



maxiFED 2024

INTERACTIVE BROCHURE



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Comprehensive cover you can always count on

As we get older, our healthcare needs may be vastly different to what they were in our twenties, and the medical aid option we choose should accommodate these changing needs.

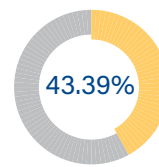
Fedhealth's maxiFED range, consisting of maxima **EXEC** and maxima **PLUS**, provides comprehensive medical aid cover that ensures total peace of mind for more mature members. These options are structured to provide generous in-hospital, screening and chronic cover, and day-to-day cover, through a Medical Savings Account (MSA), a Threshold benefit and an Out-of-Hospital Expenses Benefit (OHEB) (the latter on maxima **PLUS** only).

On maxiFED options members can look forward to:

- Generous **in-hospital, screening** and **day-to-day** benefits
- Don't pay for certain benefits until you need them with our **30-day upgrade** policy
- **Pay child rates up to the age of 27** for adult children who are still financially dependent on you



87-year
track record
in healthcare



43.39%
solvency
level*



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

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

Choose medical aid that leaves nothing to chance.
Choose maxiFED from Fedhealth!

* As at 31 December 2022





maxiFED option range

Fedhealth's maxiFED range, consisting of maxima **EXEC** and maxima **PLUS**, provides comprehensive medical aid cover that ensures total peace of mind for more mature members. These options are structured to provide generous in-hospital, screening and chronic cover, and day-to-day cover, through a Medical Savings Account (MSA), a Threshold benefit and an Out-of-Hospital Expenses Benefit (OHEB) (the latter on maxima **PLUS** only).

BENEFIT STRUCTURE

IN-HOSPITAL BENEFIT

CHRONIC DISEASE BENEFIT

DAY-TO-DAY BENEFIT

Threshold
Day-to-Day from Risk
Screening Benefit
OHEB
Savings

On maxiFED, members enjoy the following benefits:

- **IN-HOSPITAL BENEFIT** – No overall annual limit for hospitalisation
- **CHRONIC DISEASE BENEFIT** – Members are covered for conditions on the Chronic Disease List (CDL). This is covered in full up to the Medicine Price List if the member uses medicine on the comprehensive formulary. Members can use any pharmacy to get their chronic medication.
- **DAY-TO-DAY BENEFITS FROM RISK** – We provide comprehensive day-to-day benefits on maxiFED like unlimited Fedhealth Network GP visits once Savings is depleted.
- **Threshold** – The Threshold benefit pays for comprehensive day-to-day expenses once claims have accumulated to the Threshold level.
- **Screening benefit** – We pay for lifestyle screenings, wellness screenings like finger prick glucose and total cholesterol, blood pressure, waist circumference and body mass index (BMI), and physical screenings.
- **Out-of-Hospital Expenses Benefit (OHEB)*** – This benefit covers day-to-day expenses, after the Savings Account has run out of funds, up to the Fedhealth Rate until the benefit limit has been reached. There are maximum amounts for specific treatments and conditions.
- **Savings** – The funds in the member's Medical Savings Account (MSA) will be used first when he or she has day-to-day medical expenses.

PLUS, loads of additional value-added benefits like the Fedhealth Nurse Line, MediTaxi or the Weight Management Programme.

* On maxima **PLUS** only.

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maxiFED Contributions

maxima PLUS (including Savings and OHEB)

	Risk	Savings	Total	Annual Threshold*	Annual OHEB
Member	14 289	594	14 883	20 800	9 794
Adult dependant	12 334	512	12 846	16 200	7 067
Child dependant*	4 415	183	4 598	5 600	2 171

maxima EXEC (including Savings)

	Risk	Savings	Total	Annual Threshold*
Member	8 456	963	9 419	18 100
Adult dependant	7 340	836	8 176	13 800
Child dependant*	2 613	297	2 910	4 700

*Up to a maximum of three children

maxiFED Calculations

maxima PLUS (including Savings and OHEB)

	Risk	Savings	Total	Annual savings	OHEB	Total day-to-day available	Annual Threshold level	Self-payment gap
M	14 289	594	14 883	7 128	9 794	16 922	20 800	3 878
M + AD	26 623	1 106	27 729	13 272	16 861	30 133	37 000	6 867
M + AD + CD	31 038	1 289	32 327	15 468	19 032	34 500	42 600	8 100
M + AD + 2CD	35 453	1 472	36 925	17 664	21 203	38 867	48 200	9 333

maxima EXEC (including Savings)

	Risk	Savings	Total	Annual savings	Total day-to-day available	Annual Threshold level	Self-payment gap
M	8 456	963	9 419	11 556	11 556	18 100	6 544
M + AD	15 796	1 799	17 595	21 588	21 588	31 900	10 312
M + AD + CD	18 409	2 096	20 505	25 152	25 152	36 600	11 448
M + AD + 2CD	21 022	2 393	23 415	28 716	28 716	41 300	12 584





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Unique set of benefits paid from Risk

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



Unlimited network GP visits



Trauma treatment at a casualty ward



7 days of take-home medication



Post-hospitalisation treatment



Specialised radiology



Upgrades within 30 days of a life-changing event



Female contraception



Only pay for three children



Child rates for financially dependent children

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Unique set of benefits paid from Risk

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



Unlimited network GP visits – once Savings is depleted on maxima EXEC and once OHEB is depleted on maxima PLUS.



Trauma treatment at a casualty ward

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



7 days of take-home medicine

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



Post-hospitalisation treatment

We pay for follow-up treatment that may be required after a hospital event for up to 30 days after the date of discharge. This treatment includes physiotherapy, x-rays and pathology, but does not cover follow-up consultations with specialists or GPs.



Specialised radiology

MRI/ CT scans are covered whether they're performed in- or out-of-hospital. Unlimited at Fedhealth Rate. First R2 810 for each non-PMB MRI/ CT scan for member's own account.



Upgrades within 30 days of a life-changing event

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.



Female contraceptives

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.



Only pay for three children

Only pay for three children – we cover fourth and subsequent children for free.



Child rates for financially dependent children up to the age of 27





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Hospital Cover



UNLIMITED PRIVATE HOSPITAL COVER

Members may use:

Both maxiFED options cover 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 have been excluded 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.

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.

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Hospital Cover

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

- The in-hospital benefit covers hospital costs and accounts from doctors, specialists e.g. the anaesthetist and the X-ray department.
- It also covers selected procedures in day wards, day clinics and doctor's rooms.

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 is required for physiotherapy, covered up to the Fedhealth Rate.

Prescribed Minimum Benefits (PMBs)

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

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

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

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

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

Co-payments on certain procedures

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 death.





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Screening benefit

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



SCREENING BENEFIT

ALL FEDHEALTH OPTIONS, UNLESS SPECIFIED OTHERWISE

This benefit covers screenings for:



Women's
health



Men's
health



Children's
health



Cardiac
health



Over 40's



Health risk
assessments

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Women's Health

Cervical cancer screening (Pap smear)	Women; ages 21 to 65	1 every 3 years
Cervical cancer screening pharmacy consultation	Women; ages 21 to 65	1 every 3 years
HPV PCR test	Women; ages 21 to 65	1 test every 5 years

Men's Health

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

Immunisation Programme & administration* (as per state EPI)	Birth to 12 years	Various
HPV vaccine and administration* <i>Cervarix and Gardasil only</i>	Girl beneficiaries aged 9 to 16 years old	2 doses per lifetime
Optical Screening (tariff code 11001)	All lives, ages 5 to 8	1 per lifetime

Cardiac Health

Cholesterol screening (full lipogram)	All lives; aged 20 and older	1 every 5 years
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Over 40's

Breast cancer screening with mammography	All lives; aged 40 and older	1 every 2 years
Bone densitometry	Women; aged 65 and older and men; aged 70 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.

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.

If authorisation is requested after the procedure has taken place, a R1 000 penalty will apply which will be paid from day-to-day benefits or self-funded by the member, without accumulating 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



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maxiFED hospital cover

This benefit covers all treatments and procedures that have to be done in a hospital and that are covered by the maxiFED options.

	maxima EXEC	maxima PLUS
Benefit	All limits are per family per year unless otherwise specified	
Overall annual limit (OAL)	Unlimited at negotiated tariff Both maxiFED options cover 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.	
Healthcare Professional Tariff in-hospital (HPT)		
Fedhealth Network GPs and Specialists	Covered unlimited. Paid in full	
Non-network GPs	Paid up to the Fedhealth Rate	
Non-network Specialists	Paid up to 200% of the Fedhealth Rate	
Other Healthcare Professionals	Paid up to the Fedhealth Rate	Paid up to 300% of the Fedhealth Rate
Prescribed Minimum Benefits (PMB): Treatment for PMB conditions can be funded in two ways:	To have the treatment for PMB conditions covered in full, you will have to use Fedhealth Network GPs and Specialists.	
	Should you choose not to make use of network providers, the Scheme will only refund treatment up to the Fedhealth Rate for non-network GPs and 200% of the Fedhealth Rate for non-network specialists. You will have a shortfall should the healthcare professional charge more	
Hospitalisation costs: accommodation in a general ward, high care ward and intensive care unit, theatre fees, medicine, material and hospital apparatus	Unlimited at negotiated tariff. Private ward cover when available for maternity admissions	
Additional medical services (dietetics, occupational therapy and speech therapy)	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R19 400 per family per year	Unlimited subject to medical practitioner referral
Alternatives to hospitalisation:		
Nursing services, private nurse practitioners & nursing agencies	Unlimited at negotiated tariff	
Sub-acute facilities, physical rehabilitation facilities		
Appliances, external accessories and orthotics	In & out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 300 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)	Unlimited at cost



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maxiFED hospital cover

	maxima EXEC	maxima PLUS
Blood, blood equivalents and blood products	Unlimited	
Immune deficiency related to HIV infection	Unlimited (see HPT)	
Maxillo-facial surgery	Unlimited, subject to approval (see HPT)	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. Dentist will be paid from day-to-day benefits	
Oncology: oncologist consultations, visits, treatment and materials for chemotherapy and radiotherapy, approved medication, radiology and pathology	R624 000 at preferred provider* and paid from Core protocol. DSP* above limit 25% co-payment applies where a DSP is not used.	Unlimited at preferred provider* and paid from Enhanced protocol
Reimbursement rate if you don't use preferred providers	Up to the Fedhealth Rate	Up to the Fedhealth Rate
Organ transplant including immunosuppression medication	R624 000 (See HPT)	Unlimited (see HPT)
Corneal graft	R36 300 per beneficiary	
Pathology, radiology (general)	Unlimited up to the Fedhealth Rate	
Physiotherapy	Unlimited subject to medical practitioner referral	
Psychiatric services: accommodation in a general ward, procedures, ECT, materials and hospital equipment, consultations and visits, medicines and injection material	R35 800 (See HPT)	R45 100 (See HPT)
Renal dialysis (chronic): consultations, visits, all services, materials and medicines associated with the cost of renal dialysis	R624 000 up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP provider is not used	Unlimited up to the Fedhealth Rate at Designated Service Provider (DSP). A 40% co-payment applies where a DSP provider is not used
Specialised Medication (e.g. biologicals) Benefit (oncology & non-oncology)	R194 600 at cost	R390 400 at cost
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 utilisation of Conservative Back & Neck Rehabilitation Programme has been completed. You pay a co-payment of R7 130 on the hospital bill	No benefit unless utilisation of Conservative Back & Neck Rehabilitation Programme has been completed
Terminal care benefit	R34 500 at Fedhealth Rate	

*ICON (Independent Clinical Oncology Network)



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Co-payments

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

	maxima EXEC	maxima PLUS
Co-payments per event applicable on the hospital/ facility bill only		
Arthroscopic procedures – hip, wrist, knee, shoulder, ankle, other arthroscopic procedures, colonoscopy, upper GI endoscopy	R3 170	No co-payments
Laparoscopic hernia repairs (bilateral inguinal, repeated inguinal hernias & Nissen/ Toupet hernia repairs only), laparoscopic procedures, rhizotomies and facet pain blocks (limited to 1 of either procedure per beneficiary per year), surgical extraction of impacted wisdom teeth	R5 100	No co-payments
Spinal surgery**	R7 130	No co-payment
Joint replacements		
Single hip and knee replacements with CP*	No co-payment	
Single hip and knee replacements - voluntary use of non-CP*	R33 490	
Other joint replacements	R5 440	No co-payment

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

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

Prosthesis benefit

	maxima EXEC	maxima PLUS
External prosthesis	R19 300 at cost	R24 300 at cost
Internal prosthesis		
Bi-ventricular pacemakers and implantable cardioverter defibrillators (ICDs), bone lengthening devices, carotid stents, embolic protection devices, other approved spinal implantable devices and intervertebral discs, peripheral arterial stent grafts, spinal plates and screws, total ankle replacement	See combined benefit limit for all unlisted internal prosthesis*	
Aorta stent grafts	R65 500	
Cardiac pacemakers	R54 500	R65 500
Cardiac stents	R56 100	
Cardiac valves	R49 800	
Detachable platinum coils	R56 700	
Elbow, hip, knee and shoulder replacement	R38 900	R49 800
Intraocular lenses (per lens)	R3 500	
*Combined benefit limit for all unlisted internal prosthesis	*R32 700	*R40 400



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Chronic disease benefit

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

	maxima EXEC	maxima PLUS
Limit	R7 890 per beneficiary, subject to an overall limit of R14 500 per family per year. Thereafter unlimited cover for conditions on the CDL.	R16 700 per beneficiary, subject to an overall limit of R31 300 per family per year. Thereafter unlimited cover for conditions on the CDL.
Formulary	Comprehensive formulary	
Pharmacy	Any pharmacy	

Chronic conditions on the Chronic Disease List (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, Diabetes Mellitus Type-2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, HIV, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis

Additional chronic conditions covered on maxima PLUS and maxima EXEC

Acne (up to the age of 21), Allergic rhinitis (up to the age of 18), Alzheimer's Disease, Angina, Ankylosing Spondylitis, Anorexia Nervosa, Attention Deficit Hyperactivity Disorder (from 6 to the age of 18), Barrett's Oesophagus, Benign Prostatic Hyperplasia, Bulimia Nervosa, Conn's Syndrome, Cushing's Syndrome, Cystic Fibrosis, Deep Vein Thrombosis, Depression, Dermatomyositis, Eczema (up to the age of 18), Gastro-Oesophageal Reflux Disease, Generalised Anxiety Disorder, Gout, Hypoparathyroidism, Menopause, Motor Neuron Disease, Muscular Dystrophy, Myasthenia Gravis, Narcolepsy, Obsessive Compulsive Disorder, Osteoporosis, Paget's Disease, Pancreatic Disease, Panic Disorder, Paraplegia/ Quadriplegia (associated medicine), Pemphigus, Polyarteritis Nodosa, Post-Traumatic Stress Disorder, Pulmonary Interstitial Fibrosis, Scleroderma, Stroke, Thromboangitis Obliterans, Thrombocytopaenic Purpura, Tourette's Syndrome, Valvular Heart Disease, Zollinger-Ellison Syndrome

Additional chronic conditions covered on maxima PLUS

Alzheimer's Disease, Cystic Fibrosis, Gout, Hypoparathyroidism, Menopause, Motor Neuron Disease, Muscular Dystrophy, Myasthenia Gravis, Osteoporosis, Paget's Disease, Pancreatic Disease, Pemphigus, Stroke



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maxiFED day-to-day benefits

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

	maxima EXEC	maxima PLUS
Benefit	Limit per family per year	
Tariff	Up to the Fedhealth Rate	
Co-payments in Threshold	10% co-payment	No co-payment
Appliances, external accessories and orthotics: Hearing aids, wheelchairs, etc.	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R17 300 per family per year. (R4 860 sub-limit per beneficiary for foot orthotics)	Paid from Savings, OHEB and Threshold. R17 300 per family per year before and after threshold. (R4 860 sub-limit per beneficiary for foot orthotics)
Alternative healthcare: Acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy (including prescribed medication)	Paid from Savings. Does not accumulate to or pay from Threshold	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
Additional medical services: Audiology, dietetics, genetic counselling, hearing aid acoustics, occupational therapy, orthoptics, podiatry, private nursing*, psychologists, social workers, speech therapy	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R19 400 per family per year	Paid from Savings, OHEB and Threshold. R19 400 per family per year before and after Threshold
Dentistry advanced: inlays, crowns, bridges, mounted study models, metal base partial dentures, oral surgery, orthodontic treatment, periodontists, prosthodontists and dental technicians	R8 270 per beneficiary per year, R24 700 per family per year before and after Threshold. Paid from Savings and Threshold	Paid from Savings, OHEB and Threshold. R8 270 per beneficiary per year, R24 700 per family per year before and after Threshold
Osseo-integrated implants, orthognathic surgery	Paid from Savings. Does not accumulate to or pay from Threshold	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold
Dentistry (basic)	Paid from Savings and threshold. Unlimited once threshold is reached	Paid from Savings, OHEB and threshold. Unlimited once threshold is reached
General Practitioners		
Fedhealth Network GPs	Paid from Savings then unlimited from Risk. Once Savings is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network	Paid from OHEB then unlimited from Risk. Once OHEB is depleted, Fedhealth gives unlimited cover for GP consultations as long as the member uses a GP who is on the Network
Non-network GPs	Paid from Savings and Threshold. Does not accumulate to Threshold. Paid from threshold up to the Fedhealth Rate	Paid from Savings, OHEB and Threshold. Unlimited accumulation to and refund from Threshold up to the Fedhealth Rate
Maternity benefit	The following benefits are paid from Risk: 12 ante/ postnatal consultations with midwife, Network GP or Gynae; Antenatal classes to the value of R1 160 conducted by Private Nurses; 2 x 2D scans; 1 x amniocentesis Thereafter, paid from Savings and Threshold. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold	The following benefits are paid from Risk: 12 ante/ postnatal consultations with midwife, Network GP or Gynae; Antenatal classes to the value of R1 160 conducted by Private Nurses; 2 x 2D scans; 1 x amniocentesis Thereafter, paid from Savings, OHEB and Threshold. Limited to 2 x 2D antenatal scans per pregnancy before and after Threshold

* Private nursing that falls outside the alternatives to hospitalisation benefit



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maxiFED day-to-day benefits

	maxima EXEC	maxima PLUS
Optometry	Paid from Savings and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold	Paid from Savings, OHEB and Threshold. R3 740 per beneficiary per year, R11 400 per family per year before and after Threshold
Over-the-counter medication	Paid from Savings only. Does not accumulate to or pay from Threshold	
Pathology & radiology	Paid from Savings and Threshold. Unlimited once Threshold is reached	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
Physical therapy: Chiropractics, biokinetics & physiotherapy	Paid from Savings. Does not accumulate to threshold. Paid from Threshold up to the Additional Medical Services limit of R19 400 per family per year	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached
Prescribed medication	Paid from Savings and Threshold. R7 940 per beneficiary per year, R14 700 per family per year before and after Threshold	Paid from Savings, OHEB and Threshold. R11 060 per beneficiary per year, R22 010 per family per year before and after Threshold
Radiology specialised	Paid from Risk if authorised. First R2 810 for non-PMB MRI/ CT scans is for the member's account	Paid from Risk if pre-authorised
Specialists excluding psychiatrists		
Fedhealth Network Specialists	Paid from Savings and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. 10% co-payment if GP referral is not obtained	Paid from Savings, OHEB and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached
Non-network Specialists	Paid from Savings and Threshold. Does not accumulate to Threshold. Paid at the Fedhealth Rate from Threshold. 10% co-payment if GP referral is not obtained	Paid from Savings, OHEB and Threshold. Accumulation to and refund from Threshold at Fedhealth Rate only
Specialists: psychiatrists		
Fedhealth Network Psychiatrists	Paid from Savings. Does not accumulate to Threshold. Paid at cost from Threshold up to the Additional Medical Services limit of R19 400 per family per year. 10% co-payment if GP referral is not obtained	Paid from Savings, OHEB and accumulation to and refund from Threshold at cost. Subject to Additional Medical Services limit of R19 400 per family per year before and after Threshold
Non-network Psychiatrists	Paid from Savings. Does not accumulate to threshold. Paid at the Fedhealth Rate from Threshold up to the Additional Medical Services limit of R19 400 per family per year. 10% co-payment if GP referral is not obtained	Paid from Savings, OHEB and accumulation to and refund from Threshold at the Fedhealth Rate. Subject to Additional Medical Services limit of R19 400 per family per year before and after Threshold





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Zoom on benefits

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

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

[ZOOM on 30-Day Post-Hospitalisation Benefit >](#)

[ZOOM on 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 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 >](#)



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



Fedhealth website

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



Fedhealth Family Room

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



Fedhealth Member App

Our app has been designed to help simplify members' interaction with Fedhealth. Available from the Google Play Store and Apple App store, it lets the member activate their MediVault and make transfers to their Wallet, download their e-card, view their option's benefits, set medicine reminders, and lots more. See pages 17 and 18 for more about our Fedhealth member App.



LiveChat and chatbot

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



Fedhealth WhatsApp bot

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



Network GP, specialist and hospital locator

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





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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:

27 Grey Avenue

Contact us

Fedhealth Customer Contact Centre
Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00

Tel: 0860 002 153

Email: member@fedhealth.co.za

Claim submission: claims@fedhealth.co.za

Web: www.fedhealth.co.za

Postal address: Private Bag X3045, Randburg, 2125





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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

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

Quro Medical

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

SOS Call Me

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

