momentum
medical scheme

Our benefits

Marketing Brochure

2022

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised Procedures/ Treatment	Chronic Benefit	Hospital lists	Chronic conditions covered	Exclusions	Glossary of terms
2	4	6	10	14	18	22	26	30	32	35	36	38	39	40

2022

Member contact centre	0860 11 78 59	*Call or WhatsApp*
Financial adviser call centre	0800 43 25 84	*Call or WhatsApp*
Emergency evacuation	082 911	
Fraud hotline	0800 00 04 38	
	momentummedicalscheme@tip-offs.com	
Members	member@momentumhealth.co.za	
Claims	claims@momentumhealth.co.za	
Financial advisers	healthadviserservice@momentum.co.za	
	healthadvisernewbusiness@momentum.co.za	
Website	momentummedicalscheme.co.za	
Postal address	PO Box 2338 Durban 4000	

General disclaimers

This brochure is a marketing aid.

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

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

Make the right choice

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

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 for the different healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

The Benefit Structure

	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option
Major Medical Benefit	**Any hospital, Ingwe Network hospitals* or State hospitals**	**Evolve Network hospitals***	**Any** or **Associated hospitals***	**Any** or **Associated hospitals***	**Any** or **Associated hospitals***	**Any hospital**
The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room, registered day clinic or out-patient facility, provided treatment is clinically appropriate and has been pre-authorised.	Specialists covered up to **100%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**	Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies** **R1 640** co-payment applies	Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies** **R1 640** co-payment applies	Associated specialists covered in full. Other specialists covered up to **200%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**	Associated specialists covered in full. Other specialists covered up to **200%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**	Associated specialists covered in full. Other specialists covered up to **300%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**
Chronic Benefit	For medical management including doctor, pharmacy, blood tests, x-rays, etc **Ingwe Primary Care Network providers**** or **Ingwe Active Primary Care Network providers****	For medical management including doctor, pharmacy, blood tests, x-rays, etc **State** facilities	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	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	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	For medical management including doctor, pharmacy, blood tests, x-rays, etc **Freedom-of-choice**
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.	**26** conditions - no annual limit applies Chronic Benefit formulary: **Network** entry level formulary	**26** conditions - no annual limit applies Chronic Benefit formulary: **State** formulary	**26** conditions - no annual limit applies Chronic Benefit formulary: **Any:** Core formulary **Associated:** Entry level formulary **State:** State formulary	**26** conditions - no annual limit applies Additional **6** conditions limited to **R11 100** per family Chronic Benefit formulary: **Any:** Standard formulary **Associated:** Entry level formulary **State:** State formulary	**26** conditions - no annual limit applies Additional **36** conditions limited to **R11 100** per family Chronic Benefit formulary: **Any:** Extended formulary **Associated:** Entry level formulary **State:** State formulary	**26** conditions - no annual limit applies Additional **36** conditions accumulate to the overall day-to-day limit of **R28 000** per beneficiary Chronic Benefit formulary: **Comprehensive** formulary
Day-to-day Benefit	**Ingwe Primary Care Network providers**** or **Ingwe Active Primary Care Network providers****	**Any**	**Any**	**Any**, subject to Savings if available	**Any** or **Associated** (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)	**Freedom-of-choice**
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+.	**Primary care** (such as GP visits, prescribed medicine, etc) **Secondary care** (Specialist visits)	You may add the **HealthSaver+** to provide cover for your day-to-day healthcare needs	You may add the **HealthSaver+** to provide cover for your day-to-day healthcare needs	Savings **10%** of total contribution	Savings **25%** of total contribution plus Extended Cover	Paid from risk benefit, subject to overall day-to-day limit of **R28 000** per beneficiary This is a combined limit incorporating both day-to-day cover and cover for the **36** additional chronic conditions
Health Platform Benefit	On the **Ingwe Option**, Health Platform Benefits are only available from your chosen **Primary Care Network provider,** except for maternity programme benefits	Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit				
The Health Platform Benefit encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection, a leading maternity programme, management of certain diseases, health education and advice and emergency cover.						

Complementary Momentum Products

You 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

momentum

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

Individual contributions

Ingwe Option

Monthly income	Hospital	Chronic	Day-to-day	Contributions payable from **1 January 2022 to 31 August 2022** P	A	C	Contributions payable from **1 September 2022 to 31 December 2022** P	A	C
<= R775	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R455	R455	R392	R482	R482	R415
	Ingwe Network			R455	R455	R410	R482	R482	R434
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R455	R455	R455	R482	R482	R482
R776 – R7 750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R747	R747	R403	R792	R792	R427
	Ingwe Network			R940	R940	R430	R996	R996	R456
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 221	R1 221	R484	R1 294	R1 294	R513
R7 751 – R10 250	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R856	R856	R413	R907	R907	R438
	Ingwe Network			R1 196	R1 196	R447	R1 268	R1 268	R474
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 708	R1 708	R516	R1 810	R1 810	R547
R10 251 – R14 600	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R999	R999	R432	R1 059	R1 059	R458
	Ingwe Network			R1 665	R1 665	R489	R1 752	R1 752	R515
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 326	R2 326	R543	R2 465	R2 465	R575
R14 601 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 726	R1 726	R519	R1 829	R1 829	R550
	Ingwe Network			R2 358	R2 358	R694	R2 499	R2 499	R736
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 984	R2 984	R866	R3 163	R3 163	R918

Evolve Option

Hospital	Chronic	P	A	C	P	A	C
Evolve Network	State	R1 345	R1 345	R1 345	R1 424	R1 424	R1 424

Custom Option

Hospital	Chronic	P	A	C	P	A	C
Associated	Any	R2 423	R1 912	R855	R2 580	R2 036	R910
	Associated	R2 194	R1 701	R775	R2 330	R1 806	R823
	State	R1 706	R1 291	R605	R1 808	R1 368	R641
Any	Any	R2 891	R2 320	R1 032	R 3 078	R2 470	R1 099
	Associated	R2 601	R2 032	R945	R2 762	R2 158	R1 004
	State	R2 173	R1 640	R796	R2 303	R1 738	R844

Incentive Option

Hospital	Chronic		P	A	C	P	A	C
Associated	Any	**Total contribution**	**R3 449**	**R2 774**	**R1 289**	**R3 672**	**R2 954**	**R1 372**
		Risk contribution	R3 104	R2 497	R1 160	R3 305	R2 659	R1 235
		Savings 10%	R345	R277	R129	R367	R295	R137
		***Annual Savings** (1 January to 31 December 2022)*				**R4 228**	**R3 396**	**R1 580**
	Associated	**Total contribution**	**R3 113**	**R2 477**	**R1 182**	**R3 307**	**R2 630**	**R1 256**
		Risk contribution	R2 802	R2 229	R1 064	R2 976	R2 367	R1 130
		Savings 10%	R311	R248	R118	R331	R263	R126
		***Annual Savings** (1 January to 31 December 2022)*				**R3 812**	**R3 036**	**R1 448**
	State	**Total contribution**	**R2 224**	**R1 756**	**R853**	**R2 354**	**R1 858**	**R903**
		Risk contribution	R2 002	R1 580	R768	R2 119	R1 672	R813
		Savings 10%	R222	R176	R85	R235	R186	R90
		***Annual Savings** (1 January to 31 December 2022)*				**R2 716**	**R2 152**	**R1 040**
Any	Any	**Total contribution**	**R3 899**	**R3 168**	**R1 520**	**R4 151**	**R3 373**	**R1 619**
		Risk contribution	R3 509	R2 851	R1 368	R3 736	R3 036	R1 457
		Savings 10%	R390	R317	R152	R415	R337	R162
		***Annual Savings** (1 January to 31 December 2022)*				**R4 780**	**R3 884**	**R1 864**
	Associated	**Total contribution**	**R3 388**	**R2 718**	**R1 331**	**R3 598**	**R2 886**	**R1 413**
		Risk contribution	R3 049	R2 446	R1 198	R3 238	R2 597	R1 272
		Savings 10%	R339	R272	R133	R360	R289	R141
		***Annual Savings** (1 January to 31 December 2022)*				**R4 152**	**R3 332**	**R1 628**
	State	**Total contribution**	**R2 763**	**R2 178**	**R1 093**	**R2 924**	**R2 304**	**R1 157**
		Risk contribution	R2 487	R1 960	R984	R2 632	R2 074	R1 041
		Savings 10%	R276	R218	R109	R292	R230	R116
		***Annual Savings** (1 January to 31 December 2022)*				**R3 376**	**R2 664**	**R1 336**

Extender Option

Hospital	Chronic		Contributions payable from **1 January 2022 to 31 August 2022** P	A	C	Contributions payable from **1 September 2022 to 31 December 2022** P	A	C
Associated	Any	**Total contribution**	**R6 523**	**R5 255**	**R1 845**	**R6 945**	**R5 595**	**R1 965**
		Risk contribution	R4 892	R3 941	R1 384	R5 209	R4 196	R1 474
		Savings 25%	R1 631	R1 314	R461	R1 736	R1 399	R491
		***Annual Savings** (1 January to 31 December 2022)*				**R19 992**	**R16 108**	**R5 652**
		Threshold	R24 900	R21 700	R7 200	R24 900	R21 700	R7 200
	Associated	**Total contribution**	**R5 969**	**R4 805**	**R1 717**	**R6 339**	**R5 103**	**R1 824**
		Risk contribution	R4 477	R3 604	R1 288	R4 754	R3 827	R1 368
		Savings 25%	R1 492	R1 201	R429	R1 585	R1 276	R456
		***Annual Savings** (1 January to 31 December 2022)*				**R18 276**	**R14 712**	**R5 256**
		Threshold	R24 900	R21 700	R7 200	R24 900	R21 700	R7 200
	State	**Total contribution**	**R5 231**	**R3 967**	**R1 537**	**R5 544**	**R4 204**	**R1 629**
		Risk contribution	R3 923	R2 975	R1 153	R4 158	R3 153	R1 222
		Savings 25%	R1 308	R992	R384	R1 386	R1 051	R407
		***Annual Savings** (1 January to 31 December 2022)*				**R16 008**	**R12 140**	**R4 700**
		Threshold	R24 900	R21 700	R7 200	R24 900	R21 700	R7 200
Any	Any	**Total contribution**	**R7 419**	**R5 975**	**R2 128**	**R7 899**	**R6 361**	**R2 265**
		Risk contribution	R5 564	R4 481	R1 596	R5 924	R4 771	R1 699
		Savings 25%	R1 855	R1 494	R532	R1 975	R1 590	R566
		***Annual Savings** (1 January to 31 December 2022)*				**R22 740**	**R18 312**	**R6 520**
		Threshold	R24 900	R21 700	R7 200	R24 900	R21 700	R7 200
	Associated	**Total contribution**	**R6 624**	**R5 335**	**R1 905**	**R7 035**	**R5 665**	**R2 024**
		Risk contribution	R4 968	R4 001	R1 429	R5 276	R4 249	R1 518
		Savings 25%	R1 656	R1 334	R476	R1 759	R1 416	R506
		***Annual Savings** (1 January to 31 December 2022)*				**R20 284**	**R16 336**	**R5 832**
		Threshold	R24 900	R21 700	R7 200	R24 900	R21 700	R7 200
	State	**Total contribution**	**R5 941**	**R4 877**	**R1 745**	**R6 297**	**R5 169**	**R1 849**
		Risk contribution	R4 456	R3 658	R1 309	R4 723	R3 877	R1 387
		Savings 25%	R1 485	R1 219	R436	R1 574	R1 292	R462
		***Annual Savings** (1 January to 31 December 2022)*				**R18 176**	**R14 920**	**R5 336**
		Threshold	R24 900	R21 700	R7 200	R24 900	R21 700	R7 200

Summit Option

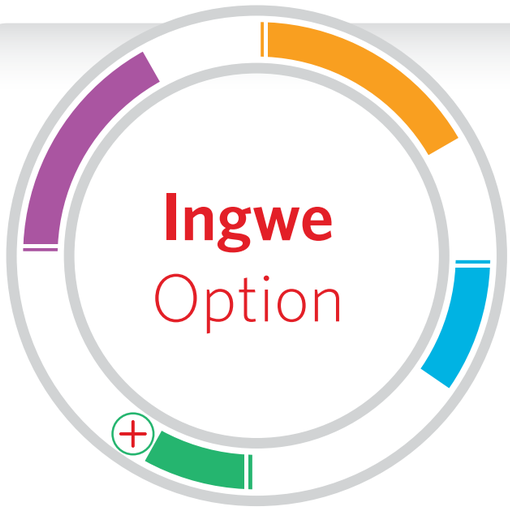
Hospital	Chronic	Day-to-day	P	A	C	P	A	C
Any	Freedom-of-choice	Freedom-of-choice	R10 642	R8 511	R2 445	R11 331	R9 062	R2 603

Contributions for **1 January to 31 August 2022** are unchanged from 2021. Contributions will only increase from **1 September 2022**

P = Principal A = Adult C = Child

Child rates apply to child dependants younger than 21

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



Overview

The Ingwe Option provides affordable access to entry level cover.

There is no overall annual limit for **hospitalisation**. For your hospitalisation cover, you can choose to use either Any hospital, the Ingwe Network of private hospitals (see page 36 for this list), or State hospitals for an even lower monthly contribution.

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

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

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

Contributions payable from **1 January 2022 to 31 August 2022** *(unchanged from 2021)*

Choose your **monthly income**	Choose your **providers**			Choose your **family composition**					
	Hospital	**Chronic**	**Day-to-day**						
<= R775	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R455	R910	R847	R1 302	R1 694	R2 086
	Ingwe Network			R455	R910	R865	R1 320	R1 730	R2 140
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R455	R910	R910	R1 365	R1 820	R2 275
R776 – R7 750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R747	R1 494	R1 150	R1 897	R2 300	R2 703
	Ingwe Network			R940	R1 880	R1 370	R2 310	R2 740	R3 170
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 221	R2 442	R1 705	R2 926	R3 410	R3 894
R7 751 – R10 250	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R856	R1 712	R1 269	R2 125	R2 538	R2 951
	Ingwe Network			R1 196	R2 392	R1 643	R2 839	R3 286	R3 733
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 708	R3 416	R2 224	R3 932	R4 448	R4 964
R10 251 – R14 600	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R999	R1 998	R1 431	R2 430	R2 862	R3 294
	Ingwe Network			R1 665	R3 330	R2 154	R3 819	R4 308	R4 797
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 326	R4 652	R2 869	R5 195	R5 738	R6 281
R14 601 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 726	R3 452	R2 245	R3 971	R4 490	R5 009
	Ingwe Network			R2 358	R4 716	R3 052	R5 410	R6 104	R6 798
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 984	R5 968	R3 850	R6 834	R7 700	R8 566

All children are charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Choose your **monthly income**	Choose your **providers**			Choose your **family composition**					
	Hospital	**Chronic**	**Day-to-day**						
<= R775	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R482	R964	R897	R1 379	R1 794	R2 209
	Ingwe Network			R482	R964	R916	R1 398	R1 832	R2 266
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R482	R964	R964	R1 446	R1 928	R2 410
R776 – R7 750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R792	R1 584	R1 219	R2 011	R2 438	R2 865
	Ingwe Network			R996	R1 992	R1 452	R2 448	R2 904	R3 360
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 294	R2 588	R1 807	R3 101	R3 614	R4 127
R7 751 – R10 250	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R907	R1 814	R1 345	R2 252	R2 690	R3 128
	Ingwe Network			R1 268	R2 536	R1 742	R3 010	R3 484	R3 958
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 810	R3 620	R2 357	R4 167	R4 714	R5 261
R10 251 – R14 600	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 059	R2 118	R1 517	R2 576	R3 034	R3 492
	Ingwe Network			R1 752	R3 504	R2 267	R4 019	R4 534	R5 049
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 465	R4 930	R3 040	R5 505	R6 080	R6 655
R14 601 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 829	R3 658	R2 379	R4 208	R4 758	R5 308
	Ingwe Network			R2 499	R4 998	R3 235	R5 734	R6 470	R7 206
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R3 163	R6 326	R4 081	R7 244	R8 162	R9 080

All children are charged for

- *This table represents a summary of the benefits for 2022*
- *Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or the Ingwe Active Primary Care Network*
- *If you choose Ingwe Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff*
- *If you choose State hospitals as your preferred provider for the Major Medical Benefit and do not use this provider, a co-payment will apply. This co-payment will be the difference in the cost between State facility charges and the amount charged by the provider you use*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
+ *HealthSaver is a complementary product offered by Momentum*

Major Medical

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. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements **Caesarean sections: Only emergency caesareans are covered**	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R5 800 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis – external (such as artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Mental health **- incl. psychiatry and psychology** **- drug and alcohol rehabilitation**	Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R14 200 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV **Anti-retroviral treatment** **HIV related admissions**	At your chosen network provider R34 500 per family R35 000 per family

Chronic

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to a list of medicine, referred to as a Network entry level formulary

Day-to-day

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Savings	Not applicable. You can choose to add the HealthSaver+
General rule applicable to Day-to-day Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to the rules and provisions set by the network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc)	Not covered
General practitioners	There is no limit to the number of times you visit your Primary Care Network GP However, please note all visits from the 11th visit onwards must be pre-authorised
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R100 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 150 per visit and up to a maximum of R2 300 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral by your Ingwe Primary Care Network or Ingwe Active Primary Care Network provider and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities
Physiotherapy	Included in the specialist limit
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

Evolve Option

Overview

The Evolve Option provides cover for **hospitalisation** at the Evolve Network of private hospitals (see page 36 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.

You have cover for two virtual consultations from Hello Doctor or Evolve Network GPs. 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.

Contributions payable from **1 January 2022 to 31 August 2022** *(unchanged from 2021)*

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

Maximum of 3 children charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Evolve Network	State	R1 424	R2 848	R2 848	R4 272	R5 696	R7 120

Maximum of 3 children charged for

Evolve Option

- *This table represents a summary of the benefits for 2022*
- *If you do not use Evolve Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff*
- *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 Momentum Medical Scheme will be responsible for 70% of the negotiated tariff*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*

* *See glossary on page 40 for the definition of emergency treatment*
\+ *HealthSaver is a complementary product offered by Momentum*

Major Medical

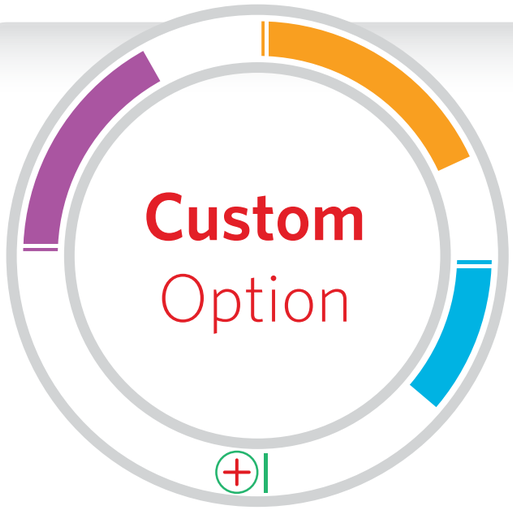
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Evolve Network hospitals Certain procedures are only covered in day hospitals View a list of these procedures and the list of day hospitals on the Momentum app or momentummedicalscheme.co.za
Co-payment	R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment* An additional co-payment may apply for specialised procedures - see page 34
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. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver+ if available
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	R200 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. You need to get your oncology treatment and medication from the Evolve Network of Oncologists
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R6 450 per family
Prosthesis – internal (incl. permanent pacemakers, cochlear implants, etc) Joint replacements, including knee and hip surgery, are limited to Prescribed Minimum Benefits at State facilities	Intraocular lenses: R5 400 per beneficiary per event, maximum 2 events per year Other internal prostheses: R35 900 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R23 250 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to a co-payment of R2 740 per scan and pre-authorisation
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits, 21-day limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R49 600 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R41 000 per family

Chronic

Provider	State facilities
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

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	Two virtual consultations from Hello Doctor or Evolve Network GPs. Consultations include scripting of medication where required. Medication subject to HealthSaver+, if available
Specialists	Subject to HealthSaver+ if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver+ if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver+ if available
Radiology (such as X-rays)	Subject to HealthSaver+ if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 740 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver+ if available
Over-the-counter medication	Subject to HealthSaver+ if available



Overview

The Custom Option provides cover for **hospitalisation** at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 36 for this list).

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

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

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

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

Contributions payable from **1 January 2022 to 31 August 2022** *(unchanged from 2021)*

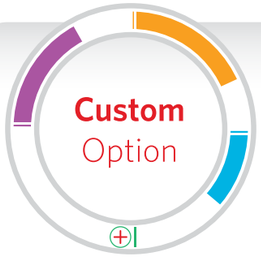
Choose your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R2 423	R4 335	R3 278	R5 190	R6 045	R6 900
	Associated	R2 194	R3 895	R2 969	R4 670	R5 445	R6 220
	State	R1 706	R2 997	R2 311	R3 602	R4 207	R4 812
Any	Any	R2 891	R5 211	R3 923	R6 243	R7 275	R8 307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

Maximum of 3 children charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Choose your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R2 580	R4 616	R3 490	R5 526	R6 436	R7 346
	Associated	R2 330	R4 136	R3 153	R4 959	R5 782	R6 605
	State	R1 808	R3 176	R2 449	R3 817	R4 458	R5 099
Any	Any	R3 078	R5 548	R4 177	R6 647	R7 746	R8 845
	Associated	R2 762	R4 920	R3 766	R5 924	R6 928	R7 932
	State	R2 303	R4 041	R3 147	R4 885	R5 729	R6 573

Maximum of 3 children charged for



— *This table represents a summary of the benefits for 2022*
— *If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariff*
— *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
* *See glossary on page 40 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*

Major Medical

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply for specialised procedures - see page 34
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. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver+ if available
Renal dialysis**	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R21 100 cadaver costs R42 800 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 640 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from HealthSaver+, if available
- impacted wisdom teeth	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R3 000 co-payment for day hospitals and R5 500 co-payment for other hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of Momentum Medical Scheme Rate
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 740 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R6 820 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R5 900 per beneficiary per event, maximum 2 events per year Other internal prostheses: R50 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R23 750 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R38 500 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R55 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R72 700 per family

Chronic

Provider	Any, Associated or State
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

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)	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 640 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 R2 740 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver+ if available
Over-the-counter medication	Subject to HealthSaver+ if available

Overview

The Incentive Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 36 for this list).

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

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

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

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

Contributions payable from **1 January 2022 to 31 August 2022** *(unchanged from 2021)*

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

Maximum of 3 children charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Choose your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R3 672	R6 626	R5 044	R7 998	R9 370	R10 742
	Associated	R3 307	R5 937	R4 563	R7 193	R8 449	R9 705
	State	R2 354	R4 212	R3 257	R5 115	R6 018	R6 921
Any	Any	R4 151	R7 524	R5 770	R9 143	R10 762	R12 381
	Associated	R3 598	R6 484	R5 011	R7 897	R9 310	R10 723
	State	R2 924	R5 228	R4 081	R6 385	R7 542	R8 699

Maximum of 3 children charged for

— *This table represents a summary of the benefits for 2022*
— *If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariff*
— *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*

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

Major Medical

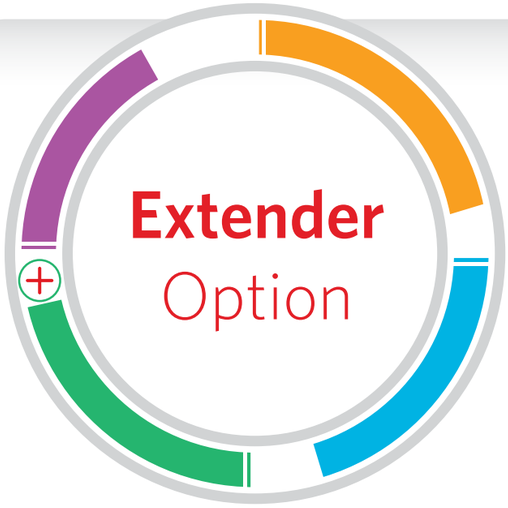
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for specialised procedures - see page 34
General rule applicable to Major Medical Benefits	You to 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. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R23 300 cadaver costs R47 100 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 500 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Savings, if available
- impacted wisdom teeth	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R3 000 co-payment for day hospitals and R5 500 co-payment for other hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of Momentum Medical Scheme Rate
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R7 150 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R181 700 per beneficiary, maximum 1 event per year Intraocular lenses: R7 250 per beneficiary per event, maximum 2 events per year Other internal prostheses: R55 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R24 900 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R41 400 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R57 500 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R78 600 per family

Chronic

Provider	Any, Associated or State
Cover	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R11 100 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

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)	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 500 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 480 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available



Overview

The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 36 for this list).

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

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

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

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

Contributions payable from **1 January 2022 to 31 August 2022** *(unchanged from 2021)*

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

Maximum of 3 children charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Choose your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R6 945	R12 540	R8 910	R14 505	R16 470	R18 435
	Associated	R6 339	R11 442	R8 163	R13 266	R15 090	R16 914
	State	R5 544	R9 748	R7 173	R11 377	R13 006	R14 635
Any	Any	R7 899	R14 260	R10 164	R16 525	R18 790	R21 055
	Associated	R7 035	R12 700	R9 059	R14 724	R16 748	R18 772
	State	R6 297	R11 466	R8 146	R13 315	R15 164	R17 013

Maximum of 3 children charged for

— *This table represents a summary of the benefits for 2022*
— *If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariff*
— *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*

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

Major Medical

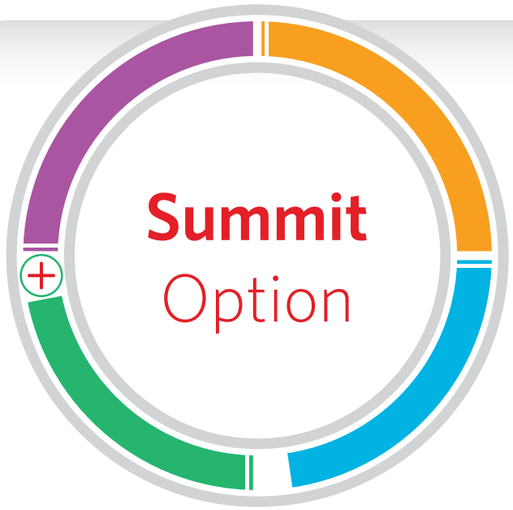
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for specialised procedures - see page 34
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. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R23 300 cadaver costs R47 100 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 500 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards limit
- impacted wisdom teeth	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R3 000 co-payment for day hospitals and R5 500 co-payment for other hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of Momentum Medical Scheme Rate
Maternity confinements	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R7 500 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R198 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 750 per beneficiary per event, maximum 2 events per year Other internal prostheses: R74 900 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R26 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R41 400 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R60 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R78 600 per family

Chronic

Provider	Any, Associated or State
Cover	Cover for 62 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R11 100 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

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: R24 900 Per adult dependant: R21 700 Per child: R7 200 (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)	R21 400 per family
Dentistry – basic (such as extractions or fillings)	Unlimited within the provisions of the General Rule mentioned above
Dentistry – specialised (such as bridges or crowns)	R14 600 per beneficiary, R38 100 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the limit. 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 500 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R26 500 per family, R8 000 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected Any or State provider: 100% of Momentum Medical Scheme Rate Associated providers: 100% of Momentum Medical Scheme Rate for Associated GPs and 70% of Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 500 per beneficiary. Frame sub-limit of R2 450
Pathology (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology (such as X-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 480 co-payment per scan and pre-authorisation
Prescribed medication	R18 900 per beneficiary, R35 800 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)



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.

Contributions payable from **1 January 2022 to 31 August 2022** *(unchanged from 2021)*

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

Maximum of 3 children charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Your **providers**			Choose your **family composition**					
Hospital	**Chronic**	**Day-to-day**						
Any	Freedom-of-choice	Freedom-of-choice	R11 331	R20 393	R13 934	R22 996	R25 599	R28 202

Maximum of 3 children charged for

Summit Option

— *This table represents a summary of the benefits for 2022*
— *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*

Major Medical

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. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R23 300 cadaver costs R47 100 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards overall day-to-day limit of R28 000 per beneficiary
- impacted wisdom teeth	Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc)	R7 500 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R198 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 750 per beneficiary per event, maximum 2 events per year Other internal prostheses: R74 900 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R26 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R41 100 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R60 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At any provider No annual limit applies R78 600 per family

Chronic

Provider	You can use any provider of your choice
Cover	Cover for 62 conditions 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R28 000 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

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 R28 000 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R8 000 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary
Mental health (incl. psychiatry and psychology)	R24 100 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R16 800 per beneficiary, R40 500 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit. 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)	R32 600 per family. R18 900 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R28 000 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 900 per beneficiary. Frame sub-limit of R2 500 Subject to overall annual day-to-day limit of R28 000 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R28 000 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 480 co-payment per scan and pre-authorisation
Prescribed medication	R21 800 per beneficiary, R35 900 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

Health Platform Benefit

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

Benefit	Who?	How often?	Options					
Early detection tests			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Health assessment (pre-notification not required): Blood pressure test, Cholesterol and Blood sugar (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year	•	•	•	•	•	•
Pap smear (pathologist)	Women 15 and older	Once a year	•	•	•	•	•	•
Pap smear consultation (GP)	Women 15 and older	Once a year	•					
Pap smear consultation (GP* or gynaecologist)	Women 15 and older	Once a year		•	•	•	•	•
Mammogram	Women 38 and older	Once every 2 years		•	•	•	•	•
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years		•	•	•	•	•
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years	•	•	•	•	•	•
	Beneficiaries 30 to 59	Once every 3 years	•	•	•	•	•	•
	Beneficiaries 60 to 69	Once every 2 years	•	•	•	•	•	•
	Beneficiaries 70 and older	Once a year	•	•	•	•	•	•
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years	•	•	•	•	•	•
	Men 50 to 59	Once every 3 years	•	•	•	•	•	•
	Men 60 to 69	Once every 2 years	•	•	•	•	•	•
	Men 70 and older	Once a year	•	•	•	•	•	•
Cholesterol test (pathologist)**	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Blood sugar test (pathologist)***	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years		•	•	•	•	•
	Beneficiaries 50 and older	Once a year		•	•	•	•	•
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	•	•	•	•	•	•
Preventative care			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Baby immunisations (On Ingwe, baby immunisations are covered in private facilities for baby's first year, limited to R2 500. 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 GP consultations*

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

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

Benefit	Who?	How often?	Options					
Maternity programme (subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Doula benefit	Women registered on the programme	2 visits per pregnancy		•	•	•	•	•
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	7 visits	•					
		12 visits		•	•	•	•	•
Online antenatal and postnatal classes	Women registered on the programme	18-month subscription				•	•	•
Online video consultation with lactation specialist	Women registered on the programme	Initial consultation				•		
		Initial consultation plus follow up					•	•
Nurse home visit	Women registered on the programme	Day after return from hospital	•	•	•	•	•	•
		2 weeks after initial visit		•	•	•	•	•
		6 weeks after initial visit				•	•	•
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits	•	•	•	•	•	•
Pathology tests: Antiglobin, platelet count and Rubella antibody	Women registered on the programme	1 test				•	•	•
Pathology tests: Blood group, full blood count and Rhesus factor		1 test	•	•	•	•	•	•
Pathology tests: Creatinine		1 test		•	•	•	•	•
Pathology tests: Glucose strip		1 test		•	•			
		2 tests				•	•	•
Pathology tests: Haemoglobin estimation		1 test	•	•	•			
		2 tests				•	•	•
Pathology tests: Urinalysis		7 tests	•					
		12 tests		•	•	•	•	•
Pathology tests: Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated	•	•	•	•	•	•
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 management programmes (subject to registration on the relevant programme)			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cholesterol, Chronic renal failure, Diabetes, Drug and alcohol rehabilitation, HIV/Aids, Hypertension, Mental health, Oncology and Organ transplants	All beneficiaries registered on the appropriate programme	As needed	•	•	•	•	•	•
Health line			Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour emergency health advice	All beneficiaries	As needed	•	•	•	•	•	•
Emergency evacuation			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency	•	•	•	•	•	•
International evacuation by ISOS	All beneficiaries	In an emergency		•	•	•	•	•
International emergency cover by ISOS			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Ingwe: Not covered Evolve: R5 million Custom: R7.66 million Incentive: R8 million Extender: R8.22 million Summit: R9.01 million This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover, on all options, except Ingwe. A R1 850 co-payment applies per out-patient claim	Per beneficiary per 90-day journey	In an emergency		•	•	•	•	•

Specialised Procedures/treatment

The following list is a guideline of the procedures/treatment covered on the various benefit options and paid from the Major Medical Benefit, irrespective of whether the procedure/treatment is performed in- or out-of-hospital.
Pre-authorisation is required regardless of where the procedure/treatment is performed. It is important to note that this is not the complete list of all procedures/treatment covered by the Scheme. Should you need clarity on whether a procedure/treatment is covered, please contact us to confirm.

Cardiovascular	Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour halter ECG		•	•	•	•	•
Blood transfusions		•	•	•	•	•
Carotid angiograms		•	•	•	•	•
Coronary angiogram		•	•	•	•	•
Coronary angioplasty		•	•	•	•	•
Plasmapheresis		•	•	•	•	•

ENT	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Antroscopies		•	•	•	•	•
Direct laryngoscopy		•	•	•	•	•
Grommets	•	•	•	•	•	•
Myringotomy	•	•	•	•	•	•
Nasal cautery	•	•	•	•	•	•
Nasal scans and surgery		•	•	•	•	•
Functional nasal and sinus surgery		•	•	•	•	•
Tonsillectomy	•	•	•	•	•	•

General procedures and treatments	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Biopsy of breast lump	•	•	•	•	•	•
Drainage of subcutaneous abscess	•	•	•	•	•	•
Removal of extensive skin lesions	•	•	•	•	•	•
Removal of minor skin lesions		•	•	•	•	•
Laparoscopy		•	•	•	•	•
Lymph node biopsy	•	•	•	•	•	•
Nail surgery		•	•	•	•	•
Open hernia repairs	•	•	•	•	•	•
Superficial foreign body removal	•	•	•	•	•	•
Treatment of headache		•	•	•	•	•

Gastro-intestinal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Colonoscopy		•	•	•	•	•
ERCP		•	•	•	•	•
Gastroscopies		•	•	•	•	•
Oesophagoscopy		•	•	•	•	•
Sigmoidoscopy		•	•	•	•	•

Gynaecology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cervical laser ablation		•	•	•	•	•
Colposcopy	•	•	•	•	•	•
Cone biopsy	•	•	•	•	•	•
Dilatation and curettage	•	•	•	•	•	•
Hysteroscopy		•	•	•	•	•
Incision and drainage of Bartholin's cyst	•	•	•	•	•	•
Marsupialisation of Bartholin's cyst	•	•	•	•	•	•
Tubal ligation	•	•	•	•	•	•

Neurology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
48-hour halter EEG		•	•	•	•	•
Electro-convulsive therapy		•	•	•	•	•
Hyperbaric oxygen treatment for decompression sickness		•	•	•	•	•
Myelogram		•	•	•	•	•

Obstetrics	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Amniocentesis		•	•	•	•	•
Childbirth in non-hospital	•	•	•	•	•	•

Oncology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Chemotherapy (On Ingwe Option, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Hyperbaric oxygen for radiation necrosis		•	•	•	•	•
Radiotherapy (On Ingwe Option, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•

Ophthalmology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cataract removal		•	•	•	•	•
Meibomian cyst excision	•	•	•	•	•	•
Pterygium removal		•	•	•	•	•
Trabeculectomy		•	•	•	•	•
Treatment of diseases of the conjunctiva		•	•	•	•	•

Orthopaedic	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Arthroscopy		•	•	•	•	•
Back and neck surgery (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Bunionectomy		•	•	•	•	•
Carpal tunnel release	•	•	•	•	•	•
Conservative back and neck treatment (On Evolve Option, covered at State facilities)		•	•	•	•	•
Ganglion surgery	•	•	•	•	•	•
Joint replacements (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•

Renal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Evolve Options, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•

Respiratory	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Bronchography		•	•	•	•	•
Bronchoscopy		•	•	•	•	•
Treatment of adult influenza		•	•	•	•	•
Treatment of adult respiratory tract infections		•	•	•	•	•

Urology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cystoscopy		•	•	•	•	•
Prostate biopsy	•	•	•	•	•	•
Vasectomy	•	•	•	•	•	•

Please note

- *The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R525 on Evolve and Custom, up to R1 100 on Incentive and Extender, and up to R1 300 on Summit (subject to pre-authorisation). For all other procedures, the cost of anaesthetists, if any, are covered if clinically appropriate*
- *The Specialised Procedures/Treatment listed attract a co-payment of R1 640 per authorisation on the Evolve and Custom Options. This co-payment may vary for some of the procedures, see next page*
- *Some of the Specialised Procedures/Treatment listed could attract a co-payment on the Incentive and Extender Options, see next page*

Specialised Procedures/treatment co-payments

How specialised procedures/treatment are covered on the Evolve Option	
The standard Evolve Option co-payment of **R1 640** per authorisation applies to these procedures and treatments regardless of where they are performed Plus the Specialised Procedures co-payment **of R3 280** per authorisation applies if performed in an acute or day hospital	
Arthroscopies, Back and neck surgery*, Carpal tunnel release, 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 640** per authorisation applies to these procedures and treatments regardless of where they are performed Plus the Specialised Procedures co-payment of **R1 640** per authorisation applies if performed in a day hospital, or **R3 280** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)	
Arthroscopies, Back and neck surgery, Carpal tunnel release, 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 640** per authorisation applies to these procedures and treatments if performed in a day hospital Plus the Specialised Procedures co-payment of **R3 280** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)	
Arthroscopies, Back and neck surgery, Carpal tunnel release, 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 Evolve Option

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

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

Members on the Custom, Incentive and Extender Options

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

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

  If you choose to:

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

Members on the Summit Option

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

** These are examples of medication not covered*

Hospitals

Members on the **Ingwe Option** can choose between **Any hospital, Ingwe Network hospitals** or **State hospitals**
Members on the **Evolve Option** need to use **Evolve Network hospitals**. 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	Evolve	Associated
Beacon Bay - East London	Life Beacon Bay Hospital	•	•	•
East London	East London Private Hospital	•		•
Gqeberha	Hunterscraig Psychiatric Hospital			•
	St Georges Hospital	•		•
Greenacres - Gqeberha	Greenacres Hospital		•	
Humansdorp	Isivivana Private Hospital			•
Korsten - Gqeberha	New Mercantile Hospital	•		•
Queenstown	Queenstown Private Hospital	•		•
Southernwood - East London	St. Dominic's Hospital	•		•
	St James Operating Theatres	•		•
	St Marks Clinic	•		•
Uitenhage	Cuyler Hospital			•
Umtata	St Mary's Private Hospital	•		•

Free State		Ingwe	Evolve	Associated
Bethlehem	Mediclinic Hoogland	•		•
Bloemfontein	Bloemfontein Eye Hospital		•	•
	Mediclinic Bloemfontein			•
	Pasteur Hospital	•		•
Fichardtpark - Bloemfontein	Rosepark Hospital	•	•	•
Welkom	Mediclinic Welkom	•	•	•

Gauteng		Ingwe	Evolve	Associated
Alberton	Clinton Hospital		•	
Arcadia - Pretoria	Femina Clinic		•	
	Muelmed Hospital			•
	Pretoria Heart Hospital			•
Bedfordview - Johannesburg	Bedford Gardens Private Hospital	•		•
Benoni	Glynnview Hospital			•
	The Glynnwood	•		•
	Linmed Hospital		•	
Birchleigh - Johannesburg	Birchmed Day Clinic		•	•
Brakpan	Dalview Clinic	•		•
Brooklyn - Pretoria	Brooklyn Surgical Centre	•		•
Bryanston - Johannesburg	Mediclinic Sandton			•
Centurion	Unitas Hospital		•	
Constantia Kloof – Johannesburg	Mayo Clinic			•
Die Wilgers - Pretoria	Wilgers Hospital	•		•
Erasmuskloof - Pretoria	Kloof Hospital			•
Faerie Glen - Pretoria	Faerie Glen Hospital	•		•
Florida – Johannesburg	Flora Clinic	•		•
Fourways	Fourways Hospital		•	•
Groenkloof - Pretoria	Groenkloof Hospital	•	•	•
Heidelberg	Suikerbosrand Clinic	•		•
Helderkruin - Johannesburg	Medgate Day Clinic			•
Kempton Park	Arwyp Medical Centre	•		
Kensington - Johannesburg	New Kensington Clinic	•		•
Krugersdorp	Pinehaven Private Hospital		•	
Lenasia	Lenmed Clinic Limited	•		
Les Marais - Pretoria	Eugene Marais Hospital	•		•

Gauteng (continued)		Ingwe	Evolve	Associated
Mabopane - Pretoria	Legae Private Clinic	•	•	•
Mayfair - Johannesburg	Garden City Hospital	•		
Midrand	Carstenhof Clinic	•		•
	Waterfall City Hospital		•	
Morningside - Johannesburg	Mediclinic Morningside		•	•
Nietgedacht - Johannesburg	Riverfield Lodge	•		•
Parktown - Johannesburg	The Donald Gordon			•
	Brenthurst Clinic	•		•
Pretoria North	Pretoria North Surgical Centre			•
Primrose - Johannesburg	Roseacres Clinic	•		•
Randburg - Johannesburg	Olivedale Clinic		•	
Randfontein	Robinson Hospital	•		•
Roodepoort	Wilgeheuwel Hospital	•	•	•
Saxonwold - Johannesburg	Genesis Clinic		•	•
Soweto - Johannesburg	Clinix Tshepo	•		
Springs	Springs Parkland Clinic	•		•
	N17 Private Hospital		•	
	St Mary's Womens Clinic	•		•
Sunnyside - Pretoria	Medforum Hospital			•
Vanderbijlpark	Mediclinic Emfuleni	•		•
Vereeniging	Ocumed		•	
	Midvaal Private Hospital		•	
	Mediclinic Vereeniging			•
	Clinix Naledi	•		

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

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

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

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

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

Chronic conditions covered

Chronic benefits are subject to registration and approval.

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

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

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R11 100 per family per year:

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

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R11 100 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R28 000 per beneficiary per year:

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

Exclusions

Prescribed Minimum Benefits

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

Benefits excluded

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

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

Glossary

1. **Chronic Disease List (CDL)** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998.
2. **Clinical protocol:** Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
3. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
4. **Designated service providers:** Momentum Medical Scheme uses a network of designated service providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat our members for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits below for more information.
5. **Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.
6. **Extended Cover:** On the Extender Option, your day-to-day claims are paid by the Scheme from Extended Cover, once you have reached the Threshold level.
7. **Formulary:** A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.
8. **Hospitals:**
   a. **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.
   b. **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.
9. **Momentum Medical Scheme Rate (MMSR)**: Every year Momentum Medical Scheme negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount the Scheme will pay per treatment. For all other providers, the amount we pay is set on an annual basis. These amounts are called the Momentum Medical Scheme Rate (MMSR).
10. **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.
11. **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.
12. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
13. **Pre-authorisation:** Pre-authorisation is when you call us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with the Scheme Rules, your option and membership status.
14. **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.
15. **Prescribed Minimum Benefits (PMBs)** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998. The Prescribed Minimum Benefits include life-threatening emergency medical conditions, a defined set of 270 diagnoses and 26 chronic conditions. Benefits are covered in full if you use the Scheme's Designated Service Providers (DSPs). If you voluntarily choose to use non-designated service providers, the Scheme will pay benefits up to the Momentum Medical Scheme Rate and relevant co-payments will apply. If you use non-designated service providers in a life-threatening emergency, it is deemed involuntary and co-payments are therefore waived.
16. **Provider definitions:**
   a. **Associated providers, e.g. hospitals, GPs and specialists:** These are providers that Momentum Medical Scheme has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
   b. **Evolve Network hospitals:** Members on the Evolve Option must make use of the Evolve Network Hospitals. These are private acute and day hospitals which Momentum Medical Scheme has agreements in place with. See page 36 for the list of acute hospitals and view the list of the day hospitals on the Momentum app or momentummedicalscheme.co.za.
   c. **Freedom-of-choice:** Members on the Summit Option can get their day-to-day and chronic treatment from any provider and can use any hospital.
   d. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 36 for the list of hospitals.
   e. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe Primary Care Network providers.
   f. **Preferred Providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which we refer to as preferred providers. Depending on the benefit option you choose, you need to use preferred providers for certain benefits. Preferred providers are not the same as Designated Service Providers, which are used for the provision of Prescribed Minimum Benefits.
   g. **State:** State hospitals are public facilities. You can receive a discount on your contribution by selecting State as your hospital provider on the Ingwe Option. On the Evolve Option, you need to use State facilities for Chronic Benefits. On the Custom, Incentive and Extender Options, you can also save on your contribution by choosing State as your Chronic Benefit provider.
17. **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.
18. **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.

Council for Medical Schemes

Customer Care Centre 0861 123 267

information@medicalschemes.com

medicalschemes.com

momentum
medical scheme

Member contact centre	0860 11 78 59	*Call or WhatsApp*
Financial adviser contact centre	0800 43 25 84	*Call or WhatsApp*
Emergency evacuation	082 911	*South Africa*
	+27 11 541 1263	*International*
Fraud hotline	0800 00 04 38	
	momentummedicalscheme@tip-offs.com	

Web chat: Members	Log in to momentummedicalscheme.co.za and click on the chat button
Web chat: Financial advisers	Log in to via.momentum.co.za and click on the chat button

Members	member@momentumhealth.co.za
Claims	claims@momentumhealth.co.za
Financial advisers	healthadvisernewbusiness@momentum.co.za
	healthadviserservice@momentum.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 your Health Platform Benefits,
- registering on the maternity programme, requesting travel certificates, and more.

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