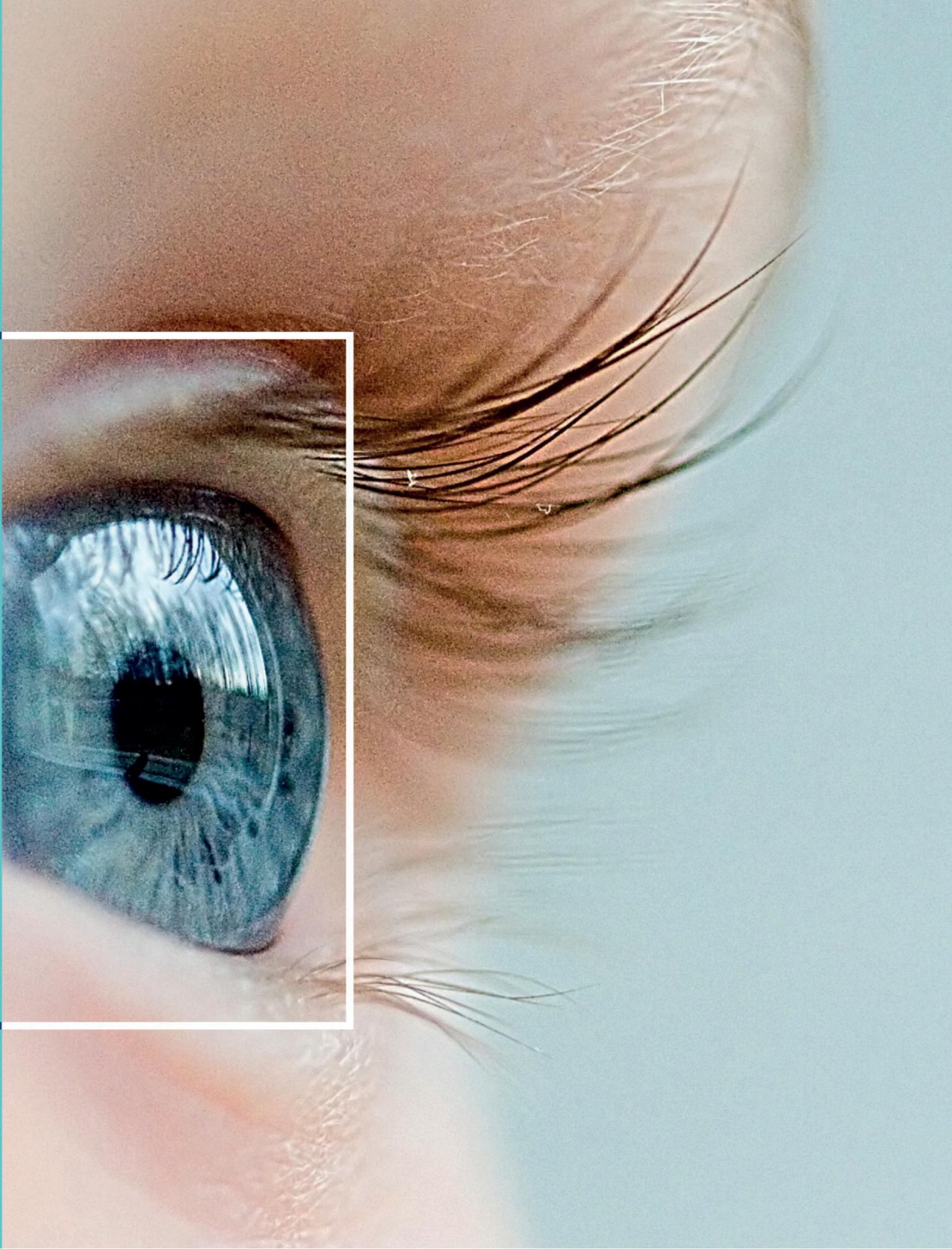
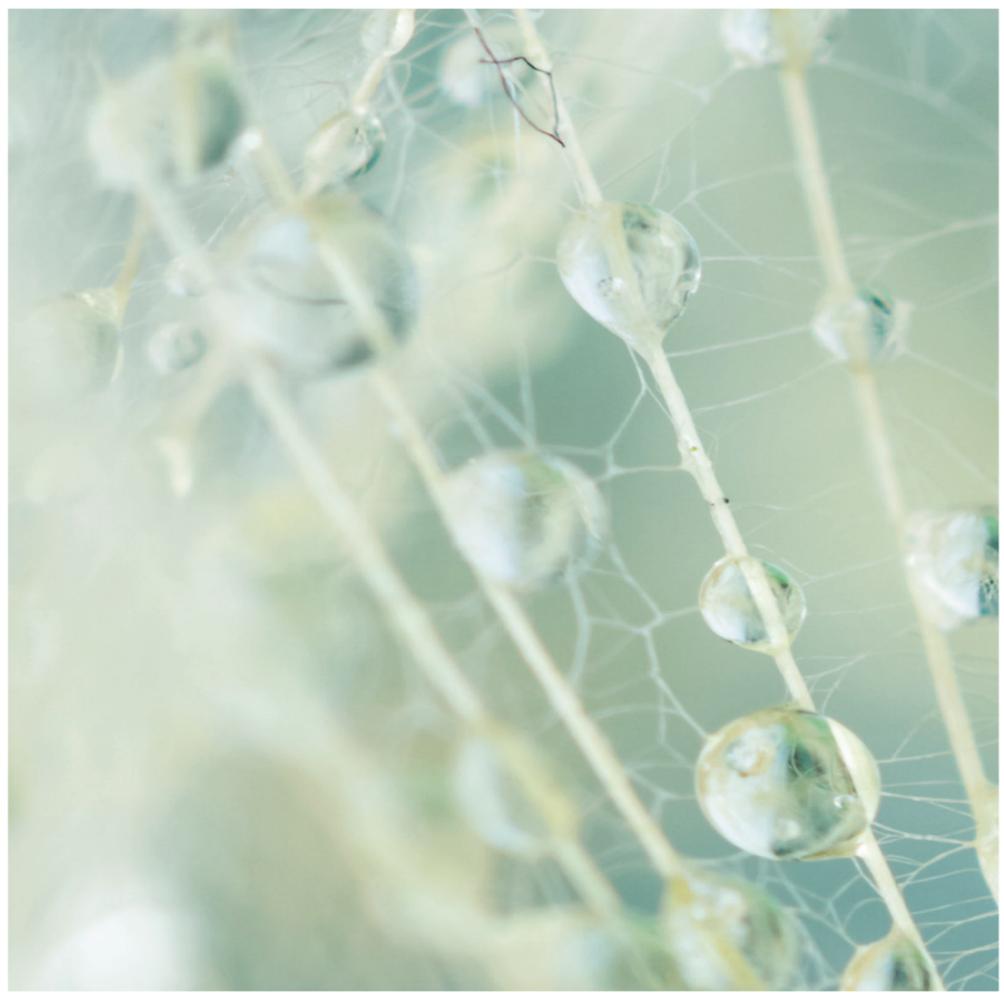




flexiFED 2  
2021

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 **reduce 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.

**Defined by Detail**

**Choose your hospital cover**

**Customise your hospital cover**

**Refine your repayment structure**

**Choose your level of day-to-day benefits**

**flexiFED option range**

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- The Medicine Price List
- Chronic conditions on the Chronic Disease List (CDL)
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**Sanlam Gap Cover**

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- Specialised radiology

- Trauma treatment at a casualty ward
- Female contraception
- In-hospital dentistry for children under 7
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- Maternity benefit
- Doula benefit for labour support during natural childbirth
- Postnatal midwifery benefit
- Early childhood benefits
- Consultations with a paediatrician
- Infant hearing screening benefit
- Childhood illness specialised drug benefit
- Optometry benefits
- Dentistry benefits

**Threshold benefit**

**The MediVault and Wallet**

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

**Additional benefits**

- 24-hour Fedhealth Nurse Line
- Paed-IQ
- Fedhealth Baby Programme
- Emotional wellbeing programme
- Emergency transport/ response
- MediTaxi
- SOS Call Me
- Upgrades within 30 days of a life-changing event
- Child rates for financially dependent children up to the age of 27
- Only pay for three children

**Programmes and Wellness initiatives**

- Corporate wellness days
- Health Risk Assessments
- Sisters-on-Site
- Back and Neck Rehabilitation Programme
- Mental Health Programme
- Weight Management Programme
- GoSmokeFree smoking cessation programme
- Aid for AIDS (HIV management)
- Paed IQ
- Diabetes Care

**flexiFED contributions**

**flexiFED rate calculations**

**Contact details**

**@FedhealthMed at your service**

- Fedhealth website
- Fedhealth Family Room
- LiveChat and chatbot
- Fedhealth Member App
- Fedhealth WhatsApp Bot
- Network GP, specialist and hospital locator

# Overview of the flexiFED 2 structure

flexiFED 2 is perfect for family start-ups.

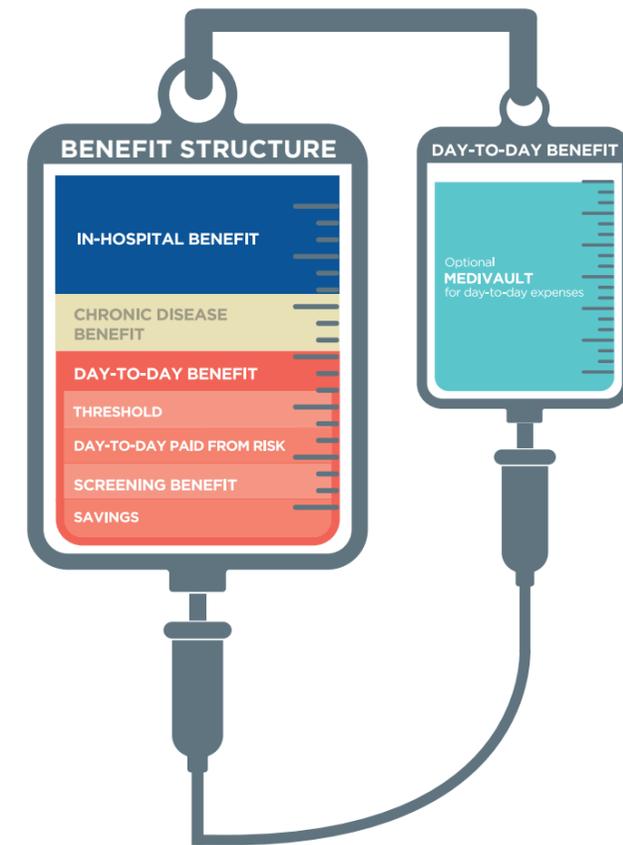
It offers sound in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits. Its Threshold benefit kicks in once day-to-day claims have accumulated to the Threshold level, provided all day-to-day claims have been submitted. This means that certain claims like unlimited nominated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

Some of the benefits young families can look forward to on this option include excellent maternity and childhood benefits paid from Risk to see your growing family through these exciting years. These include two antenatal scans and eight ante- and postnatal consults with a midwife, network GP and gynae, a doula benefit, a postnatal midwifery benefit and an infant hearing screening benefit.

On flexiFED 2, you can also choose flexiFED 2<sup>GRID</sup> and save 11% on your monthly contributions by using network hospitals only, or choose flexiFED 2<sup>ELECT</sup> and save 25% on your monthly contribution by choosing to pay a R12 500 co-payment for planned procedures at any private hospital.

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 flexiFED 2, 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 preferred providers: Clicks, Dis-Chem, MediRite, Clicks Direct Medicines, Dis-Chem Direct and Pharmacy Direct.
  - **Day-to-day benefits** – Day-to-day expenses on flexiFED 2 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).
- flexiFED 2 has a Nominal Savings contribution. This allows members to transfer/retain any accumulated Savings from a previous option/ scheme when joining flexiFED 2. Any member on flexiFED 2 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.



## Unlimited private hospital cover for peace of mind

flexi**FED 2** has an unlimited in-hospital benefit. Members must obtain pre-authorization 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.

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-authorization 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.

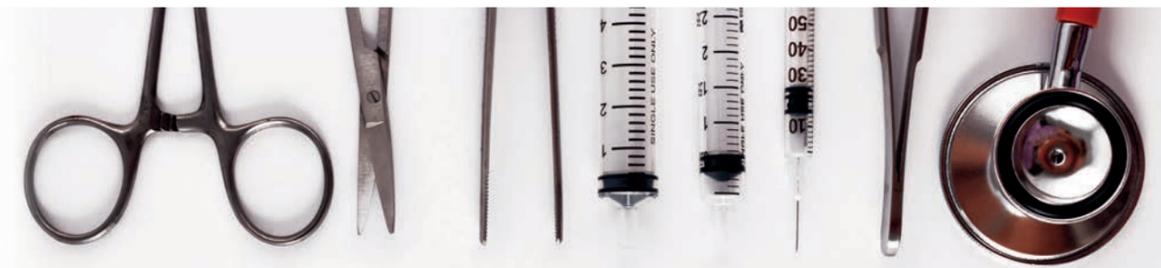
**Please note:** Qualification for reimbursement as a PMB is not based solely on the diagnosis (condition), but also on the treatment provided (level of care). This means that although a member's condition may be a PMB condition, the Scheme would only be obliged to fund it in full if the treatment provided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



We pay for **unlimited** private hospitalisation!



# 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-authorized. If the procedure is performed without pre-authorization, 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)  
Bouginate 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/oesophagogastrroduodenoscopy  
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 (mastoidectomy, tympanoplasty/stapedectomy)  
Myringotomy (including aspiration and incision) and/or grommets  
Nasal bleeds (control)  
Reduction of nose fracture  
Rhinoplasty  
Septoplasty  
Sinus related surgery (ethmoidectomy/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

Apicectomy  
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-authorization must be obtained and should no pre-authorization 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

# flexiFED 2 in-hospital benefit

flexiFED 2	
<b>Overall annual limit (OAL)</b>	Unlimited at negotiated tariff.
<b>Healthcare Professional Tariff in hospital (HPT)</b>	
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
<b>Prescribed Minimum Benefits (PMB):</b> Treatment for PMB conditions can be funded in two ways:	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable.
	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
<b>Hospitalisation costs:</b> accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff
<b>Additional medical services</b> (dietetics, occupational therapy and speech therapy)	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Alternatives to hospitalisation:</b>	
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
<b>Appliances, external accessories and orthotics</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Blood, blood equivalents and blood products</b>	Unlimited
<b>Immune deficiency related to HIV infection</b>	Unlimited (see HPT)
<b>Maternity - Healthcare Professional Tariff in-hospital (HPT)</b>	
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered 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
<b>Dentistry</b>	
<b>Maxillo-facial surgery</b>	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R4 600 on the hospital bill
<b>In-hospital dentistry benefit for children under 7</b>	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Savings/ Wallet or self-funded

flexiFED 2	
<b>Oncology:</b> oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R300 200 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	R300 200 (See HPT)
Corneal graft	No benefit
<b>Pathology, radiology (general)</b>	Unlimited at Fedhealth Rate
<b>Physiotherapy</b>	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols
<b>Psychiatric services:</b> accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R25 500 (see HPT)
<b>Renal dialysis (chronic):</b> consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R300 200 up to the Fedhealth Rate at Designated Service Provider (DSP).  A 40% co-payment applies where a DSP is not used
<b>Childhood illness specialised drug benefit (up to the age of 18)</b>	Childhood illness specialised drug benefit for children up to the age of 18
<b>Specialised radiology</b>	Unlimited at Fedhealth Rate. First R2 380 for non-PMB MRI/ CT scans for the member's account
<b>Spinal surgery</b>	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R8 000 on the hospital bill
<b>Terminal care benefit</b>	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 2	
<b>Co-payments per event applicable on the hospital/ facility bill only</b>	
Adenoidectomy, bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	R6 800
All open hernia surgery	R4 600
Arthroscopic procedures - knee, shoulder, ankle and other	R8 500
Arthroscopic procedures: hip	R8 500
Arthroscopic procedures: wrist	R8 500
Back & neck procedures	R6 800
Cataract surgery with CP**	Unlimited at cost at PMB level of care
Colonoscopy, upper GI endoscopy	R4 600
Dental admissions	R6 800
Hysterectomy (unless for cancer)	R4 000
Inguinal hernia surgery	R4 600

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	

\* 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 2	
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R6 800
Laparoscopic varicocelelectomy	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
<b>Tonsillectomy</b>	
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 1	
External	Unlimited at cost at PMB level of care
<b>Internal</b>	
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	

# Examining our cancer cover

## 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-authorization 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-authorization 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 **flexiFED 2** oncology is covered up to R300 200 per family per year 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](mailto: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).

## 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-authorized 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-authorization 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-authorization is not required).

### Specialised radiology

Specialised radiology (e.g. CT scans, MRIs, angiography, radioisotopes) requires a separate pre-authorization. These pre-authorisations must be obtained from the Authorisation Centre. Specialised radiology is paid from Risk. A co-payment of R2 380 for non-PMB MRI/CT scans will apply.

### PET scans

PET scans are limited to two per family per annum restricted to staging of malignant tumours. PET scans are paid from the oncology 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-authorization 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-authorization 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.

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





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

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Fedhealth provides rich maternity benefits on flexiFED 2 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

- Two x 2D antenatal scans
- Eight ante- and postnatal consultations with a midwife, network GP or gynaecologist
- Antenatal classes up to R1 120
- Amniocentesis
- 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
- Paediatric consultations – without referral from a GP, up to 12 months of age.
- 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
- Childhood illness specialised drug benefit up to 18 years old
- 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.

# 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 should be obtained from one of the Preferred Providers.

## 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 Preferred Providers as well as medicine on the formulary. If medicine on the formulary is not used, the member will have to pay a 40% co-payment on the cost of the medicine.

## Medication for additional chronic conditions

**flexiFED 2** 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)

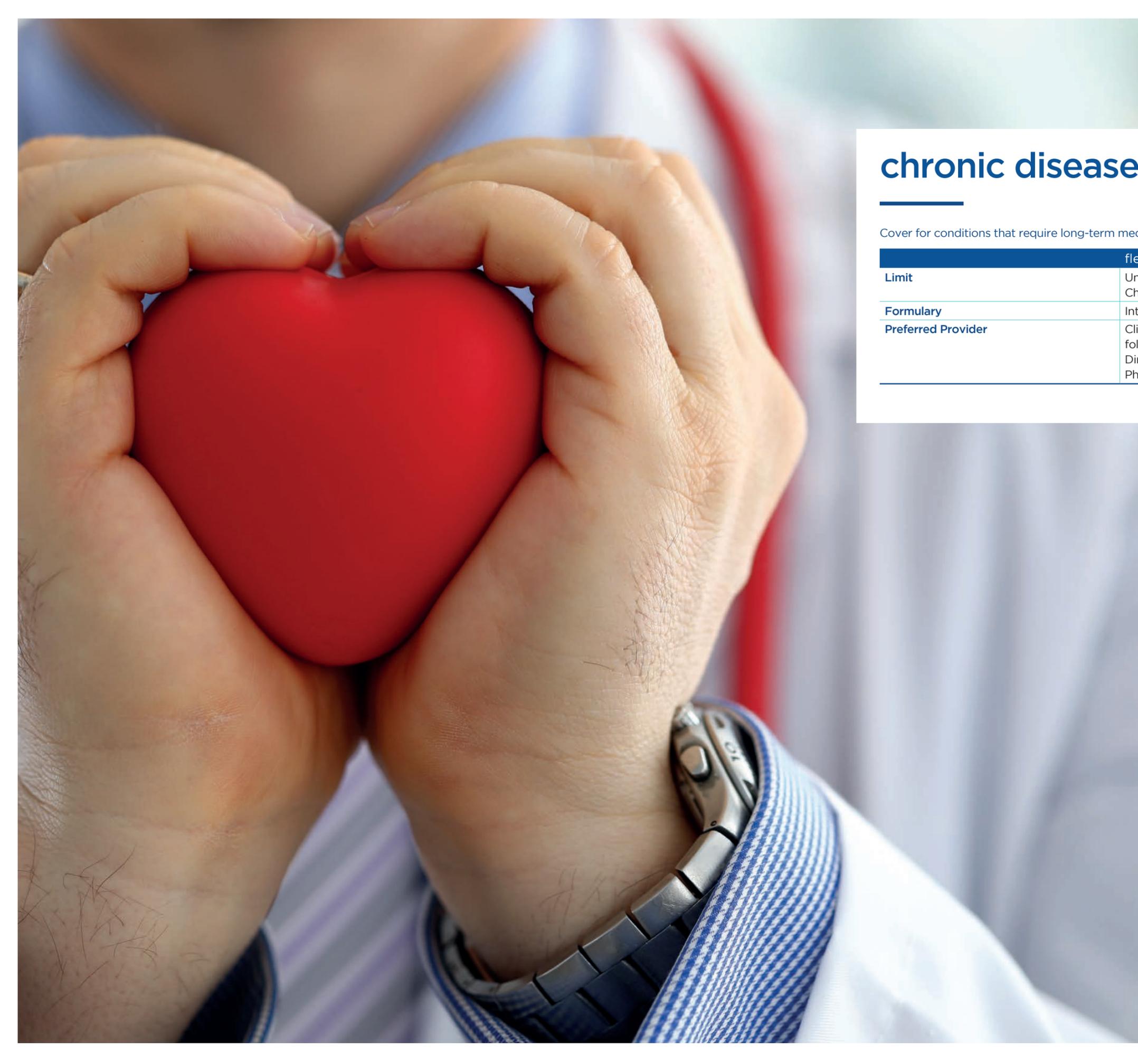
Addison's Disease  
Asthma  
Bipolar Mood Disorder  
Bronchiectasis  
Cardiac Failure  
Cardiomyopathy  
COPD/ Emphysema/ Chronic Bronchitis  
Chronic Renal Disease  
Coronary Artery Disease  
Crohn's Disease  
Diabetes Insipidus  
Diabetes Mellitus Type-1  
Diabetes Mellitus Type-2  
Dysrhythmias  
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 **flexiFED 2**, members can obtain their chronic medicine from any of our preferred provider pharmacies namely Clicks, Dis-Chem, MediRite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct and Pharmacy Direct. These preferred provider pharmacies ensure price certainty for members when obtaining medication. Members may use any pharmacy, however if a dispensing fee in excess of 25%/R26.50 is charged, the member will have to pay the difference.



## chronic disease benefit

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

	flexiFED 2
<b>Limit</b>	Unlimited cover for conditions on the Chronic Disease Benefit List (CDL)
<b>Formulary</b>	Intermediate formulary
<b>Preferred Provider</b>	Clicks, Dis-Chem, MediRite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct and Pharmacy Direct.

# 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 **flexiFED 2**.

#### 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 **flexiFED 2** can be admitted to any mental health hospital

# Sanlam

## gap cover

Sanlam Gap Cover assists in covering your additional medical expenses.

To avoid the network restrictions on the flexiFED 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  
**R200**



Individuals  
older  
than  
60 years  
**R400**



Families  
younger  
than  
60 years  
**R352**



Families  
older  
than  
60 years  
**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](mailto:sanlaminfo@kaelo.co.za) or visit [www.sanlamgapcover.co.za](http://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

<b>Hospital Tariff Shortfall Benefit</b>	Provides an <b>Additional 500%</b> 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.
<b>Oncology Shortfall Benefit</b>	Provides an <b>Additional 500%</b> of the medical aid rate, to cover oncology treatment shortfalls.
<b>Oncology Co-payment Benefit</b>	Provides <b>full cover</b> for the 20% oncology related co-payments imposed by medical aids.
<b>Oncology Booster Benefit</b>	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 <b>R172 000</b> per insured per annum.
<b>Co-payment &amp; Deductible Benefit</b>	Provides <b>full cover</b> 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.
<b>Penalty Benefit</b>	<b>R15 800</b> or a percentage penalty co-payment that does not exceed 30%, per family, per event per annum is provided.
<b>Innovative medicines</b>	A value equal to the lesser of 25% of the total drug cost or <b>R10 000</b> as it relates to Innovative Medicines. Approval for any innovative drugs will be required by your medical scheme.
<b>Sub-limit Enhancer</b>	Provides up to an <b>Additional R55 220</b> 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.
<b>Casualty Benefit</b>	Provides up to <b>R15 600</b> 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.
<b>Family Booster Benefit</b>	For a premature birth (more than six weeks before the due date), a lump sum of <b>R14 000</b> will be paid.
<b>Hospital Cash Benefit</b>	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 <b>R26 114</b> per beneficiary per year. <ul style="list-style-type: none"> <li>• Day 1 to 13: R400 per day</li> <li>• Day 14 to 20: R780 per day</li> <li>• Day 21 to 30: R1 560 per day</li> </ul>
<b>Family Protector Benefit</b>	On the death or permanent disability of an Insured as a result of accidental harm, a lump sum of <b>R30 000</b> is payable.
<b>Dental Reconstruction Benefit</b>	If dental reconstruction is required as a result of trauma or oncology treatment, all related costs up to <b>R49 900</b> per event will be covered.
<b>Medical Scheme and Gap Cover Premium Contribution Waiver Benefit</b>	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 <b>R34 815</b> paid upfront to the claimant. The Sanlam Gap Cover policy premium will also be waived for these six months.
<b>Road Accident Fund Benefit</b>	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.

# 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 flexiFED 2 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 R2 380 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



## In-hospital dentistry for children under 7

We pay for dentistry performed in-hospital for children up to the age of 7. The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits.



## 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, **flexiFED 2** 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 basic dentistry and unlimited nominated network GP visits.



## Maternity benefit

The member gets two x 2D scans, antenatal classes up to R1 120, eight ante- and/ or postnatal consultations with a midwife, network GP or gynaecologist, amniocentesis.



## 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

One consultation per beneficiary with a network paediatrician up to 12 months of age. No GP referral required.

### 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.

### Childhood illness specialised drug benefit

We pay for specialised drugs for children up to 18 years old.



## 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, fillings, extractions and root canal. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.

# flexiFED 2 day-to-day benefits

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

flexiFED 2	
<b>Tariff</b>	Paid up to Fedhealth Rate
<b>Co-payments in Threshold</b>	N/A
<b>Appliances, external accessories and orthotics:</b> Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Alternative healthcare:</b> Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Additional medical services:</b> 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
<b>Dentistry (Advanced):</b> 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
<b>Dentistry (Basic)</b>	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, scaling and polishing, fillings, extractions and root canal. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.
<b>General Practitioners</b>	
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
<b>Maternity benefit</b>	See maternity benefit on page 42. Thereafter, paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Optometry</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Over-the-counter medication</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Pathology</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Physical therapy:</b> Chiropractics, biokinetics & physiotherapy	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Prescribed medication</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level
<b>Radiology general</b>	Paid from Savings/ Wallet or self-funded. Accumulates at cost to Threshold level

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

flexiFED 2	
<b>Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>	
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
<b>Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits</b>	
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

## flexiFED 2 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 basic dentistry and unlimited nominated network GP visits.

Threshold levels	flexiFED 2
<b>M</b>	R4 700
<b>M + 1</b>	R8 700
<b>M + 2</b>	R10 000
<b>M + 2+</b>	R11 800

# 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 MediVault 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.



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.



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.

### How much is in the MediVault?

FLEXIBLE		FIXED	
How much is in the MediVault	flexiFED 2	How much is in the MediVault	flexiFED 2
M	R9 900	M	R4 800
M + 1	R15 300	M + 1	R7 200
M + 2	R21 000	M + 2	R11 400
M + 2+	R24 600	M + 2+	R15 000

#### 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**.

# 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

# 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.



# 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](mailto: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](mailto: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](http://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](mailto:diabeticcare@fedhealth.co.za)

# flexiFED 2 contributions & rate calculations

flexiFED 2									
	Member			Adult			Child*		
	Risk	Savings	Total	Risk	Savings	Total	Risk	Savings	Total
Any hospital	2 473	27	2 500	2 148	23	2 171	735	7	742

\*Up to a maximum of three children



How much is in the MediVault?	flexiFED 2
M	R9 900
M + 1	R15 300
M + 2	R21 000
M + 2+	R24 600



How much is in the MediVault?	flexiFED 2
M	R4 800
M + 1	R7 200
M + 2	R11 400
M + 2+	R15 000

Threshold levels	flexiFED 2
M	R4 700
M + 1	R8 700
M + 2	R10 000
M + 2+	R11 800

flexiFED 2	Risk	Savings	Total	Annual Threshold level	Annual savings	FLEXIBLE repayment structure			FIXED repayment structure		
						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	2 473	27	2 500	4 700	324	9 900	10 224	Total + MediVault used ÷ 12	4 800	5 124	2 900
M + AD	4 621	50	4 671	8 700	600	15 300	15 900		7 200	7 800	5 271
M + AD + CD	5 356	57	5 413	10 000	684	21 000	21 684		11 400	12 084	6 363
M + AD + 2CD	6 091	64	6 155	11 800	768	24 600*	25 368		15 000	15 768	7 405

\*Maximum MediVault allocation per family

# 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#

## 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

## 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

# @FedhealthMed at your service

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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](http://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](http://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](http://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](http://www.fedhealth.co.za/provider-locator)