

momentum
health

2020 **Our benefits**
Marketing
Brochure







Financial adviser call centre 0800 43 25 84
Member call centre 0860 11 78 59
Emergency evacuation 082 911
Fraud hotline 0800 00 04 38
momentummedicalscheme@tip-offs.com

Members member@momentumhealth.co.za
Claims claims@momentumhealth.co.za
Financial advisers healthadviserservice@momentum.co.za
healthadvisernewbusiness@momentum.co.za

Website momentumhealth.co.za
Postal address PO Box 2338 Durban 4000

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 Health members receive a detailed member brochure. Note that Momentum Health 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.

Make the right choice

Momentum Health 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



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 Health 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 Health Rate

Hospital accounts covered in full at negotiated rate

No overall annual limit applies

R1 570 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, prescribed medication, etc.

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.

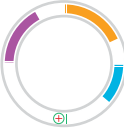


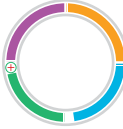











On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider.

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, a part of Momentum Metropolitan Life Limited, to seamlessly enhance your medical aid. These voluntary complementary products range from a world-class lifestyle programme, Multiply, to the innovative HealthReturns solution. These complementary products are not medical scheme benefits. Momentum is not a medical scheme, and is a separate entity to Momentum Health. You can be a member of Momentum Health 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

<div>  <div> <div>Custom</div> <div>Option</div> </div> </div>	<div>  <div> <div>Incentive</div> <div>Option</div> </div> </div>	<div>  <div> <div>Extender</div> <div>Option</div> </div> </div>	<div>  <div> <div>Summit</div> <div>Option</div> </div> </div>
<div>  <div>Any or Associated hospitals*</div> </div>	<div>  <div>Any or Associated hospitals*</div> </div>	<div>  <div>Any or Associated hospitals*</div> </div>	<div>  <div>Any hospital</div> </div>
<div> <p>Associated specialists covered in full. Other specialists covered up to 100% of Momentum Health Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> <p>R1 570 co-payment applies</p> </div>	<div> <p>Associated specialists covered in full. Other specialists covered up to 200% of Momentum Health Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> </div>	<div> <p>Associated specialists covered in full. Other specialists covered up to 200% of Momentum Health Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> </div>	<div> <p>Associated specialists covered in full. Other specialists covered up to 300% of Momentum Health Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> </div>
<div>  <div> <p>Medical management incl. doctor, pharmacy, blood tests, x-rays, etc.</p> <p>Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> </div> </div>	<div>  <div> <p>Medical management incl. doctor, pharmacy, blood tests, x-rays, etc.</p> <p>Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> </div> </div>	<div>  <div> <p>Medical management incl. doctor, pharmacy, blood tests, x-rays, etc.</p> <p>Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> </div> </div>	<div>  <div> <p>For medical management including doctor, pharmacy, blood tests, x-rays, etc.</p> <p>Freedom-of-choice</p> </div> </div>
<div> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: Any: Core formulary Associated: Entry level formulary State: State formulary</p> </div>	<div> <p>26 conditions - no annual limit applies</p> <p>Additional 6 conditions limited to R10 300 per family</p> <p>Chronic Benefit formulary: Any: Standard formulary Associated: Entry level formulary State: State formulary</p> </div>	<div> <p>26 conditions - no annual limit applies</p> <p>Additional 36 conditions limited to R10 300 per family</p> <p>Chronic Benefit formulary: Any: Extended formulary Associated: Entry level formulary State: State formulary</p> </div>	<div> <p>26 conditions - no annual limit applies</p> <p>Additional 36 conditions accumulate to the overall day-to-day limit of R25 900 per beneficiary</p> <p>Chronic Benefit formulary: Comprehensive formulary</p> </div>
<div>  <div>Any</div> </div>	<div>  <div>Any, subject to Savings if available</div> </div>	<div>  <div>Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)</div> </div>	<div>  <div>Freedom-of-choice</div> </div>
<div> <p>You may add the HealthSaver+ to provide cover for your day-to-day healthcare needs</p> </div>	<div> <p>Savings 10% of total contribution</p> </div>	<div> <p>Savings 25% of total contribution plus Extended Cover</p> </div>	<div> <p>Paid from risk benefit, subject to overall day-to-day limit of R25 900 per beneficiary</p> <p>This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions.</p> </div>

+ HealthSaver is a complementary product offered by Momentum * View a list of these hospitals on page 24 ** View a list of these providers on momentumhealth.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

Make the right choice

Individual contributions

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C	
Monthly income	<= R725	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R439	R378	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R439	R396	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R439	R439	R439	
	R726 - R7 150	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R719	R719	R388	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R905	R905	R414	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 175	R1 175	R466	
	R7 151 - R9 450	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R824	R824	R397	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 151	R1 151	R430	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 644	R1 644	R497	
	R9 451 - R13 500	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R961	R961	R416	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 602	R1 602	R471	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 238	R2 238	R523	
	R13 501 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 661	R1 661	R499	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 269	R2 269	R668	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 872	R2 872	R833	
Evolve Option		Hospital	Chronic		P	A	C	
		Evolve Network	State		R1 294	R1 294	R1 294	
Custom Option		Hospital	Chronic		P	A	C	
		Associated	Any		R2 319	R1 830	R818	
			Associated		R2 106	R1 633	R744	
			State		R1 642	R1 242	R582	
		Any	Any		R2 767	R2 221	R988	
			Associated		R2 496	R1 950	R907	
			State		R2 090	R1 577	R766	
Incentive Option		Hospital	Chronic		P	A	C	
		Associated	Any		Total contribution	R3 301	R2 656	R1 233
					Risk contribution	R2 971	R2 390	R1 110
					Savings 10%	R330	R266	R123
					Annual Savings	R3 960	R3 192	R1 476
			Associated		Total contribution	R2 988	R2 377	R1 134
					Risk contribution	R2 689	R2 139	R1 021
					Savings 10%	R299	R238	R113
					Annual Savings	R3 588	R2 856	R1 356
			State		Total contribution	R2 141	R1 690	R821
					Risk contribution	R1 927	R1 521	R739
					Savings 10%	R214	R169	R82
					Annual Savings	R2 568	R2 028	R984
		Any	Any		Total contribution	R3 732	R3 032	R1 454
					Risk contribution	R3 359	R2 729	R1 309
					Savings 10%	R373	R303	R145
					Annual Savings	R4 476	R3 636	R1 740
			Associated		Total contribution	R3 251	R2 609	R1 278
					Risk contribution	R2 926	R2 348	R1 150
					Savings 10%	R325	R261	R128
Annual Savings	R3 900			R3 132	R1 536			
State	Total contribution	R2 658	R2 094	R1 051				
	Risk contribution	R2 392	R1 885	R946				
	Savings 10%	R266	R209	R105				
	Annual Savings	R3 192	R2 508	R1 260				

Extender Option	Hospital	Chronic		P	A	C
	Associated	Any	Total contribution	R6 244	R5 029	R1 767
			Risk contribution	R4 683	R3 772	R1 325
			Savings 25%	R1 561	R1 257	R442
			Annual Savings	R18 732	R15 084	R5 304
			Threshold	R22 900	R20 000	R6 600
		Associated	Total contribution	R5 729	R4 612	R1 648
			Risk contribution	R4 297	R3 459	R1 236
			Savings 25%	R1 432	R1 153	R412
			Annual Savings	R17 184	R13 836	R4 944
			Threshold	R22 900	R20 000	R6 600
		State	Total contribution	R5 033	R3 817	R1 480
			Risk contribution	R3 775	R2 863	R1 110
			Savings 25%	R1 258	R954	R370
			Annual Savings	R15 096	R11 448	R4 440
			Threshold	R22 900	R20 000	R6 600
	Any	Any	Total contribution	R7 101	R5 719	R2 037
			Risk contribution	R5 326	R4 289	R1 528
			Savings 25%	R1 775	R1 430	R509
			Annual Savings	R21 300	R17 160	R6 108
			Threshold	R22 900	R20 000	R6 600
		Associated	Total contribution	R6 357	R5 120	R1 829
			Risk contribution	R4 768	R3 840	R1 372
			Savings 25%	R1 589	R1 280	R457
			Annual Savings	R19 068	R15 360	R5 484
			Threshold	R22 900	R20 000	R6 600
		State	Total contribution	R5 713	R4 691	R1 679
			Risk contribution	R4 285	R3 518	R1 259
			Savings 25%	R1 428	R1 173	R420
			Annual Savings	R17 136	R14 076	R5 040
			Threshold	R22 900	R20 000	R6 600
Summit Option	Hospital	Chronic	Day-to-day	P	A	C
	Any	Freedom-of-choice	Freedom-of-choice	R10 187	R8 147	R2 340

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, depending on your provider choice, you need to consult Ingwe Primary Care Network providers or Ingwe Active Primary Care Network providers. 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						
<= R725	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R439	R878	R817	R1 256	R1 634	R2 012
	Ingwe Network			R439	R878	R835	R1 274	R1 670	R2 066
	Any			R439	R878	R878	R1 317	R1 756	R2 195
R726 - R7 150	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R719	R1 438	R1 107	R1 826	R2 214	R2 602
	Ingwe Network			R905	R1 810	R1 319	R2 224	R2 638	R3 052
	Any			R1 175	R2 350	R1 641	R2 816	R3 282	R3 748
R7 151 - R9 450	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R824	R1 648	R1 221	R2 045	R2 442	R2 839
	Ingwe Network			R1 151	R2 302	R1 581	R2 732	R3 162	R3 592
	Any			R1 644	R3 288	R2 141	R3 785	R4 282	R4 779
R9 451 - R13 500	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R961	R1 922	R1 377	R2 338	R2 754	R3 170
	Ingwe Network			R1 602	R3 204	R2 073	R3 675	R4 146	R4 617
	Any			R2 238	R4 476	R2 761	R4 999	R5 522	R6 045
R13 501 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 661	R3 322	R2 160	R3 821	R4 320	R4 819
	Ingwe Network			R2 269	R4 538	R2 937	R5 206	R5 874	R6 542
	Any			R2 872	R5 744	R3 705	R6 577	R7 410	R8 243

All children are charged for

Major Medical Benefit	
Benefit	Specialists covered up to 100% of Momentum Health 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 cancer you will need to register on a Disease Management Programme. Momentum Health 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 400 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 130 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider R31 900 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 Health 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 050 per visit and up to a maximum of R2 100 per family per year. Covered at 100% of Momentum Health 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 2020
- 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 Health 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 treatment**, 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

Hospital	Chronic
Evolve Network	State

Choose your family composition

R1 294	R2 588	R2 588	R3 882	R5 176	R6 470

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Health 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
Co-payment	R1 570 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 Disease Management Programme. Momentum Health 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 Health 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.)	R5 950 per family
Prosthesis – internal (incl. permanent pacemakers, cochlear implants, etc.)	Intraocular lenses: R4 990 per beneficiary per event, maximum 2 events per year Other internal prostheses: R33 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R21 900 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	No annual limit applies, subject to a co-payment of R2 620 per scan and pre-authorisation
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
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	R45 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R37 900 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, Orthotists, 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 620 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 2020

— 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 Health 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 319	R4 149	R3 137	R4 967	R5 785	R6 603
	Associated	R2 106	R3 739	R2 850	R4 483	R5 227	R5 971
	State	R1 642	R2 884	R2 224	R3 466	R4 048	R4 630
Any	Any	R2 767	R4 988	R3 755	R5 976	R6 964	R7 952
	Associated	R2 496	R4 446	R3 403	R5 353	R6 260	R7 167
	State	R2 090	R3 667	R2 856	R4 433	R5 199	R5 965

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Health 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 570 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 Disease Management Programme. Momentum Health 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 Health Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor)	R19 500 cadaver costs
Only covered when recipient is a member of the Scheme	R39 600 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 570 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 620 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R6 310 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc.)	Intraocular lenses: R5 500 per beneficiary per event, maximum 2 events per year Other internal prostheses: R46 600 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R21 900 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R35 600 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	R51 100 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R67 200 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 620 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 2020

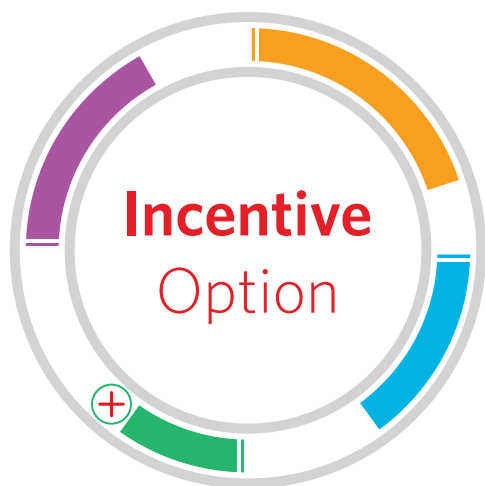
— If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Health will be responsible for 70% of the negotiated tariff

— 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**

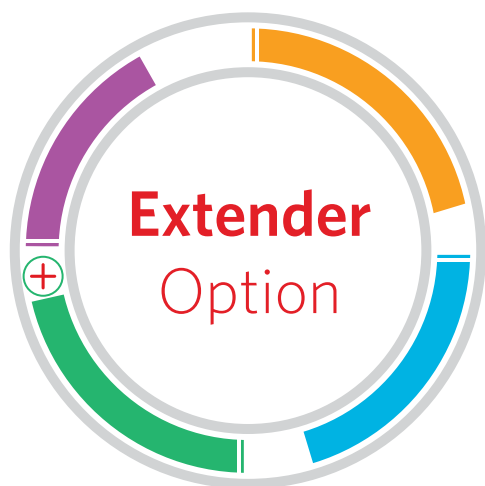
Choose your **family composition**

Hospital	Chronic						
Associated	Any	R3 301	R5 957	R4 534	R7 190	R8 423	R9 656
	Associated	R2 988	R5 365	R4 122	R6 499	R7 633	R8 767
	State	R2 141	R3 831	R2 962	R4 652	R5 473	R6 294
Any	Any	R3 732	R6 764	R5 186	R8 218	R9 672	R11 126
	Associated	R3 251	R5 860	R4 529	R7 138	R8 416	R9 694
	State	R2 658	R4 752	R3 709	R5 803	R6 854	R7 905

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health 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 Disease Management Programme. Momentum Health 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 Health 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	R21 500 cadaver costs R43 600 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 370 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 etc.)	Cochlear implants: R168 000 per beneficiary, maximum 1 event per year Intraocular lenses: R6 700 per beneficiary per event, maximum 2 events per year Other internal prostheses: R51 100 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R23 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R37 900 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	R53 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R72 700 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 300 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 370 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 2020
- 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 Health 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 244	R11 273	R8 011	R13 040	R14 807	R16 574
	Associated	R5 729	R10 341	R7 377	R11 989	R13 637	R15 285
	State	R5 033	R8 850	R6 513	R10 330	R11 810	R13 290
Any	Any	R7 101	R12 820	R9 138	R14 857	R16 894	R18 931
	Associated	R6 357	R11 477	R8 186	R13 306	R15 135	R16 964
	State	R5 713	R10 404	R7 392	R12 083	R13 762	R15 441

Maximum of 3 children charged for

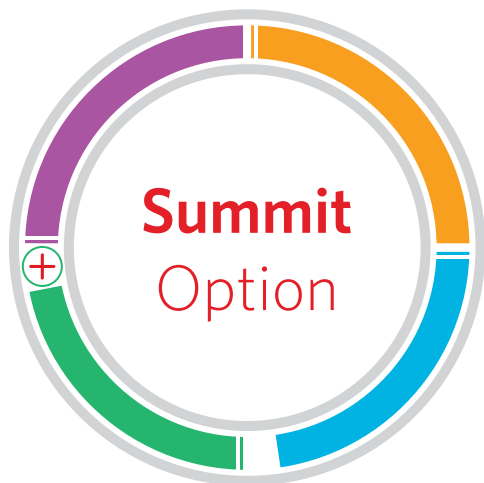
Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments 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 Disease Management Programme. Momentum Health 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 Health 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	R21 500 cadaver costs R43 600 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 370 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R6 950 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R183 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 170 per beneficiary per event, maximum 2 events per year Other internal prostheses: R69 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R24 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R37 900 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 R72 700 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 300 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: R22 900 Per adult dependant: R20 000 Per child: R6 600 (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 Health 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, Chiroprody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R19 800 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)	R13 400 per beneficiary, R35 200 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.)	R24 500 per family, R7 390 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 Health Rate Associated providers: 100% of Momentum Health Rate for Associated GPs and 70% of Momentum Health Rate for non-Associated GPs
Specialists	100% of Momentum Health Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 140 per beneficiary. Frame sub-limit of R2 260
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 370 co-payment per scan and pre-authorisation
Prescribed medication	R17 500 per beneficiary, R33 100 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 2020

— 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 Health 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

Hospital	Chronic	Day-to-day
Any	Freedom-of-choice	Freedom-of-choice

Choose your family composition

R10 187	R18 334	R12 527	R20 674	R23 014	R25 354

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Health 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 Disease Management Programme. Momentum Health 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 Health 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	R21 500 cadaver costs R43 600 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 R25 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 370 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc.)	R6 950 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R183 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 170 per beneficiary per event, maximum 2 events per year Other internal prostheses: R69 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R24 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R37 900 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 any provider No annual limit applies R72 700 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 R25 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 Health Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R25 900 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R7 390 per family. Subject to overall annual day-to-day limit of R25 900 per beneficiary
Mental health (incl. psychiatry and psychology)	R22 300 per family. Subject to overall annual day-to-day limit of R25 900 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R15 600 per beneficiary, R37 400 per family. Subject to overall annual day-to-day limit of R25 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.)	R30 100 per family. R17 500 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R25 900 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 530 per beneficiary. Frame sub-limit of R2 320 Subject to overall annual day-to-day limit of R25 900 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R25 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 370 co-payment per scan and pre-authorisation
Prescribed medication	R20 300 per beneficiary, R33 200 per family. Subject to overall annual day-to-day limit of R25 900 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

— This table represents a summary of the benefits for 2020

— 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 by contacting the member call centre on **0860 11 78 59**, logging on to momentumhealth.co.za or via the Momentum app. 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	•	•	•	•	•	•
	High-risk beneficiaries under 18	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		•	•	•	•	•
Disease 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 710 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 pre-authorisation 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		•	•	•	•	•
Gastrosopies		•	•	•	•	•
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 R480 on Evolve and Custom, up to R1 000 on Incentive and Extender, and up to R1 200 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 570 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 570, plus specialised procedure co-payment of R3 150 per authorisation, applies
Gastrosopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme Co-payment of R1 570 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 150 co-payment per authorisation applies
Gastrosopies, 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 Health 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 Health. Contracted pharmacies include Clicks, Dis-Chem and Medipost (view the full list on momentumhealth.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 Health Rate for the consultation;
- get your chronic medication from a pharmacy other than Medipost, Momentum Health 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 Health 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 Health. Contracted pharmacies include Clicks, Dis-Chem and Medipost (view the full list on momentumhealth.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 300 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 300 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R25 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	Hoogland Mediclinic	●	●	●
Bloemfontein	Bloemfontein Eye Hospital	●	●	●
	Pasteur Hospital	●	●	●
Fichardtpark - Bloemfontein	Rosepark Hospital	●	●	●
Welkom	Welkom Mediclinic	●	●	●
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	Sandton Mediclinic	●	●	●
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	●	●	●
Helderkruijn - 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
Midrand	Carstenhof Clinic	●	●	●
	Waterfall City Hospital	●	●	●
Morningside - Johannesburg	Morningside Mediclinic	●	●	●
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	Emfuleni Mediclinic	●	●	●
	Ocumed	●	●	●
Vereeniging	Midvaal Private Hospital	●	●	●
	Vereeniging Mediclinic	●	●	●
	Clinix Naledi	●	●	●
Kwazulu-Natal		Ingwe	Evolve	Associated
Amazimtoti	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	●	●	●
	Pietermaritzburg Mediclinic	●	●	●
	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	Lephalale Mediclinic			•
Polokwane	Limpopo Mediclinic	•		•
	Pholoso Private Hospital		•	
Tzaneen	Tzaneen Private Hospital	•	•	•
Thabazimbi	Thabazimbi Mediclinic	•		
Mpumalanga		Ingwe	Evolve	Associated
Bronkhorstspuit	Bronkhorstspuit Hospital	•		
Emalahleni	Cosmos Hospital	•		•
Ermelo	Ermelo Mediclinic	•		•
Mbombela	Kiaat Private Hospital	•		
	Lowveld Hospital			•
	Nelspruit Mediclinic	•	•	•
Middelburg	Midmed Hospital	•	•	•
Piet Retief	Piet Retief Hospital			•
Secunda	Secunda Mediclinic	•		•
Trichardt	Highveld Mediclinic	•		•
North West		Ingwe	Evolve	Associated
Brits	Brits Mediclinic			•
Klerksdorp	Anncron Clinic	•		•
	Wilmed Park Private Hospital		•	
Mafikeng	Victoria Private Hospital	•		
Potchefstroom	Potchefstroom Mediclinic	•		•
Rustenburg	Ferncrest Hospital		•	
	Peglerae Hospital	•		•
Vryburg	Vryburg Private Hospital	•		•
Northern Cape		Ingwe	Evolve	Associated
Kathu	Kathu Private Hospital	•		•
Kimberley	Kimberley Mediclinic	•		•
	Royal Hospital and Heart Centre		•	
Upington	Upington Mediclinic			•

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

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. **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.
2. **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.
3. **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.
4. **Momentum Health Rate (MHR):** Every year Momentum Health negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount we will pay per treatment. For all other providers, the amount we pay is set on an annual basis. These amounts are called the Momentum Health Rate (MHR).
5. **Provider definitions:**
 - a. **Network providers:** Momentum Health has agreements in place with certain providers of healthcare services. 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.
 - b. **Associated providers, e.g. hospitals, GPs and specialists:** These are providers that Momentum Health 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.
 - c. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 24 for the list of hospitals.
 - d. **Evolve Network hospitals:** Members on the Evolve Option must make use of Evolve Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 24 for the list of hospitals.
 - e. **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.
 - f. **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.
 - g. **Preferred Providers:** Momentum Health has agreements in place with certain providers of healthcare services, which members need to use for specific benefits.
6. **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.
7. **Clinical protocol:** Momentum Health 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.
8. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
9. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
10. **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 Scheme Rules, your option and membership status.
11. **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.
12. **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.
13. **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 out-patient facility.
14. **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.
15. **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.
16. **Momentum Health Reference Price** is the maximum Rand value that Momentum Health 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.





momentum health



Financial adviser call centre 0800 43 25 84
Member call centre 0860 11 78 59
Emergency evacuation 082 911
Fraud hotline 0800 00 04 38
momentummedicalscheme@tip-offs.com



201 uMhlanga Ridge Boulevard Cornubia 4339



PO Box 2338 Durban 4000 South Africa



Members member@momentumhealth.co.za
Claims claims@momentumhealth.co.za
Financial advisers healthadvisernewbusiness@momentum.co.za
healthadviserservice@momentum.co.za



momentumhealth.co.za

Council for Medical Schemes



Customer Care Centre 0861 123 267



information@medicalschemes.com



medicalschemes.com