

2018 Focus page

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 courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and chronic medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of benefits such as preventative screening tests, certain check-ups and more. 25% of your contribution is available in a Personal Medical Savings account to cover day-to-day expenses. If this component is not enough to cover your annual day-to-day expenses, you will also have access to the Extended Cover benefit which provides further cover for day-to-day benefits once your day-to-day claims have reached the Threshold (a pre-determined amount that is based on your family size). Once you have reached this Threshold amount, your claims will be paid by the Scheme from the Extended Cover benefit.

You can choose to 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.

Important notes:

* The HealthSaver is a complementary product available from Momentum. Momentum is not a medical scheme and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.

** This focus page summarises the 2018 benefits available on the Extender Option. Scheme Rules always take precedence and are available on request.

Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Benefit	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 specialist referral procedures. (See benefit table for more)

Chronic and Day-to-day Benefits

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 R9 300 per family per year
Day-to-day provider	Any, Associated or State
Savings	Fixed at 25% of total contribution
Threshold	R18 700 for the principal member R16 200 per adult dependant R5 600 per child (applies up to a maximum of three children)

Health Platform Benefits

Provider	Any or Associated
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Contributions

Choose your **providers**

Choose your **family composition**

Hospital	Chronic	Family Composition					
							
Associated	Any	R5 113	R9 194	R6 648	R10 729	R12 264	R13 799
	Associated	R4 715	R8 476	R6 130	R9 891	R11 306	R12 721
	State	R4 129	R7 233	R5 368	R8 472	R9 711	R10 950
Any	Any	R5 816	R10 456	R7 561	R12 201	R13 946	R15 691
	Associated	R5 232	R9 409	R6 801	R10 978	R12 547	R14 116
	State	R4 723	R8 566	R6 139	R9 982	R11 398	R12 814

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 tariff, 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, while the Scheme will be responsible for 70% of the negotiated tariff.

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 provider. 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 R9 300 per family per year applies to an additional 36 conditions. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. 25% of your contribution is available to cover day-to-day expenses. This is known as Personal Medical 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 (a pre-determined amount based on 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.

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 evacuation and international emergency cover.

Benefit schedule

Major Medical Benefit		
<p>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)</p>		
Provider	Any or Associated hospitals	
Overall limit	None	
Co-payments for 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 300* co-payment per authorisation applies
Gastrosopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme: R0* co-payment	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits (No co-payment applies)	
<p>*An additional R750 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 will be required to provide proof of the GP referral. Please note that if the cost of the procedure is less than the co-payment, the member will be liable for the specialist account.</p>		
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 authorised by the Scheme	Limited to R500 000 per beneficiary per year, thereafter a 20% co-payment applies. The Momentum Health medicine rate applies to chemotherapy and adjuvant medication	
Organ transplants (recipient)	No annual limit applies	
Organ transplants (donor) Only covered if recipient is a member of the Scheme	R18 600 cadaver costs R37 700 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 650 co-payment Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day dental 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 R2 150 per scan and preauthorisation	
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces)	R6 300 per family	

Hospitalisation (continued)	
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R166 000 per beneficiary, maximum 1 event per year Intraocular lenses: R6 500 per beneficiary per event, maximum 2 events per year Other internal prostheses: R62 800 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms and legs)	R21 800 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R34 400 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. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R47 900 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R65 900 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, according to Chronic Disease List in Prescribed Minimum Benefits
Limit	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 36 additional conditions - Limited to R 9 300 per family per year
* 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. The sub-limits apply before and after the Threshold is reached. The annual Threshold levels are: Member: R18 700 Per adult dependant: R16 200 Per child dependant: R5 600 (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 consultations)
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)	R18 000 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)	R12 200 per beneficiary, R31 900 per family. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit

Day-to-day benefit (continued)		
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	R22 200 per family R6 700 sub-limit per family 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 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 (incl. contact lenses and refractive eye surgery)	Overall limit of R3 750 per beneficiary Frame sub-limit of R2 050	
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 R2 150 co-payment per scan	
Prescribed medication	R15 900 per beneficiary, R30 000 per family	
Over-the-counter medication (incl. prescribed vitamins and homeopathic medicine)	Subject to Savings, does not accumulate to Threshold	
Health Platform Benefit		
General rule applicable to the Health Platform Benefits: Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit.		
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	Children between 6 months and 5 years High-risk beneficiaries under 18 Beneficiaries 65 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* consultation)	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Health Assessment (pre-notification not required): Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year

Health Platform Benefit - Early Detection Tests (continued)		
Cholesterol test (pathologist) Only covered if Health Assessment results indicate a total cholesterol of 6 mmol/L and	Principal members and adult beneficiaries	Once a year
Blood sugar test (pathologist) Only covered if Health Assessment results indicate blood sugar levels are 11 mmol/L	Principal members and adult beneficiaries	Once a year
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years
	Beneficiaries 50 and older	Once a year
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years
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
Online antenatal and postnatal classes	Women registered on the programme	18-month subscription
Online video consultations with lactation specialist		Initial and follow-up consultations
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits
Pathology tests Full blood count, blood group, rhesus, platelet count, rubella antibody, creatinine, glucose strip test, antiglobin test	Women registered on the programme	1 test
Haemaglobin estimation		2 tests
Urinalysis		13 tests
Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Pregnancy scans	Women registered on the programme	2 scans
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		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International emergency cover by ISOS		
R8.22 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover) A R1 550 co-payment applies per out-patient claim	Per beneficiary per 90-day journey	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

2018 Focus page

The Momentum HealthReturns programme

As a Momentum Health member, you can choose to make use of complementary products available from the Momentum Group (Momentum), a division of MMI Group Limited, to seamlessly enhance your medical aid. Momentum is not a medical scheme and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.

Momentum pays up to R2 500 per family per month in HealthReturns to Momentum Health members who go for an annual Health Assessment, comply with treatment protocols (where applicable) and are active. HealthReturns are paid per R500 medical scheme contribution that you pay, excluding child dependant contributions and late joiner penalties.

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 and will calculate your Healthy Heart Score.

Your Healthy Heart Score gives you an indication of how healthy your heart is. It shows you if you are causing long-term damage to your heart and your risk of developing cardiovascular disease. We use the results from your Health Assessment, together with your smoking status, to calculate your score. Your score can be red, amber or green. Based on your results, we may recommend further assessments.

If you go for these assessments and follow the treatment protocols, this would be the second step to earning HealthReturns. The third step requires you to be active. Your activity, combined with your Multiply Premier status, Momentum Health contribution and Healthy Heart Score, will determine how much you can earn. Your physical activity is measured by your number of Active Dayz™ in a month or by going for a fitness assessment.

An Active Day can be earned by:

- One 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 an 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.

 HealthReturns payable per R500 medical scheme contribution

Healthy Heart Score	Active Dayz™ or Fitness Assessment	Standard	Bronze	Silver	Gold	Platinum	Private Club
	16+ per month or Level 5	R40	R40	R50	R100	R150	R250
	12+ per month or Level 4	R20	R20	R30	R60	R100	R150
	8+ per month or Level 3	R10	R10	R20	R30	R45	R60
	4+ per month or level 2	R5	R5	R10	R15	R20	R30
	0 to 3 or Level 1	R0	R0	R0	R0	R0	R0

- Standard HealthReturns are paid if you do not have HealthSaver and Multiply Premier membership
- Increased HealthReturns are paid into your HealthSaver account, based on your Multiply Premier status

HealthReturns are paid per R500* medical scheme contribution that you pay.

This means that a principal member who is as active as an adult dependant could receive a slightly higher HealthReturns payout, due to the lower contribution that the dependant pays.

Example	Option: Extender Associated hospitals State chronic Activity level: Level 5 Multiply Premier Status: Private Club	
	Principal member contribution R4 129	R250 x 8 =
Adult dependant contribution R3 104	R250 x 6 =	R1 500
Total HealthReturns payable		R2 500** per month

* Excluding child dependant contributions and late joiner penalties

** Maximum HealthReturns that a family can earn

Additional HealthReturns benefits

If you maintain at least 12 Active Dayz™ per month for three consecutive months, have a green or amber Healthy Heart Score and have chosen to receive your HealthReturns into your HealthSaver account, you can also earn four free GP visits for your family per year and qualify for the HealthReturns RateBooster. Please note that these GP visits are valid for 12 months from the month in which they were earned.

The RateBooster benefit boosts in-hospital cover for specialists by an additional 100% of the Momentum Health Rate, which means that you will have cover up to 300% of the Momentum Health Rate for in-hospital specialist treatment.