



Focus on the Extender Option

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

25% of your contribution is available in a Savings account to cover day-to-day expenses. If this component is not enough to cover your annual day-to-day expenses, you will also have access to the Extended Cover benefit which provides further cover for day-to-day benefits once your day-to-day claims have reached a certain amount (a pre-determined amount that is based on your family size). Once you have reached this Threshold amount, your claims will be paid by the Scheme from the Extended Cover benefit. You can make use of the HealthSaver for additional day-to-day expenses and to pay for out-of-pocket expenses before your Extended Cover is activated. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses. The Health Platform Benefit provides cover for a range of day-to-day benefits such as preventative screening tests, certain check-ups and more.

Major Medical Benefit

Provider	Any hospital or Associated hospitals
Limit	No overall annual limit applies
Rate:	Associated specialists covered in full Other specialists covered up to 200% of the Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised Procedures/Treatment	Certain procedures/treatments covered
Co-payment	Co-payments may apply for 17 specialist referral procedures. (See benefit table for more)

Chronic and Day-to-day benefit

Chronic provider	Any provider: Extended formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
Chronic conditions covered	Cover for 62 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 36 additional conditions: limited to R8 300 per family per year
Day-to-day provider	Any or Associated
Savings	Fixed at 25% of your total contribution
Threshold	R14 900 for the principal member R12 900 per adult dependant R4 400 per child (applies up to a maximum of three children)

The Health Platform

Provider:	Any or Associated
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Contributions

1 Choose your in-hospital provider		2 Choose your chronic provider		3 Choose your family composition					
				1 person	2 people	3 people	4 people	5 people	6 people
Associated in-hospital provider	Any chronic providers	R4 061	R7 302	R5 336	R8 577	R9 852	R11 127		
	Associated chronic providers	R3 743	R6 728	R4 919	R7 904	R9 080	R10 256		
	State chronic providers	R3 303	R5 786	R4 320	R6 803	R7 820	R8 837		
Any in-hospital provider	Any chronic providers	R4 616	R8 299	R6 064	R9 747	R11 195	R12 643		
	Associated chronic providers	R4 153	R7 469	R5 453	R8 769	R10 069	R11 369		
	State chronic providers	R3 780	R6 856	R4 940	R8 016	R9 176	R10 336		

Maximum of 3 children charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatment. There is no overall annual limit on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 200% of the Momentum Health Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group.

Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided treatment has been authorised. Specialised Procedures/Treatments do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided 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 admittance. If you choose Associated hospitals and you do not use this provider, a 30% co-payment will apply on the hospital account.

The Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Extender Option, you may choose Any, Associated or State as your Chronic Benefit delivery model. There is no annual limit for chronic cover for the 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. A limit of R8 300 per family per year applies to an additional 36 conditions. 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 and prescribed medicine. 25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover.

If you have selected Any or State as your chronic provider, any GP may be consulted. If you have selected Associated as your chronic provider, an Associated GP must be consulted. If not, claims will only accumulate at 70% of Momentum Health Rate to Threshold, and a 30% co-payment will apply once in Extended Cover.

The Health Platform Benefit

The Health Platform Benefit is available to all Momentum Health members and is paid by the Scheme, provided you notify us before using the benefit. 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	Any hospital or Associated hospitals	
Overall limit	None	
Co-payments for the 17 specialist referral procedures		
Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	Paid by Scheme: R1 100* co-payment per authorisation (excluding anaesthetist)
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies	Paid by Scheme: R0* co-payment	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits	
<small>*An additional R650 co-payment will apply if you do not obtain an appropriate GP referral (i.e. any GP for members who choose Any or State chronic provider, and Associated GP for members who choose Associated chronic provider). You may be required to provide proof of the GP referral.</small>		



Hospitalisation	
Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group. No overall annual limit applies
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Day-to-day Benefit
Renal dialysis Beneficiaries who selected State as their chronic provider need to make use of State facilities for their renal dialysis	No annual limit applies
Oncology Newly diagnosed beneficiaries who selected State as their chronic provider must obtain their oncology treatment from an oncologist authorized by the Scheme	Limited to R500 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when the recipient is a member of the Scheme	R16 600 cadaver costs R33 600 live donor costs (incl. transportation)
In-hospital dental and oral benefits limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 460 co-payment Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards limit
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans (in- and out-of-hospital)	No annual limit applies. Co-payment of R1 910 per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 600 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R148 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 800 per beneficiary per event, maximum 2 events per year Other internal prostheses: R56 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms, legs etc)	R19 500 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R30 700 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries
Rehabilitation, private nursing, Hospice and step-down facilities	R42 700 per family
Immune deficiency related to HIV infection - Anti-retroviral treatment - HIV related admissions	At preferred provider No annual limit applies R58 800 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 subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	Any, Associated or State
Cover	62 conditions, including Chronic Disease List in Prescribed Minimum Benefits
Limit	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. Limited to R8 300 per family per year for 36 additional conditions
* If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval	
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: 25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold, and are paid from Extended Cover, at the Momentum Health Rate subject to the sub-limits specified below. 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)	
The annual Threshold levels are: Member: R14 900 Per adult dependant: R12 900 Per child dependant: R4 400 (applies up to a maximum of 3 children). Should you not join in January, your Threshold and 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	Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultation)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R16 100 per family
Dentistry – basic (such as extractions or fillings)	Unlimited within the provisions of the General Rule mentioned above
Dentistry – specialised (such as bridges or crowns)	R10 900 per beneficiary, R28 400 per family. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R19 800 per family Subject to a R6 000 sub-limit for hearing aids
General practitioners	Depending on the chronic provider selected Any or State providers: Unlimited within the provisions of the General Rule mentioned above Associated providers: 100% of Momentum Health Rate for Associated GPs 70% of Momentum Health Rate for non-Associated GPs
Specialists	Unlimited within the provisions of the General Rule mentioned above
Optical and optometry	Overall limit of R3 370 per beneficiary Frame sub-limit of R1 840
Pathology (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology (such as x-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 910 co-payment per scan
Prescribed medication	R14 200 per beneficiary, R26 700 per family
Over-the-counter medication (incl. prescribed vitamins)	Subject to Savings, does not accumulate to Threshold



Health Platform Benefit		
General rule for the Health Platform: Health Platform benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefits		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations	Children up to age 6	As required by the Dept of Health
Flu vaccines	Beneficiaries under 18 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		
Dental examination (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist)	Women 15 and older	Once a year
Consultation (GP* or gynaecologist)		
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP)*	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: 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 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 show sugar levels of 11 mmol/L and more	Adult beneficiaries	Once a year
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years
	Beneficiaries over 50	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	12 visits
Urine tests (dipstick)		Included in antenatal visits
Pregnancy scans		2 scans (one before 24th week and one after)
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year
Disease management programmes		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed



Health line		
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation by Netcare911		
Emergency evacuation in South Africa	All beneficiaries	In an emergency
International emergency cover by ISOS		
R7.74 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

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

Important note: This focus page summarises the 2016 benefits available on the Extender 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.

You can earn up to 4 free GP visits per family per year by maintaining Activity level 4 or 5 for three consecutive months. If you have chosen Any or State as your chronic provider, these GP visits can be at any GP. If you have chosen Associated as your chronic provider, these GP visits must be at an Associated GP. These visits are valid for 12 months from the month in which the benefit was earned. You can also qualify for the new HealthReturns RateBooster, if you maintain Activity level 4 or 5 for three consecutive months. This benefit boosts in-hospital cover for specialists by another 100%, which means you would enjoy 300% cover for in-hospital specialist treatment.

Note that you need to receive your HealthReturns into your HealthSaver account in order to qualify for the additional GP visits and RateBooster.

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 (valid for 6 months)	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