

ZOOM

on Fedhealth benefits



SUMMARY OF FEDHEALTH CHANGES FOR 2020



A compelling composition: What to expect from Fedhealth in 2020

Real life illustration

In 2019, the Scheme introduced the revolutionary flexiFED range which allows members to:

- **Discount their contribution by up to 25%** by choosing to only use network hospitals or pay a fixed co-payment on planned hospital procedures.
- **Choose the amount they would like to allocate to day-to-day benefits** from their MediVault and only start paying for it once they transfer it to their Wallet.

This innovation made a dramatic impact on a very stagnant industry where members, for many years, had no choice in selecting their Savings level, and are forced to pay for their Savings upfront whether they used it or not. It puts the power back into the hands of the member to decide how much they would like to pay for their medical cover resulting in more affordable contributions. This approach has attracted numerous young first-time entrants to the Scheme on especially the popular flexiFED 1 and flexiFED 2 options.

1. Enhancing the flexibility of the flexiFED range in 2020

For 2020, the Scheme has focused on further embedding/ establishing the exciting flexiFED value proposition in the market, and expanding on its underlying principles of affordability, choice, flexibility and control.

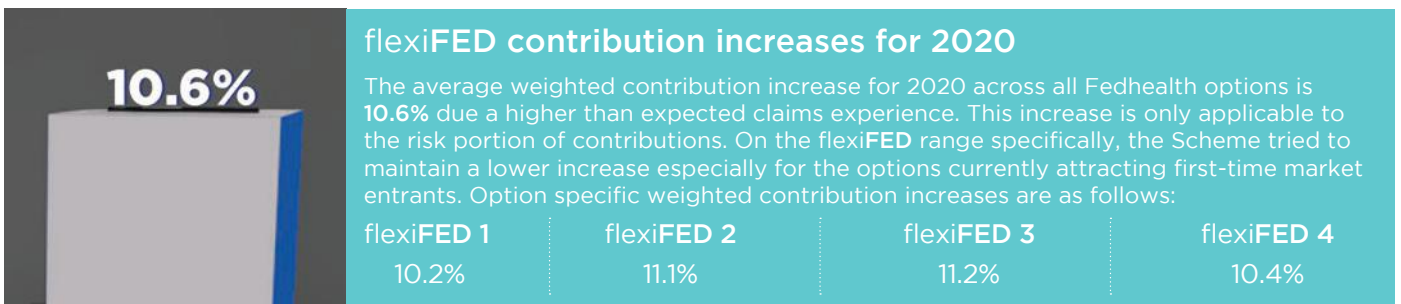
- **We have maintained the 11% discount in contribution for the GRID** versions of the option range. The comprehensive network of more than 100 private network hospitals across the country allows members easily accessible hospital access for all planned hospital procedures without any co-payments. Emergency procedures are covered at any private hospital without any co-payment.
- **We have also maintained the 25% discount on the Elect** versions of the option range. This option is based on a fixed co-payment for all planned hospital procedures at any private hospital. The co-payment will increase from R11 500 to R12 000 in 2020. Sanlam's integrated gap cover product is available at competitive rates to fund the co-payment.
- Available **MediVault funds have been standardised within options**. Members on a GRID or an Elect option will have the same MediVault amount available as members on the main option.
- **Available MediVault funds have increased significantly for 2020**, making Fedhealth the scheme with the highest amount of day-to-day funds available in relation to comparable options in the market. Members can still choose how much they would like to use based on their individual needs and financial capability, and only pay for the amount used. The increased MediVault amounts are reflected below:

	flexiFED 1			flexiFED 2				flexiFED 3			flexiFED 4				
	2019		2020	2019		2020		2019		2020	2019		2020		
	FF1	FF1 ^{Elect}	All FF 1	FF2	FF2 ^{GRID}	FF2 ^{Elect}	All FF2	FF3	FF3 ^{GRID}	FF3 ^{Elect}	All FF3	FF4	FF4 ^{GRID}	FF4 ^{Elect}	All FF4
M	3 600	2 700	9 000	4 200	3 600	3 300	9 600	5 100	4 500	3 900	10 800	7 500	6 600	5 700	14 400
M+1	6 000	4 500	12 600	7 800	6 900	6 000	15 000	9 600	8 700	7 200	16 200	14 100	12 600	10 500	25 800
M+2	7 200	5 400	13 800	9 000	8 100	6 900	20 400	11 100	9 900	8 400	21 600	16 200	14 400	12 300	29 400
M+2+	8 700	6 600	15 000	10 800	9 600	8 100	24 000	13 200	11 700	9 900	25 200	19 500	17 400	14 700	33 000

- We have also **increased the versatility of the MediVault**. From 2020:
 - Members can use this facility to fund all co-payments including co-payments applicable to the use of non-network hospitals. *Members on the Elect options can therefore use their MediVault to fund the fixed co-payment for planned procedures at any private hospital should they need it.*
 - Funds from the MediVault can also be used to pay for *any appliances with NAPPI codes* like breast pumps, baby monitors, blood pressure monitors, etc.
 - Members can *determine their own payback period* of funds used from their MediVault. The payback period remains a maximum of 12 months, but members can select to pay it back over a shorter period. This will assist members and especially paypoints who would like members to finish their repayments within a particular benefit year.
 - Funds in the MediVault can be *pro-rated at company/ paypoint level* should the company decide to implement this for staff joining during the year.
 - Participating companies/ paypoints can introduce limits or caps on MediVault transfers based on company policy and subsidy levels.
- The Benefit Maximiser has been renamed to the Threshold benefit for 2020**. The Threshold levels for 2020 are lower than the annual MediVault allocations, therefore eliminating potential self-payment gaps between full usage of the MediVault and the start of the Threshold benefit.
- Inflationary increases** have been applied to ALL benefit limits, Threshold levels, procedure co-payments and non-network hospital co-payments.
- The following **Designated Service Provider (DSP) policy** will be implemented for the Chronic Disease Benefit across the **flexiFED** range for 2020:

flexiFED 1	flexiFED 2	flexiFED 3 + flexiFED 4
New DSP flexiFED 1: Clicks, MediRite & Pharmacy Direct flexiFED 1^{Elect}: MediRite & Pharmacy Direct	flexiFED 2 - Same as 2019: Preferred Provider MediRite, Dis-Chem, Clicks & Pharmacy Direct New DSP flexiFED 1^{GRID} and flexiFED 1^{Elect}: MediRite & Pharmacy Direct	Same as 2019: Preferred Provider MediRite, Dis-Chem, Clicks & Pharmacy Direct

- The unlimited chronic disease benefit on **flexiFED 3** for acne for child dependants up to the age of 21, allergic rhinitis for child dependants up to the age of 18, and eczema in child dependants up to the age of 18 have now also been extended to **flexiFED 4**.
- The Chronic Disease Benefit on flexiFED 3 has been extended to include a R3 000 per family per year benefit for the following: ADHD, depression, Generalised Anxiety Disorder and PTSD.** This takes the number of chronic conditions covered in **flexiFED 4** to 34 in 2020.
- The maternity benefits on flexiFED 3 paid from Risk have been extended to flexiFED 4.** These include 2 x 2D scans, antenatal classes up to R1 090, 12 ante- and/ or postnatal consultations with a midwife, network GP and gynaecologist, amniocentesis and access to a private ward for delivery.
- On flexiFED 4, we have added one consultation with a paediatrician per beneficiary per year** up to the age of 24 months paid from Risk.
- Extraction of wisdom teeth on flexiFED 1** with a R4 400 co-pay has been introduced.



2. myFED – maintaining complete reassurance for whatever life brings for our entry-level medical aid members in 2020

- **Inflationary increases** have been applied to ALL benefit limits, procedure co-payments and non-network hospital co-payments.
- **Contracted GP visits remain unlimited** and utilisation monitoring will only come after 10 visits per beneficiary per year (currently after 6 visits).

myFED contribution increases for 2020

The average weighted contribution increase for 2020 for myFED is 10%

3. maxiFED – changes for 2020

- **Inflationary increases** have been applied to ALL benefit limits, Threshold levels, Savings, OHEB (on maxima PLUS), procedure co-payments and non-network hospital co-payments (**maxima EXEC^{GRID}**).
- The **maternity benefits paid from Risk on maxima EXEC and maxima PLUS have been enhanced** to include 2 x 2D scans, antenatal classes up to R1 090, 12 ante- and/or postnatal consultations with a midwife, network GP and gynaecologist, amniocentesis and access to a private ward for the delivery.
- We have added one consultation with a paediatrician per beneficiary per year up to the age of 24 months paid from Risk on both **maxima EXEC and maxima PLUS**.
- The **unlimited chronic disease benefits** for acne for child dependants up to the age of 21, allergic rhinitis for child dependants up to the age of 18, and eczema in child dependants up to the age of 18 have now also been introduced to **maxima EXEC and maxima PLUS**.
- The number of chronic conditions covered on **maxima PLUS** is 70 and 56 on **maxima EXEC**.

maxiFED contribution increases for 2020

maxima EXEC
10.6%

maxima PLUS
12.4%

With these changes and improvements planned for 2020, Fedhealth looks forward to bringing your clients even more **flexibility, choice** and **control** in the next year.

CONTACT NUMBERS

Please call **0860 002 153** for all general enquiries and customer care assistance, including benefit and limit confirmation and document requests, as well as Hospital authorisations, chronic medication enquiries and oncology related authorisations.

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Europ Assistance
0860 333 432

MVA Third Party Recovery Department
0800 117 222

Fedhealth Baby
0861 116 016