

myFED 2023



INTERACTIVE RATES & BENEFITS GUIDE

GET STARTED



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Starter healthcare to protect your most valuable asset



Sound **in-hospital, chronic, screening** and **day-to-day** benefits



Competitively priced for lower income earners



The **FREE myFED Baby** Programme for expecting beneficiaries

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

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

[CLICK HERE](#) for more detail on the **myFED** benefits and what they offer members.

Boasting an 85-year track record, Fedhealth Medical Scheme has a solvency rate of 43.43% (as at 31 December 2021), and a Global Credit Rating of AA-, retained for 14 consecutive years.

Our financial health and expertise aside, it's our philosophy of being run 'by members for members' that helps us really put our members first in everything we do.

Fedhealth pays more benefits from Risk than other schemes, to give our members more value for money. Some of these valuable benefits include unlimited contracted network GP visits, certain oral and injectable female contraceptives and the **myFED** Baby programme.

Our **myFED** option is specially designed to take care of formerly uncovered employees' health, so that they can keep working and looking after their families.



We pay more from Risk to give our members more value for money





Unique benefits **paid from Risk**

Take a look at our unique benefits paid from Risk **(and not the member's day-to-day benefit)** to save the member money:



Unlimited network doctor's visits

On myFED, members can see their GP as often as they need by visiting a nominated network GP.



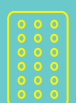
Take-home medication

Fedhealth pays for seven days of take-home medication when you're discharged from hospital. The medication must however be dispensed by the hospital, and must reflect on the original hospital account.



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 R750 per visit for non-PMBs.



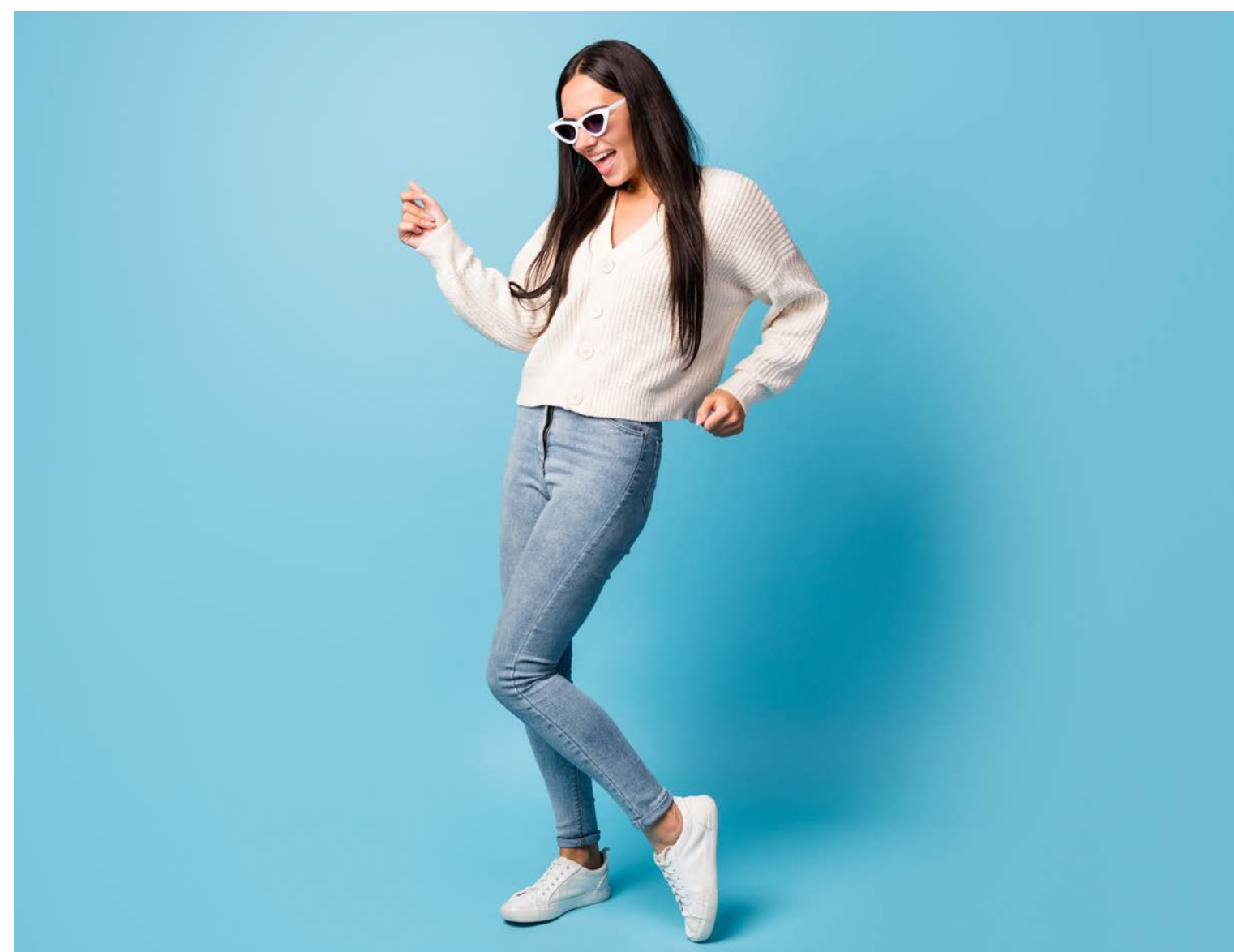
Female contraception

Oral and certain injectable contraceptives are paid for by Fedhealth. It must, however, be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.



Child rates for financially dependent children

On Fedhealth, you pay child rates for children who still depend on you financially, are unmarried and don't earn more than the maximum social pension up to 27 years of age.





myFED In-Hospital benefits

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UNLIMITED PRIVATE HOSPITAL COVER

FEDHEALTH NETWORK HOSPITALS*
Co-pay applies if not used for planned hospital procedures.

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 and limited to R2 500.



Other healthcare providers
e.g. X-rays



Certain procedures at day wards, day clinics and doctor's rooms
Fedhealth Day Surgery Network must be used to avoid co-pays.



270 hospital-based PMB conditions
DSPs 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 working 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.*



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In-hospital benefit

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.
- 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 up to a limit of R2 500 per beneficiary per year.
- Referral by a medical practitioner and pre-authorisation is 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 nominated network GP 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

A co-payment of R13 800 applies to elective Caesarian sections. Members must pay this co-payment out of their own pocket. This co-payment applies to the hospital account.

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.



myFED In-Hospital benefits

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CHRONIC MEDICATION BENEFIT



This benefit covers:



27 Prescribed Minimum Benefit conditions
Paid from formulary.
Preferred provider must be used.



Chronic Disease List conditions
Covered in full if preferred provider
and medicine on formulary are used
– else 40% co-pay applies.

Medicine Price List (MPL)

MPL is a reference price list that is set at a level to ensure that a number of medicines will be available without any co-payment.

[More info](#) | [Benefit table](#)

[How much will I pay? >](#)



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Chronic medicine benefit

Prescribed Minimum Benefit (PMB) conditions

All options have a benefit for the 27 chronic conditions on the PMB Chronic Disease List (CDL). The benefit covers medication for the list of CDL conditions paid from a formulary and must be obtained from a preferred provider.

Chronic Disease Benefit

This benefit covers the conditions on the CDL.

Chronic Disease List

Conditions on the CDL are covered in full, provided members use the Scheme's 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.

The Medicine Price List (MPL)

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

Obtaining chronic medicine

- Must use preferred providers or pay a co-payment if the pharmacy charges a dispensing fee in excess of 25%/ R27.50, or the agreed courier pharmacy rate.
- Preferred providers are Clicks, Dis-Chem, Medirite and the following courier pharmacies: Clicks Direct Medicines, Dis-Chem Direct, Medirite Courier Pharmacy and Pharmacy Direct.



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SCREENING BENEFIT

ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

This benefit covers screenings for:



Men's health



Health risk assessments

[More info](#) | [Benefit table](#)

[More info](#) | [Benefit table](#)

How much will I pay? >



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ONCOLOGY BENEFIT



Upon cancer diagnosis, members must register on the:

Fedhealth Oncology Programme

This benefit covers:



Oncology treatment
ICON is the oncology designated service provider on this option



Chemotherapy and related treatment
Use of oncology Pharmacy network applies to avoid co-pay



Radiotherapy



Consultations and visits



Pathology



Radiology
General
Specialised.



Surgery and hospitalisation
Paid from in-hospital benefit.



Stoma therapy



Post-active treatment



Aligned benefit for palliative care



myFED In-Hospital benefits

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Cancer cover

Fedhealth Oncology Programme

- Fedhealth members diagnosed with cancer must register on the Fedhealth Oncology Programme.
- Proposed treatment plan must be submitted so the oncology team can approve the appropriate therapy.
- The oncology benefit can be accessed by obtaining pre-authorisation from the Fedhealth Oncology Programme team, a team of highly skilled healthcare professionals supported by oncologists and haematologists from the private, public and academic sectors.

Independent Clinical Oncology Network (ICON)

The Scheme has contracted with ICON, a network of oncologists that includes 75% of all practicing oncologists in South Africa. ICON is the Designated Service Provider (DSP) for management of the oncology benefit

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.

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

Radiotherapy

Radiotherapy will be paid from the oncology benefit, provided a valid authorisation has been obtained.

Oncologist consultations and hospital visits

- Paid from the oncology benefit while the member has an active chemotherapy or radiotherapy authorisation. Prior to starting treatment, consults are paid from Savings.
- Hospital visits are pre-authorised at the same time as the authorisation for chemotherapy or radiation. Number of visits authorised and the period for which these visits are authorised will be detailed.

Pathology

Oncology-related pathology claims are paid from the oncology benefit while the member is receiving chemo or radiotherapy treatment, provided that the member has a valid authorisation. A list of appropriate pathology codes has been defined and these claims are automatically paid from the oncology benefit.

Radiology – general

Claims are paid from the oncology benefit while the member is receiving treatment (chemotherapy or radiotherapy), provided that the member has a valid authorisation. A list of appropriate radiology codes has been defined and these claims are automatically paid from the oncology benefit.

Radiology – specialised

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

Surgery and hospitalisation

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

Stoma therapy

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

Alignd

Fedhealth has partnered with Alignd to offer members with serious illnesses, like advanced cancer, extra care. The benefit covers an initial consultation with a palliative care trained doctor to assess their needs holistically. Counselling for the member and their family is included, as is putting in place an advance healthcare plan or living will. Three follow-up doctor consultations, and two follow-up social worker consultations per year are also covered.

Private nursing

Private nursing will be paid at cost at PMB level of care.

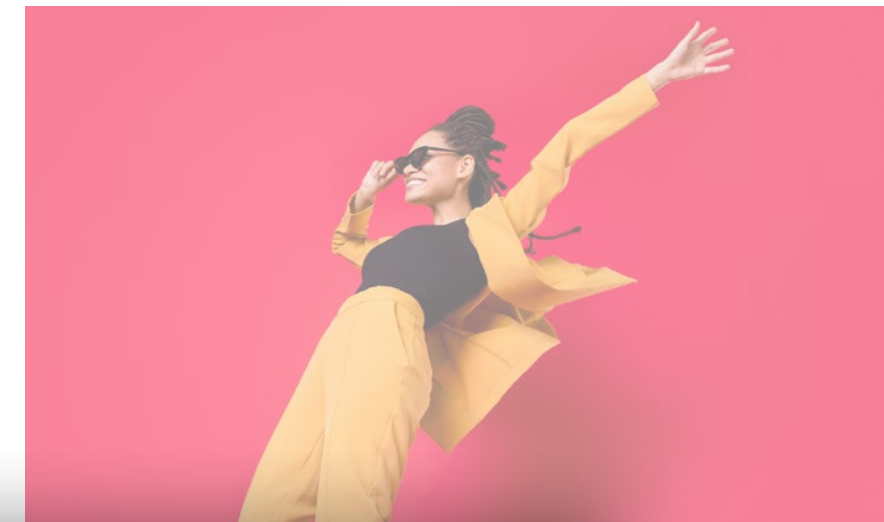
Post-active treatment

- 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 consultation, radiology and pathology codes has been defined and claims 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.



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MENTAL HEALTH COVER



This benefit covers:



Mental Health
Resource Hub



Chronic medication



Ambulatory care
plans

Manages diagnoses out-of-hospital. Paid from Scheme limits if Fedhealth Network providers are used, then from Risk.

PMB conditions:
Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.



In-hospital cover

PMB conditions:
Up to 21 days in-hospital OR up to 15 psychotherapy sessions out-of-hospital.

NB: Hospital admissions for mental health



Doctor must obtain authorisation first



Fedhealth Network GPs/Specialists covered in full



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Mental health benefit

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

Mental Health Resource Hub

The Mental Health Resource Hub provides credible mental health information and support channels. It's available via the Fedhealth Family Room or members can visit www.medscheme.com/mental-wellness-resource-hub/

Chronic Benefit

Chronic medicine for mental health conditions is limited to PMBs.

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 covers these costs from the member's available Scheme limits, subject to the use of the Fedhealth Network Providers. Once the member's Scheme limits are used up, further services, as listed in their care plan, will continue to be paid from Risk. To ensure payment from the correct benefit, the member must make sure that every claim sent has an ICD-10 code reflected on it.
- The PMBs allow 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 the member's care plan on request from their treating healthcare provider.

In-hospital Benefits

As above, the PMBs allow 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.

Factors to consider before an admission:

1. Is the member's doctor on the Fedhealth Network?

All Scheme options have a GP and specialist network applicable. Should the member choose not to use network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. The member will have a shortfall should the healthcare professional charge more.

2. Is the hospital/facility that the member is being admitted to part of the network list applicable to their option?

- The myFED option utilises the Mental Health Hospital Network and admission to a non-network facility will attract a R3 820 co-payment.

Panda Mental Health Support App

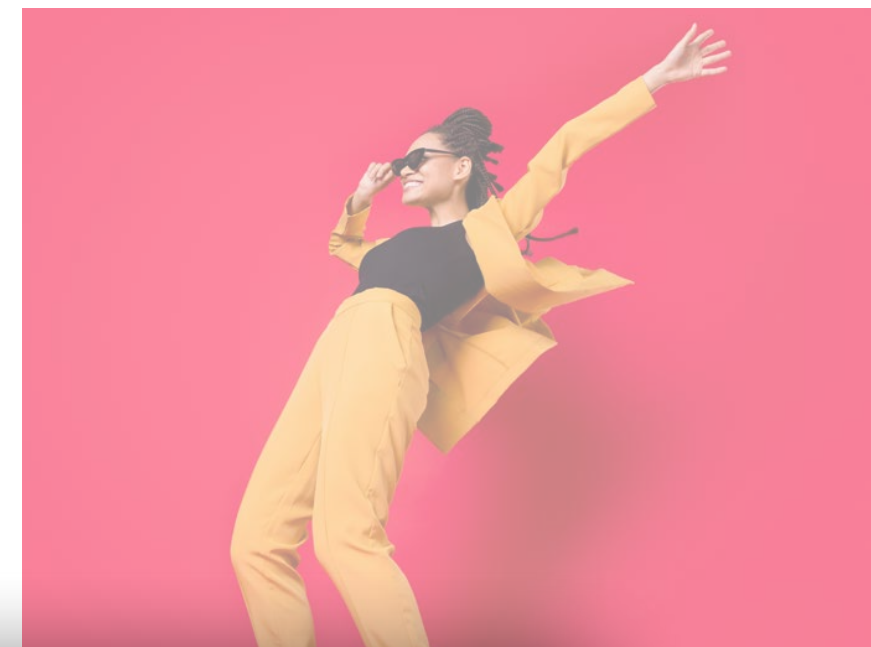
Panda makes mental health benefits and support available through the Fedhealth Member App.

- Fedhealth members have **FREE** access to all aspects of the Panda Bamboo Forest; videos and exercises; training; reading materials; and live virtual group sessions.
- Individual virtual consultations with registered counselors are available. The member will need to pay for these consultations from their own pocket.



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DAY-TO-DAY BENEFIT



This benefit covers:



Unlimited
network GP
visits



Take-home
medicine



Trauma
treatment at a
casualty ward



myFED Baby
Programme



Postnatal
midwifery
benefit



Paed-IQ



Female
contraception



Optometry
benefit



Dentistry
benefits



Prescribed
medication



myFED In-hospital Benefit



In-hospital benefit

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

Benefit	All limits are per family per year unless otherwise specified
Overall annual limit (OAL)	No overall annual limit
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at Fedhealth Network Hospitals. R13 800 co-payment on voluntary use of non-network hospitals will apply R2 200 co-payment on voluntary use of non-network day surgery facilities will apply R3 820 co-payment on voluntary use of non-network mental health facilities will apply
Healthcare professional tariff (HPT)	Unlimited
Fedhealth Network GPs and Specialists	Covered in full
Non-network GPs and Specialists	Covered up to the Fedhealth Rate. Limited to R2 500 per beneficiary per year
Other healthcare professionals	Up to the Fedhealth Rate
Prescribed Minimum Benefits (PMB)	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs and Specialists. Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and specialists. You will have a shortfall should the healthcare professional charge more
Alternatives to hospitalisation: sub-acute facilities and rehabilitation facilities. Does not include Hospice	Unlimited at cost at PMB level of care
Ambulance services	Unlimited with Europ Assistance
Appliances, external accessories, orthotics	Unlimited at cost at PMB level of care
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited at cost at PMB level of care
Hospitalisation	
Anti-retroviral & related medication	
Related pathology	
Maternity	Unlimited at cost at PMB level of care. Elective Caesarean sections subject to a R13 800 co-payment
Oncology: oncologists, haematologists and credentialed medical practitioners, consultations, visits, treatment and materials used in radiotherapy and chemotherapy	Covered up to PMB level of care at Designated Service Provider* and paid from Essential protocol. A 25% co-payment applies where a DSP provider is not used. Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) – non-use of these will result in a 25% co-payment.

Benefit	All limits are per family per year unless otherwise specified
Organ, tissue and haemopoietic stem cell (bone marrow) transplantation and immuno-suppressive medication: Haemopoietic stem cell (bone marrow) transplantation, Immuno-suppressive medication, post transplantation biopsies and scans, radiology and pathology	Unlimited at cost at PMB level of care
Pathology and medical technology	Unlimited
Physiotherapy	Unlimited at cost at PMB level of care
Prostheses and devices	
Internal and external	Unlimited at cost at PMB level of care
Psychiatric services	R9 700
Radiology	
General	Unlimited
Specialised radiology	R15 030 per beneficiary, subject to an overall limit of R30 300 per family per year
Renal dialysis (chronic): Haemodialysis and peritoneal dialysis, radiology and pathology. Consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	Unlimited at cost at PMB level of care at designated service provider. A 40% co-payment applies where a DSP provider is not used
Take-home medicines	Up to the MPL. Limited to 7 days' medication per hospital event

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

Chronic disease benefit

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

Limit	Unlimited cover for conditions on the Chronic Disease List (CDL)
Formulary	Basic formulary
Preferred Provider	Clicks, Dis-Chem, Medirite, Pharmacy Direct, Clicks Direct Medicines, Dis-Chem Direct and Medirite Courier Pharmacy



myFED day-to-day benefits

Day-to-day benefits

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

Benefit	Limit
General Practitioners	No overall annual limit
Contracted	Unlimited at nominated myFED contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 myFED contracted GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 myFED contracted GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area)
Not contracted	Up to 2 GP consultations per beneficiary for non-contracted GPs allowed per year (referred to as out-of-area)
Specialists	
Fedhealth Network Specialists	2 specialist consultations and treatment up to R2 000 per family per year. Must be referred by contracted GP. If a referral is not obtained, a 40% co-payment will apply
Non-network Specialists	No benefit
Dentistry basic: removal of teeth and roots and suturing of traumatic wounds. Oral medical procedures: diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such dentistry	Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. Plastic dentures limited to one set per beneficiary every two years
Female contraception	Oral and injectable contraceptives paid from acute formulary
Mental health	See GP benefit. Limited to 2 mental health consultations per beneficiary at a nominated myFED contracted GP
Optometry	Paid from ISO Leso Network Optometrists. Frame to the value of R230 or R230 off any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. 1 comprehensive consultation. This benefit is available in a two-year benefit cycle per beneficiary
Over-the-counter medication	No benefit
Maternity	Ultrasound as per radiology benefit
Pathology	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner
Prescribed medication	
Dispensing GP	Unlimited at dispensing contracted GP
Non-dispensing medical practitioner (e.g. Fedhealth Network Specialists, GPs and Dentists)	Unlimited, subject to acute formulary for all medical practitioners
Physiotherapy	No benefit
Radiology	
General	Unlimited, subject to basic protocols and a limited list of tests and procedures. Must be referred by contracted medical practitioner
Specialised	No benefit
Trauma treatment at a casualty ward	Unlimited up to the Fedhealth Rate. A co-payment of R750 per visit for non-PMBs applies



How much will I pay >



Programmes and wellness initiatives

We give our members **more value and support** when they need it through additional programmes, benefits and initiatives.

[AfA \(HIV Management\) >](#)

[Alignd >](#)

[Corporate wellness days >](#)

[Diabetes Care >](#)

[Emergency transport/response >](#)

[GoSmokeFree Smoking Cessation Programme >](#)

[Health Risk Assessments >](#)

[Hospital at Home >](#)

[MediTaxi >](#)

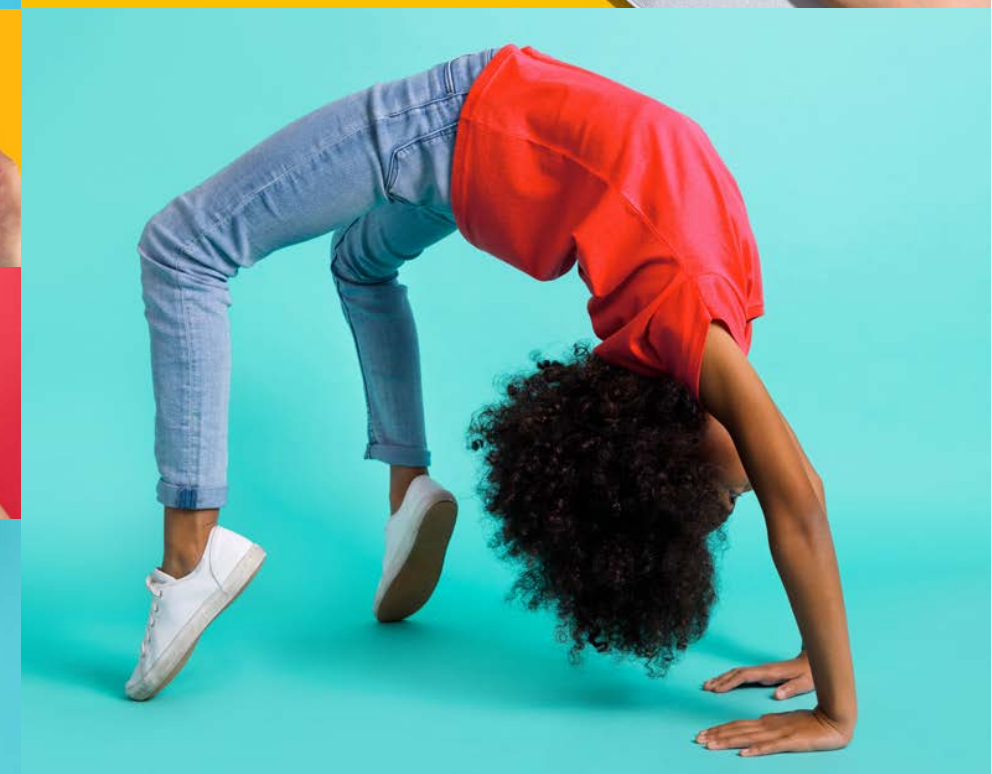
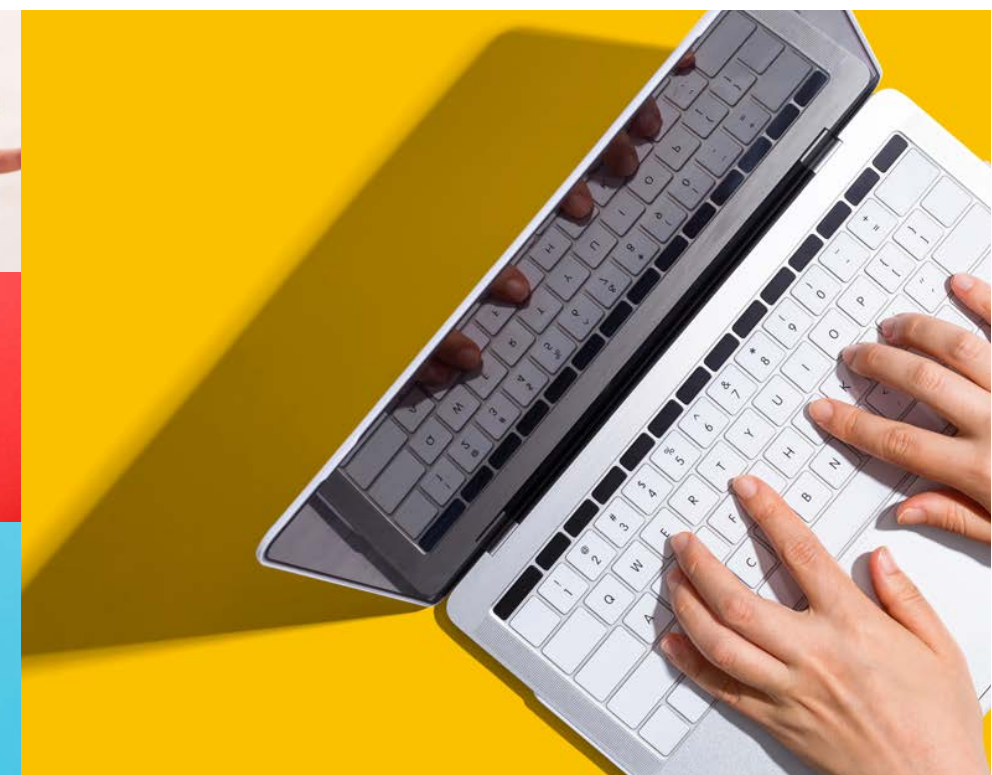
[24-hour Nurse Line >](#)

[Paed-IQ >](#)

[Sisters-on-Site >](#)

[SOS Call Me >](#)

[Weight Management Programme >](#)





Programmes and wellness initiatives

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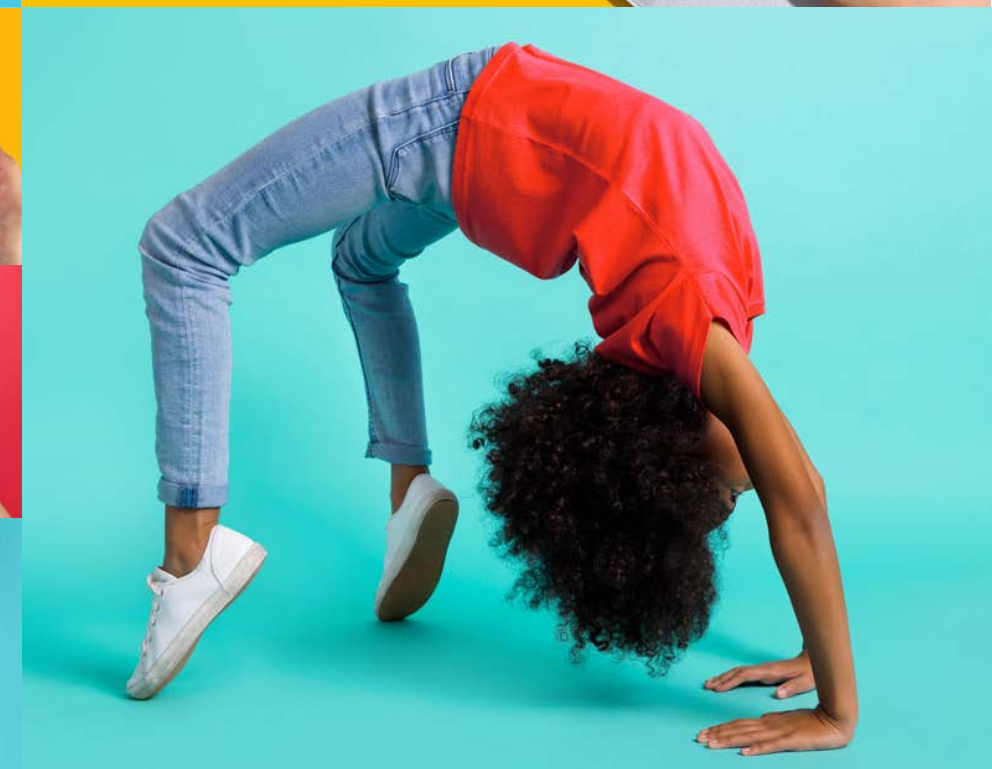
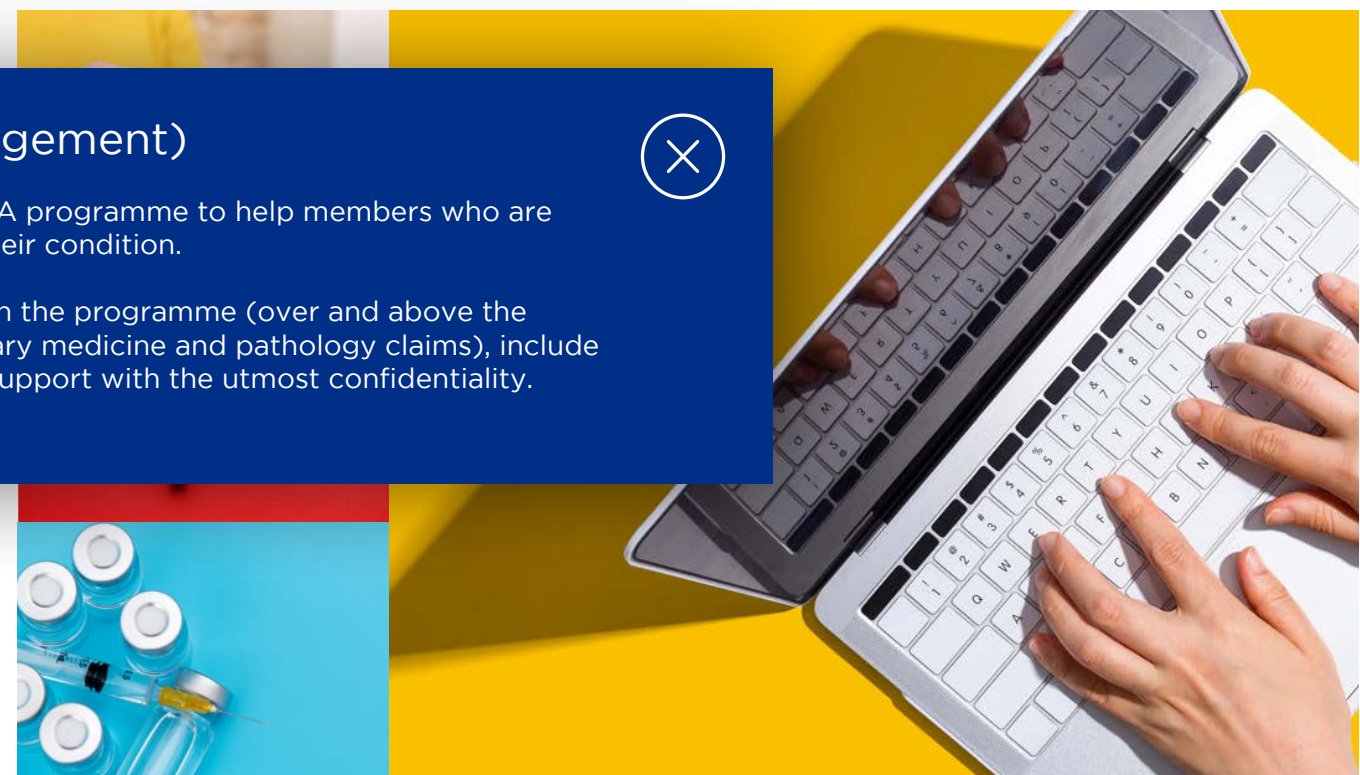


AfA (HIV Management)



Fedhealth offers the 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.





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Alignd

Fedhealth has partnered with Alignd to offer members with serious illnesses, like advanced cancer, extra care. The benefit covers an initial consultation with a palliative care trained doctor to assess their needs holistically. Counselling for the member and their family is included, as is putting in place an advance healthcare plan or living will. Three follow-up doctor consultations, and two follow-up social worker consultations per year are also covered so the member is supported throughout their treatment journey.

More intensive support is available where the illness has progressed further. Members can call Fedhealth on **0860 002 153** and asked to be referred to Alignd, or email referrals@alignd.co.za





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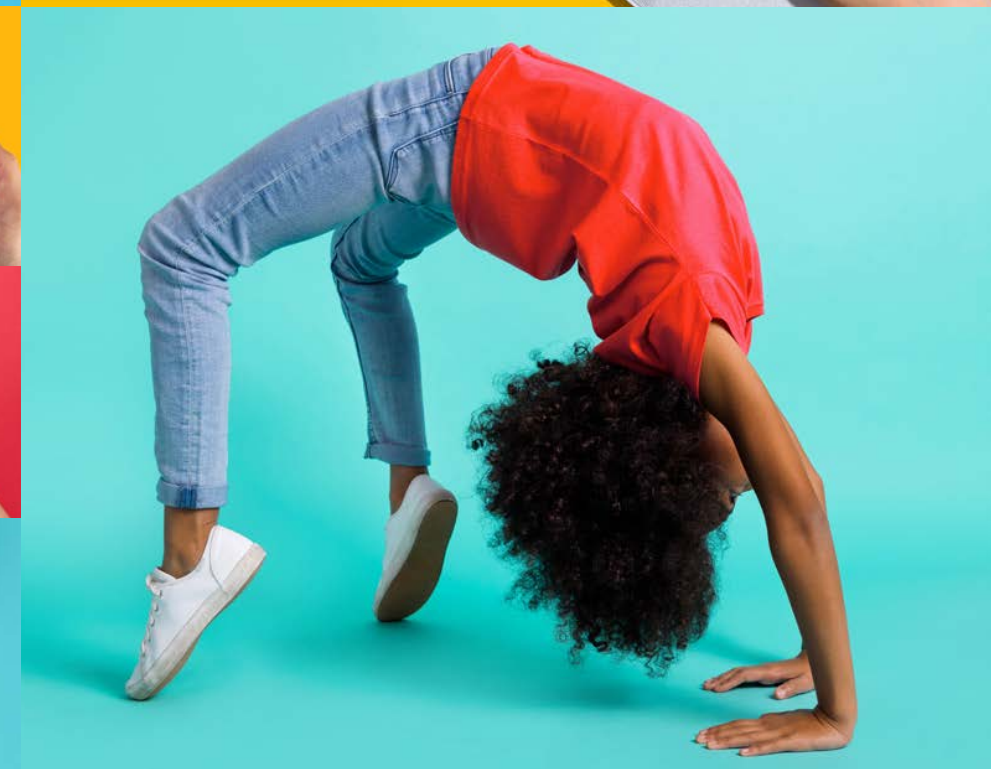
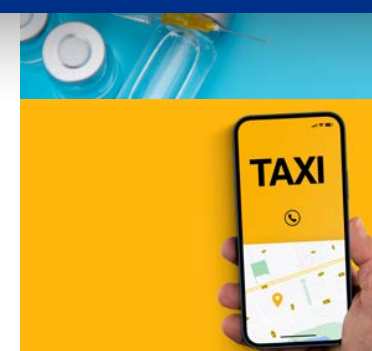
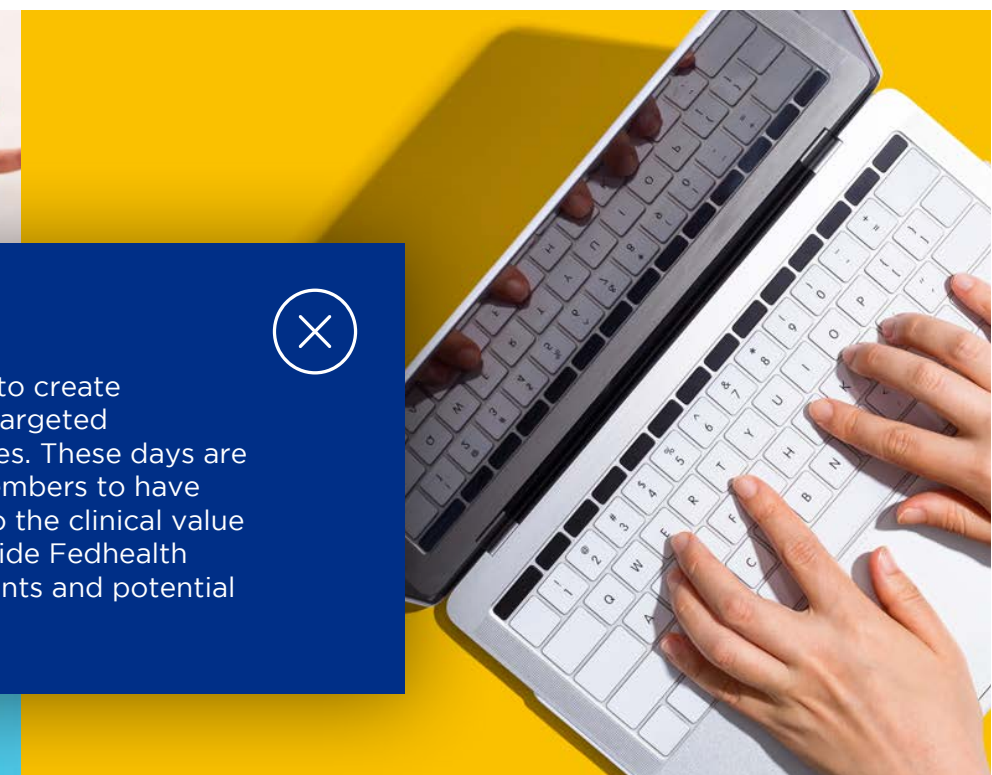
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Corporate wellness days

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.





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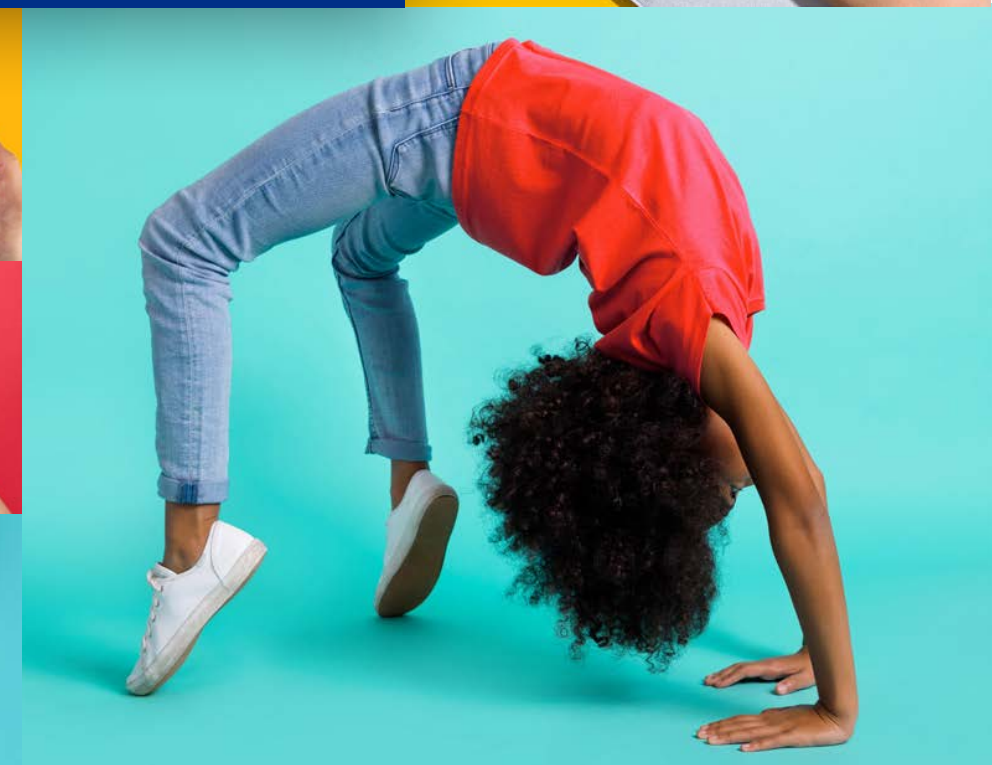
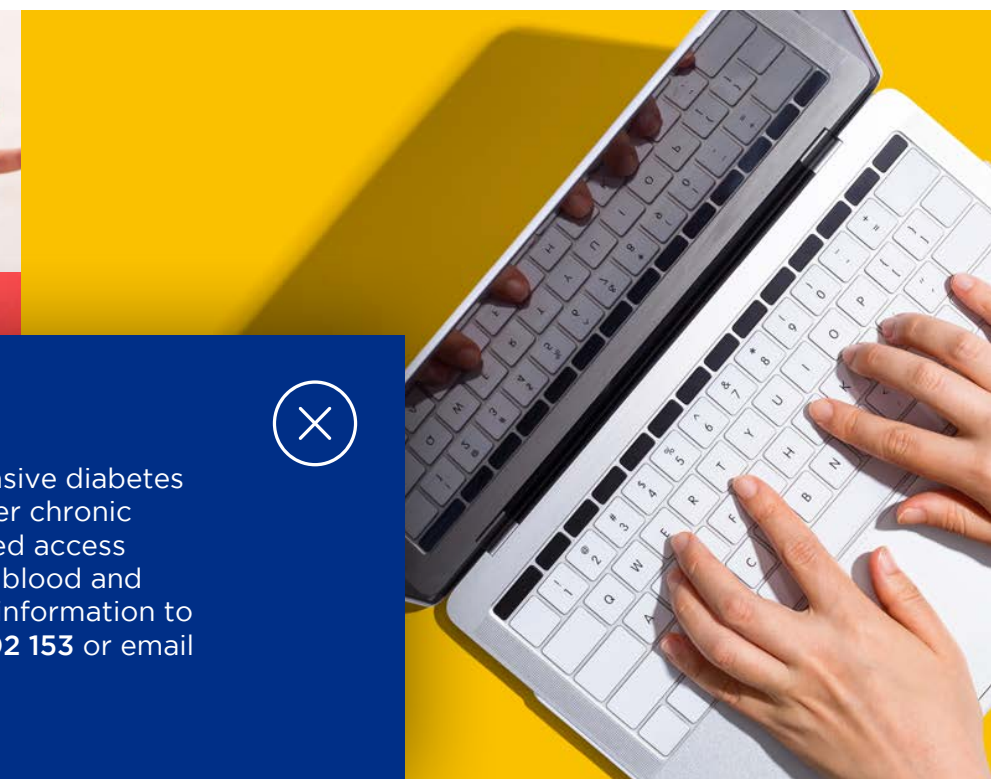
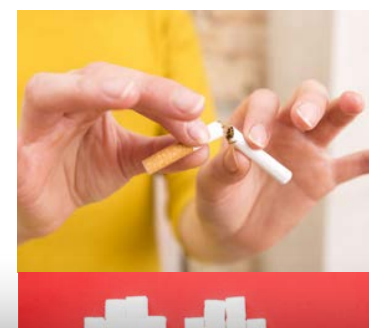
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Diabetes Care

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





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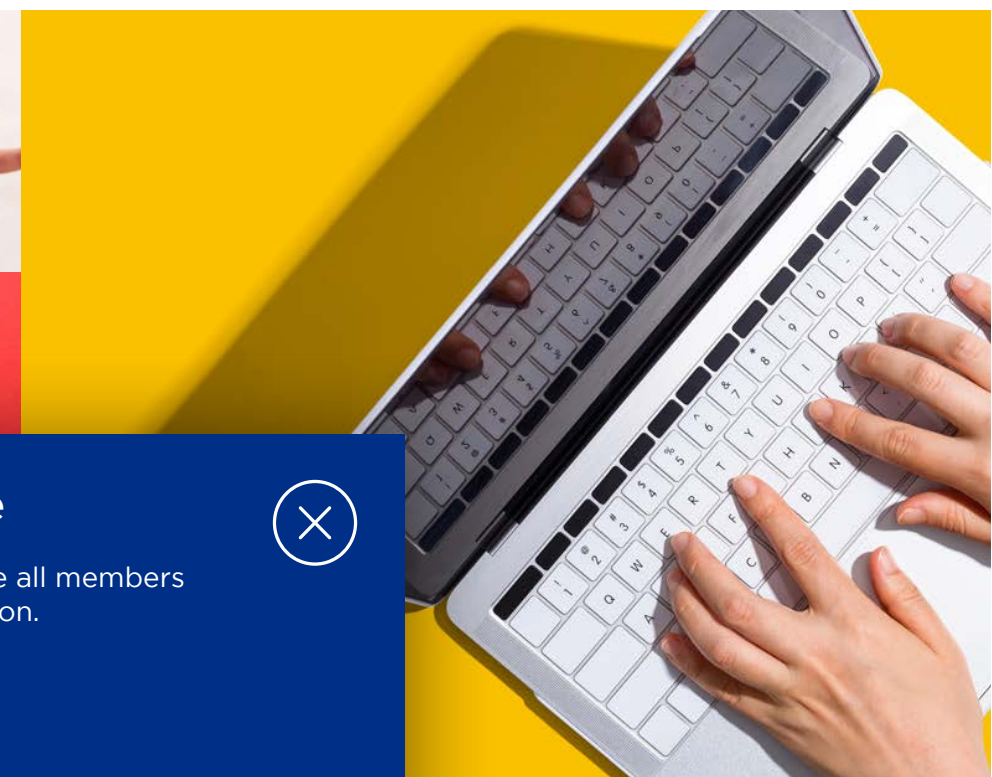
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Emergency transport/ response

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





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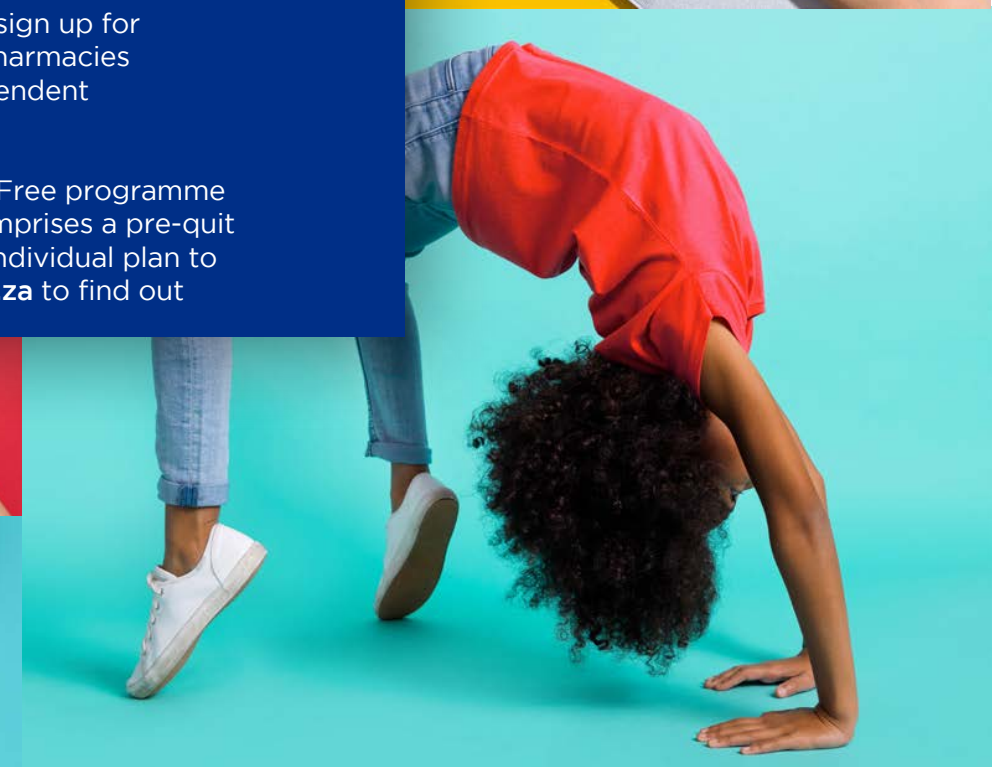
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GoSmokeFree Smoking Cessation Programme

Fedhealth is encouraging members who smoke to sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies.

All smokers have a yearly benefit for the GoSmokeFree programme which is payable from risk benefits. The service comprises a pre-quit assessment and support sessions and features an individual plan to help with smoking cessation. Visit gosmokefree.co.za to find out more about this benefit.





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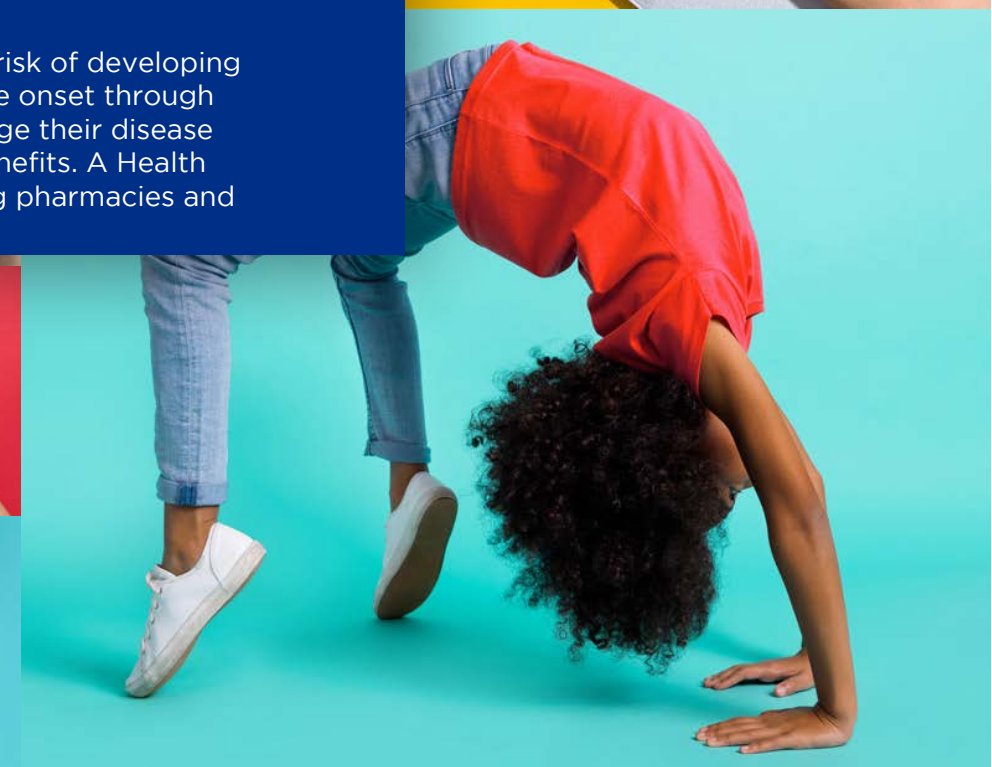
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Health Risk Assessments

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.





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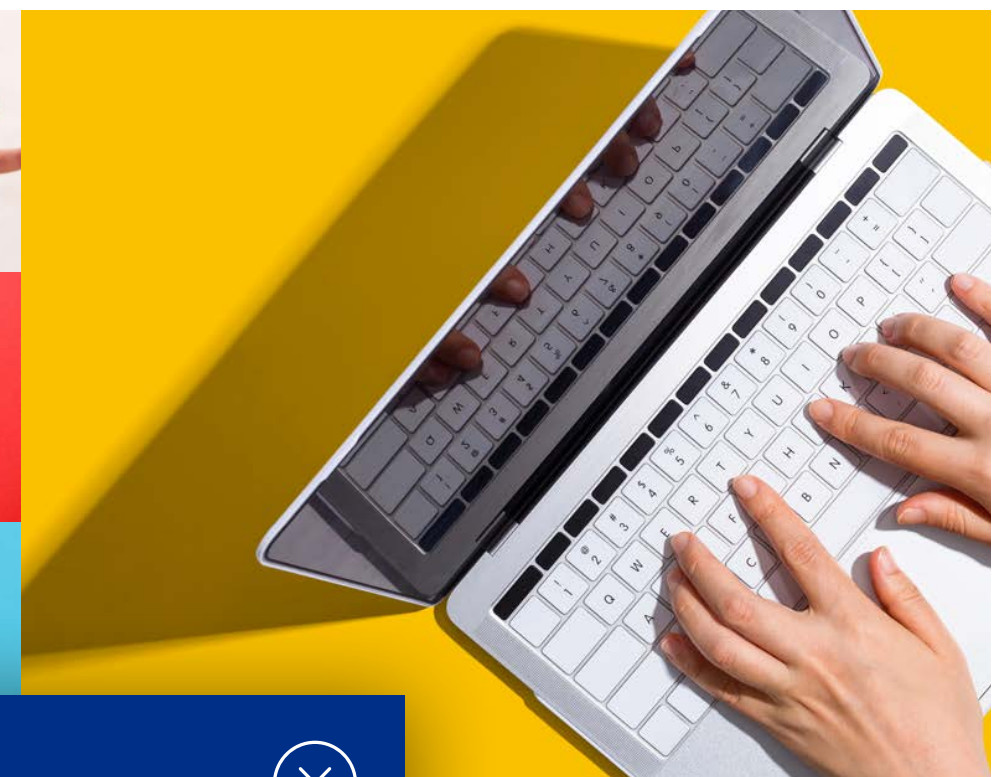
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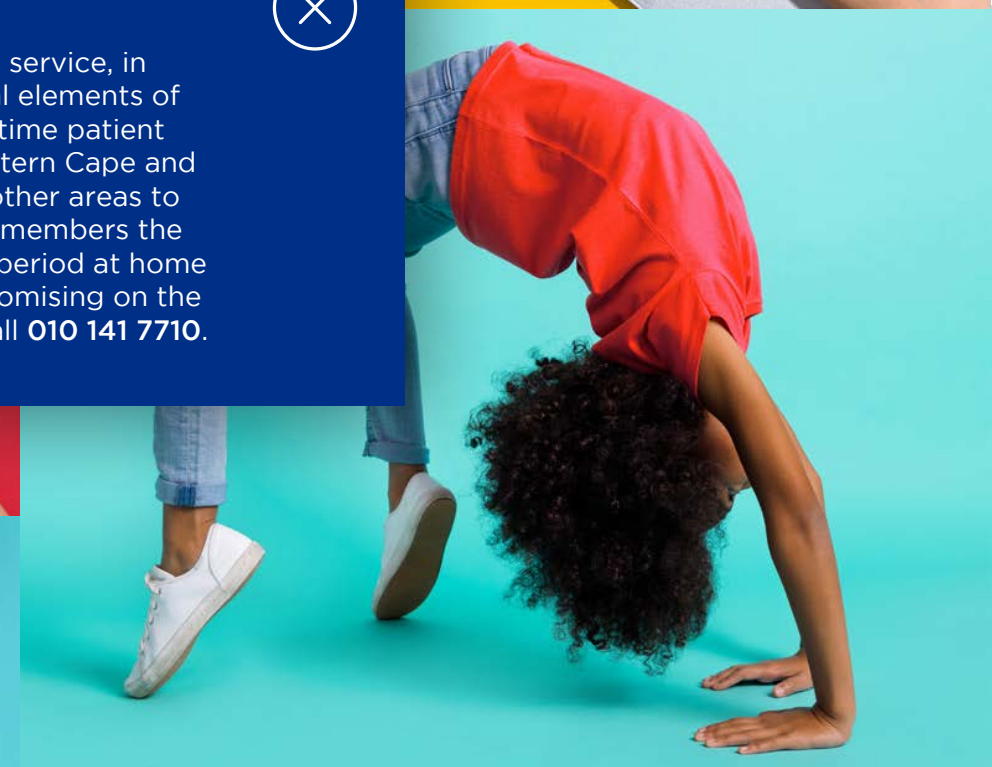
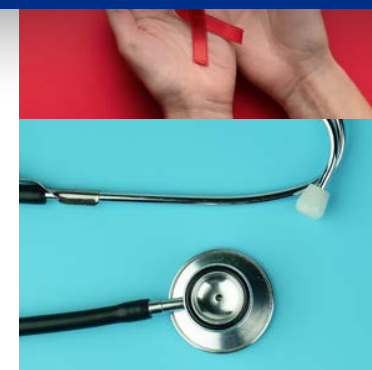
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Hospital at Home

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, brings the essential elements of in-patient care to a patient's home, including real-time patient monitoring. It's available in the Eastern Cape, Western Cape and Gauteng, as well as Bloemfontein, with rollout to other areas to follow in due course. This service gives Fedhealth members the option to receive active treatment for a specified period at home instead of a general hospital ward, without compromising on the quality of care. Visit www.quromedical.co.za or call 010 141 7710.





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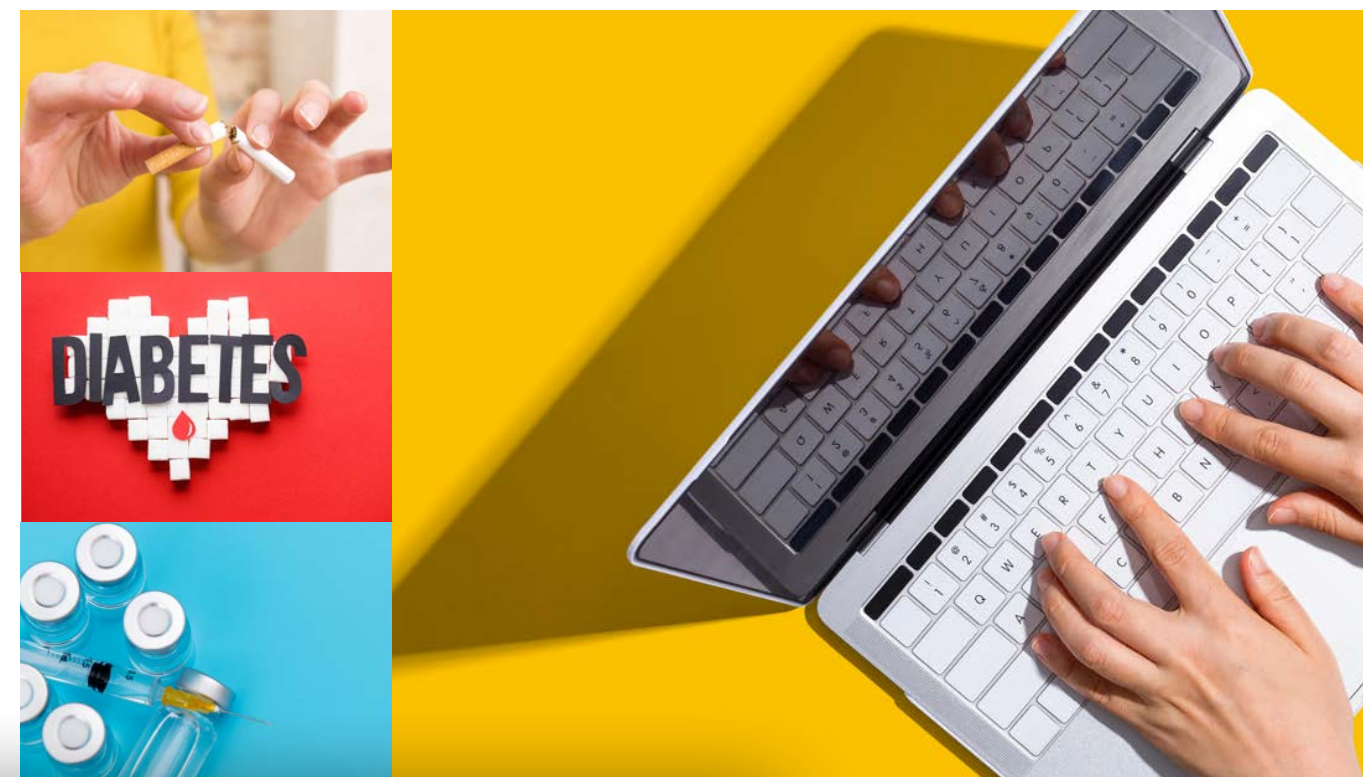
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MediTaxi

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.





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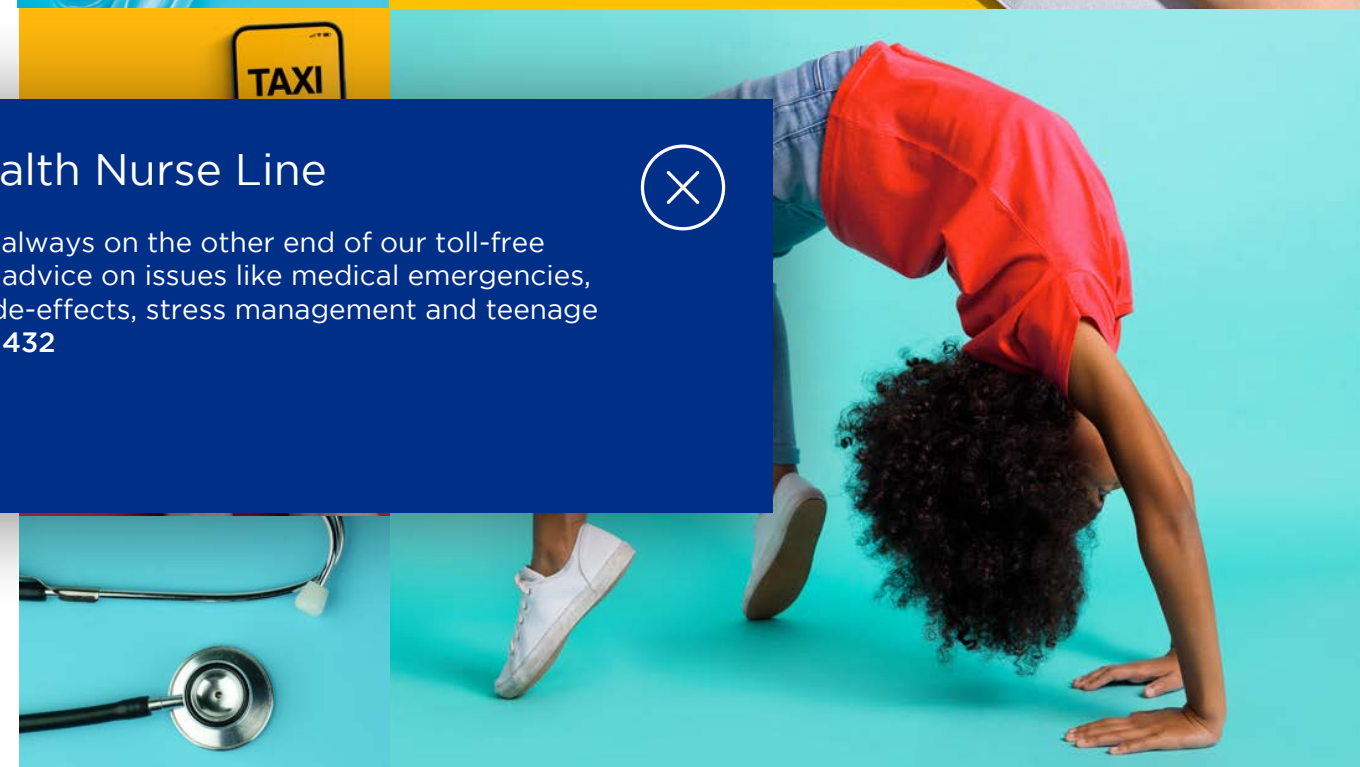
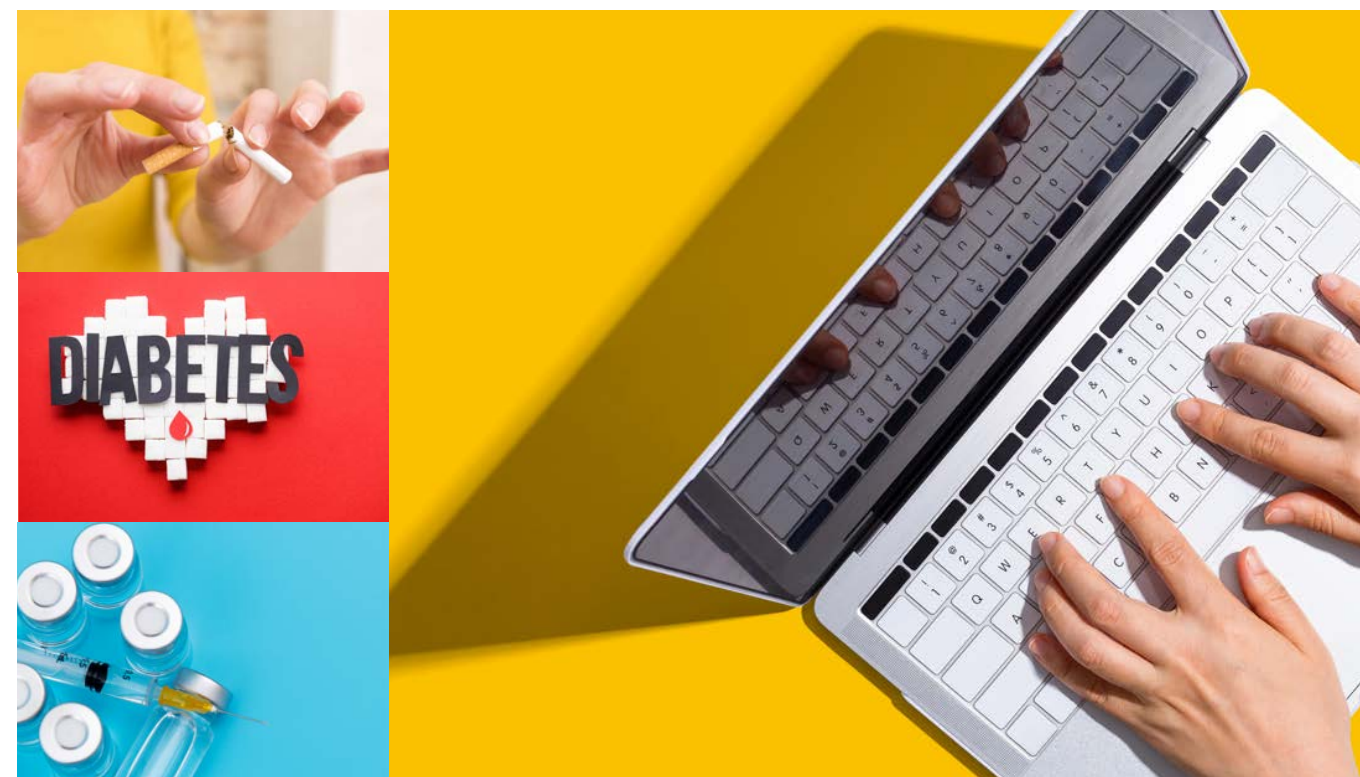
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24-hour Fedhealth Nurse Line

Professional nurses are always on the other end of our toll-free 24-hour line to provide advice on issues like medical emergencies, symptoms, medicine side-effects, stress management and teenage support. Call **0860 333 432**





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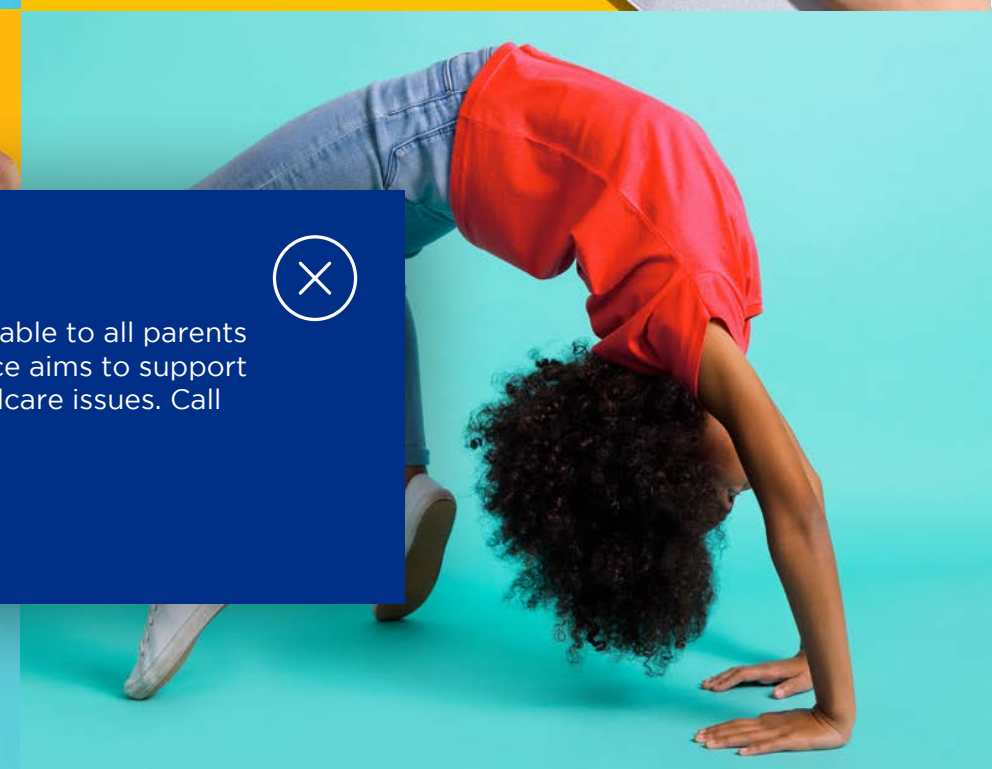
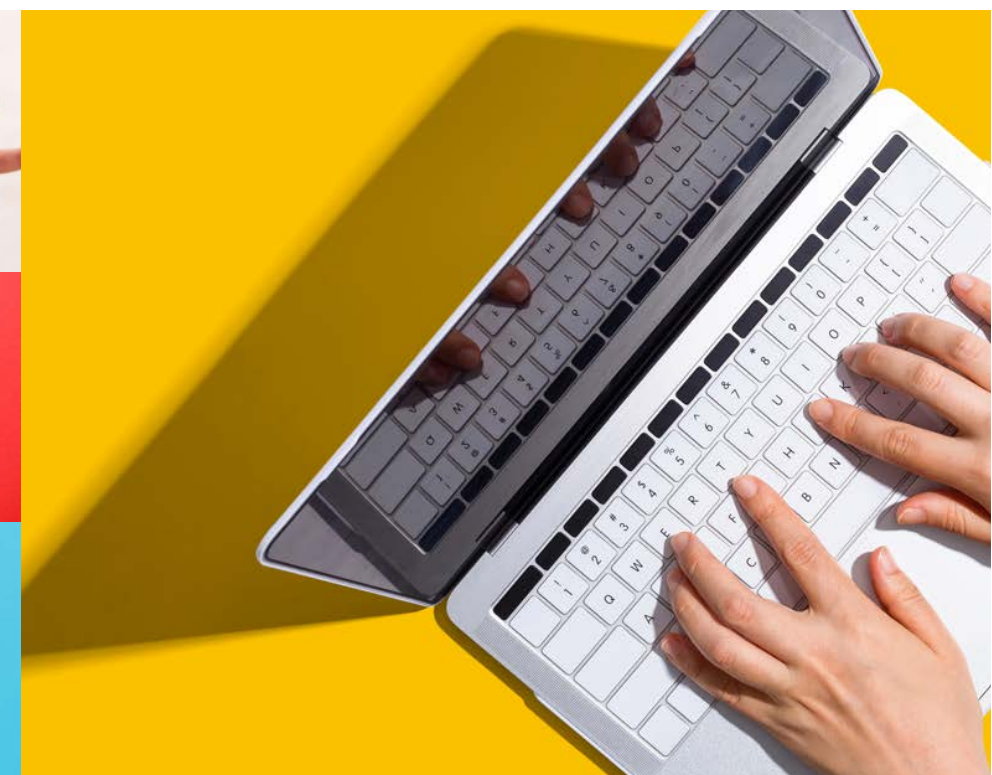
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Paed-IQ

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.





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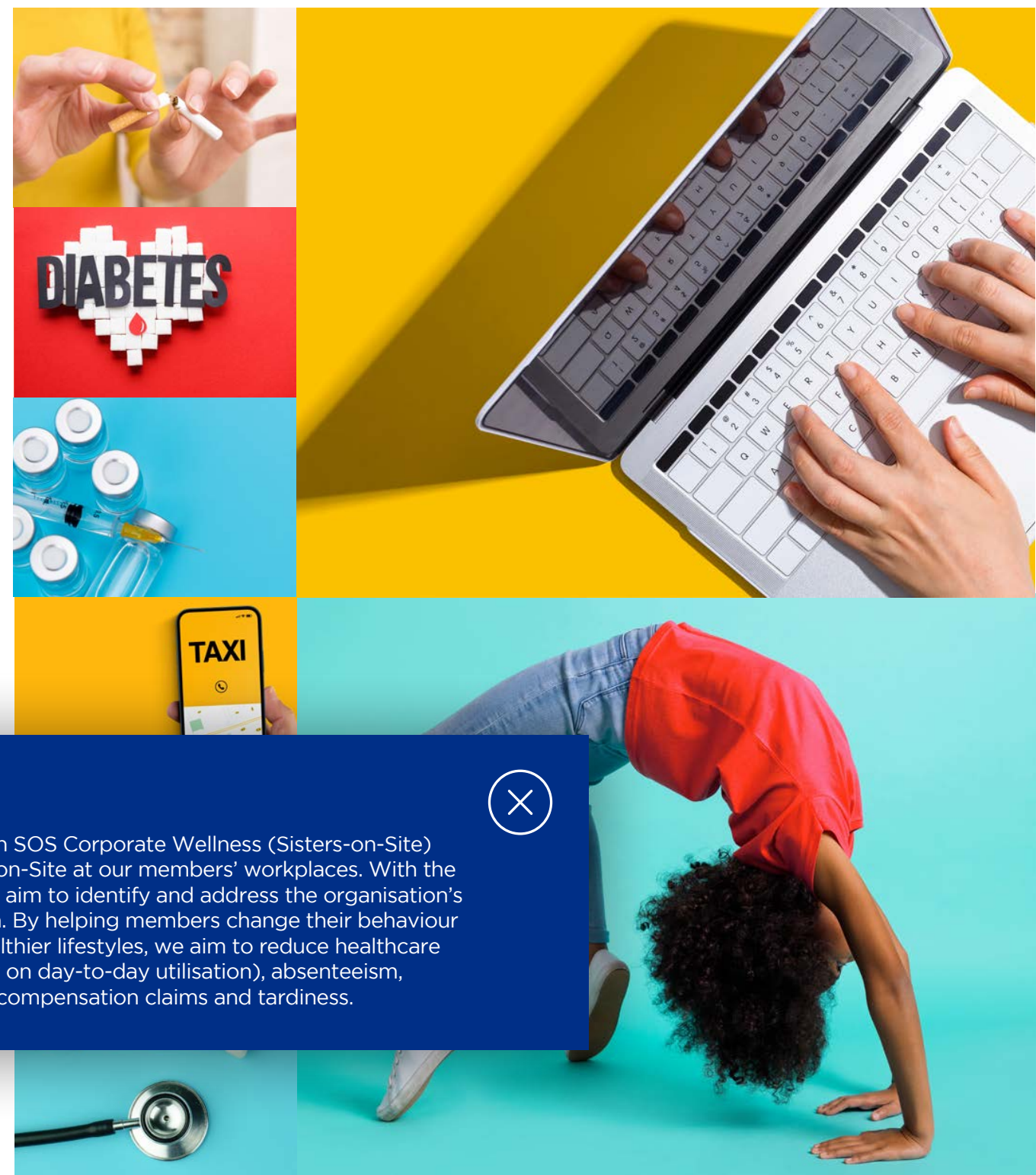
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Sisters-on-Site

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.



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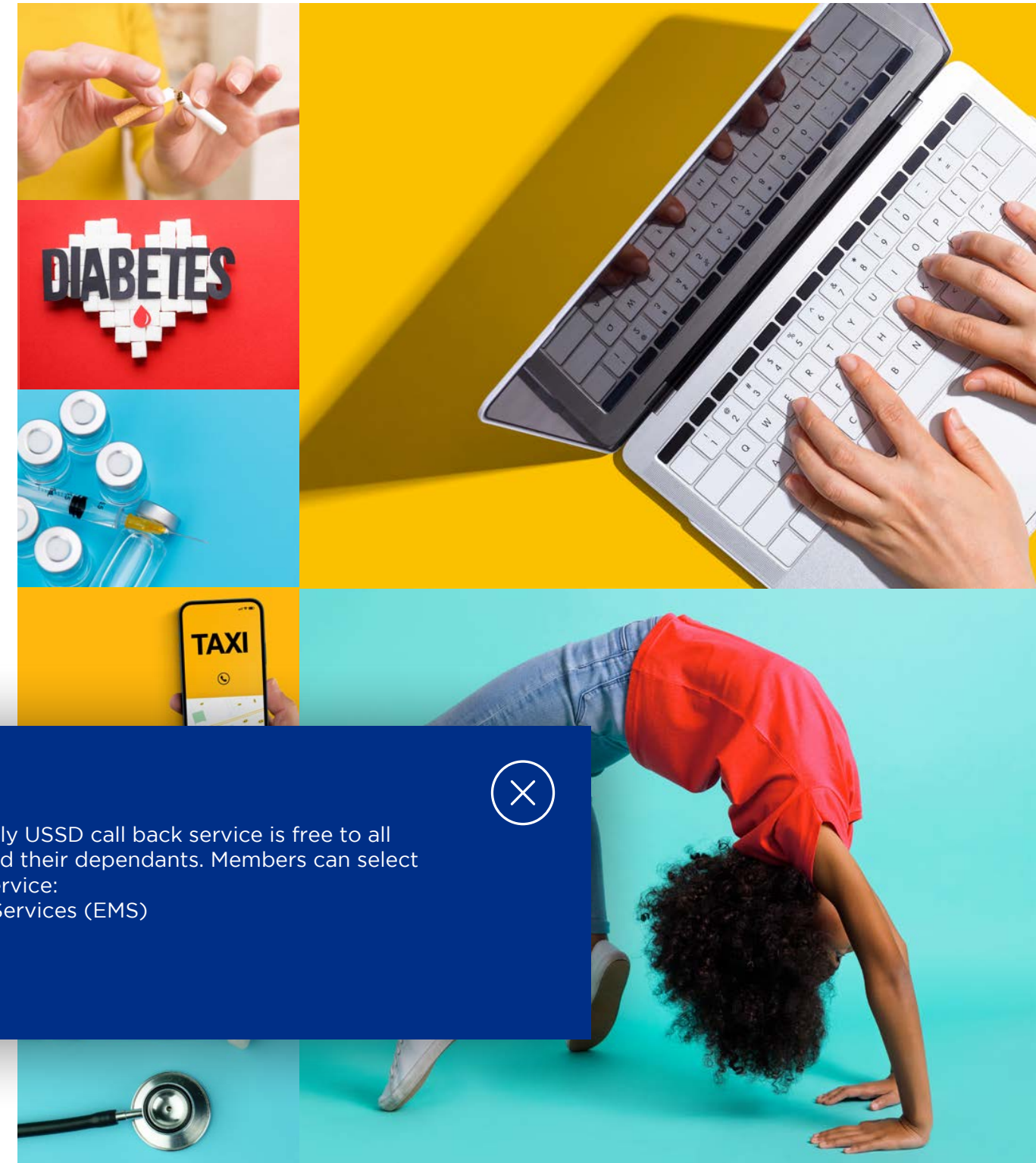
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SOS Call Me

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
3. MediTaxi



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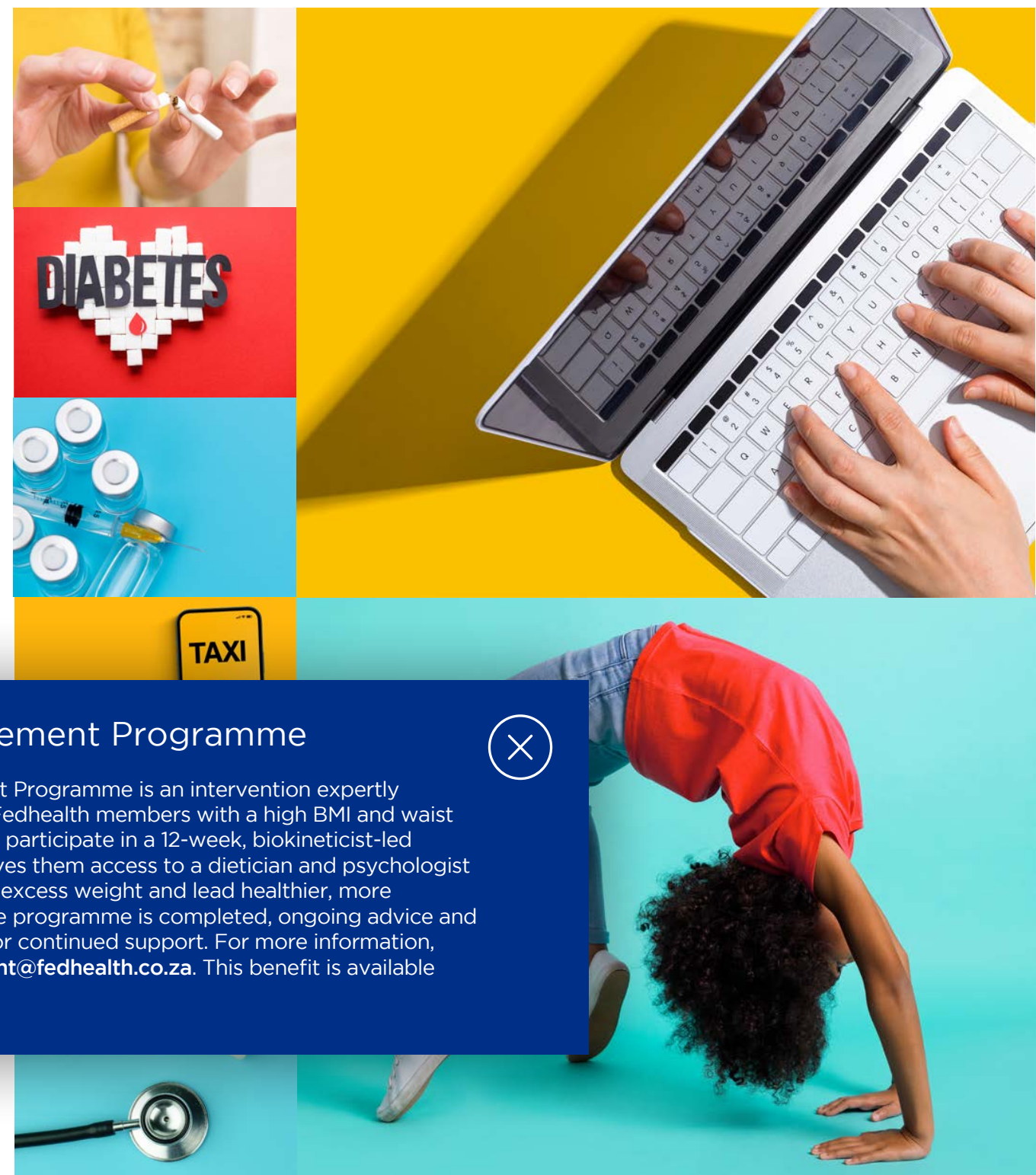
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Weight Management Programme

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. For more information, email weightmanagement@fedhealth.co.za. This benefit is available every two years.



myFED Contributions

Highest household income per month	Member	Adult Dependant	Child Dependant*
1 - 6 251	R1 402	R1 402	R597
6 252 - 8 550	R1 430	R1 430	R661
8 551 - 10 219	R1 706	R1 482	R834
10 220 - 12 622	R2 392	R2 088	R918
12 623 - 14 426	R3 040	R2 506	R1 188
> 14 427+	R4 123	R3 756	R1 571

*Up to a maximum of three children





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Chronic Medicine Management



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Fedhealth Customer Service Centre



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Fraud Hotline



Hospital Authorisation Centre



Medscheme Client Service Centres



Preferred Provider Pharmacies



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





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Medscheme Client Service Centres



Preferred Provider Pharmacies



Alignd



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





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Europ Assistance
Tel: 0860 333 432





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Preferred Provider Pharmacies



Chronic Medicine Management



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





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Fedhealth myFED Baby



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Tel: 0861 116 016
Email: info@babyhealth.co.za
Web: www.babyhealth.co.za





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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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DETAILS

Contact details

AfA (HIV Management)



Alignd



Ambulance Services



Chronic Medicine Management



Disease Management



Fedhealth myFED Baby



Fedhealth Customer Service Centre



Fedhealth Oncology Programme



Fraud Hotline



Hospital Authorisation Centre



Medscheme Client Service Centres



Preferred Provider Pharmacies



Fraud Hotline

Tel: 0800 112 811





WELCOME TO
FEDHEALTH

UNIQUE BENEFITS
PAID FROM RISK

MYFED

PROGRAMMES AND
WELLNESS INITIATIVES

CONTRIBUTIONS
& BENEFIT TABLES

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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





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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:

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, 175 Steve
Biko Street, Arcadia

Roodepoort:

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

Vereeniging:

27 Grey Avenue





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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

To find an independent pharmacy near you, please visit www.icpa.co.za/find-a-pharmacy/

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

Medirite Courier Pharmacy

Tel: 0800 010 701

Email: medirite.courier@shoprite

