

# flexiFED 4

The ideal plan for mature families looking for all-encompassing cover

As part of our new flexiFED option range that gives members more control over how their cover is structured, flexiFED 4 is perfect for more mature families who want cover that leaves nothing to chance.

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 like unlimited network GP consultations always paid from Risk and never from Savings.

This option has a Threshold Benefit, which means you can submit claims to accumulate to a predetermined threshold level after which they will be paid from the Threshold Benefit. You will have a 20% co-payment on all claims.

On flexiFED 4, 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 4 core benefit bundle and what it offers you.

We let **you be YOU**

2019



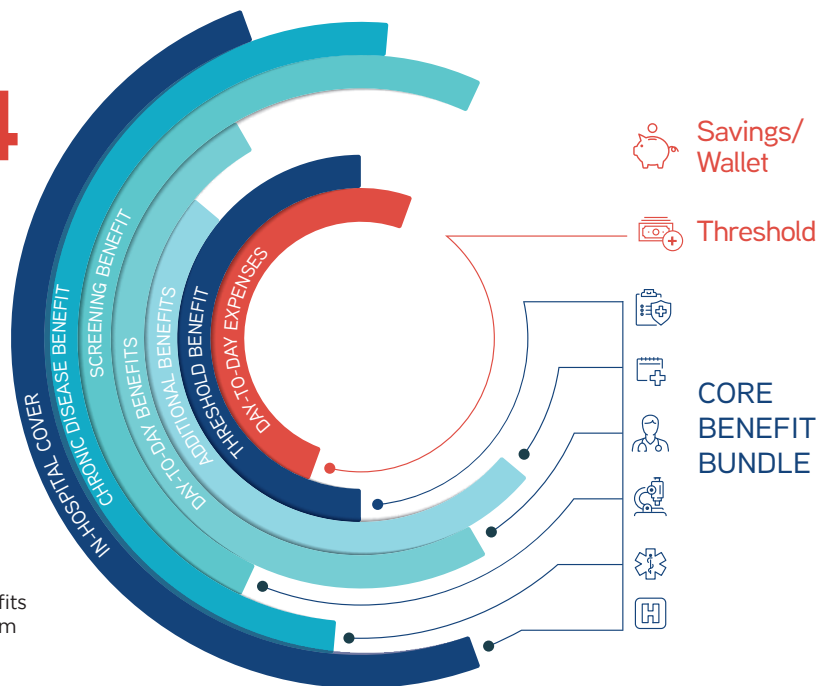
# flexiFED 4

Ideal for:

Mature families

What's in it for you?

- Unlimited network GP visits paid from core benefit bundle
- Unlimited private hospitalisation for planned procedures
- Access to a large MediVault for day-to-day benefits
- Female contraceptives and vasectomies paid from core benefit bundle



Cost

**Risk Savings Total**



Member  
**R3 006**  
**R25**  
**R3 031**



Adult dependant  
**R2 662**  
**R22**  
**R2 684**



Child dependant  
**R919**  
**R8**  
**R927**

## CORE BENEFIT BUNDLE

| flexiFED 4  |   |
|---|---|
| Basic benefit bundle with threshold for mature families                       |   |
| <b>IN-HOSPITAL BENEFIT</b>  |   |
| Hospitalisation   | Unlimited at hospital of choice   |
| Maternity   | 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  | R444 700  |
| Organ Transplant  | R444 700  |
| Renal Dialysis  | R444 700 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  |
| <b>CHRONIC DISEASE BENEFIT</b>  |   |
| Chronic conditions as covered under flexiFED 4                                | Cover is provided for the conditions on the Chronic Disease List (CDL) plus 14 additional conditions, as well as 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 at provider of choice. Subject to a limit of R5 680 pb and R11 350 per family. Thereafter unlimited cover for conditions on the CDL. Subject to intermediate formulary and MPL |
| <b>CHRONIC DISEASE LIST (CDL)</b>   |   |
| 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 4 (CDL as above + the following 17) | Acne, Allergic Rhinitis Ankylosing Spondylitis, Anorexia Nervosa, Attention Deficit Disorder (in children only), Bulimia Nervosa, Depression, Dermatomyositis, Eczema, Generalised Anxiety Disorder, Narcolepsy, Obsessive Compulsive Disorder, Panic Disorder, Paraplegia/Quadriplegia (associated medicine), Post-traumatic Stress Syndrome, Scleroderma, Tourette's Syndrome   |

| 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 4                         |   |
|------------------------------------|---|
| DAY-TO-DAY BENEFIT                 |   |
| Unlimited network GP visits        | Unlimited at network GPs  |
| Maternity                          | No benefit  |
| 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        | No benefit  |
| Optometry                          | No benefit  |
| 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 |

| flexiFED 4  |  |
|---|--|
| THRESHOLD FOR flexiFED 4 ONLY   |  |
| Day-to-day claims accumulate at the Fedhealth Rate to the Threshold Level. Limits apply to certain expenses |  |
| Annual Threshold Level  |  |
| M   | R13 650  |
| M+1   | R24 150  |
| M+2   | R27 660  |
| M+2+  | R31 500  |
| Limits  | Limits may apply when calculating certain claims for accumulation to Threshold. These limits will also apply for refunds from Threshold  |
| Additional medical services   | In and out-of-hospital: Subject to Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R11 600 per family per year   |
| Advanced dentistry  | Limit of R7 400 per person per year, up to an overall limit of R22 100 per family per year   |
| Antenatal scans   | Two 2D antenatal scans per person per year   |
| Appliances, external accessories and orthotics  | In and out-of-hospital. Subject to Savings/ Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R11 600 per family per year with a sub-limit of R4 340 for foot orthotics |
| Optometry   | Limit of R3 340 per person per year, up to an overall limit of R10 190 per family per year   |
| Prescribed medication   | Limit of R5 680 per person per year, up to an overall limit of R11 400 per family per year   |

# IN-HOSPITAL

|   | flexiFED 4  |
|---|---|
| <b>Overall annual limit (OAL)</b>   | Unlimited at negotiated tariff  |
| <b>Healthcare Professional Tariff in hospital (HPT)</b>   |   |
| 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   |
| <b>Prescribed Minimum Benefits (PMB):</b> 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.<br><br>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 |
| <b>Hospitalisation costs:</b> accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus          | Unlimited at negotiated tariff  |
| <b>Co-payments per event applicable on the hospital/ facility bill only</b>   |   |
| Adenoidectomy   | No co-payment   |
| All open hernia surgery   | No co-payment   |
| Arthroscopic procedures - other   | R2 400  |
| Back & neck pain procedures   | No co-payment   |
| Balloon sinuplasty  | R4 200  |
| Bunion procedures   | No co-payment   |
| Colonoscopy, upper GI endoscopy   | R2 400  |
| Diagnostic cystoscopy   | No co-payment   |
| Dental admissions   | No co-payment   |
| Gastritis/ dyspepsia/ heartburn   | No co-payment   |
| Arthroscopic procedures: hip  | R2 400  |
| Arthroscopic procedures: wrist  | R2 400  |
| Hysterectomy (unless for cancer)  | No co-payment   |
| <b>Joint replacements</b>   |   |
| 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   | R4 200  |
| Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & nissen/ toupey hernia repairs only)  | R4 200  |
| Laparoscopic procedures   | R4 200  |
| Laparoscopic varicocelelectomy  | No co-payment   |
| Nasal procedures  | No co-payment   |
| Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)   | R4 200  |
| Skin biopsy/ excision   | No co-payment   |
| Spinal surgery**  | R4 200  |
| Surgical extraction of impacted wisdom teeth  | R4 200  |
| <b>Tonsillectomy</b>  |   |
| Under the age of 12   | No co-payment   |
| 12 and over   | No co-payment   |
| Varicose vein procedures  | No co-payment   |
| <b>Additional medical services</b> (dietetics, occupational therapy and speech therapy)   | Subject to savings. Does not accumulate to Threshold. Paid from Threshold up to R11 600 per family per year   |
| <b>Alternatives to hospitalisation:</b><br>Nursing services, private nurse practitioners & nursing agencies<br>Sub-acute facilities, physical rehabilitation facilities | Unlimited at negotiated tariff<br>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 4  |
|---|---|
| <b>Appliances, external accessories and orthotics</b>   | Subject to savings, wallet or self-funded. Does not accumulate to threshold. Paid from threshold up to R11 600 per family per year. (R4 340 sub-limit per beneficiary for foot orthotics) |
| <b>Blood, blood equivalents and blood products</b>  | Unlimited   |
| <b>In-hospital dentistry benefit for children under 7</b>   | We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid for by the member   |
| <b>Immune deficiency related to HIV infection</b>   | Unlimited (see HPT)   |
| <b>Maternity - Healthcare Professional Tariff in hospital (HPT)</b>   |   |
| 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   |
| <b>Maxillo-facial surgery</b>   | Unlimited, subject to approval (see HPT)  |
| Surgical extraction of impacted wisdom teeth  | You pay a co-payment of R4 200 on the hospital bill   |
| <b>Oncology:</b> oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology                  | R444 700 at Designated Service Provider* and subject to level 1 treatment protocols. 40% co-payment for non-use of DSP  |
| <b>Childhood illness specialised drug benefit</b>   | Childhood illness specialised drug benefit for children up to the age of 18   |
| <b>Organ transplant including immunosuppression medication</b>  | R444 700 (See HPT)<br>R20 700 per beneficiary   |
| Corneal graft   |   |
| <b>Pathology, radiology (general)</b>   | Unlimited at Fedhealth Rate   |
| <b>Physical therapy (physiotherapy)</b>   | Subject to referral by a medical practitioner, pre-authorisation & treatment protocols  |
| <b>Prostheses</b>   |   |
| <b>Internal</b>   | Various sub-limits apply  |
| Aorta Stent Grafts  | R58 500   |
| Bone lengthening devices  | See combined benefit limit for all unlisted internal prosthesis*  |
| Cardiac pacemakers  | R27 800   |
| Cardiac stents  | R27 800   |
| Cardiac valves  | R27 800   |
| Carotid stents  | See combined benefit limit for all unlisted internal prosthesis*  |
| Detachable platinum coils   | R50 700   |
| Elbow replacement   | R27 800   |
| Embollic Protection Devices   | See combined benefit limit for all unlisted internal prosthesis*  |
| Hip replacement   | R27 800   |
| Intraocular lenses (per lens)   | R3 200  |
| Knee replacement  | R27 800   |
| 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  | R27 800   |
| Spinal plates and screws  | See combined benefit limit for all unlisted internal prosthesis*  |
| Total ankle replacement   | See combined benefit limit for all unlisted internal prosthesis*  |
| *Combined benefit limit for all unlisted internal prosthesis  | *R25 000  |
| <b>External</b>   | R11 600 at cost   |
| <b>Psychiatric services:</b> accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material | R25 100   |
| <b>Renal dialysis (chronic):</b> consultations, visits, all services, materials and medicines associated with the cost of renal dialysis**                                  | R444 700 at 100% of Fedhealth Rate at Designated Service Provider. 40% co-payment on use of non-DSP.  |
| <b>Childhood illness specialised drug benefit (e.g. biologicals) Benefit (non-oncology)</b>   | Childhood illness specialised drug benefit for children up to the age of 18   |
| <b>Specialised radiology</b>  | Unlimited at Fedhealth Rate. First R2 200 for non-PMB MRI/ CT scans for the member's account  |
| <b>Spinal surgery</b>   | No benefit unless back & neck rehabilitation programme has been completed. You pay a co-payment of R4 200 on the hospital bill  |
| <b>Terminal care benefit</b>  | R31 000 at Fedhealth Rate   |

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

## Chronic Disease Benefit

| flexiFED 4  |  |
|---|--|
| <b>Limit</b>  | Cover is provided for the conditions on the Chronic Disease List (CDL) plus 14 additional conditions, as well as medicine for eczema for children up to the age of 18 and medicine for acne up to the age of 21 at provider of choice. Subject to a limit of R5 680 pb and R11 350 per family. Thereafter unlimited cover for conditions on the CDL. Subject to intermediate formulary and MPL |
| <b>IN-BENEFIT</b>   |  |
| Conditions covered  | 42 conditions. See lists below   |
| Formulary   | Intermediate formulary   |
| Preferred Provider  | MediRite, Dis-Chem, Clicks & Pharmacy Direct   |
| <b>OUT-OF-BENEFIT</b> (See CDL list below)  |  |
| Formulary   | Intermediate formulary   |
| Preferred Provider  | MedRite, Dis-Chem, Clicks & Pharmacy Direct  |
| <b>HIV/AIDS medicine benefit including treatment for mother-to-child-transmission, rape &amp; post-exposure prophylaxis</b> |  |
| Limit   | Unlimited  |

### CHRONIC DISEASE LIST (CDL)

|  |  |
|--|--|
| <b>Chronic Disease List</b>  | 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 |
| <b>Additional conditions covered on flexiFED 4 (CDL as above + the following 16)</b> | Acne, Ankylosing Spondylitis, Anorexia Nervosa, Attention Deficit Disorder (in children only), Bulimia Nervosa, Depression, Dermatomyositis, Eczema, Generalised Anxiety Disorder, Narcolepsy, Obsessive Compulsive Disorder, Panic Disorder, Paraplegia/Quadriplegia (associated medicine), Post-traumatic Stress Syndrome, Scleroderma, Tourette's Syndrome  |

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 4  |                              |                 |
|---|------------------------------|-----------------|
| <b>Women's Health</b>   |                              |                 |
| Cervical cancer screening (Pap smear)   | Women; ages 21 to 65         | 1 every 3 years |
| <b>Men's Health</b>   |                              |                 |
| Prostate Specific Antigen (PSA)   | Men; ages 45 to 69           | 1 every year    |
| <b>Children's Health</b>  |                              |                 |
| Immunisation Programme (as per State EPI)   | Birth to 12 years            | Various         |
| <b>Cardiac Health</b>   |                              |                 |
| Cholesterol screening (full lipogram)   | All lives; aged 20 and older | 1 every 5 years |
| <b>General</b>  |                              |                 |
| 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    |
| <b>Health risk assessments</b>  |                              |                 |
| 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 4   |
|--|--|
| Unlimited network GP visits            | Unlimited at network GPs   |
| Maternity                              | No benefit   |
| 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            | No benefit   |
| Optometry                              | No benefit   |
| 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 4  |
|--|---|
| 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  |
| <b>Comprehensive managed care programmes</b>                       |   |
| 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   |

# THRESHOLD BENEFIT

The Threshold Benefit pays for certain day-to-day expenses once your claims have accumulated up to the required level. The threshold level is reached through the accumulation of claims paid from the member's Savings/ Wallet or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold. A 20% co-payment will apply to all claims paid from the Threshold Benefit. No co-payment will apply to GP and Specialist consultations in-network.

| Threshold Levels | flexiFED 4 |
|------------------|------------|
| M                | R13 650    |
| M + 1            | R24 150    |
| M + 2            | R27 660    |
| M + 2+           | R31 500    |

|  | flexiFED 4   |
|--|--|
| <b>Tariff</b>  | Up to 100% of FR   |
| <b>Co-payments in Threshold</b>  | 20% co-payment   |
| <b>Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.</b>   | In & out-of-hospital: Does not accumulate to threshold. Paid from threshold up to R11 600 per family per year. (R4 340 sub-limit per beneficiary for foot orthotics)                               |
| <b>Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy</b> (including prescribed medication)   | Does not accumulate to or pay from Threshold   |
| <b>Additional medical services:</b> Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy                                  | In & out-of-hospital: Does not accumulate to threshold. Paid from threshold up to R11 600 per family per year.   |
| <b>Dentistry Advanced:</b> inlays, crowns, bridges, mounted study models, metal base partial dentures, osseo-integrated implants, orthognathic surgery, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians | R7 400 per beneficiary per year, R22 100 per family per year before and after Threshold  |
| <b>Dentistry (Basic)</b>   | Unlimited once Threshold is reached  |
| <b>General Practitioners</b>   |  |
| Fedhealth Network GPs  | Unlimited GP consultations at a Fedhealth Network GP. Savings does not have to be depleted first. Limited to 2 mental health consultations per beneficiary per year                                |
| Non-Fedhealth Network GPs  | Unlimited accumulation to and refund from Threshold at FR. Limited to 2 mental health consultations per beneficiary per year   |
| <b>Maternity benefit</b>   | Limited to 2 x 2D antenatal scans per beneficiary per pregnancy before and after Threshold   |
| <b>Optometry</b>   | R3 340 per beneficiary per year, R10 190 per family per year before and after Threshold  |
| <b>Over-the-counter medication:</b>  | Does not accumulate to or pay from Threshold   |
| <b>Pathology</b>   | Unlimited once Threshold is reached  |
| <b>Physical therapy:</b> Chiropractics, biokinetics & physiotherapy  | Does not accumulate to threshold. Paid from Threshold up to the Additional Medical Services limit of R11 600 per family per year   |
| <b>Prescribed medication</b>   | R5 680 per beneficiary per year, R11 400 per family per year before and after Threshold  |
| <b>Radiology General</b>   | Unlimited once Threshold is reached  |
| <b>Specialists excluding Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>  |  |
| Fedhealth Network Specialists  | Unlimited at cost once Threshold is reached. 20% co-payment if GP referral not obtained  |
| Non-Fedhealth Network Specialists  | Accumulation to and refund from Threshold at Fedhealth Rate only. 20% co-payment if GP referral not obtained   |
| <b>Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>   |  |
| Fedhealth Network Psychiatrists  | Does not accumulate to threshold. Paid from threshold at cost up to the Additional Medical Services limit of R11 600 per family per year. 20% co-payment if GP referral not obtained               |
| Non-Fedhealth Network Psychiatrists  | Does not accumulate to threshold. Paid from threshold at the Fedhealth Rate up to the Additional Medical Services limit of R11 600 per family per year. 20% co-payment if GP referral not obtained |

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



**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 4   |
|--|--|
| <b>Tariff</b>  | Up to 100% of FR   |
| <b>Co-payments in Threshold</b>  | 20% co-payment   |
| <b>Appliances, external accessories and orthotics:</b> Hearing aids, wheelchairs, etc.   | In & out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from threshold up to R11 600 per family per year. (R4 340 sub-limit per beneficiary for foot orthotics)                                       |
| <b>Alternative healthcare:</b> Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)   | Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold   |
| <b>Additional medical services:</b> Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy                                  | In and out-of-hospital: Paid from Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from threshold up to R11 600 per family per year.   |
| <b>Dentistry Advanced:</b> inlays, crowns, bridges, mounted study models, metal base partial dentures, osseo-integrated implants, orthognathic surgery, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians | R7 400 per beneficiary per year, R22 100 per family per year before and after Threshold. Paid from Savings/ Wallet or self-funded and Threshold  |
| <b>Dentistry (Basic)</b>   | Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached  |
| <b>General Practitioners</b>   |  |
| Fedhealth Network GPs  | Unlimited GP consultations at a Fedhealth Network GP. Savings does not have to be depleted first. Limited to 2 mental health consultations per beneficiary per year  |
| Non-Fedhealth Network GPs  | Paid from Savings/ Wallet or self-funded and Threshold. Unlimited accumulation to and refund from Threshold at FR. Limited to 2 mental health consultations per beneficiary per year   |
| <b>Maternity benefit</b>   | Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold. Paid from Savings/ Wallet or self-funded and Threshold   |
| <b>Optometry</b>   | R3 340 per beneficiary per year, R10 190 per family per year before and after Threshold. Paid from Savings/ Wallet or self-funded and Threshold  |
| <b>Over-the-counter medication:</b>  | Paid from Savings/ Wallet or self-funded. Does not accumulate to or pay from Threshold   |
| <b>Pathology</b>   | Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached  |
| <b>Physical therapy:</b> Chiropractics, biokinetics & physiotherapy  | Subject to Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid from threshold up to the Additional Medical Services limit of R11 600 per family per year  |
| <b>Prescribed medication</b>   | R5 680 per beneficiary per year, R11 400 per family per year before and after threshold. Subject to Savings/ Wallet or self-funded   |
| <b>Radiology General</b>   | Paid from Savings/ Wallet or self-funded and Threshold. Unlimited once Threshold is reached  |
| <b>Specialists excluding psychiatrists (network GP referral required for consultations, including PMB conditions) to be paid from Risk benefits.</b>   |  |
| Fedhealth Network Specialists  | Subject to Savings/ Wallet or self-funded and accumulation at cost to threshold. Unlimited at cost once threshold is reached. 20% co-payment if GP referral is not obtained  |
| Non-Fedhealth Network Specialists  | Subject to Savings/ Wallet or self-funded. Accumulation to and refund from threshold at 100% of Fedhealth Rate only. 20% co-payment if GP referral is not obtained   |
| <b>Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>   |  |
| Fedhealth Network Psychiatrists  | Subject to Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid at cost from threshold up to the Additional Medical Services limit of R11 600 per family per year. 20% co-payment if GP referral is not obtained                   |
| Non-Fedhealth Network Psychiatrists  | Subject to Savings/ Wallet or self-funded. Does not accumulate to threshold. Paid at 100% of Fedhealth Rate from threshold up to the Additional Medical Services limit of R11 600 per family per year. 20% co-payment if GP referral is not obtained |

\*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 4 |
|------------------------------|------------|
| M                            | R7 500     |
| M + 1                        | R14 100    |
| M + 2                        | R16 200    |
| M + 2+                       | R19 500    |

### 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**.