FEDHEALTH

Sanlam preferred healthcare provider



hospital flexiFED 4 GUIDE

flexiFED 4 HOSPITAL PLAN // **2027**

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Why choose Fedhealth?

PROTECT YOUR **HEALTH**

90-YEAR LEGACY

With 90 years of experience, you can be confident that you're choosing a scheme trusted by generations of South Africans.

A DIVERSE RANGE OF PLANS FOR ALL SOUTH AFRICANS

Our diverse plan range caters to every need and budget.

WIDE-RANGING BENEFITS AND DYNAMIC NETWORK COVERAGE

All Fedhealth plans offer unlimited hospital cover, as well as various out-of-hospital benefits. Our network plans offer extensive coverage.

PERSONALISED CARE AND HEALTH ENGAGEMENT

Helping you get the right care, at the right time, and the right place.

FRIENDLY AND INTELLIGENT CUSTOMER SERVICE

Dedicated service consultants and smart, digital platforms to support you.

INVEST IN YOUR **FUTURE**

GROW YOUR WEALTH

Health Boosted WealthBonus
Fedhealth members enjoy a **15% boost** to their **Sanlam WealthBonus** on qualifying Sanlam products.

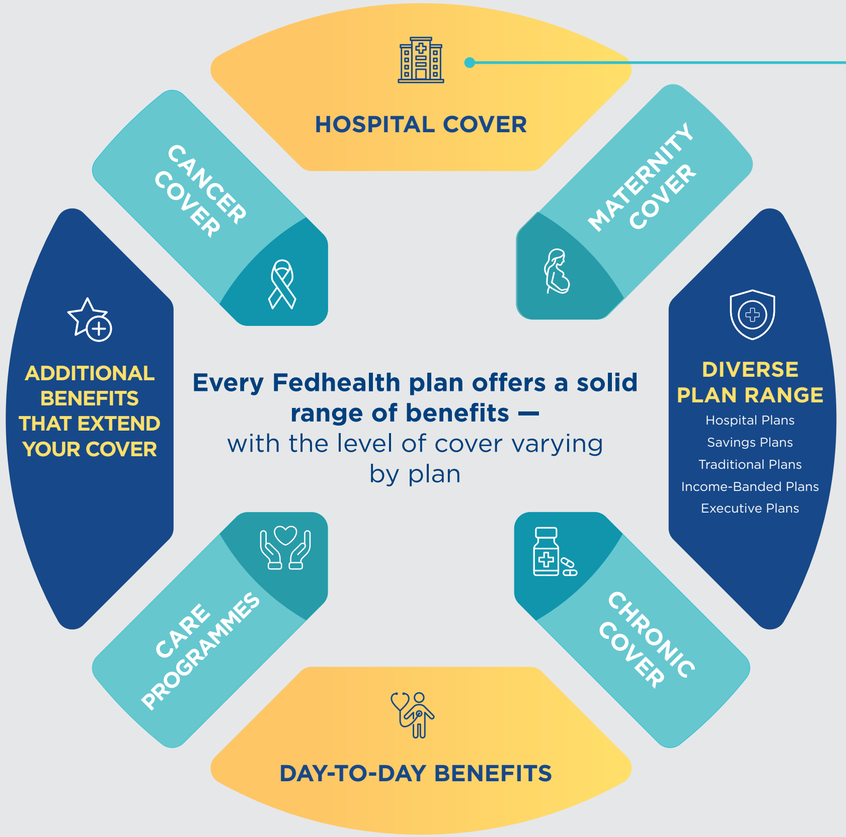
GET REWARDS

Earn rewards through simple health engagement.

Sanlam



Protect your health with plans that offer **wide-ranging benefits & dynamic network coverage**



PERSONALISED CARE AND ENGAGEMENT

Screen | Prevent | Support

Dynamic networks to suit your preference when it comes to hospitalisation

UNLIMITED HOSPITAL COVER AT PRIVATE HOSPITALS

FREEDOM OF CHOICE TO USE ANY PRIVATE HOSPITAL

Available on: flexiFED 4

AFFORDABLE COVER ON NETWORK PLANS

Available on: flexiFED 4GRID

Extensive network coverage across South Africa

Representation across all major hospital groups*

MEDICLINIC GROUP · NETCARE · NATIONAL HOSPITAL NETWORK · Life Healthcare

*Plan dependent

Members on GRID options can save 10% on their monthly contribution

Available on: flexiFED 4GRID

Protect your health: flexiFED 4 Hospital Plan overview

		flexiFED 4 GRID Hospital Plan	flexiFED 4 Hospital Plan
Monthly contribution	**Principal Member**	R6 733	R7 515
	Adult Dependant	R6 157	R6 859
	Child Dependant	R2 029	R2 260
Day-to-day benefit	Annual D2D+	R4 680	
	Additional benefits	Unlimited network GP consults	
		Unlimited MRI/CT scans	
		Unlimited Above-threshold benefit (ATB) once submitted out-of-pocket expenses reach Threshold	
Maternity	**During pregnancy**	✓	
	Hospital birth cover	✓	✓ Including private ward cover
	Post-birth benefit	✓	
	Infant & childcare	✓	
Chronic benefits	**27 PMB conditions**	✓	
	Additional conditions	Depression + 18 Conditions	
Cancer		R534 640	
Mental health	**Consultations**	21 days for admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder	
		Mental health Programme	
	Psychiatric hospitalisation	✓ R56 000 pf	
Hospital cover	**Level of cover**	Additional Non-PMB admissions 271 PMB admissions	
	Use network facilities for planned procedures	✓ | Any hospital	

HOSPITAL PLANS

AVAILABLE ON ALL PLANS

- Child rates up to age 27
- Only pay for first 3 children
- Screening benefits
- Wellness benefits
- Preventative benefits
- 30-day post-hospitalisation benefit
- Trauma treatment in a casualty ward
- Maternity Programme (excl. Savvy)
- Upgrade to a higher plan within 30 days of a life-changing event

D2D+ BENEFIT

We reward your smart health choices with R4 680 in extra day-to-day benefits.

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, flexi**FED 4** members can unlock an extra amount of R4 680 to use for day-to-day medical expenses. These expenses will first be covered by your D2D+ benefit up to the Fedhealth Rate once it is activated. After this benefit is exhausted, any remaining expenses will be paid from your day-to-day benefits:

- **GP consultations**
- **Specialist consultations**
- **Basic dentistry**
- **Prescribed medication**
- **Pathology**
- **General radiology**

flexi**FED 4**	R4 680

Please note that D2D+ Rand amounts listed are annual family amounts.

Threshold Benefit

The Threshold Benefit on flexi**FED 4** offers additional cover for certain day-to-day expenses.

The benefit is unlocked by submitting out-of-pocket expenses for day-to-day expenses not already covered on your plan.

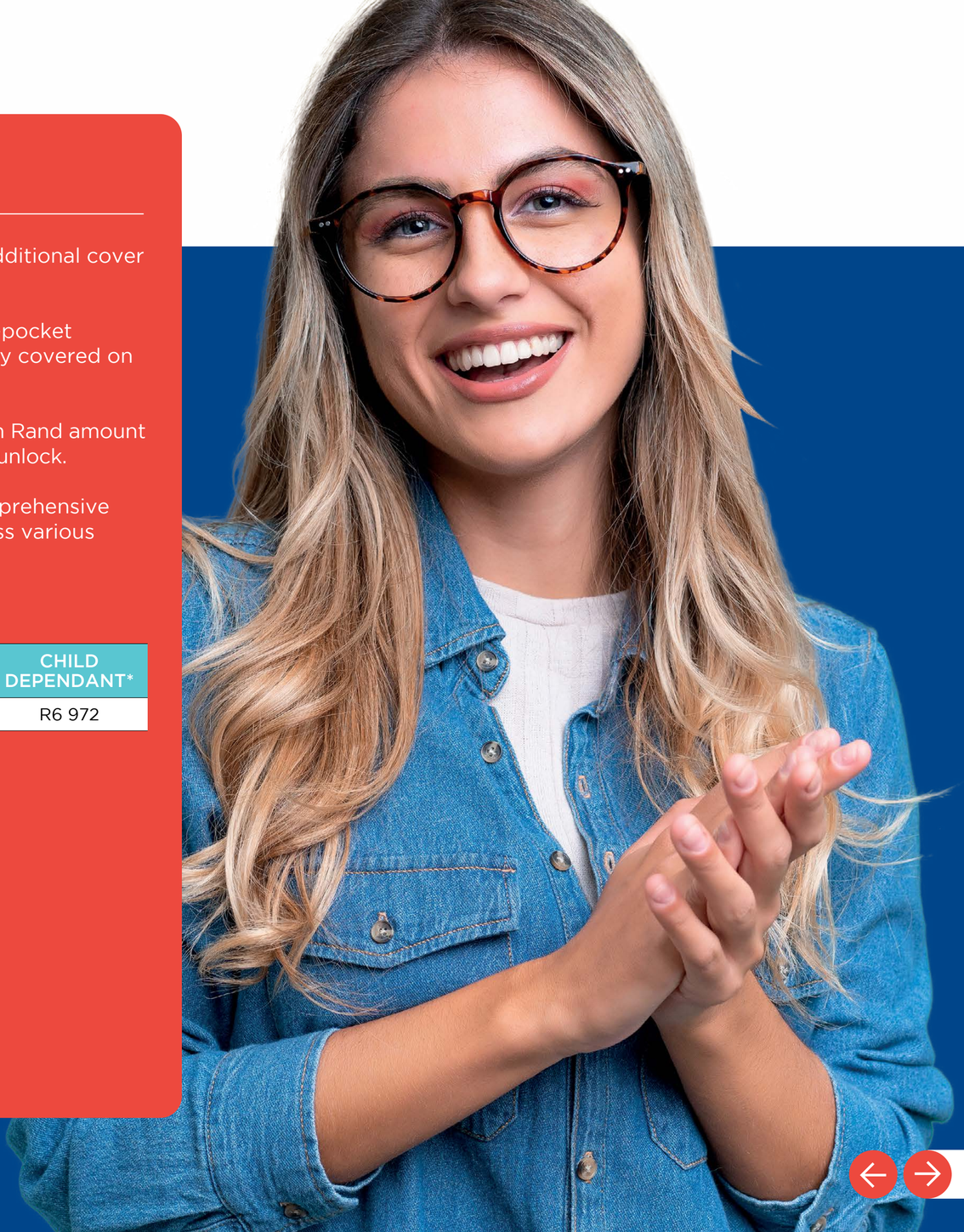
Once your submitted expenses reach a certain Rand amount ('Threshold level'), your threshold benefit will unlock.

The Threshold Benefit on flexi**FED 4** is a comprehensive benefit that pays for additional services across various benefit categories.

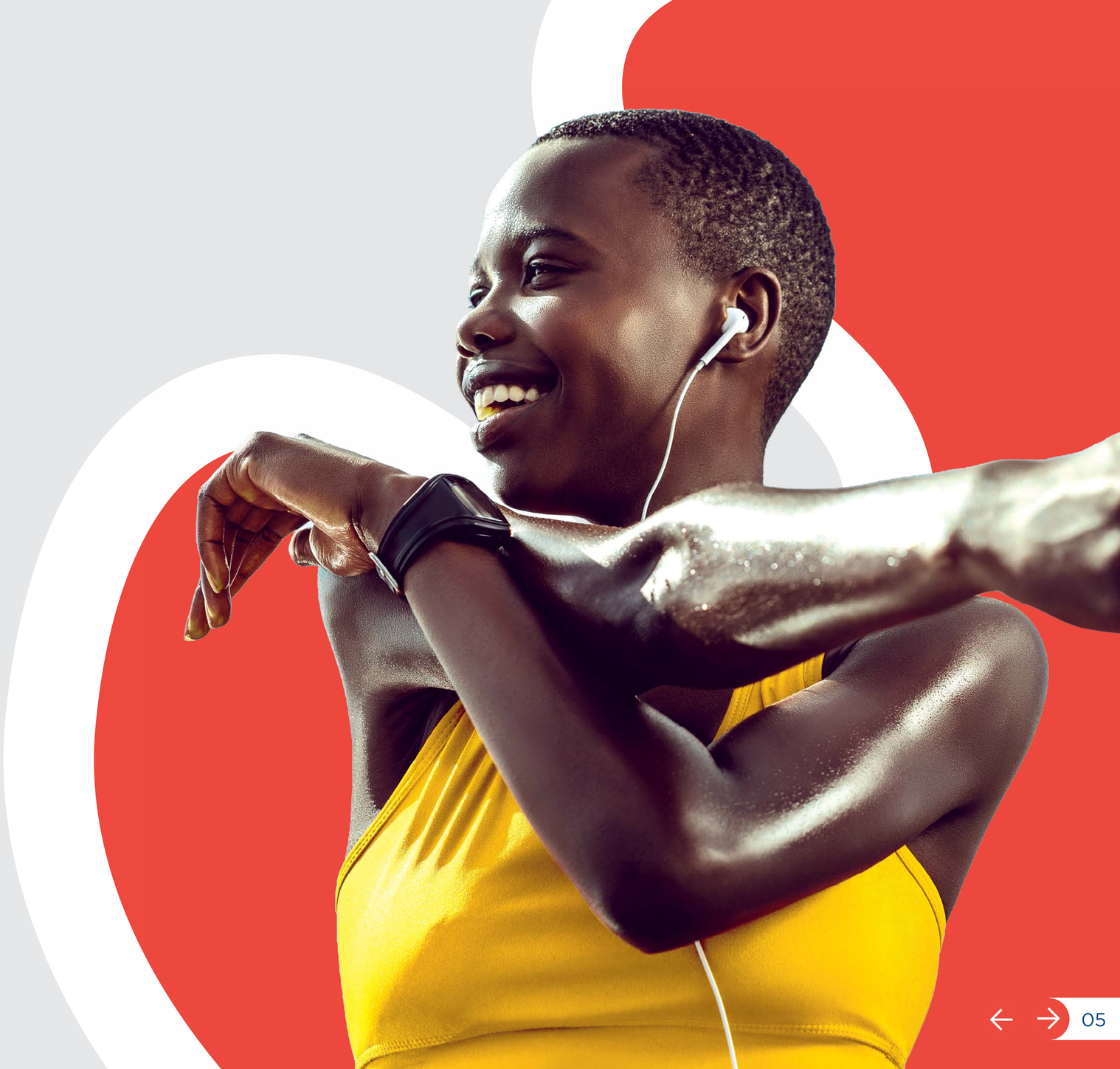
Threshold levels on flexi**FED 4 hospital plan**

	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT*
flexi**FED 4**	R23 184	R21 156	R6 972

NOTE: *Claims accumulate at scheme rate on flexi**FED 4**.*
**Up to a maximum of three children*



Screening, wellness and extra value-added benefits



Screening & Wellness Benefit

For full benefit information, how to access or register, applicable DSPs, formularies and protocols, click here to access **ZOOM on Screening Benefit.**

BENEFIT	Benefit criteria	Quantity and frequency	flexi**FED 4**
WELLNESS BENEFITS			
MENTAL WELLNESS			
Mental health consultations			Two mental health consultations per beneficiary at a nominated network GP before and after Threshold
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 every year	✔
Smoking cessation programme	All lives	1 GoSmokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc)	✔
Cardiac health screening (full lipogram)	All lives aged 20 and older.	1 test every 5 years	✔

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

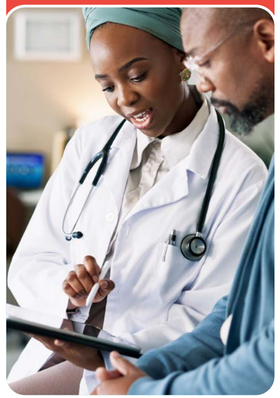
BENEFIT	Benefit criteria	Quantity and frequency	flexiFED 4
CHILDREN'S HEALTH			
RSV vaccination administered during pregnancy to protect infants against severe RSV-related lower respiratory tract disease from birth to 6 months	Pregnant women	Once per lifetime.	✔
Immunisation Programme* (as per State EPI)	Birth to age 12		✔
Infant hearing screening test and consultation**	Birth up to 8 weeks of age	1 per newborn beneficiary	✔
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	✔
Paediatric consultation	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	✔
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9-16	Two doses per lifetime	✔
Child optometry screening (tariff code 11001)	All children aged 5-8	1 Child Optometry Screening per lifetime	✔
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 aged 21 to 65	1 test every 5 years	✔
Contraceptives	Women up to age 55	Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. It must, however, be prescribed by a GP or gynaecologist and is not applicable to non-contraceptive treatment (e.g. pills prescribed for acne.)	✔
		Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years	✔
Emergency oral contraceptive benefit	Women up to age 55	1 every year	✔

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

BENEFIT	Benefit criteria	Quantity and frequency	flexiFED 4
MEN'S HEALTH			
Prostate Specific Antigen (PSA)	Men Aged 45-69	1 test every year	✔
ALL OVER 40s HEALTH			
Breast cancer screening with mammography	All lives aged 40 and older	1 every 2 years	✔
Colorectal cancer screening (faecal occult blood test)	All lives aged 50-75	1 every year	✔
Pneumococcal vaccination and administration*	All lives aged 65 and older	2 per lifetime	✔
HEALTH RISK ASSESSMENTS			
Wellness screening (BMI, blood pressure, finger prick cholesterol and glucose tests)	All lives	1 every year	✔
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture and fitness)	All lives	1 every year	✔
Weight management programme	Limited to 1 qualifying enrolment per beneficiary per annum.	2 Psychotherapy consultations 2 Dietician consultations 2 GP consultations 12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions) Pathology tests (1 Insulin fasting test, 1 TSH/T4 test, 1 Lipogram test, 1 Glucose test, 1 Total cholesterol test)	✔

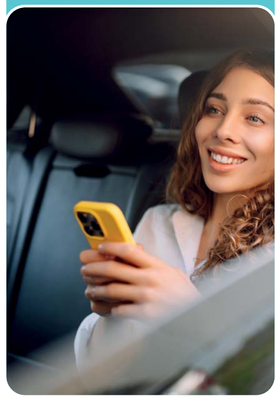
PLUS, the following support and assistance:

30-day Post-hospitalisation benefit



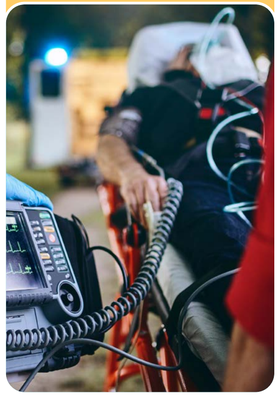
Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Risk. This includes post-hospital treatment for physiotherapy, 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



flexi**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



flexi**FED** members can bank on the following assistance in emergency medical situations:

Emergency Medical Benefit: Azoza 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 is 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.

Click here to access **ZOOM on 30-day Post-hospitalisation Benefit.**

Click here to access **ZOOM on Weight Management Programme Benefit.**

Click here to access **ZOOM on MediTaxi Service.**

Click here to access **ZOOM on Emergency Assistance**

flexiFED
Day-to-Day Benefits

Here's an overview of the day-to-day benefits available on flexi**FED**, including the casualty ward benefit and the chronic medication benefit (refer to page 17 – 18 for further details).

On flexi**FED**, 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 up to cost, and from available D2D+ benefits up to the Fedhealth Rate. See page 34 for information about Back-up Savings and page 4 for information about D2D+ benefits.

Click here to access **ZOOM on D2D+ Benefits.**

BENEFIT	flexi**FED 4**
NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS	**Pre Threshold:** Consultations with a Network GP will be paid from Risk from Rand one (these consultations do not accumulate to Threshold). On flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect}, you also need to nominate a network GP. Each beneficiary can nominate up to 2 Network GPs on flexi**FED 4**^{GRID} and flexi**FED 4**^{Elect}. **Mental health:** In-network, Fedhealth will pay for two mental health consultations per beneficiary with a network GP – before and after Threshold. **In Threshold:** Unlimited Network GP benefit. Consultations will be subject to a 20% co-payment in Threshold.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted your network GP.	**Pre Threshold:** Consultations with an out-of-network GP will be self-funded or paid from available D2D+ benefits at the Fedhealth Rate and accumulate at the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. **Mental health consultations out-of-network:** Self-funded and will accumulate to Threshold. **In Threshold:** Limit of 2 consultations with an out-of-network GP per beneficiary paid from Threshold. Thereafter, consultations with a non-network GP will be self-funded. **Mental health:** Consultations with a non- network GP will not be paid from Threshold, but will be self-funded.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Self-funded accumulates at the Fedhealth Rate, but if paid from D2D+, no accumulation. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered at cost with 20% co-payment if GP referral not obtained.
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS (excluding psychiatrists)	Self-funded or paid from available D2D+ benefits at Fedhealth Rate Accumulates up to the Fedhealth Rate. Claims paid from D2D+ do not accumulate to Threshold. Once in Threshold, covered up to the Fedhealth Rate with 20% co-payment if GP referral not obtained.
NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% copayment if GP referral not obtained.

BENEFIT	flexiFED 4
NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS Psychiatrists	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year before and after Threshold. 20% co-payment if GP referral not obtained.
TRAUMA TREATMENT IN A CASUALTY WARD	Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R910 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 or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
ADVANCED DENTISTRY Inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians.	Self-funded. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R8 860 per beneficiary per year • R26 460 per family per year • 20% co-payment applies in Threshold
Osseo-integrated implants, orthognathic surgery.	Self-funded. Does not accumulate to or pay from Threshold.
ADDITIONAL MEDICAL SERVICES Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	**In and out-of-hospital:** Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. 20% co-payment applies in Threshold.
ALTERNATIVE HEALTHCARE Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Self-funded. Does not accumulate to or pay from Threshold.
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS Hearing aids, wheelchairs, etc.	**In and out-of-hospital:** Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year. (R5 210 sub-limit per beneficiary for foot orthotics).
MEDICINES AND INJECTION MATERIAL	
Acute medicine	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate. The following limits apply before and after Threshold: • R6 780 per beneficiary per year • R13 680 per family per year • 20% co-payment applies in Threshold
Chronic medicine	Please see Chronic Medicine Benefit on page 18
Over-the-counter medicine	Self-funded. Does not accumulate to or pay from Threshold.
Specialised Drugs (oncology/non-oncology)	R30 000 per family for the treatment of macular degeneration.

BENEFIT	flexiFED 4
OPTICAL BENEFIT	
Consultations Spectacle lenses Frames and/or lens enhancements	Self-funded. Accumulation to and refund from Threshold up to the Fedhealth Rate. The following limits apply before and after Threshold: • R4 010 per beneficiary per year. • R12 210 per family per year. • 20% co-payment applies in Threshold.
PATHOLOGY AND MEDICAL TECHNOLOGY	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
GENERAL RADIOLOGY	Self-funded or paid from available D2D+ benefits at the Fedhealth Rate. Accumulates up to the Fedhealth Rate to Threshold. Claims paid from D2D+ do not accumulate to Threshold. Covered unlimited up to the Fedhealth Rate once Threshold is reached. 20% co-payment applies in Threshold.
SPECIALISED RADIOLOGY Pre-authorisation is required	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/CT scans for the member's account
Oncology PET and PET/CT scans	2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.
SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS Paid from the in-hospital benefit (subject to authorisation)	Gastroscopy (no general anaesthetic will be paid for) Colonoscopy (no general anaesthetic will be paid for) Flexible sigmoidoscopy Indirect laryngoscopy Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) Fine needle aspiration biopsy Excision of nailbed Drainage of abscess or cyst Injection of varicose veins Excision of superficial benign tumours Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision
PHYSICAL THERAPY Chiropractics, biokinetics and physiotherapy.	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R13 820 per family per year. 20% co-payment applies in Threshold.

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

Maternity and Childhood Benefits





Maternity and Childhood Benefits

flexiFED 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 | Mom Maternity Care Programme, paediatric consults, immunisations and the Paed IQ advice line.



BENEFIT	flexiFED 4
During pregnancy	
FEDHEALTH BABY | MOM MATERNITY CARE PROGRAMME	
Online Doula-on-Call consultation* to activate member's enrolment PLUS a R500 voucher once Doula consultation is completed. A personal Doula (area dependent) from our Preferred Doula list. Up to R4 000 in vouchers and gifts along member's pregnancy journey. Weekly pregnancy updates (and every second week for spouse). Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings. Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop. Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes. A midwife appointment - R500 voucher after appointment. A R1 000 voucher if member gives birth at a preferred birthing facility. 24-hour medical advice line. Trimester calls from our friendly consultants. Doula-on-Call support throughout pregnancy. Post-birth Doula check-in Online lactation consultation. Handy Fedhealth baby bag, filled with essential baby products. **We know not every mum qualifies for Doula care due to medical reasons and therefore will receive a lesser value of certain Vouchers as above. Please speak to our team about the alternative programme benefits.*	✔
MAIN BENEFITS	
Antenatal (or postnatal) consultations	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist ✔
RSV vaccination for maternity	Once in a woman's lifetime during pregnancy funded from Risk. ✔
Antenatal scans	2 x 2D antenatal scans ✔
Amniocentesis	1 amniocentesis ✔
Antenatal classes	Antenatal classes up to R1 250 conducted by Private Nurses. ✔

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

Please refer to page 33 to see benefits related to maternity confinement in-hospital.



BENEFIT			flexiFED 4
BIRTH-RELATED BENEFITS			
Private ward cover	Private ward cover (when available) for delivery		✔
Post-birth benefits			
Postnatal (or antenatal) consultations	12 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist		✔
Vision screening for retinopathy of prematurity	Babies under 1.5kg or born before 32 weeks	2 tests and consultations	✔
Infant hearing screening test**	Birth up to 8 weeks of age	1 per newborn beneficiary	✔
Paediatric consultation	Birth up to age 2	1 Paediatric consultation, with no referral required from GP	✔
Online post-birth lactation and breastfeeding consultations	Exclusively available to members on Fedhealth Baby | Mom Maternity Care Programme		✔

Click here to access ZOOM on Maternity and Childhood Benefits.

Click here to access ZOOM on Fedhealth Baby | Mom Maternity Care Programme.



BENEFIT			flexiFED 4
CHILD CARE			
Immunisation programme and administration* (as per State EPI)	Birth to age 12		✔
HPV vaccine and administration* Cervarix and Gardasil only	Girls aged 9 – 16	Two doses per lifetime	✔
Childhood illness specialised drug benefit	Payable from risk up to the age of 18	Growth Hormone medication Palivizumab for Respiratory Syncytial Virus Botulinum Toxin Juvenile Idiopathic Rheumatoid Arthritis medication	✔
Optical screening	All children aged 5 – 8	1 Child Optometry Screening per lifetime	✔
24-HOUR PAED-IQ ADVICE LINE	Once your baby is born, access to paediatric nurse helpline 24 hours a day. This advice line can be used until your child is 14 years old.		✔

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

Chronic Medicine Benefits





Chronic Medicine Benefits

For full benefit information, how to access or register, applicable DSPs, formularies and protocols, click here to access **ZOOM on Chronic Medicine Benefit.**

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

	flexi**FED 4**
LIMIT	Subject to a limit of R6 750 per beneficiary, and R13 500 per family. Thereafter unlimited cover for conditions on the CDL.
FORMULARY	Intermediate formulary on flexi**FED 4**. Basic formulary on flexi**FED 4**^{GRID} and **4**^{Elect} or a 30% co-payment for non-use of formulary medication.
PHARMACY	Fedhealth Network Pharmacies, with a 30% co-payment for utilisation of a non-DSP.
HIV/AIDS MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD-TRANSMISSION, RAPE AND POST-EXPOSURE PROPHYLAXIS	
Limit	Unlimited, 30% co-payment if DSP (ScriptPharm) is not utilised

27 Chronic conditions on the Chronic Disease List (CDL) covered on all options:

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

18 Additional conditions covered on flexi**FED 4**:

Acne (up to the age of 21)
Allergic Rhinitis (children under the age of 18)
Ankylosing Spondylitis
Anorexia Nervosa
Attention Deficit Hyperactivity Disorder (children ages 6 – 18)
Benign Prostatic Hyperplasia
Bulimia Nervosa
Depression
Dermatomyositis
Eczema (children under the age of 18)
Generalised Anxiety Disorder
Narcolepsy
Obsessive Compulsive Disorder
Panic Disorder
Paraplegia/ Quadriplegia (associated medicine)
Post-Traumatic Stress Disorder
Scleroderma
Tourette's syndrome

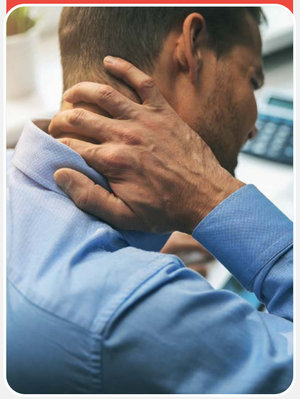


Managed Care





OrthoCare



The Fedhealth OrthoCare Spinal Programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.

Click here to access **ZOOM on OrthoCare Spinal Programme.**

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.

Click here to access **ZOOM on AfA HIV Management Programme.**

Weight Management Programme



The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference. This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 psychologist consultations, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.

Click here to access **ZOOM on Weight Management Programme.**

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.

Click here to access **ZOOM on Smoking Cessation Programme.**

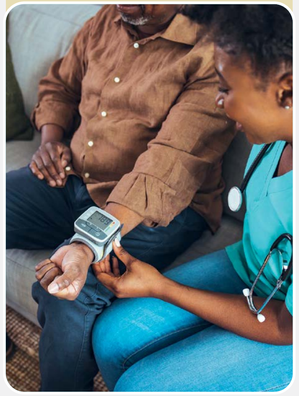
Alignd Palliative Care Programme



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.

Click here to access **ZOOM on Alignd Palliative Care Programme.**

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.

Click here to access **ZOOM on Hospital at Home Benefit.**

Oncology Benefits



Oncology Benefits

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.



Click here to access ZOOM on Oncology Benefits.

On flexi**FED 4**, oncology is covered up to R534 640 per family per year at the designated service provider, ICON, subject to Essential protocols.
A 25% co-payment applies where a DSP provider is not used.

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	flexi**FED 4**
ONCOLOGY LIMIT: The use of non-DSP* will attract a 25% upfront co-payment.	R534 640
Active treatment period	Subject to Oncology limit. ICON Essential Protocols apply.
ONCOLOGY AND ONCOLOGY MEDICINE Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.	Subject to Oncology limit. ICON Essential Protocols apply.
Radiology and pathology	Subject to Oncology limit.
PET and PET-CT scans	Subject to Oncology limit. Limited to 2 per family per year, DSP Network applicable or a R5 890 co-payment for non-DSP use
Specialised drugs for oncology	No benefit unless PMB level of care
Brachytherapy materials	R64 520
TERMINAL CARE	R36 960

** Designated Service Provider is ICON (Independent Clinical Oncology Network)*

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.

Mental Health Benefits



Mental Health Benefits



BENEFIT		flexiFED 4
WELLNESS RESOURCES AND DIGITAL TOOLS	**Mental Health Resource Hub:** Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.	✔
	Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey.	✔
OVERVIEW OF PMBs FOR MENTAL HEALTH		Up to 21 days of 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 mental health consultations per beneficiary (in network GPs only). Up to 21 days of admissions or up to 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia, and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder. Additional consultations will be self-funded. Once in Threshold, Additional Medical Services benefit that is limited to R13 820 per family for out-of-hospital psychologist, psychiatrist or physical therapy consultations. Additional benefits once registered on the Mental Health Programme.
CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS		As part of annual chronic medicine benefit of R6 750 per beneficiary, R13 500 per family covering a list of mental health diagnoses.
MENTAL HEALTH PROGRAMME		Limited to R10 000 per enrolling beneficiary. Once enrolled, qualifying members gain access to support from a dedicated Care Manager, educational resources, as well as consultations with psychiatrists, psychologists, GPs or other mental health providers.
PSYCHIATRIC HOSPITALISATION		R56 000 per family.

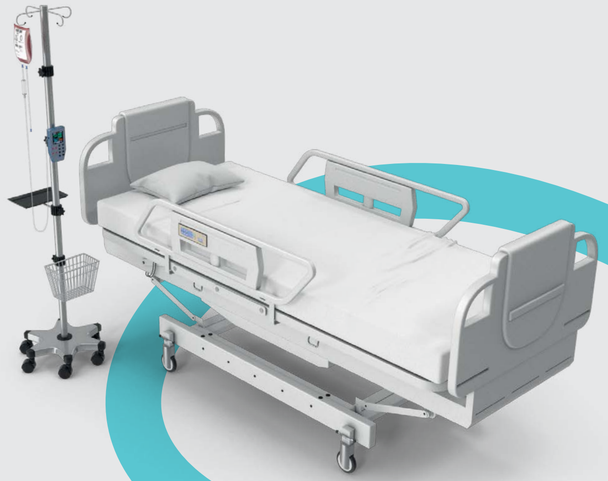
Click here to access ZOOM on Mental Health Benefits.

Hospital Cover



Unlimited Hospital Cover

flexi**FED**, like all Fedhealth options, has an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions.



The in-hospital benefit covers:

- The **hospital costs and accounts from doctors and specialists**, e.g. the anaesthetist and the X-ray department.
  - Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate.
- **Selected procedures in day wards, day clinics and doctor's rooms** on the Fedhealth Day Surgery Network.
- 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. Please see page 38 for a list of co-payments.

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 4**
OVERALL ANNUAL LIMIT (OAL)	No overall annual limit
HOSPITAL NETWORK	
Acute Hospital Facilities	flexi**FED 4:** At any private hospital flexi**FED 4**^{GRID}: Hospital Network
Day Surgery Facilities	flexi**FED 4** and flexi**FED 4**^{GRID}**:** Day Surgery Facilities Network
Mental Health Facilities	flexi**FED 4**^{GRID}**:** 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 any hospital. 30% co-payment on voluntary use of non-network day surgery facilities. On flexi**FED 4**^{GRID}, members must use network hospitals. There is a 30% co-payment on use of non-network hospitals. There is a 30% co-payment on use of non-network day surgery facilities. On flexi**FED 4**^{Elect}, there is a R16 570 excess on all hospital admissions except emergency admissions.
Hospital co-payment for non-network hospital	flexi**FED 4** and flexi**FED 4**^{GRID} there is a 30% co-payment on voluntary use of non-network day surgery facilities. flexi**FED 4**^{GRID}: there is a 30% co-payment on voluntary use of non-network acute hospitals and a 30% co-payment on voluntary use of non-network mental health facilities. On flexi**FED 4** and flexi**FED 4**^{GRID} there is a 15% co-payment on voluntary use of non-network hospitals for rehabilitation for substance abuse. On flexi**FED 4**^{Elect}, there is a R16 570 excess on all hospital admissions except emergency admissions. On flexi**FED 4**^{Elect}, there is a 25% 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
Elective Caesareans	Unlimited
Private ward cover	When available
Delivery by Fedhealth Network GPs and specialists	Covered in full
Delivery by non-network GPs and specialists	Covered up to the Fedhealth Rate
Maternity confinement in a registered birthing unit or out-of-hospital	Unlimited
Delivery by a registered midwife/nurse or a practitioner	Unlimited
Hire of water bath and oxygen cylinder	Unlimited

BENEFIT	flexiFED 4
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 R428 per beneficiary per admission
FEDHEALTH BABY | MOM MATERNITY CARE PROGRAMME	All members enjoy access to the Fedhealth Baby | Mom Maternity Care Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag.
ADDITIONAL MEDICAL SERVICES Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling	**In- and out-of-hospital:** Self-funded Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year
SURGICAL PROCEDURES Hospital admissions will require pre-authorisation	Unlimited
NON-SURGICAL PROCEDURES AND TESTS Specified non-surgical procedures in practitioner's rooms (Subject to authorisation and covered from risk)	Gastroscopy (no general anaesthetic will be paid for) Colonoscopy (no general anaesthetic will be paid for) Flexible sigmoidoscopy Indirect laryngoscopy Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit) Fine needle aspiration biopsy Excision of nailbed Drainage of abscess or cyst Injection of varicose veins Excision of superficial benign tumours Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision
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 R428 per beneficiary per admission

BENEFIT	flexiFED 4
ALTERNATIVES TO HOSPITALISATION Sub-acute facilities and physical rehabilitation facilities.	
Nursing services, private nurse practitioners and nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost at PMB level of care
Terminal Care Benefit	R36 960
APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS	
General medical and surgical appliances (including glucometers)	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Hearing aids including repairs	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Large orthopaedic orthotics/ appliances	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Stoma products	Unlimited subject to authorisation
CPAP apparatus for sleep apnoea	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Foot orthotics (incl. shoes and foot inserts/levellers)	Self-funded. Does not accumulate to Threshold. Paid from Threshold up to R13 820 per family per year.
Oxygen therapy equipment	Unlimited subject to authorisation
Home ventilators	Unlimited subject to authorisation
Long leg callipers	Unlimited subject to authorisation
Moon boots	Limited to R2 140 per beneficiary
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS Including transportation of blood	Unlimited

BENEFIT	flexiFED 4
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.
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	R534 640
Corneal grafts	R38 890 per beneficiary
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	R70 160
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	See combined benefit limit for all unlisted internal prosthesis*
Cardiac pacemakers	R33 210
Cardiac stents	R33 210
Cardiac valves	R33 210
Detachable platinum coils	R60 740

BENEFIT	flexiFED 4
Elbow, hip, knee and shoulder replacement	R33 210 limit applies for each joint category separately and not a combined limit for all. All joint replacements are limited to one procedure per joint category per beneficiary per year.
Total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses – non-cataract (per lens) limited to 2 per beneficiary	R3 750
* Combined benefit limit for all unlisted internal prosthesis	R29 880
PROSTHESES EXTERNAL	R13 820
Continuous Glucose Monitoring (CGM devices) This benefit is limited to Type 1 diabetics only.	R29 000 per family every year for CGM consumables and R8 000 per family every 5 years for CGM device.
GENERAL RADIOLOGY	Unlimited
SPECIALISED RADIOLOGY	Unlimited at Fedhealth Rate. First R3 170 for non-PMB MRI/ CT scans for the member's account Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 890 co-payment for use of non-DSP.
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.	R534 640 up to the Fedhealth Rate
IMMUNE DEFICIENY RELATED TO HIV INFECTION Hospitalisation, anti-retroviral and related medication and related pathology.	Unlimited

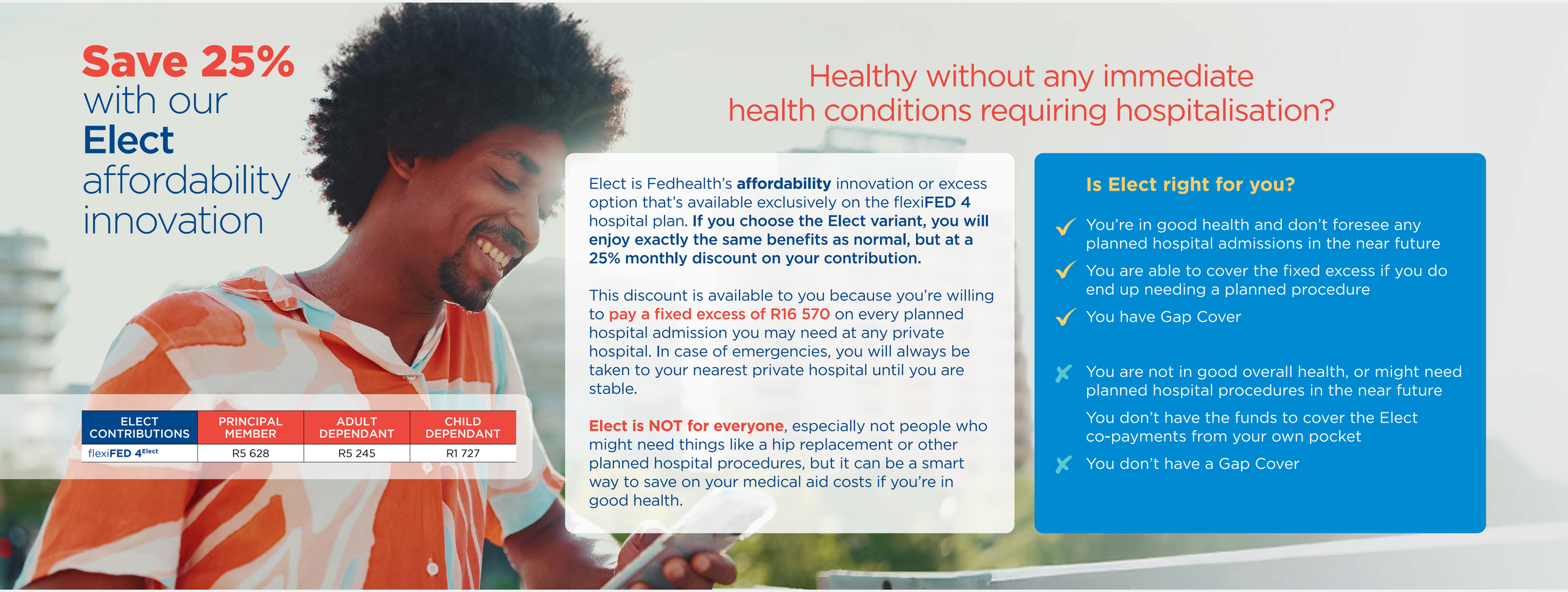
Procedure co-payments

BENEFIT	flexiFED 4
Bunion procedures, diagnostic cystoscopy, gastritis/dyspepsia/heartburn, nasal procedures, skin biopsy/excision	No co-payment
All open hernia surgery	No co-payment
Arthroscopic procedures - shoulder, ankle	R3 570
Arthroscopic procedures - wrist	R3 570
Arthroscopic procedures - hip	R3 570
Arthroscopic procedures - knee	R3 570
Other arthroscopic procedures	R3 570
Back and neck procedures	R3 120
Colonoscopy, upper GI endoscopy	R3 360
Dental admissions	No co-payment
Inguinal hernia surgery	No co-payment
JOINT REPLACEMENTS	
Single hip and knee replacements with CP*	No co-payment
Single hip and knee replacements-non-use of CP*	R37 750
Other joint replacements	R6 140
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias and Nissen/Toupet hernia repairs only), laparoscopic procedures	R5 760
Laparoscopic varicocelectomy	No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	R5 760
Spinal surgery**	R8 040
Surgical extraction of impacted wisdom teeth	R6 140
Varicose vein procedures	No co-payment

** Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics or Major Joints for Life for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.*
*** No benefit unless OrthoCare Spinal Programme has been completed.*

Protect your health with **innovative customisation features**

Talk to your financial adviser about how you can **customise your cover** to better suit your needs and budget.



Save 25% with our **Elect** affordability innovation

ELECT CONTRIBUTIONS	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED 4**[Elect]	R5 628	R5 245	R1 727

Healthy without any immediate health conditions requiring hospitalisation?

Elect is Fedhealth's **affordability** innovation or excess option that's available exclusively on the flexi**FED 4** hospital plan. **If you choose the Elect variant, you will enjoy exactly the same benefits as normal, but at a 25% monthly discount on your contribution.**

This discount is available to you because you're willing to **pay a fixed excess of R16 570** on every planned hospital admission you may need at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital until you are stable.

Elect is NOT for everyone, especially not people who might need things like a hip replacement or other planned hospital procedures, but it can be a smart way to save on your medical aid costs if you're in good health.

Is Elect right for you?

- ✓ You're in good health and don't foresee any planned hospital admissions in the near future
- ✓ You are able to cover the fixed excess if you do end up needing a planned procedure
- ✓ You have Gap Cover

- ✗ You are not in good overall health, or might need planned hospital procedures in the near future
- ✗ You don't have the funds to cover the Elect co-payments from your own pocket
- ✗ You don't have a Gap Cover

flexi**FED 4** Hospital Plan

2027 Gross monthly contributions

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED 4**	R7 515	R6 859	R2 260
flexi**FED 4**^{GRID}	R6 733	R6 157	R2 029
flexi**FED 4**^{Elect}	R5 628	R5 245	R1 727

Your 4th and subsequent child will be covered free of charge.



Fedhealth applies child rates up until age 27.



Annual Benefit Pools

D2D+ BENEFIT

flexi**FED 3**	R4 680

Please note that D2D+ Rand amounts listed are annual family amounts.

Threshold Benefit

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED 4**	R23 184	R21 156	R6 972

NOTE: *Claims accumulate at scheme rate on flexi**FED 4**.*
**Up to a maximum of three children*

Annual Nominal Savings (included in the Gross Contribution)

flexi**FED** hospital plans come with 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 your contribution.

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED 4**	R348	R312	R108
flexi**FED 4**^{GRID}	R312	R288	R84
flexi**FED 4**^{Elect}	R276	R240	R72

Annual maximum Back-up Savings that a member can add to their day-to-day cover

Back-up Savings*

Worried about costly day-to-day expenses not already covered on your flexi**FED** Hospital Plan? Why not add back-up savings to your cover?

The amounts below indicate how much back-up Savings you have available based on your option and family composition. The amount you activate will be divided by 12 and added to your hospital plan contribution.

OPTION	PRINCIPAL MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
flexi**FED 4**	R19 788	R18 060	R5 952
flexi**FED 4**^{GRID}	R19 824	R18 084	R5 976
flexi**FED 4**^{Elect}	R19 872	R18 144	R5 988

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

**Powered by the MediVault*



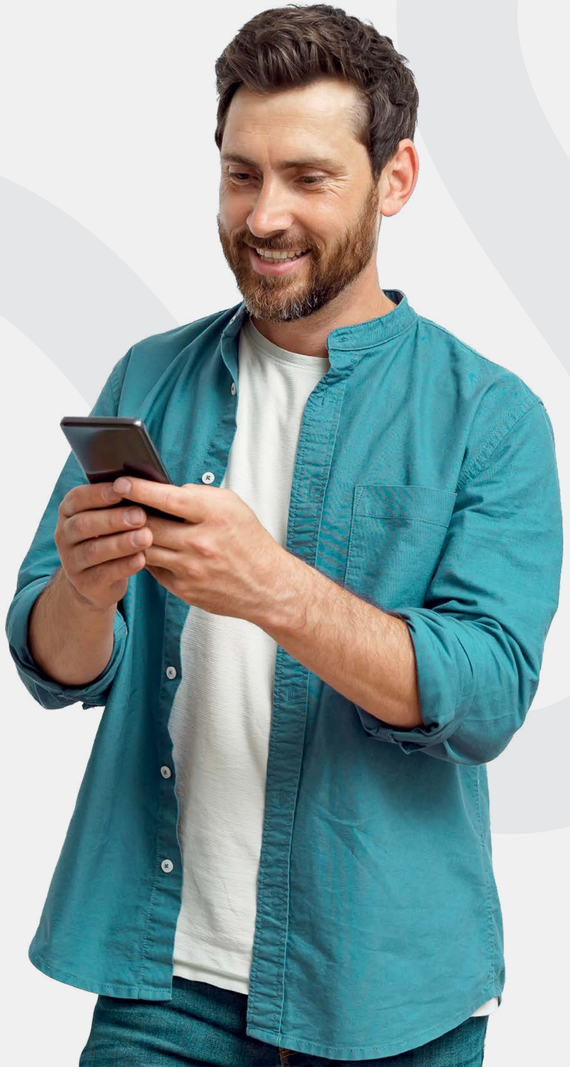
Links to benefits info

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

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

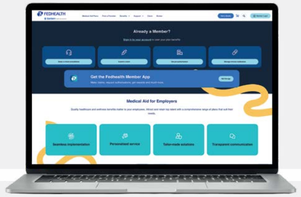


Contact us

WEBSITE

fedhealth.co.za

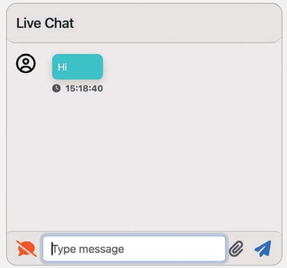
The website provides easy-to-navigate information on our options, step-by-step instructions on how to submit claims etc., scheme news, and also hosts the informative Healthy Living articles – filled with lifestyle and wellness topics.



LIVECHAT

Access on the website

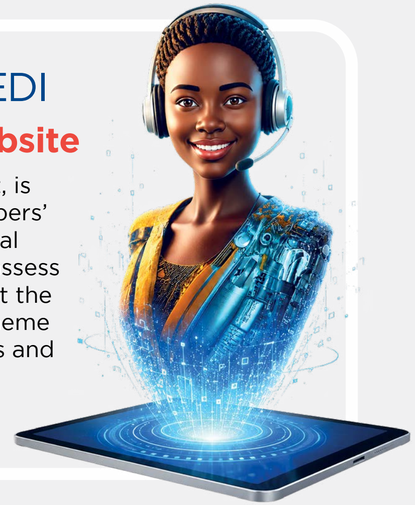
Members can type in their queries and one of our LiveChat agents will assist them online.



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.

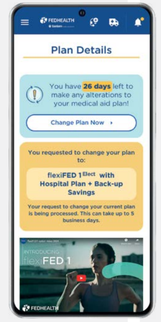
Save the number 060 070 2479 as a contact and type 'hi' to start a conversation

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
Azoza
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: PO Box 38632, Pinelands, 7430

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

Fedhealth Baby | Mom Maternity Care Programme
Monday to Friday 09h00 - 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

Fedhealth Oncology Programme
Monday to Friday 08h00 – 16h00
Tel: 0860 100 572
Email: cancerinfo@fedhealth.co.za
Postal address: PO 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

Hospital-at-Home (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, Lephalale

Mafikeng
Shop 118, Ground Floor, East Gallery, Mafikeng

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

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

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

Port Elizabeth
Block 3, Greenacres Office Park, 2nd Avenue, Newton Park, Gqeberha

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

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
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

Contact Centre is open
Monday to Thursday 08h30 – 17h00,
Friday 09h00 - 17h00

FEDHEALTH

Sanlam preferred healthcare provider

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.