![Fedhealth logo] FEDHEALTH

myFED
2024
INTERACTIVE BROCHURE

GET STARTED ⟩

Contents

Good healthcare starts here

Our salary-banded my**FED** option is designed to take care of formerly uncovered employees' health, so that they can keep working and looking after their families.
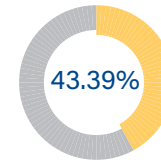
Some of the great benefits include a free flu vaccine per year, certain oral and injectable female contraceptives and the my**FED** Baby programme.

On my**FED** members can look forward to:

- **Unlimited hospitalisation** at my**FED** network hospitals
- **Unlimited** contracted nominated GP visits
- **Screening benefit** that includes health and wellness screenings

87 — **87-year** track record in healthcare

43.39% — **43.39%** solvency level*

AA- — **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 leaves nothing to chance.
Choose my**FED** from Fedhealth!

* As at 31 December 2022

myFED option

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 families.

Competitively priced, it's the perfect option to offer employees who've never had medical aid before. Some of its benefits include a free flu vaccine per year, unlimited visits at a contracted nominated GP, as well as the free Fedhealth myFED Baby Programme.

BENEFIT STRUCTURE

IN-HOSPITAL BENEFIT

CHRONIC DISEASE BENEFIT

SCREENING BENEFIT

DAY-TO-DAY BENEFIT

On myFED, members enjoy the following benefits:

- **IN-HOSPITAL BENEFIT** – No overall annual limit for hospitalisation at network hospitals.
- **CHRONIC DISEASE BENEFIT** – Members are covered for conditions on the Chronic Disease List (CDL). This is covered in full up to the Medicine Price List if the member uses medicine on the basic formulary. Members can use any pharmacy to get their chronic medicine
- **Screening benefit** – We pay for lifestyle screenings, wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.
- **Day-to-day benefits from Risk** – We provide comprehensive day-to-day benefits on myFED like unlimited contracted network GP visits.

PLUS, loads of additional value-added benefits like the myFED Baby Programme, oral and injectable contraceptives (acute formulary) and the Fedhealth Nurse Line.

myFED contributions

Highest household income per month	Member	Adult Dependant	Child Dependant*
1 - 6 251	R1 590	R1 590	R677
6 252 - 8 550	R1 622	R1 622	R750
8 551 - 10 219	R1 935	R1 681	R946
10 220 - 12 622	R2 713	R2 368	R1 041
12 623 - 14 426	R3 448	R2 842	R1 347
> 14 427+	R4 676	R4 260	R1 782

*Up to a maximum of three children

🏠

Welcome to
Fedhealth

my**FED**
option

my**FED**
contributions

Unique set of benefits
paid from Risk

Unlimited
Hospital cover

Screening
benefit

my**FED**
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.

- **Unlimited network GP visits**

- **7 days of take-home medication**

- **Trauma treatment** at a casualty ward

- **Female contraception**

- **Child rates** for financially dependent children

MORE INFORMATION ❯

Welcome to Fedhealth

my**FED** option

my**FED** contributions

Unique set of benefits paid from Risk

Unlimited Hospital cover

Screening benefit

my**FED** 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.

Unlimited network GP visits – my**FED** members can see their GP as often as they need by using a nominated network GP.

7 days of take-home medicine
We pay for seven days of take-home medicine when the member is discharged from hospital. The medicine can either be dispensed by the hospital and reflect on the original hospital account, or be dispensed by a pharmacy on the same day as the member is discharged from hospital.

Trauma treatment at a casualty ward
Emergency treatment, like stitches, at a casualty ward is paid for whether the member is admitted to hospital or not (unlimited up to the Fedhealth Rate). Authorisation must be obtained in 48 hours. A co-payment of R800 per visit for non-PMBs applies.

Female contraceptives
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 up to the age of 27
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.

Hospital Cover

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.

Other healthcare providers
e.g. X-rays

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.

MORE INFORMATION ❯

Hospital Cover

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

• The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
• It also covers selected procedures in day wards, day clinics and doctor's rooms. Members must use facilities on the Fedhealth Day Surgery Network.
• 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 R14 700 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.

Screening benefit

Fedhealth's screening benefit was created to stretch members' day-to-day benefit by paying more from Risk. The Scheme pays for screenings for men's as well as general health (like an annual flu vaccine). This benefit covers the tests and assessments done to help members either prevent illness or address specific conditions they may already have.

SCREENING BENEFIT
ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

This benefit covers screenings for:

- Men's health
- General
- Health risk assessments

MORE INFORMATION >

Screening benefit

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

myFED hospital cover

This benefit covers all treatments and procedures that have to be done in a hospital and that are covered by the my**FED** 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. R14 700 co-payment on voluntary use of non-network hospitals will apply R2 500 co-payment on voluntary use of non-network day surgery facilities will apply R4 070 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 R14 700 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.

myFED hospital cover

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

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
Pharmacy	Any pharmacy

myFED 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 my**FED** contracted GP, subject to protocols and ultilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 my**FED** contracted GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 my**FED** 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 my**FED** 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 R800 per visit for non-PMBs applies

Zoom on benefits

Need more information of a specific Fedhealth benefit, programme or service?
We've got you covered.

For additional information, just click on the relevant Zoom to find out more.

ZOOM on **30-Day Post-Hospitalisation Benefit** >

ZOOM on **Alignd Serious Illness Benefit** >

ZOOM on **All about dependants** >

ZOOM on **Alternatives to Hospitalisation Benefit** >

ZOOM on **Chronic Medicine Benefit** >

ZOOM on **Emergency Assistance** >

ZOOM on **Emergency Treatment in a Casualty Ward** >

ZOOM on **GP Nomination** >

ZOOM on **Maternity & Childhood Benefits** >

ZOOM on **myFED Procedure codes** >

ZOOM on **Self-Service Channels** >

ZOOM on the **Contraceptive Benefit** >

ZOOM on the **Covid-19 Benefit** >

ZOOM on the **Hospital at Home Benefit** >

ZOOM on the **MediTaxi Benefit** >

ZOOM on the **Mental Health Benefit** >

ZOOM on the my**FED Basic Dentistry Benefit** >

ZOOM on the **Oncology Benefit** >

ZOOM on the **Panda Mental Health App** >

ZOOM on the **Screening Benefit** >

ZOOM on the **Sisters-on-Site Benefit** >

ZOOM on the **Smoking Cessation Programme** >

ZOOM on the **SOS Call Me Benefit** >

ZOOM on the **Weight Management Programme** >

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**

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

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#