



flexi**FED** 2024

FLEXIBLE SAVINGS PLANS

GET STARTED >



Contents

Welcome to Fedhealth —————>

flexiFED option range overview —————>

Your flexiFED. Your way —————>

flexiFED flexible savings plan contributions —————>

Unique benefits paid from Risk —————>

Hospital cover —————>

Screening benefit —————>

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

flexiFED flexible savings plan plan benefits —————>

Get in touch —————>





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

Life **changes** rapidly.

Choose medical aid that can **adapt** accordingly.

It's said that the only constant is change, and we tend to agree. Not only is modern life moving at a faster pace than ever before, but the digital times in which we live have changed everything: from the way we work, collaborate and relax, to how we engage with others.

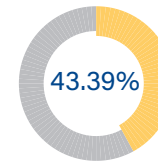
At Fedhealth Medical Scheme, it's our mission to create medical aid cover that adapts to these changing times and our members' changing needs – and our flexi**FED** range perfectly brings this mission to life. Our flexi**FED** options allow the member to choose how their cover is structured, to suit their life stage, budget and healthcare needs.

On the flexi**FED** flexible savings plan members can:

- Have access to funds for day-to-day medical expenses and **only pay back what they use, interest free over 12 months**
- Choose to **reduce their monthly contribution** by either **10% or 25%** without compromising benefits
- Enjoy cover uniquely tailored around their **life stage**
- Only pay for the cover needed right now with **our 30-day upgrade policy**
- Stretch their day-to-day benefits further since **we pay more from Risk**



87-year
track record
in healthcare



43.39%
solvency
level*



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

Run by members for members, Fedhealth is committed to keep providing South Africans with quality medical aid that adapts to them – not the other way around.

Choose medical aid that's fit for the future. Choose flexi**FED** from Fedhealth!

* As at 31 December 2022





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

The flexiFED option range



flexiFED 1
FROM
R1 716

DAY-TO-DAY FUNDS
FROM
R6 540 - R18 576



[MORE DETAIL >](#)



flexiFED 2
FROM
R2 491

DAY-TO-DAY FUNDS
FROM
R9 828 - R26 004



[MORE DETAIL >](#)

PLUS

Includes all benefits
from flexiFED 1



flexiFED 3
FROM
R2 844

DAY-TO-DAY FUNDS
FROM
R11 220 - R29 988



[MORE DETAIL >](#)

PLUS

Includes all benefits
from flexiFED 2

Includes all benefits
from flexiFED 1



flexiFED 4
FROM
R3 805

DAY-TO-DAY FUNDS
FROM
R15 012 - R37 752



[MORE DETAIL >](#)

PLUS

Includes all benefits
from flexiFED 3

Includes all benefits
from flexiFED 2

Includes all benefits
from flexiFED 1



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



The flexiFED option range can be perfectly customised around the different and changing needs of our members. These options can be used as flexible 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 take place thanks to our unique 30-day upgrade benefit.

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. 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.



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

Your flexiFED flexible savings plan. **Your way.**

flexiFED is unique in that you have total control over how you structure and utilise your benefits. Here's what your flexiFED flexible savings plan offers you.

STEP
1

Start with choosing an option **based on your life stage**

Hospital cover is the foundation of any medical aid option. This is your protection against the big expenses that land you in hospital. Fedhealth offers four options to choose from, relevant to your lifestyle and family composition:



flexiFED 1

Young singles

Emergency and planned
procedure hospital cover



Oncology



Maternity, infants & children



Chronic



Mental health



flexiFED 2

Family start-ups

Emergency and planned
procedure hospital cover



Oncology



Maternity, infants & children



Chronic



Mental health



flexiFED 3

Growing families

Emergency and planned
procedure hospital cover



Oncology



Maternity, infants & children



Chronic



Mental health



flexiFED 4

Mature families

Emergency and planned
procedure hospital cover



Oncology



Maternity, infants & children



Chronic



Mental health



UNIQUE BENEFITS PAID FROM RISK

Fedhealth is the only medical scheme that pays for a set of unique benefits from your Hospital/Risk cover.

[CLICK HERE TO SEE UNIQUE BENEFITS >](#)



Welcome to
FedhealthflexiFED
option rangeYour flexiFED.
Your way

Contributions

Unique benefits
paid from Risk

Hospital cover

Screening
benefitDoctor's room procedures
covered from the
in-hospital benefit

Benefits

Get in touch

STEP
2Choose an **additional discount** (if you want to)

SAVE

10%

OR

SAVE

25%

%

FULL COVER AT NETWORK HOSPITALS

In exchange, for planned procedures, you must use Fedhealth's Private Hospital Network, which includes over 120 top private hospitals. You can still use a non-network hospital if you wish, but you will then have to pay a R14 700 co-payment. The co-payment doesn't apply in case of emergencies.

FULL COVER AT ANY PRIVATE HOSPITAL WITH A CO-PAYMENT FOR ELECTIVE SURGERY

In exchange, you will be charged a fixed R14 700 co-payment on all hospital admissions, except for emergencies. This excess only applies to the hospital bill; you could still have co-payments on out-of-network specialists, a procedure co-payment or short-falls because benefit limits have been exceeded.

Both GRID and Elect restrictions only apply in case of planned procedures – like planned C-sections for example. The restrictions do not apply in case of accidents or emergencies.

Now enjoy flexible savings you can **access as and when you need them**

Like the idea of having flexible savings in case you need them? On our flexi**FED** flexible savings plans, you can use a portion of your Fedhealth Savings powered by the MediVault for day-to-day medical expenses and only pay for the portion you use. Simply transfer funds from your MediVault to your Wallet – using one of our user-friendly platforms – and only pay back what you've used, interest free over 12 months. The amount of Fedhealth Savings available will depend on your flexi**FED** option and family composition and will be pro-rated.

Think of it as a day-to-day back-up plan. The funds are there in case you need them, but you only pay for what you've transferred to your Wallet.

flexiFED 1
DAY-TO-DAY FUNDS

M	R6 540
M+AD	R11 664
M+AD+CD	R16 188
M+AD+2CD	R18 576*

flexiFED 2
DAY-TO-DAY FUNDS

M	R9 828
M+AD	R18 588
M+AD+CD	R23 100
M+AD+2CD	R26 004*

flexiFED 3
DAY-TO-DAY FUNDS

M	R11 220
M+AD	R21 492
M+AD+CD	R26 004
M+AD+2CD	R29 988*

flexiFED 4
DAY-TO-DAY FUNDS

M	R15 012
M+AD	R28 716
M+AD+CD	R33 240
M+AD+2CD	R37 752*

* Maximum Fedhealth Savings allocation per family



Welcome to
FedhealthflexiFED
option rangeYour flexiFED.
Your way

Contributions

Unique benefits
paid from Risk

Hospital cover

Screening
benefitDoctor's room procedures
covered from the
in-hospital benefit

Benefits

Get in touch

Contributions

flexiFED Flexible Savings Plans

flexiFED 1

	Member Total	Adult Total	Child Total
Network hospitals	R2 201	R1 725	R806
Elect	R1 716	R1 341	R625

	flexiFED 1	flexiFED 1 ^{Elect}	Annual Threshold Level	Available Day-to-Day*	Total repayment to the Scheme
M	R2 201	R1 716	R5 100	R6 540	Total + Fedhealth Savings used ÷ 12
M+AD	R3 926	R3 057	R8 100	R11 664	
M+AD+CD	R4 732	R3 682	R9 900	R16 188	
M+AD+2CD	R5 538	R4 307	R11 800	R18 576*	

flexiFED 2

	Member Total	Adult Total	Child Total
Any hospital	R3 328	R2 961	R982
GRID	R2 984	R2 660	R881
Elect	R2 491	R2 227	R740

	flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Threshold Level	Available Day-to-Day*	Total repayment to the Scheme
M	R3 328	R2 984	R2 491	R5 800	R9 828	Total + Fedhealth Savings used ÷ 12
M+AD	R6 289	R5 644	R4 718	R10 700	R18 588	
M+AD+CD	R7 271	R6 525	R5 458	R12 100	R23 100	
M+AD+2CD	R8 253	R7 406	R6 198	R14 500	R26 004*	

flexiFED 3

	Member Total	Adult Total	Child Total
Any hospital	R3 796	R3 477	R1 345
GRID	R3 404	R3 122	R1 207
Elect	R2 844	R2 608	R1 009

	flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Threshold Level	Available Day-to-Day*	Total repayment to the Scheme
M	R3 796	R3 404	R2 844	R7 000	R11 220	Total + Fedhealth Savings used ÷ 12
M+AD	R7 273	R6 526	R5 452	R13 000	R21 492	
M+AD+CD	R8 618	R7 733	R6 461	R14 800	R26 004	
M+AD+2CD	R9 963	R8 940	R7 470	R17 400	R29 988*	

flexiFED 4

	Member Total	Adult Total	Child Total
Any hospital	R5 081	R4 637	R1 528
GRID	R4 552	R4 163	R1 372
Elect	R3 805	R3 546	R1 167

	flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Threshold Level	Available Day-to-Day*	Total repayment to the Scheme
M	R5 081	R4 552	R3 805	R18 500	R15 012	Total + Fedhealth Savings used ÷ 12
M+AD	R9 718	R8 715	R7 351	R33 700	R28 716	
M+AD+CD	R11 246	R10 087	R8 518	R38 200	R33 240	
M+AD+2CD	R12 774	R11 459	R9 685	R42 700	R37 752*	

* Maximum Fedhealth Savings allocation per family





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

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 for financially dependent children

MORE INFORMATION >





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

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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 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.



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 R800 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 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.





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

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), St Helena Private Hospital (Lejweleputswa), Capital Hospital (Durban), which will not be covered in full for 2024. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R8 400 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. On certain options, 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 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

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.





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

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 FEDHEALTH 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 >





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

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 test 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-authorisation must be obtained and should no pre-authorisation take place, reimbursement will be restricted to the member's available day-to-day benefit or self-funded by the member.

This will not accumulate to the Threshold Level.

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



Welcome to
FedhealthflexiFED
option rangeYour flexiFED.
Your way

Contributions

Unique benefits
paid from Risk

Hospital cover

Screening
benefitDoctor's room procedures
covered from the
in-hospital benefit

Benefits

Get in touch

flexiFED hospital cover

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Overall annual limit (OAL)	Unlimited at network hospitals. R8 400 co-payment on voluntary use of non-network hospital. R2 500 co-payment on voluntary use of non-network day surgery facilities. On flexiFED 1 ^{Elect} , there is a R14 700 excess on all hospital admissions except emergency admissions	Unlimited at negotiated tariff. On flexiFED 2 ^{GRID} , flexiFED 3 ^{GRID} and flexiFED 4 ^{GRID} members must use network hospitals. There is a R14 700 co-payment on use of non-network hospitals. There is a R2 500 co-payment on use of non-network day surgery facilities. On flexiFED 2 ^{Elect} , flexiFED 3 ^{Elect} and flexiFED 4 ^{Elect} there is a R14 700 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)			



Welcome to
FedhealthflexiFED
option rangeYour flexiFED.
Your way

Contributions

Unique benefits
paid from Risk

Hospital cover

Screening
benefitDoctor's room procedures
covered from the
in-hospital benefit

Benefits

Get in touch

	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 440 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 R3 890 for non-PMB MRI/ CT scans for the member's account	Unlimited at Fedhealth Rate. First R2 810 for non-PMB MRI/ CT scans for the member's account		
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 R9 500 on the hospital bill	No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-payment of R7 130 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 540		No co-payment	
All open hernia surgery	R8 040	R5 440		No co-payment
Arthroscopic procedures - knee, shoulder, ankle	R10 070			R3 170
Arthroscopic procedures: wrist	No benefit	R10 070		R3 170
Arthroscopic procedures: hip	No benefit	R10 070		R3 170
Other Arthroscopic procedures	R10 070			R3 170
Back & neck procedures	R7 540		R5 000	R2 760
Colonoscopy, upper GI endoscopy	R7 540	R5 100		R2 970
Dental admissions	No benefit	No co-payment		
Inguinal hernia surgery	R8 040	R5 440		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		R33 490	
Other joint replacements	No benefit		R8 040	R5 440
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R7 540			R5 100
Laparoscopic varicocelelectomy	R7 540			No co-payment
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit			R5 100
Spinal surgery**	No benefit unless PMB		R9 500	R7 130
Surgical extraction of impacted wisdom teeth	R5 440			
Varicose vein procedures	R7 540		R5 100	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



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

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	Unlimited at cost at PMB level of care		R56 700	See combined benefit limit for all unlisted internal prosthesis*
Elbow, hip, knee and shoulder replacement				
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		
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		



Welcome to
FedhealthflexiFED
option rangeYour flexiFED.
Your way

Contributions

Unique benefits
paid from Risk

Hospital cover

Screening
benefitDoctor's room procedures
covered from the
in-hospital benefit

Benefits

Get in touch

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 your Threshold level has been reached, the following benefits will be paid from the Threshold benefit. 2 annual consultations per beneficiary incl. x-rays and scaling and polishing. (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	Paid from Fedhealth Savings then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP			Unlimited GP consultations at a Network GP. flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} unlimited consultations at nominated Network GP. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP.
Non-network GPs	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level.			Paid from Fedhealth Savings or self-funded and Threshold. Unlimited accumulation to and refund from Threshold at the Fedhealth Rate. Limited to 2 mental health consultations per beneficiary per year.
Maternity benefit	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level.	See maternity benefit on page 3. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level.		See maternity benefit on page 3. Thereafter, paid from Fedhealth Savings or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold.



flexiFED day-to-day benefits

	flexiFED 1	flexiFED 2	flexiFED 3	flexiFED 4
Optometry	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level		See optometry benefit on page 3. 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



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

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



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

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 Additional MSA contributions >](#)

[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 Covid-19 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 Oncology Benefit >](#)

[ZOOM on the Panda Mental Health App >](#)

[ZOOM on the Screening Benefit >](#)

[ZOOM on the Selected Procedures Benefit >](#)

[ZOOM on the Sisters-on-Site 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^{GRID} day surgery network facilities >](#)

[CLICK HERE for Mental Health network facilities >](#)





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

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 Living Fedhealthy blog – 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 Savings they've got left, activating their MediVault and making transfers to their Wallet, 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 and Apple App store, it lets the member activate their MediVault and make transfers to their Wallet, download their e-card, view their option's benefits, set medicine reminders, and lots more. See pages 17 and 18 for more about our Fedhealth 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 the MediVault and Wallet, 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. Go to **www.fedhealth.co.za/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:

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:

Ground Floor, 36 Merriman Avenue

Contact us

Fedhealth Customer Contact Centre

Monday to Thursday 08h30 – 17h00

Friday 09h00 – 17h00

Tel: 0860 002 153

Email: member@fedhealth.co.za

Claim submission: claims@fedhealth.co.za

Web: www.fedhealth.co.za

Postal address: Private Bag X3045, Randburg, 2125



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

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

Dial *130*3272*31#

Quro Medical

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

SOS Call Me

Dial *130*3272*31#

USSD

*134*999*memberno#

