

Our benefits

Launch edition



Make the right choice	Individual contributions	Ingwe Option	Fusion Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/treatment	Chronic Benefit	Chronic conditions covered	Hospital lists	Glossary of terms	Exclusions
4	6	8	12	16	20	24	28	32	36	38	41	42	44	46	47



General disclaimers

This brochure is a marketing aid.

On joining the Scheme, all Momentum Medical Scheme members receive a detailed member brochure. Momentum Medical Scheme may specify certain principles, protocols, processes and limits 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 joinder penalties to new members joining the Scheme. If we do apply a waiting period and/or a late joinder penalty to your membership, we will let you know before we activate your cover.

Make the right choice

Momentum Medical Scheme strives to offer you value for money through its flexible benefit options to match your family's healthcare needs. Use the following guide to find the option that best matches your healthcare needs.

Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like medicine 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 your contribution will be, and what benefits you will have access to for the different healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

We have submitted this benefit option for registration to the Council for Medical Schemes and are awaiting approval.

The Benefit Structure

	Ingwe Option	Fusion Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option
<p>Major Medical Benefit</p> <p>The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room or day hospital, provided treatment is clinically appropriate and has been pre-authorised.</p>	<p>Any hospital, Ingwe Network hospitals* or State hospitals</p> <p>Specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Fusion Network hospitals*</p> <p>Specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Evolve Network hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> <p>R1 830 co-payment applies</p>	<p>Any or Associated hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> <p>R1 830 co-payment applies</p>	<p>Any or Associated hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Any or Associated hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Any hospital</p> <p>Associated specialists covered in full. Other specialists covered up to 300% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>
<p>Chronic Benefit</p> <p>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.</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Ingwe Primary Care Network providers** or Ingwe Active Network providers**</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: Network entry level formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: State formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: State formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: Any: Core formulary Associated: Entry level formulary State: State formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Additional 6 conditions limited to R12 400 per family</p> <p>Chronic Benefit formulary: Any: Standard formulary Associated: Entry level formulary State: State formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Additional 36 conditions limited to R12 400 per family</p> <p>Chronic Benefit formulary: Any: Extended formulary Associated: Entry level formulary State: State formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Freedom-of-choice</p> <p>26 conditions - no annual limit applies</p> <p>Additional 36 conditions accumulate to the overall day-to-day limit of R31 300 per beneficiary</p> <p>Chronic Benefit formulary: Comprehensive formulary</p>
<p>Day-to-day Benefit</p> <p>This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medication. You have the choice of adding more day-to-day cover through the HealthSaver*.</p>	<p>Ingwe Primary Care Network providers** or Ingwe Active Network providers**</p> <p>Primary care (such as GP visits, prescribed medicine, etc) Secondary care (Specialist visits)</p>	<p>Any provider</p> <p>You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses</p>	<p>Any provider</p> <p>You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses</p>	<p>Any provider</p> <p>You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses</p>	<p>Any provider, subject to Savings if available</p> <p>Savings 10% of total contribution</p>	<p>Any provider or Associated provider (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)</p> <p>Savings 25% of total contribution plus Extended Cover</p>	<p>Freedom-of-choice</p> <p>Paid from risk benefit, subject to overall day-to-day limit of R31 300 per beneficiary</p> <p>This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions</p>
<p>Health Platform Benefit</p> <p>The Health Platform Benefit encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection and a leading maternity programme.</p>	<p>On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider</p>	<p>Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit. You need to pre-notify for certain benefits</p>					

Complementary Momentum Products

You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products.

HealthSaver

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



See separate Momentum Complementary Product brochure for more information

+ HealthSaver is a complementary product offered by Momentum
* View a list of these hospitals on page 44 ** View a list of these providers on momentummedicalscheme.co.za

Individual contributions

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C
Monthly income	<= R875	State	Ingwe Primary Care Network	Ingwe Primary Care Network	The contributions for this income band will be published after the student-focused launch, as the members on this income band are predominantly students		
		Ingwe Network					
		Any					
	R876 - R8 550	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R942	R942	R508
		Ingwe Network			R1 184	R1 184	R542
		Any			R1 538	R1 538	R610
	R8 551 - R11 325	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 078	R1 078	R521
		Ingwe Network			R1 507	R1 507	R564
		Any			R2 151	R2 151	R650
	R11 326 - R16 100	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 259	R1 259	R544
		Ingwe Network			R2 069	R2 069	R609
		Any			R2 930	R2 930	R683
	R16 101 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 174	R2 174	R653
		Ingwe Network			R2 970	R2 970	R875
		Any			R3 760	R3 760	R1 091

Fusion Option		Hospital	Chronic	P	A	C
Monthly income	<= R8 550	Fusion Network	State	R1 199	R1 199	R314
	R8 551 - R11 325			R1 432	R1 432	R356
	R11 326 - R16 100			R1 476	R1 476	R367
	R16 101 - R22 200			R2 404	R2 404	R546
	R22 201 +			R2 765	R2 765	R628

Evolve Option		Hospital	Chronic	P	A	C
		Evolve Network	State	R1 687	R1 687	R1 687

Custom Option		Hospital	Chronic	P	A	C
		Associated	Any	R3 089	R2 437	R1 089
			Associated	R2 770	R2 148	R979
			State	R2 149	R1 626	R762
		Any	Any	R3 685	R2 957	R1 315
			Associated	R3 284	R2 566	R1 194
			State	R2 737	R2 066	R1 003

Incentive Option		Hospital	Chronic	P	A	C	
		Associated	Any	Total contribution	R4 397	R3 538	R1 642
				Risk contribution	R3 957	R3 184	R1 478
				Savings 10%	R440	R354	R164
			Annual Savings	R5 280	R4 248	R1 968	
			Associated	Total contribution	R3 932	R3 128	R1 493
				Risk contribution	R3 539	R2 815	R1 344
				Savings 10%	R393	R313	R149
			Annual Savings	R4 716	R3 756	R1 788	
			State	Total contribution	R2 794	R2 206	R1 072
		Risk contribution		R2 515	R1 985	R965	
		Savings 10%		R279	R221	R107	
		Annual Savings	R3 348	R2 652	R1 284		

Incentive Option (continued)		Hospital	Chronic	P	A	C	
		Any	Any	Total contribution	R4 970	R4 039	R1 938
				Risk contribution	R4 473	R3 635	R1 744
				Savings 10%	R497	R404	R194
			Annual Savings	R5 964	R4 848	R2 328	
			Associated	Total contribution	R4 279	R3 431	R1 681
				Risk contribution	R3 851	R3 088	R1 513
				Savings 10%	R428	R343	R168
			Annual Savings	R5 136	R4 116	R2 016	
			State	Total contribution	R3 471	R2 734	R1 373
		Risk contribution		R3 124	R2 461	R1 236	
		Savings 10%		R347	R273	R137	
		Annual Savings	R4 164	R3 276	R1 644		

Extender Option		Hospital	Chronic	P	A	C	
		Associated	Any	Total contribution	R8 315	R6 697	R2 353
				Risk contribution	R6 236	R5 023	R1 765
				Savings 25%	R2 079	R1 674	R588
			Annual Savings	R24 948	R20 088	R7 056	
			Threshold	R30 400	R26 400	R8 700	
			Associated	Total contribution	R7 537	R6 067	R2 168
				Risk contribution	R5 653	R4 550	R1 626
				Savings 25%	R1 884	R1 517	R542
			Annual Savings	R22 608	R18 204	R6 504	
		Threshold	R30 400	R26 400	R8 700		
		State	Total contribution	R6 589	R4 997	R1 937	
			Risk contribution	R4 942	R3 748	R1 453	
			Savings 25%	R1 647	R1 249	R484	
		Annual Savings	R19 764	R14 988	R5 808		
		Threshold	R30 400	R26 400	R8 700		
		Any	Total contribution	R9 456	R7 616	R2 712	
			Risk contribution	R7 092	R5 712	R2 034	
			Savings 25%	R2 364	R1 904	R678	
		Annual Savings	R28 368	R22 848	R8 136		
		Threshold	R30 400	R26 400	R8 700		
		Associated	Total contribution	R8 365	R6 737	R2 407	
			Risk contribution	R6 274	R5 053	R1 805	
			Savings 25%	R2 091	R1 684	R602	
		Annual Savings	R25 092	R20 208	R7 224		
		Threshold	R30 400	R26 400	R8 700		
		State	Total contribution	R7 485	R6 144	R2 197	
			Risk contribution	R5 614	R4 608	R1 648	
			Savings 25%	R1 871	R1 536	R549	
		Annual Savings	R22 452	R18 432	R6 588		
		Threshold	R30 400	R26 400	R8 700		

Summit Option		Hospital	Chronic	Day-to-day	P	A	C
		Any	Freedom-of-choice	Freedom-of-choice	R13 573	R10 855	R3 118

P = Principal A = Adult C = Child

Child rates apply to child dependants younger than 21

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

Ingwe Option

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 44 for this list), or State hospitals for an even lower monthly contribution.

For **chronic treatment** and **day-to-day benefits**, such as GP visits or prescribed medicine, you need to consult Ingwe Primary Care Network providers or Ingwe Active Network providers, depending on your provider choice. If you choose Any hospital, please note that you may only use GPs on the Ingwe Active Network for your chronic and day-to-day benefits. Chronic medication needs to be obtained from Medipost. You have unlimited GP visits and you also get 3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor.

The **Health Platform** Benefit provides cover for a range of preventative care benefits available from your chosen network provider. Some Health Platform Benefits, such as the maternity programme benefits, are available from providers other than your chosen network provider. See page 36 for the list of benefits.

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.

Your monthly income

Choose your providers

Choose your family composition

Your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day	1	2	3	4	5	6
<= R875	State	Ingwe Primary Care Network	Ingwe Primary Care Network	The contributions for this income band will be published after the student-focused launch, as the members on this income band are predominantly students.					
	Ingwe Network								
	Any	Ingwe Active Network	Ingwe Active Network						
R876 - R8 550	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R942	R1 884	R1 450	R2 392	R2 900	R3 408
	Ingwe Network			R1 184	R2 368	R1 726	R2 910	R3 452	R3 994
	Any	Ingwe Active Network	Ingwe Active Network	R1 538	R3 076	R2 148	R3 686	R4 296	R4 906
R8 551 - R11 325	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 078	R2 156	R1 599	R2 677	R3 198	R3 719
	Ingwe Network			R1 507	R3 014	R2 071	R3 578	R4 142	R4 706
	Any	Ingwe Active Network	Ingwe Active Network	R2 151	R4 302	R2 801	R4 952	R5 602	R6 252
R11 326 - R16 100	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 259	R2 518	R1 803	R3 062	R3 606	R4 150
	Ingwe Network			R2 069	R4 138	R2 678	R4 747	R5 356	R5 965
	Any	Ingwe Active Network	Ingwe Active Network	R2 930	R5 860	R3 613	R6 543	R7 226	R7 909
R16 101 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 174	R4 348	R2 827	R5 001	R5 654	R6 307
	Ingwe Network			R2 970	R5 940	R3 845	R6 815	R7 690	R8 565
	Any	Ingwe Active Network	Ingwe Active Network	R3 760	R7 520	R4 851	R8 611	R9 702	R10 793

All children are charged for





- This table represents a summary of the benefits for 2024
- Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or the Ingwe Active Network. Chronic medication needs to be obtained from Medipost
- 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
- 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

Benefit	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital, Ingwe Network hospitals or State hospitals
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions like diabetes you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to 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)	R6 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
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R15 900 per beneficiary (combined limit), subject to case management
Private nursing and Hospice	Not covered
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	R38 500 per family at preferred provider R39 000 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
Provider	Ingwe Primary Care Network or Ingwe Active Network
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 42 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Network, and are subject to a list of medicine, referred to as a Network entry level formulary

Major Medical


Chronic


Provider	Ingwe Primary Care Network or Ingwe Active 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 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-authorized. You also get 3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required
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 the Scheme will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R105 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 290 per visit and up to a maximum of R2 580 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral by your Ingwe Primary Care Network or Ingwe Active 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


Day-to-day


Fusion Option

Overview

The Fusion Option provides cover for  **hospitalisation** at the Fusion Network of private hospitals (see page 44 for this list). There is no overall annual limit for hospitalisation.

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

The  **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 36 for the list of benefits.







If you need cover for 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.



Your monthly income

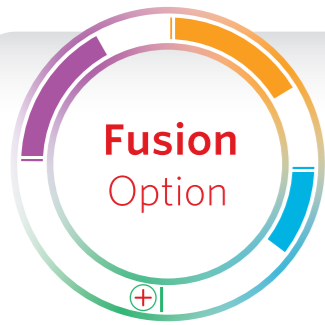
Your providers

Choose your family composition

Your monthly income	Hospital	Chronic						
<= R8 550	Fusion Network	State	R1 199	R2 398	R1 513	R2 712	R3 026	R3 340
R8 551 - R11 325			R1 432	R2 864	R1 788	R3 220	R3 576	R3 932
R11 326 - R16 100			R1 476	R2 952	R1 843	R3 319	R3 686	R4 053
R16 101 - R22 200			R2 404	R4 808	R2 950	R5 354	R5 900	R6 446
R22 201 +			R2 765	R5 530	R3 393	R6 158	R6 786	R7 414

All children are charged for

We have submitted this benefit option for registration to the Council for Medical Schemes and are awaiting approval



- This table represents a summary of the benefits for 2024
- If you do not use Fusion Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account
- 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

Benefit	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Fusion Network hospitals
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions like diabetes you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Oncology	Prescribed Minimum Benefit oncology treatment is covered at the Fusion Network of Oncologists. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. If you do not use a Fusion Network oncologist, you will be liable for a 20% co-payment on all treatment, including medicine, pathology, radiology, etc
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Covered at Fusion Network hospitals for Prescribed Minimum Benefits only
In-hospital dental and oral benefits	Not covered. Dentistry related to 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)	R6 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	Covered at Fusion Network hospitals when done in hospital and private facilities when done out of hospital for Prescribed Minimum Benefits
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
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R15 900 per beneficiary (combined limit), subject to case management
Private nursing and Hospice	Not covered
Health management programmes for conditions such as organ transplants, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	R38 500 per family at preferred provider R39 000 per family at Fusion Network hospitals
Emergency medical transport in South Africa by Netcare 911	No annual limit applies

Major Medical

Provider	State facilities
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 42 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme


Chronic


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	Covered from Major Medical Benefit at private facilities for Prescribed Minimum Benefits, subject to pre-authorisation
Magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available


Day-to-day


Evolve Option


Overview

The Evolve Option provides cover for  **hospitalisation** at the Evolve Network of private hospitals (see page 44 for this list). There is no overall annual limit for hospitalisation.

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

The  **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 36 for the list of benefits.

You have cover for 2 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. If you need cover for other day-to-day expenses, like additional 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.



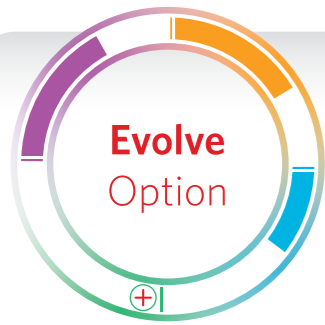
Your providers

Hospital	Chronic
Evolve Network	State

Choose your family composition

Family Composition	Price
	R1 687
	R3 374
	R3 374
	R5 061
	R6 748
	R8 435

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2024
- If you do not use Evolve Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account
- You need to use day hospitals for certain procedures. If you do not use a day hospital, you will have a co-payment of 30% on the hospital account and the Scheme will be responsible for 70% of the negotiated tariff
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * See glossary of terms on page 46 for the definition of emergency treatment
- + HealthSaver is a complementary product offered by Momentum


Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Evolve Network hospitals Certain procedures are only covered in day hospitals View a list of these procedures and the list of hospitals on momentummedicalscheme.co.za
Co-payment	R1 830 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment* An additional co-payment may apply for certain specialised procedures - see page 40
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	R200 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. You need to get your oncology treatment and medication from the Evolve Network of Oncologists
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to 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)	R7 150 per family
Prosthesis - internal (incl. permanent pacemakers, cochlear implants, etc) Joint replacements, including knee and hip surgery, are limited to Prescribed Minimum Benefits at State facilities	Intraocular lenses: R6 000 per beneficiary per event, maximum 2 events per year Other internal prostheses: R40 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R25 700 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to a co-payment of R3 050 per scan and pre-authorisation
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at Evolve Network hospitals
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits 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 (combined limit), subject to case management


Major Medical


Health management programmes for conditions such as mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme	Major Medical
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R45 900 per family at Evolve Network hospitals	
Emergency medical transport in South Africa by Netcare 911	No annual limit applies	
International emergency medical transport by preferred provider	R5 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 070 co-payment applies per emergency out-patient claim	
Provider	State facilities	Chronic
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 42 for a list of the conditions covered	
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	Day-to-day
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	2 virtual consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required. Medication is subject to HealthSaver*, if available	
Sports injury benefit	2 Physiotherapist or Biokineticist consultations per beneficiary, up to a limit of R1 060 per year, subject to pre-authorisation. Consultations paid at the Momentum Medical Scheme Rate	
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 R3 050 co-payment per scan and pre-authorisation	
Prescribed medication	Subject to HealthSaver* if available	
Over-the-counter medication	Subject to HealthSaver* if available	


Custom Option

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 save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 44 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 save 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 saving.

The  **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.
See page 36 for the list of benefits.

If you need cover for 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

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

						
Any	R3 089	R5 526	R4 178	R6 615	R7 704	R8 793
Associated	R2 770	R4 918	R3 749	R5 897	R6 876	R7 855
State	R2 149	R3 775	R2 911	R4 537	R5 299	R6 061
Any	R3 685	R6 642	R5 000	R7 957	R9 272	R10 587
Associated	R3 284	R5 850	R4 478	R7 044	R8 238	R9 432
State	R2 737	R4 803	R3 740	R5 806	R6 809	R7 812

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2024
- 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
- 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 of terms on page 46 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

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R1 830 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply for certain specialised procedures - see page 40
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver+ if available
Renal dialysis**	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R23 600 cadaver costs R47 900 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate and the hospital accounts are paid in full at the negotiated rate. The dental, dental specialist and maxillo-facial surgeon accounts are paid from Momentum HealthSaver+, if available. In-hospital dentistry is subject to pre-authorisation and a R1 830 co-payment applies per authorisation
- dentistry related to trauma	The hospital accounts are paid in full at the negotiated rate. The anaesthetist account and the dentist, dental specialist or maxillo-facial surgeon accounts are covered up to 100% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital and anaesthetist accounts are paid from the Major Medical Benefit, subject to a R3 300 co-payment for day hospitals and a R6 150 co-payment for other hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts are paid from the Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the anaesthetist and hospital accounts are subject to 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 R3 050 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R7 630 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R6 600 per beneficiary per event, maximum 2 events per year Other internal prostheses: R56 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R26 600 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R43 000 per beneficiary
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R61 000 per family (combined limit), subject to case management

Major Medical

Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R81 300 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R7 660 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 070 co-payment applies per emergency out-patient claim

Major Medical

Provider	Any, Associated or State
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 42 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Chronic

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)	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 830 co-payment and pre-authorisation Other specialised dentistry: 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 R3 050 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver+ if available
Over-the-counter medication	Subject to HealthSaver+ if available

Day-to-day

Incentive Option

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 save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 44 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 save more 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 saving.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 36 for the list of benefits.

10% of your contribution goes to a dedicated Personal Medical Savings Account to cover your **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

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

Any	R4 397	R7 935	R6 039	R9 577	R11 219	R12 861
Associated	R3 932	R7 060	R5 425	R8 553	R10 046	R11 539
State	R2 794	R5 000	R3 866	R6 072	R7 144	R8 216
Any	R4 970	R9 009	R6 908	R10 947	R12 885	R14 823
Associated	R4 279	R7 710	R5 960	R9 391	R11 072	R12 753
State	R3 471	R6 205	R4 844	R7 578	R8 951	R10 324

Maximum of 3 children charged for





- This table represents a summary of the benefits for 2024
- 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
- 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

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 40
General rule applicable to Major Medical Benefits	You need contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R26 100 cadaver costs R53 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the hospital accounts are paid in full at the negotiated rate. The dental, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver+, if available. In-hospital dentistry is subject to pre-authorisation and a co-payment of R1 670 applies per authorisation. In the case of maxillo-facial trauma, the in-hospital dentist, dental specialist or maxillo-facial surgeon accounts will also be covered from the Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
- dentistry related to trauma	The hospital accounts are paid in full at the negotiated rate. The anaesthetist account and the dentist, dental specialist or maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital and anaesthetist accounts are paid from the Major Medical Benefit, subject to a R3 300 co-payment for day hospitals and a R6 150 co-payment for other hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts are paid from the Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the anaesthetist and hospital accounts are subject to Savings or 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 770 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 000 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R203 200 per beneficiary, maximum 1 event per year Intraocular lenses: R8 110 per beneficiary per event, maximum 2 events per year Other internal prostheses: R61 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R27 900 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R46 000 per beneficiary
Take-home medicine	7 days' supply

Major Medical

Trauma benefit	Covers certain day-to-day benefits 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	R64 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R87 900 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 070 co-payment applies per emergency out-patient claim

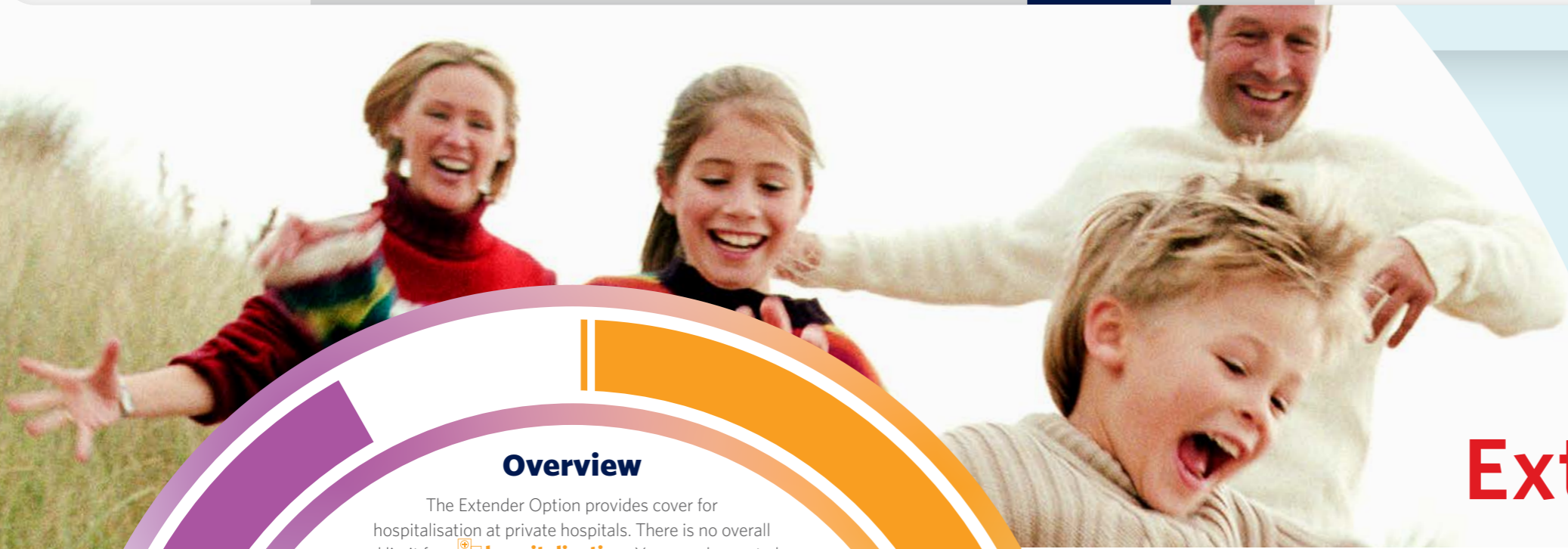
Major Medical

Provider	Any, Associated or State
Cover	Cover for 32 conditions - see page 42 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R12 400 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

Chronic


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, Orthoptists, 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)	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 670 co-payment and pre-authorisation Other specialised dentistry: 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 770 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available


Day-to-day






Extender Option


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 save on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 44 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 save more 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 saving.

 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. See page 36 for the list of benefits.

Choose your providers

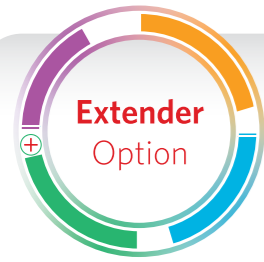
Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

					
R8 315	R15 012	R10 668	R17 365	R19 718	R22 071
R7 537	R13 604	R9 705	R15 772	R17 940	R20 108
R6 589	R11 586	R8 526	R13 523	R15 460	R17 397
R9 456	R17 072	R12 168	R19 784	R22 496	R25 208
R8 365	R15 102	R10 772	R17 509	R19 916	R22 323
R7 485	R13 629	R9 682	R15 826	R18 023	R20 220

Maximum of 3 children charged for





- This table represents a summary of the benefits for 2024
- 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
- 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

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 40
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R26 100 cadaver costs R53 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the hospital accounts are paid in full at the negotiated rate. The dental, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to day-to-day limits. In-hospital dentistry is subject to pre-authorisation and a co-payment of R1 670 applies per authorisation
- dentistry related to trauma	The hospital accounts are paid in full at the negotiated rate. The anaesthetist account and the dentist, dental specialist or maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital and anaesthetist accounts are paid from the Major Medical Benefit, subject to a R3 300 co-payment for day hospitals and a R6 150 co-payment for other hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts are paid from the Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the anaesthetist and hospital accounts, are payable from available day-to-day benefits, subject to the day-to-day limits
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 770 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 390 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R222 000 per beneficiary, maximum 1 event per year Intraocular lenses: R8 670 per beneficiary per event, maximum 2 events per year Other internal prostheses: R83 800 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R29 100 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R46 000 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits 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	R68 000 per family (combined limit), subject to case management

Major Medical

Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R87 900 per family at your chosen hospital network
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 220 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 070 co-payment applies per emergency out-patient claim
Provider	Any, Associated or State
Cover	Cover for 62 conditions - see page 42 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R12 400 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
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: R30 400 Per adult dependant: R26 400 Per child: R8 700 (max. 3 children)	25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold and are paid from Extended Cover at the Momentum Medical Scheme Rate subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R23 900 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)	R16 400 per beneficiary, R42 600 per family Both in- and out-of-hospital dental specialist accounts accumulate towards the specialised dentistry limit Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 670 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R29 600 per family, R8 950 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected Any or State provider: 100% of Momentum Medical Scheme Rate Associated providers: 100% of Momentum Medical Scheme Rate for Associated GPs and 70% of Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 030 per beneficiary. Frame sub-limit of R2 740
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 770 co-payment per scan and pre-authorisation
Prescribed medication	R21 100 per beneficiary, R40 000 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

Major Medical

Chronic


Day-to-day

Summit Option

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. See page 36 for the list of benefits.



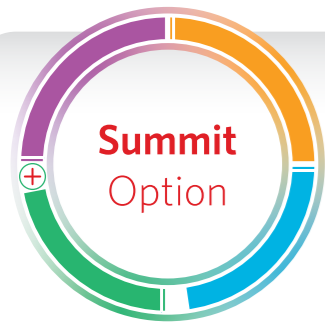
Your providers

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

Choose your family composition

					
R13 573	R24 428	R16 691	R27 546	R30 664	R33 782

Maximum of 3 children charged for



— This table represents a summary of the benefits for 2024
 — 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

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R26 100 cadaver costs R53 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate and the hospital accounts are paid in full at the negotiated rate. The dental, dental specialist and maxillo-facial surgeon accounts are paid from the Day-to-day Benefit and accumulate towards the overall day-to-day limit of R31 300 per beneficiary
- dentistry related to trauma	The hospital accounts are paid in full at the negotiated rate. The anaesthetist account and the dentist, dental specialist or maxillo-facial surgeon accounts are covered up to 300% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital and anaesthetist accounts are paid from the Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts are paid from the Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the anaesthetist and hospital accounts, are payable from available day-to-day benefits, subject to the day-to-day limits
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 770 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc)	R8 390 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R222 000 per beneficiary, maximum 1 event per year Intraocular lenses: R8 670 per beneficiary per event, maximum 2 events per year Other internal prostheses: R83 800 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R29 100 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R46 000 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits 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

Major Medical

Medical rehabilitation, private nursing, Hospice and step-down facilities	R68 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at any provider R87 900 per family at any hospital
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R9 010 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 070 co-payment applies per emergency out-patient claim

Major Medical

Provider	You can use any provider of your choice
Cover	Cover for 62 conditions - see page 42 for a list of the conditions covered: 26 conditions according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R31 300 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

Chronic

Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are paid at 100% of the Momentum Medical Scheme Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R31 300 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R8 950 per family. Subject to overall annual day-to-day limit of R31 300 per beneficiary
Mental health (incl. psychiatry and psychology)	R26 900 per family. Subject to overall annual day-to-day limit of R31 300 per beneficiary
Dentistry - basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R31 300 per beneficiary
Dentistry - specialised (such as bridges or crowns)	R18 800 per beneficiary, R45 300 per family. Subject to overall annual day-to-day limit of R31 300 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R36 500 per family. R21 100 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R31 300 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R31 300 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R31 300 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 500 per beneficiary. Frame sub-limit of R2 800 Subject to overall annual day-to-day limit of R31 300 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R31 300 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R31 300 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 770 co-payment per scan and pre-authorisation
Prescribed medication	R24 400 per beneficiary, R40 200 per family. Subject to overall annual day-to-day limit of R31 300 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

Day-to-day

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit.

You do not need to pre-notify before using Health Platform Benefits, except for dental consultations, pap smears, general physical examinations and HIV tests. Where pre-notification is required, you can pre-notify quickly and easily on the **Momentum app**, via the **web chat facility** or by logging on to **momentummedicalscheme.co.za**. You may also send us a **WhatsApp** or call us on **0860 11 78 59**.

On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider.

Benefit	Who?	How often?	Options						
			Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
Early detection tests									
Health assessment: 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 consultation (nurse or GP)	Women 15 and older	Based on type of pap smear (see below)	•	•					
Pap smear consultation (nurse, GP* or gynaecologist)	Women 15 and older	Based on type of pap smear (see below)			•	•	•	•	•
Pap smear (pathologist) Standard or LBC (Liquid based cytology)	Women 15 and older	Once a year	•	•	•	•	•	•	•
Or HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered)	Women 21 to 65	Once every 3 years			•	•	•	•	•
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									
Baby immunisations (On Ingwe and Fusion, baby immunisations are covered in private facilities for baby's first year, limited to R2 800. Once the limit is reached, immunisations are available at the Department of Health baby clinics)	Children up to age 6	As required by the Department of Health	•	•	•	•	•	•	
Flu vaccines	Children between 6 months and 5 years	Once a year	•	•	•	•	•	•	
	Beneficiaries 60 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			•	•	•	•	

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 Health Platform GP consultation benefits
- ** 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

Benefit	Who?	How often?	Options							
			Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit	
Maternity programme (subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)										
Doula benefit	Women registered on the programme	2 visits per pregnancy			•	•	•	•	•	
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	7 visits	•	•						
		12 visits			•	•	•	•	•	
Online or face-to-face antenatal and postnatal classes	Women registered on the programme	18-month online subscription with BellyBabies or face-to-face classes covered up to R410 per pregnancy at any provider					•	•	•	
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	Women registered on the programme	Antiglobin, platelet count and Rubella antibody					•	•	•	
		Blood group, full blood count and Rhesus factor	•	•	•	•	•	•	•	
		Creatinine			•	•	•	•	•	
		Glucose strip			•	•				
		Haemoglobin estimation					•	•	•	
		Urinalysis					•	•	•	
		Urine tests (microscopic exams, antibiotic susceptibility and culture)					•	•	•	
		Scans	Women registered on the programme	2 pregnancy scans	•	•				
				2 pregnancy scans 3D and 4D scans covered up to the rate we pay for 2D scans			•	•	•	•
Paediatrician visits	Babies up to 12 months registered on the programme	1 visit in baby's first year	•	•						
		2 visits in baby's first year			•	•	•	•	•	
Health line										
24-hour emergency health advice	All beneficiaries	As needed	•	•	•	•	•	•		

Specialised procedures/treatment

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

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

Cardiovascular	Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
24-hour halter ECG			■	■	■	■	■
Blood transfusions			■	■	■	■	■
Carotid angiograms			■	■	■	■	■
Coronary angiogram			■	■	■	■	■
Coronary angioplasty			■	■	■	■	■
Plasmapheresis			■	■	■	■	■
ENT	Ingwe	Fusion	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	Fusion	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	Fusion	Evolve	Custom	Incentive	Extender	Summit
Colonoscopy			■	■	■	■	■
ERCP			■	■	■	■	■
Gastroscopies			■	■	■	■	■
Oesophagoscopy			■	■	■	■	■
Sigmoidoscopy			■	■	■	■	■
Gynaecology	Ingwe	Fusion	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	Fusion	Evolve	Custom	Incentive	Extender	Summit
48-hour Holter EEG			■	■	■	■	■
Electro-convulsive therapy			■	■	■	■	■
Hyperbaric oxygen treatment for decompression sickness			■	■	■	■	■
Myelogram			■	■	■	■	■
Obstetrics	Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
Amniocentesis			■	■	■	■	■
Childbirth in non-hospital	■	■	■	■	■	■	■
Oncology	Ingwe	Fusion	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	Fusion	Evolve	Custom	Incentive	Extender	Summit
Cataract removal			■	■	■	■	■
Meibomian cyst excision	■	■	■	■	■	■	■
Pterygium removal			■	■	■	■	■
Trabeculectomy			■	■	■	■	■
Treatment of diseases of the conjunctiva			■	■	■	■	■
Orthopaedic	Ingwe	Fusion	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	Fusion	Evolve	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe, Fusion and Evolve Options, limited to Prescribed Minimum Benefits at State facilities)	■	■	■	■	■	■	■
Respiratory	Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
Bronchography			■	■	■	■	■
Bronchoscopy			■	■	■	■	■
Treatment of adult influenza			■	■	■	■	■
Treatment of adult respiratory tract infections			■	■	■	■	■
Urology	Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
Cystoscopy			■	■	■	■	■
Prostate biopsy	■	■	■	■	■	■	■
Vasectomy	■	■	■	■	■	■	■
Anorectal procedures	Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
Procedure for haemorrhoids, fissure and fistula	■	■	■	■	■	■	■
Incision and drainage of abscess and/or cyst	Ingwe	Fusion	Evolve	Custom	Incentive	Extender	Summit
Skin (deep/non-superficial lesions), subcutaneous tissue and pilonidal	■	■	■	■	■	■	■

Please note

- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R590 on the Evolve and Custom Options, up to R1 230 on the Incentive and Extender Options, and up to R1 460 on the Summit Option (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 830 per authorisation on the Evolve and Custom Options. This co-payment may vary for some of the procedures, see next page.

Specialised procedures/treatment co-payments

How specialised procedures/treatment are covered on the Evolve Option

The standard Evolve Option co-payment of **R1 830** per authorisation applies to these procedures and treatments regardless of where they are performed **Plus** the specialised procedures co-payment of **R3 660** per authorisation applies if performed in an acute or day hospital

Arthroscopies, Back and neck surgery*, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements*, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment*, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum app or momentummedicalscheme.co.za

+ HealthSaver is a complementary product offered by Momentum

* Covered at State facilities

How specialised procedures/treatment are covered on the Custom Option

The standard Custom Option co-payment of **R1 830** per authorisation applies to these procedures and treatments regardless of where they are performed **Plus** the specialised procedures co-payment of **R1 830** per authorisation applies if performed in a day hospital, or **R3 660** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)

Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum app or momentummedicalscheme.co.za

+ HealthSaver is a complementary product offered by Momentum

How specialised procedures/treatment are covered on the Incentive and Extender Options

A co-payment of **R1 830** per authorisation applies to these procedures and treatments if performed in a day hospital **Or** a co-payment of **R3 660** per authorisation applies to these procedures/treatment if performed in an acute hospital (hospital where overnight admissions apply)

Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum app or momentummedicalscheme.co.za

+ HealthSaver is a complementary product offered by Momentum

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 Fusion and Evolve Options

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 from a non-State pharmacy, or chronic medication that is not on the State entry-level formulary, co-payments may apply.

Members on the Custom, Incentive and Extender Options

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

- **Any:** You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on momentummedicalscheme.co.za).
- **Associated:** You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to an entry level formulary.
If you choose to get your medication from outside the formulary, or your chronic prescription from a non-Associated GP, or your chronic medication from a pharmacy other than Medipost, co-payments will apply. These co-payments will vary depending on your option.
- **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 choose to get your chronic medication from outside the State formulary, or your chronic medication from a pharmacy other than the State, co-payments will apply. These co-payments will vary depending on your 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 is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on momentummedicalscheme.co.za).

Chronic conditions covered

Chronic benefits are subject to registration and approval.

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

1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac dysrhythmias
6. Cardiac failure
7. Cardiomyopathy
8. Chronic obstructive pulmonary disease
9. Chronic renal disease
10. Coronary artery disease
11. Crohn's disease (excl. biologicals such as Revellex*)
12. Diabetes insipidus
13. Diabetes mellitus Type 1
14. Diabetes mellitus Type 2
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. Hyperlipidaemia
19. Hypertension
20. Hypothyroidism
21. Multiple sclerosis (excl. biologicals such as Avonex*, subject to protocols)
22. Parkinson's disease
23. Rheumatoid arthritis (excl. biologicals such as Revellex and Enbrel*)
24. Schizophrenia
25. Systemic lupus erythematosus
26. Ulcerative colitis

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R12 400 per family per year:

1. Acne
2. ADHD (Attention Deficit Hyperactivity Disorder)
3. Allergic rhinitis
4. Eczema
5. Pemphigus
6. Psoriasis

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R12 400 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R31 300 per beneficiary per year:

1. Acne
2. ADHD (Attention Deficit Hyperactivity Disorder)
3. Allergic rhinitis
4. Ankylosing spondylitis
5. Aplastic anaemia
6. Benign prostatic hypertrophy
7. Cushing's disease
8. Cystic fibrosis
9. Dermatomyositis
10. Eczema
11. Gout
12. Hypoparathyroidism
13. Immunosuppression therapy for transplants
14. Major depression
15. Menopause
16. Motor neuron disease
17. Muscular dystrophy and other inherited myopathies
18. Myasthenia gravis
19. Narcolepsy
20. Obsessive compulsive disorder
21. Oncology - ancillary treatment
22. Osteopenia
23. Osteoporosis
24. Other seizure disorders
25. Paraplegia/Quadriplegia
26. Pemphigus
27. Pituitary microadenomas
28. Post-traumatic stress syndrome
29. Psoriasis
30. Scleroderma
31. Stroke
32. Systemic sclerosis
33. Thromboangiitis obliterans
34. Thrombocytopenic purpura
35. Unipolar disorder
36. Valvular heart disease

Hospitals

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

Members on the **Fusion Option** need to use **Fusion Network hospitals.**

Members on the **Evolve Option** need to use **Evolve Network hospitals** and certain procedures are only covered in day hospitals. View a list of day hospitals on the Momentum app or momentummedicalscheme.co.za.

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

Eastern Cape		Ingwe	Fusion	Evolve	Associated
Beacon Bay - East London	Life Beacon Bay Hospital	●		●	
East London	East London Private Hospital	●			●
Gqeberha	Greenacres Hospital		●	●	
	Huntersraig Psychiatric Hospital				●
	New Mercantile Hospital	●			●
	St Georges Hospital	●			●
Humansdorp	Isivivana Private Hospital				●
Queenstown	Queenstown Private Hospital	●			●
Southernwood - East London	St. Dominic's Hospital	●			●
	St James Operating Theatres	●			●
	St Marks Clinic	●			●
Uitenhage	Netcare Cuyler Hospital		●		●
Umtata	St Mary's Private Hospital	●			●

Free State		Ingwe	Fusion	Evolve	Associated
Bethlehem	Mediclinic Hoogland	●			●
Bloemfontein	Bloemfontein Eye Hospital			●	●
	Mediclinic Bloemfontein		●		●
	Pasteur Hospital	●			●
Fichardt - Bloemfontein	Rosepark Hospital	●		●	
Kroonstad	Netcare Kroon Hospital		●		●
Welkom	Mediclinic Welkom	●		●	
Sasolburg	Netcare Sasolburg Hospital		●		●

Gauteng		Ingwe	Fusion	Evolve	Associated
Alberton	Netcare Alberton Hospital			●	●
Arcadia - Pretoria	Netcare Femina Hospital		●	●	
	Muelmed Hospital				●
	Pretoria Heart Hospital				●
Bedfordview - Johannesburg	Bedford Gardens Private Hospital	●			●
Benoni	Glynnview Hospital			●	●
	The Glynnwood	●			●
	Lakeview Hospital		●		
	Linmed Hospital			●	●
Birchleigh - Johannesburg	Birchmed Day Clinic			●	●
Brakpan	Dalview Clinic	●			●
Brooklyn - Pretoria	Brooklyn Surgical Centre	●			●
Bryanston - Johannesburg	Mediclinic Sandton				●
Centurion	Unitas Hospital			●	
Constantia Kloof - Johannesburg	Mayo Clinic				●
Die Wilgers - Pretoria	Wilgers Hospital	●			●
Erasmuskloof - Pretoria	Kloof Hospital				●
Faerie Glen - Pretoria	Faerie Glen Hospital	●			●
Florida - Johannesburg	Flora Clinic	●			●
Fourways	Fourways Hospital			●	●
Groenkloof - Pretoria	Groenkloof Hospital	●		●	●
Heidelberg	Suikerbosrand Clinic	●			●
Helderkrui - Johannesburg	Medgate Day Clinic				●

Gauteng (continued)		Ingwe	Fusion	Evolve	Associated
Kempton Park	Arwyp Medical Centre	●			
Kensington - Johannesburg	New Kensington Clinic	●			●
Krugersdorp	Netcare Krugersdorp Hospital		●		
	Netcare Pinehaven Private Hospital		●	●	
	Lenasia	Lenmed Clinic Limited	●		
Les Marais - Pretoria	Eugene Marais Hospital	●			●
Mabopane - Pretoria	Legae Private Clinic	●		●	●
Mayfair - Johannesburg	Garden City Hospital	●			●
Midrand	Carstenhof Clinic	●			●
	Waterfall City Hospital			●	
Midstream	Mediclinic Midstream				●
Morningside - Johannesburg	Mediclinic Morningside			●	●
Muckleneuk	Netcare Jakaranda Hospital		●		
Mulbarton	Netcare Mulbarton Hospital				●
Nietgedacht - Johannesburg	Riverfield Lodge	●			●
Parktown - Johannesburg	The Donald Gordon				●
	Brenthurst Clinic	●			●
	Nelson Mandela Children's Hospital				●
	Netcare Parklane Hospital		●		●
Pretoria North	Pretoria North Surgical Centre				●
Primrose - Johannesburg	Roseacres Clinic	●			●
Randburg - Johannesburg	Olivevale Clinic			●	●
Randfontein	Robinson Hospital	●			●
Rietfontein	Netcare Moot Hospital		●		
Roodepoort	Wilgeheuvel Hospital	●		●	●
Rosebank - Johannesburg	Netcare Rosebank Hospital		●		
Saxonwold - Johannesburg	Genesis Clinic			●	●
Soweto - Johannesburg	Clinix Tshepo	●			
	Springs Parkland Clinic	●			●
	Netcare N17 Private Hospital		●	●	
St Mary's - Johannesburg	St Mary's Womens Clinic	●			●
	Sunnyside - Pretoria	Medforum Hospital			●
Vanderbijlpark	Mediclinic Emfuleni	●			●
	Ocumed			●	
Vereeniging	Midvaal Private Hospital			●	●
	Mediclinic Vereeniging				●
	Clinix Naledi	●			
Vosloorus	Clinix Botshelong	●			

Kwazulu-Natal		Ingwe	Fusion	Evolve	Associated
Amazintoti	Kingsway Hospital			●	●
Berea - Durban	Entabeni Hospital	●			●
Ballito	Netcare Alberlito Hospital		●		
Chatsworth - Durban	Chatsmed Garden Hospital	●			●
	Durdoc Clinic	●			●
	City Hospital	●			●
Netcare St Augustines Hospital			●	●	
	Empangeni Garden Clinic	●			●
Hillcrest - Durban	Hillcrest Private Hospital			●	●
Hilton - Pietermaritzburg	Hilton Private Hospital				●
Howick	Lenmed Howick Private Hospital				●
Isipingo	Isipingo Hospital	●			●
Kingsway	Netcare Kingsway Hospital		●		
Ladysmith	La Verna Hospital	●			●
Margate	Netcare Margate Hospital	●	●		●
Newcastle	Newcastle Private Hospital	●		●	●
Newlands East - Durban	Ethekwini Hospital				●
Phoenix - Durban	Mount Edgecombe Hospital	●			●
Pietermaritzburg	Midlands Medical Centre	●			●
	Mediclinic Pietermaritzburg				●
	Netcare St Annes Hospital		●	●	
Pinetown	The Crompton Hospital	●			●
Port Shepstone	Hibiscus Hospital	●			●
Richards Bay	Melomed Richards Bay			●	
	Netcare The Bay Hospital		●		●
Tongaat	Victoria Hospital				●
uMhlanga	Gateway Hospital			●	●
	Netcare uMhlanga Hospital				●
	uMhlanga Eye Institute		●		
Westville - Durban	Westville Hospital	●		●	●

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

Mpumalanga		Ingwe	Fusion	Evolve	Associated
Bronkhorstspuit	Bronkhorstspuit Hospital	●			●
Emalaheni	Cosmos Hospital	●			●
Ermelo	Mediclinic Ermelo	●			●
Mbombela	Kiaat Private Hospital	●			●
	Lowveld Hospital				●
	Mediclinic Nelspruit	●	●		●
Middelburg	Midmed Hospital	●		●	●
Piet Retief	Piet Retief Hospital				●
Trichardt	Mediclinic Highveld	●	●		●

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

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

Western Cape		Ingwe	Fusion	Evolve	Associated
Bellville - Cape Town	Melomed Bellville	●			●
	Mediclinic Louis Leipoldt			●	●
Blaauwberg	Netcare Blaauwberg Hospital				●
Brackenfell	Mediclinic Cape Gate				●
Claremont - Cape Town	Peninsula Eye Hospital	●			●
	Kingsbury Hospital	●			●
Durbanville - Cape Town	Mediclinic Durbanville				●
Gatesville - Cape Town	Melomed Gatesville	●			●
George	Geneva Clinic	●			●
Mediclinic George		●			●
	Goodwood - Cape Town	Netcare N1 City		●	●
Hermanus	Mediclinic Hermanus				●
Knysna	Knysna Private Hospital	●			●
Kuilsriver	Netcare Kuilsriver Hospital		●		●
Milnerton - Cape Town	Mediclinic Milnerton				●
Mitchells Plain - Cape Town	Melomed Mitchells Plain	●			●
Mossel Bay	Bayview Hospital	●			●
Observatory	UCT Private Academic		●		●
Oranjezicht - Cape Town	Mediclinic Cape Town				●
Oudtshoorn	Mediclinic Klein Karoo				●
Paarl	Mediclinic Paarl	●			●
Panorama - Cape Town	Mediclinic Panorama				●
Pinelands - Cape Town	Vincent Pallotti Hospital	●			●
Plettenberg Bay	Mediclinic Plettenberg Bay				●
Plumstead	Mediclinic Constantiaberg			●	●
Rondebosch	Sport Science Orthopaedic Surgical Day Centre				●
Somerset West	Paardevlei Private Hospital			●	●
	Mediclinic Vergelegen				●
Stellenbosch	Mediclinic Stellenbosch	●			●
	Mediclinic Winelands	●			●
Tokai	Melomed Tokai				●
Vredenburg	West Coast Private Hospital	●			●
Worcester	Mediclinic Worcester				●

These hospital lists are subject to change. View the latest information on the Momentum app or momentummedicalscheme.co.za.

Glossary of terms

- 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.
- Clinical protocol:** Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
- Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
- Co-payment:** This is an amount that you need to pay towards medical procedures and treatments. The amount payable may vary depending on the type of procedure or treatment, and where the procedure or treatment is performed. If the co-payment amount is higher than the amount charged by the healthcare provider, you will have to pay for the cost of the procedure or treatment. A co-payment will not apply in the event of an emergency medical condition.
- Designated Service Providers (DSPs):** Momentum Medical Scheme uses a network of designated service providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat you for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits under point 16 for more information.
- 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.
- 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.
- 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.
- Hospitals:**
 - Acute hospital:** A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries, and which is permitted to provide treatment that includes part of an overnight stay at the facility.
 - Day hospital:** A healthcare facility which focuses on the provision of short-stay surgical and diagnostic procedures, performed in an operating theatre on a same-day basis. The patient is admitted in the morning and discharged on the same day.
- Momentum Medical Scheme Rate (MMSR):** Every year Momentum Medical Scheme negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount that the Scheme will pay per treatment. For all other providers, the amount that the Scheme pays is set on an annual basis. These amounts are called the Momentum Medical Scheme Rate (MMSR).
- Momentum Medical Scheme Reference Price** is the maximum rand value that Momentum Medical Scheme will pay for a medicine. If you voluntarily choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the Reference Price.
- Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or an out-patient facility.
- Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
- Pre-authorisation:** Pre-authorisation is when you contact us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with the Scheme Rules, your option and membership status.
- 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.
- 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 131 of 1998 and the Regulations thereto. In order to access these benefits:
 - Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
 - The treatment needed must match the treatments in the defined benefits.
 - You must use the Scheme's designated service providers. See the definition of designated service providers under point 5 for more information.

If you voluntarily choose to use non-designated service providers, the Scheme will pay benefits up to the Momentum Medical Scheme Rate and relevant co-payments will apply. If you use non-designated service providers in cases of an emergency medical condition, it is deemed involuntary and co-payments are therefore waived.

If your medical condition and treatment do not meet the above criteria to access these benefits, we will pay according to the benefits on your chosen benefit option.
- Provider definitions:**
 - Associated providers, e.g. hospitals, GPs and specialists:** These are providers that Momentum Medical Scheme has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
 - Evolve Network hospitals:** Members on the Evolve Option must make use of the Evolve Network hospitals. These are private acute and day hospitals which Momentum Medical Scheme has agreements in place with. See page 44 for the list of acute hospitals and view the list of the day hospitals on momentummedicalscheme.co.za.
 - 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.
 - Fusion Network hospitals:** Members on the Fusion Option must make use of the Fusion Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with - see page 44 for the list of hospitals.
 - Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with - see page 44 for the list of hospitals.
- Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe Primary Care Network providers.
- Preferred providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which the Scheme refers to as preferred providers. Depending on the benefit option you choose, you need to use preferred providers for certain benefits. Preferred providers are not the same as Designated Service Providers, which are used for the provision of Prescribed Minimum Benefits.
- State:** State hospitals are public facilities. You can save on your monthly 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 monthly contribution by choosing State as your Chronic Benefit provider.
- GP Virtual Consultation Network:** Momentum Medical Scheme has agreements in place with a network of GPs, including Hello Doctor, who provide virtual consultations to members on the Ingwe and Evolve Options.
- 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.
- 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.

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:

- 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;
- 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;
- Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
- 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);
- Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
- Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
- All costs for treatment if the efficacy and safety of such treatment cannot be proved;
- 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;
- Obesity;
- Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;
- Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
- Medication not registered by the Medicine Control Council;
- Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
- Gum guards and gold used in dentures;
- Frail care;
- Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
- 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;
- Appointments which a beneficiary fails to keep;
- Circumcision, unless clinically indicated, and any contraceptive measures or devices;
- Reversal of Vasectomies or tubal ligation (sterilisation);
- Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;
- 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;
- The cost of injury and any other related costs as a result of scuba diving to depths below 40 metres and cave diving.


Members

-  WhatsApp 0860 11 78 59
-  Web chat Log in to momentummedicalscheme.co.za and click on the chat button
-  Emergency medical transport 082 911 *South Africa*
+27 11 541 1263 *International*
-  momentummedicalscheme.co.za
-  Virtual help Visit momentummedicalscheme.co.za, click on "Contact us" and then on "Click here to join a virtual help session" for one of our consultants to assist you digitally
-  Claims claims@momentumhealth.co.za
-  Queries member@momentumhealth.co.za
-  Contact centre 0860 11 78 59

Financial advisers

-  via.momentum.co.za
- New business queries**
-  Call 0800 43 25 84
-  healthadvisernewbusiness@momentum.co.za
- New business documentation**
(application forms, outstanding requirements and acceptance letters)
-  Call 0800 43 25 84
-  healthnewbusiness@momentumhealth.co.za
- After-sales servicing**
-  WhatsApp 0800 43 25 84
-  Call 0800 43 25 84
-  healthadviserservice@momentum.co.za
-  Web chat Log in to via.momentum.co.za and click on the help icon on the health pages

Fraud hotline

-  Call 0800 00 04 38
-  momentummedicalscheme@tip-offs.com

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Council for Medical Schemes

-  Customer Care Centre 0861 123 267
-  information@medicalschemes.co.za
-  medicalschemes.co.za

Get access to information at your fingertips

Download the Momentum app for instant access to:

- your Momentum Medical Scheme benefit information,
- checking your Savings balance,
- viewing your claims history,
- submitting your claims,
- requesting authorisations for hospital admissions and procedures,
- pre-notifying for certain Health Platform Benefits,
- registering on the maternity programme,
- requesting travel certificates, and more.

