

**FEDHEALTH MEDICAL SCHEME  
ANNEXURE E**

**GENERAL RULES APPLICABLE TO ALL OPTIONS**

**(To be read on conjunction with Annexure B, C and D)**

**(With effect from 1 January 2021 – unless otherwise stated)**

**1. ENTITLEMENT TO BENEFITS**

Beneficiaries are entitled to benefits as shown in this Annexure E, subject to:

- monetary limits set out herein;
- general rules applicable as set out herein;
- implementation of restrictions set out herein;
- exclusions set out in Annexure C of the Rules;
- general limitations and restrictions set out in Annexure D of the Rules; and
- procedural and other requirements set out in the Rules.

**2. FEDHEALTH SCHEME RATE**

The Fedhealth Tariff is defined as the Fedhealth monetary tariffs applicable in 2020 increased by 3.4%.

**3. OVERALL ANNUAL LIMIT, BENEFITS AND OTHER LIMITS**

Overall Annual Limit – There is no overall annual limit on any Fedhealth options.

**4. LIFE CHANGING EVENT BENEFIT**

Upon a Life Changing Event, the member will have the option to upgrade to a higher benefit plan within 30 days of the event/diagnosis, except for myFED. Downgrades will only be accepted upon commencement of a new benefit year (i.e., 1 January of every consecutive benefit year).

**5. CO-PAYMENTS AND DEDUCTIBLES**

Co-payments are applicable, per option, on the hospital/ facility bill and are listed in the co-payment schedules below. Procedural co-payments are applicable in addition to the Hospital Benefits co-payments (where/ if applicable).



5.1. Co-payments applicable to the maxIFED range of options:

Procedure	maxima PLUS	maxima EXEC
Colonoscopy	No co-payment	R2 600
Upper GI endoscopy	No co-payment	R2 600
Surgical removal of wisdom teeth	No co-payment	R4 600
Hernia surgery (Open)	No co-payment	No co-payment
Inguinal hernia surgery	No co-payment	No co-payment
Varicose vein procedures	No co-payment	No co-payment
Hysterectomies (unless PMB or related to cancer)	No co-payment	No co-payment
Spinal surgery	No co-payment	R6 000
Rhizotomies and facet pain blocks (Limited to 1 per beneficiary per annum)	No co-payment	R4 600
Hip arthroscopy	No co-payment	R2 600
Knee arthroscopy	No co-payment	R2 600
Shoulder arthroscopy	No co-payment	R2 600
Ankle arthroscopy	No co-payment	R2 600
Wrist arthroscopy	No co-payment	R2 600
Other Arthroscopic Procedures	No co-payment	R2 600
Joint replacements – Hip and Knee (Involuntary use of non-contracted providers for Non-PMBs)	No co-payment	R4 600
Joint replacements – Hip and Knee (Voluntary use of a Non contract providers for Non-PMBs)	R28 400	R28 400
Joint replacements – other	No co-payment	R4 600
Casualty Trauma Benefit	No co-payment	R630
MRI & CT Scans (In and Out of Hospital)	No co-payment	R2 380
Elective C-Sections	No co-payment	No co-payment

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Procedure	maxima PLUS	maxima EXEC
Dental Admissions	No co-payment	No co-payment
Procedures related to back and neck	No co-payment	No co-payment
Bunion Procedures	No co-payment	No co-payment
Gastritis/dyspepsia/heartburn	No co-payment	No co-payment
Cataract Surgery (use of a contract providers)	No co-payment	No co-payment
Cataract Surgery (Voluntary use of a Non contract providers)	R6 000	R6 000
Skin biopsy and skin excision	No co-payment	No co-payment
Diagnostic Cystoscopy	No co-payment	No co-payment
Adenoidectomy	No co-payment	No co-payment
Nasal Procedures	No co-payment	No co-payment
Tonsillectomy over the age of 12	No co-payment	No co-payment
Tonsillectomy under the age of 12	No co-payment	No co-payment
<b>Laparoscopic Procedures</b>		
Diagnostic Laparoscopy	No co-payment	R4 600
Hernia repairs:	No co-payment	R4 600
<ul style="list-style-type: none"> <li>• bilateral inguinal</li> <li>• repeated inguinal hernias</li> <li>• nissen/toupet hernia repairs</li> </ul>		
Hysterectomy	No co-payment	R4 600
Pyeloplasty	No co-payment	R4 600

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Procedure	maxima PLUS	maxima EXEC
Radical prostatectomy	No co-payment	R4 600
Splenectomy	No co-payment	R4 600
Varicocelectomy	No co-payment	No co-payment

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**5.2. Co-payments applicable to the flexiFED 4 Range, flexiFED 3 Range, flexiFED 2 Range, flexiFED 1 Range and myFED options:**

Procedure	flexiFED 4	flexiFED 3	flexiFED 2	flexiFED 1	myFED
	flexiFED 4 <sup>Grid</sup>	flexiFED 3 <sup>Gold</sup>	flexiFED 2 <sup>Bronze</sup>	flexiFED 1 <sup>Elect</sup>	
	flexiFED 4 <sup>Elect</sup>	flexiFED 3 <sup>Elect</sup>	flexiFED 2 <sup>Elect</sup>	flexiFED 1 <sup>Elect</sup>	
Colonoscopy	R2 600	R4 600	R4 600	R6 800	No benefit, except for PMB level of care
Upper GI endoscopy	R2 600	R4 600	R4 600	R6 800	No benefit, except for PMB level of care
Surgical wisdom teeth removal	R4 600	R4 600	R4 600	R4 600	No benefit
Hiatus Hernia surgery (Open)	No co-payment	R4 600	R4 600	R6 800	No benefit
Varicose vein procedures	No co-payment	R4 600	R6 800	R6 800	No benefit, except for PMB level of care
Hysterectomies (unless PMB or related to cancer)	No co-payment	R4 000	R4 000	R4 000	No benefit, except for PMB level of care
Spinal surgery	R6 000	R8 000	R8 000	R8 000	No benefit, except for PMB level of care
Rhizotomies and facet pain blocks (Limited to 1 per beneficiary per annum)	R4 600	No benefit	No benefit	No benefit	No benefit



Procedure	flexiFED 4	flexiFED 3	flexiFED 2	flexiFED 1	myFED
	flexiFED 4 <sup>Gold</sup> flexiFED 4 <sup>Best</sup>	flexiFED 3 <sup>Gold</sup> flexiFED 3 <sup>Best</sup>	flexiFED 2 <sup>Gold</sup> flexiFED 2 <sup>Best</sup>	flexiFED 1 <sup>Gold</sup> flexiFED 1 <sup>Best</sup>	
Knee arthroscopy	R2 600	R8 500	R8 500	R8 500	No benefit, except for PMB level of care
Shoulder arthroscopy	R2 600	R8 500	R8 500	R8 500	No benefit, except for PMB level of care
Ankle arthroscopy	R2 600	R8 500	R8 500	R8 500	No benefit, except for PMB level of care
Wrist arthroscopy	R2 600	R8 500	R8 500	No benefit, except for PMB level of care	No benefit, except for PMB level of care
Other Arthroscopic procedures	R2 600	R8 500	R8 500	R8 500	No benefit
Joint replacements – Hip and Knee (Voluntary use of a contract providers for Non-PMBs)	No co-payment	No co-payment	No benefit, except for PMB level of care	No benefit, except for PMB level of care	No benefit, except for PMB level of care
Joint replacements – Hip and Knee (Involuntary use of non-contracted providers for Non-PMBs, when qualify)	R4 600	R6 800	No benefit, except for PMB level of care	No benefit, except for PMB level of care	No benefit, except for PMB level of care
Joint replacements – Hip and Knee (Voluntary use of a Non contracted providers for Non-PMBs)	R28 400	R28 400	No benefit, except for PMB level of care	No benefit, except for PMB level of care	No benefit, except for PMB level of care
Joint replacements – other	R4 600	R6 800	No benefit, except for PMB level of care	No benefit, except for PMB level of care	No benefit, except for PMB level of care
Casualty Trauma Benefit	R630	R630	R630	R630	R630
MRI & CT Scans (In and Out of Hospital)	R2 380	R2 380	R2 380	R3 310	No copayment, refer to benefit limit Annexure B.

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Procedure	flexiFED 4	flexiFED 3	flexiFED 2	flexiFED 1	myFED
	flexiFED 4 <sup>Grid</sup> flexiFED 4 <sup>Elect</sup>	flexiFED 3 <sup>Grid</sup> flexiFED 3 <sup>Elect</sup>	flexiFED 2 <sup>Grid</sup> flexiFED 2 <sup>Elect</sup>	flexiFED 1 <sup>Elect</sup>	
MRI & CT Scans (In and Out of Hospital)	R2 380	R2 380	R2 380	R3 310	No copayment, refer to benefit limit Annexure B.
Elective C-Sections	No co-payment	No co-payment	No co-payment	No co-payment	R12 500
Dental Admissions	No co-payment	No co-payment	R6 800	No benefit	No benefit
Procedures related to back and neck	R2 500	R4 500	R6 800	R6 800	No benefit, except for PMB level of care
Admission for conservative back and neck treatment	R2 500	R4 500	R6 800	R6 800	No benefit, except for PMB level of care
Bunion Procedures	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care
Gastritis/dyspepsia/heartburn	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care
Cataract Surgery (use of a contract providers)	No co-payment	No co-payment	No co-payment	No co-payment	No benefit, except for PMB level of care
Cataract Surgery (Voluntary use of a Non contract providers)	R6 000	R6 000	R6 000	R6 000	No benefit, except for PMB level of care
Skin biopsy and skin excision	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care
Diagnostic Cystoscopy	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care
Adenoidectomy	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care

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Procedure	flexiFED 4 flexiFED 4 <sup>Grid</sup> flexiFED 4 <sup>Elect</sup>	flexiFED 3 flexiFED 3 <sup>Grid</sup> flexiFED 3 <sup>Elect</sup>	flexiFED 2 flexiFED 2 <sup>Grid</sup> flexiFED 2 <sup>Elect</sup>	flexiFED 1 flexiFED 1 <sup>Elect</sup>	myFED
Nasal Procedures	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care
Tonsillectomy over the age of 12	No co-payment	No co-payment	R6 800	R6 800	No benefit, except for PMB level of care
Tonsillectomy under the age of 12	No co-payment	No co-payment	No co-payment	No co-payment	No benefit, except for PMB level of care
Laparoscopic Procedures	flexiFED 4 flexiFED 4 <sup>Grid</sup> flexiFED 4 <sup>Elect</sup>	flexiFED 3 flexiFED 3 <sup>Grid</sup> flexiFED 3 <sup>Elect</sup>	flexiFED 2 flexiFED 2 <sup>Grid</sup> flexiFED 2 <sup>Elect</sup>	flexiFED 1 flexiFED 1 <sup>Elect</sup>	myFED
Diagnostic Laparoscopy	R4 600	R6 800	R6 800	R6 800	Open only, except for PMB
Hernia repairs:	R4 600	R6 800	R6 800	R6 800	PMB Level of care
• bilateral inguinal					
• repeated inguinal hernias					
• and nissen/toupet hernia repairs					
Hysterectomy	R4 600	R6 800	R6 800	R6 800	Open only, except for PMB
Pyeloplasty	R4 600	R6 800	R6 800	R6 800	Open only, except for PMB
Radical prostatectomy	R4 600	R6 800	R6 800	R6 800	Open only, except for PMB
Splenectomy	R4 600	R6 800	R6 800	R6 800	Open only, except for PMB
Varicocelectomy	No co-payment	R6 800	R6 800	R6 800	Open only, except for PMB

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<b>Co-payments for elective non-use of DSPs</b>		<b>flexIFED 1</b>
<b>Hospital Admissions</b>		<b>R7 000</b>
<b>Day Surgery Network</b>		<b>R2 000</b>

<b>Co-payments for elective non-use of DSPs on all options</b>	
<b>Substance Abuse Network</b>	<b>25% subject to a maximum of R12 500</b>

**6. The following Laparoscopic procedures are exempt from co-payments on maxIFED Range and flexIFED 4 Range:**

- Cholecystectomy
- Colectomy (including rectal resections)
- Female sterilization
- Laparoscopic removal of adnexal structures (partial or total oophorectomy and/ or salpingectomy)
- Ovarian cystectomy
- Removal of ectopic pregnancy
- Adrenalectomy
- Bilateral laparoscopic varicocelelectomy



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