

momentum
medical scheme



Our benefits

Marketing
Brochure

2021



2021



Index

- 2** Make the right choice
- 4** Individual contributions

Options:

- 6** Ingwe Option
 - 8** Evolve Option
 - 10** Custom Option
 - 12** Incentive Option
 - 14** Extender Option
 - 16** Summit Option
-
- 18** Health Platform Benefit
 - 20** Specialised Procedures/Treatment
 - 22** Chronic Benefit
 - 24** List of hospitals
 - 26** Exclusions
 - 27** Glossary of terms

General disclaimers

This brochure is a marketing aid.

On joining the Scheme, all Momentum Medical Scheme members receive a detailed member brochure. Momentum Medical Scheme may specify certain principles relating to the use of your benefits. Scheme Rules will always take precedence and are available on request.

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a waiting period and/or a late joiner penalty to your membership, we will let you know before we activate your cover.

Member contact centre
Financial adviser call centre
Emergency evacuation
Fraud hotline

0860 11 78 59
0800 43 25 84
082 911
0800 00 04 38
momentummedicalscheme@tip-offs.com

Call or WhatsApp
Call or WhatsApp

Members
Claims
Financial advisers

member@momentumhealth.co.za
claims@momentumhealth.co.za
healthadviserservice@momentum.co.za
healthadvisernewbusiness@momentum.co.za

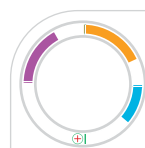
Website
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momentummedicalscheme.co.za
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Make the right choice

Momentum Medical Scheme strives to offer you good value for money by combining flexibility with comprehensive cover, because it is important to match your family's healthcare needs. Use the following guide to find the option that best matches your needs.

The Benefit Structure



Ingwe Option



Evolve Option

Major Medical Benefit

The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room, registered day clinic or out-patient facility, provided treatment is clinically appropriate and has been pre-authorised.



Any hospital, Ingwe Network hospitals* or State hospitals

Specialists covered up to **100%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies



Evolve Network hospitals*

Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies
R1 640 co-payment applies

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.



For medical management including doctor, pharmacy, blood tests, x-rays, etc **Ingwe Primary Care Network providers** or Ingwe Active Primary Care Network providers****

26 conditions - no annual limit applies

Chronic Benefit formulary: **Network** entry level formulary



For medical management including doctor, pharmacy, blood tests, x-rays, etc **State facilities**

26 conditions - no annual limit applies

Chronic Benefit formulary: **State** formulary

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medication.

You have the choice of adding more day-to-day cover through the HealthSaver+.



Ingwe Primary Care Network providers or Ingwe Active Primary Care Network providers****

Primary care (such as GP visits, prescribed medicine, etc)
Secondary care (Specialist visits)



Any

You may add the **HealthSaver+** to provide cover for your day-to-day healthcare needs

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit.

On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider.

The Health Platform encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection, a leading maternity programme, management of certain diseases, health education and advice and emergency cover.

Complementary Momentum Products

You can choose to make use of additional products available from Momentum, part of Momentum Metropolitan Life Limited, to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. These voluntary complementary products range from a world-class lifestyle rewards programme, Multiply, to the innovative HealthReturns solution. The complementary products are not medical scheme benefits. You can be a member of Momentum Medical Scheme without taking any of the complementary products that Momentum offers.

Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like pills to lower high blood pressure), day-to-day expenses (like visiting your GP), or emergency care. The option that you choose will determine how much you will pay, and how much cover you will have for the different types of healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

 Custom Option	 Incentive Option	 Extender Option	 Summit Option
 Any or Associated hospitals*	 Any or Associated hospitals*	 Any or Associated hospitals*	 Any hospital
Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate	Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate	Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate	Associated specialists covered in full. Other specialists covered up to 300% of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate	Hospital accounts covered in full at negotiated rate	Hospital accounts covered in full at negotiated rate	Hospital accounts covered in full at negotiated rate
No overall annual limit applies R1 640 co-payment applies	No overall annual limit applies	No overall annual limit applies	No overall annual limit applies
 Medical management incl. doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities	 Medical management incl. doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities	 Medical management incl. doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities	 For medical management including doctor, pharmacy, blood tests, x-rays, etc Freedom-of-choice
26 conditions - no annual limit applies	26 conditions - no annual limit applies Additional 6 conditions limited to R10 700 per family	26 conditions - no annual limit applies Additional 36 conditions limited to R10 700 per family	26 conditions - no annual limit applies Additional 36 conditions accumulate to the overall day-to-day limit of R26 900 per beneficiary
Chronic Benefit formulary: Any: Core formulary Associated: Entry level formulary State: State formulary	Chronic Benefit formulary: Any: Standard formulary Associated: Entry level formulary State: State formulary	Chronic Benefit formulary: Any: Extended formulary Associated: Entry level formulary State: State formulary	Chronic Benefit formulary: Comprehensive formulary
 Any	 Any , subject to Savings if available	 Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)	 Freedom-of-choice
You may add the HealthSaver+ to provide cover for your day-to-day healthcare needs	Savings 10% of total contribution	Savings 25% of total contribution plus Extended Cover	Paid from risk benefit, subject to overall day-to-day limit of R26 900 per beneficiary This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions.

+ HealthSaver is a complementary product offered by Momentum

* View a list of these hospitals on page 24

** View a list of these providers on momentummedicalscheme.co.za



HealthSaver



Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

momentum

See separate Momentum Complementary Product brochure for more information

Individual contributions

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C		
Monthly income	<= R750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R455	R455	R392		
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R455	R455	R410		
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R455	R455	R455		
	R751 – R7 450	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R747	R747	R403		
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R940	R940	R430		
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 221	R1 221	R484		
	R7 451 – R9 850	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R856	R856	R413		
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 196	R1 196	R447		
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 708	R1 708	R516		
	R9 851 – R14 050	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R999	R999	R432		
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 665	R1 665	R489		
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 326	R2 326	R543		
	R14 051 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 726	R1 726	R519		
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 358	R2 358	R694		
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 984	R2 984	R866		
Evolve Option		Hospital	Chronic		P	A	C		
		Evolve Network	State		R1 345	R1 345	R1 345		
Custom Option		Hospital	Chronic		P	A	C		
		Associated	Any		R2 423	R1 912	R855		
			Associated		R2 194	R1 701	R775		
			State		R1 706	R1 291	R605		
		Any	Any		R2 891	R2 320	R1 032		
			Associated		R2 601	R2 032	R945		
			State		R2 173	R1 640	R796		
Incentive Option		Hospital	Chronic		P	A	C		
		Associated	Any	Total contribution	R3 449	R2 774	R1 289		
				Risk contribution	R3 104	R2 497	R1 160		
				Savings 10%	R345	R277	R129		
				Annual Savings	R4 140	R3 324	R1 548		
			Associated	Total contribution	R3 113	R2 477	R1 182		
				Risk contribution	R2 802	R2 229	R1 064		
				Savings 10%	R311	R248	R118		
				Annual Savings	R3 732	R2 976	R1 416		
			State	Total contribution	R2 224	R1 756	R853		
				Risk contribution	R2 002	R1 580	R768		
				Savings 10%	R222	R176	R85		
				Annual Savings	R2 664	R2 112	R1 020		
		Any	Any	Total contribution	R3 899	R3 168	R1 520		
				Risk contribution	R3 509	R2 851	R1 368		
				Savings 10%	R390	R317	R152		
				Annual Savings	R4 680	R3 804	R1 824		
			Associated	Total contribution	R3 388	R2 718	R1 331		
				Risk contribution	R3 049	R2 446	R1 198		
				Savings 10%	R339	R272	R133		
				Annual Savings	R4 068	R3 264	R1 596		
			State	Total contribution	R2 763	R2 178	R1 093		
				Risk contribution	R2 487	R1 960	R984		
				Savings 10%	R276	R218	R109		
				Annual Savings	R3 312	R2 616	R1 308		

Extender Option

Hospital	Chronic		P	A	C
Associated	Any	Total contribution	R6 523	R5 255	R1 845
		Risk contribution	R4 892	R3 941	R1 384
		Savings 25%	R1 631	R1 314	R461
		Annual Savings	R19 572	R15 768	R5 532
		Threshold	R23 900	R20 900	R6 900
	Associated	Total contribution	R5 969	R4 805	R1 717
		Risk contribution	R4 477	R3 604	R1 288
		Savings 25%	R1 492	R1 201	R429
		Annual Savings	R17 904	R14 412	R5 148
		Threshold	R23 900	R20 900	R6 900
	State	Total contribution	R5 231	R3 967	R1 537
		Risk contribution	R3 923	R2 975	R1 153
		Savings 25%	R1 308	R992	R384
		Annual Savings	R15 696	R11 904	R4 608
		Threshold	R23 900	R20 900	R6 900
Any	Any	Total contribution	R7 419	R5 975	R2 128
		Risk contribution	R5 564	R4 481	R1 596
		Savings 25%	R1 855	R1 494	R532
		Annual Savings	R22 260	R17 928	R6 384
		Threshold	R23 900	R20 900	R6 900
	Associated	Total contribution	R6 624	R5 335	R1 905
		Risk contribution	R4 968	R4 001	R1 429
		Savings 25%	R1 656	R1 334	R476
		Annual Savings	R19 872	R16 008	R5 712
		Threshold	R23 900	R20 900	R6 900
	State	Total contribution	R5 941	R4 877	R1 745
		Risk contribution	R4 456	R3 658	R1 309
		Savings 25%	R1 485	R1 219	R436
		Annual Savings	R17 820	R14 628	R5 232
		Threshold	R23 900	R20 900	R6 900

Summit Option

Hospital	Chronic	Day-to-day	P	A	C
Any	Freedom-of-choice	Freedom-of-choice	R10 642	R8 511	R2 445

P = Principal **A** = Adult **C** = Child Child rates apply to dependants younger than 21

On the Ingwe Option, all children are charged for. On the Evolve, Custom, Incentive, Extender and Summit Options, a maximum of 3 children are charged for



Overview







The Ingwe Option provides affordable access to entry level cover.

There is no overall annual limit for **hospitalisation**. For your hospitalisation cover, you can choose to use either any hospital, the Ingwe Network of private hospitals (see page 24 for this list), or State hospitals for an even lower monthly contribution.

For **chronic treatment** and **day-to-day benefits**, such as GP visits or prescribed medicine, you need to consult Ingwe Primary Care Network providers or Ingwe Active Primary Care Network providers, depending on your provider choice. If you choose Any hospital, please note that you may only use GPs on the Ingwe Active Primary Care Network for your chronic and day-to-day benefits.

The **Health Platform** benefit provides cover for a range of preventative care benefits available from your chosen network provider.

If you need more day-to-day cover, you can choose to make use of the **HealthSaver+**. HealthSaver+ is a complementary product offered by Momentum that lets you save for medical expenses.

Choose your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day						
<= R750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R455	R910	R847	R1 302	R1 694	R2 086
	Ingwe Network			R455	R910	R865	R1 320	R1 730	R2 140
	Any			R455	R910	R910	R1 365	R1 820	R2 275
R751 – R7 450	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R747	R1 494	R1 150	R1 897	R2 300	R2 703
	Ingwe Network			R940	R1 880	R1 370	R2 310	R2 740	R3 170
	Any			R1 221	R2 442	R1 705	R2 926	R3 410	R3 894
R7 451 – R9 850	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R856	R1 712	R1 269	R2 125	R2 538	R2 951
	Ingwe Network			R1 196	R2 392	R1 643	R2 839	R3 286	R3 733
	Any			R1 708	R3 416	R2 224	R3 932	R4 448	R4 964
R9 851 – R14 050	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R999	R1 998	R1 431	R2 430	R2 862	R3 294
	Ingwe Network			R1 665	R3 330	R2 154	R3 819	R4 308	R4 797
	Any			R2 326	R4 652	R2 869	R5 195	R5 738	R6 281
R14 051 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 726	R3 452	R2 245	R3 971	R4 490	R5 009
	Ingwe Network			R2 358	R4 716	R3 052	R5 410	R6 104	R6 798
	Any			R2 984	R5 968	R3 850	R6 834	R7 700	R8 566

All children are charged for

Major Medical Benefit	
Benefit	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital, Ingwe Network hospitals or State hospitals
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions like diabetes you will need to register on a Health Management Programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean sections: Only emergency caesareans are covered	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R5 600 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis – external (such as artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R13 660 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider R33 200 per family R34 000 per family
Chronic Benefit	
Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to a list of medicine, referred to as a Network entry level formulary
Day-to-day Benefit	
Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to the rules and provisions set by the network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc)	Not covered
General practitioners	There is no limit to the number of times you visit your Primary Care Network GP. However, please note all visits from the 11th visit onwards must be pre-authorised
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R100 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 100 per visit and up to a maximum of R2 200 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral by your Ingwe Primary Care Network or Ingwe Active Primary Care Network provider and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities
Physiotherapy	Included in the specialist limit
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

- This table represents a summary of the benefits for 2021
- Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or the Ingwe Active Primary Care Network
- If you choose Ingwe Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff
- If you choose State hospitals as your preferred provider for the Major Medical Benefit and do not use this provider, a co-payment will apply. This co-payment will be the difference in the cost between State facility charges and the amount charged by the provider you use
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum



Overview







The Evolve Option provides cover for **hospitalisation** at the Evolve Network of private hospitals (see page 24 for this list). There is no overall annual limit for hospitalisation.

For **chronic benefits**, you need to use State facilities for your chronic scripts, medication and treatment.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.

If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of the **HealthSaver+**. HealthSaver+ is a complementary product offered by Momentum that lets you save for medical expenses.

There is a co-payment for Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.

Your providers		Choose your family composition					
Hospital	Chronic						
Evolve Network	State	R1 345	R2 690	R2 690	R4 035	R5 380	R6 725

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Evolve Network hospitals Certain procedures are only covered in day facilities (view a list of these procedures on momentummedicalscheme.co.za)
Co-payment	R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply for specialised procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	R200 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. You need to get your oncology treatment and medication from the Evolve Network of Oncologists
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R6 200 per family
Prosthesis – internal (incl. permanent pacemakers, cochlear implants, etc) Joint replacements, including knee and hip surgery, are limited to Prescribed Minimum Benefits at State facilities	Intraocular lenses: R5 200 per beneficiary per event, maximum 2 events per year Other internal prostheses: R34 500 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R22 800 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to a co-payment of R2 740 per scan and pre-authorisation
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits, 21-day limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R47 700 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R39 400 per family
Chronic Benefit	
Provider	State facilities
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver* if available (see Momentum Complementary Product brochure for more details on HealthSaver*)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver* if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry – specialised (such as bridges or crowns)	Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver* if available
General practitioners	Subject to HealthSaver* if available
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver* if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver* if available
Radiology (such as X-rays)	Subject to HealthSaver* if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 740 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

— This table represents a summary of the benefits for 2021

— If you do not use Evolve Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff

— The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)

* See glossary on page 27 for the definition of emergency treatment

+ HealthSaver is a complementary product offered by Momentum



Overview

The Custom Option provides cover for **hospitalisation** at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 24 for this list).

For **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a discount on your monthly contribution by selecting to use a list of Associated GPs for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script, medication and treatment to obtain the maximum contribution discount.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.

If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of the **HealthSaver+**. HealthSaver+ is a complementary product offered by Momentum that lets you save for medical expenses.

There is a co-payment for Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 423	R4 335	R3 278	R5 190	R6 045	R6 900
	Associated	R2 194	R3 895	R2 969	R4 670	R5 445	R6 220
	State	R1 706	R2 997	R2 311	R3 602	R4 207	R4 812
Any	Any	R2 891	R5 211	R3 923	R6 243	R7 275	R8 307
	Associated	R2 601	R4 633	R3 546	R5 578	R6 523	R7 468
	State	R2 173	R3 813	R2 969	R4 609	R5 405	R6 201

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply for specialised procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis**	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor)	R20 300 cadaver costs
Only covered when recipient is a member of the Scheme	R41 200 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 640 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from HealthSaver* if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 740 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R6 560 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R5 700 per beneficiary per event, maximum 2 events per year Other internal prostheses: R48 500 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R22 800 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R37 000 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R53 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R69 900 per family
Chronic Benefit	
Provider	Any, Associated or State
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver* if available (see Momentum Complementary Product brochure for more details on HealthSaver*)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver* if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry - basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry - specialised (such as bridges or crowns)	Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver* if available
General practitioners	Subject to HealthSaver* if available
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver* if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver* if available
Radiology (such as X-rays)	Subject to HealthSaver* if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 740 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

— This table represents a summary of the benefits for 2021

— If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariff

— The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)

* See glossary on page 27 for the definition of emergency treatment

** If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost

+ HealthSaver is a complementary product offered by Momentum



Overview







The Incentive Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 24 for this list).

For **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated GPs for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.

The **Health Platform Benefit** provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.

10% of your contribution goes to a dedicated Personal Medical **Savings Account** to cover your other **day-to-day** expenses.

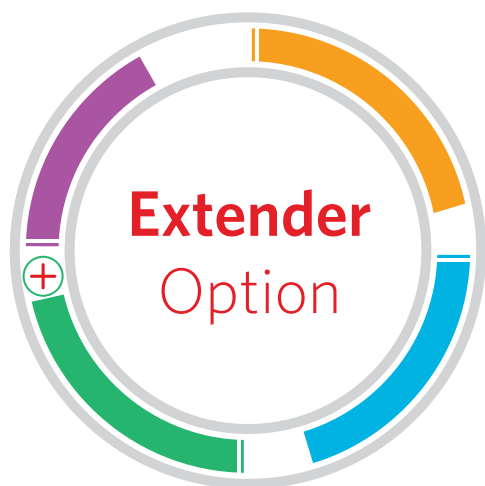
If you need more day-to-day cover, you can choose to make use of the **HealthSaver+**. HealthSaver+ is a complementary product offered by Momentum that lets you save for medical expenses.

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R3 449	R6 223	R4 738	R7 512	R8 801	R10 090
	Associated	R3 113	R5 590	R4 295	R6 772	R7 954	R9 136
	State	R2 224	R3 980	R3 077	R4 833	R5 686	R6 539
Any	Any	R3 899	R7 067	R5 419	R8 587	R10 107	R11 627
	Associated	R3 388	R6 106	R4 719	R7 437	R8 768	R10 099
	State	R2 763	R4 941	R3 856	R6 034	R7 127	R8 220

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for specialised procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R22 400 cadaver costs R45 300 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 500 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Savings, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R6 820 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R174 700 per beneficiary, maximum 1 event per year Intraocular lenses: R6 970 per beneficiary per event, maximum 2 events per year Other internal prostheses: R53 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R23 900 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R39 500 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R55 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R75 600 per family
Chronic Benefit	
Provider	Any, Associated or State
Cover	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R10 700 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	Any
Savings	Fixed at 10% of total contribution
General rule applicable to Day-to-day Benefits	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthotists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to Savings, if available
Mental health (incl. psychiatry and psychology)	Subject to Savings, if available
Dentistry - basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry - specialised (such as bridges or crowns)	Subject to Savings, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to Savings, if available
General practitioners	Subject to Savings, if available
Specialists	Subject to Savings, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to Savings, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available
Radiology (such as X-rays)	Subject to Savings, if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 480 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

- This table represents a summary of the benefits for 2021
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariff
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost



Overview







The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 24 for this list).

For **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated GPs for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.

25% of your contribution is available in a Personal Medical **Savings** Account to cover **day-to-day** expenses. If this component is not enough to cover your annual day-to-day expenses, you will also have access to the **Extended Cover** benefit which provides further cover for day-to-day benefits once your day-to-day claims have reached the Threshold (a pre-determined amount that is based on your family size).

You can choose to make use of the **HealthSaver+** for additional day-to-day expenses and to pay for out-of-pocket expenses before your Extended Cover is activated. HealthSaver+ is a complementary product offered by Momentum that lets you save for medical expenses.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R6 523	R11 778	R8 368	R13 623	R15 468	R17 313
	Associated	R5 969	R10 774	R7 686	R12 491	R14 208	R15 925
	State	R5 231	R9 198	R6 768	R10 735	R12 272	R13 809
Any	Any	R7 419	R13 394	R9 547	R15 522	R17 650	R19 778
	Associated	R6 624	R11 959	R8 529	R13 864	R15 769	R17 674
	State	R5 941	R10 818	R7 686	R12 563	R14 308	R16 053

Maximum of 3 children charged for

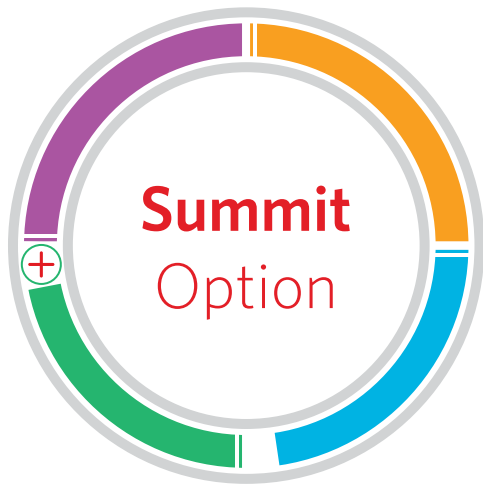
Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for specialist referral procedures - see page 22
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R22 400 cadaver costs R45 300 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 500 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards limit
Maternity confinements	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R7 230 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R190 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 460 per beneficiary per event, maximum 2 events per year Other internal prostheses: R72 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R25 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R39 500 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R57 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R75 600 per family
Chronic Benefit	
Provider	Any, Associated or State
Cover	Cover for 62 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R10 700 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Savings	Fixed at 25% of total contribution
General rule applicable to Day-to-day Benefits Annual Threshold levels: Member: R23 900 Per adult dependant: R20 900 Per child: R6 900 (max. 3 children)	25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold and are paid from Extended Cover at the Momentum Medical Scheme Rate subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R20 600 per family
Dentistry - basic (such as extractions or fillings)	Unlimited within the provisions of the General Rule mentioned above
Dentistry - specialised (such as bridges or crowns)	R14 000 per beneficiary, R36 600 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R25 500 per family, R7 690 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected Any or State provider: 100% of Momentum Medical Scheme Rate Associated providers: 100% of Momentum Medical Scheme Rate for Associated GPs and 70% of Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 300 per beneficiary. Frame sub-limit of R2 350
Pathology (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology (such as X-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 480 co-payment per scan and pre-authorisation
Prescribed medication	R18 200 per beneficiary, R34 400 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

— This table represents a summary of the benefits for 2021

— If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariff

— The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)

* If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost









Overview

The Summit Option provides cover for **hospitalisation** at any hospital. There is no overall annual limit for hospitalisation. Extensive **day-to-day** and **chronic benefits** are available from any provider.

Should you wish, you can choose to use the **HealthSaver+** to increase your day-to-day cover even further. HealthSaver+ is a complementary product offered by Momentum that lets you save for medical expenses.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.

Your providers			Choose your family composition					
Hospital	Chronic	Day-to-day						
Any	Freedom-of-choice	Freedom-of-choice	R10 642	R19 153	R13 087	R21 598	R24 043	R26 488

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R22 400 cadaver costs R45 300 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards overall day-to-day limit of R26 900 per beneficiary
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc)	R7 230 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R190 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 460 per beneficiary per event, maximum 2 events per year Other internal prostheses: R72 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R25 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R39 500 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R57 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At any provider No annual limit applies R75 600 per family
Chronic Benefit	
Provider	You can use any provider of your choice
Cover	Cover for 62 conditions 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R26 900 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are paid at 100% of the Momentum Medical Scheme Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R26 900 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R7 690 per family. Subject to overall annual day-to-day limit of R26 900 per beneficiary
Mental health (incl. psychiatry and psychology)	R23 200 per family. Subject to overall annual day-to-day limit of R26 900 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R26 900 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R16 200 per beneficiary, R38 900 per family. Subject to overall annual day-to-day limit of R26 900 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R31 300 per family. R18 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R26 900 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R26 900 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R26 900 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 700 per beneficiary. Frame sub-limit of R2 400 Subject to overall annual day-to-day limit of R26 900 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R26 900 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R26 900 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 480 co-payment per scan and pre-authorisation
Prescribed medication	R21 000 per beneficiary, R34 500 per family. Subject to overall annual day-to-day limit of R26 900 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

— This table represents a summary of the benefits for 2021

— The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)

+ HealthSaver is a complementary product offered by Momentum

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, **provided you notify us before using the benefit**. You can pre-notify quickly and easily via the Momentum app. You may also use the web chat facility or log on to momentummedicalscheme.co.za. Alternatively, you may send us a WhatsApp message or call us on **0860 11 78 59**. On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider.

Benefit	Who?	How often?	Options					
Early detection tests			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Health assessment (pre-notification not required): Blood pressure test, Cholesterol and Blood sugar (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year	•	•	•	•	•	•
Pap smear (pathologist)	Women 15 and older	Once a year	•	•	•	•	•	•
Pap smear consultation (GP)	Women 15 and older	Once a year	•					
Pap smear consultation (GP* or gynaecologist)	Women 15 and older	Once a year		•	•	•	•	•
Mammogram	Women 38 and older	Once every 2 years		•	•	•	•	•
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years		•	•	•	•	•
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years	•	•	•	•	•	•
	Beneficiaries 30 to 59	Once every 3 years	•	•	•	•	•	•
	Beneficiaries 60 to 69	Once every 2 years	•	•	•	•	•	•
	Beneficiaries 70 and older	Once a year	•	•	•	•	•	•
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years	•	•	•	•	•	•
	Men 50 to 59	Once every 3 years	•	•	•	•	•	•
	Men 60 to 69	Once every 2 years	•	•	•	•	•	•
	Men 70 and older	Once a year	•	•	•	•	•	•
Cholesterol test (pathologist)**	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Blood sugar test (pathologist)***	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years		•	•	•	•	•
	Beneficiaries 50 and older	Once a year		•	•	•	•	•
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	•	•	•	•	•	•
Preventative care			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Baby immunisations (On Ingwe, available at nearest State baby clinic)	Children up to age 6	As required by the Department of Health	•	•	•	•	•	•
Flu vaccines	Children between 6 months and 5 years	Once a year	•	•	•	•	•	•
	Beneficiaries 65 and older	Once a year	•	•	•	•	•	•
	High-risk beneficiaries	Once a year	•	•	•	•	•	•
Tetanus diphtheria injection	All beneficiaries	As needed	•	•	•	•	•	•
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year		•	•	•	•	•
	High-risk beneficiaries	Once a year		•	•	•	•	•

Benefit		Who?	How often?	Options					
Maternity programme (subject to registration on the Maternity Management Programme between 8 and 20 weeks of pregnancy)				Ingwe	Evolve	Custom	Incentive	Extender	Summit
Doula benefit		Women registered on the programme	2 visits per pregnancy		•	•	•	•	•
Antenatal visits (Midwives, GP* or gynaecologist)		Women registered on the programme	4 visits	•					
			12 visits		•	•	•	•	•
Online antenatal and postnatal classes		Women registered on the programme	18-month subscription				•	•	•
Online video consultation with lactation specialist		Women registered on the programme	Initial consultation				•		
			Initial consultation plus follow up					•	•
Nurse home visit		Women registered on the programme	Day after return from hospital	•	•	•	•	•	•
			2 weeks after initial visit		•	•	•	•	•
			6 weeks after initial visit				•	•	•
Urine tests (dipstick)		Women registered on the programme	Included in antenatal visits	•	•	•	•	•	•
Pathology tests	Full blood count, blood group, rhesus, platelet count, rubella antibody, creatinine, glucose strip test, antiglobin test	Women registered on the programme	1 test				•	•	•
	Haemoglobin estimation		2 tests				•	•	•
	Urinalysis		13 tests				•	•	•
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated				•	•	•
Scans		Women registered on the programme	2 growth scans	•					
			2 pregnancy scans		•	•	•	•	•
Paediatrician visits		Babies up to 12 months registered on the programme	2 visits in baby's first year		•	•	•	•	•
Health management programmes				Ingwe	Evolve	Custom	Incentive	Extender	Summit
Diabetes, Hypertension, HIV/ Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol		All beneficiaries registered on the appropriate programme	As needed	•	•	•	•	•	•
Health line				Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour emergency health advice		All beneficiaries	As needed	•	•	•	•	•	•
Emergency evacuation				Ingwe	Evolve	Custom	Incentive	Extender	Summit
Emergency evacuation in South Africa by Netcare 911		All beneficiaries	In an emergency	•	•	•	•	•	•
International evacuation by ISOS		All beneficiaries	In an emergency		•	•	•	•	•
International emergency cover by ISOS				Ingwe	Evolve	Custom	Incentive	Extender	Summit
Ingwe: Not covered Evolve: R5 million Custom: R7.66 million Incentive: R8 million Extender: R8.22 million Summit: R9.01 million This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover, on all options, except Ingwe. A R1 780 co-payment applies per out-patient claim		Per beneficiary per 90-day journey	In an emergency		•	•	•	•	•

Please note

* On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultations

** The cholesterol test is covered if health assessment results indicate a total cholesterol of 6 mmol/L and above

*** The blood sugar test is covered if health assessment results indicate blood sugar levels are 11 mmol/L and above

Specialised Procedures/Treatment

The following list is a guideline of the procedures/treatment covered on the various benefit options and paid from the Major Medical Benefit, irrespective of whether the procedure/treatment is performed in- or out-of-hospital.

Pre-authorisation is required regardless of where the procedure/treatment is performed. It is important to note that this is not the complete list of all procedures/treatment covered by the Scheme. Should you need clarity on whether a procedure/treatment is covered, please contact us to confirm.

Cardiovascular	Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour alter ECG		•	•	•	•	•
Blood transfusions		•	•	•	•	•
Carotid angiograms		•	•	•	•	•
Coronary angiogram		•	•	•	•	•
Coronary angioplasty		•	•	•	•	•
Plasmapheresis		•	•	•	•	•
ENT	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Antroscopies		•	•	•	•	•
Direct laryngoscopy		•	•	•	•	•
Grommets	•	•	•	•	•	•
Myringotomy	•	•	•	•	•	•
Nasal cautery	•	•	•	•	•	•
Nasal scans and surgery		•	•	•	•	•
Functional nasal and sinus surgery		•	•	•	•	•
Tonsillectomy	•	•	•	•	•	•
General procedures and treatments	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Biopsy of breast lump	•	•	•	•	•	•
Drainage of subcutaneous abscess	•	•	•	•	•	•
Removal of extensive skin lesions	•	•	•	•	•	•
Removal of minor skin lesions		•	•	•	•	•
Laparoscopy		•	•	•	•	•
Lymph node biopsy	•	•	•	•	•	•
Nail surgery		•	•	•	•	•
Open hernia repairs	•	•	•	•	•	•
Superficial foreign body removal	•	•	•	•	•	•
Treatment of headache		•	•	•	•	•
Gastro-intestinal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Colonoscopy		•	•	•	•	•
ERCP		•	•	•	•	•
Gastroscopies		•	•	•	•	•
Oesophagoscopy		•	•	•	•	•
Sigmoidoscopy		•	•	•	•	•
Gynaecology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cervical laser ablation		•	•	•	•	•
Colposcopy	•	•	•	•	•	•
Cone biopsy	•	•	•	•	•	•
Dilatation and curettage	•	•	•	•	•	•
Hysteroscopy		•	•	•	•	•
Incision and drainage of Bartholin's cyst	•	•	•	•	•	•
Marsupialisation of Bartholin's cyst	•	•	•	•	•	•
Tubal ligation	•	•	•	•	•	•

Neurology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
48-hour halter EEG		•	•	•	•	•
Electro-convulsive therapy		•	•	•	•	•
Hyperbaric oxygen treatment for decompression sickness		•	•	•	•	•
Myelogram		•	•	•	•	•
Obstetrics	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Amniocentesis		•	•	•	•	•
Childbirth in non-hospital	•	•	•	•	•	•
Oncology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Chemotherapy (On Ingwe Option, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Hyperbaric oxygen for radiation necrosis		•	•	•	•	•
Radiotherapy (On Ingwe Option, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Ophthalmology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cataract removal		•	•	•	•	•
Meibomian cyst excision	•	•	•	•	•	•
Pterygium removal		•	•	•	•	•
Trabeculectomy		•	•	•	•	•
Treatment of diseases of the conjunctiva		•	•	•	•	•
Orthopaedic	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Arthroscopy		•	•	•	•	•
Back and neck surgery (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Bunionectomy		•	•	•	•	•
Carpal tunnel release	•	•	•	•	•	•
Conservative back and neck treatment (On Evolve Option, covered at State facilities)		•	•	•	•	•
Ganglion surgery	•	•	•	•	•	•
Joint replacements (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Renal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Evolve Options, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Respiratory	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Bronchography		•	•	•	•	•
Bronchoscopy		•	•	•	•	•
Treatment of adult influenza		•	•	•	•	•
Treatment of adult respiratory tract infections		•	•	•	•	•
Urology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cystoscopy		•	•	•	•	•
Prostate biopsy	•	•	•	•	•	•
Vasectomy	•	•	•	•	•	•

Please note

- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R500 on Evolve and Custom, up to R1 050 on Incentive and Extender, and up to R1 250 on Summit (subject to pre-authorisation). For all other procedures, the cost of anaesthetists, if any, are covered if clinically appropriate
- The Specialised Procedures/Treatment listed attract a co-payment of R1 640 per authorisation on the Evolve and Custom Options. This co-payment may vary for some of the procedures, see next page
- Some of the Specialised Procedures/Treatment listed could attract a co-payment on the Incentive and Extender Options, see next page

Specialised Procedure co-payments

Evolve and Custom Options

Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery*, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements*, Laparoscopies	Can only be performed in-hospital	Standard hospitalisation co-payment of R1 640, plus specialised procedure co-payment of R3 290 per authorisation, applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme Co-payment of R1 640 per authorisation	
Conservative back and neck treatment*, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from HealthSaver* if available (No co-payment applies)	

+ HealthSaver is a complementary product offered by Momentum

* On Evolve Option, covered at State facilities

Incentive and Extender Options

Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	Paid by Scheme R3 290 co-payment per authorisation applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme No co-payment applies	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits (No co-payment applies)	

Chronic benefit

Members on the Ingwe Option

Benefits are only available from your chosen Ingwe Primary Care Network provider and are subject to a Network entry level formulary for medicine. Chronic medication is delivered via Medipost courier pharmacy.

Members on the Evolve Option

You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc).

If you voluntarily choose to get your chronic medication outside the State formulary, the Scheme will pay up to the Momentum Medical Scheme Reference Price, and a 15% co-payment will be applied.

Members on the Custom, Incentive and Extender Options

The chronic provider you have chosen determines how you get your chronic prescription and medication, as follows:

- Any:** You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include Clicks, Dis-Chem and Medipost (view the full list on momentummedicalscheme.co.za).

- Associated:** You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to an entry level formulary.
If you choose to:
 - get your medication from outside the formulary, a co-payment will apply. On the Custom Option, the co-payment will be the cost difference between the selected item and the formulary price. On the Incentive Option, the co-payment will be 20% and on the Extender Option, the co-payment will be 15%;
 - obtain your chronic prescription from a non-Associated GP, the Scheme will only pay 50% of the Momentum Medical Scheme Rate for the consultation;
 - get your chronic medication from a pharmacy other than Medipost, Momentum Medical Scheme will only pay 50% of the formulary price for the medicine.
- State:** You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc).
If you voluntarily choose to get your chronic medication outside the State formulary, the Scheme will pay up to the Momentum Medical Scheme Reference Price, and a co-payment will be applied. This co-payment is 15% on the Custom Option, 10% on the Incentive Option and 5% on the Extender Option.

Members on the Summit Option

You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a comprehensive formulary. If you choose to get your medication from outside the formulary, a co-payment of the cost difference between the selected item and the formulary price is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include Clicks, Dis-Chem and Medipost (view the full list on momentummedicalscheme.co.za).

Chronic conditions covered

Chronic benefits are subject to registration and approval.

The following 26 Chronic Disease List conditions are covered on the Ingwe, Evolve, Custom, Incentive, Extender and Summit Options:

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac dysrhythmias
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease
- Chronic renal disease
- Coronary artery disease
- Crohn's disease (excl. biologicals such as Revelllex*)
- Diabetes insipidus
- Diabetes mellitus Type 1
- Diabetes mellitus Type 2
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis (excl. biologicals such as Avonex*, subject to protocols)
- Parkinson's disease
- Rheumatoid arthritis (excl. biologicals such as Revelllex and Enbrel*)
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R10 700 per family per year:

- Acne
- ADHD (Attention Deficit Hyperactivity Disorder)
- Allergic rhinitis
- Eczema
- Pemphigus
- Psoriasis

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R10 700 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R26 900 per beneficiary per year:

- Acne
- ADHD (Attention Deficit Hyperactivity Disorder)
- Allergic rhinitis
- Ankylosing spondylitis
- Aplastic anaemia
- Benign prostatic hypertrophy
- Cushing's disease
- Cystic fibrosis
- Dermatomyositis
- Eczema
- Gout
- Hypoparathyroidism
- Immunosuppression therapy for transplants
- Major depression
- Menopause
- Motor neuron disease
- Muscular dystrophy and other inherited myopathies
- Myasthenia gravis
- Narcolepsy
- Obsessive compulsive disorder
- Oncology - ancillary treatment
- Osteopenia
- Osteoporosis
- Other seizure disorders
- Paraplegia/Quadriplegia
- Pemphigus
- Pituitary microadenomas
- Post-traumatic stress syndrome
- Psoriasis
- Scleroderma
- Stroke
- Systemic sclerosis
- Thromboangiitis obliterans
- Thrombocytopenic purpura
- Unipolar disorder
- Valvular heart disease

* These are examples of medication not covered

Hospitals

Members on the **Ingwe Option** can choose between **Any hospital, Ingwe Network hospitals** or **State hospitals**

Members on the **Evolve Option** need to use **Evolve Network hospitals**

Members on the **Custom, Incentive and Extender Options** can choose between **Any** or **Associated hospitals**

Eastern Cape		Ingwe	Evolve	Associated
Beacon Bay - East London	Life Beacon Bay Hospital	•	•	•
East London	East London Private Hospital	•	•	•
Greenacres - Port Elizabeth	Greenacres Hospital	•	•	•
Humansdorp	Isivivana Private Hospital	•	•	•
Korsten - Port Elizabeth	New Mercantile Hospital	•	•	•
Port Elizabeth	Huntersraig Psychiatric Hospital	•	•	•
	St Georges Hospital	•	•	•
Queenstown	Queenstown Private Hospital	•	•	•
Southernwood - East London	St. Dominic's Hospital	•	•	•
	St James Operating Theatres	•	•	•
	St Marks Clinic	•	•	•
Uitenhage	Cuyler Hospital	•	•	•
Umtata	St Mary's Private Hospital	•	•	•
Free State		Ingwe	Evolve	Associated
Bethlehem	Mediclinic Hoogland	•	•	•
Bloemfontein	Bloemfontein Eye Hospital	•	•	•
	Mediclinic Bloemfontein	•	•	•
	Pasteur Hospital	•	•	•
Fichardtpark - Bloemfontein	Rosepark Hospital	•	•	•
Welkom	Mediclinic Welkom	•	•	•
Gauteng		Ingwe	Evolve	Associated
Alberton	Clinton Hospital	•	•	•
Arcadia - Pretoria	Femina Clinic	•	•	•
	Muelmed Hospital	•	•	•
	Pretoria Heart Hospital	•	•	•
Bedfordview - Johannesburg	Bedford Gardens Private Hospital	•	•	•
Benoni	Glynnview Hospital	•	•	•
	The Glynnwood	•	•	•
	Linmed Hospital	•	•	•
Birchleigh - Johannesburg	Birchmed Day Clinic	•	•	•
Brakpan	Dalview Clinic	•	•	•
Brooklyn - Pretoria	Brooklyn Surgical Centre	•	•	•
Bryanston - Johannesburg	Mediclinic Sandton	•	•	•
Centurion	Unitas Hospital	•	•	•
Constantia Kloof - Johannesburg	Mayo Clinic	•	•	•
Die Wilgers - Pretoria	Wilgers Hospital	•	•	•
Erasmuskloof - Pretoria	Kloof Hospital	•	•	•
Faerie Glen - Pretoria	Faerie Glen Hospital	•	•	•
Florida - Johannesburg	Flora Clinic	•	•	•
Fourways	Fourways Hospital	•	•	•
Groenkloof - Pretoria	Groenkloof Hospital	•	•	•
Heidelberg	Suikerbosrand Clinic	•	•	•
Helderkrui - Johannesburg	Medgate Day Clinic	•	•	•
Kempton Park	Arwyp Medical Centre	•	•	•
Kensington - Johannesburg	New Kensington Clinic	•	•	•
Krugersdorp	Pinehaven Private Hospital	•	•	•
Lenasia	Lenmed Clinic Limited	•	•	•
Les Marais - Pretoria	Eugene Marais Hospital	•	•	•
Mabopane - Pretoria	Legae Private Clinic	•	•	•

Gauteng (continued)		Ingwe	Evolve	Associated
Mayfair - Johannesburg	Garden City Hospital	•	•	•
Midrand	Carstenhof Clinic	•	•	•
	Waterfall City Hospital	•	•	•
Morningside - Johannesburg	Mediclinic Morningside	•	•	•
Nietgedacht - Johannesburg	Riverfield Lodge	•	•	•
Parktown - Johannesburg	The Donald Gordon	•	•	•
	Brenthurst Clinic	•	•	•
Pretoria North	Pretoria North Surgical Centre	•	•	•
Primrose - Johannesburg	Roseacres Clinic	•	•	•
Randburg - Johannesburg	Olivedale Clinic	•	•	•
Randfontein	Robinson Hospital	•	•	•
Roodepoort	Wilgeheuwel Hospital	•	•	•
Saxonwold - Johannesburg	Genesis Clinic	•	•	•
Soweto - Johannesburg	Clinix Tshepo	•	•	•
Springs	Springs Parkland Clinic	•	•	•
	N17 Private Hospital	•	•	•
	St Mary's Womens Clinic	•	•	•
Sunnyside - Pretoria	Medforum Hospital	•	•	•
	Pretoria Gynaecology Hospital	•	•	•
Vanderbijlpark	Mediclinic Emfuleni	•	•	•
	Ocumed	•	•	•
Vereeniging	Midvaal Private Hospital	•	•	•
	Mediclinic Vereeniging	•	•	•
	Clinix Naledi	•	•	•
Kwazulu-Natal		Ingwe	Evolve	Associated
Amanzimtoti	Kingsway Hospital	•	•	•
Berea - Durban	Entabeni Hospital	•	•	•
Chatsworth - Durban	Chatsmed Garden Hospital	•	•	•
Durban	Durdoc Clinic	•	•	•
	City Hospital	•	•	•
	St Augustines Hospital	•	•	•
Empangeni	Empangeni Garden Clinic	•	•	•
Hillcrest - Durban	Hillcrest Private Hospital	•	•	•
Hilton - Pietermaritzburg	Hilton Private Hospital	•	•	•
Howick	Howick Private Hospital	•	•	•
Isipingo	Isipingo Hospital	•	•	•
Ladysmith	La Verna Hospital	•	•	•
Margate	Margate Private Hospital	•	•	•
Newcastle	Newcastle Private Hospital	•	•	•
Newlands East - Durban	Ethekwini Hospital	•	•	•
Phoenix - Durban	Mount Edgecombe Hospital	•	•	•
Pietermaritzburg	Midlands Medical Centre	•	•	•
	Mediclinic Pietermaritzburg	•	•	•
	St Annes Hospital	•	•	•
Pinetown	The Crompton Hospital	•	•	•
Port Shepstone	Hibiscus Hospital	•	•	•
Richards Bay	Melomed Private Hospital	•	•	•
	The Bay Hospital	•	•	•
Tongaat	Victoria Hospital	•	•	•
uMhlanga	Gateway Hospital	•	•	•
	Umhlanga Hospital	•	•	•
Westville - Durban	Westville Hospital	•	•	•

Members on the **Ingwe Option** can choose between **Any hospital, Ingwe Network hospitals** or **State hospitals**

Members on the **Evolve Option** need to use **Evolve Network hospitals**

Members on the **Custom, Incentive and Extender Options** can choose between **Any** or **Associated hospitals**

Limpopo		Ingwe	Evolve	Associated
Lephalale	Mediclinic Lephalale			•
Polokwane	Mediclinic Limpopo	•		•
	Pholoso Private Hospital		•	
Thabazimbi	Mediclinic Thabazimbi	•		
Tzaneen	Mediclinic Tzaneen	•	•	•

Mpumalanga		Ingwe	Evolve	Associated
Bronkhorstspuit	Bronkhorstspuit Hospital	•		
Emalahleni	Cosmos Hospital	•		•
Ermelo	Mediclinic Ermelo	•		•
Mbombela	Kiaat Private Hospital	•		
	Lowveld Hospital			•
	Mediclinic Nelspruit	•	•	•
Middelburg	Midmed Hospital	•	•	•
Piet Retief	Piet Retief Hospital			•
Secunda	Mediclinic Secunda	•		•
Trichardt	Mediclinic Highveld	•		•

North West		Ingwe	Evolve	Associated
Brits	Mediclinic Brits			•
Klerksdorp	Anncron Clinic	•		•
	Wilmed Park Private Hospital		•	
Mafikeng	Victoria Private Hospital	•		
Potchefstroom	Mediclinic Potchefstroom	•		•
Rustenburg	Ferncrest Hospital		•	
	Peglerae Hospital	•		•
Vryburg	Vryburg Private Hospital	•		•

Northern Cape		Ingwe	Evolve	Associated
Kathu	Kathu Private Hospital	•		•
Kimberley	Mediclinic Kimberley	•		•
	Royal Hospital and Heart Centre		•	
Upington	Mediclinic Upington			•

Western Cape		Ingwe	Evolve	Associated
Bellville - Cape Town	Bellville Medical Centre	•		•
	Mediclinic Louis Leipoldt		•	•
Blaauwberg	Netcare Blaauwberg Hospital		•	
Brackenfell	Mediclinic Cape Gate			•
Claremont - Cape Town	Peninsula Eye Hospital	•	•	•
	Kingsbury Hospital	•	•	•
Durbanville - Cape Town	Mediclinic Durbanville			•
Gatesville - Cape Town	Gatesville Medical Centre	•		•
George	Geneva Clinic	•		•
	Mediclinic George	•	•	•
Hermanus	Mediclinic Hermanus			•
Knysna	Knysna Private Hospital	•		•
Milnerton - Cape Town	Mediclinic Milnerton			•
Mitchells Plain - Cape Town	Melomed Private Hospital	•	•	•
Mossel Bay	Bayview Hospital	•		•
Oranjezicht - Cape Town	Mediclinic Cape Town		•	•
Oudtshoorn	Mediclinic Klein Karoo			•
Paarl	Mediclinic Paarl			•
Panorama - Cape Town	Mediclinic Panorama			•
Pinelands - Cape Town	Vincent Pallotti Hospital	•		•
Plettenberg Bay	Mediclinic Plettenberg Bay			•
Plumstead	Mediclinic Constantiaberg		•	•
Rondebosch	Sport Science Orthopaedic Surgical Day Centre			•
Somerset West	Paardevelei Private Hospital		•	
	Mediclinic Vergelegen			•
Stellenbosch	Mediclinic Stellenbosch	•	•	•
Strand	Mediclinic Strand			•
Tokai	Melomed Tokai			•
Vredenburg	West Coast Private Hospital	•		•
Worcester	Mediclinic Worcester			•

Exclusions

Prescribed Minimum Benefits

Notwithstanding the limitations and exclusions set out below, beneficiaries shall be entitled to the Prescribed Minimum Benefits.

Benefits excluded

General exclusions mentioned in this paragraph are not affected by any specific exclusions. Unless otherwise decided by the Scheme (and with the express exception of medicine or treatment approved and authorised in terms of any health management programme contracted to the Scheme), expenses incurred in connection with any of the following will not be paid by the Scheme, but may be claimed from positive Savings:

1. All costs incurred during waiting periods and for conditions which existed at the date of application for membership of the Scheme but were not disclosed;
2. All costs that exceed the annual maximum allowed for the particular category as set out in Annexure B of the Scheme Rules, for the benefit to which the beneficiary is entitled in terms of the Scheme Rules;
3. Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
4. Professional speed contests or professional speed trials (professional defined as where the beneficiary's main form of income is derived from partaking in these contests);
5. Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
6. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
7. All costs for treatment if the efficacy and safety of such treatment cannot be proved;
8. All costs for operations, medicine, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease. This includes the costs of treatment or surgery related to transsexual procedures;
9. Obesity;
10. Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;
11. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
12. Medication not registered by the Medicine Control Council;
13. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
14. Gum guards and gold used in dentures;
15. Frail care;
16. Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
17. All costs, which in the opinion of the Medical Assessor are not medically necessary or appropriate to meet the health care needs of the patient;
18. Appointments which a beneficiary fails to keep;
19. Circumcision, unless clinically indicated, and any contraceptive measures or devices;
20. Reversal of Vasectomies or tubal ligation (sterilisation);
21. Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;
22. Infertility treatment that is included as Prescribed Minimum Benefits will be covered in State facilities subject to paragraph 4 of Annexure D of the Scheme Rules;
23. The cost of injury and any other related costs as a result of scuba diving to depths below 40 metres and cave diving.

Glossary

1. **Chronic Disease List (CDL)** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998.
2. **Clinical protocol:** Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
3. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
4. **Designated service providers:** Momentum Medical Scheme uses a network of designated service providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat our members for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits below for more information.
5. **Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.
6. **Extended Cover:** On the Extender Option, your day-to-day claims are paid by the Scheme from Extended Cover, once you have reached the Threshold level.
7. **Formulary:** A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.
8. **Momentum Medical Scheme Rate (MMSR):** Every year Momentum Medical Scheme negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount the Scheme will pay per treatment. For all other providers, the amount we pay is set on an annual basis. These amounts are called the Momentum Medical Scheme Rate (MMSR).
9. **Momentum Medical Scheme Reference Price** is the maximum rand value that Momentum Medical Scheme will pay for a medicine. If you voluntarily choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the reference price.
10. **Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or an out-patient facility.
11. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
12. **Pre-authorisation:** Pre-authorisation is when you call us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with the Scheme Rules, your option and membership status.
13. **Pre-notification:** Pre-notification is when you let us know that you are about to use a Health Platform benefit, such as your annual dentistry check-up.
14. **Prescribed Minimum Benefits (PMBs)** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998. The Prescribed Minimum Benefits include life-threatening emergency medical conditions, a defined set of 270 diagnoses and 26 chronic conditions. Benefits are covered in full if you use the Scheme's Designated Service Providers (DSPs). If you voluntarily choose to use non-designated service providers, the Scheme will pay benefits up to the Momentum Medical Scheme Rate and relevant co-payments will apply. If you use non-designated service providers in a life-threatening emergency, it is deemed involuntary and co-payments are therefore waived.
15. **Provider definitions:**
 - a. **Associated providers, e.g. hospitals, GPs and specialists:** These are providers that Momentum Medical Scheme has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
 - b. **Evolve Network hospitals:** Members on the Evolve Option must make use of Evolve Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 24 for the list of hospitals.
 - c. **Freedom-of-choice:** Members on the Summit Option can get their day-to-day and chronic treatment from any provider and can use any hospital.
 - d. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 24 for the list of hospitals.
 - e. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe Primary Care Network providers.
 - f. **Preferred Providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which we refer to as preferred providers. Depending on the benefit option you choose, you need to use preferred providers for certain benefits. Preferred providers are not the same as Designated Service Providers, which are used for the provision of Prescribed Minimum Benefits.
 - g. **State:** State hospitals are public facilities. You can receive a discount on your contribution by selecting State as your hospital provider on the Ingwe Option. On the Evolve Option, you need to use State facilities for Chronic Benefits. On the Custom, Incentive and Extender Options, you can also save on your contribution by choosing State as your Chronic Benefit provider.
16. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit. For example, your option might provide you with an annual limit on your optical benefit, within which a sub-limit for frames applies.
17. **Threshold:** On the Extender Option, there is a Threshold for day-to-day claims. It is a fixed Rand amount set by the Scheme in line with your family size. Once your day-to-day claims add up to this level, your claims will be paid by the Scheme from Extended Cover.





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Emergency evacuation 082 911
Fraud hotline 0800 00 04 38
momentummedicalscheme@tip-offs.com



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and click on the chat button
Financial advisers Log in to mdsonline.momentum.co.za and
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