every 3 years
• Cervical cancer screening pharmacy consultation	Women aged 21 - 65; 1 consultation every 3 years
• HPV PCR test	Women; 1 test every 3 years (on HIV programme)
• Contraceptives	Women up to age 55 Oral and certain injectable contraceptives are paid for by the Scheme, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne
• Emergency Contraceptive	Women up to age 55, 1 every year
MEN'S HEALTH	No benefit
ALL OVER 40S HEALTH	
• Breast cancer screening with mammography	
• Colorectal cancer screening (faecal occult blood test)	No benefit
• Pneumococcal vaccination and administration*	
SCREENING BENEFITS	Aimed to prevent illness through early detection via Health Risk Assesments and Weight Management Programme.*
WELLNESS SCREENING	All lives, 1 every year
BMI, blood pressure, finger prick cholesterol and glucose test	
PREVENTATIVE SCREENING	All lives, 1 every year
Waist-to-hip ratio, body fat%, flexibility, posture and fitness	
WEIGHT MANAGEMENT PROGRAMME	No benefit
For full benefit information, how to access or register, applicable DSPs, formularies and protocols, access Zoom on Screening Benefit	
*Combined administration of vaccination benefit limit of 15 per annum per family	
**Add newborns within 30 days	

PLUS, the following support and assistance:

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 for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

MEDITAXI SERVICE

flexiFED 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.

EMERGENCY ASSISTANCE

flexiFED 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. Under 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 can be life-threatening:

		flexi FED Savvy
	LIMIT	Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL) Depression medication - R2 160 per beneficiary per annum subject to an approved list of medications
	FORMULARY	Basic formulary or a 25% co-payment for non-use of formulary medication
	PHARMACY	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP

27 CHRONIC CONDITIONS ON THE CHRONIC DISEASE LIST (CDL) COVERED ON ALL OPTIONS:

Addison’s Disease	Epilepsy
Asthma	Glaucoma
Bipolar Mood Disorder	Haemophilia
Bronchiectasis	HIV
Cardiac Failure	Hyperlipidaemia
Cardiomyopathy	Hypertension
COPD/ Emphysema/ Chronic Bronchitis	Hypothyroidism
Chronic Renal Disease	Multiple Sclerosis
Coronary Artery Disease	Parkinson’s Disease
Crohn’s Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Type-1	Systemic Lupus Erythematosus
Diabetes Mellitus Type-2	Ulcerative Colitis
Dysrhythmias	

Additional condition covered on flexi**FED**Savvy:

Depression



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.

SMOKING CESSATION PROGRAMME

flexi**FED** 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 problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

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.



MENTAL HEALTH COVER

MENTAL HEALTH BENEFIT

Fedhealth recognises that mental health is key to our members’ quality of life, and as such, we offer benefits and programmes on flexi**FED**^{Savvy} to provide members with mental health care and support.

BENEFIT		flexi FED ^{Savvy}
WELLNESS RESOURCES AND DIGITAL TOOLS	Stress and Anxiety Benefit: On flexi FED ^{Savvy} , two virtual consultations per beneficiary which can be used via any virtual mental health platform. 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 admissions 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 virtual consultations per beneficiary. 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia, acute stress disorder, and substance abuse as per PMB entitlement Additional consults paid from available Fedhealth Savings.	
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS	Covered under PMBs for qualifying conditions. Depression Medication: R2 160 per beneficiary per annum subject to approved list of medication	
MENTAL HEALTH PROGRAMME	No access to programme.	
PSYCHIATRIC HOSPITALISATION	Subject to PMB level of care up to 21 days admission per beneficiary (see above)	



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 , and as such we aim to provide relief through benefits like the Alignd Palliative Care Programme, as well as the Terminal Care benefit to members and their families.

ONCOLOGY BENEFIT

On flexi**FED**^{Savvy} 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.

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.

flexi FED ^{Savvy}	
BENEFIT	All limits are per family per year unless otherwise specified
ONCOLOGY LIMIT The use of non-DSP will attract a 25% upfront co-payment	Covered up to PMB level of care
• Active treatment period	Covered up to PMB level of care. ICON Essential Protocols apply
• Oncology and oncology medicine	Covered up to PMB level of care. ICON Essential Protocols apply 25% co-payment applicable for medication not obtained from DSP
• Radiology and pathology	Covered up to PMB level of care
• PET and PET-CT	No benefit, unless PMB level of care, DSP Network applicable or a R5 670 co-payment for non-DSP use
• Specialised drugs for oncology	No benefit unless PMB level of care
• Brachytherapy materials	No benefit
TERMINAL CARE	No benefit unless PMB level of care

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 problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.



MATERNITY AND CHILDHOOD BENEFITS

flexi**FED**^{Savvy} 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 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 16 to see benefits related to maternity confinement in-hospital.



MATERNITY BENEFITS

BENEFIT		flexiFED ^{Savvy}
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, as well as post-birth. 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	Paid from available Fedhealth Savings
	• Antenatal scans	Paid from available Fedhealth Savings
	• Amniocentesis	Paid from available Fedhealth Savings
	• Antenatal classes	Paid from available Fedhealth Savings
	BIRTH-RELATED BENEFITS	
	• Private ward cover	No benefit.
	• Doula benefit	
	• Post-natal midwifery benefit	Paid from available Fedhealth Savings
POST-BIRTH AND CHILDHOOD BENEFITS	POST-BIRTH BENEFITS	
	• Postnatal (or antenatal) consultations	Subject to available Fedhealth Savings
	• Vision screening for retinopathy of prematurity	Paid From available Fedhealth Savings on flexiFED ^{Savvy}
	• Infant hearing screening test	
	• Paediatric consultation	Subject to available day-to-day unless PMB level of care
	• Online post-birth lactation and breastfeeding consultations	No benefit.
	• Appliances	
	CHILD CARE	
	• Immunisation programme and administration* (as per State EPI)	No benefit.
	• HPV vaccine and administration*	No benefit.
	• Childhood illness specialised drug benefit	No benefit.
	• Optical screening	No benefit.
	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 fourth and subsequent children for free	



UNLIMITED HOSPITAL COVER

flexi**FED**^{Savvy}, 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. Limited to R2 580 per beneficiary per year on flexi**FED**^{Savvy}
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- Members must use the **Fedhealth Hospital Network** or pay a co-payment on the hospital account, depending on the option.
- **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		flexi FED Savvy
OVERALL ANNUAL LIMIT		No overall annual limit
HOSPITAL NETWORK		
Acute Hospital Facilities:		flexi FED Savvy Hospital Network
Day Surgery Facilities:		flexi FED Savvy Day Surgery Facilities Network
Mental Health Facilities:		Fedhealth Mental Health Facilities Network
HOSPITAL LIMIT		Unlimited
PRESCRIBED MINIMUM BENEFITS (PMB) Treatment for PMB conditions can be funded in two ways		To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more
HOSPITALISATION Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items		Unlimited at Fedhealth flexi FED Savvy Network Hospitals
Hospital co-payment for non-network hospital		30% co-payment on voluntary use of non-network hospitals. R2 710 co-payment on voluntary use of non-network day surgery facilities. 30% co-payment on voluntary use of non-network mental health facilities 15% co-payment on voluntary use of non-Network Hospitals for Rehabilitation for substance abuse.
CONFINEMENT		
Maternity confinement Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus.		Unlimited at PMB level of care Elective Caesarean sections subject to a R9 330 co-payment
Private ward cover		No benefit
Delivery by Fedhealth Network GPs and specialists		Covered in full up to the Fedhealth Rate
Delivery by non-network GPs and specialists		100% of the Fedhealth Rate, subject to a combined limit of R2 580 for GPs and Specialist consultations.
Maternity confinement in a registered birthing unit or out-of-hospital		Unlimited at PMB level of care
Delivery by a registered midwife/ nurse or a practitioner		Unlimited at PMB level of care
Hire of water bath and oxygen cylinder		Unlimited at PMB level of care
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
FEDHEALTH BABY PROGRAMME		All members enjoy access to the Fedhealth Baby Programme, with benefits depending on the member's flexi FED option. Included are a free baby bag with products, vouchers and advice.
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling		No benefit
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation		Unlimited at cost at PMB level of care
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms		Self-funded
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		Up to 7 days supply to a maximum of R412 per beneficiary per admission
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities		
Nursing services, private nurse practitioners & nursing agencies		Unlimited at cost at PMB level of care
Sub-acute facilities, physical rehabilitation facilities		Unlimited at cost at PMB level of care
Terminal Care Benefit		No benefit unless PMB level of care

BENEFIT	
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	
• General medical and surgical appliances (including glucometers)	Self-funded unless PMB level of care
• Hearing aids including repairs	Self-funded unless PMB level of care
• Large orthopaedic orthotics/ appliances	Self-funded unless PMB level of care
• Stoma products	Self-funded unless PMB level of care
• CPAP apparatus for sleep apnoea	Self-funded unless PMB level of care
• Foot orthotics (incl. shoes and foot inserts/ levellers)	Self-funded unless PMB level of care
• Oxygen therapy equipment	No benefit unless PMB level of care
• Home ventilators	Self-funded unless PMB level of care
• Long leg callipers	Self-funded unless PMB level of care
• Moon boots	No benefit unless PMB level of care
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	
Including transportation of blood	Unlimited
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER	
• Fedhealth Network GPs and Specialists	Covered in full
• Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 580 per family
• Other Healthcare Practitioners	Covered up to the Fedhealth Rate
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION	
Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care
• Corneal grafts	No benefit
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited
PHYSIOTHERAPY	
In-hospital physiotherapy requires pre-authorisation and referral by a medical practitioner. Subject to treatment protocols	Unlimited
PROSTHESES AND DEVICES INTERNAL	
• Aorta stent grafts	Unlimited at cost at PMB level of care
• Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	Unlimited at cost at PMB level of care
• Cardiac pacemakers, cardiac stents, cardiac valves	Unlimited at cost at PMB level of care
• Detachable platinum coils	Unlimited at cost at PMB level of care
• Elbow, hip, knee and shoulder replacement	Unlimited at cost at PMB level of care
• Total ankle replacement	No benefit
• Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care
• Intraocular lenses – non-cataract (per lens)	Unlimited at cost at PMB level of care
* Combined benefit limit for all unlisted internal prosthesis	Unlimited at cost at PMB level of care
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care
GENERAL RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY	Unlimited at cost at PMB level of care
• 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% co-payment 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	Unlimited at cost at PMB level of care
NON-SURGICAL PROCEDURES AND TESTS	
Specified non-surgical procedures in practitioner’s rooms	No benefit from risk, paid from day-to-day
HIV/ AIDS	
Hospitalisation, anti-retroviral and related medication and related pathology	Unlimited at cost at PMB level of care

PROCEDURE CO-PAYMENTS

	flexiFED ^{Savvy}
Bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/excision	No benefit unless PMB level of care
All open hernia surgery	No benefit unless PMB level of care
Arthroscopic procedures – shoulder, ankle	No benefit unless PMB level of care
Arthroscopic procedures: wrist	No benefit
Arthroscopic procedures: hip	No benefit
Arthroscopic procedures: knee	No benefit unless PMB level of care
Other arthroscopic procedures	No benefit unless PMB level of care
Back & neck procedures	No benefit unless PMB level of care
Cataract surgery (Voluntary use of non-contract providers)*** Not applicable to all Elect options - Voluntary use of non-network facility will result in a R15 950 co-payment for Elect options.	No benefit unless PMB level of care
Colonoscopy, upper GI endoscopy	No benefit unless PMB level of care
Dental admissions	No benefit
Inguinal hernia surgery	No benefit unless PMB level of care
JOINT REPLACEMENTS	
• Single hip and knee replacements with CP*	No benefit
• Single hip and knee replacements-non-use of CP*	No benefit
• Other joint replacements	No benefit
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	No benefit unless PMB level of care
Laparoscopic varicocelectomy	No benefit unless PMB level of care
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit
Spinal surgery**	No benefit unless PMB level of care
Surgical extraction of impacted wisdom teeth	No benefit unless PMB level of care
Varicose vein procedures	No benefit unless PMB level of care

* 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 [Maternity & Childhood Benefits](#) >

ZOOM on [the Fedhealth Baby Programme](#) >

ZOOM on [GP Nomination](#) >

ZOOM on [the Hospital at Home Benefit](#) >

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](#) >



HOW TO GUIDE

01 Getting started

Upon joining Fedhealth, you will receive:

A welcome email

- Download the Fedhealth Member App and register on the Fedhealth Family Room to view your underwriting or penalties on your membership certificate.

Download your e-card

- Download your e-card from the Fedhealth Fedhealth Member App, Family Room or WhatsApp service on **+27 60 070 2479**.
- 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 from the Google Play or iStore. See the next page for more info.



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:

- Your e-card
- Documents such as your membership and tax certificates
- Viewing and submitting claims

02 Getting in touch with us

The option you've chosen, flexi**FED**^{Savvy}, is driven by digital technology. You have access to multiple digital channels to manage your membership.



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 LiveChat when you cannot find the answer on our digital platforms

Access the Fedhealth Family Room via fedhealth.co.za and register by following 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.

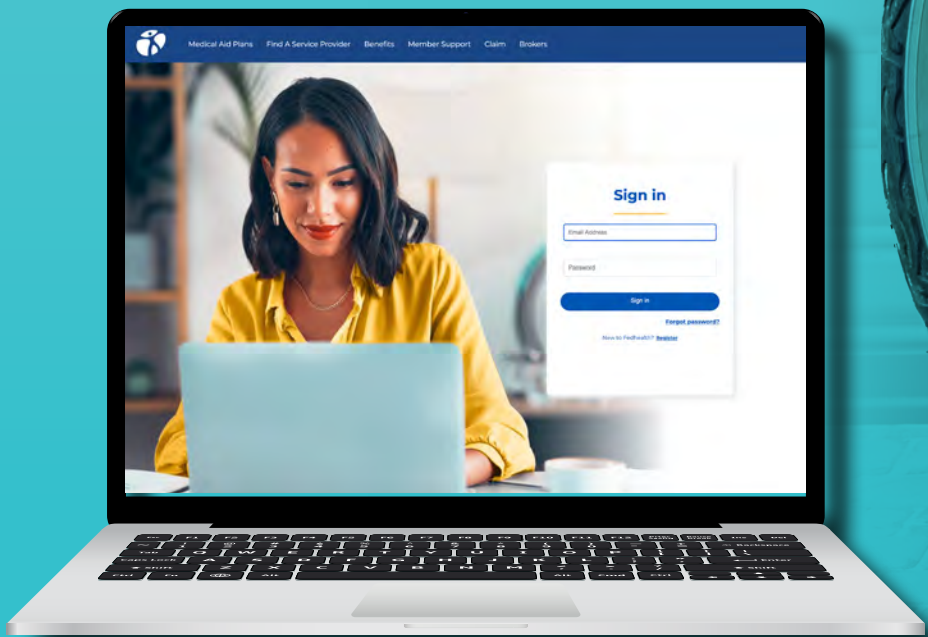
On the app, you can:

- 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



Naledi

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



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 Arrear billing, please note that a minimum of a 1 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.

04 Activating your Fedhealth Savings

There are vrious 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, you can proceed to transfer

If you've already activated your Fedhealth Savings, follow these steps to transfer funds:

- Dial ***134*999*membershipnumber#**
- Follow the prompts on the screen
- You can transfer amounts:
 - In increments of R600, or
 - The entire Fedhealth Savings amount at once, or
 - Transfer what's remaining.

You can action multiple transfers, 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 transfer. These transactions will be active immediately without additional transactions needed.

3

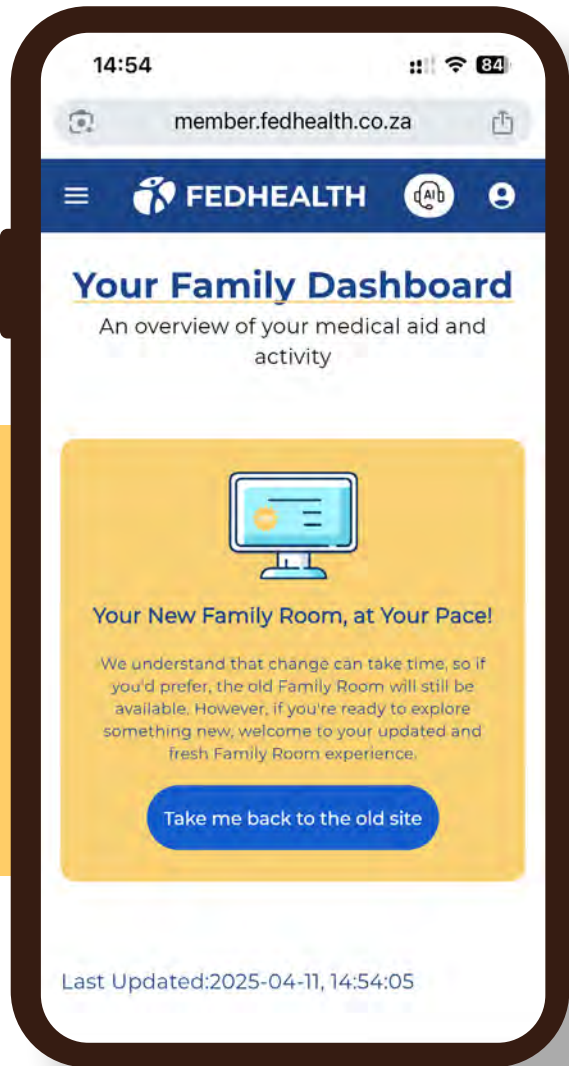
Fedhealth Member App

You can also activate your Fedhealth Savings and transfer funds 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 the Money Matters tab.



How is the Fedhealth Savings instalment paid back?

Your Fedhealth Savings instalment will be included in your monthly contribution, so you will only have one monthly debit order.



05 Finding network providers in your area

You need to use Fedhealth Network Providers.

We use the following 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.

06 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



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

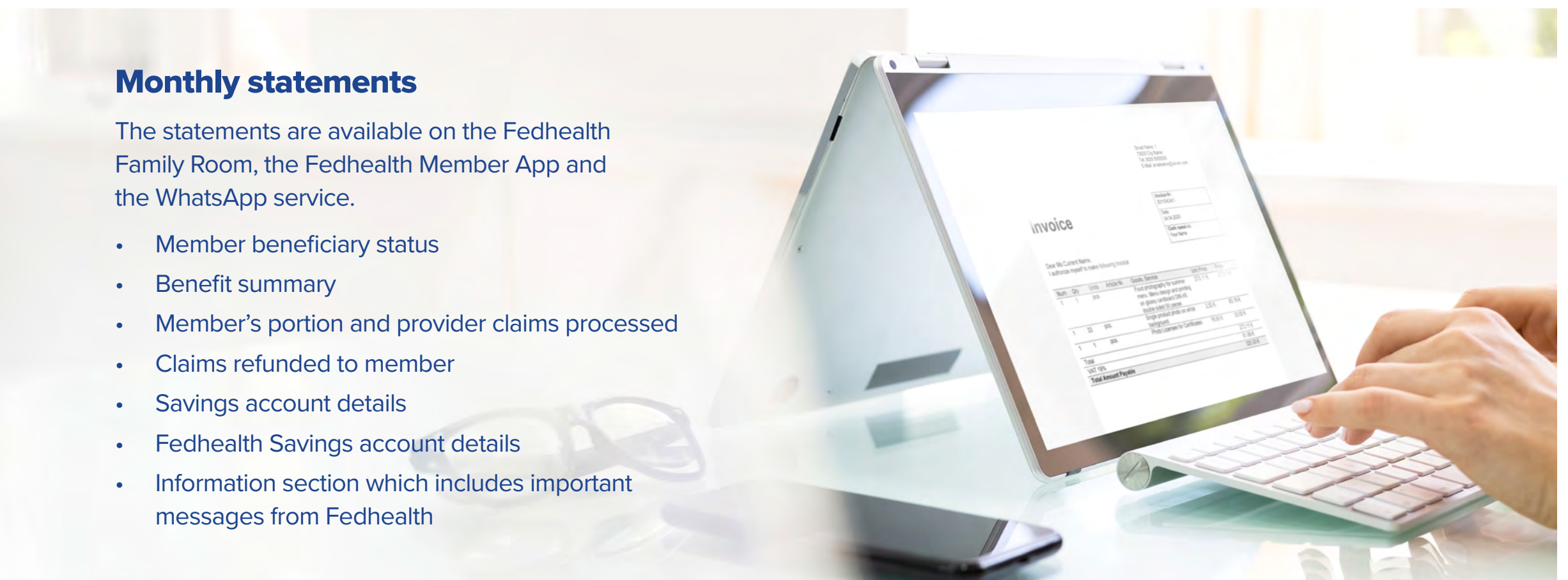


When submitting a claim, please ensure that your copy is clear and easy to read. We cannot complete the claim process if any of this is unclear or not available.

Monthly statements

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

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





07 How to get authorisation for a hospital event

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:

- Submitting the request on the Fedhealth Family Room or the Fedhealth Member App.

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

08 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**.

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

09 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 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.

Use the Fedhealth Family Room to 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

10 Getting authorisation for MRI and CT scans

Fedhealth covers specialised radiology like MRI and CT scans in-hospital up to PMB level of care, and out-of-hospital subject to day-to-day benefits unless it's PMB. Get in touch with us via the Fedhealth Member App or the Fedhealth Family Room.





11 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 treatment for a fracture, 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.

- **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 9 (hospital authorisation) would be required.



12 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

- **Fedhealth Family Room:** Go to www.fedhealth.co.za to access the Fedhealth Family Room. Simply click on "Authorisations > Request Pre-Authorisation" then select "Chronic Pre-Authorisation" and complete the form.
- **Fedhealth Member App:** Open the app, click on "Authorisations > Request Pre-Authorisation" 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 Chronic Medicine Management (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 Authorisations> Chronic Authorisations> submit. You can also request Authorisation on the Fedhealth Family Room and Fedhealth Member App. 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.

To check which medicine is available in your condition's basket, please check on WhatsApp or LiveChat.

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.



Non-use of DSPs are subject to a 25% co-payment.

You will also need to register with these pharmacies in order for them to dispense and deliver medicine.

13 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 have 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 DSP pharmacy.

You can register using the **Fedhealth Family Room, WhatsApp and LiveChat.**



14 Registering on the Fedhealth Oncology Programme (cancer)

On diagnosis of cancer, it is important that you register on the Fedhealth Oncology Programme. Your treating doctor can call them on **0860 100 572** to register. The programme aims to help your doctor to ensure the best cancer treatment and support for you. Changes that are needed in your oncology treatment plan need to be given to Oncology Disease Management as soon as possible. Submit your treatment plan on the Fedhealth Family Room.

15 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**.

16 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.



17 How to register on the Fedhealth Baby Programme

Fedhealth offers a great baby programme for parents-to-be who are members of the Scheme.

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.



18 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



19 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**.

20 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**.



21 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, visit the Fedhealth Family Room, go to ‘Manage Membership’ and then add or remove dependants. The Fedhealth Member App is also available to add and remove dependants. We have to receive changes to your membership by no later than the 15th of the month to become effective from the 1st of that month. If a company pays your medical aid contribution, you must tell 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. However, your child needs to be financially dependent on you.

Adding a newborn baby

For babies to be covered on Fedhealth from birth, you must register them within 30 days of their birth for them to be registered from birth using the Fedhealth Family Room, broker portal and corporate portal. Fedhealth does not charge for the baby for the month in which the baby is born. Third generation babies (your adult child dependant’s baby) will not be covered from date of birth and will be subject to normal underwriting.

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

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 and 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. You can use the Fedhealth Family Room, Fedhealth Member App, broker portal and corporate portal to update your option. 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.

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



22 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.

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.



23 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.



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



01.

Call directly on toll-free number 0800 112 811

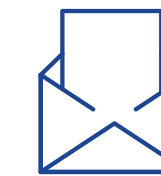
Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.



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.

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.



LIVECHAT

Access on the website

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



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.



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.



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



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

Quero 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 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

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.
For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.