



Focus on the Access Option

The Access Option provides cover for hospitalisation at the Access Network of private hospitals. There is no overall annual limit for hospitalisation. For chronic treatment and day-to-day benefits, such as doctors visits or prescribed medicine, you must consult Access Primary Care Network providers. The Health Platform benefit provides cover for a range of preventative care benefits available from your Access Primary Care Network provider.

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

Major Medical Benefit

Provider	Access Network hospitals
Limit	No overall annual limit applies
Rate	Up to 100% of Momentum Health Rate
Specialised Procedures/Treatment	Certain procedures covered

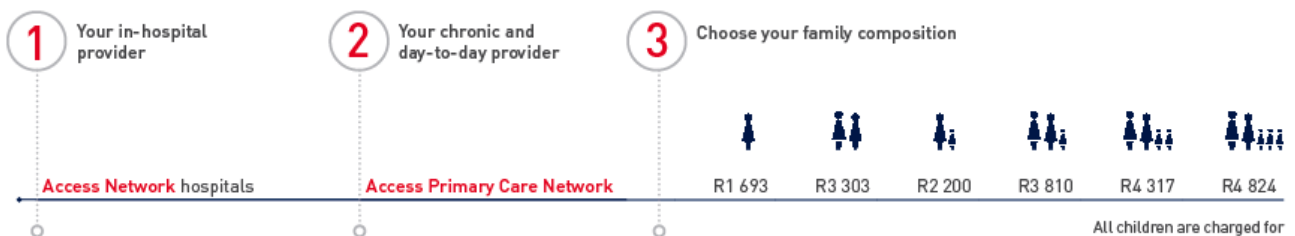
Chronic and Day-to-day Benefit

Chronic provider	Access Primary Care Network, subject to a Network entry level formulary
Chronic conditions covered	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits
Day-to-day provider	Access Primary Care Network

The Health Platform

Provider	Access Primary Care Network
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Contributions





The Major Medical Benefit

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatment. There is no overall annual limit on hospitalisation. Claims are paid up to 100% of the Momentum Health Rate.

Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been authorised.

Specialised Procedures/Treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided that the treatment is clinically appropriate and has been authorised.

If authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariffs, provided authorisation would have been granted according to the rules of the Scheme. In the case of an emergency, you or someone in your family or a friend may obtain authorisation within 72 hours of admission.

The Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Access Option, chronic benefits are available from the Access Primary Care Network. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration and approval.

The Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as doctors visits, prescribed medicine etc. On the Access Option the day-to-day benefits are available from the Access Primary Care Network.

The Health Platform Benefit

The Health Platform Benefit is available from the Access Primary Care Network.

This unique benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection
- maternity programme
- management of certain diseases
- health education and advice; and
- local and international emergency cover.



Benefit schedule

Major Medical Benefit	
General rule applicable to the Major Medical Benefit	
You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below 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)	
Provider	Access Network hospitals
Overall annual limit	None
Hospitalisation	
Benefit	Specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
High and intensive care	12 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, subject to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 300 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Intraocular lenses: R4 270 per beneficiary per event, maximum 2 events per year Other internal prosthesis: R29 600 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans	Limited to Prescribed Minimum Benefits at State Facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R15 200 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Rehabilitation, private nursing, Hospice and step-down facilities	R40 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R28 400 per family R30 700 per family
Specialised Procedures/Treatment	
Certain Specialised Procedures/Treatment covered (when clinically appropriate) in- and out-of-hospital	
Chronic Benefit	
General rule applicable to the Chronic Benefit	
Benefits are only available at Access Primary Care Network providers, and are subject to a list of medicines, referred to as a Network entry-level formulary	
Provider	Access Primary Care Network
Cover	26 conditions covered, according to Chronic Disease List in Prescribed Minimum Benefits



Day-to-day Benefit	
General rule applicable to the Day-to-Day Benefit	
Benefits are only available from the Access Primary Care Network, and are subject to the rules and provisions of this network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes. The sub-limits specified below 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)	
Preferred provider	Access Primary Care Network
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Subject to specialist limit
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc.)	Not covered
General practitioners	10 visits per beneficiary. From the 11 th visit onwards, you need to obtain authorisation and a R65 co-payment applies
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (You need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply) Maximum of 2 visits per family per year Limited to R950 per event, 10% co-payment applies
Specialists	3 visits per beneficiary, maximum of 5 visits per family. Covered at 100% of Momentum Health Rate, subject to referral by Access Primary Care Network provider and pre-authorisation
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as x-rays)	Specific list of black and white x-rays covered
MRI and CT scans	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



Health Platform Benefit		
General rule applicable to the Health Platform: These benefits are only available from Access Primary Care Network providers		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations Available at State baby clinics only	Children up to age 6	As required by the Department of Health
Flu vaccines	Beneficiaries under 18 Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Early detection tests		
Dental examination (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) Consultation (GP)	Women 15 and older	Once a year
General physical examination (GP)	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
Health Assessment at clinics such as Dis-Chem or Clicks: Body mass index, Blood pressure test, Cholesterol and blood sugar test (finger prick test)	All adult beneficiaries	Once a year (pre-notification not required)
Cholesterol test (pathologist) Only covered if Health Risk Assessment results indicate a total cholesterol of 6 mmol/L and above	Adult beneficiaries	Once a year
Blood sugar test (pathologist) Only covered if results of Health Assessment indicate sugar levels of 11 mmol/L and above	Adult beneficiaries	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)		
Antenatal visits (Midwives, GP or gynaecologist)	Women registered on the programme	4 visits
Urine tests (dipstick)		Included in antenatal visits
Growth scans		2 scans (one before 24th week and one after)
Disease management programmes		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed
Health line		
24-hour emergency health advice	All beneficiaries	As needed



Health Platform Benefit (continued)		
Emergency evacuation by Netcare 911		
Emergency evacuation in South Africa	All beneficiaries	In an emergency
International emergency cover by ISOS		
R3.18 million per beneficiary per 90-day journey (includes R14 600 for emergency optometry, R14 600 for emergency dentistry and R720 000 terrorism cover). A R1 380 co-payment applies per out-patient claim	All beneficiaries	In an emergency

Important note:

This focus page summarises the 2016 benefits available on the Access Option. Scheme Rules always take precedence and are available on request



The Momentum HealthReturns programme

Momentum pays up to R1 800 per year in HealthReturns to Momentum Health members who go for an annual Health Assessment, comply with treatment protocols (where applicable) and are active. If you are on Momentum's wellness and rewards programme, Multiply Premier, your HealthReturns are increased (up to R3 600 a year). If you choose to have your HealthReturns paid into your HealthSaver account, you can also increase your HealthReturns, regardless of whether you are on Multiply or not. This is referred to as HealthReturns Booster. If you are on Multiply Premier and choose to have your HealthReturns paid into your HealthSaver account, your HealthReturns will increase even more (up to R5 400). Note that HealthReturns Booster funds are available only for healthcare expenses and would be forfeited if you cancel your HealthSaver or Momentum Health membership.

As a Momentum Health member, you can choose to make use of additional products available from the Momentum Group (Momentum), a division of MMI Group Limited, to seamlessly enhance your medical aid. Please note that Momentum is not a medical scheme and is a separate entity to Momentum Health. Membership of Momentum Health is not conditional on taking any of the complementary products that Momentum offers.

It is very easy to start earning HealthReturns. As a Momentum Health member, you enjoy one free Health Assessment per year through the Health Platform Benefit. This assessment is the first step to earning HealthReturns. Based on the results of your assessment, we may recommend that you register on a disease management programme. If you accept that recommendation, and follow the treatment plan, this would be the second step to earning HealthReturns. But, in the majority of cases, only step one and three are needed – step three requires you to be active.

Your physical activity level can be measured in terms of **Active Days** achieved in a month. An **Active Day** can be earned by:

- 1 Multiply gym visit (provided you belong to Virgin Active, Planet Fitness or affiliated gyms through Multiply)
- recording 10 000 steps in a day (through a device linked to your Multiply profile)
- burning 300 calories in one exercise session (through a device linked to your Multiply profile)
- participating in a qualifying event (claimed via Entrytime online)

If multiple activities are performed on the same day, the activity that results in the best score will be used.

You can also go for a **fitness assessment** at a Virgin Life Care or Wellness Coaching Network facility. It costs R250 (or R240 if you are on Multiply) and can be paid from HealthSaver. The benefit of paying for a fitness assessment to determine your physical activity level is that the results are valid for 6 months. Plus, the best result of either your **fitness assessment** or your **Active Days** for the month will count towards your HealthReturns. In other words, if the result of your **fitness assessment** places you on Activity Level 4, but your **Active Days** for the month place you on Level 5, then your HealthReturns will be based on Activity Level 5.



You will receive a monthly SMS indicating the amount you earned by being active in the previous month. Your HealthReturns will be paid into your chosen account around the middle of each month.

Your level of activity	Active Days	Fitness Assessment <small>(valid for 6 months)</small>	HealthReturns	Booster	Multiply	Total
	An Active Day is: • 1 Gym visit or • 10 000 steps or • 300 calories or • A qualifying event		Standard monthly HealthReturns	Additional returns if HealthReturns paid into HealthSaver	Additional returns for Multiply Premier members	Total returns if on Multiply Premier and HealthReturns paid into HealthSaver
Level 5	13+	Excellent	R150	R150	R150	R450
Level 4	10-12	Good	R100	R100	R100	R300
Level 3	7-9	Acceptable	R50	R50	R50	R150
Level 2	4-6	Fair	R25	R25	R25	R75
Level 1	0-3	Poor	R0	R0	R0	R0

- The best of your Active Days and fitness assessment result will count towards your HealthReturns
- Fitness assessments are available at Virgin Life Care and Wellness Coaching Network facilities
- The HealthReturns Booster funds are available to pay for claims once standard HealthSaver funds are depleted. The balance is carried over to the following year if not used, and only forfeited if your Momentum Health or HealthSaver membership is cancelled or suspended
- Multiply Starter and Multiply Provider members are excluded from additional returns