

flexiFED 3

The ideal plan for young, still growing families

As part of our new **flexiFED** option range that gives members more control over how their cover is structured, **flexiFED 3** is perfect for young families who are still on the grow.

Its core benefit bundle – or the basic cover that you enjoy on this option – provides you with sound in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits, that include additional benefits and the Benefit Maximiser.

The Benefit Maximiser kicks in once your day-to-day claims have accumulated to the Benefit Maximiser Threshold Level, provided you've submitted all your day-to-day claims. This means that certain claims, like unlimited nominated network GP visits and dentistry, will be paid from the Benefit Maximiser.

On **flexiFED 3**, you can also choose to save 11% on your contributions by choosing network hospitals, OR you can save 25% by choosing a restricted hospital network or by paying an R11 500 excess for planned procedures at a hospital of your choice.

On this option you also have access to a MediVault and Wallet facility, a predetermined amount available for your day-to-day medical expenses, which you only start paying back over a 12-month period once you start using it.

Please see the following pages for more details on the **flexiFED 3** core benefit bundle and what it offers you.

We let **you be YOU**

2019



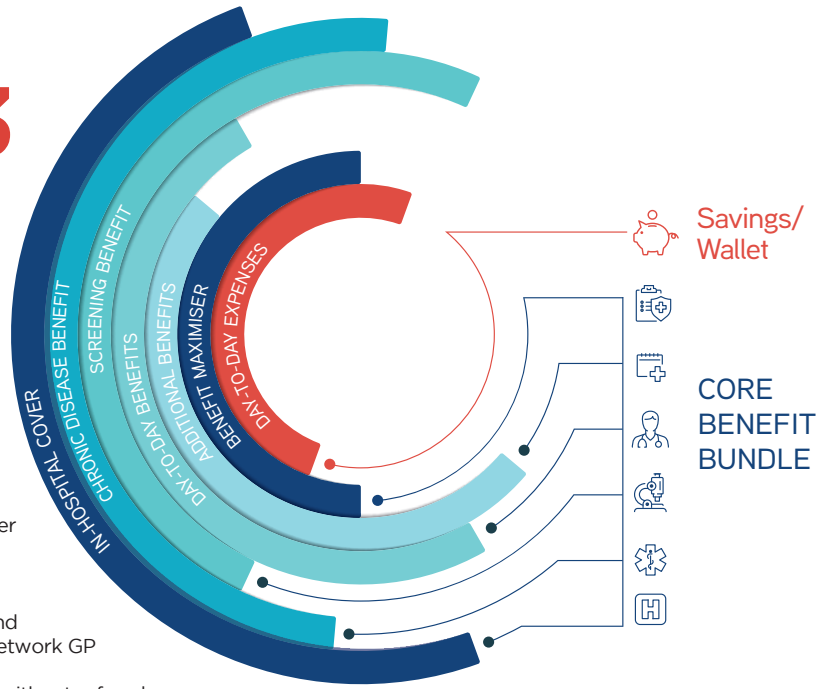
flexiFED 3

Ideal for:

Young, still growing families.

What's in it for you?

- Unlimited nominated network GP visits once day-to-day claims have reached Benefit Maximiser Threshold Level
- Unlimited private hospitalisation for planned procedures
- Rich maternity benefits such as 2 antenatal scans and 12 ante- and postnatal consults with a midwife, network GP or gynaecologist
- Great childhood benefits like paediatric consults without referral up until 24 months and childhood illness specialised drug benefit



Cost

Risk
Savings
Total



Member
R2 269
R25
R2 294



Adult dependant
R1 996
R22
R2 018



Child dependant
R809
R9
R818

CORE BENEFIT BUNDLE

flexiFED 3 Basic benefit bundle for young families	
IN-HOSPITAL BENEFIT	
Hospitalisation	Unlimited at hospital of choice
Maternity	Private ward cover for delivery. Unlimited at cost with network specialists and GPs
Network GPs and Specialists	Unlimited cover at cost
Non-network GPs, Specialists and all other healthcare professionals	Up to 100% of Fedhealth Rate
Oncology	R277 900
Organ Transplant	R277 900
Renal Dialysis	R277 900 at Designated Service Provider. 40% co-payment on use of non-DSP.
Childhood illness specialised drug benefit	Children up to the age of 18 years subject to managed care protocols
CHRONIC DISEASE BENEFIT	
Chronic conditions as covered under flexiFED 3	Unlimited cover for conditions on the Chronic Disease List (CDL) at provider of choice. We also cover medicine for allergic rhinitis for children up to the age of 18 where the child is registered with Chronic Medicine Management for asthma; medicine for eczema for children up to the age of 18 and medicine for acne up to the age of 21. Subject to intermediate formulary and MPL
CHRONIC DISEASE LIST (CDL)	
Chronic Disease List	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
Additional conditions covered on flexiFED 3 (CDL as above + the following 3)	Allergic Rhinitis, Acne and Eczema

SCREENING BENEFIT		
Women's health	Cervical cancer screening (Pap smear)	Women; ages 21 to 65. 1 every three years
Children's health	Immunisation Programme (as per state EPI)	Birth to 12 years
Cardiac health	Cholesterol screening (full lipogram)	All lives; aged 20 and older. 1 every five years
General	Flu vaccination	All lives; 1 every year
	HIV finger prick test	All lives; 1 every year
	Breast cancer screening with mammography	All lives; aged 45 and older. 1 every three years
	Pneumococcal vaccination	All lives; aged 65 and older. 1 per lifetime
	Colorectal cancer screening (faecal occult blood test)	All lives; aged 50 to 75. 1 every year
Men's health	Prostate Specific Antigen (PSA)	Men; ages 45 to 69. 1 every year
Health risk assessments	Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives; 1 every year
	Preventative screening by contracted wellness network provider (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives; 1 every year

flexiFED 3

DAY-TO-DAY BENEFIT	
Unlimited network GP visits	See Benefit Maximiser
Maternity	2 x 2D scans; antenatal classes up to R1 050; 12 antenatal and/or postnatal consults with a midwife, network GP or network gynaecologist, amniocentesis
Fedhealth Baby Maternity Programme	All pregnant members and dependants
Fedhealth Toddler Programme	Access to sound advice for parents with toddlers up to the age of 24 months.
Doula benefit	Up to R1 300 per delivery
Postnatal midwifery benefit	4 consultations per pregnancy with a midwife in- and out-of-hospital
Infant hearing screening benefit	1 test from birth up to the age of 8 weeks with an audiologist up to the Fedhealth Rate
Paed-IQ	Free membership
Paediatrician consultations	1 consultation per beneficiary with a network paediatrician up to 24 months of age
Optometry	1 comprehensive consultation, 1 pair single vision or bifocal lenses, frame up to R200
Post-hospitalisation treatment	For up to 30 days after discharge from hospital like physiotherapy, x-rays or pathology i.e. follow-up treatment for a full 30-day period is covered
Take-home medicine	7-days of paid for take home medication after discharge from hospital - provided the medication is dispensed by the hospital and reflects on the original hospital account.
Specialised radiology	MRI/ CT scans are paid whether they are performed in- or out-of-hospital. A co-payment applies for non-PMB MRI/ CT scans
Trauma treatment at casualty ward	Whether admitted to hospital or not, emergency treatment, like stitches, is covered. Authorisation must be obtained and a co-payment of R570 per visit for non-PMBs applies
Female contraception	Includes oral, patches, contraceptive rings, certain injectables as well as IUDs (includes Mirena device)
Additional benefits	Upgrades within 30 days of a life-changing event; 24-hour Fedhealth Nurse Line; emotional wellbeing programme; emergency transport/response; MediTaxi; SOS Call Me; managed care programmes

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BENEFIT MAXIMISER	
	In order to access your Benefit Maximiser, you need to submit all day-to-day claims to accumulate to the Benefit Maximiser Threshold Level. Thereafter, certain claims will be paid from the Benefit Maximiser. These include dentistry and unlimited network GP visits.
Network GP visits	Unlimited at nominated network GP
Dentistry	Basic dental benefit

IN-HOSPITAL

	flexiFED 3
Overall annual limit (OAL)	Unlimited at negotiated tariff
Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered at cost
Non-Fedhealth Network GPs	Covered at 100% of Fedhealth Rate
Non-Fedhealth Network Specialists	Covered at 100% of Fedhealth Rate
Other Healthcare Professionals	Covered at 100% of Fedhealth Rate
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 at 100% of the Fedhealth Rate and you will have a shortfall should the healthcare professional charge more
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff
Co-payments per event applicable on the hospital/ facility bill only	
Adenoidectomy	No co-payment
All open hernia surgery	R4 200
Arthroscopic procedures - other	R7 800
Back & neck pain procedures	No co-payment
Balloon sinuplasty	No benefit
Bunion procedures	No co-payment
Colonoscopy, upper GI endoscopy	R4 200
Diagnostic cystoscopy	No co-payment
Dental admissions	No co-payment
Gastritis/ dyspepsia/ heartburn	No co-payment
Arthroscopic procedures: hip	R7 800
Arthroscopic procedures: wrist	R7 800
Hysterectomy (unless for cancer)	R3 600
Joint replacements	
Single Hip and knee with CP*	No co-payment
Single Hip and knee - voluntary non-use of CP*	R26 200
Other joint replacements and involuntary non-use of CP* for Single hip and knee	R6 200
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & nissen/ toupey hernia repairs only)	R6 200
Laparoscopic procedures	R6 200
Laparoscopic varicocelectomy	R6 200
Nasal procedures	No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit
Skin biopsy/ excision	No co-payment
Spinal surgery**	R6 200
Surgical extraction of impacted wisdom teeth	R4 200
Tonsillectomy	
Under the age of 12	No co-payment
12 and over	No co-payment
Varicose vein procedures	R4 200
Additional medical services (dietetics, occupational therapy and speech therapy)	Subject to savings, wallet or self-funded
Alternatives to hospitalisation: Nursing services, private nurse practitioners & nursing agencies Sub-acute facilities, physical rehabilitation facilities	Unlimited at negotiated tariff Unlimited at cost up to PMB level of care

*Contracted Provider: Must use ICPS or JointCare for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.

** No benefit unless utilisation of back & neck rehabilitation programme has been completed.

IN-HOSPITAL (Continued)

flexiFED 3	
Appliances, external accessories and orthotics	Subject to savings, wallet or self-funded
Blood, blood equivalents and blood products	Unlimited
In-hospital dentistry benefit for children under 7	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid for by the member
Immune deficiency related to HIV infection	Unlimited (see HPT)
Maternity - Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & paediatricians)	Covered at cost
Non-Fedhealth Network GPs	Covered at 100% of Fedhealth Rate
Non-Fedhealth Network Specialists	Covered at 100% of Fedhealth Rate
Other Healthcare Professionals	Covered at 100% of Fedhealth Rate
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R4 200 on the hospital bill
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R277 900 at Designated Service Provider* and subject to level 1 treatment protocols. 40% co-payment for non-use of DSP
Childhood illness specialised drug benefit	Childhood illness specialised drug benefit for children up to the age of 18
Organ transplant including immunosuppression medication Corneal graft	R277 900 (See HPT) No benefit
Pathology, radiology (general)	Unlimited at Fedhealth Rate
Physical therapy (physiotherapy)	Subject to referral by a medical practitioner, pre-authorisation & treatment protocols
Prostheses	
Internal	Various sub-limits apply
Aorta Stent Grafts	R58 500
Bone lengthening devices	See combined benefit limit for all unlisted internal prosthesis*
Cardiac pacemakers	PMBs only
Cardiac stents	PMBs only
Cardiac valves	PMBs only
Carotid stents	See combined benefit limit for all unlisted internal prosthesis*
Detachable platinum coils	R50 700
Elbow replacement	See combined benefit limit for all unlisted internal prosthesis*
Embolic Protection Devices	See combined benefit limit for all unlisted internal prosthesis*
Hip replacement	See combined benefit limit for all unlisted internal prosthesis*
Intraocular lenses (per lens)	R3 200
Knee replacement	See combined benefit limit for all unlisted internal prosthesis*
Other approved spinal implantable devices	See combined benefit limit for all unlisted internal prosthesis*
Peripheral Arterial Stent Grafts	See combined benefit limit for all unlisted internal prosthesis*
Shoulder replacement	See combined benefit limit for all unlisted internal prosthesis*
Spinal plates and screws	See combined benefit limit for all unlisted internal prosthesis*
Total ankle replacement	No benefit
*Combined benefit limit for all unlisted internal prosthesis	*R25 000
External	R11 600 at cost
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R25 100
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis**	R277 900 at 100% of Fedhealth Rate at Designated Service Provider. 40% co-payment on use of non-DSP.
Childhood illness specialised drug benefit (e.g. biologicals) Benefit (non-oncology)	Childhood illness specialised drug benefit for children up to the age of 18
Specialised radiology	Unlimited at Fedhealth Rate. First R2 200 for non-PMB MRI/ CT scans for the member's account
Spinal surgery	No benefit unless Back & Neck Rehabilitation Programme has been completed. You pay a co-payment of R6 200 on the hospital bill
Terminal care benefit	R31 000 at Fedhealth Rate

HPT - Healthcare Professional Tariff | FR - Fedhealth Rate | MPL - Medicine Price List

Chronic Disease Benefit

		flexiFED 3
Limit	Unlimited cover for conditions on the Chronic Disease List (CDL) at provider of choice. We also cover medicine for allergic rhinitis for children up to the age of 18 where the child is registered with Chronic Medicine Management for asthma; medicine for eczema for children up to the age of 18 and medicine for acne up to the age of 21 (managed care protocols apply). Subject to intermediate formulary and MPL	
IN-BENEFIT		
Conditions covered	29 conditions. See lists below	
Formulary	Intermediate formulary	
Preferred Provider	MediRite, Dis-Chem, Clicks & Pharmacy Direct	
OUT-OF-BENEFIT (See CDL list below)		
Formulary	Out-of-benefit does not apply	
Preferred Provider		
HIV/AIDS medicine benefit including treatment for mother-to-child-transmission, rape & post-exposure prophylaxis		
Limit	Unlimited	

CHRONIC DISEASE LIST (CDL)

Chronic Disease List	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
Additional conditions covered on flexiFED 3 (CDL as above + the following 3)	Allergic rhinitis, Acne and Eczema

Non-compliance with formulary requirements will attract a co-payment of 40%. All medicine claims are subject to the Medicine Price List (MPL), a generic reference price list, and the maximum negotiated dispensing fee. Fedhealth does not make use of a DSP network, only a preferred provider network.

The preferred provider ensures price certainty for members when obtaining medication. Members may use any pharmacy, however if a dispensing fee in excess of 25%/ R25 is charged, the member will incur a co-payment.

Screening Benefit

		flexiFED 3
Women's Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
Children's Health		
Immunisation Programme (as per State EPI)	Birth to 12 years	Various
Cardiac Health		
Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
General		
Breast cancer screening with mammography	All lives; aged 45 and older	1 every 3 years
Flu vaccination	All lives	1 every year
HIV finger prick test by a contracted wellness network provider	All lives	1 every year
Pneumococcal vaccination	All lives; aged 65 older	1 per lifetime
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Health risk assessments		
Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening by contracted wellness network provider (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year

Day-to-day Benefit

	flexiFED 3
Unlimited network GP visits	See Benefit Maximiser
Maternity	2 x 2D scans; antenatal classes up to R1 050; 12 antenatal and/or postnatal consults with a midwife, Network GP or network gynaecologist, amniocentesis
Fedhealth Baby Maternity Programme	All pregnant members and dependants
Fedhealth Toddler Programme	Access to sound advice for parents with toddlers up to the age of 24 months.
Doula benefit	R1 300 per delivery
Postnatal midwifery benefit	4 consultations with a midwife in and out-of-hospital per pregnancy
Infant hearing screening benefit	1 test with an audiologist up to the age of 8 weeks up to the Fedhealth Rate
Paed-IQ	Free membership
Paediatrician consultations	1 consultation per beneficiary with a network paediatrician up to 24 months of age. No GP referral required
Optometry	1 comprehensive consultation per beneficiary, 1 pair single vision or bifocal lenses per beneficiary, frame per beneficiary (use Savings for enhanced frame) R200 pb every 24 months. Optical benefits provided by an Optical Network Provider
Post-hospitalisation treatment benefit	For up to 30 days after discharge from hospital like physiotherapy, x-rays or pathology i.e follow-up treatment for a full 30-day period is covered
Take-home medicine benefit	7-days of paid for take-home medication after discharge from hospital - provided the medication is dispensed by the hospital and reflects on the original hospital account
Specialised radiology benefit	Unlimited at Fedhealth Rate. First R2 200 for each non-PMB MRI/ CT scan for member's own account
Trauma treatment at a casualty ward	Unlimited at 100% of Fedhealth Rate. You pay a co-payment of R570 per visit for non-PMBs
Female contraception benefit	Oral, patches, contraceptive rings, certain injectables as well as IUDs that include Mirena. Must be prescribed by a GP or gynaecologist and not applicable to oral contraceptives prescribed for acne

Additional Benefits

	flexiFED 3
Fedhealth Nurse Line	A 24-hour toll-free line manned by professional nurses for medical and related queries
Emotional Wellbeing programme	24-hour telephonic support to get members through life's ups and downs, with the option to refer to psychologists
Emergency transport/ response	Emergency transport for members through Europ Assistance
Comprehensive managed care programmes	
Aid for AIDS	Support programme for members living with HIV/Aids
Conservative Back & Neck Rehabilitation Programme	Helping members address back and neck pain to avoid spinal surgery
Smoking Cessation Programme	The support to help members quit smoking
Weight Management Programme	A 12-week programme designed to help qualifying members with a high BMI and waist circumference lose weight
Oncology disease management	Comprehensive care for cancer patients
Mental Health Programme	Support for members with substance-abuse or mental health issues like depression or bipolar mood disorder
MediTaxi	A transport service for members who need follow-up medical visits following a hospital authorisation
SOS Call Me	A USSD call-back service so members can access Emergency Medical Services (EMS), Fedhealth Nurse Line or MediTaxi
Upgrades within 30 days of a life-changing event	Upgrade to a higher option upon the diagnosis of a dread disease or pregnancy
Child rates for financially dependent children up to the age of 27	Provided they're unmarried and don't earn more than the maximum social pension
Good news for bigger families	Fourth and subsequent children are covered for free

Benefit Maximiser

In order to access your **Benefit Maximiser**, you need to submit all day-to-day claims to accumulate to the **Benefit Maximiser Threshold Level**. Thereafter, certain claims will be paid from the **Benefit Maximiser**. These include, dentistry and unlimited network GP visits. All day-to-day expenses accumulate to your **Benefit Maximiser Threshold Limit** at cost.

Benefit Maximiser Threshold Levels	flexiFED 3
M	R5 100
M + 1	R9 600
M + 2	R11 100
M + 2+	R13 200

Benefit Maximiser (Continued)

Once your **Benefit Maximiser** Threshold Level has been reached, the following day-to-day benefits will be paid by the scheme from your Core Benefit Bundle

	flexiFED 3
Dentistry (Preventative)	Paid from Savings/ Wallet or self-funded. Once your Benefit Maximiser Threshold Level has been reached, the following benefits will be paid from the Benefit Maximiser: 2 annual consultations per beneficiary including x-rays, scaling & polishing, fillings, extractions and root canal. 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.
General Practitioners Fedhealth Network GPs	Unlimited consultations at a nominated Fedhealth Network GP once your Benefit Maximiser Threshold Level has been reached. Limited to 2 mental health consultations per beneficiary per year

Day-to-day benefits claims are funded from available savings then your **Wallet** if activated, or self-funded. Claims may also be funded from the **Benefit Maximiser**.

Each of the **flexiFED** options have a nominal savings contribution. This allows a member to transfer/ retain any accumulated savings from a previous option or scheme when joining a **flexiFED** option. Any member on a **flexiFED** option will also be allowed to top up this savings account at any time up to a maximum annual amount of 25% of their gross contribution. Any claim submitted (not payable from the Core Benefit Bundle) will be funded from the member's savings account first.

Savings and Wallet

	flexiFED 3
Tariff	Up to 100% of FR
Co-payments in Threshold	N/A
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Savings/ Wallet or self-funded
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings/ Wallet or self-funded
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Savings/ Wallet or self-funded
Dentistry Advanced: inlays, crowns, bridges, mounted study models, metal base partial dentures, osseo-integrated implants, orthognathic surgery, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings/ Wallet or self-funded
Dentistry (Basic)	Paid from Savings/ Wallet or self-funded. Also see Benefit Maximiser
General Practitioners	
Fedhealth Network GPs	Paid from Savings/ Wallet or self-funded. Also see Benefit Maximiser
Non-Fedhealth Network GPs	Paid from Savings/ Wallet or self-funded
Maternity benefit	Paid from Savings/ Wallet or self-funded once day-to-day benefit paid from the Core Benefit Bundle has been depleted
Optometry	Paid from Savings/ Wallet or self-funded once day-to-day benefit paid from the Core Benefit Bundle has been depleted.
Over-the-counter medication:	Paid from Savings/ Wallet or self-funded
Pathology	Paid from Savings/ Wallet or self-funded
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Savings/ Wallet or self-funded
Prescribed medication	Paid from Savings/ Wallet or self-funded
Radiology General	Paid from Savings/ Wallet or self-funded
Specialists excluding psychiatrists (network GP referral required for consultations, including PMB conditions) to be paid from Risk benefits.	
Fedhealth Network Specialists	Paid from Savings/ Wallet or self-funded
Non-Fedhealth Network Specialists	Paid from Savings/ Wallet or self-funded
Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Psychiatrists	Paid from Savings/ Wallet or self-funded
Non-Fedhealth Network Psychiatrists	Paid from Savings/ Wallet or self-funded

*Private nursing that falls outside the Alternatives to Hospitalisation Benefit.

You are now allocated money for day-to-day medical expenses available in your personal MediVault. This amount is based on your selected bundle and family composition, and is not pro-rated, i.e. even if you only join in August, you'll have the same amount available as you would have in January. To access these funds, you can transfer it, in full upfront, or in part as needed, to your Wallet.

MediVault

How much is in the MediVault	flexiFED 3
M	R5 100
M + 1	R9 600
M + 2	R11 100
M + 2+	R13 200

Define family composition

M - Member

M + 1: Member plus one dependant (either adult or child)

M + 2: Member plus two dependants (either adult or child)

M + 2+: Member plus two or more dependants (either adult or child)

In order to access the amount available in your MediVault, you will be required to accept the terms and conditions available on the **Fedhealth Family Room** or please call the **Fedhealth Customer Contact Centre** on **0860 002 153**.