FEDHEALTH

Sanlam preferred healthcare provider



Increase for family with effect from 1 January 2027: **0%**

Changes in benefit limits

- **NEW:** The Mental Health Programme has been extended to sure**FED**Plus, improving access to mental health support both in- and out-of-hospital
- Mental health in-hospital benefit **increased** from R10 000 to R10 390 per family per annum
- Oncology **increased** from R250 000 to R259 750
- Internal prosthesis limit **increased** from R1 220 too R1 270 per family
- Specialised radiology in-hospital: **increased** from R14 090 to R14 640 per family. Co-payment on non-PMB Specialised radiology **increased** from R2 500 to R2 600
- Additional Services benefit in- and out-of-hospital: **increased** from R3 000 to R3 120 per family per annum – subject to a combined benefit limit with Physical Therapy and subject to the Annual Day-to-Day Benefit
- Terminal care benefit **increased** from R35 570 to R36 960 per family
- **No change** to organ transplants benefit, renal dialysis benefit, external prosthesis
- Chronic disease benefit limits, conditions covered, designated service providers and formulary **remain unchanged.** Co-payment for non-use of formulary medication and non-use of DSP **remain unchanged**
- Depression medication benefit **increased** from R2 400 to R2 490 per beneficiary per year
- Medicine on discharge from hospital (TTO) **increased** from R412 to R428 per beneficiary per admission

Annual day-to-day benefit

sure**FED**Plus	2026	2027
M:	R7 000	R7 272
M+1:	R10 000	R10 392
M+2:	R12 000	R12 468
M+2+:	R13 000	R13 512

sure**FED**Plus 2027 Contributions

Member	Adult dependant	Child dependant
R3 565	R3 115	R999



- **D2D+ benefit: Day-to-day rewards (D2D+ benefit):** By completing a Health Risk Assessment and downloading the Fedhealth Member App, sureFEDPlus members will activate the **D2D+ benefit** and unlock **R3 380 in additional day-to-day benefits** for GP and specialist consultations, prescribed medication, basic dentistry and more. Claims paid from the **D2D+ benefit** won't accumulate to Threshold
- Mental health consults – out-of-hospital: **increased** from R5 000 to R5 200 per family per annum
- Network specialist day-to-day benefit **increased** from 2 consultations and procedures subject to a maximum total rand amount of R2 500 per family to R2 600 per family
- Acute medicine benefit **increased** from R1 500 to R1 560 per beneficiary, the Member +1 + maximum family limit **increased** from R3 000 to R3 120
- Pharmacy Advised Therapy **increased** from R600 per beneficiary to a family limit of R1 500 per annum to R623 per beneficiary to a family limit of R1 560 per annum - subject to the Routine Medicine benefit
- Pathology **increased** from R2 000 per family per annum to R2 080 per family per annum - subject to a combined benefit limit with General Radiology and subject to the Annual Day-to-Day Benefit
- General radiology **increased** from R2 000 per family per annum to R2 080 per family per annum - subject to a combined benefit limit with pathology and subject to the Annual Day-to-Day Benefit
- Basic dentistry benefit **increased** from R3 500 per family to R3 640 per family. Once benefit is depleted, subject to Annual Day-to-Day Benefit
- Advanced dentistry benefit **increased** from R3 500 per family to R3 640 per family. Once benefit is depleted, subject to Annual Day-to-Day Benefit
- Optometry benefit: consultation with a non-contracted optometrist **increased** from R420 to R436 per beneficiary. Frames benefit **increased** from R795 to R826 per beneficiary every two years. Frames benefit with a non-contracted optometrist **increased** from R500 to R520 per beneficiary. Lenses benefit: Single vision lenses (clear) with a non-contracted optometrist **increased** from R220 to R229 per beneficiary; Bifocal lenses (clear) with a non-contracted optometrist increased from R480 to R500 per beneficiary; Multifocal lenses with a contracted and non-contracted optometrist **increased** from R900 to R935 per designer lens.
- Physical therapy benefit out-of-hospital: **increased** from R3 000 to R3 120 per family per annum – subject to a combined benefit limit with additional medical services and subject to the Annual Day-to-Day Benefit
- Alternative healthcare benefit in- and out-of-hospital: **increased** from R3 000 to R3 120 per family per annum – subject to a combined benefit limit with physical therapy and subject to the Annual Day-to-Day Benefit
- Antenatal classes **increased** from R1 200 to R1 250

- Co-payment on non-use of DSP for PET and PET/CT scans **increased** from R5 670 to R5 890
- Co-payment for elective caesarean **increased** from R2 500 to R2 600
- Co-payment on trauma treatment in a casualty ward **increased** from R880 to R910
- Co-payment for voluntary use of non-network acute hospitals, non-network day surgery facilities and non-network mental health facilities **remains unchanged:** 30%
- Co-payment for voluntary use of non-network hospitals for rehabilitation for substance abuse **remains unchanged:** 25%