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Contributions Unique benefits paid from Risk

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Benefits Get in touch

Medical aid cover that's **perfectly customisable** for every member

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

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

On flexiFED options members can:

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





18 consecutive years of achieving a AA- Global Credit Rating

* As at 31 December 2023

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

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

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



Fedhealth

Benefits Get in touch

The flexiFED option range



flexiFED 1 FROM R1 953

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

MORE DETAIL



flexiFED 2 FROM R2 835

DAY-TO-DAY FUNDS FROM R10 340 - R27 360 (fi 🔊 🕅 202

MORE DETAIL 🕗

PLUS

Includes all benefits from flexiFED 1



Includes all benefits from flexiFED 2

Includes all benefits from flexiFED 1



flexiFED 4 FROM R4 330 **DAY-TO-DAY FUNDS** FROM R15 800 - R39 720 MORE DETAIL 🜔 **PLUS** Includes all benefits from flexiFED 3 **Includes all benefits** from flexiFED 2

> **Includes all benefits** from flexiFED 1



s Hospital cover

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

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



flexiFED 1 benefits



Preventative and screening benefit

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



Lifestyle benefit

Female contraception paid from Risk.



In-hospital benefit

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



Chronic disease cover

Unlimited cover for 27 (CDL) chronic conditions.



flexiFED 2 benefits



Rich maternity benefit

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



Childhood benefit

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



Enhanced Preventative and screening benefit HPV vaccine.

Basic dentistry in Threshold

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



flexiFED 3 benefits

Includes all benefits of flexiFED 1 & 2 PLUS:



Enhanced maternity benefit also includes: Private ward cover; and 12 ante/postnatal consults with midwife, network GP or gynae, PLUS many more!

Customised childhood benefit also includes:

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

Cover for chronic medication for mental health conditions

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

Optical benefit

Up to R1 930 per beneficiary every 24 months.



flexi**FED 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.

Customise your flexiFED option to suit YOUR NEEDS.

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

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

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



I only want **hospital cover**



I also want day-to-day savings

flexiFED HOSPITAL PLAN

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

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

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

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

flexiFED SAVINGS PLAN

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

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

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



STEP

Customise your flexiFED option to suit YOUR NEEDS.

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



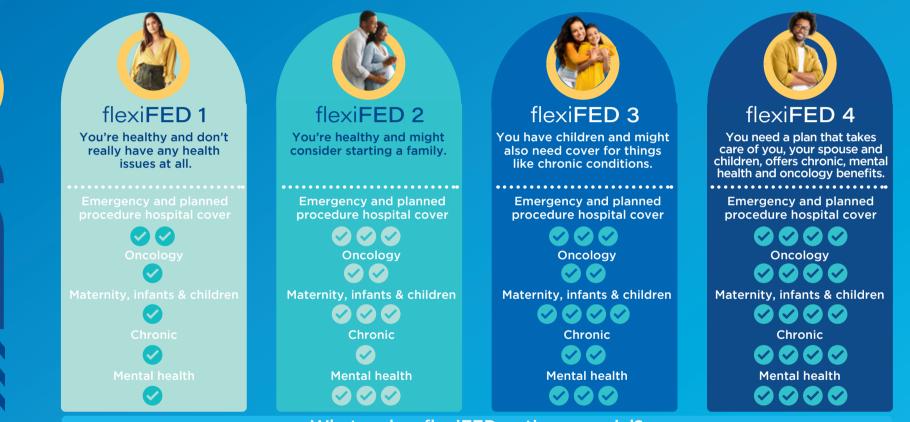
Customise your flexiFED option to suit YOUR NEEDS.

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



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Now choose the flexiFED option based on your health needs. Fedhealth offers four flexiFED options to choose from depending on your health needs:



What makes flexiFED options special?

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

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



Female



Posthospitalisation treatment



Trauma treatment at a casualty ward







Upgrade to a higher option ANY TIME OF THE YEAR

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

UNIQUE TO FEDHEALTH

or a savings plans. These include our unique benefits (see below) and certain plans offer even more built-in day-to-day benefits for things like optometry, maternity, childhood benefits and mental health... all at no additional cost to the member.

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











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pital cover

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s & children



3

Choose an additional discount (if you want to)

SAVE 0/0 WITH GRID

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



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

SAVE!!! See how much you can save with GRID and Elect 📀



Choose an <mark>additional discount</mark> (if you want to)



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

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Hospital plan contributions

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

flexiFED 1							
	Member Total	Adult Total	Child Total		flexiFED 1	flexiFED 1 ^{Elect}	Annual Threshold Level
Network	R2 505	R1 963	R917	Μ	R2 505	R1 953	R5 400
hospitals				M+AD	R4 468	R3 479	R8 600
Elect	R1 953	R1 526	R711	M+AD+CD	R5 385	R4 190	R10 500
				M+AD+2CD	R6 302	R4 901	R12 500

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

flexiFED 2

HEAFLD Z				_				
	Member Total	Adult Total	Child Total		flexiFED 2	flexiFED 2 ^{GRID}	flexiFED 2 ^{Elect}	Annual Thresho Level
Any hospital	R3 787	R3 370	R1 118	Μ	R3 787	R3 396	R2 835	R6 200
GRID	R3 396	R3 027	R1 003	M+AD	R7 157	R6 423	R5 369	R11 300
Elect	R2 835	R2 534	R842	M+AD+CD	R8 275	R7 426	R6 211	R12 800
				M+AD+2CD	R9 393	R8 429	R7 053	R16 400

SEE HOW MUCH YOU CAN SAVE

A Member and Adult Dependant can save R734 per month and R8 808 per annum by choosing GRID and R1 788 per month and R21 456 per annum by choosing Elect

flexiFED 3

									/	SEE
	Member Total	Adult Total	Child Total		flexiFED 3	flexiFED 3 ^{GRID}	flexiFED 3 ^{Elect}	Annual Threshold Level		A Mo Child
Any hospital	R4 320	R3 957	R1 531	М	R4 320	R3 874	R3 236	R7 900		р
GRID	R3 874	R3 553	R1 374	M+AD	R8 277	R7 427	R6 204	R13 700		ė
Elect	R3 236	R2 968	R1 148	M+AD+CD	R9 808	R8 801	R7 352	R15 600		a
				M+AD+2CD	R11 339	R10 175	R8 500	R18 400		

flexiFED 4

	Member Total	Adult Total	Child Total		flexiFED 4	flexiFED 4 ^{GRID}	flexiFED 4 ^{Elect}	Annual Threshold Level
Any hospital	R5 782	R5 277	R1 739	Μ	R5 782	R5 180	R4 330	R21 200
GRID	R5 180	R4 737	R1 561	M+AD	R11 059	R9 917	R8 365	R36 800
Elect	R4 330	R4 035	R1 328	M+AD+CD	R12 798	R11 478	R9 693	R41 700
				M+AD+2CD	R14 537	R13 039	R11 021	R46 600

HOW MUCH YOU CAN SAVE

Member, Adult Dependant and ild Dependant can save R1 007 per month and R12 084 per annum by choosing GRID and R2 456 per month and R29 472 per annum by choosing Elect

SEE HOW MUCH YOU CAN SAVE

A Member, Adult Dependant and 2 Child Dependants can save R1 498 per month and R17 976 per annum by choosing GRID and R3 516 per month and R42 192 per annum by choosing Elect

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Savings plan contributions

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

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

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

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

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

* Maximum Fedhealth Savings allocation per family

flexiFED Benefits Guide 2025

s 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



R

In-hospital dentistry for children under 7

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

MORE INFORMATION 📀



Get in touch

Unique set of benefits paid from Risk



Upgrades to higher options any time of year

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



Unlimited network doctor's visits

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



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

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



Take-home medication

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

Specialised radiology

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



Trauma treatment at a casualty ward

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



Female contraception

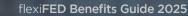
Oral, patches, certain injectables, contraceptive rings as well as IUDs that include the Mirena® are paid for by Fedhealth. It must, however, be prescribed by a GP or gynaecologist and is not applicable to pills prescribed for acne.

In-hospital dentistry for children under 7

We pay for dentistry performed in-hospital for children up to the age of 7. The hospital account and anaesthetist costs are paid from the inhospital benefit while the dentist's account comes from day-to-day benefits. Not applicable to flexiFED 1.

Child rates up to 27 for children who are still studying

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



benefit option range Your way paid from Risk in-hospital benefit Hospital Cover **UNLIMITED** PRIVATE HOSPITAL COVER **ALL FEDHEALTH OPTIONS** Depending on their option, members may use either: FEDHEALTH NETWORK HOSPITALS* **PRIVATE HOSPITALS**** Co-pay applies if not used for planned hospital procedures. THIS BENEFIT COVERS: Other healthcare 270 hospital-based PMB **Doctors and Specialists** Certain procedures conditions e.g. anaesthetists providers in doctor's rooms Fedhealth Network GPs and e.g. X-rays DSPs, formularies and Specialists covered in full referrals may apply to non-network GPs and Specialists avoid co-pays. covered up to Fedhealth Rate. 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 Medica Centre (Ekurhuleni), Busamed Modderfontein Private Hospital (City of Johannesburg), Hibiscus Hospital (Ugu), Mooimed Private Hospital (Dr Kenneth Kaunda), Capital Hospital (Durban), which will not be covered in full for 2025. Emergency treatment at these 6 hospitals, however, will be covered in ful without a co-payment but elective procedures will attract a R8 840 co-payment.



Hospital account

Hospital cover

Screening benefit

Hospital Cover

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

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

Cover for hospital admissions

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

Prescribed Minimum Benefits (PMBs)

PMBs are a basic level of cover for a defined set of conditions.

By law, all medical schemes are required to cover the treatment of 270 hospital-based conditions and 27 chronic conditions, i.e. the Chronic Disease List (CDL), in full without co-payment or deductibles, as well as any emergency treatment and certain out-ofhospital treatment.

This means that all schemes must provide PMB level of care at cost for these conditions. In order for members to get funding in full, schemes are allowed to require members to use Designated Service Providers (DSPs) and apply formularies and managed care protocols. Fedhealth uses network specialists, network GPs and network

hospitals for the provision of PMBs.

- Members must use a Fedhealth Network Specialist and a network GP or nominated network GP, depending on their option, in order for the cost to be refunded in full.
- Should you not use these DSPs for PMB treatment, the Scheme will reimburse treatment at the non-network rate.
- Co-payments are applicable to the voluntary use of non-DSPs. Referral must be obtained from a Fedhealth Network GP for consultations with Fedhealth Network Specialists. If referral is not obtained, there will be a co-payment on specialist claims paid from the Risk benefit. Co-payments are option dependent.

Please note: Qualification for reimbursement as a PMB is not based solely on the diagnosis (condition), but also on the treatment provided (level of care). So although a member's condition may be a PMB condition, the Scheme would only be obliged to fund it in full if the treatment provided was considered PMB level of care.

Co-payments on certain procedures

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

What gualifies 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.

Fedhealth

all agent

flexiFED option range

Your flexiFED. Your way

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



SCREENING BENEFIT ALL flexiFED OPTIONS UNLESS SPECIFIED OTHERWISE

This benefit covers screenings for:



MORE INFORMATION

flexiFED Benefits Guide 2025



Fedhealth



Screening benefit		
Women's Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Cervical cancer screening pharmacy consultation	Women; ages 21 to 65	1 every 3 years
HPV PCR test	Women; ages 21 to 65	1 every 5 years
Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
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
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 por family por 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 dayto-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

benefit

Gastroscopy (no general anaesthetic will be paid for) Colonoscopy (no general anaesthetic will be paid for) Flexible sigmoidoscopy Indirect laryngoscopy Removal of impacted wisdom teeth Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of

immunoglobulins is subject to the Specialised Medication Benefit)

Fine needle aspiration biopsy Excision of nailbed Drainage of abscess or cyst Injection of varicose veins Excision of superficial benign tumours Superficial foreign body removal Nasal plugging for epistaxis Cauterisation of warts Bartholin cyst excision

flexiFED Benefits Guide 2025

flexiFED hospital cover

	flexi FED 1	flexiFED 2	flexiFED 3	flexi FED 4	
Overall annual limit (OAL)	Unlimited at network hospitals. R8 840 co-payment on voluntary use of non-network hospital. R2 630 co-payment on voluntary use of non-network day surgery facilities. On flexiFED ^{1Elect} , there is a R15 470 excess on all hospi- tal admissions except emergency admissions	facilities On flexiFED 2 ^{GRID} , flexiFED 3 ^{GR} a R15 470 co-payment on use non-network day surgery facil	^{ID} and flexiFED 4 ^{GRID} membro of non-network hospitals. ⁻ ities ^{ct} and flexiFED 4 ^{Elect} there is	untary use of non-network day surgery ers must use network hospitals. There is There is a R2 630 co-payment on use of a R15 470 excess on all hospital	
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	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and D where applicable				
in two ways:	Should you choose not to make use have a co-payment should the health		ne will only refund treatme	nt up to the Fedhealth Rate and you will	
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 t available) for maternity a	ariff. Private ward cover (when dmissions	
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)				

	flexi FED 1	flexiFED 2	flexiFED 3	flexi FED 4	
Maternity - Healthcare Professional Tariff in-ho	ff in-hospital (HPT)				
Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered unlimited. Paid in full				
Non-network GPs	Paid up to Fedhealth Rate				
Non-network Specialists	Paid up to Fedhealth Rate				
Other Healthcare Professionals	Paid up to Fedhealth Rate				
Dentistry					
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)				
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R5 730 on the	hospital bill			
In-hospital dentistry benefit for children under 7	No benefit	We cover the hospital and anae count will be paid from Fedhea		ospital benefit. The dentist ac-	
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	Provider* and paid at Essential protocol. 25% co-payment at Essential protocol. 25%		R499 100 at Designated Service Provider* and paid at Essential protocol. 25% co-payment ap- plies 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 practitione	r, 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 Ra Provider (DSP)	te at Designated Service	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	g benefit for children up to th	e age of 18	
Specialised radiology	Unlimited at Fedhealth Rate. First R4 100 for non-PMB MRI/ CT scans for the member's account. Oncology PET and PET/CT scans - PMB level of care at network DSP or R5 500 co-payment for use of non-DSP	count Oncology PET and PET/CT scans - 2 PET scans per family per annum limited to the Oncolo			
Spinal surgery	No benefit unless PMB level of care No benefit unless PMB level of care No benefit unless Conservative Back & Neck Rehabilitation Programme has been completed. Member pays a co-pay- ment of R10 000 on the hospital bill		No benefit unless Conservative Back & Neck Rehabilitation Pro- gramme has been completed. Member pays a co-payment of R7 510 on the hospital bill		
Terminal care benefit	R34 500				

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

Co-payments

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

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

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

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

Prosthesis benefit

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

	flexiFED 1	flexiFED 2	flexiFED 3	flexi FED 4	
External	Unlimited at cost at PMB level of care	e R12 100 at cost	R12 900 at cost		
Internal					
Aorta Stent Grafts	al unlisted internal prosthesis*		R65 500		
Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws			See combined benefit limit for all unlisted internal prosthesis*		
Cardiac pacemakers, cardiac stents, cardiac valves				R31 000	
Detachable platinum coils					
Elbow, hip, knee and shoulder replacement			See combined benefit limit for all unlisted internal prosthesis*	R31 000	
Total ankle replacement	No benefit			See combined benefit limit for all unlisted internal prosthesis*	
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs)	Unlimited at cost at PMB level of ca	re		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 R27 900				
* 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.

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

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

Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy, COPD/ Emphysema/ Chronic Bronchitis, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Type-1, Diabetes Mellitus Type-2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis

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

flexiFED 4, flexiFED 3 flexiFED 4 flexiFED 4 flexiFED 4 flexiFED 4 flexiFED 4

flexiFED 4, flexiFED 3 flexiFED 4 flexiFED 4

Fedhealth

flexiFED day-to-day benefits

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

	flexi FED 1	flexi FED 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 cost to Threshold level	from Fedhealth Savings or sel	f-funded. Accumulates at	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 Savi Accumulates at cost to T	-		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 Savi Accumulates at cost to T	•		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 Savi Accumulates at cost to T	•		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

Fedhealth

flexiFED day-to-day benefits

	flexiFED 1flexiFED 2flexiFED 3	flexi FED 4
Osseo-integrated implants, orthognathic surgery	Paid from Fedhealth Savings or self-funded Accumulates at cost to Threshold level	Paid from Fedhealth Savings or self-funded. Does not accumulate to or pay from Threshold
Dentistry (Basic)	Paid from Fedhealth Savings or self-funded. Once Threshold level has reached, the following benefits will be paid from the Threshold benefit: consultations per beneficiary incl. x-rays and scaling and polishing. (On 2 and 3, fillings, extractions and root canal will also be covered). Subject contracted dentists and limited to a list of approved procedures, dental and protocols.	2 annual Threshold. flexiFED Unlimited once Threshold is reached t to
General Practitioners		
Fedhealth Network GPs	 Each beneficiary can nominate up to 2 Network GPs. Pre Threshold: Consults with a nominated Network GP will be paid from and accumulate at cost to your Threshold level. Consults at a network G nominated one) will be paid from Savings and accumulate to Threshold Enjoy unlimited mental health consults in- or out-of-network pre Thresh will be paid from Savings. In Threshold: Unlimited nominated Network GP benefit. Consults will be to a 20% co-payment in Threshold. Mental health: maximum of 2 menta consults per beneficiary with a network GP will be paid from Threshold. We pay for 2 consults for non-nominated or non-network GPs once in Threshold. 	SP (not the l at cost.Pre Threshold:: Consults with a Network GP will be paid from Risk from Rand one and not from Savings (these consults do not accumulate to Threshold). On flexiFED 4 ^{GRID} and flexiFED 4 ^{Elect} , you also need to nominate a network GP.e subject al health benefit.Mental health: In-network, Fedhealth will pay for two mental health consults per beneficiary with a network GP – before and after Threshold
Non-network GPs	 Pre Threshold: Consults with out-of-network GPs will be paid from Savi accumulate to Threshold level at cost. In Threshold: Limit of 2 consults with an out-of-network or non-nominate beneficiary paid from Threshold. Thereafter, consults with a non-network be paid from Savings. Mental health consults with a non-network GP will paid from Threshold benefit, but from Savings. 	be paid from Savings and accumulates to Threshold at the Fedhealth rate. ted GP per Mental health consults out-of-network: Subject to rk GP will Savings and will accumulate.

flexiFED day-to-day benefits

	flexi FED 1	flexi FED 2	flexiFED 3	flexiFED 4
Maternity benefit	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level	See maternity benefit > Thereafter, paid from Fedhe self-funded. Accumulates a level	-	See maternity benefit > Thereafter, paid from Fedhealth Savings or self-funded. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold
Optometry	at cost to Threshold level Thereafter, paid from Fedhealth Savings F		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	

Fedhealth

flexiFED day-to-day benefits

	flexi FED 1	flexi FED 2	flexi FED 3	flexi FED 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 (networ	k GP referral required for consul	ations (including PMB condit	ions) to be paid from F	Risk benefits			
Fedhealth Network Psychiatrists	Paid from Fedhealth Savings or level	self-funded. Accumulates at o	cost to Threshold	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 level	self-funded. Accumulates at o	cost to Threshold	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			

Fedhealth

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 Aliand 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 > 700M on GP Nomination > ZOOM on Maternity & Childhood Benefits > ZOOM on Option Upgrades > ZOOM on Self-Service Channels > ZOOM on Specialist Referral > ZOOM on the Contraceptive Benefit > ZOOM on the Fedhealth Baby Programme > ZOOM on the flexiFED 1 Preventative Dentistry Benefit >

ZOOM on the flexiFED 2 Basic Dentistry Benefit > ZOOM on the flexiFED 3 Basic Dentistry Benefit > ZOOM on the Hospital at Home Benefit > 700M on the MediTaxi Benefit > ZOOM on the Mental Health Benefit > ZOOM on the Mental Health Programme > ZOOM on the October Health Mental Health App > ZOOM on the **Oncology Benefit** > ZOOM on the Screening Benefit > ZOOM on the Selected Procedures Benefit > ZOOM on the Smoking Cessation Programme > ZOOM on the SOS Call Me Benefit > ZOOM on the Specialised Radiology Benefit > ZOOM on the Threshold Benefit > ZOOM on the Weight Management Programme >

benefit

CLICK HERE for flexiFED 1 network hospitals > CLICK HERE for flexiFED^{GRID} network hospitals > CLICK HERE for flexiFED^{Elect} network hospitals >

CLICK HERE for flexiFED 1 day surgery network facilities > CLICK HERE for flexiFED 2, 3 and 4 day surgery network facilities > CLICK HERE for flexiFED^{GRID} day surgery network facilities > CLICK HERE for Mental Health network facilities >

B 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 Healthy Living articles – filled with lifestyle and wellness topics.



Fedhealth Family Room

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



Fedhealth Member App

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



(A) a

LiveChat and chatbot

The LiveChat functionality is available to members via fedhealth.co.za. They can type in their queries and one of our LiveChat agents will assist them online. The Fedhealth chatbot can be used for all members' queries about activating Fedhealth Savings, and is also accessed through fedhealth.co.za

Fedhealth WhatsApp bot

This Fedhealth service is completely private and secure, and easy to use – simply choose from self-service actions like getting your tax certificate or seeing your e-card to share with your GP. To get started, just add the number **060 070 2479** as a contact and then type 'hi' to get the conversation started.

Network GP, specialist and hospital locator

Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a GP, specialist or hospital on the Fedhealth network. <u>Click here for provider locator</u> >

flexiFED Benefits Guide 2025

ts Get in touch

Contact details

Medscheme Client Service Centres

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

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

Bloemfontein:

Medical Suites 4 and 5, First Floor, Middestad Mall, Corner West Burger and Charles Streets

Cape Town:

Shop 6, 9 Long Street Cnr Long & Waterkant Streets, Cape Town

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

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

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

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

Vereeniging:

27 Grey Avenue

Contact us

Fedhealth Customer Contact Centre Monday to Thursday 08h30 - 17h00 Friday 09h00 - 17h00 Tel: 0860 002 153 Email: member@fedhealth.co.za Claim submission: claims@fedhealth.co.za Web: www.fedhealth.co.za Postal address: Private Bag X3045, Randburg, 2125





Contact details

Hospital Authorisation Centre

Monday to Thursday 08h30 - 17h00 Friday 09h00 - 17h00 Tel: 0860 002 153 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 SMS (call me): 083 410 9078

Chronic Medicine Management

Monday to Thursday 08h30 - 17h00 Tel: 0860 002 153 Email: cmm@fedhealth.co.za Postal address: P O Box 38632,

Disease Management Monday to Friday 08h00 - 16h30 Tel: 0860 002 153 Email: dm@fedhealth.co.za

Fedhealth Baby

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

Fedhealth Oncology Programme

Monday to Friday 08h00 - 16h00 Tel: 0860 100 572 Fax: 021 466 2303 Email: cancerinfo@fedhealth.co.za Postal address: P O Box 38632, Pinelands, 7430

Fedhealth Paed-IQ 24 hour service Tel: 0860 444 128

Fraud Hotline Tel: 0800 112 811

MVA Third Party Recovery Department Monday to Friday 08h00 - 16h00 Tel: 0800 117 222

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

Quro Medical Tel: 010 141 7710 Web: www.guromedical.co.za

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