

2026

# TRADITIONAL OPTION RANGE:

## sureFED Essential & sureFED Plus

FEDHEALTH

Sanlam healthcare partner



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# LIFE IS COMPLICATED ENOUGH. GET SMART, ALL-IN-ONE MEDICAL AID THAT SIMPLY MAKES SENSE.

Our traditional option range offers a simpler, more structured way to protect your health. Instead of relying on a Day-to-Day savings account, your benefits are built into one comprehensive plan – covering Day-to-Day care, hospital treatment and chronic medication through clearly defined allocations that are funded by the scheme.

## Here's what you get:

- Unlimited hospital cover on the sureFED hospital network
- Full in-hospital cover for Fedhealth Network Specialists
- Day surgery cover at sureFED network day surgery facilities
- Day-to-Day cover for your GP consultations, prescribed medication as well as over-the-counter medication, eye and dental checkups with fixed limits
- Mental health cover – depending on the plan you choose
- Maternity cover for pre- and post-natal healthcare
- Full cover for Chronic Disease List (CDL) conditions
- Oncology cover – depending on the plan you choose
- Unlock additional Day-to-Day funding with D2D+ by having a health risk assessment and registering on the Fedhealth member app

**For individuals and families who want clarity, simplicity and peace of mind, our traditional options provide a dependable approach to medical aid – bringing everything together into one plan that supports you through every stage of your health journey.**

# INTRODUCING FEDHEALTH'S TRADITIONAL RANGE

Fedhealth's Traditional Range is built around one simple idea – medical aid should be uncomplicated and easy to use. That's why everything is brought together into one predictable plan, with benefits designed to work seamlessly, so you can focus on living life instead of managing your medical aid.

Whether you're under 35 and finding your feet, building a life with your partner, or raising a family, there's an option designed to meet your needs. With two smart, all-in-one choices, you can choose the level of cover that suits your lifestyle, knowing it's designed to support you every step of the way.



## sureFED Essential

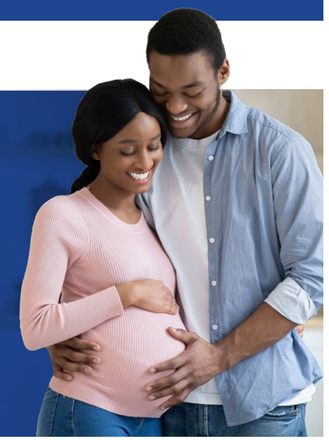
If you're starting your medical aid journey or looking for a smart, practical place to begin, sureFED Essential gives you the cover you need without overcomplicating things. It's designed to fit into your everyday life, with benefits that support how you actually use medical aid – from routine doctor visits to preventative care and mental wellness support.

With essential hospital cover and chronic medication included, everything works together as one solution with a defined set of benefits. It's a simple, dependable option that helps you stay on top of your health, without needing to manage the details.

## sureFED Plus

If your healthcare needs are growing – whether you're building a family or simply want more comprehensive support – sureFED Plus offers a broader, more complete level of cover. It's designed to give you added reassurance, with a balance of Day-to-Day benefits and hospital cover that supports both everyday care and more complex health needs.

With benefits that include maternity and childcare support, mental health services and unlimited GP access, it provides a structured, all-in-one solution that's built to support you and your family at every stage.





# HEALTHCARE THAT WORKS FOR YOUR BUSINESS – AND YOUR PEOPLE

Fedhealth's Traditional Range has been designed to meet the evolving needs of modern workplaces. By offering all-in-one cover with a defined set of benefits without the extra admin of a Day-to-Day savings account, these options provide a clear and manageable medical aid solution for both employers and employees.

## WHY OUR TRADITIONAL RANGE MAKES SENSE FOR YOUR BUSINESS

**Structured and predictable**

With defined benefits and no reliance on savings, employees have a clear understanding of their cover, helping to reduce uncertainty and improve overall benefit utilisation.

**Designed for real-world usage**

Day-to-Day benefits are aligned to how employees typically use healthcare services – including GP visits, mental wellness support and preventative care.

**Supports a diverse workforce**

With two distinct options, the range caters to different life stages – from younger employees entering the workforce to families requiring more comprehensive cover.

**Easy to communicate and manage**

The simplicity of traditional cover makes it easier for HR teams to explain, implement and support within the organisation.

**A practical, balanced healthcare solution designed to support both employee wellbeing and business needs.**



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

Only Fedhealth lets members 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 members can pay for the cover they need RIGHT NOW, not future 'what-ifs'.

# PLAN CONTRIBUTIONS

**Your fourth and subsequent child will be covered free of charge**
**Fedhealth applies child rates up until age 27**

| | Principal member | Adult dependant | Child dependant |
|---|---|---|---|
| sureFED Essential | R1 940 | R1 845 | R870 |
| sureFED Plus | R3 565 | R3 115 | R999 |

D2D+ BENEFIT

## D2D+ BENEFIT

**We're rewarding members' smart health choices with up to R3 250 in extra Day-to-Day benefits.**

| sureFED Essential | sureFED Plus |
|---|---|
| R1 180 | R3 250 |

*Please note that D2D+ Rand amounts listed are annual family amounts.*

By completing a Health Risk Assessment at a pharmacy or GP, and registering on the Fedhealth Member App, sure**FED** members can unlock an extra amount of up to R3 250 to use for Day-to-Day medical expenses. These expenses will first be covered by your D2D+ benefit up to the Fedhealth Rate once it is activated. After this benefit is exhausted, any remaining expenses will be paid from your Day-to-Day benefits:

- **GP consultations**
- **Specialist consultations**
- **Basic dentistry**
- **Prescribed medication**
- **Pathology**
- **General radiology**

This benefit will bring even more Day-to-Day value for members!

# DAY-TO-DAY BENEFITS

Here's an overview of the Day-to-Day benefits (and their limits) that are available on the sure**FED** options. These include benefits like network and non-network GP visits, chronic medication and specialised radiology.

| BENEFIT | sure**FED** Essential | sure**FED** Plus |
|---|---|---|
| ANNUAL DAY-TO-DAY BENEFIT | Subject to sub-limits per benefit category | M: R7 000 M+2: R12 000<br>M+1: R10 000 M+2+: R13 000 |
| NETWORK GENERAL PRACTITIONER (GP) CONSULTATIONS | M: 4 consultations with a nominated network GP per year,<br>M+1+: maximum of 7 consultations with a nominated network GP per year.<br>Virtual GP consults limited to 3 per family per annum | In network & nominated: subject to Annual Day-to-Day Benefit. Once Annual Day-to-Day Benefit is depleted, unlimited consultations with a 20% co-payment at Nominated Network GP. |
| NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS<br>When you have not consulted your network GP | Limited to 2 consultations per family per year with either a non-network or a non-nominated network GP | Limited to 2 consultations per beneficiary per year with either a non-network or a non-nominated network GP with a 30% co-payment. Once benefit is depleted, unlimited consultations with a 20% co-payment at Nominated Network GP |
| NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS<br>(requires referral from a GP) | Limited to 2 consultations up to a maximum of R2 220 per family per year. 30% co-payment if GP referral is not obtained | Limited to 2 consultations up to a maximum of R2 500 per family per year. Subject to the Annual Day-to-Day benefit. 40% co-payment if referral from GP is not obtained |
| NON-NETWORK MEDICAL SPECIALIST CONSULTATIONS AND VISITS<br>(requires referral from a GP) | Covered up to 70% of the Fedhealth Rate & subject to the in-network specialist benefit. 30% co-payment if GP referral is not obtained | Covered up to 80% of the Fedhealth Rate & subject to the in-network specialist benefit. 40% co-payment if referral from GP is not obtained |
| TRAUMA TREATMENT IN A CASUALTY WARD | Trauma treatment covered unlimited up to the Fedhealth Rate. Authorisation must be obtained within 48 hours and a co-payment of R880 per visit for non-PMBs applies | |
| BASIC DENTISTRY<br>Minor oral surgery, oral medical procedures including the diagnosis and treatment of oral and associated conditions, plastic dentures and dental technician's fees for all such surgery. | 1 visit per annum to a network dentist which includes the following:<br>• A consultation<br>• Intra oral radiographs<br>• Scale and polishing<br>• Infection control (gloves and masks)<br>• Instrument sterilization<br><br>1 visit per annum to an oral hygienist which includes the following:<br>• A consultation<br>• Intra oral radiographs<br>• Scale and polishing<br>• Infection control (gloves and masks)<br>• Instrument sterilization | Subject to the Advanced Dentistry benefit, once benefit depleted, subject the Annual Day-to Day benefit.<br>Limits apply to the below benefits as follows:<br>• Fissure sealant (for beneficiaries under the age of 14 only) – 2 per beneficiary per quadrant per day to a maximum of 8 per day, and 1 per tooth per annum<br>• Sterilised instrumentation – 2 per beneficiary per annum limited to 1 per visit<br>• Infection Control (gloves and masks) – 4 per beneficiary per annum limited to 2 per visit<br><br>The following is limited to 2 per beneficiary per annum:<br>• Consultations<br>• Intra Oral Radiographs<br>• Scale and Polishing<br>• Topical Application of Fluoride (for beneficiaries between the ages of 3 and 12 only)<br>• Topical Application of Fluoride for adults |
| ADVANCED DENTISTRY<br>inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment,periodontists, prosthodontists and dental technicians | No benefit unless PMB level of care | Limited to R3 500 per family, once benefit depleted subject to Annual Day-to-Day benefit |
| Osseo-integrated implants, orthognathic surgery | No benefit unless PMB level of care | |
| ADDITIONAL MEDICAL SERVICES:<br>Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy,orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy | No benefit unless PMB level of care | Subject to a combined limit with Physical Therapy of R3 000 per family subject to the Annual Day-to-Day benefit |
| ALTERNATIVE HEALTHCARE:<br>Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication) | No benefit | Subject to a combined limit with Physical Therapy of R3 000 per family subject to the Annual Day-to-Day benefit |
| APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS:<br>Hearing aids, wheelchairs, etc. | No benefit unless PMB level of care | Subject to the Annual Day-to-Day benefit |
| MEDICINES AND INJECTION MATERIAL | | |
| • Acute medicine | Limited to R1 800 per family. Subject toacute formulary, 30% co-payment for use of non-formulary medication. | Member limited to R1 500<br>Member +1+ limited to R3 000 maximum family limit, subject to Annual Day-to-Day benefit. |
| • Chronic medicine | Please see Chronic Medicine Benefit on page 8 | |
| • Over-the-counter medicine | Limited to R150 per script to a family limit of R600 per annum. | |
| OPTICAL BENEFIT | Subject to R1 900 pb, based on a two-year benefit cycle. Subject to IsoLeso Optometrist Network. | Based on a two-year benefit cycle, subject to IsoLeso Optometrist Network. |
| • Consultations | Limited to one comprehensive examination per beneficiary, based on a two-year benefit cycle. With a R100 co-payment. Subject to the Optical Limit | At network optometrist: Limited to one comprehensive examination per beneficiary covered at 100% of scheme rate, based on a 2 year benefit cycle.<br>At non-network optometrist: covered up to R420 per beneficiary |
| • Spectacle lenses | Limited to 1 pair of clear CR39 single vision spectacle lenses. With a R100 co-payment. Subject to the Optical Limit | 1 pair of lenses every 24 months. The pair of lenses can be either:<br>Single Vision Lenses (Clear), covered at 100% of scheme rate at network optometrists (or R220 pb per lens at non-network optometrists)<br>OR<br>Bifocal Lenses (Clear), covered at 100% of scheme rate at network optometrists (or R480 pb per lens at non-network optometrists)<br>OR<br>Multifocal Lenses, covered at 100% of scheme rate of base lenses at network optometrists or limited to a maximum of R900 per designer lens, per beneficiary at network and non-network optometrists |
| • Frames and/or lens enhancements | Limited to R750 per beneficiary every two years. With a R100 co-payment. Subject to the Optical Limit | At network optometrist: Limited to R795 per beneficiary every two years covered at 100% of scheme rate.<br>At non-network optometrist: covered up to R500 per beneficiary |
| • Contact lenses | No benefit | R1 530 per beneficiary every 2 years at network optometrists and R1 460 per beneficiary every 2 years at non-network providers. If frames and lenses previously claimed, then no benefit applies. |
| PATHOLOGY AND MEDICAL TECHNOLOGY | Subject to the Acute Medication Benefit Limit of R1 800 pf. Subject to basic protocols and a limited list of tests and specified tariff codes. | Subject to a combined limit with Basic Radiology of R2 000 per family subject to the Annual Day-to-Day benefit. Subject to the DSP for pathology at negotiated rates or 100% of the scheme tariff for services rendered by non-DSP providers. |
| GENERAL RADIOLOGY | Subject to the Acute Medication Benefit Limit of R1 800 pf. Subject to basic protocols and a limited list of tests and specified tariff codes | Subject to a combined limit with Pathology of R2 000 per family subject to the Annual Day-to-Day benefit. |
| SPECIALISED RADIOLOGY<br>Pre-authorisation is required | Limited to R12 100 per family, in and out-of-hospital at Fedhealth Rate. First R2 800 for non-PMB MRI/ CT scans for member's account | Limited to R14 090 per family, in and out-of-hospital at Fedhealth Rate. First R2 500 for non-PMB MRI/ CT scans for member's account |
| • Oncology PET and PET/CT scans | No benefit unless PMB level of care. DSP Network applicable or a R5 670 co-payment for non-use of DSP | 2 PET scan per family per annum limited to the oncology benefit, DSP Network applicable or a R5 670 co-payment for non-DSP use |
| SPECIFIED PROCEDURES IN PRACTITIONER'S ROOMS | | |
| NON-SURGICAL PROCEDURES AND TESTS<br>Specified non-surgical procedures in practitioner's rooms (subject to authorisation) | • Gastroscopy (no general anaesthetic will be paid for)<br>• Colonoscopy (no general anaesthetic will be paid for)<br>• Flexible sigmoidoscopy<br>• Indirect laryngoscopy<br>• Removal of impacted wisdom teeth<br>• Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)<br>• Fine needle aspiration biopsy<br><br>• Excision of nailbed<br>• Drainage of abscess or cyst<br>• Injection of varicose veins<br>• Excision of superficial benign tumours<br>• Superficial foreign body removal<br>• Nasal plugging for epistaxis<br>• Cauterisation of warts<br>• Bartholin cyst excision | |
| PHYSICAL THERAPY<br>Chiropractics, biokinetics and physiotherapy | 2 consultations per beneficiary per annum with a R75 co-payment. Covers sports and non-sports related injuries. | Subject to a combined limit with Additional Medical Services of R3 000 per family subject to the Annual Day-to-Day benefit |

** Private nursing that falls outside the alternatives to hospitalisation benefit*



# SCREENING, WELLNESS AND EXTRA VALUE-ADDED BENEFITS

Apart from a host of screening, preventative and wellness benefits, also offers members additional benefits like MediTaxi, emergency assistance and access to mental health support.

# SCREENING & WELLNESS BENEFIT:

| BENEFIT | sureFED Essential | sureFED Plus |
|---|---|---|
| **WELLNESS BENEFITS** | | |
| MENTAL WELLNESS | No benefit unless PMB<br>Depression medication - R2 280 per beneficiary subject to an approved list of medications<br>Stress and Anxiety Benefit: two virtual consultations per beneficiary which can be used via any virtual mental health platform, this is a non PMB benefit | Mental Health Consultations Limited to R5 000 per family subject to the in-hospital Mental Health benefit.<br>Depression medication - R2 400 per beneficiary subject to an approved list of medications<br>Stress and Anxiety Benefit: two virtual consultations per beneficiary which can be used via any virtual mental health platform, this is a non PMB benefit |
| WELLNESS RESOURCES AND DIGITAL TOOLS | Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.<br>Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey. | |
| GENERAL WELLNESS | | |
| • HIV finger prick test | All lives, 1 test every year | |
| • Flu vaccination and administration* | All lives, 1 vaccine every year | |
| • Smoking cessation programme | 1 GoSMokeFree enrolment per beneficiary every year (face-to-face and virtual excluding patches, medicines etc) | |
| • Cardiac health screening (full lipogram) | No benefit | All lives aged 20 and older: 1 test every 5 years |
| CHILDREN'S HEALTH | | |
| • Immunisation programme and administration* (as per State EPI) | Birth to age 12 | |
| • Infant hearing screening test and consultation** | Birth up to 8 weeks of age: 1 per new-born beneficiary | |
| • Vision Screening for Retinopathy of prematurity | No benefit | 2 tests and consultations for babies under 1.5kg or born before 32 weeks |
| • Paediatric consultation | No benefit | Birth up to age 1: 1 Paediatric consultation, with no referral required from GP. |
| • HPV vaccine and administration Cervarix and Gardasil only* | No benefit | Girls aged 9-16: (two doses per lifetime) |
| WOMEN'S HEALTH | | |
| • Cervical cancer screening (Pap smear) | Women aged 21 - 65; 1 test every 3 years | |
| • Cervical cancer screening pharmacy consultation | No benefit | Women aged 21 - 65; 1 consultation every 3 years |
| • HPV PCR test | No benefit | 1 test every 5 years for women aged 21 to 65 years old. |
| • Contraceptives | Women up to age 55. Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list. | Women up to age 55<br>Oral and injectable contraceptives, contraceptive patches and vaginal rings, subject to an approved list.<br>Contraceptive implants and Intrauterine Devices: Limited to 1 every 2 years. |
| • Emergency contraceptive benefit | Women up to age 55; 1 every year | |
| MEN'S HEALTH | | |
| • Prostate Specific Antigen (PSA) | No benefit | Men Aged 45-69: 1 test every year |
| ALL OVER 40S HEALTH | | |
| • Breast cancer screening with mammography | No benefit | All lives aged 40 and older:1 every 2 years |
| **SCREENING BENEFITS** | | |
| WELLNESS SCREENING<br>**BMI, blood pressure, finger prick cholesterol and glucose test** | All lives, 1 every year | |
| PREVENTATIVE SCREENING<br>**Waist-to-hip ratio, body fat%, flexibility, posture and fitness** | All lives, 1 every year | |
| WEIGHT MANAGEMENT PROGRAMME | Limited to 1 qualifying enrolment per beneficiary per annum:<br>2 Psychotherapy consults<br>2 Dietician consults<br>2 GP consultations<br>12 Biokinetics assessments (comprising of initial assessment, exercise sessions and reassessment sessions)<br>Pathology tests (1 Insulin fasting test, 1 TSH/T4 test,1 Lipogram test, 1 Glucose test, 1 Total cholesterol test) | |

**For full benefit information, how to access or register, applicable DSPs, formularies and protocols, access Zoom on Screening Benefit**

***Combined adminstration of vaccination benefit limit of 15 per annum per family**
****Add newborns within 30 days**

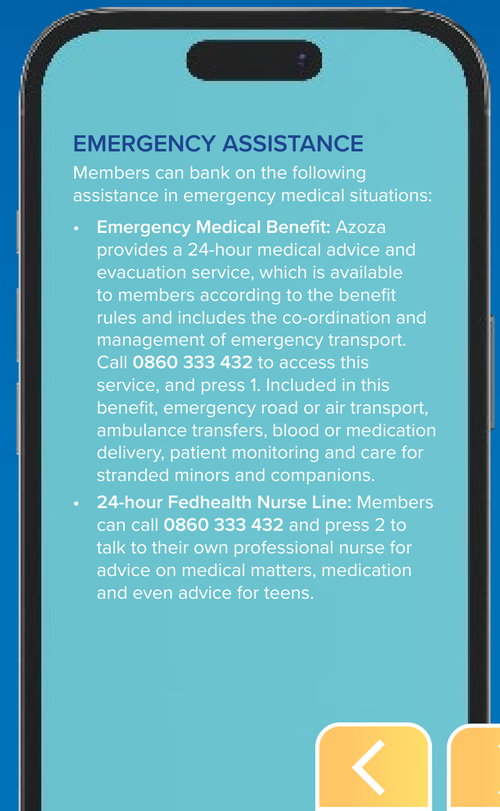
## PLUS, the following support and assistance:

### 30-DAY POST-HOSPITALISATION BENEFIT

Fedhealth is one of the only medical schemes that pays for post-hospitalisation treatment for up to 30 days after discharge from hospital. This means that follow-up treatment for a full 30-day period after leaving the hospital is paid directly from Scheme Risk benefits and not your Day-to-Day benefits. This includes post-hospital treatment for physiotherapy, occupational therapy, speech therapy, ultra sounds, general radiology and pathology. Treatment is also subject to the relevant managed healthcare programme and prior authorisation.

### MEDITAXI SERVICE

Members in Cape Town, Durban, Johannesburg and Pretoria can access the 24/7 MediTaxi benefit to take them to and collect them from follow-up healthcare service providers such as physiotherapists, doctors, specialists or a radiology practice, provided they have undergone an authorised operation or medical treatment that prevents them from driving. Trips are limited to two return trips per member/beneficiary per annum, and the total trip should not exceed 50km.



### EMERGENCY ASSISTANCE

Members can bank on the following assistance in emergency medical situations:

- **Emergency Medical Benefit:** Azoza provides a 24-hour medical advice and evacuation service, which is available to members according to the benefit rules and includes the co-ordination and management of emergency transport. Call **0860 333 432** to access this service, and press 1. Included in this benefit, emergency road or air transport, ambulance transfers, blood or medication delivery, patient monitoring and care for stranded minors and companions.
- **24-hour Fedhealth Nurse Line:** Members can call **0860 333 432** and press 2 to talk to their own professional nurse for advice on medical matters, medication and even advice for teens.

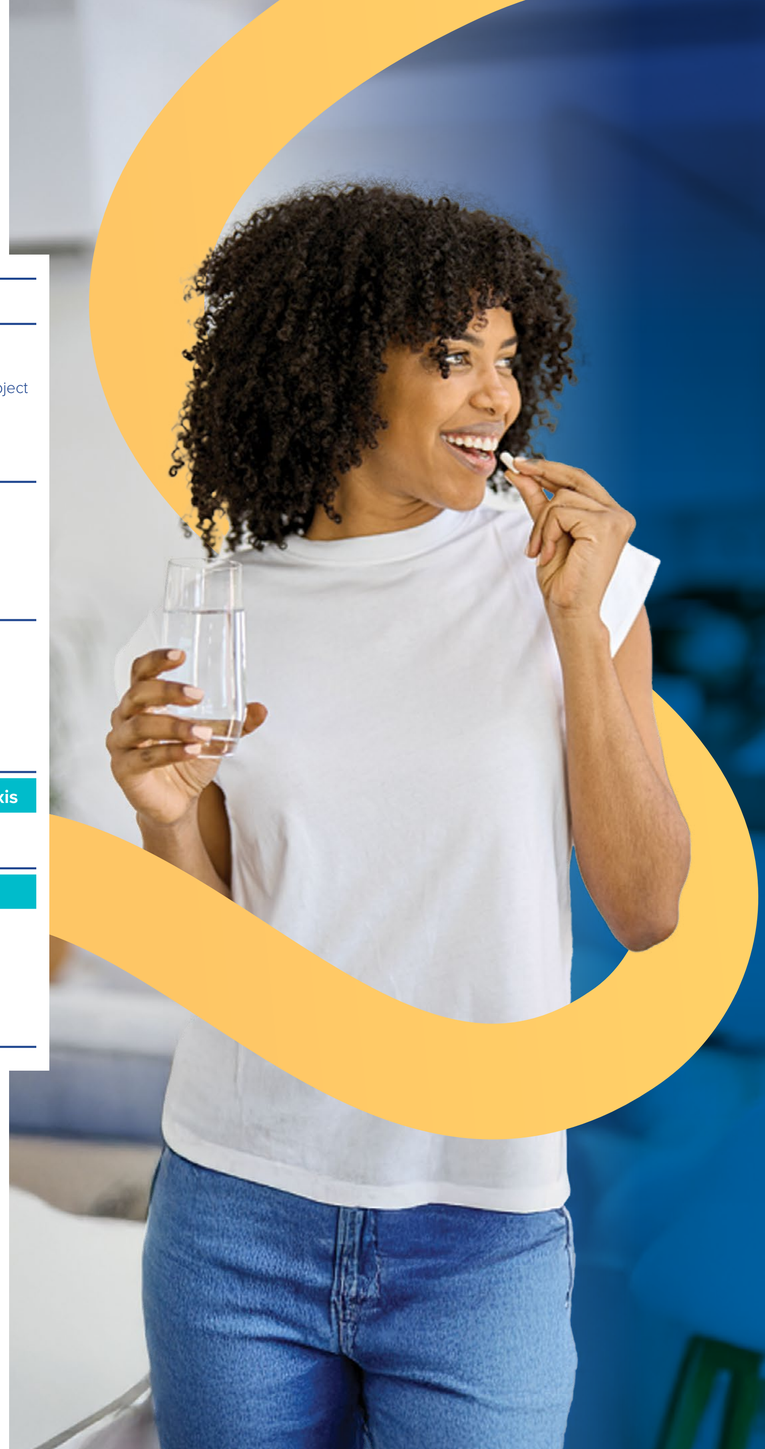


# CHRONIC MEDICINE AND MANAGED CARE

# CHRONIC MEDICINE BENEFIT

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

| | sureFED Essential | sureFED Plus |
|---|---|---|
| LIMIT | Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL)<br>Depression medication - R2 280 per beneficiary subject to an approved list of medications | Unlimited cover for the Prescribed Minimum Benefit conditions on the Chronic Disease List (CDL)<br>Depression medication - R2 400 per beneficiary subject to an approved list of medications |
| FORMULARY | Basic formulary or a 30% co-payment for non-use of formulary medication | |
| PHARMACY | Fedhealth Network Pharmacies with a 30% co-payment for utilisation of a non-DSP | |
| **HIV/AIDS MEDICINE benefit including treatment for mother-to-child-transmission, rape & post-exposure prophylaxis** | | |
| LIMIT | Unlimited | |
| **CHRONIC DISEASE LIST (CDL)** | | |
| sureFED Essential AND sureFED Plus (CDL) | 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 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis | |



## ORTHOCARE

**(Not available on sureFED Essential)**

The Fedhealth OrthoCare spinal programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. We cover the full cost of the programme for qualifying members.

## AFA HIV MANAGEMENT PROGRAMME

The Scheme offers the AfA (HIV Management) programme to help members who are HIV-positive manage their condition. The benefits of being on the programme (over and above the payment of the necessary medicine and pathology claims), include clinical and emotional support to manage the condition.

## WEIGHT MANAGEMENT PROGRAMME

The Fedhealth Weight Management Programme is designed for qualifying members with a high BMI and waist circumference.
This benefit is available once annually per beneficiary.

Under this programme, members participate in a 12-week, biokineticist-led intervention plan that gives them access to 2 dietician consultations, 2 behavioral psychologist consultation, as well as 2 GP consultations. Various pathology codes are also available to assist Doctors with exploring any underlying medical reason for obesity. Once the programme is completed, ongoing advice and monitoring is also made available to the member.

## SMOKING CESSATION PROGRAMME

Members who smoke can sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The consultation can be a GoSmokeFree Virtual Service (phone or video) or face to face.

## ALIGND PALLIATIVE CARE PROGRAMME

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.

## HOSPITAL AT HOME

Fedhealth's technology-enabled Hospital at Home service, in partnership with Quro Medical, is offered by a team of trained healthcare professionals who bring all the essential elements of in-patient care to a patient's home, including real-time patient monitoring.



# MENTAL HEALTH COVER

In order for us all to be productive members of society, reach our full potential and cope with the stresses that are associated with daily life, it's important that we prioritise our mental health and wellbeing. Mental health impacts our thoughts, emotions, interactions, livelihoods and enjoyment of life.

Fedhealth recognises that mental health is key to our members' quality of life, and as such, we offer a range of benefits and programmes on the sure**FED** options to provide members with mental health care and support.

# MENTAL HEALTH BENEFIT

| BENEFIT | sure**FED**$^{Essential}$ | sure**FED**$^{Plus}$ |
|---|---|---|
| WELLNESS RESOURCES AND DIGITAL TOOLS | Mental Health Resource Hub: Available via the Fedhealth Member App to help members navigate credible mental health information and guide them to necessary support channels should they need to speak to someone.<br>Mental Health Survey: Available via the Fedhealth Member App to help reflect on your emotional wellbeing by completing a short survey. | |
| OVERVIEW OF PMBS FOR MENTAL HEALTH | Up to 21 days of admissions or up to 15 out-of-hospital consultations per beneficiary for major affective disorders (including depression), anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder.<br>Chronic medication for bipolar disorder and schizophrenia is also covered as part of PMBs. | |
| CONSULTATIONS | 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement.<br>Stress and Anxiety Benefit:<br>Two virtual consultations per beneficiary which can be used via any virtual mental health platform | 15 out-of-hospital consultations per person for major affective disorders, anorexia, bulimia and substance abuse and 12 out-of-hospital consultations per beneficiary for acute stress disorder as per PMB entitlement.<br>Additional consults:<br>Mental Health Consultations out of hospital - Limited to R5 000 per family subject to the Mental health benefit in hospital benefit |
| CHRONIC MEDICATION FOR MENTAL HEALTH CONDITIONS | Covered under PMBs for qualifying conditions<br>Depression medication - R2 280 per beneficiary subject to an approved list of medications | Covered under PMBs for qualifying conditions<br>Depression medication - R2 400 per beneficiary subject to an approved list of medications |
| MENTAL HEALTH PROGRAMME | No access to programme. | |
| PSYCHIATRIC HOSPITALISATION | No benefit unless PMB level of care | R10 000 per family per year |



# ONCOLOGY BENEFIT

Cancer is arguably one of the biggest and most serious dread diseases facing members, and Fedhealth strives to offer valuable oncology benefits and support in their time of need. We understand that each cancer journey may look different, and as such we aim to provide relief through benefits like the Alignd Palliative Care Programme, as well as the Terminal Care benefit to members and their families.

## ONCOLOGY BENEFIT

On sure**FED**$^{Essential}$, oncology is covered unlimited at PMB level of care at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

On sure**FED**$^{Plus}$, oncology is covered up to R250 000 per family per year at the designated service provider, ICON, subject to Essential protocols. A 25% co-payment applies where a DSP provider is not used.

| | sure**FED**$^{Essential}$ | sure**FED**$^{Plus}$ |
|---|---|---|
| **BENEFIT** | | |
| ONCOLOGY LIMIT<br>The use of non-DSP will attract a 25% upfront co-payment | Covered up to PMB level of care | R250 000 |
| • **Active treatment period** | Covered up to PMB level of care. ICON Essential Protocols apply | Subject to Oncology limit. ICON Essential Protocols apply |
| • **Oncology and oncology medicine** | Covered up to PMB level of care.<br>ICON Essential Protocols apply<br>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. | Subject to Oncology limit.<br>ICON Essential Protocols apply<br>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. |
| • **Radiology and pathology** | Covered up to PMB level of care | Subject to Oncology limit |
| • **PET and PET-CT** | No benefit unless PMB level of care. DSP Network applicable or a R5 670 co-payment for non-DSP | Subject to Oncology limit.<br>Limited to 2 per family per year, DSP Network applicable or a R5 670 co-payment for non-DSP use |
| • **Specialised drugs for oncology** | No benefit | |
| • **Brachytherapy materials** | No benefit | |
| TERMINAL CARE | Unlimited at cost at PMB level of care | |

### ALIGND PALLIATIVE CARE PROGRAMME

This programme offers specialised, palliative care for members with serious cancer. An expert team, which could include doctors, nurses and social workers with extra palliative care training, will provide palliative support. The focus is on providing relief from symptoms and stress, and could take on the form of controlling a physical problem such as pain, or by helping the member by addressing their emotional, social or spiritual needs.



# MATERNITY AND CHILDHOOD BENEFITS

sure**FED** members enjoy the following in- and out-of-hospital benefits during pregnancy, birth and their children's early years, which include for example the Fedhealth Baby Programme, paediatric consults, immunisations and the Paed IQ advice line.

Pre-authorisation is required. Members will receive a handy Fedhealth Baby Bag once they've registered for the Baby Programme from their 12th week of pregnancy.

Please refer to page 15 to see benefits related to maternity confinement in-hospital.






# MATERNITY BENEFITS

| | BENEFIT | sureFED Essential | sureFED Plus |
|---|---|---|---|
| DURING PREGNANCY | FEDHEALTH BABY PROGRAMME | No benefit | Online Doula-on-Call consultation* to activate member's enrolment PLUS a R500 voucher once Doula consultation is completed.<br>A personal Doula (area dependent) from our Preferred Doula list.<br>Up to R4 000 in vouchers and gifts along member's pregnancy journey.<br>Weekly pregnancy updates (and every second week for spouse).<br>Doula benefit: R5 000<br>Area Doula support meetings during pregnancy - R1 000 voucher on completion of 3 doula meetings.<br>Online healthy pregnancy workshop (before 26 weeks) - R300 voucher on completion of workshop.<br>Online childbirth classes (after 26 weeks) - R700 voucher on completion of classes.<br>A midwife appointment - R500 voucher after appointment.<br>A R1 000 voucher if member gives birth at a preferred birthing facility.<br>24-hour medical advice line.<br>Trimester calls from our friendly consultants.<br>Doula-on-Call support throughout pregnancy.<br>Post-birth Doula check-in<br>Online lactation consultation.<br>Handy Fedhealth baby bag, filled with essential baby products.<br>*We know not every mum qualifies for Doula care due to medical reasons. Please speak to our team about the alternative programme benefits. |
| POST-BIRTH AND CHILDHOOD BENEFITS | MAIN BENEFITS | | |
| | • Antenatal (or postnatal) consultations | 6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist (gynae limited to 2 consults subject to the 6 ante and/ or post-natal benefit) | 6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist |
| | • Antenatal scans | 2 x 2D antenatal scans | 2 x 2D/3D/4D antenatal scans at 2D rate |
| | • Amniocentesis | 1 x Amniocentesis | |
| | • Antenatal classes | Antenatal classes up to R1 200 conducted by Private Nurses | |
| | BIRTH-RELATED BENEFITS | | |
| | • Private ward cover | No benefit | |
| | • Doula benefit | No benefit | Doula benefit: R5 000 per delivery for a doula (birthing coach) to assist mothers during natural childbirth |
| | POST-BIRTH BENEFITS | | |
| | • Postnatal (or antenatal) consultations | 6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist (gynae limited to 2 consultations) | 6 antenatal (or postnatal) consultations with a midwife, network GP or gynaecologist |
| | • Vision screening for retinopathy of prematurity | No benefit | 2 tests and consultations for babies under 1.5kg or born before 32 weeks |
| | • Infant hearing screening test | Birth up to 8 weeks of age: 1 Infant hearing screening test and consultation per new-born beneficiary** | |
| | • Paediatric consultation | Paid from Day-to-Day benefit | Birth up to 12 months of age: 1 Paediatric consultation, with no referral required from GP |
| | • Online post-birth lactation and breastfeeding consultations | No benefit | Exclusively available to members on Fedhealth Baby Programme |
| | • Appliances | No benefit | |
| | CHILD CARE | | |
| | • Immunisation programme and administration* (as per State EPI) | Birth to age 12 | |
| | • HPV vaccine and administration* | No benefit | Girls aged 9-16: (two doses per lifetime) |
| | • Childhood illness specialised drug benefit | No benefit | All children up to age 18<br>• Growth Hormone medication<br>• Palivizumab for Respiratory Syncytial Virus<br>• Botulinum Toxin<br>• Juvenile Idiopathic/Rheumatoid Arthritis medication |
| | • Optical screening | No benefit | |
| | 24-Hour Paed-IQ Advice Line | Once your baby is born, access to paediatric nurse helpline 24 hours a day.<br>This advice line can be used until your child is 14 years old | |

Please note:
1. **Add newborns within 30 days
2. *Combined adminstration of vaccination benefit limit of 15 per annum per family
3. Child rates up to the age of 27
4. Only pay for three children – we cover fourth and subsequent children for free



# UNLIMITED HOSPITAL COVER

The sureFED options, like 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, or you will have to pay a penalty of R1000.

## THE IN-HOSPITAL BENEFIT COVERS:

- The **hospital costs and accounts from doctors and specialists,** e.g. the anaesthetist and the X-ray department.
  - Specialists and GPs on the Fedhealth network are covered in full. Specialists and GPs not on the Fedhealth network are covered up to the 70% of the Fedhealth Rate on sure**FED**$^{Essential}$ and 100% of the Fedhealth Rate on sure**FED**$^{Plus}$.
- **Selected procedures in day wards, day clinics** on the Fedhealth Day Surgery Network.
- **Selective procedures in doctor's rooms** paid from risk if authorised.
- Members must use the **Fedhealth Hospital Network** or or pay a 30% co-payment on the hospital account.
- **Physiotherapy:** Referral by a medical practitioner and pre-authorisation is required, 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 must cover the treatment of 271 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. 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 members 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 ARE CONSIDERED AS EMERGENCIES?

- An unexpected condition that requires immediate treatment. This means that if there's 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.

| BENEFIT | sureFED Essential | sureFED Plus |
|---|---|---|
| OVERALL ANNUAL LIMIT | No overall annual limit | |
| HOSPITAL NETWORK | | |
| • Acute Hospital Facilities | Unlimited at Fedhealth network hospitals | |
| • Day Surgery Facilities | Day Surgery Facilities Network | |
| • Mental Health Facilities | Fedhealth Mental Health Facilities Network | |
| HOSPITAL LIMIT | Unlimited | |
| PRESCRIBED MINIMUM BENEFITS (PMB)<br>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<br>Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items | Unlimited at Fedhealth network hospitals | |
| • Hospital co-payment for non-network hospital | 30% co-payment on voluntary use of non-network hospitals.<br>30% co-payment on voluntary use of non-network day surgery facilities.<br>30% co-payment on voluntary use of non-network mental health facilities | |
| CONFINEMENT | | |
| • Maternity confinement<br>Accommodation in a general ward, high care and intensive care unit, theatre fees, medicine, material and hospital apparatus. | Unlimited | |
| • Elective Caesareans<br>• Unlimited at cost for Network GPs and Specialists at Network hospitals | R6 000 co-payment for non-PMB elective caesareans | R2 500 co-payment for non-PMB elective caesareans |
| • Private ward cover | No benefit | |
| • Delivery by Fedhealth Network GPs and specialists | Covered in full | |
| • Delivery by non-network GPs and specialists | Covered up to 70% of the Fedhealth Rate | Covered up to the Fedhealth Rate |
| • Maternity confinement in a registered birthing unit or out-of-hospital | Unlimited | |
| • Delivery by a registered midwife/ nurse or a practitioner | Unlimited | |
| • Hire of water bath and oxygen cylinder | Unlimited | |
| • Medicine on discharge from hospital:<br>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 | Limited to 7 days' medication up to a maximum of R412 per beneficiary per admission | |
| FEDHEALTH BABY PROGRAMME | No benefit | All members enjoy access to the Fedhealth Baby Programme that provides ongoing support and benefits throughout their pregnancy journey, including a custom-designed Fedhealth baby bag. See page 13 for detail |
| ADDITIONAL MEDICAL SERVICES<br>Includes dietetics, occupational therapy, speech therapy, orthoptics, podiatry, private nurse practitioners, social workers, audiology, genetic counselling | No benefit unless PMB level of care | Subject to a combined limit with Physical Therapy of R3 000 per family subject to the annual Day-to-Day benefit |
| SURGICAL PROCEDURES<br>Hospital admissions will require pre-authorisation | Unlimited | |
| NON-SURGICAL PROCEDURES AND TESTS<br>Specified non-surgical procedures in practitioner's rooms (subject to authorisation) | • Gastroscopy (no general anaesthetic will be paid for)<br>• Colonoscopy (no general anaesthetic will be paid for)<br>• Flexible sigmoidoscopy<br>• Indirect laryngoscopy<br>• Removal of impacted wisdom teeth<br>• Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)<br>• Fine needle aspiration biopsy<br>• Excision of nailbed<br>• Drainage of abscess or cyst<br>• Injection of varicose veins<br>• Excision of superficial benign tumours<br>• Superficial foreign body removal<br>• Nasal plugging for epistaxis<br>• Cauterisation of warts<br>• Bartholin cyst excision | |
| MEDICINE ON DISCHARGE FROM HOSPITAL<br>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 | Up to 7 days supply to a maximum of R412 per beneficiary per admission | |
| ALTERNATIVES TO HOSPITALISATION<br>Nursing services, sub-acute facilities and physical rehabilitation facilities | | |
| • Nursing agencies | No benefit | No benefit unless PMB |
| • Private nurse practitioners | No benefit | Limited to & included in the Additional Medical Services Benefit |
| • Sub-acute facilities, physical rehabilitation facilities | Unlimited at cost up to PMB level of care | |
| • Terminal Care Benefit | Unlimited at cost up to PMB level of care | |

| BENEFIT | sureFED Essential | sureFED Plus |
|---|---|---|
| APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS | | |
| • General medical and surgical appliances (including glucometers) | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Hearing aids including repairs | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Large orthopaedic orthotics/appliances | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Stoma products | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • CPAP apparatus for sleep apnoea | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Foot orthotics (incl. shoes and foot inserts/levellers) | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Oxygen therapy equipment | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Home ventilators | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Long leg callipers | No benefit unless PMB level of care | Paid from annual Day-to-Day benefit |
| • Moon boots | | Paid from annual Day-to-Day benefit |
| BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS<br>Including transportation of blood | Unlimited | |
| CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONER | | |
| • Fedhealth Network GPs and Specialists | Covered in full | |
| • Non-network GPs and Specialists | Covered up to 70% of the Fedhealth Rate | Covered up to the Fedhealth Rate |
| • Other Healthcare Practitioners | Covered up to the Fedhealth Rate | |
| ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION<br>Haemopoietic stem cell (bone marrow) transplantation, immunosuppressive medication, post transplantation biopsies and scans, radiology and pathology | Unlimited at cost at PMB level of care | |
| • Corneal grafts | No benefit | |
| PATHOLOGY AND MEDICAL TECHNOLOGY | Unlimited | |
| PROSTHESES AND INTERNAL DEVICES | | |
| • Aorta stent grafts | Unlimited at cost at PMB level of care | |
| • Bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws | Unlimited at cost at PMB level of care | |
| • Cardiac pacemakers, cardiac stents, cardiac valves | Unlimited at cost at PMB level of care | |
| • Detachable platinum coils | Unlimited at cost at PMB level of care | |
| • Elbow, hip, knee and shoulder replacement | Unlimited at cost at PMB level of care | |
| • Total ankle replacement | Unlimited at cost at PMB level of care | |
| • Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs) | Unlimited at cost at PMB level of care | |
| • Intraocular lenses – non-cataract (per lens) | Unlimited at cost at PMB level of care | |
| All unlisted internal prosthesis | Unlimited at cost at PMB level of care | |
| PROSTHESES EXTERNAL | Unlimited at cost at PMB level of care | |
| GENERAL RADIOLOGY | Unlimited at cost at PMB level of care | |
| SPECIALISED RADIOLOGY | Limited to R12 100 per family, in and out-of-hospital at Fedhealth Rate. First R2 800 for non-PMB MRI/ CT scans for member's account | Limited to R14 090 per family, in and out-of-hospital at Fedhealth Rate. First R2 500 for non-PMB MRI/ CT scans for member's account |
| • CT scans, MUGA scans, MRI scans, radio isotope studies | Specific authorisation required | |
| CHRONIC RENAL DIALYSIS<br>Pre-authorisation is required and services must be obtained from the DSP. A 40% co-payment applies where a DSP provider is not used.<br>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 DSP. 40% co-payment for voluntary use of non-DSP | |
| NON-SURGICAL PROCEDURES AND TESTS<br>Specified non-surgical procedures in practitioner's rooms | Covered in full, limited to a list of approved procedures | |
| HIV/ AIDS<br>Hospitalisation, anti-retroviral and related medication and related pathology | Unlimited | |

# PROCEDURE CO-PAYMENTS

| | sureFED Essential | sureFED Plus |
|---|---|---|
| Bunion procedures, gastritis/ dyspepsia/ heartburn | No benefit unless PMB level of care | R8 190 |
| Diagnostic cystoscopy, nasal procedures, skin biopsy/excision | No benefit unless PMB level of care | R2 020 |
| All open hernia surgery | No benefit unless PMB level of care | R4 000 |
| Arthroscopic procedures - shoulder, ankle. | R6 000 | R4 000 |
| Arthroscopic procedures - wrist | R6 000 | R4 000 |
| Arthroscopic procedures - hip | No benefit | |
| Arthroscopic procedures - knee | No benefit unless PMB level of care. Anterior Cruciate Ligament repair: R6 000 | No benefit unless PMB. Knee only Anterior cruciate ligament repair - R4 000 |
| Other arthroscopic procedures | R6 000 | R4 000 |
| Back & neck pain procedures | No benefit unless PMB level of care | R8 190 |
| Colonoscopy, Upper GI endoscopy | R3 000 | R2 020 |
| Dental admissions | No co-payment | |
| Elective C-sections | R6 000 | R2 500 |
| Inguinal hernia surgery | No benefit unless PMB level of care | R4 000 |
| JOINT REPLACEMENTS | | |
| • Hip and knee replacements | No benefit | |
| • Other joint replacements | No benefit | No benefit unless PMB level of care |
| Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ toupet hernia repairs only), appendectomy, diagnostic laparoscopy | PMB level of care | R4 000 |
| Laparoscopic pyeloplasty, Varicocelectomy, Sacrocolpopexy, Rectopexy, Recto sacrocolpopexy | Open only, except for PMB | R7 000 |
| Laparoscopic radical prostatectomy | Open only, except for PMB | R8 190 |
| Spinal surgery | No benefit unless PMB level of care | |
| Surgical extraction of impacted wisdom teeth | R1 500 in a day clinic, R5 000 in a hospital | R800 in a day clinic, R4 000 in a hospital |
| Varicose vein procedures | No benefit unless PMB level of care | R2 000 |

# CONTACT US

## WEBSITE

**fedhealth.co.za**

The website provides easy-to-navigate information on our 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.

## LIVECHAT

**Access on the website**

Members can type in their queries and one of our LiveChat agents will assist them online.

## AI AGENT NALEDI

**Access on the website**

Naledi, our expert AI agent, is on hand to help with members' general queries and informal searches. Naledi can help assess members' needs to suggest the right plan, and provide Scheme resources on benefits, rules and plan details.

## FAMILY ROOM

**Access on the website**

Our online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, registering for chronic medicine and obtaining hospital authorisations.

## WHATSAPP

Members can choose from self-service actions like obtaining their tax certificates or membership e-cards.

Save the number

**060 070 2479 as a contact and type 'hi' to start a conversation**

## MEMBER APP

Our app has been designed to simplify members' interaction with the Scheme. Available from the

**Google Play Store, Huawei App Gallery and Apple App Store,**

it lets the member activate the amount of Savings they require, download their e-card, view their option's benefits, set medicine reminders, and lots more.

# 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
Azoza
Tel: 0860 333 432

### AfA (HIV Management)
Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
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: membercare@medscheme.co.za

### Fedhealth Baby
Monday to Friday 09h00 – 16h00
Tel: 0861 116 016
Email: info@babyhealth.co.za

### Fedhealth Oncology Programme
Monday to Friday 08h00 – 16h00
Tel: 0860 100 572
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.quromedical.co.za

## 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 & 5, 1st Floor, Middestad Centre, Cnr Charles & West Burger Street, Bloemfontein

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

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

**East London**
Unit 5, Balfour Road, Vincent, East London

**Johannesburg**
Mathomo Mall, 115 Main Street, Marshalltown, Johannesburg

**Kathu**
Shop 18D,
Kameeldoring Plein Building, Cnr Frikkie Meyer & Rooisand Road, Kathu

**Kimberley**
Shop 76, North Cape Mall, Royldene, Kimberley

**Klerksdorp**
48 Buffelsdoorn Road, Buffelspark Office Complex, Klerksdorp

**Lephalale**
Shop 0050A, Lephalale Mall,
cnr Chris Hani Ave & Nelson Mandela Drive, Ellisras Extension 16

**Mafikeng**
Shop 118, Mega City, East Gallery, Mafikeng

**Nelspruit**
Shop 11, City Centre Mall, Cnr Andrews Street & Madiba Drive, Nelspruit

**Pietermaritzburg**
Shop 32B, Park Lane Shopping Centre,
12 Chief Albert Luthuli Street, Pietermaritzburg

**Polokwane**
Shop 3, Checkers Centre, 51 Biccard Street, Polokwane

**Port Elizabeth**
78-84 Block 3, 2nd Avenue, Newton Park

**Pretoria**
Shop 17, Nedbank Plaza, 175 Steve Biko Street, Arcadia

**Roodepoort**
Valley View Office Park, 680 Joseph Lister Street, Constantia Kloof, Roodepoort

**Rustenburg**
Lifestyle Square, Shop 23, Beyers Naude Drive, Rustenburg

**Vereeniging**
32 Grey Avenue, Vereeniging

**Worcester**
45 Church Street, Worcester

## 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

FEDHEALTH

Sanlam healthcare partner

Fedhealth Customer Contact Centre 0860 002 153
Corner Ontdekkers Road and Conrad Street, Absa Building Block F,
Florida, 1716 • Private Bag X3045, Randburg 2125

**www.fedhealth.co.za**

Please note: All Fedhealth benefits are subject to registered Scheme Rules, and as such, this document only aims to provide a summary of such benefits.
For the full Scheme Rules, please visit fedhealth.co.za or contact the Fedhealth Customer Contact Centre on 0860 002 153 to obtain a copy.