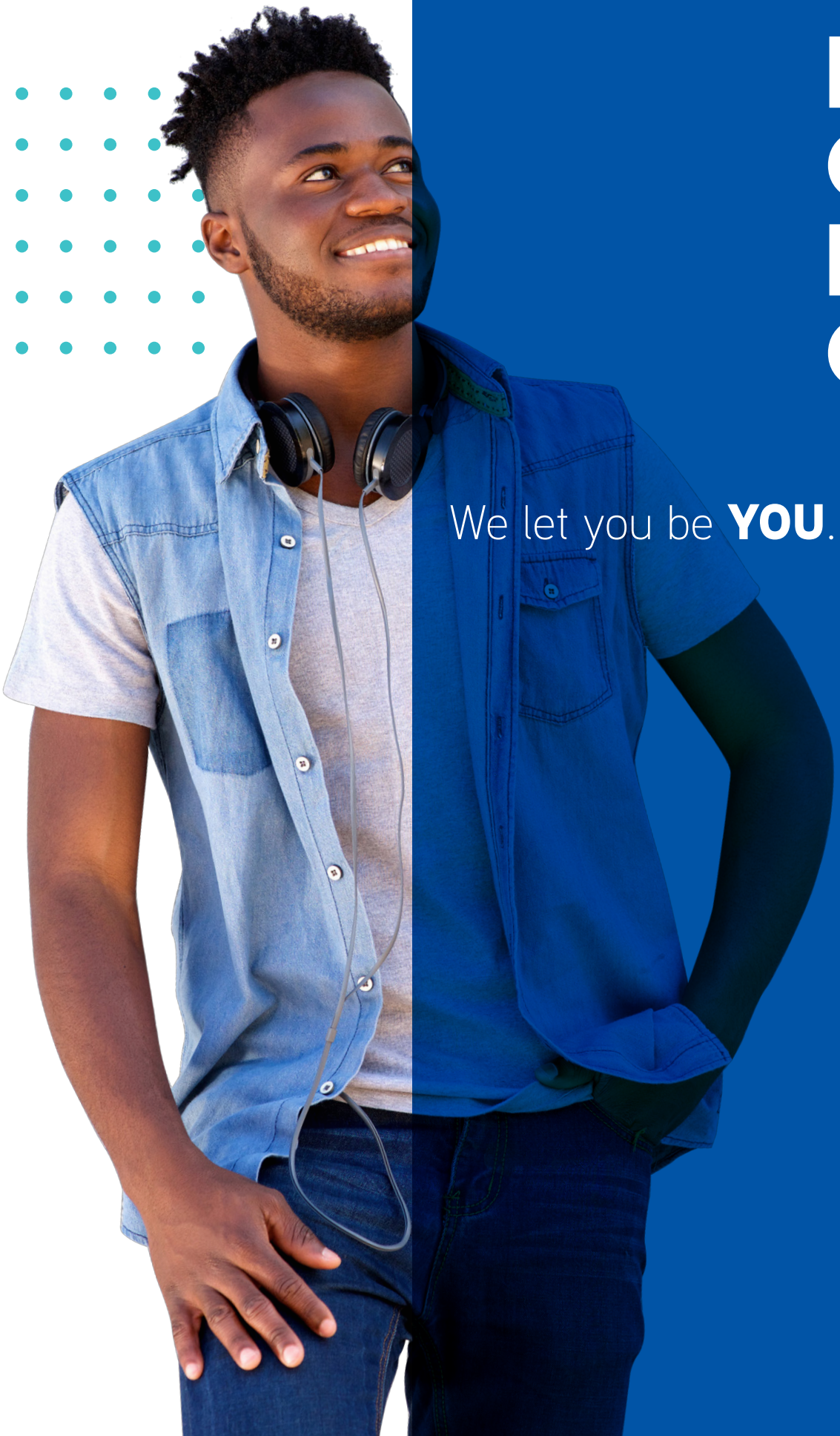
FEDHEALTH

myFED member guide 2020

We let you be **YOU**.



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Medical aid control, flexibility and choice like never before.

Plans that fit to every life stage

You select your level of day-to-day funds

Choice to reduce your monthly contribution by either 11% or 25% on certain plans

Don't pay for certain benefits till you need them with our 30 day upgrade policy

We pay more from risk

Boasting an 83-year track record, Fedhealth has a **solvency rate of 31.42%** (as at 31 December 2018), and a **Global Credit Rating of AA-**, retained for 13 consecutive years.

For us, it's about making a tangible impact on our members' healthcare by moving away from a one-size-fits-all approach, and embracing **customisation**.

Fedhealth **pays more benefits from Risk** than other schemes, with options to suit every life stage. Our **myFED** option caters for first time members, whilst the **maxiFED** range gives comprehensive cover for total peace of mind.

SAVE 11% / 25%

But the real magic happens on our revolutionary option range, **flexiFED**. Here, members experience more **choice, flexibility and control**. On these options members can also select a discount. Either by paying **11% less** every month by choosing from over 100 network hospitals; or by paying **25% less** every month by choosing to pay a R12 000 co-payment for every planned hospital event.

Our members are individuals... with unique needs and wellness journeys. For us it makes sense that their medical aid should be a little unique too.

Customised interaction with members

Using the latest technology to our advantage, we employ the following platforms to enable members to manage their Fedhealth membership and interact with us...

Fedhealth website

Recently redesigned, the sleek new Fedhealth website, **fedhealth.co.za,** is a one-stop shop for all things Fedhealth. From easy-to-navigate information on the various Fedhealth options and events sponsored by the Scheme like the Fedhealth MTB Challenge, to quick, step-by-step instructions on how to submit claims, members can find it all here.

Fedhealth Family Room

Fedhealth's online member portal has been designed to make members' interaction with the Scheme more hassle-free, informative and rewarding. Here, members can:

- Manage their membership by updating contact details, viewing and submitting claims, seeing how much Savings they've got left, activating their MediVault and making transfers to their Wallet, registering for chronic medication and obtaining hospital authorisations.
- Join cool communities based on their interests and/or life stage for great reads, valuable tips and credible information on topics like parenting, nutrition and financial fitness.
- Get rewards like complimentary coffees, discounts on meals or even clothing discounts.

LiveChat and chatbot

LiveChat is a functionality that's available to members via the Fedhealth website. They can type in their queries and one of our LiveChat agents will assist them online. The Fedhealth chatbot can be used for all members' queries about the MediVault and Wallet, and is also accessed via the Fedhealth website.

FedChat instant messaging app

A free Instant Messenger channel for Apple, Android, Blackberry and Windows Phone users.

Network GP, specialist and hospital locator

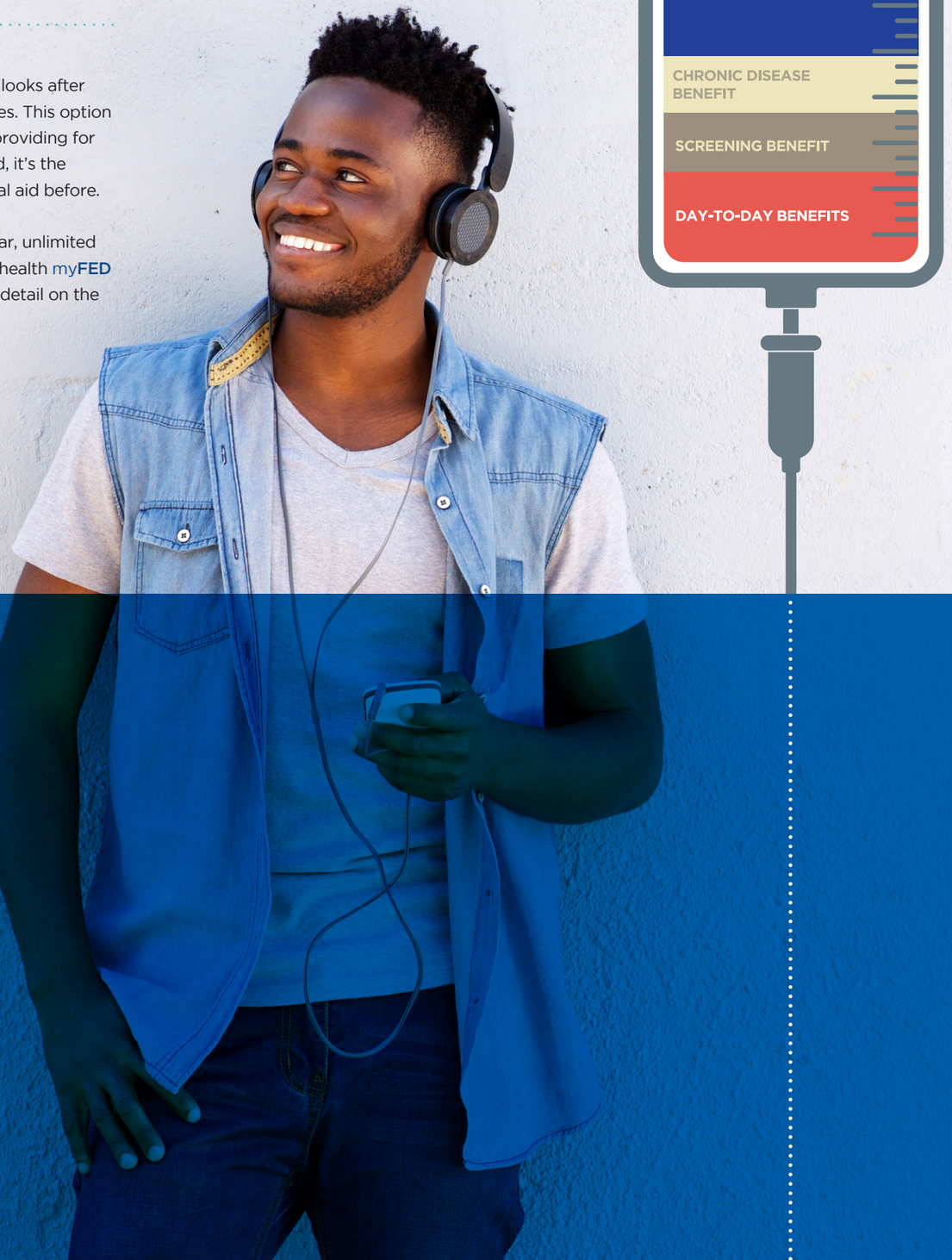
Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a general practitioner, specialist or hospital on the Fedhealth network. Go to www.fedhealth.co.za/provider-locator

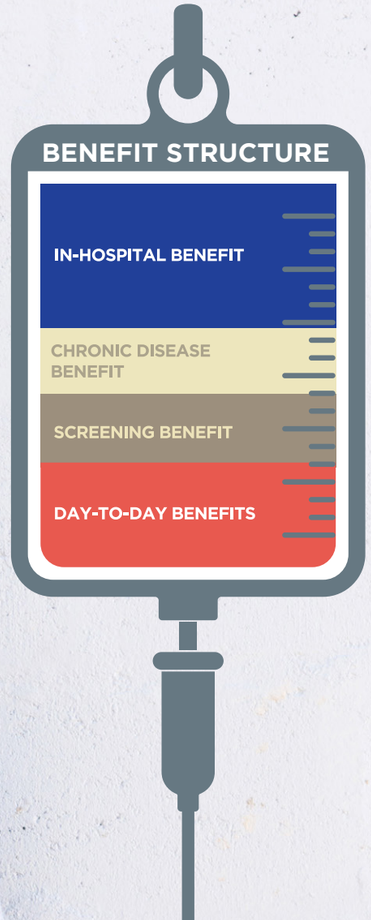
myFED

Starter healthcare

myFED is an affordable, entry-level medical aid option that looks after the health of previously uncovered, lower-income employees. This option protects the health of members so that they can continue providing for their loved ones and live life to the full. Competitively priced, it's the perfect option to offer employees who've never had medical aid before.

Some of the great benefits include a free flu vaccine per year, unlimited visits at a contracted nominated GP, as well as the free Fedhealth myFED Baby Programme. Please see the following pages for more detail on the myFED option and what it offers members.





On myFED, members enjoy the following benefits:

- **In-hospital benefit** – No overall annual limit for hospitalisation at network hospitals.
- **Chronic disease benefit** – Members are covered for conditions on the Chronic Disease List (CDL). Covered in full up to the Medicine Price List if the member uses medicine on the basic formulary and obtains it from one of our DSPs: Clicks, Dis-Chem, MediRite and Pharmacy Direct.
- **Screening benefit** – This benefit pays for lifestyle screenings, wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.
- **Day-to-day benefits** – We provide comprehensive day-to-day benefits on myFED, like unlimited contracted nominated GP visits.
- **Additional benefits** – Members can enjoy lots of additional valuable benefits like the myFED Baby Programme, oral and injectable contraceptives (acute formulary) and the free Fedhealth Nurse Line.

More about **Fedhealth's hospital cover**

We pay for **unlimited** private hospitalisation!

All our options have an unlimited in-hospital benefit. Members must obtain pre-authorisation for all planned hospital admissions and in the case of an emergency admission, they must obtain authorisation within two working days after going to hospital.

On myFED members must use a hospital on the Fedhealth Hospital Network. If they use any other hospital, they will have to pay a co-payment on the hospital account.

The in-hospital benefit covers hospital costs as well as the accounts from doctors, specialists e.g. the anaesthetist and other healthcare providers like the x-ray department.

This benefit also covers selected procedures performed in day wards, day clinics and doctors' rooms. On certain options, members must use day clinics on the Fedhealth Day Clinic Network.

Cover for hospital admissions

We cover the hospital account from the in-hospital benefit. Specialists and GPs who are on the Fedhealth network are covered in full. Specialists and GPs who are not on the Fedhealth network, are covered up to the Fedhealth Rate.

Prescribed Minimum Benefits and how Fedhealth covers them

Prescribed Minimum Benefits or PMBs refer to a basic level of cover for a defined set of conditions.

By law, all medical schemes are required to cover the treatment of 270 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. The Medical Schemes Act 131 of 1998 allows schemes to require members to make use of Designated Service Providers (DSPs) in order for a member to be entitled to funding in full. Schemes may also apply formularies – a list of medicines which should be used to treat PMBs, and managed care protocols – based on evidence-based medicine and cost-effectiveness principles to manage this benefit.

Fedhealth has appointed our network specialists, network GPs, network hospitals and four Designated Service Provider pharmacies, Clicks, MediRite group of pharmacies located in Checkers and Shoprite supermarkets, Dis-Chem and Pharmacy Direct, a courier pharmacy for the provision of PMBs. If a DSP is a requirement on your option, a 40% co-payment will apply if a DSP is not used. Members must make use of a Fedhealth network specialist and a nominated network GP in order for the cost to be refunded in full.

Should the member not use these DSPs for the treatment of a PMB condition, 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. The co-payment depends on your option.

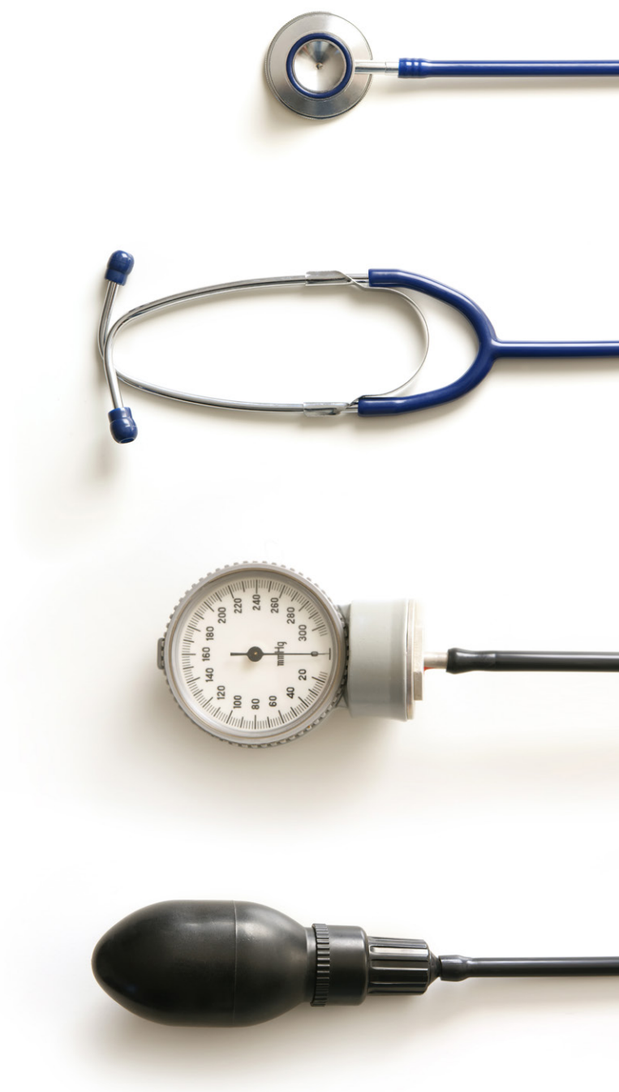
Please note: Qualification for reimbursement as a PMB is not based solely on the diagnosis (condition), but also on the treatment provided (level of care). This means that although a member's condition may be a PMB condition, the Scheme would only be obliged to fund it in full if the treatment provided was deemed to be PMB level of care.

Co-payments on certain procedures

For some treatments and procedures, members must pay an amount out of their own pocket. This is called a co-payment. Co-payments apply to the hospital account and/or certain procedures, depending on the option.

Treatment for emergencies

To qualify as an emergency, the condition must be unexpected and require immediate treatment. (This means that if there is no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death). If the member is on a network hospital option, treatment of an emergency medical condition may take place 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.



Chronic medicine benefit

Prescribed Minimum Benefit conditions

You have a benefit for the 27 chronic conditions on the Prescribed Minimum Benefit Chronic Disease List (CDL). The benefit covers medication for the list of CDL conditions paid from a formulary and must be obtained from either the DSP or a preferred provider, depending on the option.

Chronic Disease Benefit

This benefit covers the conditions on the CDL. Some options cover additional conditions.

Chronic Disease List

Conditions on the Chronic Disease List are covered in full, provided members use either the Scheme's designated service providers or preferred providers (depending on the option) as well as medicine on the formulary applicable to their option. If the DSP or medicine on the formulary are not used, the member will have to pay a 40% co-payment on the cost of the medicine.

The Medicine Price List

Medication will be covered at the Medicine Price List (MPL) rates up to the limits as specified on the chosen option. MPL is a reference price list that benchmarks each product against generically similar products. It does not restrict the member's choice but limits the amount that the Scheme will refund for each product. The MPL reference price is set at a level to ensure that a number of medicines will be available without any co-payment.

We provide **unlimited** chronic medication cover for PMBs!

Chronic conditions on the Chronic Disease List (CDL)

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

Obtaining chronic medicine

On my**FED** members must obtain chronic medicine from one of the Scheme's designated service providers. If they don't get their medicine from a DSP, they will have to pay a 40% co-payment. Fedhealth's designated service providers are MediRite, Dis-Chem, Clicks and Pharmacy Direct.

Option upgrades any time of the year within 30 days of diagnosis of a dread disease.

Programmes and wellness initiatives by Fedhealth

These benefits are funded from Risk and does not affect members' Savings/Wallet:

Corporate wellness days

Corporate wellness days provide the opportunity to create awareness, education, prevention, screening and targeted interventions that support positive lifestyle changes. These days are well-received, as it is convenient for Fedhealth members to have these services at their place of work. In addition to the clinical value that can be derived from wellness days, they provide Fedhealth with the opportunity to market the Scheme to clients and potential clients.

Health Risk Assessments

This benefit aims to identify members who are at risk of developing lifestyle diseases, and either help them prevent the onset through suitable lifestyle interventions, or help them manage their disease with practical advice and utilisation of Scheme benefits. A Health Risk Assessment can be requested at participating pharmacies and BASA registered biokineticists.

Sisters-on-Site

Fedhealth partnered with SOS Corporate Wellness (Sisters-on-Site) to offer a nursing Sister-on-Site at our members' workplaces. With the employer's influence, we aim to identify and address the organisation's specific areas of concern. By helping members change their behaviour patterns and choose healthier lifestyles, we aim to reduce healthcare expenditure (particularly on day-to-day utilisation), absenteeism, turnover rates, worker's compensation claims and tardiness.

Weight Management Programme

The Weight Management Programme is an intervention expertly designed for qualifying Fedhealth members with a high BMI and waist circumference. Members participate in a 12-week, biokineticist-led intervention plan that gives them access to a dietician and psychologist with the goal to lose the excess weight and lead healthier, more rewarding lives. Once the programme is completed, ongoing advice and monitoring is available for continued support. Email weightmanagement@fedhealth.co.za for more information. This benefit is available every two years.

GoSmokeFree Smoking Cessation Programme

Fedhealth is encouraging members who smoke to sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks, Pick n Pay and independent pharmacies. All smokers have a yearly benefit for the GoSmokeFree programme which is payable from risk benefits. The service comprises a pre-quit assessment and support sessions and features an individual plan to help with smoking cessation. Visit gosmokefree.co.za to find out more about this benefit.

Aid for AIDS (HIV Management)

Fedhealth offers the Aid for AIDS (AfA) 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 with the utmost confidentiality.

Paed IQ

Paed IQ is a 24/7 telephone advisory service available to all parents with children under the age of 14 years. This service aims to support and advise parents on any healthcare related childcare issues. Call 0860 444 128 to access this great service.

Diabetes Care

We provide members with diabetes access to a comprehensive programme that is tailored to their needs and other chronic conditions they might have. This includes continued access to a treating doctor, authorised chronic medication, blood and laboratory tests, a Health Coach, online tools and information to empower the member. Members can call 0860 002 153 or email diabeticcare@fedhealth.co.za

A proactive stance on health: screening benefits

Our myFED option has a benefit for annual flu vaccinations, an annual HIV test and Health Risk Assessments, which include wellness and preventative screenings.

Screening benefit

This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have.

Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
General		
Flu vaccination	All lives	1 every year
HIV finger prick test by a contracted wellness network provider	All lives	1 every year
Health risk assessments		
Wellness screening (BMI, blood pressure, finger prick cholesterol & glucose tests)	All lives	1 every year
Preventative screening (waist-to-hip ratio, body fat %, flexibility, posture & fitness)	All lives	1 every year

What about **cancer?**

Oncology Disease Management

Fedhealth supports cancer patients in their time of need, and diagnosed members are encouraged to register on the Fedhealth Oncology Programme by calling **0860 100 572.** The Scheme offers all members the opportunity to **change to a higher option within 30 days of a life-changing event or diagnosis**. This ensures that those with cancer can get access to medication that will help them to remain economically active, with all the support they require to deal with this stressful diagnosis.

We require a clinical summary of each member's case: this must contain the history, ICD–10 codes, the clinical findings of the doctor, as well as the test results confirming the cancer and the specific type of cancer. The proposed treatment plan must be submitted so that the oncology team can approve the appropriate therapy. Our caring agents will guide the member through the process.

Members can access the oncology benefit by obtaining pre-authorisation from a staff member within the Oncology Disease Management team. The team comprises a number of highly skilled healthcare professionals who work in conjunction with the treating doctor to ensure that treatment provided is both clinically appropriate and cost-effective. A set of cancer guidelines and protocols are used during the pre-authorisation process. These guidelines are continually updated as new products are launched and new treatment protocols established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On myFED, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Level 1 treatment protocols. A 40% co-payment applies where a DSP provider is not used.

Independent Clinical Oncology Network (ICON)

The Scheme has contracted with ICON for the provision of active oncology treatment. ICON is a network of oncologists that includes 75% of all practicing oncologists in South Africa. To find an ICON network specialist, call **0860 002 153**.

Chemotherapy and associated medicine

Chemotherapy and medicine directly associated with the treatment of cancer will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to Oncology Disease Management, cancerinfo@fedhealth.co.za. Once treatment has been authorised, the member and doctor will receive an authorisation letter. Treatment for conditions not directly related to the treatment of the cancer (e.g. depression) as well as treatment for the long-term conditions that may develop as the result of chemotherapy or radiotherapy, will be funded from an alternative benefit (i.e. the Chronic Disease Benefit or the day-to-day benefit).

At Fedhealth you can upgrade your option any time of the year on diagnosis of cancer.

Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained. The treating doctor must submit a treatment plan to Oncology Disease Management. Once treatment has been authorised, the member and doctor will be sent an authorisation letter.

Specialised medication

There is no specialised medication benefit on this option.

Consultations and visits

Oncologist consultations and hospital visits are paid from the oncology benefit while the member has either an active chemotherapy or radiotherapy authorisation. Prior to starting treatment, consultations are paid from the day-to-day benefit. Hospital visits are pre-authorised at the same time as the authorisation for chemotherapy or radiation treatment. You will receive an authorisation letter detailing the number of visits authorised and the period for which these visits are authorised.

Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorisation is not required).

Radiology

General radiology

General oncology-related radiology claims are paid from the oncology benefit while the member is receiving treatment (either chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and claims for these services are automatically paid from the oncology benefit (i.e. a separate pre-authorisation is not required).

Specialised radiology

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorisation. These pre-authorisations must be obtained from the Authorisation Centre. Specialised radiology is paid from Risk. A co-payment for non-PMB MRI/CT scans will apply on most options.

Surgery and hospitalisation

Claims for surgery and hospitalisation will be paid from the in-hospital benefit, provided that the member obtains a valid authorisation from the Authorisation Centre.

Stoma therapy

Stoma therapy will be paid from Risk. Pre-authorisation is not required.

Private nursing

Private nursing will be paid from the Alternatives to Hospitalisation benefit, where this is available.

Post-active treatment

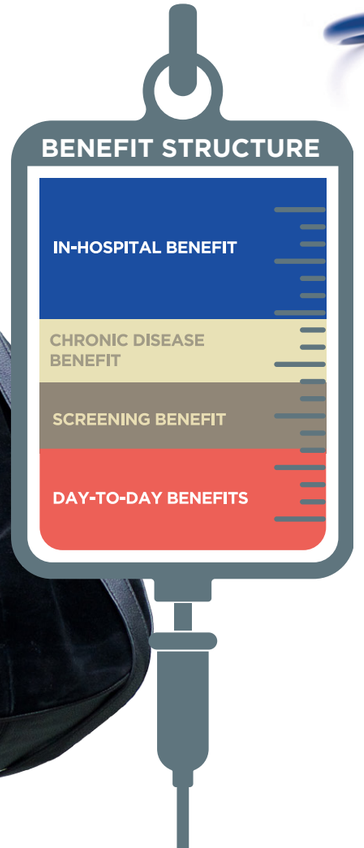
Post-active refers to the time when the member actually had last active treatment (e.g., hormone therapy, chemotherapy or radiotherapy). "For life" means that the member will remain on the oncology programme as long as the cancer is in remission. Whilst in remission, a list of appropriate consultation, radiology and pathology codes has been defined and claims for these services are automatically paid for life from the oncology benefit. Should the condition regress, the active treatment benefit will be reinstated upon submission of a new treatment plan.

1 For General Practitioner (GP) visits

1. You will need to **nominate** a GP by contacting **the Fedhealth Customer Contact Centre on 0860 002 153** and choosing a GP that you and your family intend to use. A different GP may be **nominated** for each beneficiary, for e.g, a spouse not living at the same residence as the main member. Nomination of a GP can only be changed once every six months. Use of non-nominated GP limited to two visits per beneficiary per year at a contracted GP (referred to as out-of-area). The Customer Contact Centre is available between 08h30 - 19h00 Monday to Thursday, and 09h00 - 19h00 on Fridays for a detailed list of **myFED** contracted GPs to choose from.
2. Each beneficiary may nominate two contracted GPs.
3. Make an appointment with your nominated **myFED** GP.
4. Have your Fedhealth **myFED** membership number on hand and take your card with you to the appointment, as you may have to fill in your details.
5. Your GP consultations benefit is unlimited, but remember, after ten consultations per beneficiary, you will need to obtain authorisation from the Customer Contact Centre for further consultations to be funded by Fedhealth.
6. **NB:** Make sure that the **nominated** GP or Healthcare Professional you are seeing is contracted to Fedhealth **myFED** or the medical aid may not pay!

Do I need to pay after I've seen a contracted GP?

1. **No!** The doctor will claim directly from Fedhealth for the consultation.
2. The Scheme will only pay for two non-nominated, contracted GP visits per beneficiary per year.



An overview of our myFED range

2 Medication

What happens with prescribed medication?

Prescribed acute medication:

1. This is once-off medication for the treatment of a minor condition, which the **myFED** contracted GP can give to you if they are licensed to dispense medicine.
2. If the **myFED** contracted GP is licensed to dispense medicine, then they must give you your medicine after your consultation. If your **myFED** contracted GP, who is licensed to dispense medicine, gives you a script to take to a pharmacy, the Scheme will not pay for this medicine. If the contracted GP is not licensed to dispense medicine, then you may go to any pharmacy to get your medicine. All your medicine must be on Fedhealth's acute formulary; otherwise you will have to pay for it from your own pocket. If your medicine is on Fedhealth's acute formulary, the scheme will pay for it in full.

Chronic medication:

1. If you have an ongoing condition like asthma or diabetes, then you may need chronic medication.
2. Your doctor can apply on your behalf to **Chronic Medicine Management on 0861 112 666.**
3. Your medication will be paid for in full if your application is approved according to Fedhealth's basic formulary. If your medication is not on the Scheme's basic formulary, you will have to pay a 40% co-payment.
4. You have to pay yourself if your application is denied. This could be because your condition is not on the Chronic Disease List (list of chronic conditions for which the Scheme must provide cover).
5. Once the application has been approved you will need to go to a MediRite, Clicks or Dis-Chem pharmacy with the medicine access card that Fedhealth will send you. Or you can arrange to have it delivered either to your home or your place of work by Pharmacy Direct. Call 0860 027 800 to register with Pharmacy Direct, our courier pharmacy DSP.
6. HIV/AIDS is covered in full by the Scheme. If you or one of your dependants are diagnosed with HIV/ AIDS, you must contact Aid for AIDS (AfA) to register with them. AfA is a comprehensive HIV management programme with access to anti-retrovirals and related medicines as well as post-exposure preventative medication. Ongoing patient and provider support as well as regular monitoring of disease progression and response to therapy is provided. To join AfA call them in confidence on 0860 100 646. Your doctor may also call AfA on your behalf.

3 Specialists

(eg. Ear, Nose and Throat, Cardiologist, Gynaecologist)

1. You need to be **referred to a network specialist by your nominated myFED GP. Please call the Customer Contact Centre for an authorisation number. If a referral is not obtained, a 40% co-payment will apply.**
2. If you use a Fedhealth Network Specialist, your consultation will be covered in full and the bill will be settled by Fedhealth directly. If you do not make use of a Fedhealth Network Specialist, you will have to pay the specialist yourself from your own pocket and the Scheme will not refund you.
3. **IMPORTANT!** Only two consultations to a network specialist up to R1 800 per family per year are covered. Once this limit has been exceeded you will have to pay for any further specialist consultations from your own pocket.
4. If the specialist prescribes any medicine, it will be paid for according to either prescribed acute medication or chronic medication as above.
5. If the specialist wants to admit you to hospital, please see Hospital Admission.
6. If the specialist wants to perform a minor procedure on you while you are in the rooms, **this procedure will not be covered from this benefit.** You will have to pay for this from your own pocket and the Scheme will not refund you.

4 Dentistry & Optometry

Follow these easy steps to see a dentist:

1. Select a dentist from the list of contracted dentists in your area. Phone the Customer Contact Centre on 0860 002 153 to obtain a list.
2. Phone and make an appointment with the selected dentist in your area for a consultation.
3. The dentist will claim directly for the consultation and treatment from Fedhealth. **IMPORTANT!** Please ask your dentist if the procedure that he/she is going to perform is on the list of procedures covered by the Scheme. See page 3 for a lis of procedures that the scheme will pay for.

For optometry

1. Select a network optometrist by calling the ISO Leso Call Centre on **011 340 9200**.
2. Make an appointment with the network optometrist that you selected.
3. All claims will be paid directly to the optometrist. **IMPORTANT!** Make sure you find out if your selected frame will be covered by the Scheme and remember we will only contribute R210 towards your frame.
4. Fedhealth covers 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses per beneficiary.
5. **This benefit is available in a 2-year benefit cycle.**

5 Radiology or Pathology

Radiology (x-rays) or pathology (blood tests)

1. If your nominated **myFED** contracted GP wants you to have an x-ray or a blood test, he/she will complete the radiology or pathology request form.
2. You will not have to pay for these tests if they are on the list covered by the Scheme. The radiologist/pathologist will submit the claim directly to Fedhealth.
3. You pay if the required tests are not on our list of covered procedures.
4. **Please ask your doctor if the tests that they are requesting are covered by the Fedhealth myFED option.**
5. **IMPORTANT!** See pages 3 and 4 for a list of tests that the Scheme will pay for. Please check on referral whether these tests will be covered or not!

6 Emergency

If you need an ambulance, you need to do the following:

1. If an ambulance is required please contact Europ Assistance on 0860 333 432 who will arrange an ambulance to collect you. They will need your Fedhealth **myFED** membership number.
2. They will take you to the nearest, most appropriate hospital to treat your specific emergency.
3. The ambulance service provider will submit their claim directly to the Scheme for payment.
4. If you need to go to a casualty ward for trauma treatment, this will be paid in full by the Scheme if you are admitted directly to hospital. If you are not admitted, you will pay the first R600 of the bill.
5. If you are admitted into hospital, you must arrange for authorisation as soon as possible after admission, alternatively the hospital will phone on your behalf or you could get a family member to do it for you. Call 0860 002 153 to obtain this authorisation.

An overview of our myFED range

7 Hospital admission

1. If your doctor tells you that you need to be admitted to hospital, you must go to one of the hospitals on the **myFED** Hospital Network. See list of hospitals on our website or ask your Account Executive for a copy or call the scheme. **If you do not use a hospital on the myFED Hospital Network, there will be a R12 000 co-payment on your hospital bill that you will have to pay. (You must get authorisation or the medical aid will not pay for your hospital stay.)**
2. **Before you go to hospital, you must contact the Scheme on 0860 002 153 to obtain an authorisation number.** You will need to provide Fedhealth with certain information in order to be provided with an authorisation number:
   - Your Fedhealth **myFED** membership number.
   - The date of birth of the member or beneficiary who is going to be admitted to hospital.
   - Reason for admission and applicable tariff codes and ICD10 codes for the proposed treatment.
   - Date of admission and the proposed date of operation.
   - The treating doctor's name, his/ her telephone and practice numbers, if available.
   - Name of the hospital with telephone and practice numbers, if available.
3. Once the Scheme has provided you with your authorisation number, you need to give this number to the hospital.
4. If you have obtained the required authorisation beforehand, the hospital will submit the claims directly to Fedhealth for payment.
5. **EMERGENCY ADMISSION:** Treatment of an emergency medical condition may take place at any hospital. An emergency medical condition is the sudden, and at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in jeopardy. Once the emergency has been stabilised and the person can be safely transferred to a **myFED** network hospital, the Scheme may require the patient to be transferred to a **myFED** network hospital. Should the member be unwilling to be transferred to an in-network hospital, the R12 000 co-payment may apply.

IMPORTANT! Although there is no overall annual limit on this option, you need to ensure that you use a specialist in hospital that is part of the Fedhealth Specialist Network. Use of a non-network specialist will result in a co-payment that you will need to pay. There is a R2 300 per beneficiary per year limit for non-network specialists and non-network GPs in hospital. Phone the Fedhealth Customer Contact Centre on 0860 002 153 to enquire about Fedhealth Network Specialists in your area.

We're always a phone call away on

0860 002 153

between 08h30 & 19h00 Monday – Thursday & 09h00 – 19h00 on Friday

These benefits **show we really care**

Giving our members more value and support when they need it.

24-hour Fedhealth Nurse Line

Our professional nurses are always on the other end of the line to provide advice on issues like medical emergencies, symptoms, medication side-effects, stress management and teenage support.

Paed-IQ

A South African based medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children.

my**FED** Baby Programme

Free baby goodies, support and advice for all parents-to-be. Pregnant members or dependants receive a Fedhealth baby bag filled with baby product samples, discount vouchers and a baby handbook. They also have access to professional advice when they need it.

Emotional wellbeing programme

Available to all Fedhealth members and beneficiaries, our emotional wellbeing programme provides telephonic advice and support to help members deal with issues like stress at work, relationship issues, bullying at school and teenage troubles.

Following these telephonic sessions, we can also put the member in touch with a psychologist for one-on-one sessions at a reduced rate, should they need it. Plus, we'll send the member useful communications about financial, legal and trauma advice. This life coaching/ lifestyle wellness service is run by a care centre and is available, night or day, via the telephone, email, SMS and a call-back facility.

Emergency transport/ response

Through our partner Europ Assistance, we provide all members with emergency transport.

MediTaxi

MediTaxi is a medical taxi service available to Fedhealth members who've had hospital authorisations in Cape Town, Johannesburg, Pretoria and Durban. Members can access the 24/7 MediTaxi benefit to take them to follow-up doctor's appointments, if they've undergone an authorised operation or medical treatment that prevents them from driving. Limited to two return trips per member/ beneficiary per annum.

SOS Call Me

Fedhealth's user-friendly call back service free to all Fedhealth members and their dependants. Members can select three options on the service: 1. Emergency Medical Services (EMS), 2. Nurse Line and 3. MediTaxi.

Upgrades within 30 days of a life-changing event

Members can upgrade to a higher option with better benefits ANY time of the year in the case of marriage of the main member, pregnancy or the diagnosis of a dread disease within 30 days of the life-changing event taking place. Some dread diseases that qualify include: cancer, renal failure, multiple sclerosis, diabetes, stroke, neurological disorders, HIV/ AIDS, cardiac conditions, Parkinson's disease, Alzheimer's disease, Amyotrophic lateral sclerosis (ALS) a.k.a. motor neurone disease.

Child rates for financially dependent children up to the age of 27

Fedhealth charges child rates for financially dependent children up to the age of 27. This means that student dependants pay rates applicable to children, as long as they're unmarried and not earning more than the maximum social pension.

Only pay for three children

The Scheme only charges for three child dependants, the fourth and subsequent children are covered for free.

myFED additional benefits

Additional valuable benefits that give members more support.

myFED Baby Programme
We offer a free maternity programme for pregnant members and beneficiaries offering support, advice and a handy baby bag.

Paed-IQ
Paed-IQ is a telephonic paediatric advice line for members with children up to the age of fourteen.

Postnatal midwifery benefit
We give members four consultations with a midwife in- and out-of-hospital per pregnancy.

Infant hearing screening benefit
We provide newborns with one test with an audiologist up to the Fedhealth Rate.

Take-home medicine benefit
We cover take-home medicine following a hospital visit up to the MPL. This is limited to seven days' medication per hospital event.

Trauma treatment at a casualty ward
We cover trauma treatment at a casualty ward whether the member is admitted or not, unlimited up to the Fedhealth Rate. A co-payment of R600 per visit for non-PMBs applies.

Female contraception benefit
Certain oral and injectable contraceptives for female members are paid from Risk.

Fedhealth Nurse Line
Members can access our 24-hour toll-free line manned by professional nurses for their medical and related queries.

Emotional Wellbeing Programme
We provide 24-hour telephonic support to get members through life's ups and downs, with the option to refer them to psychologists at reduced rates.

Emergency transport/ response
We provide emergency transport through Europ Assistance to assist our members in an emergency situation.

Comprehensive managed care programmes
We offer various programmes for members with specific healthcare needs.

MediTaxi
A transport service for members who need follow-up medical visits following a hospital authorisation.

SOS Call Me
A USSD call-back service that enables Fedhealth members to access Emergency Medical Services (EMS), the Fedhealth Nurse Line or MediTaxi.

Upgrades within 30 days of a life-changing event
Our members can upgrade to a higher option within 30 days of 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.

Only pay for three children
Fedhealth covers fourth and subsequent children for free.

myFED in-hospital benefit

In-hospital benefit

This benefit covers all treatments and procedures that have to be done in a hospital and that is covered by the myFED option.

Benefit	All limits are per family per year unless otherwise specified
Overall annual limit (OAL)	No overall annual limit
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at Fedhealth Network Hospitals. R12 000 co-payment on voluntary use of non-network hospitals will apply
Healthcare professional tariff (HPT)	Unlimited
Fedhealth Network GPs and Specialists	Covered in full
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 300 per beneficiary per year
Other healthcare professionals	Up to the Fedhealth Rate
Prescribed Minimum Benefits (PMB)	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs and Specialists. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. You will have a shortfall should the healthcare professional charge more
Alternatives to hospitalisation: sub-acute facilities and rehabilitation facilities. Does not include Hospice	Unlimited at cost at PMB level of care
Ambulance services	Unlimited with Europ Assistance
Appliances, external accessories, orthotics	Unlimited at cost at PMB level of care
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited at cost at PMB level of care
Hospitalisation	
Anti-retroviral & related medication	
Related pathology	
Maternity	Unlimited at cost at PMB level of care

myFED in-hospital benefit

Benefit	All limits are per family per year unless otherwise specified
Oncology: oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy	Covered up to PMB level of care at designated service provider* and paid from Level 1 treatment protocols. A 40% co-payment applies where a DSP provider is not used
Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immuno-suppressive medication: Haemopoietic stem cell (bone marrow) transplantation, Immuno-suppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care
Pathology and medical technology	Unlimited subject to basic protocols and limited list of tests and procedures
Physiotherapy	Unlimited at cost at PMB level of care
Prostheses and devices	
Internal and external	Unlimited at cost at PMB level of care
Psychiatric services	R9 100
Radiology	
General	Unlimited, subject to basic protocols and limited list of tests and procedures
Specialised radiology	R14 000 per beneficiary, subject to an overall limit of R28 300 per family per year
Renal dialysis (chronic): Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited at cost at PMB level of care at designated service provider. A 40% co-payment applies where a DSP provider is not used
Take-home medicines	Up to the MPL. Limited to 7 days' medication per hospital event

***Designated Service Provider (DSP) is ICON** - Independent Clinical Oncology Network **MPL** - Medicine Price List **FR** - Fedhealth Rate

myFED chronic disease benefit

Chronic disease benefit

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

Limit	Unlimited cover for conditions on the Chronic Disease List (CDL)
Formulary	Basic formulary
Designated Service Provider	MediRite, Clicks, Dis-Chem and Pharmacy Direct

myFED day-to-day benefits

Day-to-day benefits

An out-of-hospital benefit funded by the Scheme to give members more value.

Benefit	Limit
General Practitioners	No overall annual limit
Contracted	Unlimited at nominated my**FED** network GP, subject to protocols and ultilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 my**FED** network GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 my**FED** network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area)
Not contracted	No benefit
Specialists	Covered in full
Fedhealth Network Specialists	2 specialist consultations up to R1 800 per family per year. Must be referred by contracted GP. If a referral is not obtained, a 40% co-payment will apply
Non-network Specialists	No benefit
Dentistry basic: removal of teeth and roots and suturing of traumatic wounds. Oral medical procedures: diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry	Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. Plastic dentures limited to one set per beneficiary every two years
Female contraception	Oral and injectable contraceptives paid from acute formulary
Mental health	See GP benefit. Limited to 2 mental health consultations per beneficiary at a nominated my**FED** contracted GP
Optometry	Paid from ISO Leso Network Optometrists. Frame to the value of R210 or R210 off any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. 1 comprehensive consultation. This benefit is available in a two-year benefit cycle per beneficiary
Over-the-counter medication	No benefit
Maternity	Ultrasound as per radiology benefit
Pathology	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner
Prescribed medication	
Dispensing GP	Unlimited at dispensing contracted GP
Non-dispensing medical practitioner (e.g. Fedhealth Network Specialists, GPs and Dentists)	Unlimited, subject to acute formulary for all medical practitioners
Physiotherapy	No benefit
Radiology	
General	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by contracted medical practitioner
Specialised	No benefit
Trauma treatment at a casualty ward	Unlimited up to the Fedhealth Rate. A co-payment of R600 per visit for non-PMBs applies.

myFED procedure codes

All Fedhealth members on the my**FED** option must use healthcare professionals that are part of the myFED network and any additional treatment required must be referred by a myFED network doctor. The following treatments/ procedures are covered in full on the myFED option and the healthcare professional must ensure that the correct tariff code is used on all claims in order to be reimbursed.

List of procedures included in standard fixed fee consultation rate	
TARIFF CODE	**DESCRIPTION**
0201	Cost of material in treatment
0316-0317	Fine needle aspiration/ Aspiration of cyst or tumour
1136	Nebulisation (in rooms)
1186-1192	Flow volume test
3304	All other physical treatments
Fixed GP codes payable	
TARIFF CODE	**DESCRIPTION**
0190-0192	GP visit (dispensing)
0190-0192	GP visit (non-dispensing)
0300	Stitching of wound (additional code for setting sterile tray)
0307 / 0308	Excision and repair
0255	Drainage of abscess and avulsion of nail
0259	Removal of foreign body
0887	Limb cast
0202	Setting of sterile tray
0210	Collecting blood specimen
0206-0207	Intravenous treatment
0222-0223	Intralesional injection into areas of pathology
0233-0237	Biopsy
0241-0243	Treatment of benign skin lesion by chemo-cryotherapy
0244	Repair of nail bed
0245-0246	Removal of benign lesion by curretting
1037	Diathermy to nose or pharynx
1228-1234	ECG/ Multi-stage treadmill test
2129-2131	Electrodesiccation
2271-2272	Removal of tag or polyp or benign lesions
2316-2318	Destruction of condylomata
2399-2404	Biopsy/ Wedge biopsy
3171	Excision of Meibomian cyst
3287	Spinal joint and ligament injection

Dental codes payable (Dentists and Dental Therapists)		
CODE	**CODE DESCRIPTION**	**LIMITATIONS**
8101	Consultation	2 per beneficiary per year
8104	Examination for a specific problem not requiring full mouth examination	1 per beneficiary per year
8107/8112	Intra oral radiographs, per film	Maximum of two per beneficiary per year
8159	Scaling and polishing	2 per beneficiary per year
8161	Topical application of fluoride	Between the ages of 3-12 years. 2 per beneficiary per year
8163	Fissure sealant, per tooth	Patients younger than 14; maximum of 8 per year; 2 per quadrant
8341	Amalgam one surface	Any four amalgam fillings per beneficiary per year
8342	Amalgam two surfaces	
8343	Amalgam three surfaces	
8344	Amalgam four and more surfaces	
8351	Resin restoration, one surface anterior	Any four resin fillings per beneficiary per year (anterior)
8352	Resin restoration, two surface anterior	
8353	Resin restoration, three surface anterior	
8354	Resin restoration, four and more surfaces	
8367	Resin restoration, one surface posterior	Any four resin fillings per beneficiary per year (posterior)
8368	Resin restoration, two surface posterior	
8369	Resin restoration, three surface posterior	
8370	Resin restoration, four and more surfaces	
8307	Amputation of pulp (pulpotomy)	Only on primary teeth
8132	Root canal therapy - gross pulpal debridement	1 per beneficiary per year
8201	Extraction, single tooth. Code 8201 is charged for the first extraction in a quadrant	Any 4 non-surgical extractions per beneficiary per year
8202	Extraction, each add tooth. Code 8202 is charged for each additional extraction in the same quadrant	
8937	Surgical removal of tooth	Quantity limit of 4, restricted to posterior permanent teeth
8935	Treatment of septic socket	1 per beneficiary per year
8109	Infection control / barrier techniques. Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc for each patient	4 per year, 2 per visit
8110	Sterilised instrumentation	2 per year, 1 per visit
8145	Local anaesthetic	2 per year, 1 per visit
8231	Complete dentures – maxillary and mandibular	1 (one) set of dentures allowed per beneficiary per 24 months ONLY members and beneficiaries over the age of 21 years No metal base to complete or partial dentures allowed
8232	Complete dentures – maxillary or mandibular	
8233	Partial denture (resin base) - one tooth	
8234	Partial denture (resin base) - two teeth	
8235	Partial denture (resin base) - three teeth	
8236	Partial denture (resin base) - four teeth	
8237	Partial denture (resin base) - five teeth	
8238	Partial denture (resin base) - six teeth	
8239	Partial denture (resin base) - seven teeth	
8240	Partial denture (resin base) - eight teeth	
8241	Partial denture (resin base) - nine teeth and more	
8259	Rebase complete or partial dentures (Lab)	
8269	Repair denture	
8263	Reline complete or partial dentures (chair side)	
8271	Add tooth to existing partial dentures	
8273	Impression to repair / addition	
8140	Fee for treatment at a venue	Only if clinically indicated & authorised

myFED procedure codes

Radiology codes payable	
TARIFF CODE	**DESCRIPTION**
Skull and Brain	
10100	X-ray of the skull
Facial bones and nasal bones	
11100	X-ray of the facial bones
11120	X-ray of the nasal bones
Orbits, lachrymal glands and tear ducts	
12100	X-ray orbits
Paranasal sinuses	
13100	X-ray of the paranasal sinuses, single view
13110	X-ray of the paranasal sinuses, two or more views
Mandible, teeth and maxilla	
14100	X-ray of the mandible
14130	X-ray of the teeth single quadrant
14140	X-ray of the teeth more than one quadrant
14150	X-ray of the teeth full mouth
15100	X-ray tempero-mandibular joint, left
15110	X-ray tempero-mandibular joint, right
16100	X-ray of the mastoids, unilateral
16110	X-ray of the mastoids, bilateral
Thorax	
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30150	X-ray of the ribs
Abdomen and Pelvis	
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest Skeleton: Spinal column - per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
50100	X-ray of the spine scoliosis view AP only
Cervical	
51110	X-ray of the cervical spine, one or two views
Thoracic	
52100	X-ray of the thoracic spine, one or two views
Lumbar	
53110	X-ray of the lumbar spine, one or two views
54100	X-ray of the sacrum and coccyx
54110	X-ray of the sacro-iliac joints
Pelvis	
55100	X-ray of the pelvis
56120	X-ray pelvis and hips
Hips	
56100	X-ray of the left hip
56110	X-ray of the right hip
Shoulder	
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder

Radiology codes payable (continued)	
TARIFF CODE	**DESCRIPTION**
Humerus	
62100	X-ray of the left humerus
62105	X-ray of the right humerus
Elbow	
63100	X-ray of the left elbow
63105	X-ray of the right elbow
Forearm	
64100	X-ray of the left forearm
64105	X-ray of the right forearm
Hand and Wrist	
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
Lower Leg	
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
Ankle and Foot	
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet – standing – single view
74145	X-ray of a toe
Femur	
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72140	X-ray of left patella
72145	X-ray of right patella
72150	X-ray both knees standing – single view
74150	X-ray of the sesamoid bones one or both sides
Ultrasound Abdomen and Pelvis	
41200	Ultrasound study of the upper abdomen
40210	Ultrasound study of the whole abdomen including the pelvis
43200	Ultrasound study of the pelvis trans abdominal
43250	Ultrasound study of the pregnant uterus, first trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

myFED procedure codes

Pathology codes payable (continued)	
TARIFF CODE	**DESCRIPTION**
CHEMISTRY	
Cardia/ Muscle	
4152	CK-MB: Mass determination: Quantitative (Automated)
4161	Troponin isoforms: Each
Diabetes	
4057	Glucose: Quantitative
4064	HbA1C
Inflammation/ Immune	
3947	C-reactive protein
Lipids	
4027	Cholesterol total
4026	LDL cholesterol
4028	HDL cholesterol
4147	Triglyceride
4132	Creatinine Kinase (CK)
Liver/ Pancreas	
3999	Albumin
4001	Alkaline phosphatase
4006	Amylase
4009	Bilirubin: Total
4010	Bilirubin: Conjugated
4117	Protein: Total
4130	Aspartate aminotransferase (AST)
4131	Alanine aminotransferase (ALT)
4133	Lactate dehydrogenase (LD)
4134	Gamma glutamyl transferase (GGT)
Renal/ Electrolytes / Bone	
4017	Calcium: Spectrophotometric
4032	Creatinine
4086	Lactate
4094	Magnesium: Spectrophotometric
4109	Phosphate
4113	Potassium
4114	Sodium
4155	Uric acid
4151	Urea
HAEMATOLOGY	
3709	Antiglobulin test (Coombs' or trypsinzied red cells)
3716	Mean cell volume
3739	Erythrocyte count
3743	Erythrocyte sedimentation rate
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)
3762	Haemoglobin estimation
3764	Grouping: A B and O antigens
3765	Grouping: Rh antigen
3783	Leucocyte differential count
3785	Leucocyte total count
3791	Packed cell volume: haematocrit
3797	Platelet count
3805	Prothrombin index
3809	Reticulocyte count
3865	Parasites in blood smear
4071	Iron

myFED procedure codes

Pathology codes payable (continued)	
TARIFF CODE	**DESCRIPTION**
HAEMATOLOGY (CONTINUED)	
4144	Transferrin
4491	Vitamin B12
4528	Ferritin
4533	Folic acid
ENDOCRINE - REPRODUCTIVE	
4450	HCG: Monoclonal immunological: Qualitative
4537	Prolactin
Endocrine - Thyroid	
4482	Free thyroxin (FT4)
4507	Thyrotropin (TSH)
Other Endocrine	
4519	Prostate specific antigen
SEROLOGY	
Auto immune	
3934	Auto antibodies by labelled antibodies: FOR ANF ONLY
3939	Agglutination test per antigen
4155	Uric acid
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method: FOR RHEUMATOID FACTOR ONLY
Hepatitis tests	
4531	Hepatitis: Per antigen or antibody
4531	Acute Hepatitis A (IgM)
4531	Chronic Hepatitis A (IgG)
4531	Acute Hepatitis B (BsAG)
4531	Hepatitis B: carrier/ immunity (BsAB)
HIV tests	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)
3932	Antibodies to human immunodeficiency virus (HIV): ELISA
3974	Qualitative PCR (only for children < age 6 months)
4429	Quantitative PCR (DNA/RNA)
CYTOLOGY	
4566	Vaginal or cervical smears, each
HISTOLOGY	
4567	Histology per sample
G.MISCELLANEOUS	
4352	Faecal occult blood test (FOB)
MICROBIOLOGY	
MCS	
3909	Anaerobe culture: Limited procedure
3901	Fungal culture
3918	Mycoplasma culture: Comprehensive
4401	Cell count
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)
3928	Antimicrobic substances
3893	Bacteriological culture: Miscellaneous
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3922	Viable cell count
3879	Campylobacter in stool: Fastidious culture
3895	Bacteriological culture: Fastidious organisms
3928	Antimicrobic substances
3887	Antibiotic susceptibility test: Per organism
3924	Biochemical identification of bacterium: Extended
3869	Faeces (including parasites)

myFED procedure codes & contributions

Pathology codes payable (contined)	
TARIFF CODE	**DESCRIPTION**
MCS (continued)	
3868	Fungus identification
3881	Mycobacteria
3901	Fungal culture
3868	Fungus identification
AFB fluorochrome auramine (ZN) only	
3885	Cytochemical stain
3881	Antigen detection with monoclonal antibodies
TB culture	
3881	Antigen detection with monoclonal antibodies
4433	Bacteriological DNA identification (LCR)
3916	Radiometric tuberculosis culture
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3895	Bacteriological culture: Fastidious organisms
TB sensitivity	
3887	Antibiotic susceptibility test: Per organism
3974	Polymerase chain reaction
Parasites	
3869	Faeces (including parasites)
3883	Concentration techniques for parasites
3865	Parasites in blood smear
Bilharzia micro	
3980	Bilharzia Ag Serum/Urine
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3946	IgM: Specific antibody titer: ELISA/EMIT: Per Ag
3883	Concentration techniques for parasites

Optometry
Use the ISO LESO network
Frame to the value of R200 or R200 off any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. 1 comprehensive consultation.This benefit is available per beneficiary in a 2-year benefit cycle.

Contributions

Highest household income per month	Member	Adult Dependant	Child Dependant*
1 - 6 251	R1 023	R893	R492
6 252 - 10 219	R1 297	R1 126	R634
10 220 - 12 622	R1 818	R1 587	R697
12 623 - 14 426	R2 310	R1 904	R903
> 14 427+	R3 133	R2 854	R1 194

*Up to a maximum of three children

Contact details

Medscheme Client Service Centres
For personal assistance, visit one of the following Medscheme Client Service Centres.

These branches are open Monday to Friday 07h30 – 17h00
Saturday 08h00 - 13h00.

Bloemfontein
Medical Suites 4 and 5, First Floor, Middestad Mall, Corner West Burger and Charles Streets
Cape Town
Icon Building, Ground Floor, Cnr Lower Long Street & Hans Strijdom Avenue, Cape Town
Durban
Ground Floor, 102 Stephen Dlamini Road, Musgrave, Durban
Port Elizabeth
1st Floor, Block 6, Greenacres Office Park, 2nd Avenue, Newton Park
Pretoria
Nedbank Plaza, Ground Floor, Shop 17, 631 Steve Biko Street, Arcadia
Roodepoort
Shop 21 & 22, Flora Centre, Cnr Ontdekkers and Conrad Roads, Florida North, Roodepoort
Vereeniging
Ground Floor, 36 Merriman Avenue

Contact us
Fedhealth Customer Contact Centre
Monday to Thursday 08h30 – 19h00
Friday 09h00 – 19h00
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

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

Ambulance Services
Europ Assistance
Tel: 0860 333 432

Aid for AIDS
Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
Fax: 0800 600 773
Email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

Chronic Medicine Management
Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0860 002 153
Email: cmm@fedhealth.co.za
Postal address: P O Box 38632 Pinelands 7430

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

Emotional Wellbeing Programme
Tel: 087 365 8664

Fedhealth Baby
Monday to Friday 08h00 – 17h00
Tel: 0861 116 016
Email: info@babyhealth.co.za
Web: www.babyhealth.co.za

Fedhealth Paed-IQ
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
Dial *130*3272*31#

Oncology Disease Management
Monday to Friday 08h00 – 16h00
Tel: 0860 100 572
Fax: 021 466 2303
Email: cancerinfo@fedhealth.co.za
Postal address: P O Box 38632, Pinelands, 7430

SOS Call Me
Dial *130*3272*31#

MediVault Activations and transfers USSD
*134*999*memberno#

Preferred Provider Pharmacies

Clicks
Tel: 0860 254 257
To locate a store, go to: www.clicks.co.za and select Store Locator

Dis-Chem
Care-Line: 0860 347 243
To locate a store, go to: www.dischem.co.za and select Store Locator

MediRite Pharmacy
Tel: 0800 222 617
To locate a store, go to: www.medirite.co.za and select Store Locator

Pharmacy Direct
Monday to Friday 07h30 – 17h00
Tel: 0860 027 800
Fax: 0866 114 000/ 1/ 2/ 3/ 4
Email: care@pharmacydirect.co.za
Web: www.pharmacydirect.co.za
SMS (call me): 083 690 8934

Great savings
with Sanlam Reality!

Sanlam Reality is the lifestyle and rewards programme of the Sanlam Group and rewards members for taking care of their money. It is available to all Fedhealth medical aid members. All medical aid members automatically qualify for the free Reality Access option. Fedhealth members can also sign up for one of Sanlam Reality's paid-for membership options, where they can enjoy benefits in the following categories: Wealth, Health, Travel, Entertainment and Personal Services. Family membership options are also available, enabling the whole family to enjoy exclusive benefits and rewards.

Reality Access for Fedhealth

This option is free to all Fedhealth members and offers three primary benefits: Funeral Cover worth R5000, International Travel Insurance up to R5-million and Pet Accident Cover up to R3000 annually.

Reality Health

Our flagship offering with great discounts, many unique benefits and an expanded gym offering. Save on gym membership, local and international flights, hotels, car hire, travel insurance, movies, entertainment and more.

Single membership option R215/month

Family membership option R275/month

Reality Core

A great value offering, much loved by members. Save on local flights, gym membership, hotel accommodation, car hire, movies and more.

Single membership option R99/month

Family membership option R130/month

Sanlam Reality is based on a tier model structure designed to reward members for completing specific tier activities. Members can be on Bronze, Silver or Gold tier status, and this status is updated annually. (Excludes Reality Access for Fedhealth membership option.)

The more you do, the more you get *rewarded*.

Your *quick guide* to Sanlam Reality's benefits

	Reality Health *Single & Family*	Reality Core *Single & Family*	Reality Access for *Fedhealth*
Wealth			
Sanlam Life Cover	Up to 30% discount on risk products	n/a	n/a
Sanlam Personal Loans	Cash-back reward of up to 20%	Cash-back reward of up to 20%	n/a
Sanlam Gap Cover	Extra cover for your hospital stay	Extra cover for your hospital stay	n/a
Sanlam Online Will	Online Will safekeeping	Online Will safekeeping	n/a
TaxTim	Help with tax returns, save up to R599	Help with tax returns, save up to R599	n/a
Wealth Sense	Online financial platform	Online financial platform	Online financial platform
Funeral Cover	n/a	n/a	Cover up to R5000
Pet Accident Cover	n/a	n/a	Cover up to R3000
Day-to-Day			
Annual vehicle inspection	R95 discounted inspection fee	R95 discounted inspection fee	R95 discounted inspection fee
Sanlam Money Saver credit card	Adds as much as 5% to your savings	Adds as much as 5% to your savings	Adds as much as 5% to your savings
Health			
Independent Gyms & Studios	As much as 60% off	As much as 40% off	n/a
Virgin Active	As much as 60% off	n/a	n/a
Planet Fitness	As much as 80% off	As much as 60% off	n/a
JustGym	As much as 80% off	As much as 60% off	n/a
Travel			
Mango flights	As much as 30% off	As much as 20% off	n/a
Emirates flights	As much as 25% off	n/a	n/a
Uber trips	As much as 30% off	As much as 30% off	n/a
Tempest Car Hire	Pay as little as R230 per day	Pay as little as R230 per day	n/a
Protea Hotels by Marriott®	As much as 30% off	As much as 20% off	n/a
Bidvest Premier Lounge	Complimentary access	n/a	n/a
International Travel Insurance	n/a	n/a	Cover up to R5-million
Entertainment			
Nu Metro movies & refreshments	R30 for 2D or R50 for 3D; R35 for a refreshment combo	R30 for 2D; R35 for a refreshment combo	n/a
Computicket shows & sport	Buy one ticket, get one free up to R300	n/a	n/a
simfy africa music streaming	First six months free, then 7.5% off music streaming	First six months free, then 7.5% off music streaming	n/a
AlwaysOn Wi-Fi	Get 1GB Wi-Fi data every month	n/a	n/a
Reality magazine	Three times a year	Three times a year	n/a
Personal Services			
Personal Assistant	Assistance 24/7, 365 days	Assistance 24/7, 365 days	n/a

Download and activate the **Sanlam Reality App**

To find out more about how you can join Sanlam Reality, go to **www.sanlamreality.co.za/join** or call **0860 732 548/9**.

FHQG 08/19/E. ALL CONTENT CORRECT AT DATE OF PRINT. T&CS APPLY.

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.

FEDHEALTH