2026

myFED

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.

myFED OPTION OVERVIEW

The salary-banded myFED option is designed to take care of entry-level corporate employees' health, as they make their way in the working world.

myFED members can look forward to:

- Unlimited hospitalisation at myFED network hospitals
- Unlimited contracted nominated GP visits
- Screening benefit that includes health and wellness screenings

DAY-TO-DAY BENEFITS FROM RISK
We provide solid day-to-day benefits on myFED like unlimited contracted network GP visits.

SCREENING BENEFIT, WELLNESS AND EXTRA VALUE-ADDED BENEFITS
We pay for lifestyle screenings, wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.

CHRONIC DISEASE BENEFIT
Members are covered for conditions on the Chronic Disease List (CDL). This is covered in full up to the Medicine Price List if the member uses medicine on the basic formulary. The following DSP pharmacies must be used: Clicks Courier, Dis-Chem Courier and Pharmacy Direct.

MATERNITY BENEFIT
PLUS, additional value-added benefits like the myFED Baby Programme, oral and injectable contraceptives (acute formulary) and the Fedhealth Nurse Line.

IN-HOSPITAL BENEFIT
No overall annual limit for hospitalisation at network hospitals.

myFED CONTRIBUTIONS

HIGHEST HOUSEHOLD INCOME PER MONTH	MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
R1 - R11 063	R1 719	R1 719	R779
R11 064 - R15 617	R1 971	R1 971	R931
R15 618 - R21 651	R2 453	R2 453	R966
R21 652+	R4 052	R4 052	R1 281

* Up to a maximum of three children.
Fedhealth charges child rates for children up to the age of 27.

myFED
DAY-TO-DAY BENEFITS

Here's an overview of the day-to-day benefits available on my**FED**, including the casualty ward benefit and the chronic medication benefit (refer to page 6 for further details).

BENEFIT	
NOMINATED CONTRACTED GENERAL PRACTITIONERS (GP) CONSULTATIONS AND VISITS Use of the my**FED** General Practitioner Network applies	Unlimited at nominated my**FED** contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 my**FED** contracted GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 my**FED** contracted GP consultations per beneficiary for non-nominated GPs allowed per year
NON-CONTRACTED GENERAL PRACTITIONER CONSULTATIONS When you have not consulted a contracted GP	Up to 2 GP consultations per beneficiary for non-contracted GPs allowed per year
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Fedhealth Specialist Network applies	2 specialist consultations and treatment up to R2 220 per family per year. Must be referred by contracted GP. No GP referral will attract a 40% upfront co-payment
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS	No benefit
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 within two working days. A co-payment of R880 per visit for non-PMBs applies.
BASIC DENTISTRY Removal of teeth and roots and suturing of traumatic wounds. Oral medical procedures: diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry	Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. Plastic dentures limited to one set per beneficiary every two years
MEDICINES AND INJECTION MATERIAL	
• Acute medicine – dispensing GP	Unlimited at dispensing nominated contracted GP
• Acute medicine – non-dispensing medical practitioner (e.g. Fedhealth Network Specialists, GPs and Dentists)	Unlimited, subject to acute formulary for all medical practitioners
• Chronic medicine	Please see Chronic Medicine Benefit on page 6
• Over-the-counter medicine	No benefit
OPTICAL BENEFIT	
• Subject to ISO Leso Network Optometrists	This benefit is available in a two-year benefit cycle per beneficiary
• Consultations	1 comprehensive consultation
• Spectacle lenses	1 pair of single vision clear CR39 lenses or 1 pair of clear CR39 bifocal lenses
• Frames and/or lens enhancements	Frame to the value of R230 or R230 off any other frame
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by contracted medical practitioner
GENERAL RADIOLOGY	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by a contracted medical practitioner
SPECIALISED RADIOLOGY	No benefit
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	Covered in full, limited to a list of approved procedures by a nominated General Practitioner.
MENTAL HEALTH Consultations	See GP benefit. Limited to 2 mental health consultations per beneficiary at a nominated my**FED** a contracted GP

SCREENING, WELLNESS AND EXTRA VALUE-ADDED BENEFITS

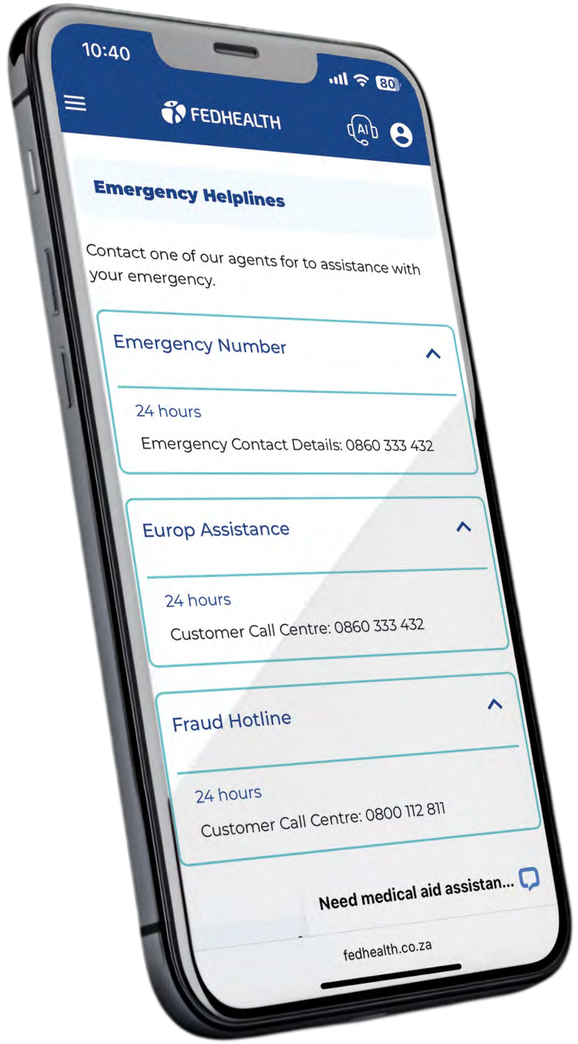
Apart from a host of screening, preventative and wellness benefits, my**FED** also offers members additional benefits like MediTaxi, emergency assistance including the 24-hour Fedhealth Nurse Line.

SCREENING & WELLNESS BENEFIT:

BENEFIT	
GENERAL	
• Flu vaccination and administration*	All lives 1 every year
• HIV finger prick test	All lives 1 every year
• Smoking cessation programme	1 GoSmokeFree enrolment every year (face-to-face and virtual excluding patches, medicines etc.)
MEN'S HEALTH	
• Prostate Specific Antigen (PSA)	Men; ages 45 to 69; 1 test every year
WOMEN'S HEALTH	
• Contraceptives	Female contraception: 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 benefit	Women under the age of 55; 1 every year
HEALTH RISK ASSESSMENTS	
• Wellness screening	BMI, blood pressure, finger prick cholesterol & glucose tests; All lives 1 every year
• Preventative screening	Waist-to-hip ratio, body fat %, flexibility, posture & fitness; All lives 1 every year
CHILDREN'S HEALTH	
• Infant hearing screening test and consultation	Birth up to 8 weeks of age; 1 test per beneficiary

** Combined administration of vaccination benefit limit of 15 per family per year*

EXTRA VALUE-ADDED BENEFITS



MEDITAXI SERVICE

my**FED** 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

my**FED** 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 can be life-threatening:

LIMIT	FORMULARY	PHARMACY
Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL)	Basic formulary or a 25% co-payment for non-use of formulary medication	Clicks Courier, Dis-Chem Courier and Pharmacy Direct, with a 25% co-payment for utilisation of a non-DSP

CHRONIC CONDITIONS ON THE CHRONIC DISEASE LIST (CDL):

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

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 on how to manage the condition.

GOSMOKEFREE SMOKING CESSATION PROGRAMME

my**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.

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.

ONCOLOGY BENEFIT

On myFED, oncology cover is 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.

BENEFIT	
ONCOLOGY	
• The use of non-DSP will attract a 25% upfront co-payment	Covered up to PMB level of care at Designated Service Provider
• Oncology and oncology medicine	Covered up to PMB level of care. ICON Essential 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	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
• Brachytherapy materials	No benefit

MATERNITY AND CHILDHOOD BENEFITS

myFED members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children's early years, which include for example, the myFED Baby Programme, infant hearing screening and the Paed-IQ advice line.

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

Please refer to page 10 to see benefits related to maternity confinement in-hospital.

MATERNITY BENEFIT

BENEFIT	All limits are per family per year unless otherwise specified
ANTENATAL CONSULTATIONS	Ante- and postnatal consultations with a nominated myFED contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to two myFED contracted GPs
POSTNATAL MIDWIFE CONSULTATIONS	4 x post-natal midwife consultations per event, in- and out-of-hospital
PREGNANCY RELATED SCANS AND TESTS	Ultrasound as per radiology benefit; Pathology tests subject to pathology benefit

CHILDHOOD BENEFIT

BENEFIT	
PAED-IQ	Free access to a 24/7 paediatric telephonic advice line
INFANT HEARING SCREENING TEST AND CONSULTATION	Birth up to 8 weeks of age; 1 test per beneficiary
CHILD RATES UP TO THE AGE OF 27 FOR CHILD DEPENDANTS	

UNLIMITED HOSPITAL COVER

myFED, 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 up to a limit of R2 730 per family per year.
- **Selected procedures in day wards and day clinics** on the my**FED** Day Surgery Network.
- Members must use the my**FED Hospital Network** or pay a co-payment on the hospital account.
- **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 40% co-payment on specialist claims paid from the Risk benefit.

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). 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.

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). 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.

Voluntary use of non-network hospital	30% co-payment
Voluntary use of non-network day surgery facility	R2 710
Voluntary use of non-network mental health facilities	30% co-payment
Cataract surgery: Voluntary use of non-contracted providers	R7 750
Elective Caesarean sections	R15 950

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	All limits are per family per year unless otherwise specified
OVERALL ANNUAL LIMIT	No overall annual limit
HOSPITAL NETWORK	my**FED** hospital 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. Hospital admissions will require a referral from a Network GP and pre-authorisation	Unlimited at Fedhealth my**FED** Network Hospitals. 30% co-payment on voluntary use of non-network hospitals will apply R2 710 co-payment on voluntary use of non-network day surgery facilities will apply 30% co-payment on voluntary use of non-network mental health facilities will apply 25% co-payment on voluntary use of non-network substance abuse facilities
SURGICAL PROCEDURES	
• Hospital admissions will require a referral from a General Practitioner as well as pre-authorisation	Unlimited at cost at PMB level of care
• Cataract surgery	Subject to a R7 750 co-payment on voluntary use of non-contracted provider
• Elective Caesarean	Subject to a R15 950 co-payment
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	Covered in full, limited to a list of approved procedures by a contracted my**FED** General Practitioner
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 the MPL*. Limited to 7 days supply of medication up to a maximum of R412 per hospital event
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities. Does not include Hospice	Unlimited at cost at PMB level of care
• Terminal Care Benefit	No benefit unless PMB level of care
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	
• Subject to PMB and managed care protocols if deemed clinically appropriate	No benefit unless PMB level of care
• General medical and surgical appliances (including glucometers)	No benefit unless PMB level of care
• Hearing aids, including repairs	No benefit unless PMB level of care
• Large orthopaedic, orthotics/appliances	No benefit unless PMB level of care
• Stoma products	No benefit unless PMB level of care
• CPAP apparatus for sleep apnoea	No benefit unless PMB level of care
• Foot orthotics (incl. shoes and foot inserts/levellers)	No benefit unless PMB level of care
• Oxygen therapy equipment	No benefit unless PMB level of care
• Home ventilators	No benefit unless PMB level of care
• Long leg callipers	No benefit unless PMB level of care
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited

BENEFIT	All limits are per family per year unless otherwise specified
MATERNITY	
• Confinement in hospital Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. Hospital admissions will require a referral from a GP and pre-authorisation	Unlimited at PMB level of care. Elective Caesarean sections subject to a R15 950 co-payment
• Delivery by Fedhealth Network GPs and Specialists	Covered in full at negotiated rate
• Delivery by non-network GPs and specialists	Covered up to the Fedhealth Rate. Limited to R2 730 per family per year
• Confinement in a registered birthing unit or out-of-hospital	Unlimited at PMB level of care. Elective Caesarean sections subject to a R15 950 co-payment
• 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.	Up to the MPL*. Limited to 7 days supply of medication up to a maximum of R412 per hospital event
CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER Hospital admissions will require a referral from a GP and pre-authorisation. A 40% co-payment applies on the specialist account if no referral is received from a GP	
• Fedhealth Network GPs and Specialists	Covered in full
• Non-Network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 730 per family per year
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	Unlimited at cost at PMB level of care
PROSTHESES AND DEVICES INTERNAL	Unlimited at cost at PMB level of care
PROSTHESES EXTERNAL	Unlimited at cost at PMB level of care
GENERAL RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY	R15 500 per family per year
• CT scans, MUGA scans, MRI scans, Radio Isotope studies	Specific authorisation required
CHRONIC RENAL DIALYSIS 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 at designated service provider. A 40% co-payment applies where a DSP provider is not used
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms	Covered in full, limited to a list of approved procedures by a contracted GP
MENTAL HEALTH	
In-hospital consultations and visits, procedures, assessments, therapy, treatment and/or counselling. Hospital admissions will require a referral from a GP and pre-authorisation	Unlimited at cost at PMB level of care at a my**FED** mental health network facility, 30% co-payment on voluntary use of non-network mental health facilities will apply
• Rehabilitation for substance abuse	Limited to one rehabilitation programme per beneficiary per year at PMB level of care at a myFED substance abuse network facility, 25% co-payment on voluntary use of non-network substance abuse facilities will apply
IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION	
Hospitalisation, anti-retroviral and related medication, and related pathology	Unlimited at cost at PMB level of care
• HPV PCR test	Women aged 21 to 65; 1 test every 5 years

MPL - Medicine Price List

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 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 GP Nomination >
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 my**FED** Basic Dentistry Benefit >
ZOOM on the my**FED** General Practitioner Codes >
ZOOM on the my**FED** Radiology and Pathology Codes >
ZOOM on the Oncology Benefit >
ZOOM on the Screening Benefit >
ZOOM on Self-Service Channels >
ZOOM on the Smoking Cessation Programme >

HOW TO GUIDE

01 Getting started

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

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

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

See the next page for more info.

02 Getting in touch with us

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

Here are the various service channels you can use:

Fedhealth Family Room

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

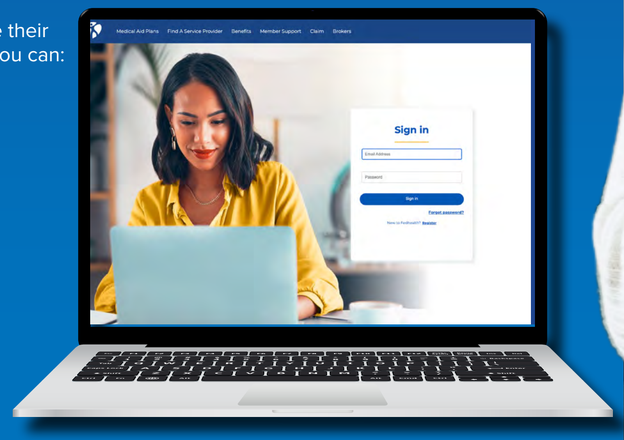
- Manage every aspect of your membership like submitting claims and obtaining pre-authorisations.
- Access the LiveChat functionality to have your medical aid questions answered during office hours without having to phone us. You can also get hospital and chronic disease authorisations using LiveChat.

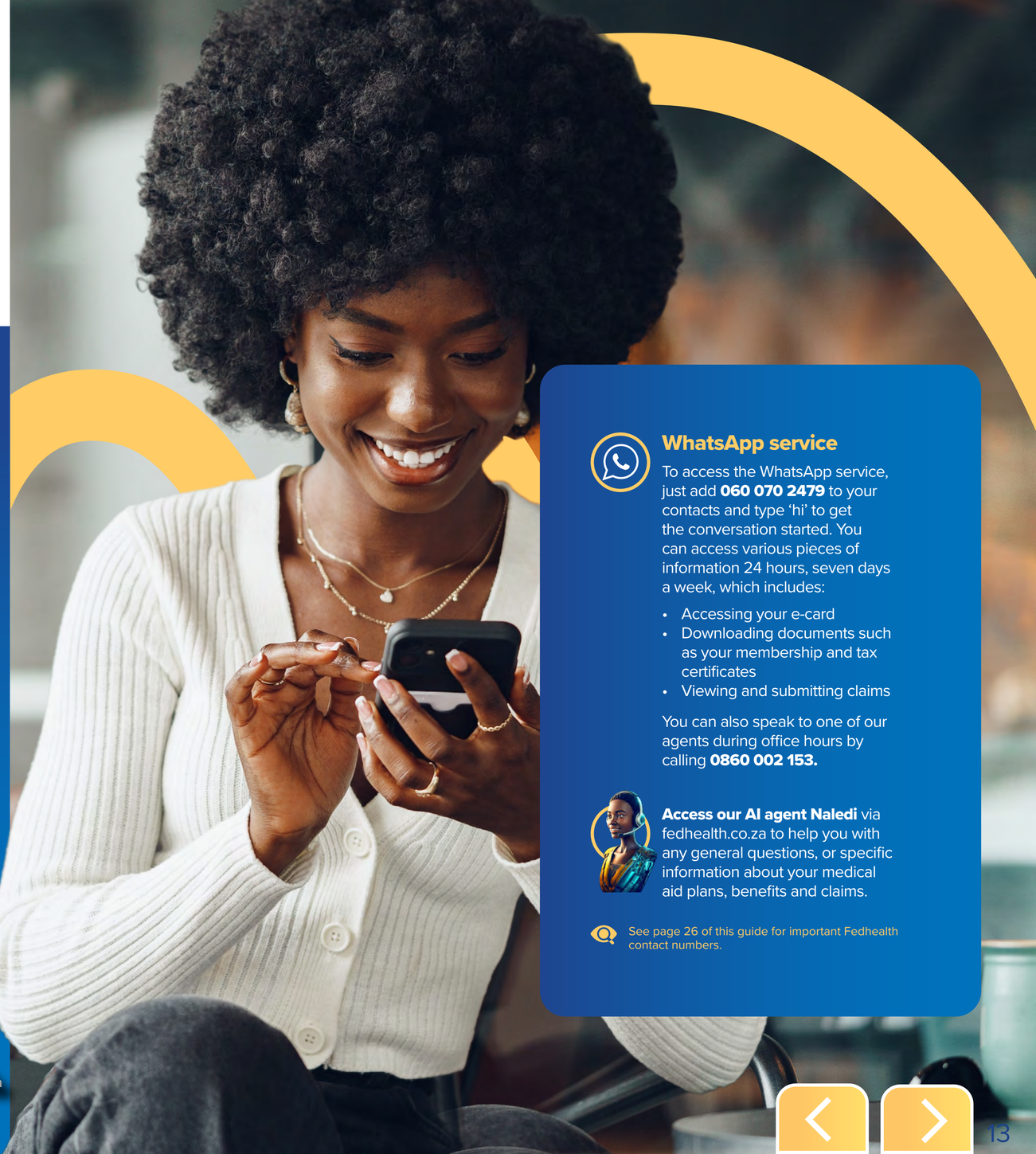
Access the Fedhealth Family Room via fedhealth.co.za and register by following all the prompts to enjoy all the great features.

Fedhealth Member App

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

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





WhatsApp service

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

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

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

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

See page 26 of this guide for important Fedhealth contact numbers.

03 Paying your monthly contribution

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

Payment of contributions

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

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

Our bank details

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

Arrears billing

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

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

Advanced billing

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

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

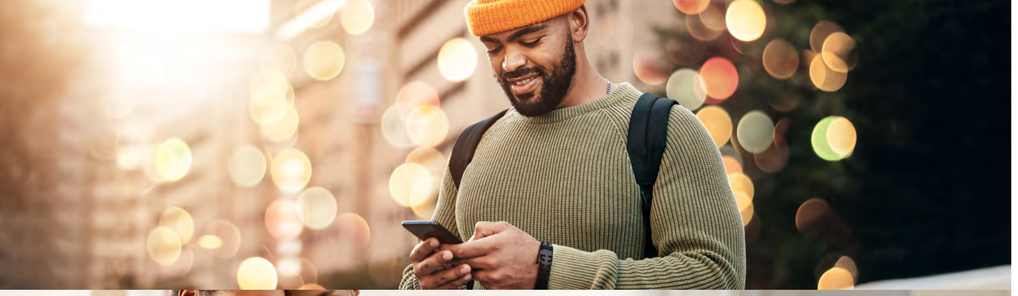
04 Finding network providers in your area

On my**FED**, you need to use Fedhealth Network Providers.

We use the following networks:

- my**FED** GP Network
- my**FED** Hospital Network
- 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.



05 Nominating your preferred GP

You need to nominate a GP on my**FED.**

What you need to know about nominating a preferred GP:

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

How do you nominate your GP?

1. Fedhealth Family Room

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

2. WhatsApp Chat, Fedhealth Member App Chat or LiveChat

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

3. Phone the Fedhealth Customer Contact Centre

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

4. Email

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

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

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

Specialist referral number

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

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
- Email claims@fedhealth.co.za

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

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

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

Monthly statements

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

The statements include:

- Member beneficiary status
- Benefit summary
- Member's portion and provider claims processed
- Claims refunded to member
- 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:

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

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

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.**

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

Fedhealth covers specialised radiology like MRI and CT scans from Risk when the member is in hospital. There is a limit of R15 500 per family per year on your option and you have to obtain authorisation first to have this paid from Risk. Call **0860 002 153,** email us at **authorisations@fedhealth.co.za** or get in touch via the Fedhealth Member App or the Fedhealth Family Room.* No benefit for day-to-day specialised radiology on my**FED**.

10 Getting authorisation for a visit to the casualty ward

Claims will be paid from Risk if:

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

A co-payment of R880 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.

In an emergency, you must get an authorisation number from us within two working days after going to hospital, or you will have to pay a penalty of R1 000.

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

11 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.

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

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

STEP 3

Get a response right away

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

STEP 4

Receive a communication with your approved medication

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

Treatment guidelines

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

If there is a co-payment on your medicine

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

We will approve a chronic condition, not individual chronic medications

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

You can view the approved medication for your condition in the Fedhealth Family Room and on the Fedhealth Member App. Simply click on Authorisations> Chronic Authorisations and select the beneficiary you wish to view. 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.

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

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

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

14 Registering on the Oncology Disease Management Programme (cancer)

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

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:

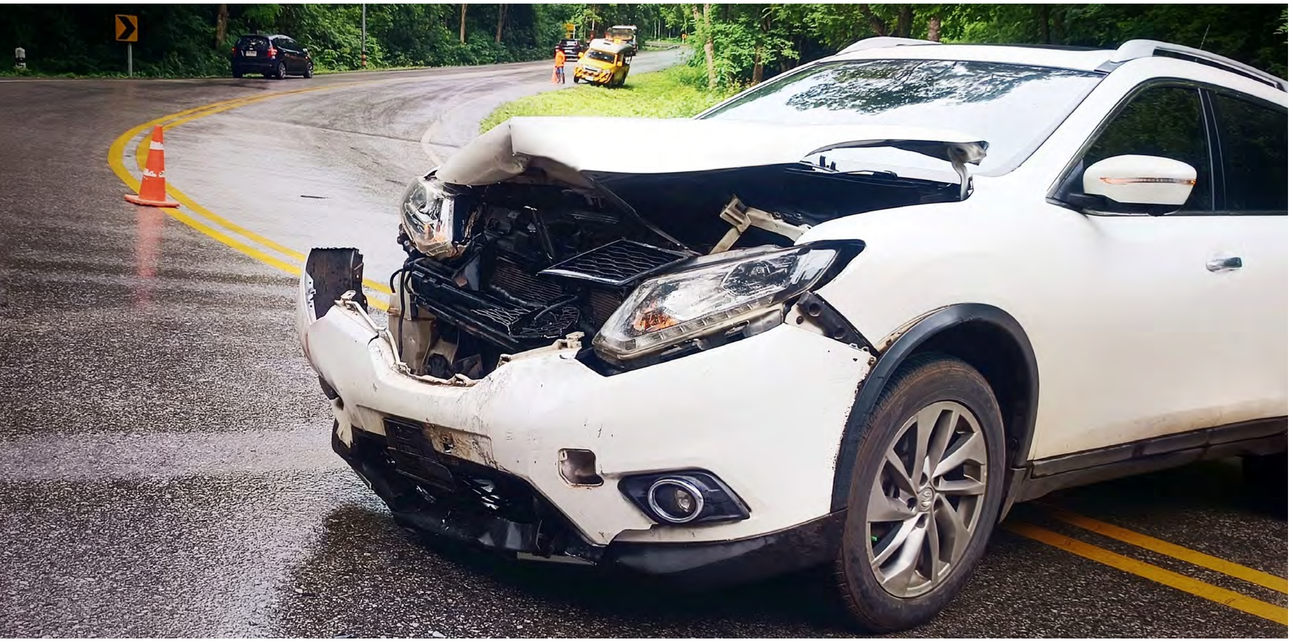
- Anti-retrovirals and related medicines
- Post-exposure preventative medicine
- Preventative medicine for mother-to-child transmission
- Post-exposure preventative medicine after rape

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 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



18 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.**

19 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.**

20 Making changes to your membership

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

Adding or removing dependants

Only the principal member can add or remove dependants.

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

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

Who can be registered as a dependant?

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

Child rates up to 27

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

Adding a newborn baby

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

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

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

Dependant reviews

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

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

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

Year-end renewal change of option

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

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

21 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.

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.

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

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

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

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

FEDHEALTH

Sanlam healthcare partner

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

01.

Call directly on toll-free number 0800 112 811

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

02.

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

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

04.

Email to information@whistleblowing.co.za

Send an email of your report privately to Whistle Blowers.

03.

Report online on www.whistleblowing.co.za

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

05.

Download and use the Whistle Blowers app

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

Remember, reports can be made anonymously or in confidence.

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 09h00 – 16h00
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

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