momentum
medical scheme



2027

Our benefits

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered	Hospital lists	Glossary of terms	Exclusions
4	6	8	12	16	20	24	28	32	34	37	38	40	42	43



2027

General disclaimers

This brochure is a marketing aid.

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

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late 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.

Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.

Momentum Medical Scheme's 2027 benefits and contributions Rules have been submitted to the Council for Medical Schemes and are subject to approval by the Registrar.

Make the right choice

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

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

Our Benefit Structure

	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option
Major Medical Benefit	**Any hospital, Ingwe Network hospitals*** or **Connect Network hospitals***	**Evolve Network hospitals***	**Any** or **Associated hospitals***	**Any** or **Associated hospitals***	**Any** or **Associated hospitals***	**Any hospital**
The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures/treatment that can safely be performed in a doctor's room or day hospital, provided treatment is clinically appropriate and has been pre-authorised.	Specialists covered up to **100%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**	Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies** **R2 100** co-payment applies	Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies** **R2 100** co-payment applies	Associated specialists covered in full. Other specialists covered up to **200%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**	Associated specialists covered in full. Other specialists covered up to **200%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**	Associated specialists covered in full. Other specialists covered up to **300%** of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate **No overall annual limit applies**
Chronic Benefit	Medical management including doctor, pharmacy, blood tests, x-rays, etc **Ingwe Primary Care Network providers****, **Ingwe Active Network providers**** or **State** facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc **State** facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc **Any** (Any GP and any pharmacy), **Associated**** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State** facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc **Any** (Any GP and any pharmacy), **Associated**** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State** facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc **Any** (Any GP and any pharmacy), **Associated**** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State** facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc **Freedom-of-choice of provider**
The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.	**26** conditions - no annual limit applies Chronic Benefit formulary: Fixed formulary	**26** conditions - no annual limit applies Chronic Benefit formulary: State formulary	**26** conditions - no annual limit applies Chronic Benefit formulary: **Any:** Basic formulary **Associated:** Core formulary **State:** State formulary	**26** conditions - no annual limit applies Additional **6** conditions limited to **R14 300** per family Chronic Benefit formulary: **Any:** Standard formulary **Associated:** Core formulary **State:** State formulary	**26** conditions - no annual limit applies Additional **36** conditions limited to **R14 300** per family Chronic Benefit formulary: **Any:** Extended formulary **Associated:** Core formulary **State:** State formulary	**26** conditions - no annual limit applies Additional **36** conditions accumulate to the overall day-to-day limit of **R36 100** per beneficiary Chronic Benefit formulary: **Comprehensive** formulary
Day-to-day Benefit	**Ingwe Primary Care Network providers****, **Ingwe Active Network providers**** or **State** facilities	**Any** provider	**Any** provider	**Any** provider, subject to Savings if available	**Any** provider or **Associated** provider (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)	**Freedom-of-choice**
This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medication. You have the choice of adding more day-to-day cover through the HealthSaver+.	**Primary care** (such as GP visits, prescribed medicine, etc) **Secondary care** (Specialist visits) You have the choice of adding more day-to-day cover through the HealthSaver Cover for 3 virtual GP consultations from Hello Doctor. You may pay for additional virtual GP consultations from HealthSaver, if available. You also enjoy 24/7 access to free healthcare advice from Hello Doctor	You may add the HealthSaver to provide cover for your day-to-day healthcare expenses Cover for 4 virtual GP consultations from Hello Doctor. You may pay for additional virtual GP consultations from HealthSaver, if available. You also enjoy 24/7 access to free healthcare advice from Hello Doctor	You may add the HealthSaver to provide cover for your day-to-day healthcare expenses You enjoy 24/7 access to free healthcare advice from Hello Doctor, and can also choose to pay for virtual GP consultations	Savings **10%** of total contribution You have the choice of adding more day-to-day cover through the HealthSaver You enjoy 24/7 access to free healthcare advice from Hello Doctor, and can also choose to pay for virtual GP consultations	Savings **25%** of total contribution plus Extended Cover You have the choice of adding more day-to-day cover through the HealthSaver You enjoy 24/7 access to free healthcare advice from Hello Doctor, and can also choose to pay for virtual GP consultations	Paid from risk benefit, subject to overall day-to-day limit of **R36 100** per beneficiary This is a combined limit incorporating both day-to-day cover and cover for the **36** additional chronic conditions You have the choice of adding more day-to-day cover through the HealthSaver You enjoy 24/7 access to free healthcare advice from Hello Doctor, and can also choose to pay for virtual GP consultations
Health Platform Benefit	On the Ingwe Option, if you choose Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider If you choose Connect Network hospitals on the Ingwe Option, or if you choose the Evolve, Custom, Incentive, Extender or Summit Option, you may use any healthcare provider On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the Health Platform GP consultation benefits					
The Health Platform Benefit encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection and a leading maternity programme.						

Momentum Complementary Products

Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.

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

GapCover+
Add extra cover to assist with in-hospital shortfalls and co-payments

Multiply+
Add Multiply Inspire Plus and start earning HealthReturns+ to help pay for healthcare expenses

Hello Doctor+
Free healthcare advice 24/7 through Hello Doctor

momentum

See separate Momentum Complementary Product brochure for more information

* *View a list of these hospitals on page 40* ** *View a list of these providers on momentummedicalscheme.co.za or the Momentum App*

Individual contributions

Ingwe Option

Monthly income

	Hospital	Chronic	Day-to-day	P	A	C
R0 - R1 600	Connect Network	State	State	R1 158	R1 158	R323
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R699	R699	R629
	Any	Ingwe Active Network	Ingwe Active Network	R699	R699	R699
R1 601 – R9 800	Connect Network	State	State	R1 344	R1 344	R352
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 537	R1 537	R703
	Any	Ingwe Active Network	Ingwe Active Network	R1 998	R1 998	R793
R9 801 – R13 100	Connect Network	State	State	R1 755	R1 755	R438
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 957	R1 957	R734
	Any	Ingwe Active Network	Ingwe Active Network	R2 794	R2 794	R845
R13 101 – R18 850	Connect Network	State	State	R1 892	R1 892	R470
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 689	R2 689	R791
	Any	Ingwe Active Network	Ingwe Active Network	R3 805	R3 805	R887
R18 851 - R24 500	Connect Network	State	State	R3 080	R3 080	R700
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 858	R3 858	R1 136
	Any	Ingwe Active Network	Ingwe Active Network	R4 884	R4 884	R1 418
R24 501+	Connect Network	State	State	R3 543	R3 543	R805
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 873	R3 873	R1 141
	Any	Ingwe Active Network	Ingwe Active Network	R4 905	R4 905	R1 422

Evolve Option

Hospital	Chronic	P	A	C
Evolve Network	State	R2 176	R2 176	R2 176

Custom Option

Hospital	Chronic	P	A	C
Associated	Any	R4 068	R3 210	R1 434
	Associated	R3 591	R2 785	R1 269
	State	R2 789	R2 110	R988
Any	Any	R4 852	R3 894	R1 732
	Associated	R4 258	R3 327	R1 548
	State	R3 556	R2 684	R1 303

Incentive Option

Hospital	Chronic		P	A	C
Associated	Any	Total contribution	R5 787	R4 658	R2 163
		Risk contribution	R5 208	R4 192	R1 947
		Savings 10%	R579	R466	R216
		Annual Savings	R6 948	R5 592	R2 592
	Associated	Total contribution	R5 099	R4 054	R1 937
		Risk contribution	R4 589	R3 649	R1 743
		Savings 10%	R510	R405	R194
		Annual Savings	R6 120	R4 860	R2 328
	State	Total contribution	R3 627	R2 862	R1 391
		Risk contribution	R3 264	R2 576	R1 252
		Savings 10%	R363	R286	R139
		Annual Savings	R4 356	R3 432	R1 668

Incentive Option *(continued)*

Hospital	Chronic		P	A	C
Any	Any	Total contribution	R6 543	R5 317	R2 551
		Risk contribution	R5 889	R4 785	R2 296
		Savings 10%	R654	R532	R255
		Annual Savings	R7 848	R6 384	R3 060
	Associated	Total contribution	R5 549	R4 448	R2 180
		Risk contribution	R4 994	R4 003	R1 962
		Savings 10%	R555	R445	R218
		Annual Savings	R6 660	R5 340	R2 616
	State	Total contribution	R4 510	R3 553	R1 783
		Risk contribution	R4 059	R3 198	R1 605
		Savings 10%	R451	R355	R178
		Annual Savings	R5 412	R4 260	R2 136

Extender Option

Hospital	Chronic		P	A	C
Associated	Any	Total contribution	R10 945	R8 816	R3 099
		Risk contribution	R8 209	R6 612	R2 324
		Savings 25%	R2 736	R2 204	R775
		Annual Savings	R32 832	R26 448	R9 300
		Threshold	R40 000	R34 700	R11 500
	Associated	Total contribution	R9 811	R7 896	R2 821
		Risk contribution	R7 358	R5 922	R2 116
		Savings 25%	R2 453	R1 974	R705
		Annual Savings	R29 436	R23 688	R8 460
		Threshold	R40 000	R34 700	R11 500
	State	Total contribution	R8 576	R6 505	R2 523
		Risk contribution	R6 432	R4 879	R1 892
		Savings 25%	R2 144	R1 626	R631
		Annual Savings	R25 728	R19 512	R7 572
		Threshold	R40 000	R34 700	R11 500
Any	Any	Total contribution	R12 448	R10 025	R3 571
		Risk contribution	R9 336	R7 519	R2 678
		Savings 25%	R3 112	R2 506	R893
		Annual Savings	R37 344	R30 072	R10 716
		Threshold	R40 000	R34 700	R11 500
	Associated	Total contribution	R10 888	R8 769	R3 132
		Risk contribution	R8 166	R6 577	R2 349
		Savings 25%	R2 722	R2 192	R783
		Annual Savings	R32 664	R26 304	R9 396
		Threshold	R40 000	R34 700	R11 500
	State	Total contribution	R9 741	R7 996	R2 859
		Risk contribution	R7 306	R5 997	R2 144
		Savings 25%	R2 435	R1 999	R715
		Annual Savings	R29 220	R23 988	R8 580
		Threshold	R40 000	R34 700	R11 500

Summit Option

Hospital	Chronic	Day-to-day	P	A	C
Any	Freedom-of-choice	Freedom-of-choice	R17 870	R14 187	R4 075

P = Principal A = Adult C = Child

Child rates apply to child dependants younger than 21

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

Ingwe



Overview

There is no overall annual limit for **hospitalisation**. For your hospitalisation cover, you can choose to use either the Connect Network of private hospitals, the Ingwe Network of private hospitals (see page 40 for these lists), or Any hospital.

For **chronic treatment** and **day-to-day benefits**, such as GP visits or prescribed medicine, if you choose Connect Network hospitals, you need to use State facilities, if you choose Ingwe Network hospitals, you need to use Ingwe Primary Care Network providers, or if you choose Any hospital, you need to use Ingwe Active Network providers.

The **Health Platform** Benefit provides cover for a range of preventative care benefits. If you choose Connect Network hospitals, the benefits are available from any healthcare provider. If you choose Ingwe Network hospitals or Any hospital, the benefits are available from your chosen network provider, except for some benefits, such as the maternity programme benefits, which are available from any healthcare provider. See page 32 for the list of Health Platform Benefits.

If you need more day-to-day cover, you can choose to make use of the **HealthSaver**. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum **GapCover**.

HealthSaver and GapCover are complementary products offered by Momentum.

Your **monthly income** | Choose **your providers** | Choose **your family composition**

	Hospital	Chronic	Day-to-day						
R0 - R1 600	Connect Network	State	State	R1 158	R2 316	R1 481	R2 639	R2 962	R3 285
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R699	R1 398	R1 328	R2 027	R2 656	R3 285
	Any	Ingwe Active Network	Ingwe Active Network	R699	R1 398	R1 398	R2 097	R2 796	R3 495
R1 601 - R9 800	Connect Network	State	State	R1 344	R2 688	R1 696	R3 040	R3 392	R3 744
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 537	R3 074	R2 240	R3 777	R4 480	R5 183
	Any	Ingwe Active Network	Ingwe Active Network	R1 998	R3 996	R2 791	R4 789	R5 582	R6 375
R9 801 - R13 100	Connect Network	State	State	R1 755	R3 510	R2 193	R3 948	R4 386	R4 824
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 957	R3 914	R2 691	R4 648	R5 382	R6 116
	Any	Ingwe Active Network	Ingwe Active Network	R2 794	R5 588	R3 639	R6 433	R7 278	R8 123
R13 101 - R18 850	Connect Network	State	State	R1 892	R3 784	R2 362	R4 254	R4 724	R5 194
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 689	R5 378	R3 480	R6 169	R6 960	R7 751
	Any	Ingwe Active Network	Ingwe Active Network	R3 805	R7 610	R4 692	R8 497	R9 384	R10 271
R18 851 - R24 500	Connect Network	State	State	R3 080	R6 160	R3 780	R6 860	R7 560	R8 260
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 858	R7 716	R4 994	R8 852	R9 988	R11 124
	Any	Ingwe Active Network	Ingwe Active Network	R4 884	R9 768	R6 302	R11 186	R12 604	R14 022
R24 501+	Connect Network	State	State	R3 543	R7 086	R4 348	R7 891	R8 696	R9 501
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 873	R7 746	R5 014	R8 887	R10 028	R11 169
	Any	Ingwe Active Network	Ingwe Active Network	R4 905	R9 810	R6 327	R11 232	R12 654	R14 076

All children are charged for

Ingwe Option

- *This table represents a summary of the benefits for 2027*
- *If you choose Connect Network hospitals, Chronic and Day-to-day Benefits are only available at State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or if you choose Any hospital, benefits are only available from the Ingwe Active Network and chronic medication needs to be obtained from Medipost*
- *If you choose Ingwe Network hospitals or Connect 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*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
- *HealthSaver® is a complementary product offered by Momentum*

Major Medical

Benefit	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Connect Network hospitals, Ingwe Network hospitals or Any hospital
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions like diabetes you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	If you choose Connect Network hospitals, you need to obtain your oncology treatment from an oncologist authorised by the Scheme, and benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
Organ transplants	If you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean sections: Only emergency caesareans are covered	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R7 300 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	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R18 300 per beneficiary (combined limit), subject to case management
Private nursing and Hospice	Not covered
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	R44 200 per family at preferred provider R44 700 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies

Chronic

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	If you choose Connect Network hospitals, benefits are only available at State facilities. If you choose Ingwe Network hospitals, benefits are only available from the Ingwe Primary Care Network or if you choose Any hospital, benefits are only available from the Ingwe Active Network. Benefits are subject to a list of medicine, referred to as a formulary

Day-to-day

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities, unless otherwise indicated
Savings	Not applicable. You can choose to add the HealthSaver
General rule applicable to Day-to-day Benefits	If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs, etc)	Not covered
General practitioners	There is no limit to the number of times you visit your network GP. However, please note all visits from the 11th visit onwards must be pre-authorised
GP virtual consultations	3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and the Scheme will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R110 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 500 per visit and up to a maximum of R3 000 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral 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	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

Evolve

Overview

The Evolve Option provides cover for **hospitalisation** at the Evolve Network of private hospitals (see page 40 for this list). There is no overall annual limit for hospitalisation. A co-payment of R2 100 per authorisation applies to Major Medical Benefits including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider. An additional co-payment may apply for certain specialised procedures - see page 36.

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

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

You have cover for 4 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor.

If you need more day-to-day cover, you can choose to make use of the **HealthSaver**. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum **GapCover**.

HealthSaver and GapCover are complementary products offered by Momentum.

Your **providers**

Hospital	Chronic
Evolve Network	State

Choose your **family composition**

R2 176	R4 352	R4 352	R6 528	R8 704	R10 880

Maximum of 3 children charged for

Evolve Option

- *This table represents a summary of the benefits for 2027*
- *If you do not use Evolve Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account, in addition to the standard Evolve Option co-payment*
- *You need to use day hospitals for certain procedures. If you do not use a day hospital, you will have a co-payment of 30% on the hospital account and the Scheme will be responsible for 70% of the negotiated tariff*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
- * *See glossary of terms on page 42 for the definition of emergency treatment*
- *HealthSaver® is a complementary product offered by Momentum*

Major Medical

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Evolve Network hospitals Certain procedures are only covered in day hospitals View a list of these procedures and the list of hospitals on the Momentum App or momentummedicalscheme.co.za
Co-payment	R2 100 per authorisation, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider.* An additional co-payment may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver if available
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	R200 000 per beneficiary per year, thereafter a 20% co-payment applies. Covered for Prescribed Minimum Benefit level of care. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. You need to get your oncology treatment and medication from the Evolve Network of Oncologists
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R8 200 per family
Prosthesis - internal (incl. permanent pacemakers, cochlear implants, etc) Joint replacements, including knee and hip surgery, are limited to Prescribed Minimum Benefits at State facilities	Intraocular lenses: R6 900 per beneficiary per event, maximum 2 events per year Other internal prostheses: R45 900 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs, etc)	R29 500 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to a co-payment of R4 050 per scan and pre-authorisation
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at Evolve Network hospitals
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R64 000 per family (combined limit), subject to case management
Health management programmes for conditions such as mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R53 000 per family at Evolve Network hospitals
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R5 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 380 co-payment applies per emergency out-patient claim

Chronic

Provider	State facilities
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver if available (see Momentum Complementary Product brochure for more details on HealthSaver)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver if available
Dentistry - basic (such as extractions or fillings)	Subject to HealthSaver if available
Dentistry - specialised (such as bridges or crowns)	Subject to HealthSaver if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	Subject to HealthSaver if available
General practitioners	4 virtual consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required. Medication is subject to HealthSaver, if available
Sports injury benefit	2 Physiotherapist or Biokineticist consultations per beneficiary, up to a limit of R1 250 per year, subject to pre-authorisation. Consultations paid at the Momentum Medical Scheme Rate
Specialists	Subject to HealthSaver if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver if available
Radiology (such as X-rays)	Subject to HealthSaver if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R4 050 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver if available
Over-the-counter medication	Subject to HealthSaver if available

Custom

Overview

The Custom Option provides cover for **hospitalisation** at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital or you can choose to save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list). A co-payment of R2 100 per authorisation applies to Major Medical Benefits including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider.

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

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

If you need more day-to-day cover, you can choose to make use of the **HealthSaver**. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum **GapCover**.

HealthSaver and GapCover are complementary products offered by Momentum.

Choose **your providers**

Choose your **family composition**

Hospital	Chronic						
Associated	Any	R4 068	R7 278	R5 502	R8 712	R10 146	R11 580
	Associated	R3 591	R6 376	R4 860	R7 645	R8 914	R10 183
	State	R2 789	R4 899	R3 777	R5 887	R6 875	R7 863
Any	Any	R4 852	R8 746	R6 584	R10 478	R12 210	R13 942
	Associated	R4 258	R7 585	R5 806	R9 133	R10 681	R12 229
	State	R3 556	R6 240	R4 859	R7 543	R8 846	R10 149

Maximum of 3 children charged for

Custom Option

- *This table represents a summary of the benefits for 2027*
- *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, in addition to the standard Custom Option co-payment*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*

* *See glossary of terms on page 42 for the definition of emergency treatment*

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

- *HealthSaver® is a complementary product offered by Momentum*

Major Medical

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R2 100 per authorisation, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider.* An additional co-payment may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver if available
Renal dialysis**	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Covered for Prescribed Minimum Benefit level of care. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R27 200 cadaver costs R55 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R2 100 co-payment per authorisation. The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from HealthSaver, if available
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 100% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 750 co-payment for day hospitals and a R7 100 co-payment for other hospitals per authorisation. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are subject to HealthSaver, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R4 050 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R8 780 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R7 500 per beneficiary per event, maximum 2 events per year Other internal prostheses: R64 500 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs, etc)	R30 600 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R49 400 per beneficiary
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R70 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	 No annual limit applies at preferred provider R93 500 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R7 660 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 380 co-payment applies per emergency out-patient claim

Chronic

Provider	Any, Associated or State
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver if available (see Momentum Complementary Product brochure for more details on HealthSaver)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver if available
Dentistry – specialised (such as bridges or crowns)	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R2 100 co-payment and pre-authorisation Other specialised dentistry: Subject to HealthSaver if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	Subject to HealthSaver if available
General practitioners	Subject to HealthSaver if available
Specialists	Subject to HealthSaver if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver if available
Radiology (such as X-rays)	Subject to HealthSaver if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R4 050 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver if available
Over-the-counter medication	Subject to HealthSaver if available

Incentive

Overview

The Incentive Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list).

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

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

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

If you need more day-to-day cover, you can choose to make use of the **HealthSaver**. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum **GapCover**.

HealthSaver and GapCover are complementary products offered by Momentum.

Choose **your providers**

Choose your **family composition**

Hospital	Chronic						
Associated	Any	R5 787	R10 445	R7 950	R12 608	R14 771	R16 934
	Associated	R5 099	R9 153	R7 036	R11 090	R13 027	R14 964
	State	R3 627	R6 489	R5 018	R7 880	R9 271	R10 662
Any	Any	R6 543	R11 860	R9 094	R14 411	R16 962	R19 513
	Associated	R5 549	R9 997	R7 729	R12 177	R14 357	R16 537
	State	R4 510	R8 063	R6 293	R9 846	R11 629	R13 412

Maximum of 3 children charged for

Incentive Option

- *This table represents a summary of the benefits for 2027*
- *If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
- * *If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost*
- *HealthSaver® is a complementary product offered by Momentum*

Major Medical

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You to need contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R30 000 cadaver costs R62 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 900 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver, if available
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 750 co-payment for day hospitals and a R7 100 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 650 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R9 200 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R233 700 per beneficiary, maximum 1 event per year Intraocular lenses: R9 300 per beneficiary per event, maximum 2 events per year Other internal prostheses: R70 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs, etc)	R32 100 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R53 000 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R73 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	 No annual limit applies at preferred provider R101 200 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 380 co-payment applies per emergency out-patient claim

Chronic

Provider	Any, Associated or State
Cover	Cover for 32 conditions - see page 38 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R14 300 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

Provider	Any
Savings	Fixed at 10% of total contribution
General rule applicable to Day-to-day Benefits	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to Savings, if available
Mental health (incl. psychiatry and psychology)	Subject to Savings, if available
Dentistry - basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry - specialised (such as bridges or crowns)	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 900 co-payment and pre-authorisation Other specialised dentistry: Subject to Savings, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	Subject to Savings, if available
General practitioners	Subject to Savings, if available
Specialists	Subject to Savings, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to Savings, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available
Radiology (such as X-rays)	Subject to Savings, if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 650 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

Extender

Overview

The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to save on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list).

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

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

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).

If you need more day-to-day cover, you can choose to make use of the **HealthSaver**. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum **GapCover**.

HealthSaver and GapCover are complementary products offered by Momentum.

Choose **your providers**

Choose your **family composition**

Hospital	Chronic						
Associated	Any	R10 945	R19 761	R14 044	R22 860	R25 959	R29 058
	Associated	R9 811	R17 707	R12 632	R20 528	R23 349	R26 170
	State	R8 576	R15 081	R11 099	R17 604	R20 127	R22 650
Any	Any	R12 448	R22 473	R16 019	R26 044	R29 615	R33 186
	Associated	R10 888	R19 657	R14 020	R22 789	R25 921	R29 053
	State	R9 741	R17 737	R12 600	R20 596	R23 455	R26 314

Maximum of 3 children charged for

Extender Option

- *This table represents a summary of the benefits for 2027*
- *If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
- * *If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost*
- *HealthSaver® is a complementary product offered by Momentum*

Major Medical

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R30 000 cadaver costs R62 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 900 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist account and the dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 750 co-payment for day hospitals and a R7 100 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 650 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R9 650 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R256 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 970 per beneficiary per event, maximum 2 events per year Other internal prostheses: R96 300 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs, etc)	R33 400 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R53 000 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R78 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	 No annual limit applies at preferred provider R101 200 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 220 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 380 co-payment applies per emergency out-patient claim

Chronic

Provider	Any, Associated or State
Cover	Cover for 62 conditions - see page 38 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R14 300 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

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: R40 000 Per adult dependant: R34 700 Per child: R11 500 (max. 3 children)	25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold and are paid from Extended Cover at the Momentum Medical Scheme Rate subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R27 500 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)	R18 900 per beneficiary, R49 000 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the specialised dentistry limit Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 900 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	R34 100 per family, R10 280 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected Any or State provider: 100% of Momentum Medical Scheme Rate Associated providers: 100% of Momentum Medical Scheme Rate for Associated GPs and 70% of Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 700 per beneficiary. Frame sub-limit of R3 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 R3 650 co-payment per scan and pre-authorisation
Prescribed medication	R24 200 per beneficiary, R46 000 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

Summit

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.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

If you need more day-to-day cover, you can choose to make use of the **HealthSaver**. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum **GapCover**.

HealthSaver and GapCover are complementary products offered by Momentum.

Your **providers**

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

Choose your **family composition**

R17 870	R32 057	R21 945	R36 132	R40 207	R44 282

Maximum of 3 children charged for

Summit Option

- *This table represents a summary of the benefits for 2027*
- *The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)*
- *HealthSaver® is a complementary product offered by Momentum*

Major Medical

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R30 000 cadaver costs R62 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 300% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 650 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces, etc)	R9 650 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R256 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 970 per beneficiary per event, maximum 2 events per year Other internal prostheses: R96 300 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc)	R33 400 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R53 000 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R78 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	 No annual limit applies at any provider R101 200 per family at any hospital
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R9 010 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 380 co-payment applies per emergency out-patient claim

Chronic

Provider	You can use any provider of your choice
Cover	Cover for 62 conditions - see page 38 for a list of the conditions covered: 26 conditions according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R36 100 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Day-to-day

Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver
General rule applicable to Day-to-day Benefits	Benefits are paid at 100% of the Momentum Medical Scheme Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R36 100 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R10 280 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary
Mental health (incl. psychiatry and psychology)	R30 900 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R21 600 per beneficiary, R52 000 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	R41 900 per family. R24 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R36 100 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R6 400 per beneficiary. Frame sub-limit of R3 200 Subject to overall annual day-to-day limit of R36 100 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R36 100 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 650 co-payment per scan and pre-authorisation
Prescribed medication	R28 100 per beneficiary, R46 200 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

Health Platform Benefit

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

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

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

Please note

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

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

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

Benefit	Who?	How often?	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Early detection tests								
Health assessment: Blood pressure test, Cholesterol and Blood sugar (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Preventative dental care covered up to R520 per beneficiary at any dental provider	All beneficiaries	Once a year	•	•	•	•	•	•
Pap smear consultation (nurse or GP)	Women 15 and older	Based on type of pap smear (see below)	•					
Pap smear consultation (nurse, GP* or gynaecologist)	Women 15 and older	Based on type of pap smear (see below)		•	•	•	•	•
Pap smear (pathologist) - Standard or LBC (Liquid based cytology) **or** - HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered)	Women 15 and older Women 21 to 65	Once a year Once every 3 years	•	•	•	•	•	•
Mammogram	Women 38 and older	Once every 2 years		•	•	•	•	•
FIT (Faecal immunochemical testing) test	Beneficiaries 45 to 80	Once a year		•	•	•	•	•
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years		•	•	•	•	•
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years	•	•	•	•	•	•
	Beneficiaries 30 to 59	Once every 3 years	•	•	•	•	•	•
	Beneficiaries 60 to 69	Once every 2 years	•	•	•	•	•	•
	Beneficiaries 70 and older	Once a year	•	•	•	•	•	•
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years	•	•	•	•	•	•
	Men 50 to 59	Once every 3 years	•	•	•	•	•	•
	Men 60 to 69	Once every 2 years	•	•	•	•	•	•
	Men 70 and older	Once a year	•	•	•	•	•	•
Cholesterol test (pathologist)**	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Blood sugar test (pathologist)***	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years		•	•	•	•	•
	Beneficiaries 50 and older	Once a year		•	•	•	•	•
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	•	•	•	•	•	•
Preventative care			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Baby immunisations (On Ingwe Option, baby immunisations are covered in private facilities for baby's first year, limited to R3 250. Once the limit is reached, immunisations are available at the Department of Health baby clinics)	Children up to age 6	As required by the Department of Health	•	•	•	•	•	•
Flu vaccines	Children between 6 months and 5 years	Once a year	•	•	•	•	•	•
	Beneficiaries 60 and older	Once a year	•	•	•	•	•	•
	High-risk beneficiaries	Once a year	•	•	•	•	•	•
Tetanus diphtheria injection	All beneficiaries	As needed	•	•	•	•	•	•
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year		•	•	•	•	•
	High-risk beneficiaries	Once a year		•	•	•	•	•

Benefit		Who?	How often?	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Maternity programme (subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)									
Doula benefit		Women registered on the programme	2 visits per pregnancy		•	•	•	•	•
Antenatal visits (Midwives, GP* or gynaecologist)		Women registered on the programme	7 visits	•					
			12 visits		•	•	•	•	•
Online or face-to-face antenatal and postnatal classes		Women registered on the programme	18-month online subscription with Parent Sense or face-to-face classes covered up to R470 per pregnancy at any provider				•	•	•
Online video consultation with lactation specialist		Women registered on the programme	Initial consultation				•		
			Initial consultation plus follow up					•	•
Nurse home visit		Women registered on the programme	Day after return from hospital	•	•	•	•	•	•
			2 weeks after initial visit		•	•	•	•	•
			6 weeks after initial visit				•	•	•
Urine tests (dipstick)		Women registered on the programme	Included in antenatal visits	•	•	•	•	•	•
Pathology tests	Antiglobin, platelet count and Rubella antibody	Women registered on the programme	1 test				•	•	•
	Blood group, full blood count and Rhesus factor		1 test	•	•	•	•	•	•
	Creatinine		1 test		•	•	•	•	•
	Glucose strip		1 test		•	•			
			2 tests				•	•	•
	Haemoglobin estimation		1 test	•	•	•			
			2 tests				•	•	•
	Urinalysis		7 tests	•					
			12 tests		•	•	•	•	•
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated	•	•	•	•	•	•
Scans		Women registered on the programme	2 pregnancy scans	•					
			2 pregnancy scans 3D and 4D scans covered up to the rate we pay for 2D scans		•	•	•	•	•
Paediatrician visits		Babies up to 12 months registered on the programme	1 visit in baby's first year	•					
			2 visits in baby's first year		•	•	•	•	•
Health line				Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour emergency health advice		All beneficiaries	As needed	•	•	•	•	•	•

Specialised procedures/treatment

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

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

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

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

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

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

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

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

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

Oncology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Chemotherapy and radiotherapy (On Ingwe Option, if you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Hyperbaric oxygen for radiation necrosis		•	•	•	•	•

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

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

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

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

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

Anorectal procedures	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Procedure for haemorrhoids, fissure and fistula	•	•	•	•	•	•

Incision and drainage of abscess and/or cyst	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Skin (deep/non-superficial lesions), subcutaneous tissue and pilonidal	•	•	•	•	•	•

Please note

- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R680 on the Evolve and Custom Options, up to R1 420 on the Incentive and Extender Options, and up to R1 680 on the Summit Option (subject to pre-authorisation). For all other procedures, the cost of anaesthetists, if any, are covered if clinically appropriate.
- The specialised procedures/treatment listed attract a co-payment of R2 100 per authorisation on the Evolve and Custom Options. This co-payment may vary for some of the procedures, see next page. Some of the specialised procedures/treatment listed could attract a co-payment on the Incentive and Extender Options, see next page.

Specialised procedures/treatment co-payments

How specialised procedures/treatment are covered on the Evolve Option	
The standard Evolve Option co-payment of **R2 100** per authorisation applies to these procedures and treatments regardless of where they are performed **Plus** the specialised procedures co-payment of **R5 700** per authorisation applies if performed in an acute hospital (hospital where overnight admissions apply) or day hospital	
Arthroscopies, Back and neck surgery*, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements*, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment*, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	**Low severity cases** are not covered by the Scheme but can be paid from HealthSaver, if available **High severity cases** in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or momentummedicalscheme.co.za
HealthSaver is a complementary product offered by Momentum
* *Covered at State facilities*

How specialised procedures/treatment are covered on the Custom Option	
The standard Custom Option co-payment of **R2 100** per authorisation applies to these procedures and treatments regardless of where they are performed **Plus** the specialised procedures co-payment of **R2 100** per authorisation applies if performed in a day hospital, or **R5 700** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)	
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	**Low severity cases** are not covered by the Scheme but can be paid from HealthSaver, if available **High severity cases** in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or momentummedicalscheme.co.za
HealthSaver is a complementary product offered by Momentum

How specialised procedures/treatment are covered on the Incentive and Extender Options	
A co-payment of **R2 100** per authorisation applies to these procedures and treatments if performed in a day hospital **Or** a co-payment of **R5 700** per authorisation applies to these procedures/treatment if performed in an acute hospital (hospital where overnight admissions apply)	
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	**Low severity cases** are not covered by the Scheme but can be paid from Day-to-day Benefits or HealthSaver, if available **High severity cases** in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or momentummedicalscheme.co.za
HealthSaver is a complementary product offered by Momentum

Chronic Benefit

Members on the Ingwe Option

If you choose Connect Network hospitals, you need to obtain your chronic prescription, medication and treatment from State facilities. If you voluntarily choose to get your chronic medication from a non-State pharmacy, or chronic medication that is not on the State formulary, co-payments may apply.

If you choose Ingwe Network hospitals or Any hospital, benefits are only available from your chosen Ingwe Primary Care Network provider and are subject to a Fixed formulary for medicine. Chronic medication is delivered via Medipost courier pharmacy.

Members on the Evolve Option

You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays, etc). If you voluntarily choose to get your chronic medication from a non-State pharmacy, or chronic medication that is not on the State formulary, co-payments may apply.

Members on the Custom, Incentive and Extender Options

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

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

  If you choose to get your medication from outside the formulary, or your chronic prescription from a non-Associated GP, or your chronic medication from a pharmacy other than Medipost, co-payments will apply. These co-payments will vary depending on your option.
- **State:** You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays, etc).

  If you choose to get your chronic medication from outside the State formulary, or your chronic medication from a pharmacy other than the State, co-payments will apply. These co-payments will vary depending on your option.

Members on the Summit Option

You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a Comprehensive formulary. If you choose to get your medication from outside the formulary, a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on momentummedicalscheme.co.za or the Momentum App).

Chronic conditions covered

Chronic benefits are subject to registration and approval.

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

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

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R14 300 per family per year:

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

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R14 300 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R36 100 per beneficiary per year:

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

** These are examples of medication not covered*

Hospitals

Members on the **Ingwe Option** can choose between **Any hospital, Ingwe Network hospitals** or **Connect hospitals**.
Members on the **Evolve Option** need to use **Evolve Network hospitals** and certain procedures are only covered in day hospitals. View a list of day hospitals on the Momentum App or **momentummedicalscheme.co.za**.
Members on the **Custom, Incentive** and **Extender Options** can choose between **Any** or **Associated hospitals.**

Eastern Cape

		Ingwe	Connect	Evolve	Associated
Beacon Bay - East London	Life Beacon Bay Hospital	●	●	●	●
East London	Life East London Private Hospital	●	●		●
Gqeberha	Greenacres Hospital		●	●	
	Hunterscraig Psychiatric Hospital				●
	New Mercantile Hospital	●	●		●
	St Georges Hospital	●	●		●
Humansdorp	Isivivana Private Hospital				●
Queenstown	Queenstown Private Hospital	●	●		●
Southernwood - East London	St Dominic's Hospital	●	●		●
	Life St James Hospital	●	●		●
	St Marks Clinic	●			●
Uitenhage	Netcare Cuyler Hospital		●		●
Umtata	St Mary's Private Hospital	●	●		●

Free State

		Ingwe	Connect	Evolve	Associated
Bethlehem	Mediclinic Hoogland	●	●		●
Bloemfontein	Bloemfontein Eye Hospital			●	●
	Mediclinic Bloemfontein		●		●
	Netcare Universitas Hospital		●		
	Pasteur Hospital	●	●		●
Fichardtpark - Bloemfontein	Rosepark Hospital	●	●	●	●
Harrismith	Busamed Harrismith		●		
Kroonstad	Netcare Kroon Hospital		●		
Sasolburg	Netcare Vaalpark Hospital		●		
Welkom	Mediclinic Welkom	●	●	●	●

Gauteng

		Ingwe	Connect	Evolve	Associated
Alberton	Netcare Alberton Hospital		●	●	
Arcadia - Pretoria	Netcare Femina Hospital		●	●	
	Muelmed Hospital				●
	Pretoria Heart Hospital				●
Akasia	Netcare Akasia Hospital		●		
Bedfordview - Johannesburg	Bedford Gardens Private Hospital	●	●		●

Gauteng (continued)

		Ingwe	Connect	Evolve	Associated
Benoni	Glynnview Hospital				●
	The Glynnwood	●	●		●
	Lakeview Hospital		●		
	Linmed Hospital		●	●	
Birchleigh - Johannesburg	Birchmed Day Clinic			●	●
Boksburg	Netcare Sunward Park Hospital		●		
Brakpan	Dalview Clinic	●	●		●
Brooklyn - Pretoria	Brooklyn Surgical Centre	●			●
Bryanston - Johannesburg	Mediclinic Sandton				●
Centurion	Unitas Hospital		●	●	
Constantia Kloof - Johannesburg	Mayo Clinic				●
Die Wilgers - Pretoria	Wilgers Hospital	●	●		●
Erasmuskloof - Pretoria	Kloof Hospital				●
Faerie Glen - Pretoria	Faerie Glen Hospital	●	●		●
Florida - Johannesburg	Flora Clinic	●	●		●
Fourways	Fourways Hospital			●	●
Groenkloof - Pretoria	Groenkloof Hospital	●	●	●	●
Heidelberg	Suikerbosrand Clinic	●	●		●
Helderkruin - Johannesburg	Medgate Day Clinic				●
Kempton Park	Arwyp Medical Centre	●	●		
Kensington - Johannesburg	New Kensington Clinic	●			●
Krugersdorp	Netcare Krugersdorp Hospital		●		
	Netcare Pinehaven Private Hospital		●	●	
Lenasia	Lenmed Ahmed Kathrada Private Hospital	●	●		
	Daxina Private Hospital		●		
Les Marais - Pretoria	Eugene Marais Hospital	●	●		●
Linksfield	Netcare Linksfield Hospital		●		
Mabopane - Pretoria	Legae Private Clinic	●	●	●	●
Mayfair - Johannesburg	Garden City Hospital	●			
Midrand	Carstenhof Clinic	●	●		●
	Waterfall City Hospital			●	
Midstream	Mediclinic Midstream				●
Morningside - Johannesburg	Mediclinic Morningside			●	●

Gauteng (continued)

		Ingwe	Connect	Evolve	Associated
Muckleneuk	Netcare Jakaranda Hospital		●		
Mulbarton	Netcare Mulbarton Hospital		●		
Nietgedacht - Johannesburg	Riverfield Lodge	●			●
Parktown - Johannesburg	The Donald Gordon				●
	Brenthurst Clinic	●	●		●
	Nelson Mandela Children's Hospital		●		●
	Netcare Parklane Hospital		●		
Pretoria East	Netcare Pretoria East		●		
Pretoria North	Pretoria North Surgical Centre				●
Primrose - Johannesburg	Roseacres Clinic	●	●		●
Randburg - Johannesburg	Olivedale Clinic			●	
Randfontein	Robinson Hospital	●	●		●
Rietfontein	Netcare Moot Hospital		●		
Roodepoort	Wilgeheuwel Hospital	●	●	●	●
Rosebank - Johannesburg	Netcare Rosebank Hospital		●		
Saxonwold - Johannesburg	Oxford Maternity Unit		●		
Soweto - Johannesburg	Clinix Tshepo	●			
Springs	Springs Parkland Clinic	●	●		●
	Netcare N17 Private Hospital		●	●	
	St Mary's Womens Clinic	●			●
Sunnyside - Pretoria	Medforum Hospital				●
Vanderbijlpark	Mediclinic Emfuleni	●	●		●
	Ocumed			●	
Vereeniging	Midvaal Private Hospital			●	
	Mediclinic Vereeniging				●
	Clinix Naledi	●			
Vosloorus	Clinix Botshelong	●			

Kwazulu-Natal

		Ingwe	Connect	Evolve	Associated
Amanzimtoti	Kingsway Hospital		●	●	●
Berea - Durban	Entabeni Hospital	●	●		●
Ballito	Netcare Alberlito Hospital		●		
Chatsworth - Durban	Chatsmed Garden Hospital	●	●		●
Durban	Durdoc Clinic	●	●		
	City Hospital	●	●		●
	Netcare St Augustines Hospital		●	●	

Kwazulu-Natal (continued)

		Ingwe	Connect	Evolve	Associated
Empangeni	Life Empangeni Private Hospital	●	●		●
Greyville - Durban	Ascot Park Hospital		●		
Hillcrest - Durban	Hillcrest Private Hospital			●	●
Hilton - Pietermaritzburg	Hilton Private Hospital				●
Howick	Lenmed Howick Private Hospital				●
Isipingo	Isipingo Hospital	●	●		●
Ladysmith	La Verna Hospital	●	●		
Margate	Netcare Margate Hospital	●	●		●
Newcastle	Mediclinic Newcastle	●	●	●	●
Newlands East - Durban	Ethekwini Hospital				●
Phoenix - Durban	Mount Edgecombe Hospital	●	●		●
Pietermaritzburg	Midlands Medical Centre	●	●		●
	Mediclinic Pietermaritzburg				●
	Netcare St Annes Hospital		●	●	
Pinetown	The Crompton Hospital	●	●		●
Port Shepstone	Hibiscus Hospital	●	●		●
Richards Bay	Melomed Richards Bay			●	
	Netcare The Bay Hospital		●		●
Tongaat	Victoria Hospital				●
uMhlanga	Gateway Hospital			●	●
	Netcare uMhlanga Hospital		●		●
	uMhlanga Eye Institute		●		
Westville - Durban	Westville Hospital	●	●	●	●

Limpopo

		Ingwe	Connect	Evolve	Associated
Lephalale	Mediclinic Lephalale				●
Makhado	Crestcare Zoutpansberg Private Hospital				●
Polokwane	Mediclinic Limpopo	●	●		●
	Netcare Pholoso Hospital		●	●	
Thabazimbi	Mediclinic Thabazimbi	●			●
Tzaneen	Mediclinic Tzaneen	●		●	●

Mpumalanga

		Ingwe	Connect	Evolve	Associated
Bronkhorstspruit	Bronkhorstspruit Hospital	●			
Emalahleni	Cosmos Hospital	●	●		●
Ermelo	Mediclinic Ermelo	●	●		●
Mbombela	Kiaat Private Hospital	●	●		
	Lowveld Hospital				●
	Mediclinic Nelspruit	●	●	●	●
Middelburg	Midmed Hospital	●	●	●	●
Piet Retief	Piet Retief Hospital				●
Trichardt	Mediclinic Highveld	●	●		●

North West

		Ingwe	Connect	Evolve	Associated
Brits	Mediclinic Brits				●
Klerksdorp	Anncron Clinic	●	●		●
	Wilmed Park Private Hospital			●	
Mafikeng	Victoria Private Hospital	●			
Potchefstroom	Lenmed Mooimed Private Hospital		●		
	Mediclinic Potchefstroom	●	●		●
Rustenburg	Ferncrest Hospital		●	●	
	Peglerae Hospital	●	●		●
Vryburg	Vryburg Private Hospital	●			●

Northern Cape

		Ingwe	Connect	Evolve	Associated
Kathu	Kathu Private Hospital	●	●		●
Kimberley	Mediclinic Kimberley	●	●		●
	Lenmed Royal Hospital and Heart Centre		●	●	
Upington	Mediclinic Upington				●

Western Cape

		Ingwe	Connect	Evolve	Associated
Bellville - Cape Town	Melomed Bellville	●	●		●
	Mediclinic Louis Leipoldt			●	●
Blaauwberg	Netcare Blaauwberg Hospital			●	
Brackenfell	Mediclinic Cape Gate				●
Claremont - Cape Town	Peninsula Eye Hospital	●		●	●
	Kingsbury Hospital	●	●	●	●
Durbanville - Cape Town	Mediclinic Durbanville				●
Gatesville - Cape Town	Melomed Gatesville	●	●		●

Western Cape (continued)

		Ingwe	Connect	Evolve	Associated
George	Geneva Clinic	●			●
	Mediclinic George	●		●	●
Goodwood - Cape Town	Netcare N1 City		●		
Hermanus	Mediclinic Hermanus				●
Knysna	Knysna Private Hospital	●	●		●
Kuilsriver	Netcare Kuilsriver Hospital		●		
Milnerton - Cape Town	Mediclinic Milnerton				●
Mitchells Plain - Cape Town	Melomed Mitchells Plain	●	●	●	●
Mossel Bay	Bayview Hospital	●	●		●
Observatory	UCT Private Academic		●		
Oranjezicht - Cape Town	Mediclinic Cape Town			●	●
Oudtshoorn	Mediclinic Klein Karoo				●
Paarl	Mediclinic Paarl	●			●
Panorama - Cape Town	Mediclinic Panorama				●
Pinelands - Cape Town	Vincent Pallotti Hospital	●	●		●
Plettenberg Bay	Mediclinic Plettenberg Bay				●
Plumstead	Mediclinic Constantiaberg			●	●
Rondebosch	Sport Science Orthopaedic Surgical Day Centre				●
Somerset West	Busamed Paardevlei Private Hospital		●	●	
	Mediclinic Vergelegen				●
Stellenbosch	Mediclinic Stellenbosch	●		●	●
	Mediclinic Winelands	●		●	●
Tokai	Melomed Tokai				●
Vredenburg	West Coast Private Hospital	●	●		●
Worcester	Mediclinic Worcester				●

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

Glossary of terms

1. **Chronic Disease List (CDL)** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998.
2. **Clinical protocol:** Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
3. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
4. **Co-payment:** This is an amount that you need to pay towards medical procedures and treatments. The amount payable may vary depending on the type of procedure or treatment, and where the procedure or treatment is performed. If the co-payment amount is higher than the amount charged by the healthcare provider, you will have to pay for the cost of the procedure or treatment. A co-payment will not apply in the event of an emergency medical condition.
5. **Designated Service Providers (DSPs):** Momentum Medical Scheme uses a network of Designated Service Providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat you for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits under point 16 for more information.
6. **Emergency medical condition/treatment** 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.
7. **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.
8. **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.
9. **Hospitals:**
   a. **Acute hospital:** A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries, and which is permitted to provide treatment that includes part of an overnight stay at the facility.
   b. **Day hospital:** A healthcare facility which focuses on the provision of short-stay surgical and diagnostic procedures, performed in an operating theatre on a same-day basis. The patient is admitted in the morning and discharged on the same day.
10. **Momentum Medical Scheme Rate (MMSR):** Every year Momentum Medical Scheme negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount that the Scheme will pay per treatment. For all other providers, the amount that the Scheme pays is set on an annual basis. These amounts are called the Momentum Medical Scheme Rate (MMSR).
11. **Momentum Medical Scheme Reference Price** is the maximum rand value that Momentum Medical Scheme will pay for a medicine. If you voluntarily choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the Reference Price.
12. **Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or an out-patient facility.
13. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
14. **Pre-authorisation:** Pre-authorisation is when you contact us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with the Scheme Rules, your option and membership status.
15. **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.
16. **Prescribed Minimum Benefits (PMBs)** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 131 of 1998 and the Regulations thereto. In order to access these benefits:
    - Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
    - The treatment needed must match the treatments in the defined benefits.
    - You must use the Scheme's Designated Service Providers. See the definition of Designated Service Providers under point 5 for more information.

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

    If your medical condition and treatment do not meet the above criteria to access these benefits, we will pay according to the benefits on your chosen benefit option.
17. **Provider definitions:**
    a. **Associated providers, eg hospitals, GPs and specialists:** These are providers that Momentum Medical Scheme has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
    b. **Connect Network hospitals:** Members on the Ingwe Option can choose to use Connect Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 40 for the list of hospitals.
    c. **Evolve Network hospitals:** Members on the Evolve Option must make use of the Evolve Network hospitals. These are private acute and day hospitals which Momentum Medical Scheme has agreements in place with. See page 40 for the list of acute hospitals and view the list of the day hospitals on momentummedicalscheme.co.za or the Momentum App.
    d. **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.
    e. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 40 for the list of hospitals.
    f. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe Primary Care Network providers.
    g. **Preferred providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which the Scheme refers to as preferred providers. Depending on the benefit option you choose, you need to use preferred providers for certain benefits. Preferred providers are not the same as Designated Service Providers, which are used for the provision of Prescribed Minimum Benefits.
    h. **State:** State hospitals are public facilities. If you choose Connect Network hospitals on the Ingwe Option, you need to use State facilities for your Chronic and Day-to-day Benefits, unless otherwise indicated. On the Evolve Option, you need to use State facilities for Chronic Benefits. On the Custom, Incentive and Extender Options, you can also save on your monthly contribution by choosing State as your Chronic Benefit provider.
    i. **GP Virtual Consultation Network:** Momentum Medical Scheme has agreements in place with a network of GPs, including Hello Doctor, who provide virtual consultations to members on the Ingwe and Evolve Options.
18. **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.
19. **Threshold:** On the Extender Option, there is a Threshold for day-to-day claims. It is a fixed rand amount set by the Scheme in line with your family size. Once your day-to-day claims add up to this level, your claims will be paid by the Scheme from Extended Cover.

Exclusions

Prescribed Minimum Benefits

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

Benefits excluded

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

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. Healthcare 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.

momentum
medical scheme

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Emergency medical transport	082 911 +27 11 541 1263	*South Africa* *International*
momentummedicalscheme.co.za		
Virtual help	Visit momentummedicalscheme.co.za, click on "Contact us" and then on "Click here to join a virtual help session" for one of our consultants to assist you digitally	
Claims	claims@momentumhealth.co.za	
Queries	member@momentumhealth.co.za	
Contact centre	0860 1 1 78 59	

Financial advisers

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New business queries

Call	0800 43 25 84
healthadvisernewbusiness@momentum.co.za	

New business documentation
(application forms, outstanding requirements and acceptance letters)

Call	0800 43 25 84
healthnewbusiness@momentumhealth.co.za	

After-sales servicing

WhatsApp	0800 43 25 84
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Web chat	Log in to via.momentum.co.za and click on the help icon on the health pages

Fraud hotline

Call	0800 00 04 38
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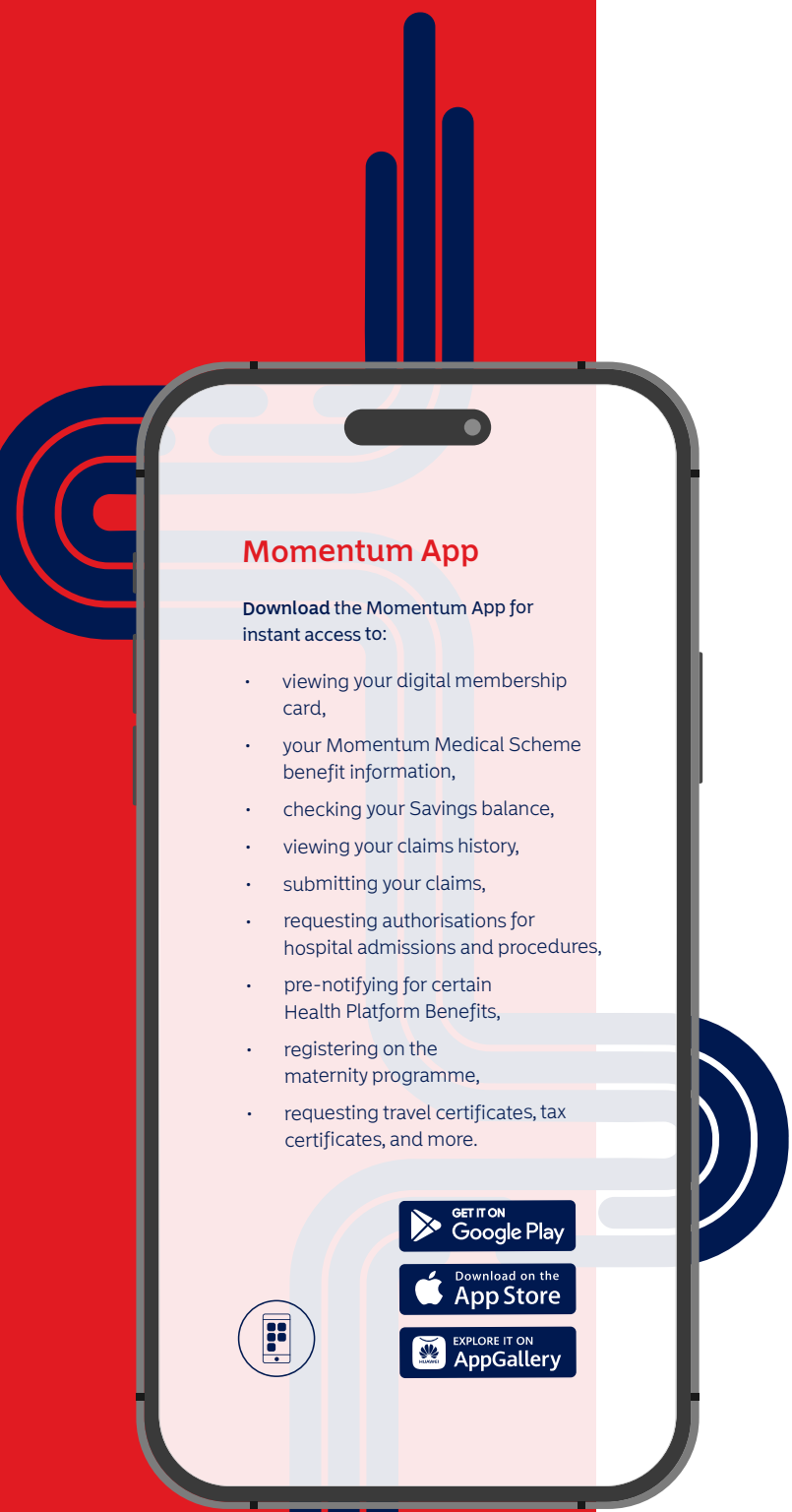
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