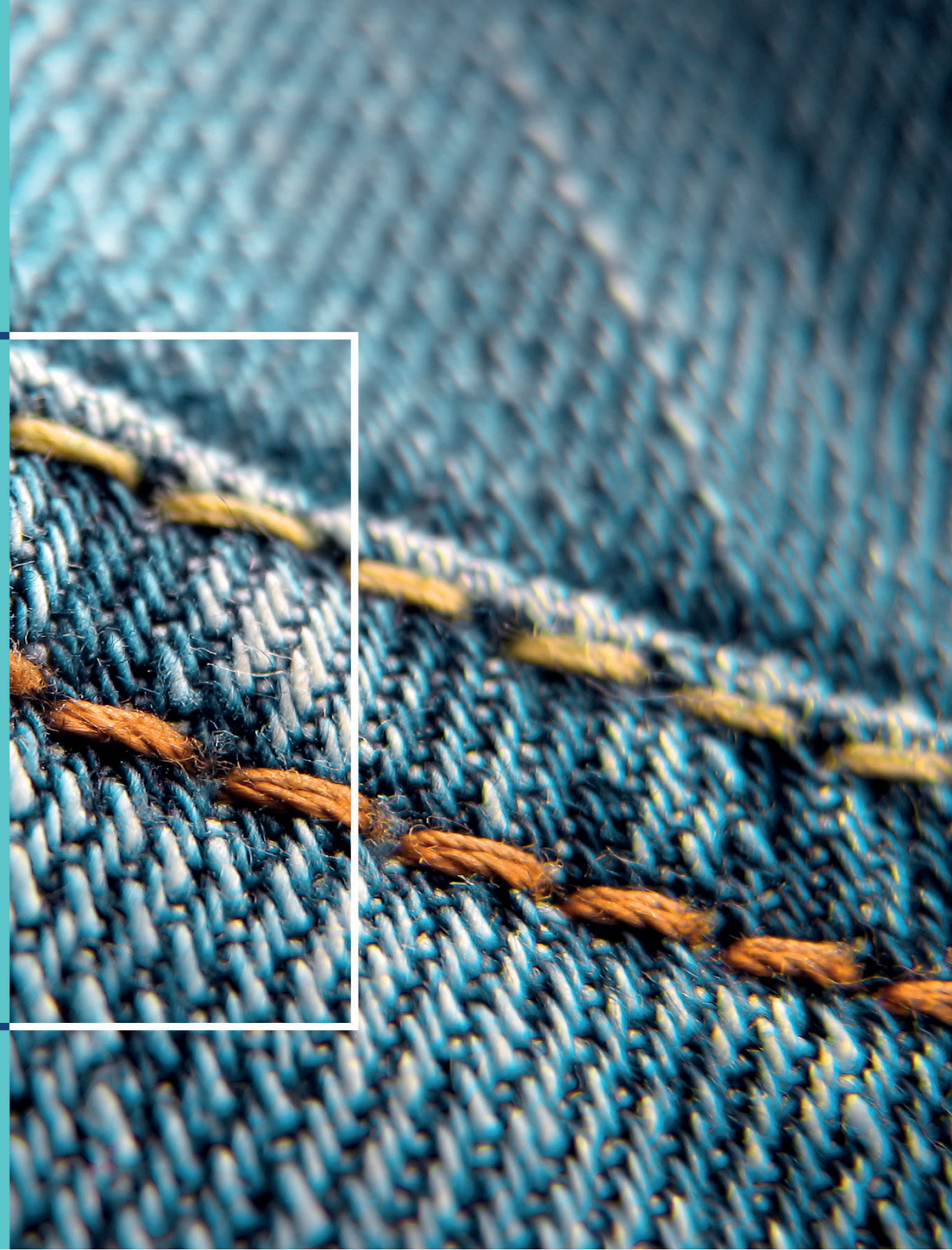
FEDHEALTH

flexiFED 1Elect 2021

DEFINED BY DETAIL



DEFINED BY DETAIL

flexi**FED**... Attuned to the finer details of healthcare

Two years ago, Fedhealth launched the revolutionary flexi**FED** range, together with the MediVault system. While this still remains a first and only for the South African medical aid market, we have now refined the details and polished the mechanics. We have stripped away the complications and added what was needed.

With meticulous attention to detail, we are now proud to announce that in 2021 the Fedhealth product is not just a first and only of its kind... it's refined like never before.

Some of flexi**FED's finer details include:**

- **Select your own level of day-to-day funds** (flexible) or fixed
- Choose to r**educe your monthly contribution by either 11% or 25%**
- Plans are **tailored around YOUR life stage**
- **Don't pay for certain benefits until you need them** with our 30-day upgrade policy
- **We pay more from Risk** to stretch day-to-day benefits further

When taking a closer look at Fedhealth Medical Scheme, we're especially proud of our **84 years in healthcare, our solvency rate of 43.43%** (as at 31 December 2019), and our **Global Credit Rating of AA- retained for 14 consecutive years**. Proof that we have both the experience and financial savvy to show up for our members when they need us most.

Run by members for members, we put you first by staying on top of the latest healthcare trends and constantly evaluating how we can give you more, whilst remaining as affordable as possible.

Choose Fedhealth to protect your precious health in a way that lets you be YOU.

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Overview of the flexi**FED 1**[Elect] **structure**

flexi**FED 1**[Elect] is perfect for young single people in excellent health.

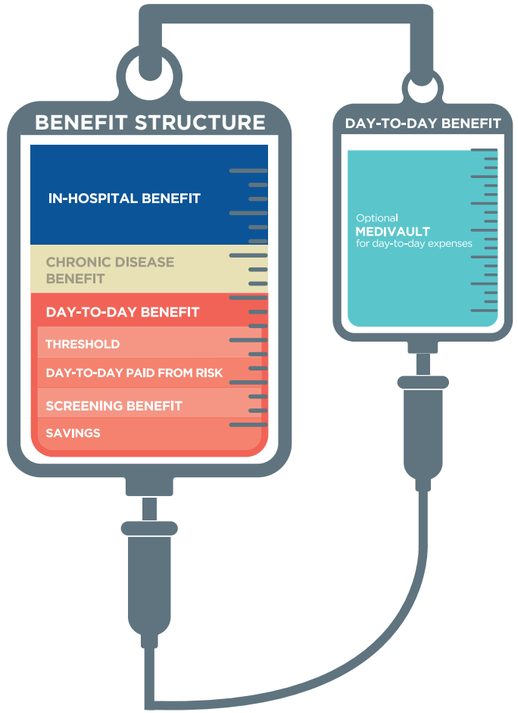
It offers sound in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits. Its Threshold benefit kicks in once day-to-day claims have accumulated to the Threshold level, provided all day-to-day claims have been submitted. This means that certain claims like unlimited nominated network GP visits will be paid from the Threshold benefit.

Some of the benefits young, healthy members can look forward to on this option include female contraception paid from Risk, specialised radiology for that fall from the MTB, and unlimited accident and emergency treatment at any private hospital.

On flexi**FED 1**[Elect], you've chosen a fixed co-payment of R12 500 on all planned procedures, except for emergencies, and by doing so, you're saving 25% on your monthly contribution. This excess applies to the hospital bill only; you could still have co-payments on out-of-network specialists, a procedure co-payment or shortfalls because benefit limits have been exceeded.

On this option, you have access to a MediVault and Wallet facility for day-to-day expenses. You can either choose a **FLEXIBLE** repayment structure and only pay for the funds you use (interest free over 12 months), or you can opt for a **FIXED** repayment structure, which essentially means you'll use it in the same way as a regular MSA.

Control, customisation and choice like never before!



On flexi**FED 1**[Elect], members enjoy the following benefits:

- **In-hospital benefit** –Members have no overall annual limit for hospitalisation.

- **Chronic disease benefit** – This benefit covers chronic conditions on the CDL. It's covered in full up to the Medicine Price List if members use medicine on the formulary and obtain it from one of our designated service providers: Clicks Direct Medicines, Dis-Chem Direct and Pharmacy Direct.

- **Day-to-day benefits** – Day-to-day expenses on the flexi**FED 1**[Elect] are first funded from any available Savings the member might have. Once their Savings is depleted, day-to-day expenses can be paid from the Wallet once the member has activated their MediVault and transferred funds to their Wallet, on a **FLEXIBLE** repayment structure, or from the funds allocated to them on 1 January (**FIXED** repayment structure).

  flexi**FED 1**[Elect] has a Nominal Savings contribution. This allows members to transfer/retain any accumulated Savings from a previous option/ scheme when joining flexi**FED 1**[Elect]. Any member on flexi**FED 1**[Elect] can also top up this Savings Account at any time up to a maximum annual amount of 25% of their gross contribution. Any claim submitted which is not payable from Risk will be funded from the member's Savings Account first.

- **Threshold benefit**
  The Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.

- **Day-to-day benefits paid by the Scheme** – We pride ourselves on paying more from Risk so the members' day-to-day benefit lasts longer.

- **Screening benefit** – Preventative screenings and assessments like lifestyle screenings, wellness screenings (includes finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI) and physical screenings are covered from this benefit.

- **Savings** – The funds in the member's Medical Savings Account (MSA) will be used first when he or she has day-to-day medical expenses.

GO BACK

Unlimited private hospital cover
for peace of mind

We pay for **unlimited** private hospitalisation!

flexi**FED 1**[Elect] has 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.

Members must use a hospital on the Fedhealth Hospital Network. If they use any other hospital, they will have to pay a co-payment of R12 500 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 doctor's rooms.

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.

Referral by a medical practitioner and pre-authorisation is required for physical therapy (physiotherapists), which is covered up to the Fedhealth Rate.

How Prescribed Minimum Benefits are covered

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 network specialists, network GPs, network hospitals and DSP pharmacies, Clicks, Dis-Chem and MediRite as well as Pharmacy Direct, Clicks Direct Medicines and Dis-Chem Direct, courier pharmacies, for the provision of PMBs. If a DSP is required on your option, a 40% co-payment will apply if you don't use a DSP. Members must use a Fedhealth Network Specialist and a nominated network GP in order for the cost to be refunded in full.

Should you 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.

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.

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.

GO BACK

Day clinic/ doctor's room **procedures covered from the in-hospital benefit**

We cover certain procedures **unlimited** from the hospital benefit if done in a day ward, day clinic or doctor's rooms!

The following procedures will be paid from the in-hospital benefit if done in a day clinic, day ward or an outpatient section of a hospital. Some may incur a procedure co-payment. Overnight admissions will not be covered except for Prescribed Minimum Benefits.

These procedures must be pre-authorised. If the procedure is performed without pre-authorisation, the full amount will be paid from day-to-day benefits or self-funded by the member and will not accumulate towards the Threshold level.

If authorisation is requested after the procedure has taken place, a R1 000 penalty will apply which will be paid from day-to-day benefits or self-funded by the member, without accumulating to the Threshold level.

Gynaecology
Bartholin cyst - drainage/excision/ marsupialisation
Cauterization of warts
Cervical cerclage
Colposcopy
Fine needle aspiration - cytology
LETZ of cervix
Dilatation and Curettage
Endometrial ablation
Hysteroscopy
Insertion of IUD (Intra-uterine Device)
Labiaplasty

Urology
Adults
Bilateral total orchidectomy for prostate cancer
Bladder biopsy (cancer and other conditions)
Bouginage for urethral stricture
Circumcision
Cystoscopy & ureteral dilation
DJ stent removal post pyeloplasty
Hydrocelectomy for vaginal hydrocoele
Inguinal hernia repair
Open cystolithotomy for bladder stone
Prostate biopsy (cancer and other conditions)
Renal calculus removal & stent insertion
Scope and pyelogram
Second stage urethroplasty post stage 1
Testicular biopsy for infertility
Urethrocystoscopy for bladder outlet obstruction
Varicocelectomy for varicocele
Vasectomy
Vasostomy
Paediatrics
Circumcision for intact prepuce
Glandulo-cavernous shunt for priapism
Hydrocelectomy for congenital hydrocoele
Meatotomy for meatal stenosis
Orchidopexy for undescended testis
Urethrocystoscopy for urinary incontinence

Orthopaedics
Arthrocentesis
Arthrodesis of hand/elbow/ foot
Arthroscopy
Arthrotomy of finger/hand/ elbow/knee/hip/toe
Aspiration/intra-articular injection of joints
Bunionectomy
Carpal Tunnel release
Cast/application removal
Ganglionectomy
Injection of tendon/ligament/ trigger points/ganglion cyst
Injection therapeutic carpal tunnel
Insertion or removal of K wires or other internal fixatives
Radical nail bed removal

General Surgery
Anal dilatation/Anoscopies/ fissures and fistula repair
Breast biopsy/ removal lump
Colonoscopy
Drainage of abscesses/ haematomas/cysts (subcutaneous/ submucosal)
Excision lipoma/cysts/ tumours
Excision of sweat glands (axilla/inguinal) and simple repair
Gastroscopy/oesophagogas-troduodenoscopy
Haemorrhoidectomy
Inguinal hernia repair
Lymph node/muscle/skin/bone and breast biopsy
Proctoscopy and removal of polyps
Resection/debridement of multiple nails (6 plus)
Sigmoidoscopy
Umbilical hernia repair
Wound debridement (skin/ subcutaneous tissue)

ENT Surgery
Adenoidectomy
Antrostomy
Diathermy to nose and pharynx (under LA)
DPP (Diagnostic Proof Puncture)
ENT Endoscopy
Middle ear procedures (mas-toidectomy, tympanoplasty/ stapedectomy)
Myringotomy (including aspiration and incision) and/or grommets
Nasal bleeds (control)
Reduction of nose fracture
Rhinoplasty
Septoplasty
Sinus related surgery (ethmoid-ectomy/sinusotomy and lavage)
Tonsillectomy
Turbinectomy
Tympanoplasty

Ophthalmology
Cataract surgery
Foreign body removal
Intra ocular injection e.g. Avastin, including Glaucoma
Laser Surgery
Posterior and Anterior Vitrectomy
Probing & repair of tear ducts
Pterygium (conjunctiva)
Removal of pterygium
Strabismus repair

Oral and Maxillofacial Surgery
Apisectomy
Frenectomies
Gingival Graft
Implantology
Orthodontic Attachment
Pulpotomy and fillings
Wisdom or Impacted Teeth removal
Extractions

Plastic and Reconstructive Surgery
Repair wound with layers (scalp/axillae/trunk/limbs
Repair wound lesions (scalp/ hands/neck/feet/face)
Excision of benign lesions (scalp/neck/hands/feet/trunk/ limbs)
Excision of malignant lesions (+ flap if required)

Procedures performed in a doctor's room or suitably equipped procedure room
The following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, at up to 100% of the Fedhealth Rate. Pre-authorisation must be obtained and should no pre-authorisation take place, reimbursement will be restricted to the member's available day-to-day benefit or self-funded by the member. This will not accumulate to the Threshold Level:

Gastroscopy *(no general anaesthetic will be paid for)*
Colonoscopy *(no general anaesthetic will be paid for)*
Flexible sigmoidoscopy
Indirect laryngoscopy
Removal of impacted wisdom teeth
Intravenous administration of bolus injections for medicines that include antimicrobials and Immunoglobulins *(payment of immunoglobulins is subject to the Specialised Medication Benefit)*
Fine needle aspiration biopsy
Excision of nailbed
Drainage of abscess or cyst
Injection of varicose veins
Excision of superficial benign tumours
Superficial foreign body removal
Nasal plugging for epistaxis
Cauterisation of warts
Bartholin cyst excision

GO BACK

flexiFED 1Elect in-hospital benefit, co-payments & prosthesis benefit

	flexiFED 1Elect
Overall annual limit (OAL)	Unlimited at network hospitals only. There is a R12 500 excess on all hospital admissions except emergency admissions
Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable.
	Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate and you will have a co-payment should the healthcare professional charge more
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff at network hospitals only.
Additional medical services (dietetics, occupational therapy and speech therapy)	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Alternatives to hospitalisation:	
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff
Sub-acute facilities, physical rehabilitation facilities	Unlimited at cost up to PMB level of care
Appliances, external accessories and orthotics	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited (see HPT)
Maternity - Healthcare Professional Tariff in-hospital (HPT)	
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Dentistry	
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R4 600 on the hospital bill
In-hospital dentistry benefit for children under 7	No benefit

	flexiFED 1Elect
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	Unlimited at cost at PMB level of care at designated service provider* and paid from Level 1 treatment protocols.
	A 40% co-payment applies where a DSP is not used
Organ transplant including immunosuppression medication	Unlimited at cost at PMB level of care
Corneal graft	No benefit
Pathology, radiology (general)	Unlimited at Fedhealth Rate
Physiotherapy	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	Unlimited at cost at PMB level of care
Renal dialysis (chronic): 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 (DSP).
	A 40% co-payment applies where a DSP is not used
Childhood illness specialised drug benefit (up to the age of 18)	No benefit
Specialised radiology	Unlimited at Fedhealth Rate. First R3 310 for non-PMB MRI/ CT scans for the member's account
Spinal surgery	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R8 000 on the hospital bill
Terminal care benefit	R33 300 at Fedhealth Rate

Co-payments

Co-payments may apply on certain in-hospital procedures, which will be for the member's account.

	flexiFED 1Elect
Co-payments per event applicable on the hospital/ facility bill only	
Adenoidectomy, bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	R6 800
All open hernia surgery	R6 800
Arthroscopic procedures - knee, shoulder, ankle and other	R8 500
Arthroscopic procedures: hip	No benefit
Arthroscopic procedures: wrist	Unlimited at cost at PMB level of care
Back & neck procedures	R6 800
Cataract surgery with CP**	Unlimited at cost at PMB level of care
Colonoscopy, upper GI endoscopy	R6 800
Dental admissions	No benefit
Hysterectomy (unless for cancer)	R4 000
Inguinal hernia sugery	R6 800

	flexiFED 1Elect
Joint replacements	
Single hip and knee replacements with CP*	Unlimited at cost at PMB level of care
Single hip and knee replacements- voluntary non-use of CP*	Unlimited at cost at PMB level of care
Other joint replacements and involuntary non-use of CP* for single hip and knee replacements	Unlimited at cost at PMB level of care

* Contracted Provider: Must use ICPS Hip and Knee network or JointCare for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.
**Contracted Provider: Must use ICPS Cataract network for cataract surgery. Non-use of Contracted Provider (CP) will result in co-payment of R6 000.

	flexiFED 1Elect
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R6 800
Laparoscopic varicocelectomy	R6 800
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit
Spinal surgery**	R8 000
Surgical extraction of impacted wisdom teeth	R4 600
Varicose vein procedures	R6 800
Tonsillectomy	
Under the age of 12	No co-payment
12 and over	R6 800

** No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed.

Prosthesis benefit

Under this benefit, we cover internal prosthesis like pacemakers and spinal plates.

	flexiFED 1Elect
External	Unlimited at cost at PMB level of care
Internal	
Aorta Stent Grafts	Unlimited at cost at PMB level of care
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws	
Cardiac pacemakers, cardiac stents, cardiac valves	
Detachable platinum coils	
Elbow, hip, knee and shoulder replacement	
Total ankle replacement	No benefit
Intraocular lenses (per lens)	Unlimited at cost at PMB level of care
* Combined benefit limit for all unlisted internal prosthesis	

GO BACK

Examining our **cancer cover**

At Fedhealth you can upgrade your option any time of the year on diagnosis of 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 need to deal with this stressful diagnosis.

We require a clinical summary of each member's case: this must include 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 the Oncology Disease Management team. The team comprises 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 are established. In addition, our team is supported by a number of oncologists and haematologists from the private, public and academic sectors.

On flexi**FED 1**[Elect], 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 is not used.

Independent Clinical Oncology Network (ICON)

ICON provides Fedhealth's 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, you can 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 Savings Account/ Wallet).

Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.

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

Specialised medication is medication that is focused on a defined group of patients, diseases, skills, or philosophy e.g. biologicals – oncology and non-oncology. **Specialised medication is covered on our maxiFED options only.**

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. 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 (a separate pre-authorisation is therefore 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 of R3 310 for non-PMB MRI/CT scans will apply.

PET scans

flexi**FED 1**[Elect] does not have a PET scan benefit.

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.

Terminal care and private nursing

Accommodation in a hospice or terminal care facility for the care of patients in terminal stage of life will be covered from the Terminal Care Benefit covered up to R33 300 per family per year. Pre-authorisation must be obtained from the Hospital Authorisation Centre. 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.

GO BACK

Taking care of every important detail during **pregnancy and birth**

Fedhealth provides rich maternity benefits on flexi**FED 1**[Elect], so that parents-to-be can focus on the joy of their pregnancy journey, while we take care of the rest.

Some of the maternity and childhood benefits members can expect:

Maternity benefits

- Fedhealth Baby Programme – a free programme for all expecting beneficiaries offering support, advice and a free Fedhealth baby bag filled with baby goodies
- Doula benefit – we offer R3 000 per delivery for a doula (birthing coach) to assist mom during natural childbirth
- Postnatal midwifery benefit – we provide four consultations per delivery with a midwife in- and out-of-hospital

Great childhood benefits

- Paed-IQ – free access to a 24/7 paediatric telephonic advice line
- Infant hearing screening benefit – we offer one test from birth up to the age of eight weeks with an audiologist up to the Fedhealth Rate.
- Childhood immunisations – immunisation from birth up to 12 years as per the state EPI
- Trauma treatment in a casualty ward – we cover emergency treatment, like stitches, in a casualty ward, whether the member is admitted to hospital or not. Authorisation must be obtained and a co-payment of R630 applies for non-PMBs
- Child rates up to the age of 27 – financially dependent children up to 27 are covered under child rates, provided they don't earn more than the maximum social pension
- Only pay for three children – we cover fourth and subsequent children for free

Appliances

We pay for breast pumps and nebulisers from the member's Savings/ Wallet provided they have a NAPPI code. This will accumulate to Threshold up to the appliances, external accessories and orthotics limit.

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A closer look at our **chronic medicine benefit**

Prescribed Minimum Benefit conditions
All options 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 the Designated Service Provider.

Chronic Disease Benefit
This benefit covers the conditions on the CDL.

Chronic Disease List
Conditions on the CDL are covered in full, provided members use the Scheme's DSPs as well as medicine on the formulary. 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.

Medication for additional chronic conditions
flexi**FED 1** does not cover medicine for additional chronic conditions.

The Medicine Price List
Medication will be covered at the Medicine Price List (MPL) rates. 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.

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

Chronic conditions covered 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
Medicine for HIV and AIDS must be obtained from Pharmacy Direct otherwise a 40% co-payment will apply.

On flexi**FED 1**[Elect] 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 for this option are the following courier pharmacies: Pharmacy Direct, Clicks Direct Medicines and Dis-Chem Direct.

GO BACK

chronic disease benefit

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

	flexiFED 1[Elect]
Limit	Unlimited cover for conditions on the Chronic Disease Benefit List (CDL)
Formulary	Basic formulary
Designated Service Provider	Pharmacy Direct, Clicks Direct Medicines and Dis-Chem Direct

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Cover for your **mental health**

The World Health Organisation defines mental health as a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

Fedhealth covers up to 21 days in hospital for psychotherapy.

Fedhealth supports members with mental health conditions by making the following benefits available to members:

Mental Health Resource Hub
Fedhealth members can access the Mental Health Resource Hub to help them navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.

It's available via the Fedhealth Family Room online member portal or go to **http://www.medscheme.com/mental-wellness-resource-hub/**

Emotional Wellbeing Programme
Fedhealth's Emotional Wellbeing Programme, available to all Fedhealth members and beneficiaries offers a psychosocial wellbeing service for members that equips them to make the necessary changes to improve their quality of life.

It's run by a call centre and is available 24/7 through various channels such as telephone, email, SMS and a call-back facility.

This programme offers Fedhealth members:
- Wellbeing communications on relevant and trending psychosocial, financial and legal wellbeing themes to ensure optimal wellbeing and encourage healthy decision-making
- Access to a multi-disciplinary team of wellbeing professionals
- Wellbeing information and advice via a dedicated call centre for topics like personal and occupational coaching, trauma, legal wellbeing and financial wellbeing
- Referral to in-person coaching at a reduced rate for Fedhealth members
- Care coordination and management to assist with risk screening to facilitate convenient access to the appropriate service
- Tele-coaching where a personal coach provides immediate, professional tele-coaching on psychosocial, financial and legal issues.

Call **087 365 8664** to access this service.

Chronic Benefit
Chronic medication for mental health conditions is limited to Prescribed Minimum Benefits on flexi**FED 1**^{Elect}.

Ambulatory Care Plans
A care plan is a list of the type and number of services that's likely to be needed for management of a diagnosis in an out-of-hospital setting. Fedhealth will cover these costs from your available Scheme limits, subject to the use of the Fedhealth Network Providers. Once your Scheme limits are used up, further services, as listed in your care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, make sure that every claim sent has an ICD-10 code reflected on it.

The Prescribed Minimum Benefits allows for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. These out-of-hospital psychotherapy sessions are made available as part of your care plan on request from your treating healthcare provider.

In-hospital Benefits
As above, the Prescribed Minimum Benefits allows for a combined benefit of up to 21 days in-hospital or up to 15 out-of-hospital psychotherapy sessions for major affective disorders. Admission into a facility for a mental health diagnosis requires authorisation which your doctor should obtain.

Factors to consider before an admission:

- Is your doctor on the Fedhealth Network?

All Scheme options have a GP and specialist network applicable. 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.

- Is the hospital/facility that you are being admitted to part of the network list applicable to your option?

Members on flexi**FED 1**^{Elect} must utilise the Elect Acute Hospital network and admission to a non-network facility will attract a R12 500 co-payment

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flexiFED 1[Elect] Network hospital list

Please note that this list may change/expand during the year. Please contact the **Fedhealth Customer Contact Centre on 0860 002 153** or refer to the website for the latest **flexiFED 1[Elect]** Network Hospital list.

HOSPITAL NAME	PROVINCE	TOWN
Life St Mary's Private Hospital	Eastern Cape	Umtata
Life Queenstown Private Hospital	Eastern Cape	Queenstown
Riemland Clinic	Free State	Frankfort
St Helena Hospital	Free State	Welkom
Botshilu Private Hospital	Gauteng	Soshanguve
Clinix Botshelong-Empilweni Private Hospital	Gauteng	Vosloorus
Clinix Naledi-Nkanyezi Private Hospital	Gauteng	Sebokeng
Clinix Tshepo-Themba Private Hospital	Gauteng	Soweto
Zamokhule Private Hospital	Gauteng	Tembisa
Pretoria West Hospital	Gauteng	Pretoria West
Helen Joseph Hospital	Gauteng	Auckland Park
Sebokeng Hospital	Gauteng	Sebokeng
Louis Pasteur Hospital	Gauteng	Pretoria
Clinix Solomon Stix Morewa Memorial Hospital	Gauteng	Johannesburg
Dr S K Matseke Memorial Hospital	Gauteng	Diepkloof
La Verna Private Hospital	KwaZulu-Natal	Ladysmith
Shifa Private Hospital	KwaZulu-Natal	Durban
Zoutpansberg Private Hospital	Limpopo	Polokwane
Mediclinic Tzaneen	Limpopo	Tzaneen
Piet Retief Hospital	Mpumalanga	Piet Retief
Clinix Itokolle - Victoria Private Hospital	North West	Mafikeng
Vryburg Private Hospital	Northern Cape	Vryburg
Lenmed Health Kathu Private Hospital	Northern Cape	Kathu
Ceres Private Hospital	Western Cape	Ceres
Bellville Medical Centre	Western Cape	Bellville
Mitchell's Plain Medical Centre	Western Cape	Mitchell's Plain

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Sanlam
gap cover

Sanlam Gap Cover assists in covering your additional medical expenses.

To avoid the network restrictions on the flexi**FED Elect** and **GRID** options, you can take up Sanlam Gap Cover from **R200 p/m** (individuals) and **R352 p/m** (families). Even with gap cover in place, you will still pay less than for the standard flexiFED option and you won't have to worry about selected co-payments. Here's more information about Sanlam's Gap Cover product:

What is **gap cover**?

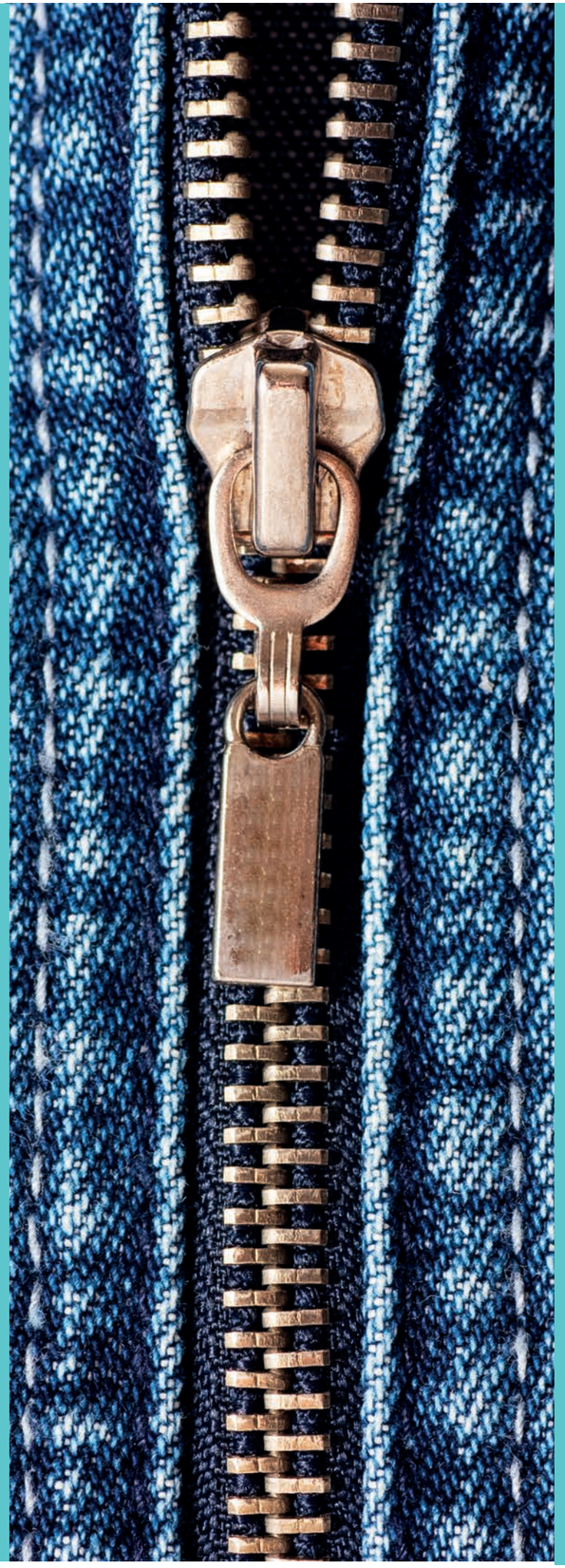
Even if you're a member of a medical scheme, you're not always fully covered for all in-hospital expenses. In most cases there's a difference between what a specialist charges in-hospital, and what your medical scheme will cover. As the medical scheme member, you remain liable for the additional medical expenses. Gap cover ensures that you would not have to pay this unexpected cost from your own pocket (T&Cs apply).

Individuals younger than 60 years	Individuals older than 60 years	Families younger than 60 years	Families older than 60 years
R200	R400	R352	R700

* Please note these are 2020 rates. 2021 rates unavailable at time of printing.

Contact information
Call **0861 111 167**, send an email to **sanlaminfo@kaelo.co.za** or visit **www.sanlamgapcover.co.za**

This is not a medical scheme and the cover is not the same as that of a medical scheme.
This policy is not a substitute for medical scheme membership.
Sanlam Gap Cover is underwritten by Centriq Insurance Company Limited (FSP: 3417)
Administered by Kaelo (Pty) Ltd. (FSP: 36931)
Sanlam Life Insurance Limited is a Licensed Financial Services Provider.



Sanlam Comprehensive **Gap Cover 2021 Benefits**

Hospital Tariff Shortfall Benefit	Provides an **Additional 500%** of the medical aid rate, covering shortfalls for all service providers such as surgeons, radiologists, pathologists and physiotherapists. Also includes cover for Prescribed Minimum Benefits (PMBs). Shortfall benefits are limited to R172 000 per insured per year.
Oncology Shortfall Benefit	Provides an **Additional 500%** of the medical aid rate, to cover oncology treatment shortfalls.
Oncology Co-payment Benefit	Provides **full cover** for the 20% oncology related co-payments imposed by medical aids.
Oncology Booster Benefit	When a medical scheme imposes an overall annual limit on oncology treatment and the benefit has been exhausted, the Oncology Booster Benefit provides full cover to the statutory maximum of **R172 000** per insured per annum.
Co-payment & Deductible Benefit	Provides **full cover** to the statutory maximum of R172 000 per insured per annum for fixed co-payments applied to defined surgical procedures,basic in-patient dentistry and diagnostic services such as MRI /CT / PET scans and scopes.
Penalty Benefit	**R15 800** or a percentage penalty co-payment that does not exceed 30%, per family, per event per annum is provided.
Innovative medicines	A value equal to the lesser of 25% of the total drug cost or **R10 000** as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your medical scheme.
Sub-limit Enhancer	Provides up to an **Additional R55 220** per event when a medical scheme imposes an overall annual limit, known as a sub-limit, on certain in-hospital medical procedures such as prosthetic devices or when a shortfall occurs.
Casualty Benefit	Provides up to **R15 600** cover per event for all services delivered in the casualty ward, relating to an accident (physical injury that requires immediate medical attention), even if the costs are paid from the medical scheme's savings account.
Family Booster Benefit	For a premature birth (more than six weeks before the due date), a lump sum of **R14 000** will be paid.
Hospital Cash Benefit	A lump sum payment, related to the length of the hospital stay, will only be payable for accidents and premature births – six weeks or earlier, subject to a maximum of **R26 114** per beneficiary per year. • Day 1 to 13: R400 per day • Day 14 to 20: R780 per day • Day 21 to 30: R1 560 per day
Family Protector Benefit	On the death or permanent disability of an Insured as a result of accidental harm, a lump sum of **R30 000** is payable.
Dental Reconstruction Benefit	If dental reconstruction is required as a result of trauma or oncology treatment, all related costs up to **R49 900** per event will be covered.
Medical Scheme and Gap Cover Premium Contribution Waiver Benefit	If the principal member of the medical aid is involved in an accident/trauma or becomes permanently disabled, the medical aid contributions will be covered with a lump sum up to a maximum amount of **R34 815** paid upfront to the claimant. The Sanlam Gap Cover policy premium will also be waived for these six months.
Road Accident Fund Benefit	Assistance for Road Accident Claims where the policyholder was not at fault in the vehicle accident.

Treatments not paid for by Gap Cover

- Certain treatments such as specialised dentistry and treatment for cosmetic surgery.
- Claims older than six months.
- Any claim that is excluded or rejected by the Insured's medical scheme.
- Day-to-day claims, unless otherwise specified.
- Claims not approved by, excluded by or paid as an ex-gratia by the medical scheme.

Child dependants covered up to the age of 27. In addition, parents who are financially dependent on the Insured will be excluded and will be required to take out their own Sanlam Gap Cover policy.

The full list of exclusions is available in the Sanlam Gap policy document.

Waiting periods

The following waiting periods may apply:

- A general waiting period of three months on all benefits.
- A 12-month condition specific waiting period for pre-existing conditions for which you received advice, treatment or diagnosis during the 12 months prior to the cover commencing.

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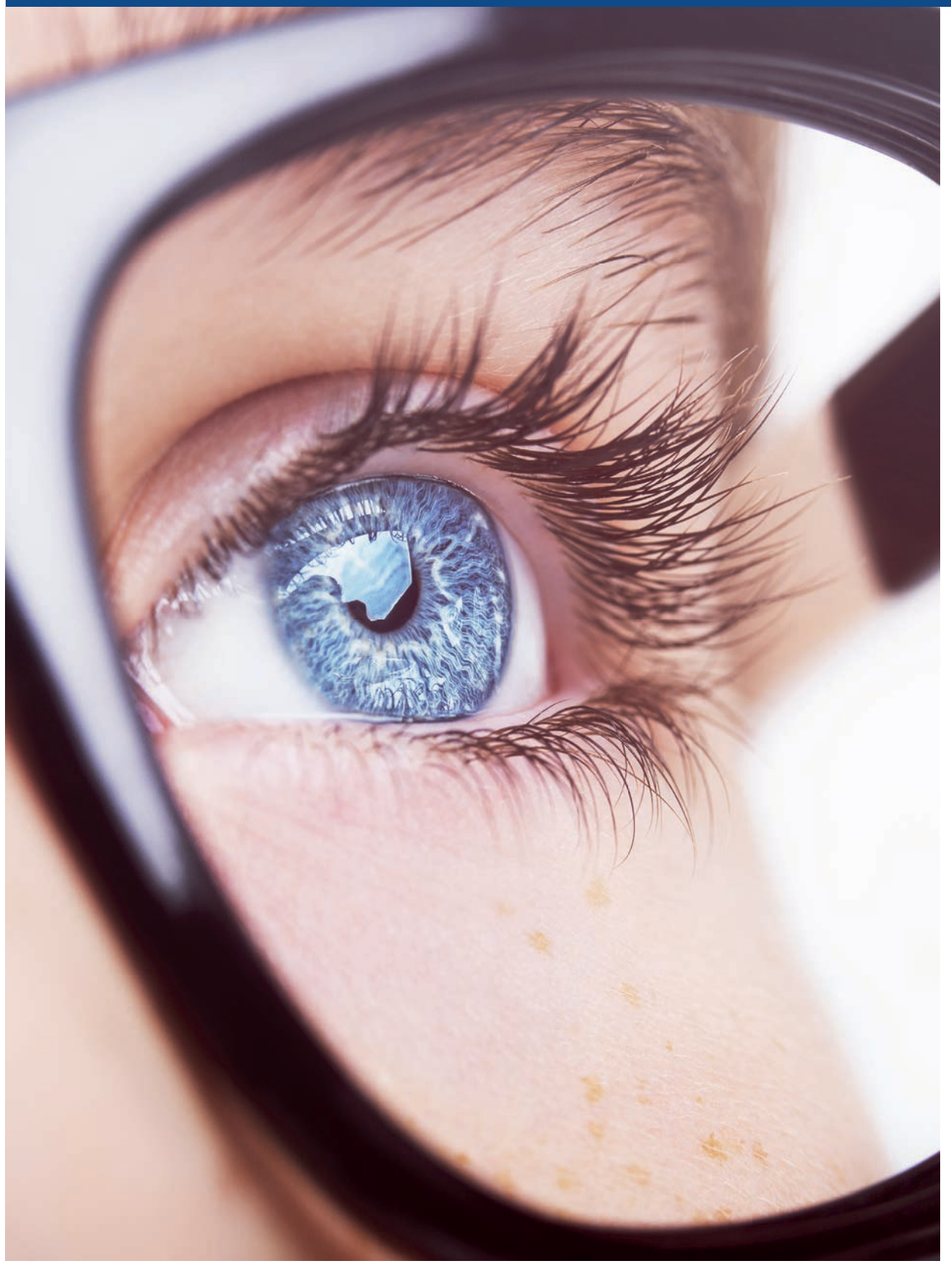
Cover for
Day-to-day expenses

At Fedhealth, we pride ourselves on covering more from Risk than other medical schemes to help our members' day-to-day benefits last longer. Here's a breakdown of the different ways we cover day-to-day expenses depending on the option.



Day-to-day benefits paid by Fedhealth

Unlimited network GP visits
Members on flexi**FED 1**^{Elect} get unlimited consultations at a nominated Fedhealth Network GP once the Threshold level has been reached. Each beneficiary can nominate up to two network GPs. Limited to two mental health consultations per beneficiary, per year. Up to two network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area); OR two non-network GP consultations per beneficiary up to the Fedhealth Rate.

Treatment for 30 days after discharge from hospital (post-hospitalisation benefit)
We pay for follow-up treatment that may be required after a hospital event for up to 30 days after the date of discharge. This treatment includes physiotherapy, x-rays and pathology, but does not cover follow-up consultations with specialists or GPs.

Take-home medicine
We pay for seven days of take-home medication when the member is discharged from hospital. The medication can either be dispensed by the hospital and reflect on the original hospital account or be dispensed by a pharmacy on the same day as the member is discharged from hospital.

Specialised radiology
We pay for MRI/ CT scans whether they are performed in- or out-of-hospital.
Unlimited at Fedhealth Rate. First R3 310 for each non-PMB MRI/ CT scan for member's own account.

Trauma treatment at a casualty ward
We pay for emergency treatment, like stitches, at a casualty ward whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained within 48 hours and a co-payment of R630 per visit for non-PMBs applies.

Female contraception
We pay for female contraception including oral, patches, contraceptive rings, certain injectables, and IUDs that include Mirena® from Risk. It must be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.

Cover for
Day-to-day expenses

Medical Savings Account
The Savings Account pays for day-to-day expenses first (from the beginning of the year) and pays expenses up to the actual cost. In some cases, if the member has money available in their Savings Account, they can use this to pay co-payments. However, a co-payment for a Prescribed Minimum Benefit (PMB) condition cannot be paid from the Savings Account. The Savings Account works differently to other benefits in that the member carries any remaining amount over to the next year.

MediVault & Wallet
Once the Savings Account runs out, the member will either have to pay for all their day-to-day medical expenses out of their own pocket, or they can access their MediVault.

With the MediVault, flexi**FED 1**[Elect] members can either choose a **FIXED** or a **FLEXIBLE** repayment structure. If they choose **FIXED**, a pre-determined amount for day-to-day expenses will be transferred to their Wallet by the Scheme on 1 January for the year - pro-rated if they join after January. Members who choose **FLEXIBLE**, can transfer funds as and when they need it to their Wallet - and pay it back over 12 months interest free. This amount will not be pro-rated.

Threshold benefit
To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level. All day-to-day expenses accumulate to the Threshold level at cost. Thereafter, certain claims will be paid from the Threshold benefit. These include preventative dentistry and unlimited nominated network GP visits.

Maternity benefit
The maternity benefit is paid from the Savings/ Wallet or self-funded by the member.

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

Doula benefit
We pay up to R3 000 per delivery for a Doula (a labour coach during natural childbirth).

Postnatal midwifery benefit
We pay for four consultations per pregnancy with a midwife. This benefit applies to consultations both in- and out-of-hospital.

Early childhood benefits

Paediatric consultations
Paid from the Savings/ Wallet or self-funded by the member.

Infant hearing screening benefit
We pay for a screening test including the consultation from birth up to the age of 8 weeks with an audiologist. This benefit is covered up to the Fedhealth Rate.

Paed-IQ
Paed-IQ is a free telephonic paediatric advice line for members with children up to the age of 14.

Optometry benefit
Paid from the member's Savings/ Wallet or self-funded.

Dentistry benefits
Paid from Savings/ Wallet or self-funded. Once the Threshold level has been reached, the following benefits will be paid from the Threshold benefit: two annual consultations per beneficiary incl. x-rays, scaling and polishing. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.

flexi**FED 1**^{Elect} day-to-day benefits

Under the day-to-day benefit, we cover services like physiotherapy and dentistry.

	flexi**FED 1**^{Elect}
Tariff	Paid up to Fedhealth Rate
Co-payments in Threshold	N/A
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Osseo-integrated implants, orthognathic surgery	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Dentistry (Basic)	Paid from Savings/ Wallet or self-funded. Once your Threshold level has been reached, the following benefits will be paid from the Threshold benefit. 2 annual consultations per beneficiary incl. x-rays and scaling and polishing. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.
General Practitioners	
Fedhealth Network GPs	Paid from Savings/ Wallet then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year Up to 2 network GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area); OR 2 non-network GP consultations up to the Fedhealth Rate
Non-network GPs	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Maternity benefit	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Optometry	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Over-the-counter medication	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Pathology	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Prescribed medication	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Radiology general	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Radiology general	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level

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

flexi**FED 1**^{Elect}	
Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Specialists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Non-network Specialists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Psychiatrists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
Non-network Psychiatrists	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level

flexi**FED 1**^{Elect} Threshold benefit

To access the Threshold benefit, members need to submit all day-to-day claims to accumulate to the Threshold level. All day-to-day expenses accumulate to the Threshold level at cost. Thereafter, certain claims will be paid from the Threshold benefit. These include preventative dentistry and unlimited nominated network GP visits.

Threshold levels	flexi**FED 1**^{Elect}
M	R4 100
M + 1	R6 600
M + 2	R8 100
M + 2+	R9 700

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The **MediVault** and **Wallet**

How Fedhealth's **day-to-day benefits** work

Fedhealth uses the revolutionary MediVault to pay for day-to-day benefits. It's important to understand that the Medi-Vault system makes a pre-determined amount of money available to you for your day-to-day benefits, but you only pay for the portion of your MediVault allowance that you actually use – not all of it.

This is what makes the MediVault a game changer. With other medical aid schemes you pay for your day-to-day funds in full from the beginning of the year... as if you've already transferred your full MediVault from the outset. **Why should you pay for something you haven't used yet?**

THE CHOICE IS YOURS

With Fedhealth, you choose whether you prefer the control and upfront savings of the MediVault system where you choose a FLEXIBLE repayment structure, or the familiarity and simplicity of the old-school FIXED repayment structure.

FLEXIBLE MONTHLY PAYMENTS | **FIXED MONTHLY PAYMENTS**

Some people are happy to do a little extra admin if it saves them money. For others, convenience and simplicity is key. Whichever means more to you, you can choose how you want to structure your MediVault repayments.

FLEXIBLE REPAYMENT STRUCTURE

What makes our **MediVault** system so unique, is that you can choose to **start paying for your day-to-day benefits when you need to use them** – not from day one.

If you select the FLEXIBLE option, you simply transfer funds from your MediVault to your Wallet when you need to pay for day-to-day medical expenses. The funds you transfer to your Wallet are then repaid over 12 months, interest free.

What's GREAT about this option?

- You **don't pay for day-to-day benefits until you use them**. This could save you thousands every month.
- You **pay less** without compromising on the quality of your Risk benefits.
- You are in **full control** over how much you pay for your medical aid.
- You will have **one debit order** each month – made up of your Risk/Hospital cover contribution and your MediVault repayments.
- Any unused funds in your Wallet will transfer to the next year, so you won't lose it.

Why it's not for everybody

- Your **repayments might change over time**, depending on how much of your MediVault you use

SUMMARY: The MediVault FLEXIBLE repayment structure offers you full control over your repayments and could save you thousands. This feature is perfect for someone who wants more control over their medical aid expenses, and doesn't mind a little extra admin to enjoy the perks.

MECHANICS: One monthly debit order

On the **FLEXIBLE** structure, your Hospital cover and MediVault repayment will be combined into one monthly debit order which could vary depending on your MediVault usage.

FIXED REPAYMENT STRUCTURE

This is medical aid as you know it currently. This option offers you **simplicity and security** by letting us take care of all the admin. The Scheme will transfer a pre-determined amount to your Wallet on 1 January every year – this amount will be pro-rated should you join after 1 January.

This is similar to **how all other medical schemes in South Africa work.** You will know upfront how much day-to-day funds you have available for the year and you'll start to repay that amount every month from the beginning of the year. Both the available funds and repayments will be pro-rated if you join Fedhealth later than January...

What's GREAT about this option?

- **Simplicity** – you choose once and your monthly repayment will never vary.
- **One debit order** every month.
- **No admin,** we'll manage your day-to-day funds automatically.

Why it's not for everybody

- Your initial monthly reduction in contributions will be less, because you start repaying your day-to-day benefit immediately.
- **There is less flexibility.** You have to repay the entire amount allocated to you, whether you use it or not. However, any unused funds will transfer to the next year, so you won't lose it.

SUMMARY: The FIXED repayment structure offers you simplicity and repayment security. It's perfect for anyone who prefers minimal admin and effort. You won't enjoy the same flexibility and upfront reduction in contribution, but your day-to-day benefits will simply be there, ready to use whenever you need them. Your monthly repayment will be a set amount, with no surprises.

MECHANICS: One monthly debit order

On the **FIXED** structure, your Hospital cover and MediVault repayment will be combined into one monthly debit order that will always be the same amount for the whole year.

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How much is in the MediVault?

FLEXIBLE	
How much is in the MediVault	flexi**FED 1**[Elect]
M	R9 300
M + 1	R12 900
M + 2	R14 100
M + 2+	R15 300

FIXED	
How much is in the MediVault	flexi**FED 1**[Elect]
M	R3 600
M + 1	R5 400
M + 2	R6 600
M + 2+	R8 400

How does the MediVault and Wallet work for the **FLEXIBLE REPAYMENT STRUCTURE**?

An **allocated amount** based on your option and family composition will be available in your **MediVault**. If you don't use it, you don't pay for it.

Transfer funds from the MediVault to your Wallet as and when required. Claims for day-to-day expenses will be paid from your Wallet.

Only pay back amounts transferred from the MediVault to Wallet over a rolling 12-month or shorter period.

How does the MediVault and Wallet work for the **FIXED REPAYMENT STRUCTURE**?

It's done on your behalf in the beginning of the year, so you don't need to worry about a thing!

Activating the MediVault on the FLEXIBLE option and transferring funds into the Wallet

Members can do so in four ways:

Call the **Fedhealth Customer Contact Centre** on **0860 002 153** for assistance.

Login to the **Fedhealth Family Room online member portal** and follow the prompts.

Call our USSD line on ***134*999*memberno#** and follow the prompts.

Use the **Fedhealth Member App**.

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A proactive stance on health: **screening benefits**

Packed with screenings for every life stage, Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. The Scheme pays for screenings for women's, children's, cardiac, as well as general health (like an annual flu vaccine).

Screening benefit

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

Women's Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
Children's Health		
Immunisation Programme (as per State EPI)	Birth to 12 years	Various
Cardiac Health		
Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
Over 45's		
Breast cancer screening with mammography	All lives; aged 45 and older	1 every 3 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination	All lives; aged 65 and older	1 per lifetime
General		
Flu vaccination	All lives	1 every year
HIV finger prick test	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

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Additional benefits

Additional valuable benefits that give members more support.

Fedhealth Nurse Line
Professional nurses are always on the other end of our toll-free 24-hour line to provide advice on issues like medical emergencies, symptoms, medication side-effects, stress management and teenage support.

Paed-IQ
A South African medical information company that provides information and services to parents and caregivers that enhance the level of care they can offer their children up to 14 years old.

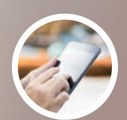
Fedhealth Baby Programme
Free baby goodies, support and advice for all parents-to-be. Pregnant members or dependants receive a Fedhealth baby bag filled with baby product samples, discount vouchers and a baby handbook. They also have access to professional advice when they need it.

Emergency transport/ response
Through our partner Europ Assistance, we provide all members with emergency transport in an emergency situation.

Emotional wellbeing programme
Available to all Fedhealth members and beneficiaries, our emotional wellbeing programme provides 24-hour 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 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.

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 USSD call back service is 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.

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

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Programmes and **wellness initiatives**

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.

Fedhealth Conservative Back and Neck Rehabilitation Programme

Fedhealth has an established intervention for members suffering from back and neck problems. Built on the principle of active muscle reconditioning, it's supported by clinical studies showing that exercise reduces pain and can normalise function in many instances. The programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries may receive treatment up to twice a week for six weeks and a home based protocol for long-term care. Email **backandneck@fedhealth.co.za** for more information about the programme.

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**

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flexi**FED 1**[Elect] contributions & rate calculations

flexi**FED 1**[Elect]	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Elect	1 374	19	1 393	1 075	14	1 089	501	6	507

*Up to a maximum of three children

How much is in the **MediVault?**	flexi**FED 1**[Elect]
M	R9 300
M + 1	R12 900
M + 2	R14 100
M + 2+	R15 300

How much is in the **MediVault?**	flexi**FED 1**[Elect]
M	R3 600
M + 1	R5 400
M + 2	R6 600
M + 2+	R8 400

Threshold levels	flexi**FED 1**[Elect]
M	R4 100
M + 1	R6 600
M + 2	R8 100
M + 2+	R9 700

flexi**FED 1**[Elect]						**FLEXIBLE** repayment structure			**FIXED** repayment structure		
	Risk	Savings	Total	Annual Threshold level	Annual savings	Total MediVault allocation	Total day-to-day available	Total repayment to the scheme	Total MediVault allocation	Total day-to-day available	Total fixed repayment to the scheme
M	1 374	19	1 393	4 100	228	9 300	9 528	Total + MediVault used ÷ 12	3 600	3 828	1 693
M + AD	2 449	33	2 482	6 600	396	12 900	13 296		5 400	5 796	2 932
M + AD + CD	2 950	39	2 989	8 100	468	14 100	14 568		6 600	7 068	3 539
M + AD + 2CD	3 451	45	3 496	9 700	540	15 300*	15 840		8 400	8 940	4 196

*Maximum MediVault allocation per family

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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 08h30 – 16h00.

Bloemfontein
Medical Suites 4 and 5, First Floor, Middestad Mall, Corner West Burger and Charles Streets
Cape Town
Shop 6, 9 Long Street Cnr Long and Waterkant Streets, 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 – 17h00
Friday 09h00 – 17h00
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 07h00 – 15h00
Tel: 012 431 9718

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#

USSD

*134*999*memberno#

Designated Service Provider Courier Pharmacies

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

Clicks Direct Medicines
Tel: 0861 444 405
Email: directmedicines@dirmed.co.za

Dis-Chem Direct Courier
Tel: 011 589 2788
Email: direct.documents@dischem.co.za

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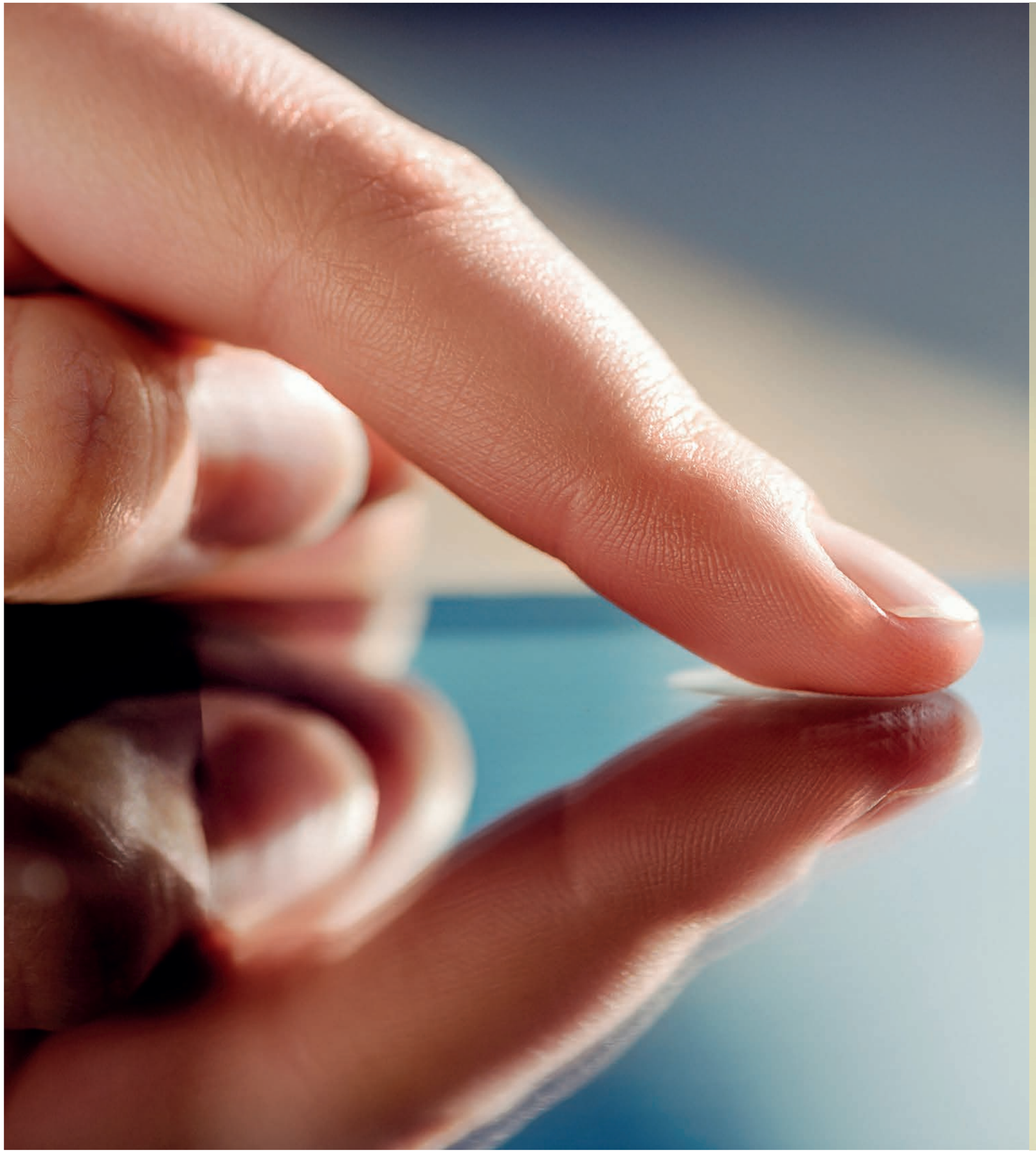

@FedhealthMed
at your service

We use the latest technology platforms to ensure members can reach us, anywhere, anytime in a way they prefer.

Fedhealth website

The Fedhealth website, **fedhealth.co.za**, provides easy-to-navigate information on the various Fedhealth options, step-by-step instructions on how to submit claims etc., Scheme news, and also hosts the informative Living Fedhealthy blog – filled with lifestyle and wellness topics.

Fedhealth Family Room

Fedhealth's online member portal makes 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.

LiveChat and chatbot

LiveChat is a functionality that's available to members via **fedhealth.co.za**. 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 through **fedhealth.co.za**

Fedhealth Member App

Our new app has been designed to help simplify your interaction with Fedhealth. Available from the **Google Play Store** and **Apple App store**, it lets you manage your MediVault, download your e-card, view your option's benefits, and set medication reminders, to name but a few.

Fedhealth WhatsApp bot

This Fedhealth service is completely private and secure, and easy to use – simply choose from self-service actions like getting your tax certificate or seeing your e-card to share with your GP. To get started, just add the number **060 070 2479** as a contact and then type 'hi' to get the conversation started, from your mobile device.

Network GP, specialist and hospital locator

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

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