

flexi**FED**

2

25



 **Sanlam** healthcare partner

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Medical aid cover that's perfectly customisable for every member

At Fedhealth Medical Scheme, we've always taken great care to adapt to the ever-changing world we live in by providing quality medical aid plans that give members unrivalled control over how and how much they pay.

Our flagship range of flexiFED options allow members to do just that: to choose how their cover is structured, so that it perfectly fits with where they are in life, their budget and healthcare needs.

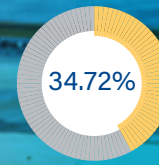
On flexiFED options members can:

- Choose to reduce their monthly contribution by either 10% or 25% without compromising benefits
- Enjoy cover that fits their unique needs
- Only pay for the cover needed right now with our 30-day upgrade policy
- Enjoy more benefits paid from Risk to help day-to-day savings stretch further
- Use flexiFED as a hospital plan, but with a unique day-to-day savings back-up plan in case they ever need it, OR as a straightforward savings plan.



88-year track record in healthcare

* As at 31 December 2023



34.72% solvency



18 consecutive years of achieving a **AA- Global Credit Rating**

For flexible medical aid cover that fits around the member and not the other way around, choose a flexiFED option from Fedhealth.

Fedhealth and Sanlam partnership – an exciting new door opens for healthcare in South Africa

The partnership between Fedhealth and Sanlam means a new chapter for both entities, which will benefit our members, brokers and other stakeholders alike. We look forward to stepping into this bright new future together!





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The flexiFED option range



flexiFED 1
FROM
R1 953

DAY-TO-DAY FUNDS
FROM
R6 890 - R19 550



[MORE DETAIL >](#)



flexiFED 2
FROM
R2 835

DAY-TO-DAY FUNDS
FROM
R10 340 - R27 360



[MORE DETAIL >](#)

PLUS

Includes all benefits from flexiFED 1



flexiFED 3
FROM
R3 236

DAY-TO-DAY FUNDS
FROM
R11 810 - R31 550



[MORE DETAIL >](#)

PLUS

Includes all benefits from flexiFED 2

Includes all benefits from flexiFED 1



flexiFED 4
FROM
R4 330

DAY-TO-DAY FUNDS
FROM
R15 800 - R39 720



[MORE DETAIL >](#)

PLUS

Includes all benefits from flexiFED 3

Includes all benefits from flexiFED 2

Includes all benefits from flexiFED 1





The flexiFED option range can be perfectly customised around the different and changing needs of our members. These options can be used as Hospital Plans with a day-to-day back up, or Savings Plans. Plus, with Fedhealth, members only need to choose the cover they need right now - they only need to upgrade to more comprehensive options as and when life-changing events



flexiFED 1 benefits



Preventative and screening benefit

Screenings like HIV tests, Pap smears, HPV PCR tests, cholesterol screening, wellness and preventative screenings and flu vaccines.



Lifestyle benefit

Female contraception paid from Risk.



In-hospital benefit

Unlimited accident and emergency treatment at any private hospital. Unlimited hospital cover for planned procedures at network hospitals.



Chronic disease cover

Unlimited cover for 27 (CDL) chronic conditions.



flexiFED 2 benefits

Includes all benefits of flexiFED 1 PLUS:



Rich maternity benefit

Cover for natural deliveries, rental of water baths, epidurals and C-sections, 2x 2D antenatal scans and 8 ante/postnatal consults with midwife, network GP or gynae; Doula benefit; Postnatal midwifery benefit. PLUS many more!



Childhood benefit

Paediatric consultation without referral up to 12 months old; Infant hearing screening; Childhood immunisations; Childhood illness specialised drug benefit up to 18 years old and vision screening in neonates. PLUS many more!



Enhanced Preventative and screening benefit
HPV vaccine.



Basic dentistry in Threshold

Basic dentistry benefit once the threshold level has been reached, includes two annual consultations per beneficiary including x-rays, scaling and polishing, fillings, extractions and root canal.



flexiFED 3 benefits

Includes all benefits of flexiFED 1 & 2 PLUS:



Enhanced maternity benefit also includes:

Private ward cover; and 12 ante/postnatal consults with midwife, network GP or gynae, PLUS many more!



Customised childhood benefit also includes:

Paediatric consultation without referral up to 24 months old. Additional chronic benefit for children up to 18 with asthma, eczema and acne up to the age of 21, PLUS many more!



Cover for chronic medication for mental health conditions

ADHD (for children 6 -18 years old), depression, generalised anxiety disorder, post-traumatic stress disorder subject to an annual limit of R3 200 per family.



Optical benefit

Up to R1 930 per beneficiary every 24 months.



flexiFED 4 benefits

Includes all benefits of flexiFED 1, 2 & 3 PLUS:



Cover for additional chronic conditions

Cover for 18 additional chronic conditions.



Unlimited network GP consultations

Immediate access to unlimited network GP consults.



Comprehensive threshold benefit

Unlimited comprehensive threshold benefit (including basic and advanced dental benefits).

All flexiFED plans provide:

Threshold benefit

Once day-to-day claims have accumulated to the Threshold level, certain claims will be paid from the Threshold benefit. These include preventative dentistry (flexiFED 1), basic dentistry (flexiFED 2 and 3) and unlimited nominated network GP visits. On flexiFED 4, the Threshold benefit pays for certain day-to-day expenses once claims have accumulated to the Threshold level with a 20% co-payment for the member.





STEP

1

Customise your flexiFED option to suit **YOUR NEEDS.**

Using **three simple steps**, you can create your flexiFED option to become the perfect medical aid plan for your needs and budget. Here's how:

Do you need **hospital cover only** **OR** do you also need **day-to-day savings**?

Please note: All rates are for a principal member only.



I only want **hospital cover**



flexiFED HOSPITAL PLAN

A hospital plan gives you the peace of mind that the big expenses that could arise from a hospital admission will be covered. Hospital cover is the foundation of any medical aid option.

On a hospital plan you need to pay for day-to-day medical expenses, like a pair of glasses, from your own pocket.

flexiFED 1 R2 505	flexiFED 2 R3 787	flexiFED 3 R4 320	flexiFED 4 R5 782
	flexiFED2 ^{GRID} R3 396	flexiFED3 ^{GRID} R3 874	flexiFED4 ^{GRID} R5 180
flexiFED 1 ^{Elect} R1 953	flexiFED2 ^{Elect} R2 835	flexiFED3 ^{Elect} R3 236	flexiFED4 ^{Elect} R4 330

What if I do end up needing day-to-day savings? [➤](#)



I also want **day-to-day savings**



flexiFED SAVINGS PLAN

A savings plan gives you the peace of mind of a hospital plan PLUS a set pool of funds you can use to pay for your day-to-day medical expenses, for example doctor's visits or flu medication from the pharmacy.

flexiFED 1 Day-to-day benefit R3 940	flexiFED 2 Day-to-day benefit R5 240	flexiFED 3 Day-to-day benefit R7 880	flexiFED 4 Day-to-day benefit R13 120
flexiFED 1 R 2 833	flexiFED 2 R4 224	flexiFED 3 R4 977	flexiFED 4 R6 875
	flexiFED2 ^{GRID} R3 833	flexiFED3 ^{GRID} R4 531	flexiFED4 ^{GRID} R6 273
flexiFED 1 ^{Elect} R2 281	flexiFED2 ^{Elect} R3 272	flexiFED3 ^{Elect} R3 893	flexiFED4 ^{Elect} R5 423

Unique to Fedhealth corporate clients: Bespoke savings plans can be tailored to the group's needs. [➤](#)





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Your flexiFED. Your way

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Unique benefits paid from Risk

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Using **three simple steps**, you can create your flexiFED option to become the perfect medical aid plan for your needs and budget. Here's how:



NO PROBLEM! We have a back-up plan for you!

Simply use your flexiFED option as a **flexible savings plan** by activating your Fedhealth Savings. You only activate what you need, and that's all you will have to pay for - interest-free over 12 months.

The amounts below are how much Fedhealth Savings you have available based on your option and family composition. The amount you activate will be divided by 12 and added to your hospital plan contribution.

UNIQUE TO FEDHEALTH

flexiFED 1 Fedhealth Savings		flexiFED 2 Fedhealth Savings		flexiFED 3 Fedhealth Savings		flexiFED 4 Fedhealth Savings	
M	R6 890	M	R10 340	M	R11 810	M	R15 800
M+AD	R12 280	M+AD	R19 560	M+AD	R22 610	M+AD	R30 210
M+AD+CD	R17 030	M+AD+CD	R24 310	M+AD+CD	R27 360	M+AD+CD	R34 970
M+AD+2CD	R19 550	M+AD+2CD	R27 360	M+AD+2CD	R31 550	M+AD+2CD	R39 720

flexiFED 1^{Elect}
R1 953

flexiFED 2^{Elect}
R2 835

flexiFED 3^{Elect}
R3 236

flexiFED 4^{Elect}
R4 330

flexiFED 1^{Elect}
R2 281

flexiFED 2^{Elect}
R3 272

flexiFED 3^{Elect}
R3 893

flexiFED 4^{Elect}
R5 423

What if I do end up needing day-to-day savings? >

Unique to Fedhealth corporate clients:
Bespoke savings plans can be tailored to the group's needs. >





STEP

1

Customise your flexiFED option to suit **YOUR NEEDS.**

Using **three simple steps**, you can create your flexiFED option to become the perfect medical aid plan for your needs and budget. Here's how:



Unique to Fedhealth corporate clients

Bespoke savings plans can be tailored to the group's needs.

Fedhealth is the only scheme in the market where corporates can tailor day-to-day savings to their specific needs and develop a bespoke savings solution unique to them.

A corporate can decide how much of the total amount available in Fedhealth Savings they want to make available to their employees. This will then be calculated as part of their total monthly contribution over the calendar year, January to December. So companies can therefore tailor a solution according to their budget or their employee benefit policy.

UNIQUE TO FEDHEALTH

flexiFED 1 Fedhealth Savings		flexiFED 2 Fedhealth Savings		flexiFED 3 Fedhealth Savings		flexiFED 4 Fedhealth Savings	
M	R6 890	M	R10 340	M	R11 810	M	R15 800
M+AD	R12 280	M+AD	R19 560	M+AD	R22 610	M+AD	R30 210
M+AD+CD	R17 030	M+AD+CD	R24 310	M+AD+CD	R27 360	M+AD+CD	R34 970
M+AD+2CD	R19 550	M+AD+2CD	R27 360	M+AD+2CD	R31 550	M+AD+2CD	R39 720

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savings

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flexiFED 4
day-to-day
benefit
R13 120

flexiFED 4
R6 875
flexiFED4^{GRID}
R6 273
flexiFED4^{Elect}
R5 423

needs.





STEP

2

Now choose the flexiFED option based on your health needs.

Fedhealth offers **four flexiFED options** to choose from depending on your health needs:

flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
You're healthy and don't really have any health issues at all.	You're healthy and might consider starting a family.	You have children and might also need cover for things like chronic conditions.	You need a plan that takes care of you, your spouse and children, offers chronic, mental health and oncology benefits.
Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover	Emergency and planned procedure hospital cover
✓✓ Oncology	✓✓✓ Oncology	✓✓✓ Oncology	✓✓✓✓ Oncology
✓ Maternity, infants & children	✓✓ Maternity, infants & children	✓✓ Maternity, infants & children	✓✓✓✓ Maternity, infants & children
✓ Chronic	✓✓ Chronic	✓✓ Chronic	✓✓✓✓ Chronic
✓ Mental health	✓ Mental health	✓✓ Mental health	✓✓✓✓ Mental health

What makes flexiFED options special?

Our flexiFED plans cover members for a range of day-to-day benefits as well – regardless of whether they choose a hospital or a savings plan. These include our **unique benefits** (see below) and certain plans offer even **more built-in day-to-day benefits** for things like optometry, maternity, childhood benefits and mental health... **all at no additional cost to the member.**

Fedhealth pays for the following **unique benefits** from your Risk/In-hospital benefit:



Unlimited GP visits



Female contraceptives



Post-hospitalisation treatment



7 days of take-home medicine



Trauma treatment at a casualty ward



Specialised radiology

What if my health needs suddenly change? >





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STEP

2

Now choose the flexiFED option based on your health needs.

Fedhealth offers **four flexiFED options** to choose from depending on your health needs:

UPGRADE ANY TIME

Upgrade to a higher option **ANY TIME OF THE YEAR**

Only Fedhealth lets you upgrade to a higher option any time of the year, as long it's within 30 days of a life-changing event like pregnancy or serious illness diagnosis. This means you can pay for the cover you need RIGHT NOW, not future 'what-ifs'.

UNIQUE TO FEDHEALTH!

Our flexiFED plans cover members for a range of day-to-day benefits as well – regardless of whether they choose a hospital or a savings plans. These include our **unique benefits** (see below) and certain plans offer even **more built-in day-to-day benefits** for things like optometry, maternity, childhood benefits and mental health... **all at no additional cost to the member.**

Fedhealth pays for the following **unique benefits** from your Risk/In-hospital benefit:



Unlimited GP visits



Female contraceptives



Post-hospitalisation treatment



7 days of take-home medicine



Trauma treatment at a casualty ward



Specialised radiology

What if my health needs suddenly change? >





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STEP

3

Choose an **additional discount** (if you want to)

SAVE 10% WITH GRID

In exchange for 10% off your monthly contribution, you simply use one of the 120 world-class Fedhealth GRID network hospitals countrywide for all planned procedures. All your other benefits remain the same. In case of emergencies, you will always be taken to your nearest private hospital.



SAVE 25% WITH ELECT

Not foreseeing needing any planned hospital procedures soon? To get 25% off your monthly contribution, you choose to pay an excess of R15 470 on any planned hospital admissions at any private hospital. In case of emergencies, you will always be taken to your nearest private hospital.

SAVE!!! See how much you can save with GRID and Elect [>](#)





STEP 3

Choose an **additional discount** (if you want to)

SAVE 10%

SAVE 25%



SAVE with GRID and Elect

flexiFED 1
R2 505

flexiFED 1^{Elect}
R1 953

SAVE

On Elect, you SAVE:
R552 p/m
and
R6 624 p/a

flexiFED 2
R3 787

flexiFED2^{GRID}
R3 396
flexiFED2^{Elect}
R2 835

On GRID, you SAVE:
R391 p/m
and
R4 692 p/a

On Elect, you SAVE:
R952 p/m
and
R11 424 p/a

flexiFED 3
R4 320

flexiFED3^{GRID}
R3 874
flexiFED3^{Elect}
R3 236

On GRID, you SAVE:
R446 p/m
and
R5 352 p/a

On Elect, you SAVE:
R1 084 p/m
and
R13 008 p/a

flexiFED 4
R5 782

flexiFED4^{GRID}
R5 180
flexiFED4^{Elect}
R4 330

On GRID, you SAVE:
R602 p/m
and
R7 224 p/a

On Elect, you SAVE:
R1 452 p/m
and
R17 424 p/a

Please note: These GRID and Elect savings have been calculated based on a principal member's contribution.

ed hospital
our monthly
in excess of
ed hospital
private
emergencies,
ken to
spital.





Hospital plan contributions

Please note: Remember, you can access your day-to-day savings back-up plan even while on a hospital plan. The amount of Fedhealth Savings you do end up using will be divided by 12 and added to your monthly contribution.

flexiFED 1

	Member Total	Adult Total	Child Total
Network hospitals	R2 505	R1 963	R917
Elect	R1 953	R1 526	R711

	flexiFED 1	flexiFED 1 ^{Elect}	Annual Threshold Level
M	R2 505	R1 953	R5 400
M+AD	R4 468	R3 479	R8 600
M+AD+CD	R5 385	R4 190	R10 500
M+AD+2CD	R6 302	R4 901	R12 500

SEE HOW MUCH YOU CAN SAVE
A single Member can save R552 per month and R6 624 per annum by choosing Elect

flexiFED 2

	Member Total	Adult Total	Child Total
Any hospital	R3 787	R3 370	R1 118
GRID	R3 396	R3 027	R1 003
Elect	R2 835	R2 534	R842

	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Threshold Level
M	R3 787	R3 396	R2 835	R6 200
M+AD	R7 157	R6 423	R5 369	R11 300
M+AD+CD	R8 275	R7 426	R6 211	R12 800
M+AD+2CD	R9 393	R8 429	R7 053	R16 400

SEE HOW MUCH YOU CAN SAVE
A Member and Adult Dependant can save R734 per month and R8 808 per annum by choosing GRID and R1 788 per month and R21 456 per annum by choosing Elect

flexiFED 3

	Member Total	Adult Total	Child Total
Any hospital	R4 320	R3 957	R1 531
GRID	R3 874	R3 553	R1 374
Elect	R3 236	R2 968	R1 148

	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Threshold Level
M	R4 320	R3 874	R3 236	R7 900
M+AD	R8 277	R7 427	R6 204	R13 700
M+AD+CD	R9 808	R8 801	R7 352	R15 600
M+AD+2CD	R11 339	R10 175	R8 500	R18 400

SEE HOW MUCH YOU CAN SAVE
A Member, Adult Dependant and Child Dependant can save R1 007 per month and R12 084 per annum by choosing GRID and R2 456 per month and R29 472 per annum by choosing Elect

flexiFED 4

	Member Total	Adult Total	Child Total
Any hospital	R5 782	R5 277	R1 739
GRID	R5 180	R4 737	R1 561
Elect	R4 330	R4 035	R1 328

	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Threshold Level
M	R5 782	R5 180	R4 330	R21 200
M+AD	R11 059	R9 917	R8 365	R36 800
M+AD+CD	R12 798	R11 478	R9 693	R41 700
M+AD+2CD	R14 537	R13 039	R11 021	R46 600

SEE HOW MUCH YOU CAN SAVE
A Member, Adult Dependant and 2 Child Dependents can save R1 498 per month and R17 976 per annum by choosing GRID and R3 516 per month and R42 192 per annum by choosing Elect





Savings plan contributions

Fedhealth Savings Plans include a nominal Savings amount as part of your monthly contribution in order to accommodate carry-over Savings from other schemes or previous product structures.

	flexiFED 1	flexiFED 1 ^{Elect}	Annual Threshold Level	Available Day-to-Day*
M	R2 833	R2 281	R5 400	R3 940
M+AD	R4 961	R3 972	R8 600	R5 910
M+AD+CD	R5 986	R4 791	R10 500	R7 210
M+AD+2CD	R7 067	R5 666	R12 500	R9 180

	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Threshold Level	Available Day-to-Day*
M	R4 224	R3 833	R3 272	R6 200	R5 240
M+AD	R7 814	R7 080	R6 026	R11 300	R7 880
M+AD+CD	R9 313	R8 464	R7 249	R12 800	R12 450
M+AD+2CD	R10 759	R9 795	R8 419	R16 400	R16 390

	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Threshold Level	Available Day-to-Day*
M	R4 977	R4 531	R3 893	R7 900	R7 880
M+AD	R9 150	R8 300	R7 077	R13 700	R10 480
M+AD+CD	R10 957	R9 950	R8 501	R15 600	R13 790
M+AD+2CD	R12 705	R11 541	R9 866	R18 400	R16 390

	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Threshold Level	Available Day-to-Day*
M	R6 875	R6 273	R5 423	R21 200	R13 120
M+AD	R12 973	R11 831	R10 279	R36 800	R22 970
M+AD+CD	R14 981	R13 661	R11 876	R41 700	R26 200
M+AD+2CD	R17 052	R15 554	R13 536	R46 600	R30 180

* Maximum Fedhealth Savings allocation per family





Unique set of benefits paid from Risk

Fedhealth is the only medical scheme to cover **ALL** of the benefits listed below from Risk, and not the member's day-to-day benefit. This ensures a significant saving for members since they can use their day-to-day benefit for other expenses instead.



Upgrades to higher options any time of year



Unlimited network doctor's visits



Post-hospitalisation treatment for up to 30 days after discharge from hospital



Take-home medication



Specialised radiology



Trauma treatment at a casualty ward



Female contraception



In-hospital dentistry for children under 7



Child rates up to 27 for children who are registered full time students

MORE INFORMATION





Unique set of benefits paid from Risk



Upgrades to higher options any time of year

Life happens, right? So whether you are diagnosed with a serious illness, get married or discover that a baby is on the way, Fedhealth will let you upgrade to a higher option that better suits your needs within 30 days of your diagnosis or circumstances changing.



Unlimited network doctor's visits

On Fedhealth, members can see their GP as often as they need on most options, by either visiting any network GP or a nominated network GP (depending on the option).



Post-hospitalisation treatment for up to 30 days after discharge from hospital

This means that following a hospital stay, your treatment like physiotherapy, x-rays or pathology is covered by Fedhealth, and not your day-to-day benefit or your own pocket. Excludes follow-up consultations with GPs or specialists.



Take-home medication

Fedhealth pays for 7 days supply of take-home medication, to a maximum of R400 per beneficiary per admission, when you are discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day that the member is discharged from hospital



Specialised radiology

Fedhealth covers specialised radiology such as MRI and CT scans from Risk, whether it's performed in- or out-of-hospital. A co-payment applies to non-PMB MRI/CT scans on all options.



Trauma treatment at a casualty ward

On Fedhealth, injuries that require medical treatment like stitches or the setting of a fractured bone, are covered whether you're admitted to hospital or not. Authorisation must be obtained within 48 hours and a co-payment of R850 per visit for non-PMBs applies to all options.



Female contraception

Oral, patches, certain injectables, contraceptive rings as well as IUDs that include the Mirena® are paid for by Fedhealth. It must, however, be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.



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. Not applicable to flexiFED 1.



Child rates up to 27 for children who are still studying

A child will be covered at child rates up to the age of 27, if they are registered as full time students. If not, they will be covered at child rates until the age of 21.





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Hospital Cover



UNLIMITED PRIVATE HOSPITAL COVER ALL FEDHEALTH OPTIONS

Depending on their option, members may use either:

FEDHEALTH NETWORK HOSPITALS*

Co-pay applies if not used for planned hospital procedures.

PRIVATE HOSPITALS**

THIS BENEFIT COVERS:



Hospital account



Doctors and Specialists
e.g. anaesthetists
Fedhealth Network GPs and Specialists covered in full - non-network GPs and Specialists covered up to Fedhealth Rate.



Other healthcare providers
e.g. X-rays



Certain procedures in doctor's rooms



270 hospital-based PMB conditions
DSPs, formularies and referrals may apply to avoid co-pays.

Pre-authorisation must be obtained for all planned hospital admissions.

EMERGENCIES: members must obtain authorisation within 2 days after hospital admission.

An emergency is unexpected, requiring immediate treatment to avoid lasting damage to organs, limbs or other body parts, or death.

*Network option members may be treated at ANY hospital in an emergency, but will be moved to a network hospital once stabilised or face the co-pay.

** flexiFED 2, 3 and 4 covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital (City of Tshwane), Arwyp Medical Centre (Ekurhuleni), Busamed Modderfontein Private Hospital (City of Johannesburg), Hibiscus Hospital (Ugu), Mooimed Private Hospital (Dr Kenneth Kaunda), Capital Hospital (Durban), which will not be covered in full for 2025. Emergency treatment at these 6 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R8 840 co-payment.

MORE INFORMATION >





Hospital Cover

All Fedhealth options have an unlimited in-hospital benefit. Pre-authorisation must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

- The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards, day clinics and doctor's rooms. Members must use facilities on the Fedhealth Day Surgery Network.
- On certain options, members must use the Fedhealth Hospital Network or pay a co-payment on the hospital account.

Cover for hospital admissions

- The hospital account is covered from the in-hospital benefit.
- Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the Fedhealth Rate.
- Referral by a medical practitioner and pre-authorisation are required for physiotherapy, covered up to the Fedhealth Rate.

Prescribed Minimum Benefits (PMBs)

PMBs are 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. In order for members to get funding in full, schemes are allowed to require members to use Designated Service Providers (DSPs) and apply formularies and managed care protocols.

- Fedhealth uses network specialists, network GPs and network

hospitals for the provision of PMBs.

- Members must use a Fedhealth Network Specialist and a network GP or nominated network GP, depending on their option, in order for the cost to be refunded in full.
- Should you not use these DSPs for PMB treatment, 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. Co-payments are option dependent.

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). So 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 considered PMB level of care.

Co-payments on certain procedures

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

What qualifies as an emergency?

- An emergency is when the condition is unexpected and requires 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.
- Members on network hospital options can get treatment for emergency medical conditions 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.





Screening benefit

Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have. Consultations are subject to available Scheme benefits.



SCREENING BENEFIT
ALL flexiFED OPTIONS,
UNLESS SPECIFIED OTHERWISE

This benefit covers screenings for:



Women's health



Men's health



Children's health



Cardiac health



Over 40's



Health risk assessments

MORE INFORMATION





Screening benefit



Women's Health

Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Cervical cancer screening pharmacy consultation	Women; ages 21 to 65	1 every 3 years
HPV PCR test	Women; ages 21 to 65	1 every 5 years

Men's Health

Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
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Children's Health

Immunisation Programme and administration* (as per State EPI)	Birth to 12 years	Various
HPV vaccine and administration* Cervarix and Gardasil only <i>Only available on flexiFED 2, 3 & 4</i>	Girl beneficiaries aged 9 to 16 years old	2 doses per lifetime
Optical Screening (tariff code 11001) <i>Only available on flexiFED 4</i>	All lives; ages 5 to 8	1 per lifetime

Cardiac Health

Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
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Over 40's

Breast cancer screening with mammography	All lives; aged 40 and older	1 every 2 years
Colorectal cancer screening (faecal occult blood test)	All lives; ages 50 to 75	1 every year
Pneumococcal vaccination and administration*	All lives; aged 65 and older	1 per lifetime

General

Flu vaccination and administration*	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

* Combined administration of vaccination benefit limit of 15 per family per year





Doctor's room procedures

covered from the
in-hospital benefit

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.

In addition, 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.

Procedures performed in a doctor's room or suitably equipped procedure room

- 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 hospital cover

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Overall annual limit (OAL)	Unlimited at network hospitals. R8 840 co-payment on voluntary use of non-network hospital. R2 630 co-payment on voluntary use of non-network day surgery facilities. On flexiFED 1 ^{Elect} , there is a R15 470 excess on all hospital admissions except emergency admissions	Unlimited at negotiated tariff. R2 630 co-payment on voluntary use of non-network day surgery facilities On flexiFED 2 ^{GRID} , flexiFED 3 ^{GRID} and flexiFED 4 ^{GRID} members must use network hospitals. There is a R15 470 co-payment on use of non-network day surgery facilities On flexiFED 2 ^{Elect} , flexiFED 3 ^{Elect} and flexiFED 4 ^{Elect} there is a R15 470 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	Unlimited at negotiated tariff	Unlimited at negotiated tariff. Private ward cover (when available) for maternity admissions	
Additional medical services (dietetics, occupational therapy and speech therapy)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			In and out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year
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 Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
Blood, blood equivalents and blood products	Unlimited			
Immune deficiency related to HIV infection	Unlimited (see HPT)			





	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
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 R5 730 on the hospital bill			
In-hospital dentistry benefit for children under 7	No benefit	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Fedhealth Savings or self-funded		
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 at Essential protocol. 25% co-payment applies where a DSP is not used	R311 900 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used	R350 000 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used	R499 100 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used
Organ transplant including immunosuppression medication	Unlimited at cost at PMB level of care	R311 900 (See HPT)		R499 100 (See HPT)
Corneal graft	No benefit			R36 300 per beneficiary
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	R26 400 (see HPT)	R28 000 (see HPT)	
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)	R311 900 up to the Fedhealth Rate at Designated Service Provider (DSP)		R499 100 up to the Fedhealth Rate 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	Childhood illness specialised drug benefit for children up to the age of 18		
Specialised radiology	Unlimited at Fedhealth Rate. First R4 100 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - PMB level of care at network DSP or R5 500 co-payment for use of non-DSP	Unlimited at Fedhealth Rate. First R2 960 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncology benefit subject to DSP network. R5 500 co-payment for use of non-DSP		
Spinal surgery	No benefit unless PMB level of care	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R10 000 on the hospital bill		No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R7 510 on the hospital bill
Terminal care benefit	R34 500			

*Designated Service Provider is ICON (Independent Clinical Oncology Network)





Co-payments

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Co-payments per event applicable on the hospital/ facility bill only				
Bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	R7 940		No co-payment	
All open hernia surgery	R8 460	R5 730		No co-payment
Arthroscopic procedures - shoulder, ankle	R10 600			R3 340
Arthroscopic procedures: wrist	No benefit		R10 600	R3 340
Arthroscopic procedures: hip	No benefit		R10 600	R3 340
Arthroscopic procedures: knee	No benefit unless PMB Knee: only Anterior Cruciate ligament repair - Co-payment R10 600		R10 600	R3 340
Other Arthroscopic procedures	No benefit unless PMB		R10 600	R3 340
Back & neck procedures	R7 940		R5 260	R2 910
Colonoscopy, upper GI endoscopy	R7 940	R5 370		R3 130
Dental admissions	No benefit	No co-payment		
Inguinal hernia surgery	R8 460	R5 730		No co-payment
Joint replacements				
Single hip and knee replacements with CP*	No benefit		No co-payment	
Single hip and knee replacements-non-use of CP*	No benefit		R35 240	
Other joint replacements	No benefit		R8 460	R5 730
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R7 940			R5 370
Laparoscopic varicocelectomy	R7 940			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit			R5 370
Spinal surgery**	No benefit unless PMB		R10 000	R7 510
Surgical extraction of impacted wisdom teeth	R5 730			
Varicose vein procedures	R7 940		R5 370	No co-payment

* Contracted Provider: Must use ICPS Hip and Knee network, JointCare, Surge Orthopaedics or Major Joints for Life for single non-PMB hip and knee joint replacements. Non-use of Contracted Provider (CP) will result in co-payment.

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





Prosthesis benefit

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4	
External	Unlimited at cost at PMB level of care	R12 100 at cost	R12 900 at cost		
Internal					
Aorta Stent Grafts	Unlimited at cost at PMB level of care		R65 500	See combined benefit limit for all unlisted internal prosthesis*	
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			Unlimited at cost at PMB level of care		R31 000
Detachable platinum coils			R56 700		
Elbow, hip, knee and shoulder replacement			See combined benefit limit for all unlisted internal prosthesis*	R31 000	
Total ankle replacement	No benefit			See combined benefit limit for all unlisted internal prosthesis*	
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of care			See combined benefit limit for all unlisted internal prosthesis*	
Intraocular lenses - non-cataract (per lens)	Unlimited at cost at PMB level of care		R3 500		
* Combined benefit limit for all unlisted internal prosthesis			R27 900		

Chronic Disease benefit

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Limit	Unlimited cover for conditions on the Chronic Disease List (CDL)		Unlimited cover for conditions on the CDL plus Allergic Rhinitis (children ages 6-18), Eczema (children ages 6-18), Attention Deficit Hyperactivity Disorder (children ages 6-18), Acne (up to the age of 21), Depression, Generalised Anxiety Disorder, Post-Traumatic Stress Disorder subject to a limit of R3 200 per family	Subject to a limit of R6 300 per beneficiary, and R12 600 per family. Thereafter unlimited cover for conditions on the CDL
Formulary	Basic formulary	Intermediate formulary on flexiFED 2, 3 and 4. Basic formulary on flexiFED 2 ^{GRID} , 2 ^{Elect} , 3 ^{GRID} , 3 ^{Elect} , 4 ^{GRID} and 4 ^{Elect}		
Pharmacy	Any			

Chronic conditions on the Chronic Disease List (CDL) covered on all options

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

Additional chronic conditions covered on certain options

Acne (up to the age of 21)	flexiFED 4, flexiFED 3	Generalised Anxiety Disorder	flexiFED 4, flexiFED 3
Allergic rhinitis (from 6 to the age of 18)	flexiFED 4, flexiFED 3	Narcolepsy	flexiFED 4
Ankylosing Spondylitis	flexiFED 4	Obsessive Compulsive Disorder	flexiFED 4
Anorexia Nervosa	flexiFED 4	Panic Disorder	flexiFED 4
Attention Deficit Hyperactivity Disorder (from 6 to the age of 18)	flexiFED 4, flexiFED 3	Paraplegia/ Quadriplegia (associated medicine)	flexiFED 4
Benign Prostatic Hyperplasia	flexiFED 4	Post-Traumatic Stress Disorder	flexiFED 4, flexiFED 3
Bulimia Nervosa	flexiFED 4	Scleroderma	flexiFED 4
Depression	flexiFED 4, flexiFED 3	Tourette's syndrome	flexiFED 4
Dermatomyositis	flexiFED 4		
Eczema (from 6 to the age of 18)	flexiFED 4, flexiFED 3		





flexiFED day-to-day benefits

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Tariff	Paid up to Fedhealth Rate			
Co-payments in Threshold	N/A			20% co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			In and out-of-hospital: Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to R12 900 per family per year
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and Threshold. R8 270 per beneficiary per year. R24 700 per family per year before and after Threshold

* Private nursing that falls outside the alternatives to hospitalisation benefit





flexiFED day-to-day benefits

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Osseo-integrated implants, orthognathic surgery	Paid from Fedhealth Savings or self-funded Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Dentistry (Basic)	Paid from Fedhealth Savings or self-funded. Once 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. (On flexiFED 2 and 3, fillings, extractions and root canal will also be covered). Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.			Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached
General Practitioners				
Fedhealth Network GPs	<p>Each beneficiary can nominate up to 2 Network GPs.</p> <p>Pre Threshold: Consults with a nominated Network GP will be paid from Savings and accumulate at cost to your Threshold level. Consults at a network GP (not the nominated one) will be paid from Savings and accumulate to Threshold at cost. Enjoy unlimited mental health consults in- or out-of-network pre Threshold - these will be paid from Savings.</p> <p>In Threshold: Unlimited nominated Network GP benefit. Consults will be subject to a 20% co-payment in Threshold. Mental health: maximum of 2 mental health consults per beneficiary with a network GP will be paid from Threshold benefit.</p> <p>We pay for 2 consults for non-nominated or non-network GPs once in Threshold.</p>			<p>Each beneficiary can nominate up to 2 Network GPs on flexiFED 4^{GRID} and flexiFED 4^{Elect}</p> <p>Pre Threshold: Consults with a Network GP will be paid from Risk from Rand one and not from Savings (these consults do not accumulate to Threshold). On flexiFED 4^{GRID} and flexiFED 4^{Elect}, you also need to nominate a network GP. Mental health: In-network, Fedhealth will pay for two mental health consults per beneficiary with a network GP - before and after Threshold</p> <p>In Threshold: Unlimited Network GP benefit. Consults will be subject to a 20% co-payment in Threshold.</p>
Non-network GPs	<p>Pre Threshold: Consults with out-of-network GPs will be paid from Savings but will accumulate to Threshold level at cost.</p> <p>In Threshold: Limit of 2 consults with an out-of-network or non-nominated GP per beneficiary paid from Threshold. Thereafter, consults with a non-network GP will be paid from Savings. Mental health consults with a non-network GP will not be paid from Threshold benefit, but from Savings.</p>			<p>Pre Threshold: Consults with out-of-network GP will be paid from Savings and accumulates to Threshold at the Fedhealth rate. Mental health consults out-of-network: Subject to Savings and will accumulate.</p> <p>In Threshold: Limit of 2 consults with out-of-network GP per beneficiary paid from Threshold. Thereafter, consults with a non-network GP will be paid from Savings. Mental health: a maximum of 2 mental health consults per beneficiary with a network GP will be paid from Risk before and after Threshold.</p>





flexiFED day-to-day benefits

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Maternity benefit	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level	See maternity benefit > Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		See maternity benefit > Thereafter, paid from Fedhealth Savings or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold
Optometry	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		See optometry benefit > Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level	Paid from Fedhealth Savings or self-funded and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold
Over-the-counter medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Pathology	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year
Prescribed medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and Threshold. R6 330 per beneficiary per year, R12 770 per family per year before and after Threshold
Radiology general	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and Threshold. Unlimited once Threshold is reached





flexiFED day-to-day benefits

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Specialists excluding psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits)				
Fedhealth Network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 20% co-payment if GP referral not obtained
Non-network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded and Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained
Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits)				
Fedhealth Network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold at cost up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained
Non-network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level			Paid from Fedhealth Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate up to the Additional Medical Services limit of R12 900 per family per year. 20% co-payment if GP referral not obtained





Additional information

Need more information on a specific Fedhealth benefit, programme, service or provider?

We've got you covered. Just click on the relevant link below to find out more.

- [ZOOM on 30-Day Post-Hospitalisation Benefit >](#)
- [ZOOM on Aligned Serious Illness Benefit >](#)
- [ZOOM on All about dependants >](#)
- [ZOOM on Alternatives to Hospitalisation Benefit >](#)
- [ZOOM on Chronic Medicine Benefit >](#)
- [ZOOM on Conservative Back & Neck Rehabilitation Programme >](#)
- [ZOOM on Emergency Assistance >](#)
- [ZOOM on Emergency Treatment in a Casualty Ward >](#)
- [ZOOM on GP Nomination >](#)
- [ZOOM on Maternity & Childhood Benefits >](#)
- [ZOOM on Option Upgrades >](#)
- [ZOOM on Self-Service Channels >](#)
- [ZOOM on Specialist Referral >](#)
- [ZOOM on the Contraceptive Benefit >](#)
- [ZOOM on the Fedhealth Baby Programme >](#)
- [ZOOM on the flexiFED 1 Preventative Dentistry Benefit >](#)

- [ZOOM on the flexiFED 2 Basic Dentistry Benefit >](#)
- [ZOOM on the flexiFED 3 Basic Dentistry Benefit >](#)
- [ZOOM on the Hospital at Home Benefit >](#)
- [ZOOM on the MediTaxi Benefit >](#)
- [ZOOM on the Mental Health Benefit >](#)
- [ZOOM on the Mental Health Programme >](#)
- [ZOOM on the October Health Mental Health App >](#)
- [ZOOM on the Oncology Benefit >](#)
- [ZOOM on the Screening Benefit >](#)
- [ZOOM on the Selected Procedures Benefit >](#)
- [ZOOM on the Smoking Cessation Programme >](#)
- [ZOOM on the SOS Call Me Benefit >](#)
- [ZOOM on the Specialised Radiology Benefit >](#)
- [ZOOM on the Threshold Benefit >](#)
- [ZOOM on the Weight Management Programme >](#)

- [CLICK HERE for flexiFED 1 network hospitals >](#)
- [CLICK HERE for flexiFED^{GRID} network hospitals >](#)
- [CLICK HERE for flexiFED^{Elect} network hospitals >](#)

- [CLICK HERE for flexiFED 1 day surgery network facilities >](#)
- [CLICK HERE for flexiFED 2, 3 and 4 day surgery network facilities >](#)
- [CLICK HERE for flexiFED^{GRID} day surgery network facilities >](#)
- [CLICK HERE for Mental Health network facilities >](#)





Get in touch

Fedhealth is at the forefront of technology... not only to ensure clear communication with our members, but also to give members more control over managing certain aspects of their membership.



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 Healthy Living articles – filled with lifestyle and wellness topics.



Fedhealth Family Room

Fedhealth's online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Fedhealth Savings they've got left, activate the amount of Fedhealth Savings they require, registering for chronic medicine and obtaining hospital authorisations.



Fedhealth Member App

Our app has been designed to help simplify members' interaction with Fedhealth. Available from the Google Play Store, Huawei App Gallery and Apple App store, it lets the member activate the amount of Fedhealth Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more. [Click here to download the Member App >](#)



LiveChat and chatbot

The LiveChat functionality is 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 activating Fedhealth Savings, and is also accessed through fedhealth.co.za



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.



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. [Click here for provider locator >](#)





Welcome to
Fedhealth

flexiFED
option range

Your flexiFED.
Your way

Contributions

Unique benefits
paid from Risk

Hospital cover

Screening
benefit

Doctor's room procedures
covered from the
in-hospital benefit

Benefits

Get in touch

Contact details

Medscheme Client Service Centres

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

These branches are open Monday to Thursday 07h30 – 17h00,
Friday 09h00 - 17h00 and Saturday 08h00 - 12h00

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 & Waterkant Streets, Cape Town

Durban:

14/36 Silverton Road, Silver Oaks Office Park, Musgrave

Port Elizabeth:

1st Floor, Block 6, Greenacres Office Park, 2nd Avenue, Newton Park

Pretoria:

Nedbank Plaza, Ground Floor, Shop 17, 175 Steve Biko Street, Arcadia

Roodepoort:

Shop 21 & 22, Flora Centre, Cnr Ontdekkers and Conrad Roads,
Florida North, Roodepoort

Vereeniging:

27 Grey 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





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flexiFED option range

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Contributions

Unique benefits paid from Risk

Hospital cover

Screening benefit

Doctor's room procedures covered from the in-hospital benefit

Benefits

Get in touch

Contact details

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

Alignd

Tel: 0860 100 572
Email: referrals@alignd.co.za

Ambulance Services

Europ Assistance
Tel: 0860 333 432

AfA (HIV Management)

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

Fedhealth Baby

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

Fedhealth Oncology Programme

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

Fedhealth Paed-IQ 24 hour service

Tel: 0860 444 128

Fraud Hotline

Tel: 0800 112 811

MVA Third Party Recovery Department

Monday to Friday 08h00 - 16h00
Tel: 0800 117 222

MediTaxi

Tel: 0860 333 432 press 5 for the point-to-point service

Quoro Medical

Tel: 010 141 7710
Web: www.quoromedical.co.za

USSD

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