



flexiFED 2 2024

FLEXIBLE SAVINGS PLAN

GET STARTED 



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Life **changes** rapidly. Choose medical aid that can **adapt** accordingly.

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

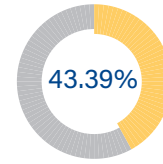
At Fedhealth Medical Scheme, it's our mission to create medical aid cover that adapts to these changing times and our members' changing needs – and our flexi**FED 2** option perfectly brings this mission to life. Our flexi**FED 2** option allows the member to choose how their cover is structured, to suit their life stage, budget and healthcare needs.

On the flexi**FED 2** flexible savings plan members can:

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



87-year track record in healthcare



43.39% solvency level*



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

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

Choose medical aid that's fit for the future. Choose flexi**FED 2** from Fedhealth!

* As at 31 December 2022





The flexiFED 2 option



flexiFED 2

Family start-ups

Emergency and planned procedure hospital cover



Oncology



Maternity, infants & children



Chronic



Mental health



[MORE BENEFIT DETAIL >](#)

[SEE UNIQUE BENEFITS PAID FROM RISK >](#)

[SEE BENEFIT STRUCTURE >](#)

Young couples planning to start a family should consider Fedhealth's flexiFED 2 option, especially due to its maternity and childhood benefits that include two antenatal scans and eight ante- and postnatal consults with a midwife, network GP and gynae, a doula benefit, a postnatal midwifery benefit and an infant hearing screening benefit.

It also offers good in-hospital benefits, chronic benefits, screening benefits, and day-to-day benefits paid from Risk.

flexiFED 2 has a Threshold benefit that kicks in once day-to-day claims have reached the Threshold level, as long as all day-to-day claims have been submitted. Certain claims like unlimited nominated network GP visits will be paid from the Threshold benefit.

Additional benefits include 30 days of post-hospitalisation treatment such as physio, specialised radiology like MRI and CT scans, and upgrades any time of year within 30 days of a life-changing event.

On this option, you are using flexiFED 2 as a **flexible savings plan** where you can access day-to-day funds if and when you need it, but only pay for what you use (interest free, over 12 months).

On flexiFED 2, you can also choose flexiFED 2^{GRID} and save 10% on your monthly contributions by using one of our 120 world-class network hospitals, or choose flexiFED 2^{Elect} and save 25% on your monthly contribution by choosing to pay a R14 700 co-payment on all planned procedures at any private hospital (excluding emergencies).





The flexiFED 2 option



flexiFED 2

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flexiFED 2 benefits



Preventative and screening benefit

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



Enhanced preventative and screening benefit

HPV vaccine.



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.



Rich maternity benefit

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



Childhood benefit

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



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 2 plan provides:

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, basic dentistry and unlimited nominated network GP visits.

contribution by choosing to pay a R14 700 co-payment on all planned procedures at any private hospital (excluding emergencies).





The flexiFED 2 option



flexiFED 2

Family start-ups

Emergency and planned procedure hospital cover



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IN-HOSPITAL BENEFIT

IN-HOSPITAL BENEFIT

Members have no overall annual limit for hospitalisation.

CHRONIC DISEASE BENEFIT

CHRONIC DISEASE BENEFIT

This benefit covers chronic conditions on the CDL. It's covered in full up to the Medicine Price List if members use medicine on the formulary. Any pharmacy may be used for obtaining chronic medication.

DAY-TO-DAY BENEFIT

DAY-TO-DAY BENEFIT

Threshold benefit

On flexiFED 2, the Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.

Day-to-day benefits paid by the Scheme

We pride ourselves on paying more from Risk so the members' day-to-day benefit lasts longer.

Screening benefit

Preventative screenings and assessments like lifestyle screenings, wellness screenings (includes finger prick glucose and cholesterol, blood pressure, waist circumference and body mass index (BMI) and physical screenings are covered from this benefit.

OPTIONAL DAY-TO-DAY SAVINGS

powered by the MediVault

Day-to-day expenses can be funded from Fedhealth Savings powered by the MediVault once the member has transferred funds to their Wallet. The amount of Fedhealth Savings available depends on the member's chosen flexiFED option as well as their family composition. Members can choose to use their Fedhealth Savings part of a flexible savings plan (formerly known as the FLEXIBLE repayment structure) where they only pay for the portion they use - interest free over 12 months.





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

Like the idea of having flexible savings in case you need them? On our flexiFED 2 flexible savings plans, you can use a portion of your Fedhealth Savings powered by the MediVault for day-to-day medical expenses and only pay for the portion you use. Simply transfer funds from your MediVault to your Wallet – using one of our user-friendly platforms – and only pay back what you've used, interest free over 12 months. The amount of Fedhealth Savings available will depend on your flexiFED 2 option and family composition and will be pro-rated.

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

flexiFED 2 DAY-TO-DAY FUNDS	
M	R9 828
M+AD	R18 588
M+AD+CD	R23 100
M+AD+2CD	R26 004*

* Maximum Fedhealth Savings allocation per family





Contributions

Choose an **additional discount** (if you choose to)

SAVE 10% **OR** **SAVE 25%**

FULL COVER AT NETWORK HOSPITALS

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

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

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

flexiFED 2 Flexible Savings Plans

flexiFED 2

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

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

* Maximum Fedhealth Savings allocation per family





Unique set of benefits paid from Risk

Fedhealth is the only medical scheme to cover **ALL of the benefits listed below from Risk, and not the member's day-to-day benefit.** This ensures a significant saving for members since they can use their day-to-day benefit for other expenses instead.



Upgrades to higher options any time of year



Unlimited network doctor's visits



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



Take-home medication



Specialised radiology



Trauma treatment at a casualty ward



Female contraception



In-hospital dentistry for children under 7



Child rates for financially dependent children

MORE INFORMATION >





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

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



Unlimited network doctor's visits

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



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

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



Take-home medication

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



Specialised radiology

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



Trauma treatment at a casualty ward

On Fedhealth, injuries that require medical treatment like stitches or the setting of a fractured bone, are covered whether you're admitted to hospital or not. Authorisation must be obtained within 48 hours and a co-payment of R800 per visit for non-PMBs applies to all options.



Female contraception

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



In-hospital dentistry for children under 7

We pay for dentistry performed in-hospital for children up to the age of 7. The hospital account and anaesthetist costs are paid from the in-hospital benefit while the dentist's account comes from day-to-day benefits.



Child rates for financially dependent children

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





Hospital Cover



UNLIMITED PRIVATE HOSPITAL COVER

On flexiFED 2, members may use either:

FEDHEALTH NETWORK HOSPITALS*

Co-pay applies if not used for planned hospital procedures on the GRID options.

ANY PRIVATE HOSPITALS**

On the flexiFED 2 main options.

This benefit covers:



Hospital account



Doctors and Specialists e.g. anaesthetists
Fedhealth Network GPs and Specialists covered in full – non-network GPs and Specialists covered up to Fedhealth Rate.



Other healthcare providers
e.g. X-rays



Certain procedures in doctor's rooms



270 hospital-based PMB conditions
DSPs, formularies and referrals may apply to avoid co-pays.

Pre-authorisation must be obtained for all **planned hospital admissions**.

EMERGENCIES: members must obtain authorisation **within 2 days after hospital admission**.

An emergency is unexpected, requiring immediate treatment to avoid lasting damage to organs, limbs or other body parts, or death.

Network option members may be treated at ANY hospital in an emergency, but will be moved to a network hospital once stabilised or face the co-pay.

** Covers all admissions at any private hospital except the following hospitals: Zuid-Afrikaans Hospital (City of Tshwane), Arwyp Medical Centre (Ekurhuleni), Busamed Modderfontein Private Hospital (City of Johannesburg), Hibiscus Hospital (Ugu), Mooimed Private Hospital (Dr Kenneth Kaunda), St Helena Private Hospital (Lejweleputswa), Capital Hospital (Durban), which will not be covered in full for 2024. Emergency treatment at these 7 hospitals, however, will be covered in full without a co-payment but elective procedures will attract a R8 400 co-payment.

MORE INFORMATION >





Hospital Cover

flexiFED 2 has an unlimited in-hospital benefit. Pre- authorisation must be obtained for all planned hospital admissions. For emergencies, authorisation must be obtained within two working days after going to hospital.

- The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards and day clinics. Members must use facilities on the Fedhealth Day Surgery Network to avoid a R2 500 co-payment.
- Members on a **GRID** option must use a hospital on the Fedhealth Hospital Network. If they use any other hospital, they will have to pay a co-payment of R8 400 on the hospital account. Members on the main option can use any private hospital.

Cover for hospital admissions

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

Prescribed Minimum Benefits (PMBs)

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

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

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

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

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

Co-payments on certain procedures

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

What qualifies as an emergency?

- An emergency is when the condition is unexpected and requires immediate treatment. This means that if there is no immediate treatment, the condition might result in lasting damage to organs, limbs or other body parts, or even in death.
- Members on network hospital options can get treatment for emergency medical conditions at any hospital, but once their condition has stabilised and they can be safely transferred to a network hospital, the co-payment will apply if they opt not to be transferred.





Screening benefit

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



SCREENING BENEFIT

This benefit covers screenings for:



Women's health



Men's health



Children's health



Cardiac health



Over 40's



Health risk assessments

[MORE INFORMATION >](#)





Screening benefit



Women's Health		
Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Cervical cancer screening pharmacy consultation	Women; ages 21 to 65	1 every 3 years
HPV PCR test	Women; ages 21 to 65	1 test every 5 years
Men's Health		
Prostate Specific Antigen (PSA)	Men; ages 45 to 69	1 every year
Children's Health		
Immunisation Programme and administration* (as per State EPI)	Birth to 12 years	Various
HPV vaccine and administration* Cervarix and Gardasil only	Girl beneficiaries aged 9 to 16 years old	2 doses 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 per family per year





Doctor's room procedures

covered from the in-hospital benefit

The following procedures will be paid from the in-hospital benefit if performed in a doctor's room or suitably equipped procedure room, at up to 100% of the Fedhealth Rate.

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

This will not accumulate to the Threshold Level.

Procedures performed in a doctor's room or suitably equipped procedure room

Gastroscopy (no general anaesthetic will be paid for)

Colonoscopy (no general anaesthetic will be paid for)

Flexible sigmoidoscopy

Indirect laryngoscopy

Removal of impacted wisdom teeth

Intravenous administration of bolus injections for medicines that include antimicrobials and immunoglobulins (payment of immunoglobulins is subject to the Specialised Medication Benefit)

Fine needle aspiration biopsy

Excision of nailbed

Drainage of abscess or cyst

Injection of varicose veins

Excision of superficial benign tumours

Superficial foreign body removal

Nasal plugging for epistaxis

Cauterisation of warts

Bartholin cyst excision





flexiFED 2 hospital cover

flexiFED 2	
Overall annual limit (OAL)	<p>Unlimited at negotiated tariff.</p> <p>On flexiFED 2^{GRID} members must use network hospitals. There is a R14 700 co-payment on use of non-network hospitals. There is a R2 500 co-payment on use of non-network day surgery facilities.</p> <p>On flexiFED 2^{Elect} there is a R14 700 excess on all hospital admissions except emergency admissions.</p>
Healthcare Professional Tariff in hospital (HPT)	
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate
Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:	<p>To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs, Specialists, Hospitals and DSPs where applicable.</p> <p>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</p>
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
Additional medical services (dietetics, occupational therapy and speech therapy)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
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
Blood, blood equivalents and blood products	Unlimited
Immune deficiency related to HIV infection	Unlimited (see HPT)



flexiFED 2

Maternity - Healthcare Professional Tariff in-hospital (HPT)

Fedhealth Network GPs and Specialists (e.g. Gynaecologists & Paediatricians)	Covered unlimited. Paid in full.
Non-network GPs	Paid up to Fedhealth Rate
Non-network Specialists	Paid up to Fedhealth Rate
Other Healthcare Professionals	Paid up to Fedhealth Rate

Dentistry

Maxillo-facial surgery	Unlimited, subject to approval (see HPT)
Surgical extraction of impacted wisdom teeth	You pay a co-payment of R5 440 on the hospital bill
In-hospital dentistry benefit for children under 7	We cover the hospital and anaesthetist costs from the in-hospital benefit. The dentist account will be paid from Fedhealth Savings or self-funded
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R311 900 at Designated Service Provider* and paid at Essential protocol. 25% co-payment applies where a DSP is not used.
Organ transplant including immunosuppression medication	R311 900 (See HPT)
Corneal graft	No benefit
Pathology, radiology (general)	Unlimited at Fedhealth Rate
Physiotherapy	Subject to referral by a medical practitioner, pre-authorisation and treatment protocols
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R26 400 (see HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R311 900 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)	Childhood illness specialised drug benefit for children up to the age of 18
Specialised radiology	Unlimited at Fedhealth Rate. First R2 810 for non-PMB MRI/ CT scans for the member's account
Spinal surgery	No benefit unless PMB level of care
Terminal care benefit	R34 500

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





Co-payments

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

flexiFED 2	
Co-payments per event applicable on the hospital/ facility bill only	
Bunion procedures, diagnostic cystoscopy, gastritis/ dyspepsia/ heartburn, nasal procedures, skin biopsy/ excision	R7 540
All open hernia surgery	R5 440
Arthroscopic procedures - knee, shoulder, ankle	R10 070
Arthroscopic procedures: wrist	R10 070
Arthroscopic procedures: hip	R10 070
Other Arthroscopic procedures	R10 070
Back & neck procedures	R7 540
Colonoscopy, upper GI endoscopy	R5 100
Dental admissions	No co-payment
Inguinal hernia surgery	R5 440
Joint replacements	
Single hip and knee replacements with CP*	No benefit
Single hip and knee replacements-non-use of CP*	No benefit
Other joint replacements	No benefit
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures	R7 540
Laparoscopic varicocelectomy	R7 540
Rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year)	No benefit
Spinal surgery**	No benefit unless PMB
Surgical extraction of impacted wisdom teeth	R5 440
Varicose vein procedures	R7 540

* 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 2	
External	R12 100 at cost
Internal	
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	
Cardiac pacemakers, cardiac stents, cardiac valves	
Detachable platinum coils	
Elbow, hip, knee and shoulder replacement	
Total ankle replacement	No benefit
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
* Combined benefit limit for all unlisted internal prosthesis	

Chronic Disease benefit

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

flexiFED 2	
Limit	Unlimited cover for conditions on the Chronic Disease List (CDL)
Formulary	Intermediate formulary
Pharmacy	Any

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

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





flexiFED 2 day-to-day benefits

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

	flexiFED 2
Tariff	Paid up to Fedhealth Rate
Co-payments in Threshold	N/A
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In & out-of-hospital: Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Dentistry (Advanced): inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Osseo-integrated implants, orthognathic surgery	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level.
Dentistry (Basic)	Paid from Fedhealth Savings or self-funded. Once your Threshold level has been reached, the following benefits will be paid from the Threshold benefit. 2 annual consultations per beneficiary incl. x-rays and scaling and polishing. Fillings, extractions and root canal will also be covered. Subject to contracted dentists and limited to a list of approved procedures, dental tariff codes and protocols.
General Practitioners	
Fedhealth Network GPs	Paid from Fedhealth Savings then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 GP consultations per beneficiary allowed per year (referred to as out-of-area) at any GP
Non-network GPs	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level.

* Private nursing that falls outside the alternatives to hospitalisation benefit





flexiFED 2 day-to-day benefits

	flexiFED 2
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. Thereafter, paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level.
Optometry	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Over-the-counter medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Pathology	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Prescribed medication	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Radiology general	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
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
Non-network Specialists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Specialists: Psychiatrists (network GP referral required for consultations (including PMB conditions) to be paid from Risk benefits	
Fedhealth Network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level
Non-network Psychiatrists	Paid from Fedhealth Savings or self-funded. Accumulates at cost to Threshold level





Additional information

Need more information on a specific Fedhealth benefit, programme, service or provider?
We've got you covered. Just click on the relevant link below to find out more.

- [ZOOM on 30-Day Post-Hospitalisation Benefit >](#)
- [ZOOM on Additional MSA contributions >](#)
- [ZOOM on Aligned Serious Illness Benefit >](#)
- [ZOOM on All about dependants >](#)
- [ZOOM on Alternatives to Hospitalisation Benefit >](#)
- [ZOOM on Chronic Medicine Benefit >](#)
- [ZOOM on Conservative Back & Neck Rehabilitation Programme >](#)
- [ZOOM on Emergency Assistance >](#)
- [ZOOM on Emergency Treatment in a Casualty Ward >](#)
- [ZOOM on GP Nomination >](#)
- [ZOOM on Maternity & Childhood Benefits >](#)
- [ZOOM on Option Upgrades >](#)
- [ZOOM on Self-Service Channels >](#)
- [ZOOM on Specialist Referral >](#)
- [ZOOM on the Contraceptive Benefit >](#)
- [ZOOM on the Covid-19 Benefit >](#)

- [ZOOM on the Fedhealth Baby Programme >](#)
- [ZOOM on the flexiFED 2 Basic Dentistry Benefit >](#)
- [ZOOM on the Hospital at Home Benefit >](#)
- [ZOOM on the MediTaxi Benefit >](#)
- [ZOOM on the Mental Health Benefit >](#)
- [ZOOM on the Mental Health Programme >](#)
- [ZOOM on the Oncology Benefit >](#)
- [ZOOM on the Panda Mental Health App >](#)
- [ZOOM on the Screening Benefit >](#)
- [ZOOM on the Selected Procedures Benefit >](#)
- [ZOOM on the Sisters-on-Site Benefit >](#)
- [ZOOM on the Smoking Cessation Programme >](#)
- [ZOOM on the SOS Call Me Benefit >](#)
- [ZOOM on the Specialised Radiology Benefit >](#)
- [ZOOM on the Threshold Benefit >](#)
- [ZOOM on the Weight Management Programme >](#)

- [CLICK HERE for flexiFED 2^{GRID} network hospitals >](#)
- [CLICK HERE for flexiFED 2^{Elect} network hospitals >](#)

- [CLICK HERE for flexiFED 2^{GRID} day surgery network facilities >](#)
- [CLICK HERE for Mental Health network facilities >](#)





Get in touch

Fedhealth is at the forefront of technology... not only to ensure clear communication with our members, but also to give members more control over managing certain aspects of their membership.



Fedhealth website

The Fedhealth website, fedhealth.co.za, provides easy-to-navigate information on the various Fedhealth options, step-by-step instructions on how to submit claims etc, scheme news, and also hosts the informative Living Fedhealthy blog – filled with lifestyle and wellness topics.



LiveChat and chatbot

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



Fedhealth Family Room

Fedhealth's online member portal allows members to manage their membership by updating contact details, viewing and submitting claims, viewing member statements, seeing how much Savings they've got left, activating their MediVault and making transfers to their Wallet, registering for chronic medicine and obtaining hospital authorisations.



Fedhealth 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.



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 their MediVault and make transfers to their Wallet, download their e-card, view their option's benefits, set medicine reminders, and lots more.



Network GP, specialist and hospital locator

Members may access the provider locator via the Fedhealth website or the Fedhealth Family Room to find a GP, specialist or hospital on the Fedhealth network. Go to www.fedhealth.co.za/provider-locator





Contact details

Medscheme Client Service Centres

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

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

Bloemfontein:

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

Cape Town:

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

Durban:

Ground Floor, 102 Stephen Dlamini Road, Musgrave, Durban

Port Elizabeth:

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

Pretoria:

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

Roodepoort:

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

Vereeniging:

Ground Floor, 36 Merriman Avenue

Contact us

Fedhealth Customer Contact Centre

Monday to Thursday 08h30 – 17h00

Friday 09h00 – 17h00

Tel: 0860 002 153

Email: member@fedhealth.co.za

Claim submission: claims@fedhealth.co.za

Web: www.fedhealth.co.za

Postal address: Private Bag X3045, Randburg, 2125





contact details

Hospital Authorisation Centre

Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0860 002 153
Email: authorisations@fedhealth.co.za
Web: www.fedhealth.co.za

Alignd

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

Ambulance Services

Europ Assistance
Tel: 0860 333 432

AfA (HIV Management)

Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
Fax: 0800 600 773
Email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

Chronic Medicine Management

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

Disease Management

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

Fedhealth Baby

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

Fedhealth Oncology Programme

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

Fedhealth Paed-IQ 24 hour service

Tel: 0860 444 128

Fraud Hotline

Tel: 0800 112 811

MVA Third Party Recovery Department

Monday to Friday 08h00 – 16h00
Tel: 0800 117 222

MediTaxi

Dial *130*3272*31#

Quoro Medical

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

SOS Call Me

Dial *130*3272*31#

USSD

*134*999*memberno#

