



Our benefits

Marketing brochure 2019

momentum
health



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General disclaimers

This brochure is a marketing aid. On joining the Scheme, all Momentum Health members receive a detailed member brochure.

Note that Momentum Health may specify certain principles relating to the use of your benefits.

Scheme Rules will always take precedence and are available on request.

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



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Make the right **choice**



The Benefit Structure

Ingwe Option

Impact Option

Major Medical Benefit	Ingwe Option	Impact Option
<p>Chronic Benefit</p> <p>The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.</p>	<p>26 conditions - no annual limit applies</p> <p>Chronic Benefit Formulary</p> <p>Network entry-level formulary</p> <p>Provider choice</p> <p>For medical management including doctor, pharmacy, blood tests, x-rays, etc. Ingwe Primary Care Network providers** or Ingwe Active Primary Care Network providers**</p>	<p>26 conditions - no annual limit applies</p> <p>Chronic Benefit Formulary</p> <p>Network entry-level formulary</p> <p>Provider</p> <p>For medical management including doctor, pharmacy, blood tests, x-rays, etc. Impact Primary Care Network providers**</p>
<p>Day-to-day Benefit</p> <p>This benefit provides for day-to-day medical expenses, such as GP visits, prescribed medication, etc.</p> <p>You have the choice of adding more day-to-day cover through the HealthSaver⁺.</p>	<p>Primary care (such as GP visits, prescribed medicine, etc.)</p> <p>Secondary care (Specialist visits)</p> <p>Provider choice</p> <p>Ingwe Primary Care Network providers** or Ingwe Active Primary Care Network providers**</p>	<p>Primary care (such as GP visits, prescribed medicine, etc.)</p> <p>Secondary care (Specialist visits)</p> <p>Provider</p> <p>Impact Primary Care Network providers**</p>
<p>Health Platform Benefit</p> <p>Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit. On the Ingwe and Impact Options, Health Platform Benefits are only available from your chosen Primary Care Network provider.</p>		

+ HealthSaver is a complementary product offered by Momentum

* View a list of these hospitals on page 24

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

Complementary Momentum Products

You can choose to make use of additional products available from Momentum Group, a division of MMI Group Limited (Momentum), to seamlessly enhance your medical aid.

These voluntary complementary products range from a world-class wellness and rewards programme, Multiply, to the innovative HealthReturns solution.

These complementary products are not medical scheme benefits. Momentum is not a medical scheme, and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.

Momentum Health strives to offer you good value for money by combining flexibility with comprehensive cover, because it is important to match your family's healthcare needs. Use the following guide to find the option that best matches your needs. Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like pills to lower high blood pressure), day-to-day expenses (like visiting your GP), and/or emergency care.

The option that you choose will determine how much you will pay, and how much cover you will have for the different types of healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

Custom Option

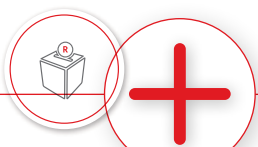
Incentive Option

Extender Option

Summit Option

<p>Associated specialists covered in full ----- Other specialists covered up to 100% of Momentum Health Rate ----- Hospital accounts covered in full at negotiated rate ----- No overall annual limit applies ----- R1 500 co-payment applies</p>	<p>Hospital choice Any or Associated hospitals*</p> <p>Associated specialists covered in full ----- Other specialists covered up to 200% of Momentum Health Rate ----- Hospital accounts covered in full at negotiated rate ----- No overall annual limit applies</p>	<p>Hospital choice Any or Associated hospitals*</p> <p>Associated specialists covered in full ----- Other specialists covered up to 200% of Momentum Health Rate ----- Hospital accounts covered in full at negotiated rate ----- No overall annual limit applies</p>	<p>Hospital Any hospital</p> <p>Associated specialists covered in full ----- Other specialists covered up to 300% of Momentum Health Rate ----- Hospital accounts covered in full at negotiated rate ----- No overall annual limit applies</p>
<p>26 conditions - no annual limit applies</p> <p>Chronic Benefit Formulary</p> <p>Any: Core formulary Associated: Entry-level formulary State: State formulary</p>	<p>Provider choice For medical management including doctor, pharmacy, blood tests, x-rays, etc. Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p>	<p>26 conditions - no annual limit applies.</p> <p>Additional 6 conditions limited to R9 800 per family</p> <p>Chronic Benefit Formulary</p> <p>Any: Standard formulary Associated: Entry-level formulary State: State formulary</p>	<p>Provider choice For medical management including doctor, pharmacy, blood tests, x-rays, etc. Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities</p> <p>26 conditions - no annual limit applies.</p> <p>Additional 36 conditions limited to R9 800 per family</p> <p>Chronic Benefit Formulary</p> <p>Any: Extended formulary Associated: Entry-level formulary State: State formulary</p>
<p>You may add the HealthSaver+ to provide cover for your day-to-day healthcare needs</p>	<p>Provider choice Any</p>	<p>Savings 10% of total contribution</p> <p>Provider choice Any, subject to Savings if available</p>	<p>Savings 25% of total contribution plus Extended Cover</p> <p>Provider choice Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)</p> <p>Paid from risk benefit, subject to overall day-to-day limit of R24 700 per beneficiary. ----- This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions.</p>

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



HealthSaver

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

momentum

See separate Momentum Complementary Product brochure for more information.

Individual Contributions

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

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

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C	
Monthly income	<= R700	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R407	R407	R350	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R407	R407	R367	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R407	R407	R407	
	R701 - R6 800	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R664	R664	R358	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R835	R835	R382	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 085	R1 085	R430	
	R6 801 - R9 000	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R761	R761	R366	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 062	R1 062	R397	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 517	R1 517	R459	
	R9 001 - R12 500	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R887	R887	R384	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 479	R1 479	R435	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 066	R2 066	R483	
	R12 501 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 533	R1 533	R461	
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 094	R2 094	R617	
		Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 651	R2 651	R769	
	Impact Option		Hospital	Chronic	Day-to-day	P	A	C
			Impact Network	Impact Primary Care Network	Impact Primary Care Network	R2 229	R2 229	R666
	Custom Option		Hospital	Chronic		P	A	C
		Associated	Any		R2 113	R1 667	R745	
			Associated		R1 944	R1 507	R687	
			State		R1 515	R1 146	R537	
		Any	Any		R2 521	R2 024	R900	
			Associated		R2 304	R1 800	R837	
			State		R1 938	R1 462	R710	

Incentive Option

Hospital	Chronic	P	A	C	
Associated	Any	Total contribution	R3 012	R2 423	R1 126
		Risk contribution	R2 711	R2 181	R1 013
		Savings 10%	R301	R242	R113
		Annual Savings	R3 612	R2 904	R1 356
	Associated	Total contribution	R2 770	R2 203	R1 052
		Risk contribution	R2 493	R1 983	R947
		Savings 10%	R277	R220	R105
		Annual Savings	R3 324	R2 640	R1 260
	State	Total contribution	R2 006	R1 583	R769
		Risk contribution	R1 805	R1 425	R692
		Savings 10%	R201	R158	R77
		Annual Savings	R2 412	R1 896	R924
Any	Any	Total contribution	R3 406	R2 767	R1 327
		Risk contribution	R3 065	R2 490	R1 194
		Savings 10%	R341	R277	R133
		Annual Savings	R4 092	R3 324	R1 596
	Associated	Total contribution	R3 014	R2 419	R1 184
		Risk contribution	R2 713	R2 177	R1 066
		Savings 10%	R301	R242	R118
		Annual Savings	R3 612	R2 904	R1 416
	State	Total contribution	R2 464	R1 942	R974
		Risk contribution	R2 218	R1 748	R877
		Savings 10%	R246	R194	R97
		Annual Savings	R2 952	R2 328	R1 164

Extender Option

Hospital	Chronic	P	A	C	
Associated	Any	Total contribution	R5 684	R4 579	R1 608
		Risk contribution	R4 263	R3 434	R1 206
		Savings 25%	R1 421	R1 145	R402
		Annual Savings	R17 052	R13 740	R4 824
		Threshold	R20 800	R18 000	R6 200
	Associated	Total contribution	R5 240	R4 217	R1 507
		Risk contribution	R3 930	R3 163	R1 130
		Savings 25%	R1 310	R1 054	R377
		Annual Savings	R15 720	R12 648	R4 524
		Threshold	R20 800	R18 000	R6 200
	State	Total contribution	R4 580	R3 473	R1 347
		Risk contribution	R3 435	R2 605	R1 010
Savings 25%		R1 145	R868	R337	
Annual Savings		R13 740	R10 416	R4 044	
Threshold		R20 800	R18 000	R6 200	
Any	Any	Total contribution	R6 464	R5 205	R1 855
		Risk contribution	R4 848	R3 904	R1 391
		Savings 25%	R1 616	R1 301	R464
		Annual Savings	R19 392	R15 612	R5 568
		Threshold	R20 800	R18 000	R6 200
	Associated	Total contribution	R5 813	R4 683	R1 673
		Risk contribution	R4 360	R3 512	R1 255
		Savings 25%	R1 453	R1 171	R418
		Annual Savings	R17 436	R14 052	R5 016
		Threshold	R20 800	R18 000	R6 200
	State	Total contribution	R5 249	R4 309	R1 543
		Risk contribution	R3 937	R3 232	R1 157
Savings 25%		R1 312	R1 077	R386	
Annual Savings		R15 744	R12 924	R4 632	
Threshold		R20 800	R18 000	R6 200	

Summit Option

Hospital	Chronic	Day-to-day	P	A	C
Any	Freedom-of-choice	Freedom-of-choice	R9 269	R7 413	R2 129

Ingwe Option



Overview

The Ingwe Option provides affordable access to entry-level cover.

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

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

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

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

Choose your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day						
<= R700	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R407	R814	R757	R1 164	R1 514	R1 864
	Ingwe Network			R407	R814	R774	R1 181	R1 548	R1 915
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R407	R814	R814	R1 221	R1 628	R2 035
R701 - R6 800	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R664	R1 328	R1 022	R1 686	R2 044	R2 402
	Ingwe Network			R835	R1 670	R1 217	R2 052	R2 434	R2 816
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 085	R2 170	R1 515	R2 600	R3 030	R3 460
R6 801 - R9 000	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R761	R1 522	R1 127	R1 888	R2 254	R2 620
	Ingwe Network			R1 062	R2 124	R1 459	R2 521	R2 918	R3 315
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 517	R3 034	R1 976	R3 493	R3 952	R4 411
R9 001 - R12 500	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R887	R1 774	R1 271	R2 158	R2 542	R2 926
	Ingwe Network			R1 479	R2 958	R1 914	R3 393	R3 828	R4 263
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 066	R4 132	R2 549	R4 615	R5 098	R5 581
R12 501 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 533	R3 066	R1 994	R3 527	R3 988	R4 449
	Ingwe Network			R2 094	R4 188	R2 711	R4 805	R5 422	R6 039
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 651	R5 302	R3 420	R6 071	R6 840	R7 609

All children are charged for

Major Medical Benefit

Benefit	Specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital, Ingwe Network hospitals or State hospitals
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions like cancer you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements (limit for hospital account only) Caesarean sections: Only emergency caesareans are covered	R28 600 per uncomplicated delivery R41 900 per complicated delivery
Neonatal intensive care	R60 100 per confinement
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 150 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	R12 500 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider R31 900 per family R34 000 per family

Chronic Benefit

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

Day-to-day Benefit

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to the rules and provisions set by the network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry - basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry - specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc.)	Not covered
General practitioners	There is no limit to the number of times you may visit your Primary Care Network GP. However, please note all visits from the 11th visit onwards must be pre-authorized
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and Momentum Health will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R100 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 000 per visit and up to a maximum of R2 000 per family per year. Covered at 100% of Momentum Health Rate. Subject to referral by your Ingwe Primary Care Network or Ingwe Active Primary Care Network provider and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities
Physiotherapy	Included in the specialist limit
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology - basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology - basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

- This table represents a summary of the benefits for 2019
- Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or the Ingwe Active Primary Care Network
- If you choose Ingwe Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account and Momentum Health will be responsible for 70% of the negotiated tariff
- If you choose State hospitals as your preferred provider for the Major Medical Benefit and do not use this provider, a co-payment will apply. This co-payment will be the difference in the cost between State facility charges and the amount charged by the provider you use
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum

Impact Option



Overview

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

For **chronic treatment** and **day-to-day benefits**, such as GP visits or prescribed medicine, you need to consult Impact Primary Care Network providers.

The **Health Platform** benefit provides cover for a range of preventative care benefits available from your Impact Primary Care 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.

Your providers

Hospital	Chronic	Day-to-day
Impact Network	Impact Primary Care Network	Impact Primary Care Network

Choose your family composition

Family Composition (Icons)	Price (R)
1 Adult	R2 229
2 Adults	R4 458
2 Adults, 1 Child	R2 895
2 Adults, 2 Children	R5 124
2 Adults, 3 Children	R5 790
2 Adults, 4 Children	R6 456

All children are charged for

Major Medical Benefit

Benefit	Specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Impact Network hospitals
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	12 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	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 950 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, etc.)	Intraocular lenses: R4 800 per beneficiary per event, maximum 2 events per year Other internal prostheses: R33 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	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	R17 050 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	R45 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider R33 500 per family R36 100 per family

Chronic Benefit

Provider	Impact 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 Impact Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary

Day-to-day Benefit

Provider	Impact 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 Impact Primary Care Network, and are subject to the rules and provisions set by this 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, Chiroprody, Physiotherapy and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Subject to Specialist list
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	10 visits per beneficiary. From the 11 th visit onwards, you need to obtain authorisation and a R70 co-payment applies
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and Momentum Health will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, with a R100 co-payment per visit
Specialists	3 visits per beneficiary, maximum of 5 visits per family. Covered at 100% of Momentum Health Rate, subject to referral by your Impact Primary Care Network provider and pre-authorisation.
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology - basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology - basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

— This table represents a summary of the benefits for 2019

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

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

+ HealthSaver is a complementary product offered by Momentum

Custom Option



Overview

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

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

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

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

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

Choose your **providers**

Choose your **family composition**

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 113	R3 780	R2 858	R4 525	R5 270	R6 015
	Associated	R1 944	R3 451	R2 631	R4 138	R4 825	R5 512
	State	R1 515	R2 661	R2 052	R3 198	R3 735	R4 272
Any	Any	R2 521	R4 545	R3 421	R5 445	R6 345	R7 245
	Associated	R2 304	R4 104	R3 141	R4 941	R5 778	R6 615
	State	R1 938	R3 400	R2 648	R4 110	R4 820	R5 530

Maximum of 3 children charged for

Major Medical Benefit	
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R1 500 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply for specialised procedures - see page 21
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis**	No annual limit applies
Oncology***	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Health Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R18 600 cadaver costs R37 700 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 500 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from HealthSaver* if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R6 130 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc.)	Intraocular lenses: R5 200 per beneficiary per event, maximum 2 events per year Other internal prostheses: R44 400 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R21 500 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R33 900 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R48 700 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R65 900 per family
Chronic Benefit	
Provider	Any, Associated or State
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits.
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Day-to-day Benefit	
Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver* if available (see Momentum Complementary Product brochure for more details on HealthSaver*)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver* if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry - basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry - specialised (such as bridges or crowns)	Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	Subject to HealthSaver* if available
General practitioners	Subject to HealthSaver* if available
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver* if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver* if available
Radiology (such as X-rays)	Subject to HealthSaver* if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 500 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

— This table represents a summary of the benefits for 2019

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

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

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

** Beneficiaries who have selected State as their chronic provider need to make use of State facilities for renal dialysis

*** Beneficiaries who have selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme

+ HealthSaver is a complementary product offered by Momentum

Incentive Option



Overview

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

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

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

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

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

Choose your **providers**

Choose your **family composition**

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R3 012	R5 435	R4 138	R6 561	R7 687	R8 813
	Associated	R2 770	R4 973	R3 822	R6 025	R7 077	R8 129
	State	R2 006	R3 589	R2 775	R4 358	R5 127	R5 896
Any	Any	R3 406	R6 173	R4 733	R7 500	R8 827	R10 154
	Associated	R3 014	R5 433	R4 198	R6 617	R7 801	R8 985
	State	R2 464	R4 406	R3 438	R5 380	R6 354	R7 328

Maximum of 3 children charged for

Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for specialised procedures - see page 21
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology**	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Health Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R20 500 cadaver costs R41 500 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 700 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Savings, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 250 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R6 250 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R160 000 per beneficiary, maximum 1 event per year Intraocular lenses: R6 700 per beneficiary per event, maximum 2 events per year Other internal prostheses: R48 700 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R22 500 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R36 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	R51 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R69 200 per family

Chronic Benefit

Provider	Any, Associated or State
Cover	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R9 800 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day Benefit

Provider	Any
Savings	Fixed at 10% of total contribution
General rule applicable to Day-to-day Benefits	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiroprody, Physiotherapy and Podiatry	Subject to Savings, if available
Mental health (incl. psychiatry and psychology)	Subject to Savings, if available
Dentistry - basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry - specialised (such as bridges or crowns)	Subject to Savings, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	Subject to Savings, if available
General practitioners	Subject to Savings, if available
Specialists	Subject to Savings, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to Savings, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available
Radiology (such as X-rays)	Subject to Savings, if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 250 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

— This table represents a summary of the benefits for 2019

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

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

* Beneficiaries who have selected State as their chronic provider need to make use of State facilities for renal dialysis

** Beneficiaries who have selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme

Extender Option









Overview

The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 24 for this list). For **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated GPs for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.

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

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

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

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R5 684	R10 263	R7 292	R11 871	R13 479	R15 087
	Associated	R5 240	R9 457	R6 747	R10 964	R12 471	R13 978
	State	R4 580	R8 053	R5 927	R9 400	R10 747	R12 094
Any	Any	R6 464	R11 669	R8 319	R13 524	R15 379	R17 234
	Associated	R5 813	R10 496	R7 486	R12 169	R13 842	R15 515
	State	R5 249	R9 558	R6 792	R11 101	R12 644	R14 187

Maximum of 3 children charged for

Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for specialist referral procedures - see page 21
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology**	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Health Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R20 500 cadaver costs R41 500 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 700 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards limit
Maternity confinements	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 250 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R6 620 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R174 000 per beneficiary, maximum 1 event per year Intraocular lenses: R6 830 per beneficiary per event, maximum 2 events per year Other internal prostheses: R65 900 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R22 900 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R36 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	R52 700 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider No annual limit applies R69 200 per family

Chronic Benefit

Provider	Any, Associated or State
Cover	Cover for 62 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R9 800 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day Benefit

Provider	Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Savings	Fixed at 25% of total contribution
General rule applicable to Day-to-day Benefits Annual Threshold levels: Member: R20 800 Per adult dependant: R18 000 Per child: R6 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 Health Rate subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiroprody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R18 900 per family
Dentistry - basic (such as extractions or fillings)	Unlimited within the provisions of the General Rule mentioned above
Dentistry - specialised (such as bridges or crowns)	R12 800 per beneficiary, R33 500 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R23 300 per family R7 040 sub-limit per family for hearing aids
General practitioners	Depending on the chronic provider selected. Any or State provider: 100% of Momentum Health Rate. Associated providers: 100% of Momentum Health Rate for Associated GPs and 70% of Momentum Health Rate for non-Associated GPs
Specialists	100% of Momentum Health Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 940 per beneficiary. Frame sub-limit of R2 150
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 250 co-payment per scan and pre-authorisation
Prescribed medication	R16 700 per beneficiary, R31 500 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

— This table represents a summary of the benefits for 2019

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

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

* Beneficiaries who have selected State as their chronic provider need to make use of State facilities for renal dialysis

** Beneficiaries who have selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme

Summit Option



Overview

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

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

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

Your providers

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

Choose your family composition

Family Composition (Icon)	Price (R)
Single person (1 icon)	R9 269
Two people (2 icons)	R16 682
Three people (1 adult, 2 children icons)	R11 398
Four people (2 adults, 2 children icons)	R18 811
Five people (3 adults, 2 children icons)	R20 940
Six people (4 adults, 2 children icons)	R23 069

Maximum of 3 children charged for

Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Health Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R20 500 cadaver costs R41 500 live donor costs (incl. transportation)
In-hospital dental and oral benefits Limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards overall day-to-day limit of R24 700 per beneficiary
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 250 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc.)	R6 620 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R174 000 per beneficiary, maximum 1 event per year Intraocular lenses: R6 830 per beneficiary per event, maximum 2 events per year Other internal prostheses: R65 900 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R22 900 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R36 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	R52 700 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At any provider No annual limit applies R69 200 per family

Chronic Benefit

Provider	You can use any provider of your choice
Cover	Cover for 62 conditions 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R24 700 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day Benefit

Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are paid at 100% of the Momentum Health Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R24 700 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R7 040 per family. Subject to overall annual day-to-day limit of R24 700 per beneficiary
Mental health (incl. psychiatry and psychology)	R21 200 per family. Subject to overall annual day-to-day limit of R24 700 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R24 700 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R14 900 per beneficiary, R35 600 per family. Subject to overall annual day-to-day limit of R24 700 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R28 700 per family. R16 700 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R24 700 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R24 700 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R24 700 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 310 per beneficiary. Frame sub-limit of R2 210 Subject to overall annual day-to-day limit of R24 700 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R24 700 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R24 700 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 250 co-payment per scan and pre-authorisation
Prescribed medication	R19 300 per beneficiary, R31 600 per family. Subject to overall annual day-to-day limit of R24 700 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

— This table represents a summary of the benefits for 2019

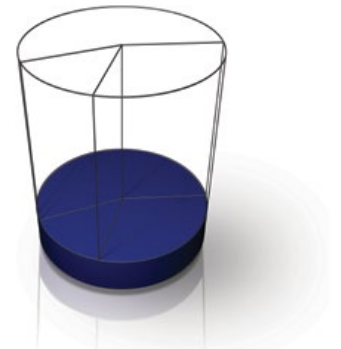
— The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)

+ HealthSaver is a complementary product offered by Momentum

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, **provided you notify us before using the benefit.** You can pre-notify by contacting the member call centre on **0860 11 78 59**, logging on to momentumhealth.co.za or via the Momentum app.

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



Benefit	Who?	How often?						
			Ingwe	Impact	Custom	Incentive	Extender	Summit
Early detection tests								
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								
Baby immunisations (On Ingwe and Impact, available at nearest State baby clinic)	Children up to age 6	As required by the Department of Health	●	●	●	●	●	●
Flu vaccines	Children between 6 months and 5 years	Once a year	●	●	●	●	●	●
	High-risk beneficiaries under 18		●	●	●	●	●	●
	Beneficiaries 65 and older		●	●	●	●	●	●
	High-risk beneficiaries		●	●	●	●	●	●
Tetanus diphtheria injection	All beneficiaries	As needed	●	●	●	●	●	●
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year			●	●	●	●
	High-risk beneficiaries				●	●	●	●

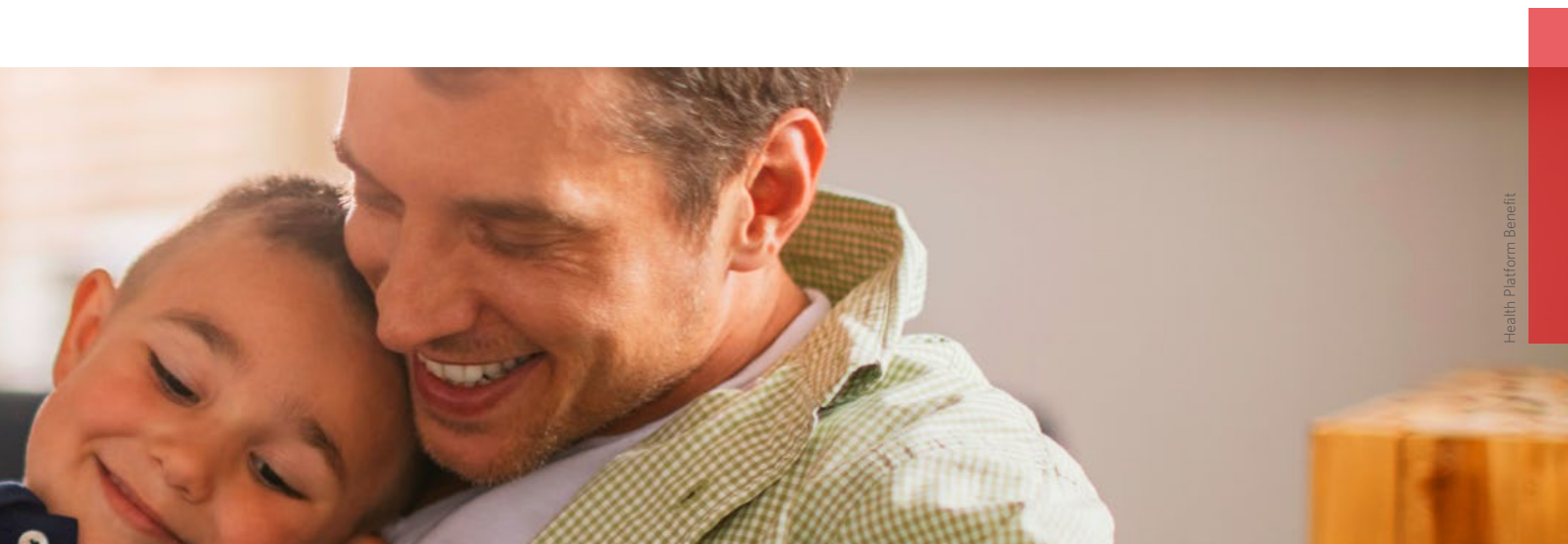
Benefit	Who?	How often?	Ingwe	Impact	Custom	Incentive	Extender	Summit	
Maternity programme (subject to registration on the Maternity Management Programme between 8 and 20 weeks of pregnancy)									
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	4 visits	●	●					
	Women registered on the programme	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					●	●	
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits	●	●	●	●	●	●	
Pathology tests	Women registered on the programme	1 test				●	●	●	
Full blood count, blood group, rhesus, platelet count, rubella antibody, creatinine, glucose strip test, antiglobin test						●	●	●	
Haemaglobin estimation			2 tests				●	●	●
Urinalysis			13 tests				●	●	●
Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated				●	●	●	
Scans	Women registered on the programme	2 growth scans	●	●					
	Women registered on the programme	2 pregnancy scans			●	●	●	●	
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year			●	●	●	●	
Disease management programmes									
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed	●	●	●	●	●	●	
Health line									
24-hour emergency health advice	All beneficiaries	As needed	●	●	●	●	●	●	
Emergency evacuation									
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: Not covered Impact: R3.38 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 630 co-payment applies per out-patient claim	Per beneficiary per 90-day journey		●	●	●	●	●	

Please note

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

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

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



Specialised Procedures/Treatment

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

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

Cardiovascular	Ingwe	Impact	Custom	Incentive	Extender	Summit
24-hour halter ECG			●	●	●	●
Blood transfusions			●	●	●	●
Carotid angiograms			●	●	●	●
Coronary angiogram			●	●	●	●
Coronary angioplasty			●	●	●	●
Plasmapheresis			●	●	●	●
ENT	Ingwe	Impact	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	Impact	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	Impact	Custom	Incentive	Extender	Summit
Colonoscopy			●	●	●	●
ERCP			●	●	●	●
Gastroscopies			●	●	●	●
Oesophagoscopy			●	●	●	●
Sigmoidoscopy			●	●	●	●
Gynaecology	Ingwe	Impact	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	Impact	Custom	Incentive	Extender	Summit
48-hour halter EEG			●	●	●	●
Electro-convulsive therapy			●	●	●	●
Hyperbaric oxygen treatment for decompression sickness			●	●	●	●
Myelogram			●	●	●	●
Obstetrics	Ingwe	Impact	Custom	Incentive	Extender	Summit
Amniocentesis			●	●	●	●
Childbirth in non-hospital	●	●	●	●	●	●
Oncology	Ingwe	Impact	Custom	Incentive	Extender	Summit
Chemotherapy (On Ingwe and Impact Options: limited to Prescribed Minimum Benefits at State facilities)	●	●	●	●	●	●
Hyperbaric oxygen for radiation necrosis			●	●	●	●
Radiotherapy (On Ingwe and Impact Options: limited to Prescribed Minimum Benefits at State facilities)	●	●	●	●	●	●

Ophthalmology	Ingwe	Impact	Custom	Incentive	Extender	Summit
Cataract removal			●	●	●	●
Meibomian cyst excision	●	●	●	●	●	●
Pterygium removal			●	●	●	●
Trabeculectomy			●	●	●	●
Treatment of diseases of the conjunctiva			●	●	●	●
Orthopaedic	Ingwe	Impact	Custom	Incentive	Extender	Summit
Arthroscopy			●	●	●	●
Back and neck surgery			●	●	●	●
Bunionectomy			●	●	●	●
Carpal tunnel release	●	●	●	●	●	●
Conservative back and neck treatment			●	●	●	●
Ganglion surgery	●	●	●	●	●	●
Joint replacements			●	●	●	●
Renal	Ingwe	Impact	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Impact Options: limited to Prescribed Minimum Benefits at State facilities)	●	●	●	●	●	●
Respiratory	Ingwe	Impact	Custom	Incentive	Extender	Summit
Bronchography			●	●	●	●
Bronchoscopy			●	●	●	●
Treatment of adult influenza			●	●	●	●
Treatment of adult respiratory tract infections			●	●	●	●
Urology	Ingwe	Impact	Custom	Incentive	Extender	Summit
Cystoscopy			●	●	●	●
Prostate biopsy	●	●	●	●	●	●
Vasectomy	●	●	●	●	●	●

Please note

- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R450 on Custom, up to R950 on Incentive and Extender, and up to R1 160 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 500 per authorisation on the Custom Option. This co-payment may vary for some of the procedures, as per the table below
- Some of the Specialised Procedures/Treatment listed could attract a co-payment on the Incentive and Extender Options, as illustrated below

Specialised Procedure Co-payments

Custom Option

Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	Paid by Scheme Co-payment of R4 500 per authorisation applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme Co-payment of R1 500 per authorisation	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from HealthSaver* if available (No co-payment applies)	

+ HealthSaver is a complementary product offered by Momentum

Incentive and Extender Options

Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	Paid by Scheme R3 000 co-payment per authorisation applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme No co-payment applies	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits (No co-payment applies)	

Chronic Benefit

Members on the Ingwe and Impact Options

Benefits are only available from your chosen Ingwe Primary Care Network provider or your Impact 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 Custom, Incentive and Extender Options

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

- **Any:**
You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Health. Contracted pharmacies include Clicks, Dis-Chem and Medipost (view the full list on momentumhealth.co.za).
- **Associated:**
You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to an entry-level formulary.
If you choose to:
 - get your medication from outside the formulary, a co-payment of the cost difference between the selected item and the formulary price is payable;
 - obtain your chronic prescription from a non-Associated GP, the Scheme will only pay 50% of the Momentum Health Rate for the consultation;
 - get your chronic medication from a pharmacy other than Medipost, Momentum Health will only pay 50% of the formulary price for the medicine.
- **State:**
You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc.). If you voluntarily choose to get your chronic medication outside the State formulary, the Scheme will pay up to the Momentum Health Reference Price, and a co-payment will be applied. This co-payment is 15% on the Custom Option, 10% on the Incentive Option and 5% on the Extender Option.

Members on the Summit Option

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



Chronic conditions covered

Chronic benefits are subject to registration and approval.

The following 26 Chronic Disease List conditions are covered on the Ingwe, Impact, 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 R9 800 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 R9 800 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R24 700 per beneficiary per year:

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

* These are examples of medication not covered

Hospitals

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

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

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

Eastern Cape		Ingwe	Impact	Associated
Life Beacon Bay Hospital	Beacon Bay - East London	●	●	●
Isivivana Private Hospital	Humansdorp	●	●	●
East London Private Hospital	East London	●	●	●
Settlers Private Hospital	Grahamstown	●	●	●
Greenacres Hospital	Greenacres - Port Elizabeth	●	●	●
New Mercantile Hospital	Korsten - Port Elizabeth	●	●	●
Port Alfred Hospital	Port Alfred	●	●	●
Hunterscraig Psychiatric Hospital	Port Elizabeth	●	●	●
St Georges Hospital	Port Elizabeth	●	●	●
Queenstown Private Hospital	Queenstown	●	●	●
St. Dominic's Hospital	Southernwood - East London	●	●	●
St James Operating Theatres	Southernwood - East London	●	●	●
St Marks Clinic	Southernwood - East London	●	●	●
Cuyler Hospital	Uitenhage	●	●	●
St Mary's Private Hospital	Umtata	●	●	●

Free State		Ingwe	Impact	Associated
Hoogland Mediclinic	Bethlehem	●	●	●
Bloemfontein Eye Hospital	Bloemfontein	●	●	●
Pasteur Hospital	Bloemfontein	●	●	●
Pelonomi Private Hospital	Bloemfontein	●	●	●
Rosepark Hospital	Fichardt - Bloemfontein	●	●	●
Welkom Mediclinic	Welkom	●	●	●
Bloemfontein Mediclinic	Bloemfontein	●	●	●
Universitas Private Hospital	Bloemfontein	●	●	●
Kroon Hospital	Kroonstad	●	●	●
Vaalpark Medical Centre	Sasolburg	●	●	●

Gauteng		Ingwe	Impact	Associated
Clinton Hospital	Alberton	●	●	●
Union Hospital	Alberton	●	●	●
Femina Clinic	Arcadia - Pretoria	●	●	●
Muelmed Hospital	Arcadia - Pretoria	●	●	●
Pretoria Heart Hospital	Arcadia - Pretoria	●	●	●
Netcare Rehabilitation Hospital	Auckland Park - Johannesburg	●	●	●
Bedford Gardens Private Hospital	Bedfordview - Johannesburg	●	●	●
Glynnview Hospital	Benoni	●	●	●
The Glynnwood	Benoni	●	●	●
Linmed Hospital	Benoni	●	●	●
Rand Clinic	Berea - Johannesburg	●	●	●
Birchmed Day Clinic	Birchleigh - Johannesburg	●	●	●
Sunward Park Hospital	Boksburg	●	●	●
Dalview Clinic	Brakpan	●	●	●
Brooklyn Surgical Centre	Brooklyn - Pretoria	●	●	●
Sandton Mediclinic	Bryanston - Johannesburg	●	●	●
Unitas Hospital	Centurion	●	●	●
Mayo Clinic	Constantia Kloof - Johannesburg	●	●	●
Bougainville Private Hospital	Daspoort - Pretoria	●	●	●
Wilgers Hospital	Die Wilgers - Pretoria	●	●	●

Gauteng (continued)		Ingwe	Impact	Associated
Kloof Hospital	Erasmuskloof - Pretoria	●	●	●
Faerie Glen Hospital	Faerie Glen - Pretoria	●	●	●
Flora Clinic	Florida - Johannesburg	●	●	●
Fourways Hospital	Fourways	●	●	●
Groenkloof Hospital	Groenkloof - Pretoria	●	●	●
Suikerbosrand Clinic	Heidelberg	●	●	●
Medgate Day Clinic	Helderkruijn - Johannesburg	●	●	●
Bagleyston Day Clinic	Highlands - Johannesburg	●	●	●
Park Lane Clinic	Houghton - Johannesburg	●	●	●
Akasia Clinic	Karen Park - Pretoria	●	●	●
Arwyp Medical Centre	Kempton Park	●	●	●
New Kensington Clinic	Kensington - Johannesburg	●	●	●
Bellstreet Hospital	Krugersdorp	●	●	●
Krugersdorp Private Hospital	Krugersdorp	●	●	●
Pinehaven Private Hospital	Krugersdorp	●	●	●
Protea Clinic	Krugersdorp	●	●	●
Lenmed Clinic Limited	Lenasia	●	●	●
Eugene Marais Hospital	Les Marais - Pretoria	●	●	●
Linksfeld Park Clinic	Linksfeld - Johannesburg	●	●	●
Legae Private Clinic	Mabopane - Pretoria	●	●	●
Garden City Clinic	Mayfair - Johannesburg	●	●	●
Carstenhof Clinic	Midrand	●	●	●
Waterfall City Hospital	Midrand	●	●	●
Montana Private Hospital	Montana Park - Pretoria	●	●	●
Pretoria East Private Hospital	Moreleta Park - Pretoria	●	●	●
Morningside Mediclinic	Morningside - Johannesburg	●	●	●
Jakaranda Hospital	Muckleneuck - Pretoria	●	●	●
Mulbarton Hospital	Mulbarton	●	●	●
Riverfield Lodge	Nietgedacht - Johannesburg	●	●	●
Rosewood Clinic	Orange Grove - Johannesburg	●	●	●
The Donald Gordon	Parktown - Johannesburg	●	●	●
Brenthurst Clinic	Parktown - Johannesburg	●	●	●
Milpark Hospital	Parktown - Johannesburg	●	●	●
Pretoria North Surgical Centre	Pretoria North	●	●	●
Roseacres Clinic	Primrose - Johannesburg	●	●	●
Olivedale Clinic	Randburg - Johannesburg	●	●	●
Robinson Hospital	Randfontein	●	●	●
Moot General Hospital	Rietfontein - Pretoria	●	●	●
Constantia Clinic	Roodepoort	●	●	●
Wilgeheuwel Hospital	Roodepoort	●	●	●
Rosebank Clinic	Rosebank - Johannesburg	●	●	●
Genesis Clinic	Saxonwold - Johannesburg	●	●	●
Clinix Tshepo	Soweto - Johannesburg	●	●	●
Springs Parkland Clinic	Springs	●	●	●
N17 Private Hospital	Springs	●	●	●
St Mary's Womens Clinic	Springs	●	●	●
Sunninghill Hospital	Sunninghill - Johannesburg	●	●	●
Medforum Hospital	Sunnyside - Pretoria	●	●	●
Pretoria Gynaecology Hospital	Sunnyside - Pretoria	●	●	●
Ermfuleni Mediclinic	Vanderbijlpark	●	●	●
Vereeniging Mediclinic	Vereeniging	●	●	●
Clinix Naledi	Vereeniging	●	●	●

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

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

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

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

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

Mpumalanga		Ingwe	Impact	Associated
Bronkhorstspuit Hospital	Bronkhorstspuit	●	●	
Cosmos Hospital	Emalaheni (Witbank)	●	●	●
Ermelo Mediclinic	Ermelo	●	●	●
Kiaat Private Hospital	Mbombela (Nelspruit)	●		
Lowveld Hospital	Mbombela (Nelspruit)		●	●
Nelspruit Mediclinic	Mbombela (Nelspruit)	●		●
Midmed Hospital	Middelburg	●	●	●
Piet Retief Hospital	Piet Retief			●
Secunda Mediclinic	Secunda	●	●	●
Highveld Mediclinic	Trichardt	●	●	●

North West		Ingwe	Impact	Associated
Brits Mediclinic	Brits		●	●
Ancron Clinic	Klerksdorp	●	●	●
Victoria Private Hospital	Mafikeng	●		
Potchefstroom Mediclinic	Potchefstroom	●	●	●
Ferncrest Hospital	Rustenburg		●	
Peglerae Hospital	Rustenburg	●		●
Vryburg Private Hospital	Vryburg	●		●

Northern Cape		Ingwe	Impact	Associated
Kathu Private Hospital	Kathu	●		●
Kimberley Mediclinic	Kimberley	●	●	●
Upington Mediclinic	Upington		●	●

Western Cape		Ingwe	Impact	Associated
Bellville Medical Centre	Bellville - Cape Town	●	●	●
Louis Leipoldt Mediclinic	Bellville - Cape Town		●	●
Netcare Blaauwberg Hospital	Blaauwberg		●	
Cape Gate Mediclinic	Brackenfell			●
Christiaan Barnard Memorial Hospital	Cape Town		●	
Peninsula Eye Hospital	Claremont - Cape Town	●		●
Kingsbury Hospital	Claremont - Cape Town	●		●
Durbanville Mediclinic	Durbanville - Cape Town			●
Gatesville Medical Centre	Gatesville - Cape Town	●	●	●
Geneva Clinic	George	●	●	●
George Mediclinic	George	●	●	●
N1 City Hospital	Goodwood - Cape Town		●	
Hermanus Mediclinic	Hermanus		●	●
Knysna Private Hospital	Knysna	●	●	●
Kuils River Private Hospital	Kuils River		●	
UCT Private Academic Hospital	Mowbray		●	
Milnerton Mediclinic	Milnerton - Cape Town			●
Mitchells Plain Medical Centre	Mitchells Plain - Cape Town	●	●	●
Bayview Hospital	Mossel Bay	●	●	●
Cape Town Mediclinic	Oranjezicht - Cape Town			●
Klein Karoo Mediclinic	Oudtshoorn		●	●
Paarl Mediclinic	Paarl		●	●
Panorama Mediclinic	Panorama - Cape Town			●
Vincent Pallotti Hospital	Pinelands - Cape Town	●		●
Plettenberg Bay Mediclinic	Plettenberg Bay			●
Constantiaberg Mediclinic	Plumstead		●	●
Sport Science Orthopaedic Surgical Day Centre	Rondebosch			●
Vergelegen Mediclinic	Somerset West		●	●
Stellenbosch Mediclinic	Stellenbosch	●		●
Strand Mediclinic	Strand			●
West Coast Private Hospital	Vredenburg	●	●	●
Worcester Mediclinic	Worcester		●	●

These hospital lists are subject to change. Visit momentumhealth.co.za for the latest information.

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

- 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.
- 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.
- 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.
- Momentum Health Rate (MHR):** Every year Momentum Health negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount we will pay per treatment. For all other providers, the amount we pay is set on an annual basis. These amounts are called the Momentum Health Rate (MHR).
- Provider definitions:**
 - Network providers:** Momentum Health has agreements in place with certain providers of healthcare services. On the Ingwe and Impact Options, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe or Impact Primary Care Network providers.
 - Associated providers, e.g. hospitals, GPs and specialists:** These are providers that Momentum Health has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
 - Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 24 for the list of hospitals.
 - Impact Network hospitals:** Members on the Impact Option must make use of Impact Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 24 for the list of hospitals.
 - 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 Custom, Incentive and Extender Options, you can also save on your contribution by choosing State as your Chronic Benefit provider.
 - 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.
 - Preferred Providers:** Momentum Health has agreements in place with certain providers of healthcare services, which members need to use for specific benefits.
- 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.
- Clinical protocol:** Momentum Health uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
- Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
- Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
- Pre-authorisation:** Pre-authorisation is when you call us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.
- 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.
- 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.
- Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or out-patient facility.
- 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.
- 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.
- Momentum Health Reference Price** is the maximum Rand value that Momentum Health will pay for a medicine. If you voluntarily choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the reference price.





Momentum Health



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