momentum
medical scheme

Member guide



Incentive
Option

2027

Our benefits

2027 Our benefits

Incentive Option

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

The contributions include a 10% Savings component.

The contributions exclude any late joiner penalties payable. Contributions payable for family sizes not mentioned above are available from our member contact centre or from your healthcare adviser. Maximum of 3 children charged for.

All benefits are subject to Prescribed Minimum Benefits.

*This member brochure summarises the benefits available to you on the Incentive Option. Scheme Rules will always take precedence and are available by submitting a request on **momentummedicalscheme.co.za**, emailing us at **member@momentumhealth.co.za**, sending us a WhatsApp message or calling us on **0860 11 78 59**.*

+ 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.

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Major Medical Benefit

General rule

You need to contact us for pre-authorisation before making use of your Major Medical Benefits, such as when you are admitted to hospital. You must obtain a separate pre-authorisation from Momentum Medical Scheme for any in-hospital physiotherapy. For some conditions, like cancer, you will need to register on a health management programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that Momentum Medical Scheme has established for the treatment of each condition. We provide authorisation subject to the principles of funding allocation, which are based on proven evidence-based medicine, clinical appropriateness and cost effectiveness.

If you do not get pre-authorisation, the Scheme will only cover 70% of the accounts, at the agreed negotiated rates, except in the case of a medical emergency.

Hospital accounts are covered in full at the rate agreed upon with the hospital group. Accounts for Associated specialists are covered in full. Accounts for other specialists are covered up to 200% of the Momentum Medical Scheme Rate. You have either chosen to have access to any hospital, or you chose to use Associated hospitals (see pages 26 and 27 for the list of Associated hospitals).

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

Hospital provider	Any or Associated hospitals
Overall annual limit	No overall annual limit applies
Co-payments	If you chose Associated hospitals and do not use this provider, you will have a co-payment of 30% on the hospital account A co-payment may also apply to specialised scans, dental benefits and certain specialised procedures/treatment - see table below

Specialised procedures/treatment co-payments

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 Momentum 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***

\+ *Momentum HealthSaver is a complementary product offered by Momentum*

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

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

Consultations and visits	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
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 (including 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 and dental accounts are subject to Savings or HealthSaver, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to 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 (including 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 - including psychiatry and psychology - drug and alcohol rehabilitation	R53 000 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R73 000 per family (combined limit), subject to case management

Major Medical Benefit (continued)

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 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
Specialised procedures/treatment (refer to page 24 for a list of procedures/treatment covered)	Certain specialised procedures/treatment covered, when clinically appropriate, in- or out-of-hospital

Chronic Benefit

Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Provider	Any, Associated or State
Cover	32 conditions (see page 23 for a list of conditions covered)
Limit	No annual limit applies to the 26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits. A limit of R14 300 per family applies to 6 additional conditions

The chronic provider you have chosen determines how and from where you get your chronic treatment, prescription and medication.

Any: You can get your chronic prescription and medication from any provider, subject to a Standard formulary.

Associated: You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to a Core formulary.

State: You must choose one of the designated State facilities to obtain your chronic treatment, prescription and medication, subject to a State formulary.

Chronic provider	Chronic prescription	Chronic medication provider	Chronic formulary
Any	Any GP or specialist	Any specialist, GP or pharmacy	Standard formulary
Associated	Associated GP or Associated specialist	Medipost Courier Pharmacy	Core formulary
State	State facility	State facility	State formulary

Day-to-day Benefit

General rule

Benefits are subject to available Savings, claims are paid at cost with no sub-limits.
If you would like additional cover for day-to-day expenses, you can make use of the Momentum HealthSaver+ (see separate Momentum Complementary Product brochure for more information).

Provider	Any
Savings	Fixed at 10% of total contribution
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 (including psychiatry and psychology)	Subject to Savings, if available
Dentistry – basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry – specialised (such as crowns or bridges)	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 (including 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 (including 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 pre-authorisation and a co-payment of R3 650 per scan
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

Benefit schedule

Health Platform Benefit

General rule

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

The maximum rand amount is determined according to specific tariff codes.

You do not need to pre-notify before using Health Platform Benefits, except for preventative dental care, pap smears, HPV screening tests, 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.**

Please note

* *If you chose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for GP consultations covered under the Health Platform Benefit*

** *Only covered if in-person health assessment results indicate a total cholesterol of 6 mmol/l and above*

*** *Only covered if in-person health assessment results indicate blood sugar levels are 11 mmol/l and above*

Benefit		Who?	How often?
Preventative care			
Baby immunisations		Children up to age 6	As required by the Department of Health
Flu vaccines		Children between 6 months and 5 years Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection		All beneficiaries	As needed
Pneumococcal vaccine		Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests			
Preventative dental care covered up to R520 per beneficiary at dentists, dental therapists and oral hygienists		All beneficiaries	Once a year
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 Beneficiaries 30 to 59 Beneficiaries 60 to 69 Beneficiaries 70 and older	Once every 5 years Once every 3 years Once every 2 years Once a year
Prostate specific antigen (pathologist)		Men 40 to 49 Men 50 to 59 Men 60 to 69 Men 70 and older	Once every 5 years Once every 3 years Once every 2 years Once a year
Health assessment available digitally on the Momentum App or in person at Dis-Chem, Clicks, MediRite or Pick n Pay pharmacy clinics		All principal members and adult beneficiaries	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 Beneficiaries 50 and older	Once every 2 years Once a year
HIV test (pathologist)		Beneficiaries 15 and older	Once every 5 years
Maternity programme		(subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)	
Doula benefit (your gynaecologist must be an Associated Specialist)		Women registered on the programme	2 visits, covered up to R2 600 per confinement
Antenatal visits (Midwives, GP* or gynaecologist)		Women registered on the programme	12 visits
Online 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, covered at negotiated rates
Nurse home visits		Women registered on the programme	3 visits, 1 on day after return from hospital, then after 2 and 6 weeks
Urine tests (dipstick)		Women registered on the programme	Included in antenatal visits
Pathology tests	Antiglobin, blood group, creatinine, full blood count, Rhesus factor, rubella antibody	Women registered on the programme	1 test
	Glucose strip, haemoglobin estimation		2 tests
	Urinalysis		12 tests
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Scans		Women registered on the programme	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	2 visits in baby's first year
Health line			
24-hour emergency health line		All beneficiaries	As needed

Obtaining pre-authorisation for **Major Medical Benefits**

You must obtain pre-authorisation from Momentum Medical Scheme for:

- hospitalisation
- day hospital admissions
- specialised procedures/treatment
- MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (you have to be referred by a specialist)
- all other Major Medical Benefits.

You must obtain a separate pre-authorisation from Momentum Medical Scheme for any in-hospital physiotherapy.

We provide pre-authorisation once benefits have been verified and Scheme Rules have been applied. If the hospital, doctor or any other third party obtains the authorisation on your behalf, it is important for you to check if you will need to pay any co-payments as a result of not using a Designated Service Provider, Preferred Provider or Network Provider, or as a result of any benefit limits. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.

How to obtain authorisation:

1. You can easily obtain authorisation via the **Momentum App**.
2. Alternatively, contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.
3. Make a note of the authorisation number.
4. Give the authorisation number to your service provider.

Information needed when obtaining an authorisation:

- membership number
- the name and details of the patient
- the reason for hospital admission, procedure or specialised scan
- the procedure code (CPT), diagnosis code (ICD-10) and tariff code (these details are available from your treating doctor)
- the date of admission
- the contact details and practice number of the referring GP
- the contact details and practice number of the specialist
- the name and practice number of the hospital, day hospital or radiologist.

Frequently asked questions

Q If I have chosen Associated hospitals as my in-hospital provider, how do I confirm which hospitals are on the Associated hospitals list?

A See the list of Associated hospitals on page 26 and 27. You can also obtain the list on the **Momentum App** or by logging on to **momentummedicalscheme.co.za**. Alternatively, you can contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q Can an authorisation number be issued on the day of admission?

A You need to get authorisation at least 48 hours before admission, unless it is an emergency admission.

Q What happens if it is an emergency admission?

A You, a family member or a friend, must contact us within 72 hours of admission.

Q What if I do not get authorisation in time?

A A co-payment of 30% will apply to all claims relating to the treatment and hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariffs, provided authorisation would have been granted according to the Rules of the Scheme.

Q What if I need to stay in hospital longer than the period that was originally authorised?

A The hospital needs to contact us to update the length of stay.

Q How does authorisation work for childbirth?

A Contact us within 30 days of your due date to ask for authorisation for your confinement. If your admission date changes, you have 48 hours from the date of admission to notify us.

Q Do I need pre-authorisation to use my prosthesis benefit?

A Yes, you need to obtain pre-authorisation before using your prosthesis benefit. When you contact us for pre-authorisation you should tell our contact centre consultant that a prosthetic device will be used, and he/she will confirm the benefit you have available for prostheses.

Q What if my prosthesis limit is insufficient based on what the doctor has told me the cost will be?

A Although the shortfall between the prosthesis limit and the cost indicated by your doctor will be for your pocket, Momentum Medical Scheme will assist you in getting competitive quotes to try and minimise shortfalls, where possible.

Q What if the State cannot provide me with treatment for renal dialysis?

A If the State cannot provide you with the treatment you need for renal dialysis, the treating doctor or administration staff at the hospital needs to confirm this in writing. Once this is received, you need to contact us to obtain a list of alternative renal providers authorised by Momentum Medical Scheme.

Q Which traumatic events are covered under the trauma benefit?

A Burns, paraplegia and quadriplegia are covered, subject to qualifying criteria, such as the severity of the burns.

The following conditions are covered if an ICU stay of 5 or more days has occurred:

- conditions resulting from near drowning
- poisoning
- severe allergic reaction
- external and internal head injuries.

Q What benefits are covered under the trauma benefit?

A GP and specialist visits, private nursing, radiology and pathology, psychiatric consultations, wound care for burns, plastic surgery and medication are covered for a period of 18 months following a traumatic event. You need to contact us to get authorisation and provide a motivation from your treating doctor before using these benefits.

Important notes

If you have selected Associated hospitals for your hospital benefits, but obtain services from a hospital which is not on the Associated list, you will have a 30% co-payment on the hospital account, except in the case of emergency medical conditions. Refer to page 26 and 27 for a list of the Associated hospitals.*

****Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.*

*Momentum Medical Scheme is allowed to stipulate Designated Service Providers from which all members should obtain Prescribed Minimum Benefits, in order to enjoy full cover for these benefits. Momentum Medical Scheme's Designated Service Providers for Prescribed Minimum Benefits are Associated GPs, Specialists and Pharmacies, as well as State facilities, depending on the circumstances. Log on to **momentummedicalscheme.co.za** or the **Momentum App** to view the providers in your area, or contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**. Treatment for Prescribed Minimum Benefits is subject to Momentum Medical Scheme's clinical protocols (see Glossary of Terms on page 28).*

Using your **Health Platform Benefits**

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.

1. 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.**
2. Take note of the authorisation number and tariff code.
3. Give the authorisation number and the tariff code to your service provider.

Information needed when notifying us:

- your membership number
- the name and details of the patient
- the details of the benefit you will be using.

Frequently asked questions

Q What is a tariff code?

A This is a standard healthcare industry code that identifies the type of procedure done or service provided by the healthcare provider.

Q Why is it important to notify our member contact centre before certain Health Platform Benefits are used?

A When you pre-notify, an authorisation number is created, which makes it possible for your claim to be paid from the Health Platform Benefit. If you do not pre-notify for preventative dental care, pap smears, HPV screening tests, general physical examinations and HIV tests, your claim will not be paid from the Health Platform Benefit, but from Savings or Momentum HealthSaver+, if available.

Important notes

If you chose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for GP consultations covered under the Health Platform Benefit.

+ *Momentum HealthSaver is a complementary product available from Momentum*

Registering for **Chronic Benefits**

Chronic benefits are subject to registration and approval. Your choice of chronic provider determines how and from where you get your chronic treatment, prescription and medication.

Any provider

The Any chronic provider choice allows you to get your chronic prescription and medication from any provider, subject to a Standard formulary.

If you choose to get your medication from the preferred list of medicines, and within the Momentum Medical Scheme Reference Price if applicable, you will not have a co-payment. However, if your preferred medication costs more than the Momentum Medical Scheme Reference Price, you will have a co-payment for the difference in cost.

If you choose to get non-preferred medication, a 10% co-payment will apply. However, if your non-preferred medication costs more than the Momentum Medical Scheme Reference Price, a co-payment for the difference in cost will be added to the 10% co-payment.

To check whether any of the above co-payments would apply to your chronic medication, visit **momentummedicalscheme.co.za** and make use of the formulary search function, or contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include Clicks, Dis-Chem, MediRite and Medipost (for the full list, log on to **momentummedicalscheme.co.za** or contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**).

How to register for chronic medication

1. Your treating doctor or pharmacist needs to call us on **0860 11 78 59** and select option 2.
2. The chronic benefit consultant will approve or decline the benefit telephonically, as per clinical protocols.
3. We may need additional information, such as test results, from your provider in order to complete the chronic registration process.
4. You may obtain medication from any pharmacy.
5. Your prescription must be renewed every 6 months with your pharmacy.

Information needed when the provider calls:

- your membership number, and the name and details of the patient
- the diagnosis code (ICD-10 code)
- the name and practice number of your treating GP/specialist where relevant.

Frequently asked questions

Q What if the prescribed chronic medication needs to change or additional medication is required?

A Your treating doctor or pharmacist needs to call us on **0860 11 78 59**. The change will be done telephonically and approval is given immediately, subject to criteria being met. You must also provide the updated script to your pharmacy.

Q What if a new chronic condition is diagnosed?

A You can check if the new chronic condition is covered (see page 23 for the list of chronic conditions that are covered). Your treating doctor or pharmacist needs to call our contact centre. The additional authorisation will be done telephonically and approval is given immediately, subject to criteria being met.

Important notes

If you do not obtain approval from us for your chronic benefits, your chronic treatment will be paid from your Savings or Momentum HealthSaver+, if available. If you do not have available Savings or Momentum HealthSaver, you will need to pay for your chronic treatment from your own pocket. You will need to pay for all medication and/or services that are not approved by Momentum Medical Scheme. Pharmacy dispensing fees will be paid at the Momentum Medical Scheme Rate for medicine.

Associated provider

If you have chosen the Associated chronic provider, you need to get your chronic prescription from an Associated GP or an Associated Specialist and your chronic medication from Medipost, subject to a Core formulary.

If you choose to get your chronic prescription from a non-Associated GP or specialist, we will pay 50% of the Momentum Medical Scheme Rate for the consultation and you will need to pay the difference.

If you choose to get your chronic medication from a pharmacy other than Medipost, we will pay 50% of the formulary price for the medicine and you will need to pay the difference.

If you choose to get your medication from the preferred list of medicines, and within the Momentum Medical Scheme Reference Price if applicable, you will not have a co-payment. However, if your preferred medication costs more than the Momentum Medical Scheme Reference Price, you will have a co-payment for the difference in cost.

If you choose to get non-preferred medication, a 20% co-payment will apply. However, if your non-preferred medication costs more than the Momentum Medical Scheme Reference Price, a co-payment for the difference in cost will be added to the 20% co-payment.

How to register for chronic medication

1. Your treating doctor or pharmacist needs to call our contact centre on **0860 11 78 59** and select option 2.
2. The chronic benefit consultant will approve or decline the benefit telephonically, as per clinical protocols.
3. Additional information, such as test results, may be required from your provider in order to complete the chronic registration process.
4. You must submit your prescription to Medipost.
5. Your medication will be sent to you.
6. Your prescription must be renewed every 6 months with Medipost.

Medipost Tel: **012 426 4000**
Email: **mhealth@medipost.co.za**

Information needed when the provider calls:

- your membership number
- the name and details of the patient
- the diagnosis code (ICD-10 code)
- the name and practice number of your treating GP/specialist where relevant.

Frequently asked questions

Q What if there is a change in the prescribed medication or additional medication is required?

A Your treating doctor needs to call our contact centre on **0860 11 78 59**. The change will be done telephonically and approval is given immediately, subject to criteria being met. You must also provide the updated script to Medipost.

Q What if a new condition is diagnosed?

A You can check if the new chronic condition is covered (see page 23 for the list of chronic conditions that are covered). Your treating doctor or pharmacist needs to call our contact centre. The additional authorisation will be done telephonically and approval is given immediately, subject to criteria being met.

Q What if I do not use Medipost to get my chronic medicine?

A Medipost pharmacy is Momentum Medical Scheme's designated Courier pharmacy. If you choose to get your chronic medication from a pharmacy other than Medipost, we will pay 50% of the formulary price for the medicine.

Important notes

If you do not obtain approval from Momentum Medical Scheme for your chronic benefits, your chronic treatment will be paid from Savings or Momentum HealthSaver+ funds, if available. If you do not have available Medical Savings or Momentum HealthSaver, you will need to pay for your chronic treatment from your own pocket. You will need to pay for all medication and/or services that are not approved by Momentum Medical Scheme. Pharmacy dispensing fees will be paid at the Momentum Medical Scheme Rate for medicine.

State provider

If you have chosen State as your chronic provider for chronic benefits, you need to use State facilities to obtain your chronic treatment, prescription and medication, subject to the State formulary.

How to register for chronic medication

1. Contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59** and ask for a State chronic application form.
2. Ask the State doctor to complete the form. The doctor may also contact us telephonically.
3. The State doctor will assess the patient and prescribe medication as per the State formulary. Please discuss this with the treating State doctor at the State facility.
4. Medication will need to be collected from the State hospital pharmacy once the treating doctor provides the patient with a script or relevant document with the medication details.
5. Email the completed form to us, together with any relevant information/supporting documents to help in processing the application.

Frequently asked questions

Q What if there is a change in the prescribed chronic medication or additional medication is required?

A Email a new State chronic application form, completed and signed by you and the State doctor, to us.

Q What if a new condition is diagnosed?

A Email a new State chronic application form, completed and signed by you and the State doctor, to us.

Q What if the State facility cannot provide me with the chronic medicine that I need for a chronic condition contained in the Prescribed Minimum Benefits Chronic Disease List?

A If the State cannot provide you with the chronic medicine you need for a chronic condition contained in the Prescribed Minimum Benefits Chronic Disease List, the treating doctor or administration staff at the hospital needs to confirm this in writing on the State chronic application form. Once this is received, you may obtain your medicine from an Ingwe Primary Care Network doctor, subject to a Fixed formulary and Scheme approval. A list of the Ingwe Primary Care Network doctors is available on **momentummedicalscheme.co.za**. If you choose not to use these Designated Service Providers, you will be liable for a co-payment.

Important notes

If you do not obtain approval from us for your chronic benefits, your chronic treatment will be paid from Savings or Momentum HealthSaver+, if available. If you do not have available Medical Savings or Momentum HealthSaver, you will need to pay for your chronic treatment from your own pocket. You will need to pay for all medication and/or services that are not approved by Momentum Medical Scheme. If you have selected State as your chronic provider, you must obtain your chronic medication and treatment from a State facility.

Claiming from **Momentum Medical Scheme**

1. Upload a photo of your claim on the Momentum App or email it to us.
2. Information that must be on the claim:
   - your membership number
   - the principal member's surname, initials and first name
   - the patient's surname, initials and first name
   - the treatment date
   - the amount charged
   - the ICD-10 code, tariff code and/or nappi code
   - the service provider's name and practice number
   - proof of payment if you have paid the claim.

Important notes

Ensure your correct membership number is included on the claim.

Email: claims@momentumhealth.co.za

Frequently asked questions

Q How long are claims valid for?

A If Momentum Medical Scheme does not receive a claim by the last day of the 4th month following the month in which the service was rendered, the claim will be stale and you will need to pay any outstanding amounts to the provider.

Q Can I submit only the receipt for reimbursement?

A No, a detailed claim must be submitted, as it contains important information needed to process the claim (see details of the information needed under the Claiming from Momentum Medical Scheme section above).

Q If I have already paid the claim, how will Momentum Medical Scheme know to refund me instead of paying the provider?

A Include the proof of payment with your claim, or you can ask the provider to stamp the claim as paid.

Important notes

The majority of claims from providers, such as doctors, dentists and hospitals, are submitted directly by the provider to us for payment. However, it still remains your responsibility to ensure that your claims are submitted timeously. If you have paid the provider directly, please submit your receipt with a detailed copy of the claim for reimbursement.

Claiming for **third party injuries** and **motor vehicle accidents**

Third party injuries are where another party was responsible for the injury and therefore may be liable for medical expenses.

Any amount recovered, such as from the Road Accident Fund (in the case of motor vehicle accidents), for hospital and medical expenses must be refunded to Momentum Medical Scheme, if these expenses were paid on your behalf by us.

Please remember to:

1. Report the accident or incident to the police and obtain a case number.
2. Contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59** for authorisation.

   Information needed when contacting us:
   - your membership number
   - the principal member's surname, initials and first name
   - the full name(s) of the person(s) involved in the accident
   - the date of the accident or incident.
3. In the case of a motor vehicle accident, you will be asked to sign an undertaking whether or not you will be claiming from the Road Accident Fund. The signed undertaking is required to finalise the processing of your claim.
4. If you acknowledge that you will be claiming from the Road Accident Fund, details of this are sent to our appointed Road Accident Fund attorney.
5. If you have your own attorney, then Momentum Medical Scheme's attorney would liaise with your appointed attorney.
6. If you need an attorney, you can use Momentum Medical Scheme's attorney.
7. Your attorney will liaise with the Road Accident Fund and settlement will be made to your attorney, who will in turn liaise with us to pay the refund of any medical expenses that the Scheme covered.
8. This process applies to claims for yourself and any of your dependants.

Frequently asked questions

Q What is considered a third party claim?

A When benefits are paid by a third party, eg Road Accident Fund in the case of a motor vehicle accident, or Third Party Insurance in the case of assaults, sports injuries or injuries at school (excluding injuries sustained due to illegal behaviour).

Q How long do I have to inform Momentum Medical Scheme of any injury?

A You must notify us within 24 hours.

Q What if I have future claims pending (eg as a result of a motor vehicle accident) when I join Momentum Medical Scheme?

A You need to contact us and forward an undertaking from the Road Accident Fund/other relevant third party to us.

Q What happens if I am in a motor vehicle accident and I do not complete the undertaking form?

A The signed undertaking is required to finalise the processing of your claim.

Claiming for **injuries** at work

If you are injured on duty, you must report the injury to both Momentum Medical Scheme and your human resources department.

Contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Information needed when contacting us:

- your membership number
- the principal member's surname, initials and first name
- the full name(s) of the person(s) injured
- the date the injury was sustained
- the details of the injury
- your employer's Workmen's Compensation Fund details, if applicable.

The Scheme does not authorise claims that are payable by the Workmen's Compensation Fund as the hospital follows a different authorisation process for these claims.

Please ensure that you have the signed forms from your human resources department at the point of your admission, if the admission is as a result of a Workmen's Compensation claim.

Frequently asked questions

Q How long do I have to inform Momentum Medical Scheme of an injury at work?

A You must notify us within 24 hours.

Important notes

Momentum Medical Scheme will provide an authorisation for your treatment, subject to Scheme Rules and available benefits. Please check with your employer if you are entitled to benefits from the Workmen's Compensation Fund for injuries sustained during the course and scope of your employment. If you are entitled to benefits, Momentum Medical Scheme will only pay for medical expenses not covered by the Workmen's Compensation Fund. The Workmen's Compensation Commissioner must supply written proof of the medical expenses that will not be covered by the Workmen's Compensation Fund, where applicable.

Registering for a **health management programme**

You must register on the health management programme to have access to the relevant benefits.

To register, you or your doctor can send us a WhatsApp message or call us on **0860 11 78 59**. You can also contact us via the web chat facility on **momentummedicalscheme.co.za** or email us at **member@momentumhealth.co.za**.

The health management consultant will advise you with regard to the programme benefits and requirements to register on the programme.

Information needed when contacting us:

- your membership number
- the name and details of the patient
- the diagnosis code (ICD-10 code)
- the name and practice number of your treating GP/specialist
- details of the treatment and medicine.

The health management programmes that we offer include the following:

- Cholesterol management
- Diabetes management
- Hypertension management
- Mental health
- Oncology management
- Chronic renal failure and organ transplant management
- Drug and alcohol rehabilitation management
- Maternity management
- HIV/Aids management.

Frequently asked questions

Q Why should I register on a health management programme?

A These programmes are there to help you with the management of certain medical conditions and to ensure that you understand and actively participate in the management of your condition, together with your treating doctor.

Q How do I register for the HIV/Aids benefit?

A If you test HIV positive, you will need to register on Momentum Medical Scheme's HIV/Aids management programme. Please contact the HIV/Aids call centre on **0860 50 60 80** for assistance.

Q How do I register on the Maternity management programme?

A You can register on the **Momentum App** or by logging on to **momentummedicalscheme.co.za**. You can also contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q When should I register on the Maternity management programme?

A Between the 8th and 20th week of pregnancy to ensure that you enjoy all the benefits of the Maternity management programme. Please remember to contact us to obtain pre-authorisation for your confinement within 30 days of your delivery date. If your admission date changes, you have 48 hours from the date of admission to notify us. If you would like to make use of the doula (labour coach) benefit, it must be authorised as part of your maternity registration. The doula benefit is available if you are planning to have a natural delivery and your gynaecologist is a Momentum Medical Scheme Associated gynaecologist.

Q Does the hospital register my baby with Momentum Medical Scheme?

A No, you need to contact us within 30 days of birth to obtain a newborn registration form to register your baby on your membership. If your employer pays your contributions, you need to inform your payroll department. Your employer then needs to provide us with the relevant details. Your contribution for the first month for your newborn is free, if you register your baby within 30 days of birth.

Chronic provider: Any and Associated

The Any and Associated chronic provider choice allows you to obtain your out-of-hospital oncology benefits (chemotherapy, radiation, hormone therapy, procedures and consultations), from any registered oncologist, subject to a limit of R400 000 per beneficiary per year. A 20% co-payment applies once this limit is reached.

Who needs to register and how?

Members diagnosed by an oncologist who need some form of chemotherapy, radiotherapy, hormonal therapy and/or supportive therapy need to register on the oncology programme.

1. To register, you must be seen and assessed by your treating oncologist, who will complete a treatment plan request form. The form is available at your oncologist's rooms or from our contact centre.
2. The treatment plan form and histology results must be sent to our oncology department via email at **oncology@momentumhealth.co.za.**
3. Once received, the oncology disease manager will review the request in accordance with recognised treatment protocols and guidelines for oncology treatment based on clinical appropriateness, evidence-based medicine and your chosen benefit option. If the criteria are met, we will generate an authorisation, and provide a response to you and your treating oncologist.
4. We may need additional information from your oncologist, such as test results, in order to complete the registration process.
5. Your doctor's rooms should contact you when the treatment date has been established.

Frequently asked questions

Q What if the prescribed treatment needs to change or additional benefits are required?

A Changes, renewals and amendments to your oncology treatment plan must be emailed to the oncology department by your treating oncologist, and are subject to approval and available benefit limits.

Important notes

*Benefits that fall outside the specified dates of the treatment plan, as confirmed with your oncologist, will require further authorisation. You must submit a motivation from your doctor via email to **oncology@momentumhealth.co.za**. If your condition requires additional radiology or pathology to that provided via your treatment plan, your doctor needs to notify the oncology department prior to you having these done. For members who still require follow up (non-active treatment) after active treatment is completed, the first 12 months' treatment will be paid for by Momentum Medical Scheme, in accordance with our clinical protocols and relative legislation requirements. Thereafter, it will be paid from your Savings or Momentum HealthSaver+, if available.*

Chronic provider: State

The State chronic provider allows you to obtain your out-of-hospital oncology benefits (chemotherapy, radiation, hormone therapy, procedures and consultations), from an oncologist authorised by us, subject to a limit of R400 000 per beneficiary per year. A 20% co-payment applies once this limit is reached. If you choose to obtain your oncology benefits from a non-authorised provider, you will be liable to pay 20% of the accounts for all oncology benefits, including pathology, radiology, medication and other related benefits and services.

Who needs to register and how?

Members diagnosed by an oncologist who need some form of chemotherapy, radiotherapy, hormonal therapy and/or supportive therapy need to register on the oncology programme.

1. To register, you must be seen and assessed by your treating oncologist, who will complete a treatment plan request form. The form is available at your oncologist's rooms or from our contact centre.
2. The treatment plan form and histology results must be sent to our oncology department via email at **oncology@momentumhealth.co.za.**
3. Once received, the oncology disease manager will review the request in accordance with recognised treatment protocols and guidelines for oncology treatment based on clinical appropriateness, evidence-based medicine and your chosen benefit option. If the criteria are met, we will generate an authorisation, and provide a response to you and your treating oncologist.
4. We may need additional information from your oncologist, such as test results, in order to complete the registration process.
5. Your doctor's rooms should contact you when the treatment date has been established.

Frequently asked questions

Q What if the prescribed treatment needs to change or additional benefits are required?

A Changes, renewals and amendments to your oncology treatment plan must be emailed to the oncology department by your treating oncologist, and are subject to approval and available benefit limits.

Q Where can I obtain a list of the Momentum Medical Scheme authorised oncologists?

A The list is available on **momentummedicalscheme.co.za** or you can contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**. Our contact centre consultant can then verify whether your oncologist is an authorised provider or provide you with details of the Momentum Medical Scheme authorised oncologists.

Q What happens if my treating oncologist is not a Momentum Medical Scheme authorised oncologist?

A If you choose to obtain your oncology benefits from a non-authorised provider, you will be liable to pay 20% of the accounts for all oncology benefits, including pathology, radiology, medication and other related benefits and services.

Important notes

*Benefits that fall outside the specified dates of the treatment plan, as confirmed with your oncologist, will require further authorisation. You must submit a motivation from your doctor via email to **oncology@momentumhealth.co.za**. If your condition requires radiology or pathology tests in addition to that provided on your treatment plan, your doctor needs to notify the oncology department before you go for the radiology or pathology tests. For members who still need follow up (non-active treatment) after active treatment is completed, the first 12 months' treatment will be paid by Momentum Medical Scheme in accordance with our clinical protocols and relative legislation requirements. Thereafter, it will be paid from Savings or Momentum HealthSaver+, if available.*

Frequently asked questions

Q How do I prove my Momentum Medical Scheme membership?

A Show your printed or digital membership card when you visit a healthcare provider. You can access your digital membership card on the **Momentum App.**

Q Who may I register as a dependant?

A You can register the following dependants, subject to underwriting:

- your spouse by law or custom
- the life partner you have committed to and with whom you share a common household
- your own, step or legally adopted children under the age of 21. We need proof of dependency for dependants (excluding spouse) who are over the age of 21. The adult contribution rate applies to all dependants from the age of 21
- members of your immediate family for whom you are liable for family care and support. We need proof of these relationships and dependency.

Q Which changes to membership details do I have to submit to Momentum Medical Scheme?

A You need to let us know in the case of:

- a change in your marital status
- the birth or legal adoption of a child, if you are adding the child to your membership
- any dependant who is no longer eligible for membership
- any changes to your or your adult dependants' address or contact details
- removing or adding dependants on your membership
- changes to your bank account details (you need to complete and send us a Changes to bank details form, together with a copy of your ID).

Q How do I add a dependant?

A Complete an Addition of Dependants form. If your employer pays your contributions, you need to inform your payroll department of any additions of dependants on your membership. Your employer then needs to provide us with these details.

Q How do I withdraw a dependant?

A Complete a Changes to membership details form, providing one calendar month's written notice. If your employer pays your contributions, you need to inform your payroll department of any withdrawals of dependants on your membership. Your employer then needs to provide us with these details.

Q What if I resign or retire and I have been a member through my employer and wish to remain on Momentum Medical Scheme?

A Complete a Continuation of Membership form. You may continue your membership when you resign, retire, go on early retirement or retire due to ill health or other disabilities. When your employer terminates the entire company's membership, however, you will no longer be eligible to remain on Momentum Medical Scheme.

Q What happens to beneficiaries when the principal member passes away?

A Remaining beneficiaries must contact us to inform Momentum Medical Scheme of the death of the principal member. Dependants can choose to remain members of Momentum Medical Scheme and need to complete a Continuation of Membership form.

Q When does membership terminate?

A You may resign from Momentum Medical Scheme by giving one calendar month's written notice. Complete a Termination of Membership form. If you belong to Momentum Medical Scheme through your employer, they have to notify us by giving one calendar month's written notice. We will terminate your membership if you or your employer fail to pay outstanding amounts due to us, if we get confirmation that you and/or your dependants committed fraud or we find that you have not disclosed relevant and material information, ie non-disclosure.

Q Where do I obtain the relevant form if I need to make changes to my membership?

A Speak to your healthcare adviser, contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q What do I do if I lose my membership card?

A Access your digital membership card on the **Momentum App** or order a new printed card online by logging on to **momentummedicalscheme.co.za**. You may also contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q What should I do when travelling abroad to access my international emergency cover benefit?

A It is mandatory for all members to pre-notify for travel to any international destination in order to have access to the international emergency cover benefit. In addition to pre-notification, you must arrange for your treating doctor in South Africa to complete a fit to travel questionnaire, confirming the doctor is comfortable for you to travel, if you:

- have been hospitalised in the 2 months prior to travel
- are registered on any of the health management programmes; including the chronic diseases, oncology and organ transplant management programmes
- are older than 70 years
- are pregnant
- have an underlying illness, such as diabetes, hypertension or cardiovascular conditions
- have an immune-suppressive condition
- have any chronic respiratory diseases/conditions.

As part of Momentum Medical Scheme's ongoing managed care principles, the Scheme does not deem it appropriate for beneficiaries who are on active oncology treatment, dependent on home oxygen, or on chronic renal dialysis, to travel, and therefore these beneficiaries will not be authorised for any international emergency cover benefits related to these conditions, even if the treatment is deemed an emergency and the member obtained a fit to travel confirmation. The same applies to maternity benefits and treatment, including childbirth. Please refer to the full list of exclusions related to this benefit outlined in the Travel policy wording.

The fit to travel confirmation is valid for a period of 60 days. If you submit the questionnaire more than 60 days prior to your departure, you will need to provide us with an updated fit to travel confirmation within 60 days of your departure date.

If you are uncertain whether you or your dependants need to obtain a fit to travel confirmation, or if you need any further information, contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q What should I do if I need emergency treatment when travelling abroad?

A Should you need emergency medical, dental, or optical treatment relating to an accidental injury or emergency illness while travelling abroad:

- phone the emergency medical assistance helpline on **+27 (0) 11 541 1263** (reverse call charges are accepted)
- our preferred provider will coordinate your emergency benefits including emergency transport and evacuation where applicable, on behalf of Momentum Medical Scheme and will settle emergency medical expenses incurred whilst travelling abroad directly with the provider of service, provided that the necessary authorisation has been obtained
- email claims for reimbursement of emergency medical and dental expenses paid by the beneficiary, together with any supporting documentation and authorisation details, to **internationaltravel@momentumhealth.co.za**
- a R2 380 co-payment applies per out-patient claim paid by the Scheme.

Complaints and **disputes** procedure

Momentum Medical Scheme is committed to ensuring that the interests of our members are protected at all times. This includes providing appropriate and adequate systems and processes to make sure we settle your claims timeously and provide a prompt response to any queries, complaints and disputes you may have.

As the first point of call for a query, you may contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**. If your query is not resolved satisfactorily, you may request that your query be escalated to the respective manager for intervention or resolution.

If you are still not satisfied with the intervention or resolution, you may lodge a formal complaint or dispute, either in writing or by phoning our dedicated toll-free complaints number on **0800 20 40 70** (available from 08:00 to 16:30, Mondays to Fridays), or you may request our contact centre or correspondence consultant to provide you with the details of the process to be followed in order to have your query, complaint or dispute reviewed by Momentum Medical Scheme.

It is essential that you follow the complaints process as outlined above to ensure that your query is timeously and efficiently resolved by Momentum Medical Scheme.

An aggrieved member does, however, have the right to lodge a complaint against a decision of Momentum Medical Scheme, with the Council for Medical Schemes (CMS). The CMS governs the medical schemes industry and therefore your complaint should be related to your medical aid. Any beneficiary who is aggrieved with the conduct of a medical scheme can submit a complaint.

It is important to note that you should always first seek to resolve your complaints through the complaints processes in place at Momentum Medical Scheme, before approaching the CMS for assistance. The CMS protects and informs members and the public about their medical scheme rights and obligations, ensuring complaints raised are handled appropriately. You can send your complaint in writing to the CMS via email at **complaints@medicalschemes.co.za.** You can also call the CMS on **0861 12 32 67** or visit **medicalschemes.co.za** for more information and for the necessary forms that will need to be completed. The CMS should send you written acknowledgement of your complaint within 3 working days of receiving it and will provide the reference number and contact details of the person who will be handling your complaint. In terms of Section 47 of the Medical Schemes Act 131 of 1998, a written complaint received in relation to any matter provided for in this Act will be referred to the medical scheme. The medical scheme is obliged to respond to CMS in writing within 30 days.

Digital access: Web and app

Log in to **momentummedicalscheme.co.za** to view your benefit information, claims statements and claims history, and search for healthcare providers in your area.

If your contact details have changed, you can update your postal address, contact numbers and email address.

1. Go to **momentummedicalscheme.co.za** and select Login.
2. Type your username and password.



Frequently asked questions

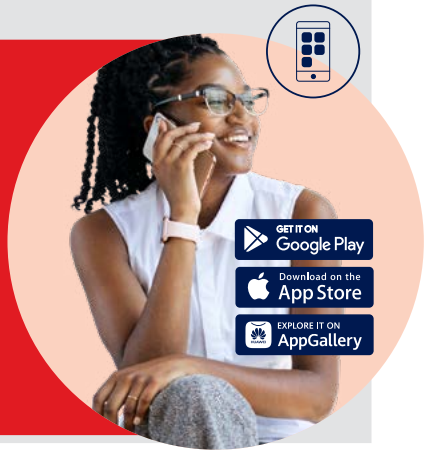
Q How do I get a username and password?

A You need to register online at **momentummedicalscheme.co.za**. Select Register and follow the online process.

Get access to information at your fingertips

Download the **Momentum App** for instant access to:

- viewing your digital membership card,
- your Momentum Medical Scheme benefit information,
- viewing your claims history,
- submitting your claims,
- requesting authorisations for hospital admissions and procedures,
- obtaining your travel and tax certificates,
- registering on the maternity programme, and more.



Chronic conditions

26 conditions are covered according to the Chronic Disease List in the Prescribed Minimum Benefits.

- **Cardiovascular**
  Cardiac dysrhythmias, Cardiac failure, Cardiomyopathy, Coronary artery disease, Hyperlipidaemia, Hypertension
- **Dermatology/Skin disorder**
  Systemic lupus erythematosus
- **Endocrine**
  Addison's disease, Diabetes insipidus, Diabetes mellitus Type 1, Diabetes mellitus Type 2, Hypothyroidism
- **Gastro-intestinal**
  Crohn's disease, Ulcerative colitis
- **Haematology**
  Haemophilia
- **Musculo-skeletal**
  Rheumatoid arthritis
- **Neurology**
  Multiple sclerosis, Epilepsy, Parkinson's disease
- **Ophthalmology**
  Glaucoma
- **Psychiatric**
  Schizophrenia, Bipolar mood disorder
- **Renal**
  Chronic renal disease
- **Respiratory**
  Asthma, Chronic obstructive pulmonary disease, Bronchiectasis

An additional 6 conditions are covered, subject to a limit of R14 300 per family per year:

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

Specialised procedures/treatment

The following list is a guideline of the procedures/treatment covered 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 the procedures/treatment covered by Momentum Medical Scheme. Should you need clarity on whether a procedure/treatment is covered, please contact us to confirm.

- Cardiovascular
  24-hour Holter ECG, Blood transfusions, Carotid angiograms, Coronary angiogram, Coronary angioplasty, Plasmapheresis
- ENT
  Antroscopies, Direct laryngoscopy, Grommets, Myringotomy, Nasal cautery, Nasal scans and surgery, Functional nasal and sinus surgery, Tonsillectomy
- General procedures and treatment
  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
  Colonoscopy, ERCP, Gastroscopy, Oesophagoscopy, Sigmoidoscopy
- Gynaecology
  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
  48-hour Holter EEG, Electro-convulsive therapy, Hyperbaric oxygen treatment for decompression sickness, Myelogram
- Obstetrics
  Childbirth in non-hospital, Amniocentesis
- Oncology
  Chemotherapy, Radiotherapy, Hyperbaric oxygen for radiation necrosis
- Ophthalmology
  Cataract removal, Meibomian cyst excision, Pterygium removal, Trabeculectomy, Treatment of diseases of the conjunctiva
- Orthopaedic
  Arthroscopy, Back and neck surgery, Bunionectomy, Carpal tunnel release, Conservative back and neck treatment, Ganglion surgery, Joint replacements
- Renal
  Dialysis
- Respiratory
  Bronchography, Bronchoscopy, Treatment of adult influenza, Treatment of adult respiratory tract infections
- Urology
  Cystoscopy, Prostate biopsy, Vasectomy
- Anorectal procedures
  Procedure for haemorrhoids, fissure and fistula
- Incision and drainage of abscess and/or cyst
  Skin (deep/non-superficial lesions), subcutaneous tissue and pilonidal

Important notes

The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R1 420, subject to pre-authorisation. For all other out-patient procedures, the costs of anaesthetists (if any) are only covered if approved by Momentum Medical Scheme.

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:

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

List of **Associated hospitals**

This hospital list is subject to change. View the latest information as well as a list of day hospitals on the **Momentum App** or **momentummedicalscheme.co.za**.

Eastern Cape

Beacon Bay - East London	Life Beacon Bay Hospital
East London	Life East London Private Hospital
Gqeberha	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

Bethlehem	Mediclinic Hoogland
Bloemfontein	Bloemfontein Eye Hospital
	Mediclinic Bloemfontein
	Pasteur Hospital
Fichardtpark - Bloemfontein	Rosepark Hospital
Welkom	Mediclinic Welkom

Gauteng

Arcadia - Pretoria	Muelmed Hospital
	Pretoria Heart Hospital
Bedfordview - Johannesburg	Bedford Gardens Private Hospital
Benoni	Glynnview Hospital
	The Glynnwood
Birchleigh - Johannesburg	Birchmed Day Clinic
Brakpan	Dalview Clinic
Brooklyn - Pretoria	Brooklyn Surgical Centre
Bryanston - Johannesburg	Mediclinic Sandton
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

Gauteng (continued)

Heidelberg	Suikerbosrand Clinic
Helderkruin - Johannesburg	Medgate Day Clinic
Kensington - Johannesburg	New Kensington Clinic
Les Marais - Pretoria	Eugene Marais Hospital
Mabopane - Pretoria	Legae Private Clinic
Midrand	Carstenhof Clinic
Midstream	Mediclinic Midstream
Morningside - Johannesburg	Mediclinic Morningside
Nietgedacht - Johannesburg	Riverfield Lodge
Parktown - Johannesburg	The Donald Gordon
	Brenthurst Clinic
	Nelson Mandela Children's Hospital
Pretoria North	Pretoria North Surgical Centre
Primrose - Johannesburg	Roseacres Clinic
Randfontein	Robinson Hospital
Roodepoort	Wilgeheuwel Hospital
Springs	Springs Parkland Clinic
	St Mary's Womens Clinic
Sunnyside - Pretoria	Medforum Hospital
Vanderbijlpark	Mediclinic Emfuleni
Vereeniging	Mediclinic Vereeniging

Kwazulu-Natal

Amanzimtoti	Kingsway Hospital
Berea - Durban	Entabeni Hospital
Chatsworth - Durban	Chatsmed Garden Hospital
Durban	City Hospital
Empangeni	Life Empangeni Private Hospital
Hillcrest - Durban	Hillcrest Private Hospital
Hilton - Pietermaritzburg	Hilton Private Hospital
Howick	Lenmed Howick Private Hospital
Isipingo	Isipingo Hospital
Margate	Netcare Margate Hospital
Newcastle	Newcastle Private Hospital

Kwazulu-Natal (continued)

Newlands East – Durban	Ethekwini Hospital
Phoenix - Durban	Mount Edgecombe Hospital
Pietermaritzburg	Midlands Medical Centre
	Mediclinic Pietermaritzburg
Pinetown	The Crompton Hospital
Port Shepstone	Hibiscus Hospital
Richards Bay	Netcare The Bay Hospital
Tongaat	Victoria Hospital
uMhlanga	Gateway Hospital
	Netcare uMhlanga Hospital
Westville - Durban	Westville Hospital

Limpopo

Lephalale	Mediclinic Lephalale
Makhado	Crestcare Zoutpansberg Private Hospital
Polokwane	Mediclinic Limpopo
Thabazimbi	Mediclinic Thabazimbi
Tzaneen	Mediclinic Tzaneen

Mpumalanga

Emalahleni	Cosmos Hospital
Ermelo	Mediclinic Ermelo
Mbombela	Lowveld Hospital
	Mediclinic Nelspruit
Middelburg	Midmed Hospital
Piet Retief	Piet Retief Hospital
Trichardt	Mediclinic Highveld

North West

Brits	Mediclinic Brits
Klerksdorp	Anncron Clinic
Potchefstroom	Mediclinic Potchefstroom
Rustenburg	Peglerae Hospital
Vryburg	Vryburg Private Hospital

Northern Cape

Kathu	Kathu Private Hospital
Kimberley	Mediclinic Kimberley
Upington	Mediclinic Upington

Western Cape

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

Glossary of terms contained in this brochure

1. **Chronic Disease List** 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 131 of 1998.
2. **Clinical protocol:** Momentum Medical Scheme uses evidence-based treatment principles, called clinical protocols, to determine and manage benefits for specific conditions.
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:** 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 15 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. **Formulary:** A formulary is a list of medicines covered on your option, from which a doctor can prescribe appropriate medicine for your chronic condition.
8. **Hospitals:**
   a. **Acute hospital:** A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries, and which is permitted to provide treatment that includes part of an overnight stay at the facility.
   b. **Day hospital:** A healthcare facility which focuses on the provision of short-stay surgical and diagnostic procedures, performed in an operating theatre on a same-day basis. The patient is admitted in the morning and discharged on the same day.
9. **Momentum Medical Scheme Rate:** Every year Momentum Medical Scheme negotiates with certain medical care providers to determine the amount the Scheme will pay per treatment. Where there are no negotiations, the Scheme determines a rate using the 2006 NHRPL and applies a % increase based on inflation annually. This is called the Momentum Medical Scheme Rate. On the Incentive Option, the Scheme pays 200% of the Momentum Medical Scheme Rate, which means the Scheme will pay up to the amount negotiated or set for the treatment. Where doctors charge more than the amount negotiated or set for the treatment, you may need to pay the difference.
10. **Momentum Medical Scheme Reference Price** is the maximum rand value that Momentum Medical Scheme will pay for a medicine from a group of similar medicines. This amount is proportional to the cost of the maximum dose of the reference price medicines that are included in the group of similar medicines. If you choose to use medication that is not within the reference pricing, you will need to pay for the difference in cost between the medicine you chose and the reference price.
11. **Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or an out-patient facility.
12. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
13. **Pre-authorisation:** Pre-authorisation is when you contact the Scheme to let us know you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.
14. **Pre-notification:** Pre-notification is when you contact us to let us know that you are about to use a Health Platform benefit, such as your annual dentistry check-up.
15. **Prescribed Minimum Benefits** 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.
16. **Provider definitions:**
    a. **Associated providers, eg hospitals and GPs:** These are providers that Momentum Medical Scheme has negotiated agreements with. You pay a lower contribution by selecting to use Associated hospitals and doctors. If you do not use the provider you have chosen, a co-payment will apply.
    b. **Associated specialists:** Momentum Medical Scheme has negotiated agreements with Associated specialists. In-hospital accounts for Associated specialists are covered in full.
    c. **Preferred Providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which we refer to as preferred providers. 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.
    d. **State:** State hospitals are public facilities. You pay a lower contribution by selecting State as your Chronic Benefit provider.
17. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit.

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Members

WhatsApp	0860 1 1 78 59	
Web chat	Log in to momentummedicalscheme.co.za and click on the chat button	
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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	

Fraud hotline

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

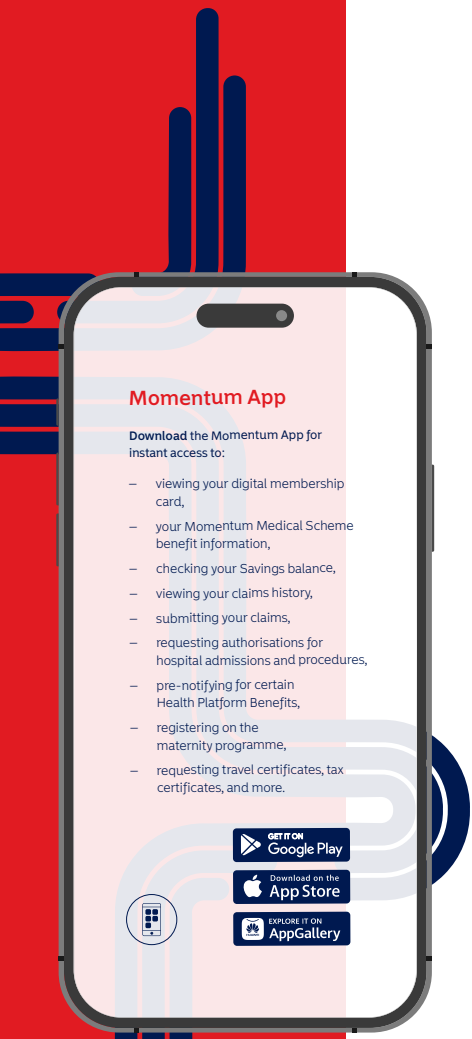
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