



Focus on the Summit Option

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

If you need more day-to-day cover, you can make use of the HealthSaver. 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
Limit	No overall annual limit applies
Rate	Associated specialists covered in full Other specialists covered up to 300% of the Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised Procedures	Certain procedures/treatment covered

Chronic and Day-to-day Benefit

Chronic provider	Any provider Comprehensive formulary applies
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: subject to overall day-to-day limit of R21 000. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions
Day-to-day provider	Any provider
Day-to-day benefits	Covered from risk benefit, subject to overall day-to-day limit of R21 000 per beneficiary and sub-limits. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions

The Health Platform

Provider	Any
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Contributions





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 300% 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/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 admittance.

The Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a comprehensive formulary. 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. An additional 36 conditions are covered subject to the overall day-to-day limit of R21 000 per beneficiary (this is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic 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, and is paid by the Scheme. The benefits are subject to an overall day-to-day limit of R21 000 per beneficiary and certain sub-limits. (The overall day-to-day limit of R21 000 is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions).

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
Overall limit	None
Hospitalisation	
Consultations and visits	Up to 300% of Momentum Health Rate
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Day-to-day Benefit
Renal dialysis and Oncology	No annual limit applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor)	R16 600 cadaver costs
Only covered when recipient is a member of the Scheme	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, dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards specialised dentistry sub-limit and overall day-to-day limit of R21 000 per beneficiary
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 or 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 - 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	You can use any provider of your choice
Cover	Cover for 62 conditions: 26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies Cover for 36 additional conditions, subject to overall day-to-day limit of R21 000 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit	
Benefits are paid at 100% of Momentum Health Rate by the Scheme, subject to the annual sub-limits specified below and an overall day-to-day limit of R21 000 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for 36 additional conditions. Sub-limits apply per year unless stated otherwise. 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	You can use any provider of your choice
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy	R6 000 per family. Subject to overall day-to-day limit of R21 000 per beneficiary
Mental health (incl. psychiatry and psychology)	R18 000 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R12 700 per beneficiary, R30 200 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R24 400 per family. R14 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R21 000 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 680 per beneficiary Frame sub-limit of R1 900 Subject to overall annual day-to-day limit of R21 000 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R21 000 per beneficiary
Radiology (such as x-rays)	Subject to overall annual day-to-day limit of R21 000 per beneficiary
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 910 co-payment per scan
Prescribed medication	R16 400 per beneficiary, R26 800 per family. Subject to overall annual day-to-day limit of R21 000 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered



Health Platform Benefit		
General rule applicable to 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 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
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) Consultation (GP or gynaecologist)	Women 15 and older	Once a year
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP)	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 indicate sugar levels of 11 mmol/L and above	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 registered on the programme	2 visits in baby's first year



Health Platform Benefit (continued)		
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
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation by Netcare 911		
Emergency evacuation in South Africa	All beneficiaries	In an emergency
International emergency cover by ISOS		
R8.48 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 Summit 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 additional GP visits per family per year by maintaining Activity level 4 or 5 for three consecutive months! These visits are valid for 12 months from the month in which the benefit was earned.

You can also qualify for the 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 up to 400% 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.

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 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