

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
4	6	8	12	16	20	24	28	32	34	37	38

2025

General disclaimers

This brochure is a marketing aid.

On joining the Scheme, all Momentum Medical Scheme members receive a detailed member brochure. Momentum Medical Scheme may specify certain principles, protocols, processes and limits relating to the use of your benefits. Scheme Rules will always take precedence and are available on request.

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a waiting period and/or a late joiner penalty to your membership, we will let you know before we activate your cover.



Make the right choiceIndividual contributionsIngwe OptionEvolve Option	Custom Incentive Option Option	Extender Summit Option Option	Health Platform Benefit Specialised procedures, treatment	/ Chronic cond	ronic ditions vered
Make the its flexible ben	edical Scheme strives to offer yo refit options to match your family guide to find the option that best	's healthcare needs. Use	medicine to lower high bloc you choose will determine	ve more than just the cost of your od pressure), day-to-day expense how much your contribution will leed to choose the option that be	es (like vi be, and v
The Benefit Structure	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Exte Opti
Major Medical Benefit	Any hospital, Ingwe Network hospitals* or Connect Network hospitals*	Evolve Network hospitals*	Any or Associated hospitals*	Any or Associated hospitals*	
The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room or day hospital, provided treatment is clinically appropriate and has been pre-authorised.	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies	Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies R1 920 co-payment applies	Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies R1 920 co-payment applies	Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies	Associat Other sp Moment Hospital at negot
Chronic Benefit The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes	Medical management including doctor, pharmacy, blood tests, x-rays, etc Ingwe Primary Care Network providers**, Ingwe Active Network providers** or State facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc State facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities	Medical management including doctor, pharmacy, blood tests, x-rays, etc Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or State facilities	
cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.	26 conditions - no annual limit applies	26 conditions - no annual limit applies	26 conditions - no annual limit applies	26 conditions - no annual limit applies Additional 6 conditions limited to R13 100 per family	26 cond Additior R13 100
	Chronic Benefit formulary: Fixed formulary	Chronic Benefit formulary: State formulary	Chronic Benefit formulary: Any: Basic formulary Associated: Core formulary State: State formulary	Chronic Benefit formulary: Any: Standard formulary Associated: Core formulary State: State formulary	Chronic Any: Ext Associa State: S
Day-to-day Benefit This benefit provides for day-to-day medical expenses, such as	Ingwe Primary Care Network providers**, Ingwe Active Network providers** or State facilities	Any provider	Any provider	Any provider, subject to Savings if available	
GP visits and prescribed medication. You have the choice of adding more day-to-day cover through the HealthSaver+.	Primary care (such as GP visits, prescribed medicine, etc) Secondary care (Specialist visits)	You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses	You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses	Savings 10% of total contribution	Savings Extended
Health Platform Benefit The Health Platform Benefit encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection and a leading maternity	On the Ingwe Option, if you choose Ingwe Network hospitals or Any hospitals, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider		lf you ch or if you choose the Evolve, Custo	noose Connect Network hospitals on the Ingwe om, Incentive, Extender or Summit Option, you	e Option, 1 may use an
programme.					

Complementary Momentum Products

You 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.

HealthSaver

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

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* View a list of these hospitals on page 40 ** View a list of these providers on momentummedicalscheme.co.za

Hospital lists Glossary of terms

hospital, it could be the cost of chronic medication (like visiting your GP), or emergency care. The option that d what benefits you will have access to for the different both your wallet and your healthcare needs. Summit tender Option otion Any or Associated hospitals* Any hospital ciated specialists covered in full. Associated specialists covered in full. er specialists covered up to **200%** of nentum Medical Scheme Rate Other specialists covered up to **300%** of Momentum Medical Scheme Rate oital accounts covered in full Hospital accounts covered in full gotiated rate at negotiated rate verall annual limit applies No overall annual limit applies Medical management including doctor, pharmacy, blood tests, Medical management including doctor, pharmacy, blood tests, x-rays, etc Arays, etc Any (Any GP and any pharmacy), Associated^{**} (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State** facilities Freedom-of-choice of provider onditions - no annual limit applies 26 conditions - no annual limit applies ional **36** conditions limited to Additional 36 conditions accumulate to the overall day-to-day limit of **R33 000** per beneficiary 100 per family nic Benefit formulary: Extended formulary Chronic Benefit formulary: Comprehensive formulary ciated: Core formulary : State formulary Any provider or Associated provider (Members who have chosen Associated as their chronic Freedom-of-choice provider must use an Associated GP for GP consultations) Paid from risk benefit, subject to overall day-to-day limit of **R33 000** per gs **25%** of total contribution plus ded Cover beneficiary This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditional

, e any healthcare provider



See separate Momentum Complementary Product brochure for more information

Make the right choiceIndividual contributionsIngweEvolveCustomIncentiveExtenderSummitHealth Platform DptionSpecialised procedures/ treatmentChronicChronic conditions

Individual contributions

ngwe Option	Hospital	Chronic	Day-to-day	Р	А	С	Incentive Op
	Connect Network	State	State	The contributi	and the shire in a second	- h	(continued)
R0 - R1 500	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	be publishe launch, as th	d after the student ie members on thi	-focused s income	
	Any	Ingwe Active Network	Ingwe Active Network	band are	predominantly stu	idents	
	Connect Network	State	State	R1 143	R1 143	R299	
R1 501 - R9 000	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 296	R1 296	R593	
	Any	Ingwe Active Network	Ingwe Active Network	R1 684	R1 684	R668	
	Connect Network	State	State	R1 492	R1 492	R372	
R9 001 - R11 950	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 650	R1 650	R618	
	Any	Ingwe Active Network	Ingwe Active Network	R2 355	R2 355	R712	
	Connect Network	State	State	R1 609	R1 609	R400	
R11 951 - R17 000	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 266	R2 266	R667	
	Any	Ingwe Active Network	Ingwe Active Network	R3 208	R3 208	R748	Extender Op
	Connect Network	State	State	R2 620	R2 620	R595	
R17 001 - R22 400	Ingwe Network	Ingwe Primary Care	Ingwe Primary Care	R3 252	R3 252	R958	
	Any	Ingwe Active Network	Ingwe Active Network	R4 117	R4 117	R1 195	
	Connect Network	State	State	R3 014	R3 014	R685	
R22 401 +	Ingwe Network	Ingwe Primary Care	Ingwe Primary Care	R3 265	R3 265	R962	
	Any	Ingwe Active Network	Ingwe Active Network	R4 134	R4 134	R1 199	
	l la suite l	chunit				6	
volve Option							
	Evolve Network	State		R1 847	R1847	R 1 847	
Custom Option	Hospital	Chronic		Р	А	С	
		Any		R3 393	R 2 677	R 1 196	
	Associated	Associated		R3 033	R 2 352	R1072	
		State		R2 353	R1780	R 834	
		Any		R 4 047	R 3 248	R1444	
	Any	Associated		R 3 596	R 2 810	R 1 307	
		State		R 2 997	R 2 262	R1098	
ncentive Option	Hospital	Chronic		Р	А	с	
·			Total contribution	R4 827	R3 884	R1 803	
			Risk contribution	R4 344	R3 496	R1 623	
		Any	Savings 10%	R483	R388	R180	
			Annual Savings	R5 796	R4 656	R2 160	
			Total contribution	R4 306	R3 424	R1 636	
	Associated	Associated					
				R3 060		R1 174	
			Total contribution				
			Pick contribution	R2 754	R2 173	R1 057	
		State	Risk contribution Savings 10%	R2 754 R306	R2 173 R241	R1 057 R117	Summit Opt
	R0 - R1 500 R1 501 - R9 000 R9 001 - R11 950 R11 951 - R17 000 R17 001 - R22 400	R0 - R1 500 Ingwe Network R1 501 - R9 000 Ingwe Network R1 501 - R9 000 Ingwe Network R1 9001 - R11 950 Ingwe Network R11 951 - R17 000 Ingwe Network R11 951 - R17 000 R17 001 - R22 400 R17 001 - R22 400 R22 401 + Ingwe Network R22 401 + Ingwe Network Any Connect Network Ingwe Network Any Any Connect Network Any Any Connect Network Ingwe Network Any Connect Network Any Any Connect Network Ingwe Network Any Any Connect Network Ingwe Network Any Connect Network Any Co	Connect NetworkStateIngwe NetworkIngwe Primary Care NetworkAnyIngwe Active NetworkR1 501 - R9 000Connect NetworkR1 501 - R9 000Ingwe NetworkR1 501 - R11 950Connect NetworkR9 001 - R11 950Connect NetworkR1 951 - R17 000Connect NetworkR1 951 - R17 000Ingwe NetworkR1 951 - R17 000Ingwe NetworkR1 951 - R17 000Connect NetworkR1 951 - R17 000Ingwe NetworkR1 951 - R17 000HospitalR1 951 - R17 000HospitalR1 951 - R17 000HospitalR1 951 - R17 000HospitalConnect NetworkStateR1 951 - R17 000HospitalConnect NetworkStateR1 951 - R17 000HospitalConnect NetworkStateConnect NetworkStateConnect NetworkStateConnect NetworkStateConnect NetworkStateConnect NetworkState	Connect Network State Ingwe Primary Care Network Ingwe Primary Care Any Ingwe Active Network Ingwe Primary Care Ingwe Active Network R1 501 - R9 000 Connect Network Ingwe Primary Care Ingwe Primary Care R1 501 - R9 000 Ingwe Network Ingwe Primary Care Ingwe Primary Care R1 501 - R9 000 Connect Network Ingwe Primary Care Ingwe Active Network R9 001 - R11 950 Ingwe Network Ingwe Primary Care Ingwe Active Network R9 001 - R11 950 Ingwe Network Ingwe Primary Care Ingwe Active Network R11 951 - R17 000 Ingwe Network Ingwe Primary Care Ingwe Active Network R11 951 - R17 000 Ingwe Network Ingwe Primary Care Ingwe Active Network R11 951 - R17 000 Ingwe Network Ingwe Primary Care Ingwe Primary Care R11 951 - R17 000 Ingwe Network Ingwe Primary Care Ingwe Primary Care R11 951 - R17 000 Ingwe Network Ingwe Primary Care Ingwe Primary Care R11 951 - R17 000 Retwork Ingwe Primary Care Ingwe Primary Care	Connect Network State State The endation R0 - R1500 Ingwe Network Ingwe Network Ingwe Network Ingwe Primary Care Network Ingwe Active Network R1501 - R9000 Connect Network Ingwe Active Network Ingwe Active Network R1143 R1501 - R9000 Ingwe Network Ingwe Active Network Ingwe Active Network R1203 R8001 - R11950 Connect Network Ingwe Active Network Ingwe Active Network R1402 R8001 - R11950 Connect Network Ingwe Active Network Ingwe Active Network R2358 R11951 - R17000 Connect Network Ingwe Active Network Ingwe Active Network R2358 R11951 - R17000 Connect Network Ingwe Active Network Ingwe Active Network R3466 R1400 R11951 - R17000 Ingwe Network Ingwe Active Network Ingwe Active Network R3208 R3406 R3208 R11951 - R17000 May Ingwe Active Network Ingwe Active Network R3204 R3204	Connect NetworkState Ingwe Primary Care NetworkState Ingwe Primary Care NetworkState Ingwe Active NetworkState Ingwe Active NetworkReitwork Ingwe Active NetworkReitwork <t< td=""><td>Connect Network State State</td></t<>	Connect Network State State

entive Option Any Any Associate State ender Option Any Associated Associate State Any Associate Any State nmit Option Freedom-of-Any

P = Principal A = Adult C = Child

Child rates apply to child dependants younger than 21

On the Ingwe Options, all children are charged for. On the Evolve, Custom, Incentive, Extender and Summit Options, a maximum of 3 children are charged for

Hospital lists

Glossary of terms

ic		Р	А	С
	Total contribution	R5 457	R4 434	R2 128
	Risk contribution	R4 911	R3 991	R1 915
	Savings 10%	R546	R443	R213
	Annual Savings	R6 552	R5 316	R2 556
		D.4.000	00 757	Di ott
	Total contribution	R4 686	R3 757	R1 841
ted	Risk contribution	R4 217	R3 381	R1 657
	Savings 10%	R469	R376	R184
	Annual Savings	R5 628	R4 512	R2 208
	Total contribution	R3 801	R2 994	R1 503
	Risk contribution	R3 421	R2 695	R1 353
	Savings 10%	R380	R299	R150
	Annual Savings	R4 560	R3 588	R1 800
ic		Р	A	С
	Total contribution	R9 129	R7 353	R2 584
	Risk contribution	R6 847	R5 515	R1 938
	Savings 25%	R2 282	R1 838	R646
	Annual Savings	R27 384	R22 056	R7 752
	Threshold	R33 400	R29 000	R9 600
	Total contribution	R8 253	R6 643	R2 373
	Risk contribution	R6 190	R4 982	R1 780
ted	Savings 25%	R2 063	R1 661	R593
	Annual Savings	R24 756	R19 932	R7 116
	Threshold	R33 400	R29 000	R9 600
	Total contribution	R7 215	R5 472	R2 121
	Risk contribution	R5 411	R4 104	R1 591
	Savings 25%	R1 804	R1 368	R530
	Annual Savings	R21648	R16 416	R6 360
	Threshold	R33 400	R29 000	R9 600
	Total contribution	R10 381	R8 361	R2 977
	Risk contribution	R7 786	R6 271	R2 233
	Savings 25%	R2 595	R2 090	R744
	Annual Savings	R31 140	R25 080	R8 928
	Threshold	R33 400	R29 000	R9 600
	Total contribution	R9 160	R7 377	R2 635
	Risk contribution	R6 870	R5 533	R1 976
ed	Savings 25%	R2 290	R1 844	R659
	Annual Savings	R27 480	R22 128	R7 908
	Threshold	R33 400	R29 000	R9 600
	Total contribution	R8 196	R6 727	R2 405
	Risk contribution	R6 147	R5 045	R1 804
	Savings 25%	R2 049	R1 682	R601
	Annual Savings	R24 588	R20 184	R7 212
	Threshold	R33 400	R29 000	R9 600
	mesnolu	135 400	R29000	13000
c	Day-to-day	Р	А	С
-choice	Freedom-of-choice	R14 903	R11 919	R3 424

Individual ontributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chro condit cove	tions	Hospital lists		ossary terms	Exclu	usions
													n	g	V	e
							Your monthly income	Choose your providers			Choose your family	compositio	on			
								Hospital	Chronic	Day-to-day	Ť	ŤŤ	Ťŧ	ŤŤŧ	ŤŤŧŧ	ŤŤ †††
		Overvi	iew				R0 - R1 500	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active	State Ingwe Primary Care Network Ingwe Active	The contri	butions for this inco as the members (ome band will be pi on this income ban			aunch,
			ble access to entry lev					Connect Network	Network State	Network State	R1 143	R2 286	R1 442	R2 585	R2 884	R3 183
cover, you	can choose to use	e either the Connec	ct Network of private h 40 for these lists), or A	hospitals, the Ingwe	e		R1 501 - R9 000	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 296	R2 592	R1 889	R3 185	R3 778	R4 371
For R chro	nic treatment a	and 🎧 day-to-da	ay benefits, such as G	GP visits or prescrib	bed			Any	Ingwe Active Network	Ingwe Active Network	R1 684	R3 368	R2 352	R4 036	R4 704	R5 372
choose Ingwe	e Network hospital	als, you need to use I	itals, you need to use S Ingwe Primary Care No	Network providers,			R9 001 -	Connect Network	State Ingwe Primary	State Ingwe Primary	R1 492 R1 650	R2 984 R3 300	R1 864 R2 268	R3 356 R3 918	R3 728 R4 536	R4 100 R5 154
_		-	se Ingwe Active Networ er for a range of prever		fits.		R11 950	Any	Care Network Ingwe Active Network	Care Network Ingwe Active Network	R2 355	R4 710	R3 067	R5 422	R6 134	R6 846
If you choo	ose Connect Netw	vork hospitals, the be	penefits are available fr s or Any hospital, the be	from any healthcare	re 🛛			Connect Network	State	State	R1 609	R3 218	R2 009	R3 618	R4 018	R4 418
from you	ur chosen network ne benefits, which	k provider, except fo n are available from a	or some benefits, such 1 any healthcare provide	h as the maternity			R11 951 - R17 000	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 266	R4 532	R2 933	R5 199	R5 866	R6 533
lf.vo		ne list of Health Platj v-to-day cover, you c	tform Benefits. can choose to make us	ise of the 🔗				Any	Ingwe Active Network	Ingwe Active Network	R3 208	R6 416	R3 956	R7 164	R7 912	R8 660
ij yo	HealthSaver*. He	ealthSaver* is a com	nplementary product of e for medical expenses	offered by			R17 001 -	Connect Network	State Ingwe Primary Care Network	State Ingwe Primary Care Network	R2 620 R3 252	R5 240 R6 504	R3 215 R4 210	R5 835 R7 462	R6 430 R8 420	R7 025 R9 378
	momentu		s jet mearcat expenses				R22 400	Any	Care Network Ingwe Active Network	Care Network Ingwe Active Network	R4 117	R8 234	R5 312	R9 429	R10 624	R11 819
						7		Connect Network	State	State	R3 014	R6 028	R3 699	R6 713	R7 398	R8 083
							R22 401 +	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 265	R6 530	R4 227	R7 492	R8 454	R9 416
				-				Any	Ingwe Active Network	Ingwe Active Network	R4 134	R8 268	R5 333	R9 467	R10 666	R11 865

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Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Sumn Optio		Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
		This table represents a s	ummary of the benefits for	2025								
Ingw	e -	If you choose Connect Ne	etwork hospitals, Chronic ar ospitals, Chronic and Day-t	nd Day-to-day Benefits ar					Provider			Ingwe Primary Care I
Optio	n 🗾 -	hospital, benefits are onl If you choose Ingwe Netv	y available from the Ingwe work hospitals or Connect N co-payment of 30% on the P	Active Network and chron Network hospitals as your p	ic medication needs to be (btained from Medipost			Cover			26 conditions, accor page 38 for a list of t
+	-	The sub-limits specified with the number of mont	apply per year. Should you	not join in January, your su	ıb-limits will be adjusted pi	o-rata (this means it will	be adjusted in lir	ne	General rule ap	oplicable to Chronic Bene	fits	lf you choose Conne choose Ingwe Netwo Network or if you ch Network. Benefits ar
Benefit					entum Medical Schem							
			Hospital accounts a No overall annual li		ne rate agreed upon w	ith the hospital group	0		Provider			Ingwe Primary Care I indicated
Provider			Connect Network h	nospitals, Ingwe Netwo	ork hospitals or Any ho	spital			Savings			Not applicable. You o
General rule applic	able to Major Medio	al Benefits	For some condition Programme. The So	ns like diabetes you wi cheme will pay benefi	before making use of Il need to register on a ts in line with the Sche ed for the treatment og	Health Managemen me Rules and the cli	t		General rule a	pplicable to Day-to-day	Benefits	If you choose Conne otherwise indicated. Ingwe Primary Care I Ingwe Active Networ commonly referred t
High and intensive o	are		10 days per admiss						Acupuncture.	Homeopathy, Naturopathy	v. Herboloav.	Limited to Prescribe
Renal dialysis Oncology				ed Minimum Benefits nect Network hospitals	at State facilities s, you need to obtain yo	our oncology treatme	ent from		Audiology, Occ	upational and Speech the inetics, Orthoptists, Oste	erapy, Chiropractors,	
			an oncologist authors Benefits at Connec	orised by the Scheme t Network hospitals. If	, and benefits are limit you choose Ingwe Ne	ed to Prescribed Mir twork hospitals or Ar	imum		Mental health	(incl. psychiatry and psych	nology)	Limited to Prescribe
Organ transplants			If you choose Conn Benefits at Connec	nect Network hospitals It Network hospitals. If	ed Minimum Benefits a s, benefits are limited t you choose Ingwe Ne	o Prescribed Minimu twork hospitals or Ar			Dentistry – bas	ic (such as extractions or	fillings)	Examinations, fillings covered per year per than 4 fillings or 4 ex
	d and have the				ed Minimum Benefits a		1		Dentistry – spe	cialised (such as bridges	or crowns)	Not covered
n-hospital dental ar	id oral benefits		Minimum Benefits		covered at State facili	ies, limited to Prescr	IDEQ		External medic wheelchairs et	al and surgical appliance	s (incl. hearing aids,	Not covered
Maternity confineme Caesarean sections:		sareans are covered	No annual limit app	olies				3	General practit			There is no limit to th
Neonatal intensive c	are		No annual limit app	olies								from the 11th visit on
Medical and surgica stockings, knee and		ital (such as support	R6 700 per family					Medica	GP virtual cons	ultations		3 virtual doctor cons Network, which inclu required
Prosthesis – internal permanent pacemal		eplacements,	Limited to Prescrib	ed Minimum Benefits	at State facilities				Out-of-networ	k GP, casualty or after-ho	urs visits	1 visit per beneficiar hours of the consult
Prosthesis – externa	l (such as artificial ar	ms or legs etc)	Limited to Prescrib	ed Minimum Benefits	at State facilities							responsible for 70% Maximum of 2 visits
MRI and CT scans, m cholangiopancreato and PET scans		e body radioisotope	Minimum Benefits Prescribed Minimu	at Connect Network h Im Benefits at State fa	s, MRI and CT scans are iospitals and other spe icilities. If you choose I ed Minimum Benefits	cialised scans are sungwe Network hospi	lbject to		Specialists			2 visits per family per per year. Covered at 1 pre-authorisation. Ps at State facilities
Mental health - incl. psychiatry and	nsychology		Limited to Prescrib	ed Minimum Benefits	at State facilities				Physiotherapy			Included in the spec
- drug and alcohol re	ehabilitation		7.1						Optical and op surgery)	tometry (excl. contact len	ses and refractive eye	1 eye test and 1 pair per beneficiary every
Take-home medicin		1141	7 days' supply						Dathalanu	cic (cuch ac bloc d cuc	or choloctoral tasta)	is more than 0.5
Medical rehabilitatio		allities		ciary (combined limit)	, subject to case mana	gement				sic (such as blood sugar c	n cholesterol tests)	Specific list of patho
Private nursing and I			Not covered							sic (such as X-rays)		Specific list of black
Health managemen as HIV/Aids		nditions such	Your doctor needs	to register you on the	appropriate health ma	nagement programi	me			ans, magnetic resonance reatography (MRCP), who	le body radioisotope	If you choose Conne Minimum Benefits a Prescribed Minimun hospital, all scans are
Immune deficiency Anti-retroviral treatm HIV-related hospital	hent			at preferred provider at your chosen hospit	al provider				Prescribed me	dication		Subject to a list of m

Hospital lists	Glossary of terms	Exclusions	
Care Network, Ingwe Active Network	or State facilities		
ccording to the Chronic Disease List t of the conditions covered	in Prescribed Min	imum Benefits - see	Chronic
onnect Network hospitals, benefits a letwork hospitals, benefits are only a u choose Any hospital, benefits are o its are subject to a list of medicine, r	available from the I only available from	ngwe Primary Care the Ingwe Active	nic
Care Network, Ingwe Active Network	or State facilities,	unless otherwise	
You can choose to add the HealthSa	aver*		
onnect Network hospitals, benefits a ated. If you choose Ingwe Network h Care Network or if you choose Any ho atwork. Benefits are subject to the ru rred to as protocols, and to the netwo	nospitals, benefits a ospital, benefits an Iles and provisions	are only available from e only available at set by the network,	
cribed Minimum Benefits at State fa	cilities		
cribed Minimum Benefits at State fac	cilities		
illings and x-rays as per the list of tar ar per beneficiary. You need to call us r 4 extractions			
to the number of times you visit your it onwards must be pre-authorised	r network GP. Howe	ver, please note all visits	Da
consultations per beneficiary per ye includes Hello Doctor. Consultations			Day-to-day
ficiary per year, subject to authorisat nsultation, otherwise a 30% co-paym 70% of the negotiated tariff) <i>r</i> isits per family per year, R110 co-pay	nent will apply and	the Scheme will be	
ly per year, limited to R1 350 per visit a d at 100% of Momentum Medical Sc on. Psychologists and psychiatrists are s	heme Rate. Subjec	t to referral and	
specialist limit			
pair of clear standard or bi-focal len every 2 years. Spectacles will only be			
bathology tests covered			
lack and white x-rays covered			
onnect Network hospitals, MRI and G fits at Connect Network hospitals an imum Benefits at State facilities. If yo ns are limited to Prescribed Minimur	id other specialise ou choose Ingwe N	d scans are subject to Ietwork hospitals or Any	

of medicine, referred to as a prescribed formulary

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
			Overvi								
	Net	The Evolve Option p work of private hosp	oitals (see page 40 f	or this list). There is	no overall annual						

The Evolve Option provides cover for **Methods hospitalisation** at the Evolve Network of private hospitals (see page 40 for this list). There is no overall annual limit for hospitalisation. A co-payment of R1 920 per authorisation applies to Major Medical Benefits including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider. An additional co-payment may apply for certain specialised procedures - see page 36.

For $\int \otimes$ chronic benefits, you need to use State facilities for your chronic scripts, medication and treatment.

The A Health Platform Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

You have cover for 2 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. If you need cover for other day-to-day expenses, like additional GP visits or prescribed medicine, you can choose to make use of the **HealthSaver**^{*}. HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses.

Your	
providers	

Chronic

State

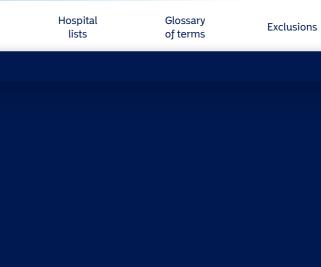
Choose your family composition

R1 847 R3 694

Maximum of 3 children charged for

Hospital

Evolve Network



Evolve

t	Ťt	ŤŤŧ	ŤŤŧŧ	ŤŤ+++
94	R3 694	R5 541	R7 388	R9 235

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option		h Platform Ienefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered	
Evol		If you do not use Evolve I standard Evolve Option o	co-payment	or Medical Benefits, you w		0% on the hospital account, ir o-payment of 30% on the hos				agement programmes for c h, HIV/Aids and oncology	onditions such as	Your doctor needs	
Opti	on -	the Scheme will be respo The sub-limits specified with the number of mon	onsible for 70% of the nego apply per year. Should you	itiated tariff 1 not join in January, your :	sub-limits will be adjusted	pro-rata (this means it will b			Anti-retrovir	iciency related to HIV al treatment hospital admissions		No annual limit ap R48 300 per family	
(+)	+	HealthSaver is a comple	mentary product offered b	by Momentum					Emergency	medical transport in South	Africa by Netcare 911	No annual limit ap	
Benefit				alists covered in full	of Momentum Medica	I Scheme Rate			Internationa provider	l emergency medical trans	port by preferred	R5 000 000 per be optometry, R15 500 A R2 180 co-payme	
				s are covered in full a		with the hospital group			Provider			State facilities	
Provider				res are only covered i					Cover			26 conditions, acco see page 38 for a li	
Co-payment			R1 920 per author	risation, except for mo	otor vehicle accidents, r	omentummedicalschen maternity confinements, designated Service Provid			General rule	e applicable to Chronic Be	nefits	Benefits are subject the Scheme	
						rocedures - see page 36			Provider			Any	
General rule appl	licable to Major Med	lical Benefits	For some condition	ons, like cancer, you w	vill need to register on	of your Major Medical Bo a Health Management			Savings			Not applicable. You	
			Programme. The protocols that the	Scheme will pay bene Scheme has establis	efits in line with the Sc shed for the treatment	heme Rules and the clin t of each condition	ical		General rule	e applicable to Day-to-day	Benefits	Benefits are subject (see Momentum C	
High and intensive	e care		No annual limit ap	pplies					Acupuncture	e, Homeopathy, Naturopath	ly, Herbology,	Subject to HealthS	
Casualty or after-h	nours visits		Subject to Health	Subject to HealthSaver* if available					Dieticians, B	ccupational and Speech th okinetics, Orthoptists, Oste			
Renal dialysis			Limited to Prescri	ibed Minimum Benef	fits at State facilities					hysiotherapy and Podiatry			
Oncology			Medical Scheme	Reference Pricing wi	ill apply to chemothera	nent applies. Momentun apy and adjuvant medica he Evolve Network of On	tion. You			h (incl. psychiatry and psyc asic (such as extractions or		Subject to HealthS Subject to HealthS	
Organ transplants			Limited to Prescri	ibed Minimum Benef	fits at State facilities		2		Dentistry – s	pecialised (such as bridges	or crowns)	Subject to HealthS	
In-hospital dental	and oral benefits		Not covered. Den Minimum Benefit		na covered at State fac	cilities, limited to Prescri	bed Medica			dical and surgical appliance , blood pressure monitors,		Subject to HealthS	
Maternity confiner	ments		No annual limit ap	pplies			edica		General prac	titioners		2 virtual consultati	
Neonatal intensive	e care		No annual limit ap	pplies								which includes He Medication is subj	
	ical appliances in-hos nd back braces etc)	spital (such as support	R7 530 per family						Sports injury	benefit		2 Physiotherapist of subject to pre-aut	
		acemakers, cochlear			ary per event, maximur				Specialists			Subject to HealthS	
	t replacements, inclu d to Prescribed Minir	ding knee and hip num Benefits at State	Other internal pro	ostheses: R42 000 per	r beneficiary per event,	maximum 2 events per y	lear		Optical and surgery)	optometry (incl. contact len	ses and refractive eye	Subject to HealthS	
Prosthesis - extern	nal (such as artificial a	arms or legs etc)	R27 000 per famil	ly					Pathology (s	uch as blood sugar or chole	esterol tests)	Subject to HealthS	
cholangiopancrea	, magnetic resonance tography (MRCP), wh	ole body radioisotope	No annual limit ap	pplies, subject to a co	o-payment of R3 200 p	er scan and pre-authori	sation		Radiology (s	uch as X-rays)		Subject to HealthS	
And PET scans (In- Mental health - incl. psychiatry ar - drug and alcohol	- and out-of-hospital nd psychology I rehabilitation)	Limited to Prescri	ibed Minimum Benef	fits at Evolve Network h	nospitals			cholangiopa and PET scar			Covered from Majo pre-authorisation	
Take-home medic			7 days' supply						Prescribed n			Subject to HealthS	
				v-to-day bonofite that	t form part of the recou	yery following specific to	umatic		Over-the-co	unter medication		Subject to HealthS	
Trauma benefit			events, such as ne	ear drowning, poisonii	ng, severe allergic reac	very following specific tra tion and external and int vered as per authorisation	ernal						
Medical rehabilitat down facilities	tion, private nursing,	Hospice and step-	R58 000 per fami	ily (combined limit), si	ubject to case manage	ement							

Hospital	Glossary	Exclusions	
lists	of terms		
eds to register you on the appropri	ate health managen	nent programme	
applies at preferred provider nily at Evolve Network hospitals			Major Medical
applies			edica
beneficiary per 90-day journey. Th 500 for emergency dentistry and f yment applies per emergency out-	R765 000 terrorism o		-
ccording to the Chronic Disease Li a list of the conditions covered	st in Prescribed Min	imum Benefits -	Chronic
oject to registration on the Chronic	: Management Progi	ramme and approval by	C I
You can choose to add the Health!	Saver*		
oject to HealthSaver⁺ if available n Complementary Product brochu	ire for more details c	n HealthSaver⁺)	
thSaver* if available			
thSaver⁺ if available			Da
tations per beneficiary per year fro Hello Doctor. Consultations includ ubject to HealthSaver*, if available	e scripting of medic		Day-to-day
st or Biokineticist consultations pe authorisation. Consultations paid a			
thSaver⁺ if available			
1ajor Medical Benefit, subject to R on	3 200 co-payment p	er scan and	
thSaver⁺ if available			

thSaver⁺ if available

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incent Optio

Summit

Option

Specialised

procedures/

treatment

Chronic conditions covered

Overview

The Custom Option provides cover for **binships** hospitalisation at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital or you can choose to save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list). A co-payment of R1 920 per authorisation applies to Major Medical Benefits including for nonemergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider.

For $\frac{1}{2}$ **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to save on your monthly contribution by selecting to use a list of Associated GPs for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script, medication and treatment to obtain the maximum contribution saving.

The - Health Platform Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

If you need cover for day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of the **HealthSaver**. HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses.

Choose your providers	Choose your family composition	
Hospital	Chronic	Ť
	Any	R3 393
Associated	Associated	R3 033
	State	R2 353
	Any	R4 047
Any	Associated	R3 596
	State	R2 997

Maximum of 3 children charged for

Custom

ŤŤ	Ťt	ŤŤ †	ŤŤ ŤŤ	ŤŤ †††
R6 070	R4 589	R7 266	R8 462	R9 658
R5 385	R4 105	R6 457	R7 529	R8 601
R4 133	R3 187	R4 967	R5 801	R6 635
R7 295	R5 491	R8 739	R10 183	R11 627
R6 406	R4 903	R7 713	R9 020	R10 327
R5 259	R4 095	R6 357	R7 455	R8 553

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summir Option		th Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
Custon	1 [–]	This table represents a su If you choose Associated I 30% on the hospital accou	hospitals as your preferre	d provider for Major Medi		se this provider, you will have	e a co-payment of	r.	Medical reha	abilitation, private nursing, H acilities	lospice and	R64 000 per fam
Optior		with the number of month See glossary of terms on p	hs left in the year) page 42 for the definition	of emergency treatment		oro-rata (this means it will l nd obtain your oncology tre	-			agement programmes for co Il disease, organ transplants d oncology		Your doctor need
+	÷	oncologist authorised by t Medipost HealthSaver is a complen		-	our chronic provider, you ne	eed to obtain your oncology	medication from		Anti-retrovir	ficiency related to HIV al treatment hospital admissions		No annual limit a R85 600 per fam
Benefit				lists covered in full covered up to 100% of	Momentum Medical	Scheme Rate			Emergency	medical transport in South A	Africa by Netcare 911	No annual limit a
				are covered in full at t		with the hospital group	,		Internationa provider	l emergency medical transp	oort by preferred	R7 660 000 per b optometry, R15 5 A R2 180 co-payr
Provider			Any or Associated	hospitals					Provider			Any, Associated o
Co-payment			emergency treatm	ient and when you invo	oluntarily use a non-de	naternity confinements, esignated Service Provi ocedures - see page 36	der.*		Cover			26 conditions, ac see page 38 for a
General rule applicab	le to Major Medio	cal Benefits	For some condition Programme. The S	ns, like cancer, you wil Scheme will pay benef	l need to register on a its in line with the Sch	f your Major Medical B Health Management Heme Rules and the clir			General rule	e applicable to Chronic Ber	nefits	Benefits are subj
				Scheme has establish	ned for the treatment	of each condition			Provider			Any
High and intensive care			No annual limit ap						Savings			Not applicable. Y
Casualty or after-hours	s visits		Subject to HealthS						General rule	e applicable to Day-to-day	Benefits	Benefits are subj (see Momentum
Oncology**			R300 000 per ben	eficiary per year, there		ent applies. Momentur	n Medical		Acupunctur	e, Homeopathy, Naturopathy	/ Herbology	Subject to Health
Organ transplants (reci	pient)		Scheme Reference No annual limit ap	e Pricing will apply to oplies	chemotherapy and ad	ljuvant medication			Audiology, C Dieticians, B	iokinetics, Orthoptists, Oster hysiotherapy and Podiatry	erapy, Chiropractors,	Subject to Ficulti
Organ transplants (dor			R24 900 cadaver c						Mental heal	th (incl. psychiatry and psych	nology)	Subject to Health
Only covered when rec		er of the Scheme	R50 400 live donoi	r costs (incl. transport	ation)				Dentistry – b	basic (such as extractions or	fillings)	Subject to Health
In-hospital dental and - maxillo-facial surgery anaesthesia for childr	(excluding impla	nts) and general	authorisation. The	anaesthetist account dental, dental special	is covered up to 100%	a R1 920 co-payment p 6 of the Momentum Me surgeon accounts are p	edical 🧧		Dentistry – s	pecialised (such as bridges	or crowns)	Anaesthetist and doctors' rooms: (Scheme Rate, su Other specialised
- dentistry related to tr	auma			killo-facial surgeon acc		thetist, dentist, dental to 100% of the Mome	ntum			dical and surgical appliance s, blood pressure monitors, v		Subject to Health
- extraction of impacte	d wisdom teeth				tiated rate, subject to	a R3 450 co-payment f	or day		General prac	ctitioners		Subject to Health
			dentist, dental spe	ecialist and maxillo-fac		thorisation. The anaest are paid up to 100% of			Specialists			Subject to Health
- implants and all othe	r in-hospital denta	al treatment				tist, dental specialist ai f available	nd		Optical and surgery)	optometry (incl. contact lens	ses and refractive eye	Subject to Health
Maternity confinement	S		No annual limit ap			javanabie				uch as blood sugar or chole	sterol tests)	Subject to Health
Neonatal intensive care			No annual limit ap							uch as X-rays)		Subject to Health
MRI and CT scans, mag cholangiopancreatogra and PET scans (in- and	netic resonance aphy (MRCP), who	le body radioisotope			00 co-payment per sca	an and pre-authorisatio	on			scans, magnetic resonance Increatography (MRCP), who ns	le body radioisotope	Covered from Ma pre-authorisation
Medical and surgical a		ital (such as support	R8 030 per family						Prescribed r			Subject to Health
stockings, knee and ba	ck braces etc)								Over-the-co	ounter medication		Subject to Health
Prosthesis – internal (ir permanent pacemaker				R6 900 per beneficiary theses: R59 000 per be		2 events per year aximum 2 events per ye	ar					
Prosthesis - external (s	uch as artificial ar	ms or legs etc)	R28 000 per family	y								
Mental health - incl. psychiatry and p - drug and alcohol reh			R45 300 per benef	ficiary								
Take-home medicine			7 days' supply									

Hospital lists	Glossary of terms	Exclusions	
mily (combined limit), subject to case	management		
eds to register you on the appropriate	e health manage	ment programme	Maj
applies at preferred provider nily at your chosen hospital provider			Major Medical
applies			2
beneficiary per 90-day journey. This 500 for emergency dentistry and R76 yment applies per emergency out-pa	65 000 terrorism		
l or State			
according to the Chronic Disease List a list of the conditions covered	in Prescribed Mi	nimum Benefits -	Chronic
bject to registration on the Chronic M	lanagement Pro	gramme and approval by	O,
You can choose to add the HealthSav bject to HealthSaver* if available m Complementary Product brochure IthSaver* if available		on HealthSaver*)	
lthSaver⁺ if available			
lthSaver⁺ if available			
nd dental specialist accounts for extra : Covered from Major Medical Benefi subject to R1 920 co-payment and pre ed dentistry: Subject to HealthSaver*	it at 100% of the e-authorisation		Day
IthSaver* if available			Day-to-day
lthSaver⁺ if available			
IthSaver* if available			
Najor Medical Benefit, subject to R3 2 on	200 co-payment	per scan and	
lthSaver⁺ if available			
lthSaver⁺ if available			

Make the	Individual	
right choice	contributions	

Ingwe

Option

Summit

Option

Specialised

procedures/

treatment

Chronic conditions covered

Overview

The Incentive Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list).

For 6 **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to save more on your monthly contribution by selecting to use a list of Associated GPs 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 medication to obtain the maximum contribution saving.

The - Health Platform Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more. See page 32 for the list of benefits.

10% of your contribution goes to a dedicated Personal Medical **Savings** Account to cover your **ay-to-day** expenses.

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

Choose your providers		Choose your family composition	ı				
Hospital	Chronic	Ť	ŤŤ	Ťt	ŤŤŧ	ŤŤŧŧ	ŤŤŧŧŧ
	Any	R4 827	R8 711	R6 630	R10 514	R12 317	R14 120
Associated	Associated	R4 306	R7 730	R5 942	R9 366	R11 002	R12 638
	State	R3 060	R5 474	R4 234	R6 648	R7 822	R8 996
	Any	R5 457	R9 891	R7 585	R12 019	R14 147	R16 275
Any	Associated	R4 686	R8 443	R6 527	R10 284	R12 125	R13 966
	State	R3 801	R6 795	R5 304	R8 298	R9 801	R11 304

Maximum of 3 children charged for

Incentive

Make the right choice of	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option		h Platform enefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
			ount	provider for Major Medi	-	e this provider, you will have oro-rata (this means it will b			Trauma benef	it		Covers certain day- events, such as nea head injuries. Appro
Option		an oncologist authorised l	r chronic provider, you need			nd obtain your oncology tre 1 need to obtain your oncolo			Medical rehat	pilitation, private nursing, l	Hospice and step-	R67 000 per family
+	÷	from Medipost HealthSaver is a complerr	nentary product offered by l	Momentum					Health manag chronic renal HIV/Aids and	Jement programmes for c disease, organ transplants oncology	conditions such as s, mental health,	Your doctor needs
Benefit				vered up to 200% of re covered in full at t	Momentum Medical s the rate agreed upon v	Scheme Rate vith the hospital group			Anti-retroviral	iency related to HIV treatment ospital admissions		No annual limit app R92 600 per family
Provider			Any or Associated ho						Emergency m	edical transport in South	Africa by Netcare 911	No annual limit app
Co-payment			5		cialised procedures - se	ee page 36			International e provider	emergency medical trans	port by preferred	R8 000 000 per bei optometry, R15 500 A R2 180 co-payme
General rule applicable	e to Major Medic	al Benefits	For some conditions	, like cancer, you wil	l need to register on a	your Major Medical Be Health Management eme Rules and the clini	-		Provider			Any, Associated or S
High and intensive care	2			heme has establish	ned for the treatment of		ICal		Cover			Cover for 32 condit 26 conditions, accor limit applies
Casualty or after-hours			Subject to Savings									6 additional conditi
Renal dialysis*			No annual limit appli	ies					General rule	applicable to Chronic Be	nefits	Benefits are subjec the Scheme
Oncology*						ent applies. Momentum y and adjuvant medical			Provider			Any
Organ transplants (recip	pient)		No annual limit appli						Savings			Fixed at 10% of tota
Organ transplants (dono			R27 500 cadaver cos						General rule	applicable to Day-to-day	/ Benefits	Benefits are subjec
Only covered when recip n-hospital dental and c - maxillo-facial surgery	oral benefits		R56 000 live donor o			a R1 750 co-payment p	or		Audiology, Oc Dieticians, Bio	Homeopathy, Naturopath cupational and Speech th kinetics, Orthoptists, Oste ysiotherapy and Podiatry	herapy, Chiropractors, eopathy, Audiometry,	Subject to Savings,
anaesthesia for childre		ns) and general	authorisation. The ar	naesthetist account entist, dental specia	is covered up to 200% alist and maxillo-facial	of the Momentum Me surgeon accounts are p	edical <			(incl. psychiatry and psyc		Subject to Savings,
- dentistry related to tra	uma		The hospital account	t is paid at the nego	tiated rate. The anaest		Mec		Dentistry – ba	sic (such as extractions or	fillings)	Subject to Savings,
- extraction of impacted	d wisdom teeth		Medical Scheme Ra	te t is paid at the nego	tiated rate, subject to a	to 200% of the Momer	or day		Dentistry – sp	ecialised (such as bridges	s or crowns)	Anaesthetist and d doctors' rooms: Co Scheme Rate, subj Other specialised c
			account is covered u	ip to 200% of the Mo I maxillo-facial surg	omentum Medical Scł	chorisation. The anaesth neme Rate and the den up to 100% of the Mon	itist,			cal and surgical appliance blood pressure monitors,		Subject to Savings,
- implants and all other	in-hospital denta	l treatment			ital, anaesthetist, dent d from Savings or Heal	tist, dental specialist an IthSaver* if available	d		General pract	itioners		Subject to Savings,
Maternity confinements	S		No annual limit appli		, som ournigs of frea	and a rol , ij available			Specialists			Subject to Savings,
Neonatal intensive care			No annual limit appli						Optical and op surgery)	otometry (incl. contact len	ises and refractive eye	Subject to Savings,
MRI and CT scans, magr cholangiopancreatogra		e body radioisotope	No annual limit appli	ies, subject to R2 90	00 co-payment per sca	in and pre-authorisatio	n		Pathology (su	ch as blood sugar or chole	esterol tests)	Subject to Savings,
and PET scans (in- and o									Radiology (su	ch as X-rays)		Subject to Savings,
Medical and surgical ap stockings, knee and bac	ck braces etc)		R8 400 per family	214,000 por bar f	ciany mayimum 1 -	tporvoor				cans, magnetic resonance creatography (MRCP), wh		Covered from Majo pre-authorisation
Prosthesis – internal (incl pacemakers etc)	t. Niee and hip iep	acements, permanent	Intraocular lenses: R	8 540 per beneficia	ciary, maximum 1 even ry per event, maximun eneficiary per event, ma		ır		Prescribed me			Subject to Savings,
Prosthesis - external (su	uch as artificial an	ms or legs etc)	R29 400 per family						Over-the-cou	nter medication		Subject to Savings,
Mental health - incl. psychiatry and psy - drug and alcohol reha			R48 400 per benefic	iary								
Take-home medicine			7 days' supply									
								-				

Hospital
lists

day-to-day benefits that form part of the recovery following specific traumatic near drowning, poisoning, severe allergic reaction and external and internal appropriate treatment related to the event is covered as per authorisation	
mily (combined limit), subject to case management	
eds to register you on the appropriate health management programme	Major Medical
t applies at preferred provider mily at your chosen hospital provider	edical
t applies	
er beneficiary per 90-day journey. This benefit includes R15 500 for emergency 5 500 for emergency dentistry and R765 000 terrorism cover ayment applies per emergency out-patient claim	
d or State	
onditions - see page 38 for a list of the conditions covered: according to the Chronic Disease List in Prescribed Minimum Benefits - no annual	Chr
nditions - limited to R13 100 per family per year	Chronic
bject to registration on the Chronic Management Programme and approval by	
f total contribution	-
	-
lbject to available Savings, claims are paid at cost with no sub-limits	-
ings, if available	
ings, if available	
ings, if available	
nd dental specialist accounts for extraction of impacted wisdom teeth in s: Covered from Major Medical Benefit at 100% of the Momentum Medical subject to R1 750 co-payment and pre-authorisation sed dentistry: Subject to Savings, if available	Da
ings, if available	Day-to-day
ings, if available	Υ
ings, if available	-
ings, if available	-
ings, if available	
ings, if available	
Major Medical Benefit, subject to R2 900 co-payment per scan and ion	
ings, if available	

ngs, if available

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option
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Summit

Option

Specialised

procedures/

treatment

Chronic conditions covered

Overview

The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for **hospitalisation**. You can choose to have access to any hospital, or you can choose to save on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list).

For $\oint \otimes$ **chronic treatment**, you can choose to have access to any GP for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to save more on your monthly contribution by selecting to use a list of Associated GPs 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 medication to obtain the maximum contribution saving.

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).

You can choose to make use of the realthSaver* 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.

Choose your providers		Choose your family compos i	ition				
Hospital	Chronic	Ť	ŤŤ	Ťt	ŤŤŧ	ŤŤ ŧŧ	ŤŤ †††
	Any	R9 129	R16 482	R11 713	R19 066	R21 650	R24 234
Associated	Associated	R8 253	R14 896	R10 626	R17 269	R19 642	R22 015
	State	R7 215	R12 687	R9 336	R14 808	R16 929	R19 050
	Any	R10 381	R18742	R13 358	R21 719	R24 696	R27 673
Any	Associated	R9 160	R16 537	R11 795	R19 172	R21 807	R24 442
	State	R8 196	R14 923	R10 601	R17 328	R19 733	R22 138

Maximum of 3 children charged for

+

Extender

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	alth Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
• Extende • Option		If you choose Associated on the hospital account	ummary of the benefits for hospitals as your preferred pply per year. Should you not	provider for Major Medico	<u>,</u>	, ,,			agement programmes for c l disease, organ transplants d oncology		Your doctor need
		If you choose State as yo	he year) hur chronic provider, you nee the Scheme. If you choose					Anti-retrovir	iciency related to HIV al treatment hospital admissions		No annual limit ar R92 600 per famil
Benefit			Hospital accounts	overed up to 200% of are covered in full at t	Momentum Medical S the rate agreed upon w		0		medical transport in South I emergency medical trans		No annual limit ap
Duraidau			No overall annual l					provider	temergency medical trans	port by prejerred	optometry, R15 50 A R2 180 co-payn
Provider			Any or Associated I		cialised procedures - s	00 00 00 26		Drovidor			Any, Associated o
Co-payment	icable to Major Medi	cal Damafita			before making use of		anofita	Provider			
General rule appli	icable to Major Medi	cal Benefits	For some conditior Programme. The S	ns, like cancer, you wil cheme will pay benef	l need to register on a its in line with the Sche ned for the treatment o	Health Management The Rules and the clir	- i i i i i i i i i i i i i i i i i i i	Cover			Cover for 62 conc 26 conditions, acc no annual limit ap 36 additional con
High and intensive	care		No annual limit app	plies				General rule	e applicable to Chronic Be	nefits	Benefits are subjet the Scheme
Casualty or after-h	ours visits		Subject to Day-to-	day Benefit							the Scheme
Renal dialysis*			No annual limit app	plies				Provider			Any or Associated an Associated GP
Oncology*					after a 20% co-payme chemotherapy and adj		m Medical	Savings			Fixed at 25% of to
Organ transplants	(recipient)		No annual limit app	olies				Annual Thre		/ Benefits	25% of your contr If this componen
, ,	recipient is a membe	er of the Scheme	R27 500 cadaver co R56 000 live donor	osts · costs (incl. transport	ation)				3 400 pendant: R29 000 600 (max. 3 children)		a self-funding ga family size. Once from Extended Co the Momentum N
In-hospital dental	and oral benefits gery (excluding impla	nts) and general	The hospital accou	nt is naid at the nego	tiated rate, subject to a	P1 750 co-payment r	ner				limits apply befor
anaesthesia for cl		ind general	authorisation. The Scheme Rate. The	anaesthetist account dentist, dental specia	is covered up to 200% alist and maxillo-facial ject to the day-to-day l	of the Momentum M surgeon accounts are	ledical	Audiology, O Dieticians, B	e, Homeopathy, Naturopath ocupational and Speech th iokinetics, Orthoptists, Oste hysiotherapy and Podiatry	herapy, Chiropractors, eopathy, Audiometry,	Unlimited within
- dentistry related	to trauma		The hospital accou dentist, dental spe Momentum Medic	cialist and maxillo-fa	tiated rate. The anaest cial surgeon accounts a	hetist account and the are covered up to 200	e)% of the	Mental healt	h (incl. psychiatry and psyc	hology)	R25 200 per fami
- extraction of imp	acted wisdom teeth				tiated rate, subject to a			Dentistry – b	asic (such as extractions or	fillings)	Unlimited within
			account is covered	l up to 200% of the M nd maxillo-facial surg	other hospitals per aut omentum Medical Sch eon accounts are paid	neme Rate and the de	entist, 🔒	Dentistry – s	pecialised (such as bridges	s or crowns)	R17 300 per bene Both in-and out-o dentistry limit Anaesthetist and
- implants and all o	other in-hospital dent	al treatment			ital, anaesthetist, dent d from available day-to						doctors' rooms: C Scheme Rate, sul
Maternity confiner	ments		No annual limit app	plies					dical and surgical appliance s, blood pressure monitors,		R31 200 per famil Subject to pre-au
Neonatal intensive	ecare		No annual limit app	plies				General prac	ctitioners		Depending on the
cholangiopancreat	magnetic resonance tography (MRCP), who and out-of-hospital)	le body radioisotope	No annual limit app	plies, subject to R2 90	00 co-payment per sca	n and pre-authorisati	on				Any or State provid Associated provid 70% of Momentu
	cal appliances in-hosp	oital (such as support	R8 830 per family					Specialists			100% of Moment
	al (incl. knee and hip r	replacements,			ciary, maximum 1 even ry per event, maximum			surgery)	optometry (incl. contact ler		Overall limit of R5
permanent pacem					eneficiary per event, ma		ear		uch as blood sugar or chole	esterol tests)	Unlimited within
Prosthesis - extern	al (such as artificial ar	rms or legs etc)	R30 600 per family						uch as X-rays)		Unlimited within t
Mental health - incl. psychiatry ar - drug and alcohol			R48 400 per benef	iciary					scans, magnetic resonance ncreatography (MRCP), wh ns		Covered from Maj pre-authorisation
Take-home medici	ine		7 days' supply					Prescribed r	nedication		R22 200 per bene
Trauma benefit			events, such as nea	ar drowning, poisoning	orm part of the recover g, severe allergic reaction ted to the event is cover	on and external and int	ternal		unter medication (including athic medicine)	prescribed vitamins	Subject to Saving
Medical rehabilitat down facilities	tion, private nursing, H	lospice and step-			pject to case managem						

Hospital lists	Glossary of terms	Exclusions	
eds to register you on the app	propriate health manageme	ent programme	
applies at preferred provider nily at your chosen hospital p			Moior Mo
applies			2
beneficiary per 90-day journ 500 for emergency dentistry yment applies per emergenc	and R765 000 terrorism co		
or State			
nditions - see page 38 for a lis ccording to the Chronic Dise applies Inditions - limited to R13 100	ase List in Prescribed Minin		Chronic
pject to registration on the Ch	nronic Management Progra	mme and approval by	
ed (Members who have chose P for GP consultations)	en Associated as their chro	nic provider must use	
total contribution			
tribution is available to cover nt is not enough to cover you jap to pay out of your own po e you have reached this Three Cover. Claims add up to the T Medical Scheme Rate subje ore and after the Threshold is n the provisions of the Gener.	ur annual day-to-day expen icket, up to the Threshold d shold, your claims will be pa hreshold and are paid from ect to the sub-limits specifie reached	nses, you will have etermined by your aid by the Scheme n Extended Cover at	
nily			
n the provisions of the Gener	al Rule mentioned above		
eficiary, R44 900 per family -of-hospital dental specialist d dental specialist accounts Covered from Major Medica ubject to R1 750 co-payment	for extraction of impacted v I Benefit at 100% of the Mo	wisdom teeth in	
nily, R9 420 sub-limit per fam authorisation		, day	
he chronic provider selected vider: 100% of Momentum M viders: 100% of Momentum N rum Medical Scheme Rate fo	edical Scheme Rate ⁄Iedical Scheme Rate for As	ssociated GPs and	
ntum Medical Scheme Rate			
R5 300 per beneficiary. Frame	e sub-limit of R2 890		
n the provisions of the Gener	al Rule mentioned above		
n the provisions of the Gener	al Rule mentioned above		
ajor Medical Benefit, subject t n	o R2 900 co-payment per sc	an and	
neficiary, R42 100 per family			
ngs (does not accumulate to `	Threshold)		

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered	Hospital lists	Glossary of terms	Exclus	ions
												Su	m		it
+	Should yo cover even	u wish, you can ch further. HealthSav Health Platfo preventativ	Overv des cover for e b nit for hospitalisation mic benefits are avain hoose to use the ver' is a complement you save for medic orm Benefit provides ce screening tests, ce See page 32 for the	bspitalisation at an Extensive day- ailable from any prov HealthSaver* to inc tary product offered cal expenses. s cover for a range of ertain check-ups and	crease your day-to- l by Momentum tha If benefits, such as	day t lets		Your providers Hospital Any Maximum of 3 chil	Freedom-of-choice	Day-to-day Freedom-of-choice	Choose your family compo Î R14 903	. .	Image: Point of the second s	ŘŤ††† R33 670	ŤŤ†††† R37 094

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summi Option		th Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
	_	This table represents a surr	nmary of the benefits for 2	025								
Sumr ⊕ Option		The sub-limits specified ap with the number of months HealthSaver is a compleme	pply per year. Should you no s left in the year)	ot join in January, your su	b-limits will be adjusted p	oro-rata (this means it will b	e adjusted in line	2	facilities	bilitation, private nursing, H		R72 000 pe
Opti										gement programmes for co , organ transplants, mental		Your docto
								_	Anti-retrovira	ciency related to HIV l treatment ospital admissions		No annual R92 600 pe
Benefit			Other specia Hospital acco		0% of Momentum M	edical Scheme Rate upon with the hospital	group			nedical transport in South A		No annual R9 010 000
Provider			Any hospital	πιααί unnit applies				-	international		on by prejence provider	emergenc A R2 180 c
General rule appli	cable to Major Medi	ical Benefits	You need to a	contact us for authori	isation before making	use of your Major Meo I to register on a Health	lical		Provider			You can us
			Managemen	t Programme. The Sc	cheme will pay benefit	ts in line with the Scher hed for the treatment o	ne Rules		Cover			Cover for 6 26 condition no annual
High and intensive	care		No annual lin	nit applies								36 addition beneficiar the 36 add
Casualty or after-ho Renal dialysis	ours visits		Subject to Da	ay-to-day Benefit					General rule	applicable to Chronic Ber	nefits	Benefits ar approval b
Oncology			No annual lin	nit applies. Momentu		Reference Pricing will a	oply to		Provider			You can us
Organ transplants ((recipient)		chemotherar No annual lin	oy and adjuvant medi	ication				Savings			Not applic
Organ transplants (er of the Scheme	R27 500 cada		nsportation)				General rule	applicable to Day-to-day	Benefits	Benefits ar annual sub
In-hospital dental a	and oral benefits								Acupuncture	, Homeopathy, Naturopathy	Herbology Audiology	beneficiar
- maxillo-facial surg for children under		ants) and general anaesth	covered up to specialist and	o 300% of the Momer	ntum Medical Schem eon accounts are paid	the anaesthetist accou e Rate. The dentist, der from available day-to-	ntal		Occupational Biokinetics, O	and Speech therapy, Chird rthoptists, Osteopathy, Aud y and Podiatry	practors, Dieticians,	10 420 pci
- dentistry related t	to trauma		The hospital specialist and	account is paid at the d maxillo-facial surge	e negotiated rate. The eon accounts are cove	anaesthetist, dentist, d ered up to 300% of the	lental		Mental health	n (incl. psychiatry and psych	nology)	R28 300 pe beneficiar
outraction of impo	acted windows to oth			Medical Scheme Rate		the apparthatist accou	Medi		Dentistry – ba	sic (such as extractions or	fillings)	Subject to
	acted wisdom teeth		covered up to specialist and Medical Sche	o 300% of the Momer d maxillo-facial surge eme Rate	ntum Medical Schem eon accounts are paid	the anaesthetist accou e Rate. The dentist, der up to 100% of the Mor	ntal nentum		Dentistry – sp	ecialised (such as bridges	or crowns)	R19 800 pe of R33 000 accumulat Anaestheti
- implants and all o	other in-hospital dent	al treatment	and maxillo-j			st, dentist, dental speci lable day-to-day benef						in doctors' Medical So
Maternity confinem	nents		No annual lin	nitapplies						ical and surgical appliance blood pressure monitors, v		R38 400 pe day-to-da
Neonatal intensive	care		No annual lin	nit applies					General pract	itioners		Subject to
MRI and CT scans, m (MRCP), whole body	nagnetic resonance cho radioisotope and PET s	olangiopancreatography scans (in- and out-of-hospi		nit applies, subject to	R2 900 co-payment	per scan and pre-autho	prisation		Specialists			Subject to
Medical and surgica knee and back brace		tal (such as, support stocki	ings, R8 830 per fa	mily							ses and refractive eye surger	Subject to
Prosthesis – interna pacemakers etc)	al (incl. knee and hip r	replacements, permanen			beneficiary, maximum	n 1 event per year aximum 2 events per ye	Par			ch as blood sugar or chole	sterol tests)	Subject to
. ,			Other interna	l prostheses: R88 200		ent, maximum 2 events				cans, magnetic resonance	cholangiopancreatography	Subject to Covered fro
	al (such as artificial a	rms or legs etc)	R30 600 per j						(MRCP), whole	e body radioisotope and Pl		pre-author
Mental health - incl. psychiatry an - drug and alcohol	nd psychology rehabilitation		R48 400 per	beneficiary					Prescribed m			R25 700 pe
Take-home medicin	ne		7 days' supply	у					Over-the-cou homeopathic	nter medication (including medicine)	prescribed vitamins and	Not covere
Trauma benefit			traumatic eve external and	ents, such as near dro	owning, poisoning, sev	e recovery following spo vere allergic reaction a ent related to the event	าป้					

Hospital lists	Glossary of terms	Exclusions	
per family (combined limit), sub	ject to case managen	nent	
ctor needs to register you on the	appropriate health m	anagement programme	IVId
ual limit applies at any provider I per family at any hospital			Major Medical
ual limit applies			
000 per beneficiary per 90-day jo ncy optometry, R15 500 for emer) co-payment applies per emerg	rgency dentistry and F	R765 000 terrorism cover.	
use any provider of your choice			
or 62 conditions - see page 38 for itions according to the Chronic E al limit applies ional conditions - accumulate to ary. This is a combined limit inco dditional conditions	Disease List in Prescrib o overall day-to-day lir	ed Minimum Benefits - nit of R33 000 per	Chionic
are subject to registration on th l by the Scheme	e Chronic Manageme	nt Programme and	
use any provider of your choice			
licable. You can add the HealthS	aver*		
are paid at 100% of the Momen sub-limits specified below and a ary			
per family. Subject to overall ann	ual day-to-day limit o	f R33 000 per beneficiary	
per family. Subject to overall an ary	nual day-to-day limit	of R33 000 per	
to overall annual day-to-day lim	it of R33 000 per bene	eficiary	
per beneficiary, R47 700 per fam 100 per beneficiary. Both in- and o			
late towards the limit etist and dental specialist accour rs' rooms: Covered from Major M Scheme Rate, subject to pre-aut	ledical Benefit at 100%		Day-to-day
per family. R22 200 sub-limit fo day limit of R33 000 per benefici		t to overall annual	uay
to overall annual day-to-day lim	it of R33 000 per ben	eficiary	
to overall annual day-to-day lim	it of R33 000 per ben	eficiary	
imit of R5 800 per beneficiary. Fr to overall annual day-to-day lim			
to overall annual day-to-day lim	it of R33 000 per bene	eficiary	
to overall annual day-to-day lim	it of R33 000 per ben	eficiary	
from Major Medical Benefit, subj	ect to R2 900 co-paym	ent per scan and	

0 per beneficiary, R42 300 per family. Subject to overall annual day-to-day limit 000 per beneficiary

/ered

treatment covered

Health Platform Benefit

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

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. 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.

On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. Members who selected the Ingwe Connect Network can access Health Platform benefits from Any provider.

Benefit	Who?	How often?	Option	S				
Early detection tests			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Health assessment: Blood pressure test, Cholesterol and Blood sugar (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Preventative dental care covered up to R380 per beneficiary at any dental provider	All beneficiaries	Once a year	•	•	•	•	•	•
Pap smear consultation (nurse or GP)	Women 15 and older	Based on type of pap smear (see below)	•					
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	Women 15 and older	Once a year						
 HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered) 	Women 21 to 65	Once every 3 years	•	•	•	•	•	•
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	Beneficiaries 21 to 29	Once every 5 years	•	•	•	•	•	•
(GP* consultation)	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	Men 40 to 49	Once every 5 years	•	•	•	•	•	•
(pathologist)	Men 50 to 59	Once every 3 years	•	•	•	•	•	•
	Men 60 to 69	Once every 2 years	•	•	•	•	•	•
	Men 70 and older	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	Once every 2 years		•	•	•	•	•
	Beneficiaries 50 and older	Once a year		•	•	•	•	•
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	•	•	•	•	•	•
Preventative care			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Baby immunisations (On Ingwe Option, baby immunisations are covered in private facilities for baby's first year, limited to R2 950. Once the limit is reached, immunisations are available at the Department of Health baby clinics)	Children up to age 6	As required by the Department of Health	•	•	•	•	•	•
Flu vaccines	Children between 6 months and 5 years	Once a year	•	•	•	•	•	•
	Beneficiaries 60 and older	Once a year	•	•	•	•	•	•
	High-risk beneficiaries	Once a year	•	•	•	•	•	•
Tetanus diphtheria injection	All beneficiaries	As needed	•	•	•	•	•	•
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year		•	•	•	•	•
	High-risk beneficiaries	Once a year		•	•	•	•	•

Please note

- On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the Health Platform GP consultation benefits
- ** The cholesterol test is covered if health assessment results indicate a total cholesterol of 6 mmol/L and above
- *** The blood sugar test is covered if health assessment results indicate blood sugar levels are 11 mmol/L and above

Be	nefit	Who?	How often?	Option	s				
	ternity programme (subject to registratic gramme between 8 and 20 weeks of preg		gement	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Do	ula benefit	Women registered on the programme	2 visits per pregnancy		•	•	•	•	•
	enatal visits	Women registered	7 visits	•					
(1711	dwives, GP* or gynaecologist)	on the programme	12 visits		•	•	•	•	•
	line or face-to-face antenatal and stnatal classes	Women registered on the programme	18-month online subscription with BellyBabies or face-to-face classes covered up to R430 per pregnancy at any provider				•	•	•
	line video consultation with	Women registered	Initial consultation				•		
lac	tation specialist	on the programme	Initial consultation plus follow up					•	•
Nu	rse home visit	Women registered on the programme	Day after return from hospital	•	•	•	•	•	•
			2 weeks after initial visit		•	•	•	•	•
			6 weeks after initial visit				•	•	•
Uri	ne tests (dipstick)	Women registered on the programme	Included in antenatal visits	•	•	•	•	•	•
	Antiglobin, platelet count and Rubella antibody	Women registered on the programme	1 test				•	•	•
	Blood group, full blood count and Rhesus factor		1 test	•	•	•	•	•	•
	Creatinine		1 test		•	•	•	•	•
ests	Glucose strip		1 test		•	•			
ogy te			2 tests				•	•	•
Pathology tests	Haemoglobin estimation		1 test	•	•	•			
Ц,			2 tests				•	•	•
	Urinalysis		7 tests	•					
			12 tests		•	•	•	•	•
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated	•	•	•	•	•	•
Sca	ans	Women registered on the programme	2 pregnancy scans	•					
			2 pregnancy scans 3D and 4D scans covered up to the rate we pay for 2D scans		•	•	•	•	•
Pae	ediatrician visits	Babies up to 12 months registered on	1 visit in baby's first year	•					
		the programme	2 visits in baby's first year		•	•	•	•	•
He	alth line			Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-	hour emergency health advice	All beneficiaries	As needed	•	•	•	•	•	•

Make the Individual right choice contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
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Specialised procedures/treatment

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

Cardiovascular	Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour halter ECG		•	•	•	•	•
Blood transfusions		•	•	•	•	•
Carotid angiograms		•	•	•	•	•
Coronary angiogram		•	•	•	•	•
Coronary angioplasty		•	•	•	•	•
Plasmapheresis		•	•	•	•	•
	Incure	Evolve	Custom	Incontivo	Extender	Cummit
ENT	Ingwe		_	Incentive		Summit
Antroscopies	_	•	•	•	•	•
Direct laryngoscopy		•	•	•	•	•
Grommets	•	•	•	•	•	•
Myringotomy	•	•	•	•	•	•
Nasal cautery	•	•	•	•	•	•
Nasal scans and surgery	_	•	•	•	•	•
Functional nasal and sinus surgery		•	•	•	•	•
Tonsillectomy	•	•	•	•	•	•
General procedures and treatments	Ingwe	Evolve	Custom	Incentive	Extender	Summit
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	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Colonoscopy		•	•	•	•	•
ERCP		•	•	•	•	•
Gastroscopies		•	•	•	•	•
Oesophagoscopy		•	•	•	•	•
Sigmoidoscopy		•	•	•	•	•
Gynaecology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cervical laser ablation		•	•	•	•	•
Colposcopy	•	•	•	•	•	•
Cone biopsy	•	•	•	•	•	•
Dilatation and curettage	•	•	•	•	•	•
Hysteroscopy		•	•	•	•	•
Hysteroscopy Incision and drainage of Bartholin's cyst	•	•	•	•	•	•
Hysteroscopy Incision and drainage of Bartholin's cyst Marsupialisation of Bartholin's cyst	•	•	•		•	•

leurology	Ingwe	Evolve	Custom	Incentive	Extender	Summ
8-hour Holter EEG		•	•	•	•	•
lectro-convulsive therapy		•	٠	•	•	•
lyperbaric oxygen treatment for decompression sickness		•	•	•	•	•
Ayelogram		•	•	•	•	•
Obstetrics	Ingwe	Evolve	Custom	Incentive	Extender	Summ
mniocentesis		•	•	•	•	•
hildbirth in non-hospital	•	•	•	•	•	٠
Dincology	Ingwe	Evolve	Custom	Incentive	Extender	Summ
Chemotherapy and radiotherapy (On Ingwe Option, if you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
lyperbaric oxygen for radiation necrosis	_	•	•	•	•	•
Ophthalmology	Ingwe	Evolve	Custom	Incentive	Extender	Summ
Cataract removal		•	•	•	•	•
Neibomian cyst excision	•	•	•	•	•	•
Yterygium removal		•	•	•	•	•
rabeculectomy		•	•	•	•	•
reatment of diseases of the conjunctiva		•	•	•	•	•
Orthopaedic	Ingwe	Evolve	Custom	Incentive	Extender	Summ
rthroscopy		•	•	•	•	•
Back and neck surgery (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Bunionectomy		•	•	•	•	٠
Carpal tunnel release	•	•	•	•	•	•
Conservative back and neck treatment (On Evolve Option, covered at State facilities)		•	•	•	•	•
Ganglion surgery	•	•	•	•	•	•
oint replacements (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)	_	•	•	•	•	•
Renal	Ingwe	Evolve	Custom	Incentive	Extender	Summ
Dialysis (On Ingwe and Evolve Options, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Respiratory	Ingwe	Evolve	Custom	Incentive	Extender	Summ
Bronchography		•	•	•	•	•
Ironchoscopy		•	•	•	•	•
reatment of adult influenza		•	•	•	•	•
reatment of adult respiratory tract infections		•	•	•	•	•
Jrology	Ingwe	Evolve	Custom	Incentive	Extender	Summ
Ĵystoscopy		•	•	•	•	•
Prostate biopsy	•	•	•	•	•	•
/asectomy	•	•	•	•	•	•
norectal procedures	Ingwe	Evolve	Custom	Incentive	Extender	Summ
Procedure for haemorrhoids, fissure and fistula	•	•	•	•	•	•
ncision and drainage of abscess and/or cyst	Ingwe	Evolve	Custom	Incentive	Extender	Summ
skin (deep/non-superficial lesions), subcutaneous tissue and pilonidal	•	•	•	•	•	•

anaesthetists, if any, are covered if clinically appropriate. The specialised procedures/treatment listed attract a co-payment of R1 920 per authorisation on the Evolve and Custom Options. This co-payment . may vary for some of the procedures, see next page. Some of the specialised procedures/treatment listed could attract a co-payment on the

Incentive and Extender Options, see next page.

Hospital lists

Glossary of terms

Exclusions

n the Incentive and Extender Options, and up to R1 540 on the Summit Option (subject to pre-authorisation). For all other procedures, the cost of

Make the Individua right choice contributio	Ingwe Evolve s Option Option	Custom Incenti Option Optio		Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	c
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Specialised procedures/treatment co-payments

How specialised procedures/treatment are covered on the Evo	lve Option
The standard Evolve Option co-payment of R1 920 per authorisation applie performed Plus the specialised procedures co-payment of R3 840 per authorisation a	,
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 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 HealthSaver is a complementary product offered by Momentum

Covered at State facilities

How specialised procedures/treatment are covered on the Custom Option

The standard Custom Option co-payment of R1 920 per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of R1 920 per authorisation applies if performed in a day hospital, or R3 840 per authorisation 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 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 HealthSaver is a complementary product offered by Momentum

How specialised procedures/treatment are covered on the Incentive and Extender Options

A co-payment of R1 920 per authorisation applies to these procedures and treatments if performed in a day hospital Or a co-payment of R3 840 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 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

HealthSaver is a complementary product offered by Momentum

Chronic Benefit

Members on the Ingwe Option

If you choose Connect Network hospitals, you need to obtain your chronic prescription, medication and treatment from State facilities. If you voluntarily choose to get your chronic medication from a non-State pharmacy, or chronic medication that is not on the State formulary, co-payments may apply.

If you choose Ingwe Network hospitals or Any hospital, benefits are only available from your chosen Ingwe Primary Care Network provider and are subject to a Fixed formulary for medicine. Chronic medication is delivered via Medipost courier pharmacy.

Members on the Evolve Option

You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc). If you voluntarily choose to get your chronic medication from a non-State pharmacy, or chronic medication that is not on the State formulary, co-payments may apply.

Members on the Custom, Incentive and Extender Options

The chronic provider you have chosen determines how you get your chronic prescription and medication, as follows:

- Any: You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on momentummedicalscheme.co.za).
- **Associated:** You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to a Core formulary.

If you choose to get your medication from outside the formulary, or your chronic prescription from a non-Associated GP, or your chronic medication from a pharmacy other than Medipost, co-payments will apply. These co-payments will vary depending on your option.

State: You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc).

If you choose to get your chronic medication from outside the State formulary, or your chronic medication from a pharmacy other than the State, co-payments will apply. These co-payments will vary depending on your option.

Members on the Summit Option

You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a Comprehensive formulary. If you choose to get your medication from outside the formulary, a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on momentum medical scheme.co.za).

Hospital lists

Glossarv of terms

Exclusions

Chronic

conditions

covered

37

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
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Chronic conditions covered

Chronic benefits are subject to registration and approval.

The following 26 Chronic Disease List conditions are covered on the Ingwe, Evolve, Custom, Incentive, Extender and Summit Options:

- 1. Addison's disease
- 2. Asthma
- 3. Bipolar mood disorder
- 4. Bronchiectasis
- 5. Cardiac dysrhythmias
- 6. Cardiac failure
- 7. Cardiomyopathy
- 8. Chronic obstructive pulmonary disease
- 9. Chronic renal disease
- 10. Coronary artery disease
- 11. Crohn's disease (excl. biologicals such as Revellex*)
- 12. Diabetes insipidus
- 13. Diabetes mellitus Type 1
- 14. Diabetes mellitus Type 2
- 15. Epilepsy
- 16. Glaucoma
- 17. Haemophilia
- 18. Hyperlipidaemia
- 19. Hypertension
- 20. Hypothyroidism
- 21. Multiple sclerosis (excl. biologicals such as Avonex*, subject to protocols)
- 22. Parkinson's disease
- 23. Rheumatoid arthritis (excl. biologicals such as Revellex and Enbrel*)
- 24. Schizophrenia
- 25. Systemic lupus erythematosus
- 26. Ulcerative colitis

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R13 100 per family per year:

- 1. Acne
- 2. ADHD (Attention Deficit Hyperactivity Disorder)
- 3. Allergic rhinitis
- 4. Eczema
- 5. Pemphigus
- 6. Psoriasis

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R13 100 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R33 000 per beneficiary per year:

- 1. Acne
- 2. ADHD (Attention Deficit Hyperactivity Disorder)
- 3. Allergic rhinitis
- 4. Ankylosing spondylitis
- 5. Aplastic anaemia
- 6. Benign prostatic hypertrophy
- 7. Cushing's disease
- 8. Cystic fibrosis
- 9. Dermatomyositis
- 10. Eczema
- 11. Gout
- 12. Hypoparathyroidism
- 13. Immunosuppression therapy for transplants
- 14. Major depression
- 15. Menopause
- 16. Motor neuron disease
- 17. Muscular dystrophy and other inherited myopathies
- 18. Myasthenia gravis
- 19. Narcolepsy
- 20. Obsessive compulsive disorder
- 21. Oncology ancillary treatment
- 22. Osteopenia
- 23. Osteoporosis
- 24. Other seizure disorders
- 25. Paraplegia/Quadriplegia
- 26. Pemphigus
- 27. Pituitary microadenomas
- 28. Post-traumatic stress syndrome
- 29. Psoriasis
- 30. Scleroderma
- 31. Stroke
- 32. Systemic sclerosis
- 33. Thromboangiitis obliterans
- 34. Thrombocytopenic purpura
- 35. Unipolar disorder
- 36. Valvular heart disease

Hospital lists





Make the Individual right choice contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
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Hospitals

Members on the Ingwe Option can choose between Any hospital, Ingwe Network hospitals or Connect hospitals.

Members on the Evolve Option need to use Evolve Network hospitals and certain procedures are only covered in day hospitals. View a list of day

hospitals on the Momentum App or momentummedicalscheme.co.za.

Members on the Custom, Incentive and Extender Options can choose between Any or Associated hospitals.

Easte	ern Cape	Ingwe	Connect	Evolve	Associat		iteng tinued)	Ingwe	Connect	Evolve	Associate		uteng ntinued)	Ingwe	Connect	Evolve	ch l	ulu-Natal ntinued)	Ingwe	Connect	Evolve	Associate		malanga ontinued)
Beacon Bay - East London	Life Beacon Bay Hospital	•		•	•	Benoni	Glynnview Hospital				•	Nietgedacht - Johannesburg	Riverfield Lodge	•			• Howick	Lenmed Howick Private Hospital				•	Middelburg	Midmed Hos
East London	Life East London						The Glynnwood	•	_		•	Parktown -	The Donald Gordon				• Isipingo	Isipingo Hospital	•	Ēi	21	•	Piet Retief	Piet Retief H
	Private Hospital			_	•		Lakeview Hospital Linmed Hospital		-			Johannesburg	Brenthurst Clinic	•	Ĩ		• Ladysmith	La Verna Hospital	•	Ēį	21		Trichardt	Mediclinic H
Gqeberha	Greenacres Hospital Hunterscraig		•	•	•	Birchleigh - Johannesburg	Birchmed Day Clinic			•	•		Nelson Mandela Children's Hospital				• Margate	Netcare Margate Hospital	•	•		•	Nort	th West
	Psychiatric Hospital New Mercantile					Boksburg	Netcare Sunward		•				Netcare Parklane Hospital		•		Newcastle	Newcastle Private Hospital	•		•	•	Brits	Mediclinic B
	Hospital			-		Brakpan	Park Hospital Dalview Clinic	•			•	Pretoria East	Netcare Pretoria East		•		Newlands East	Ethekwini Hospital	Π	ĒÎ		•	Klerksdorp	Anncron Clin
Humansdorp	St Georges Hospital Isivivana Private Hospital				•	Brooklyn - Pretoria	Brooklyn Surgical Centre	•			•	Pretoria North	Pretoria North Surgical Centre		T	Ì	- Durban Phoenix - Durban	Mount Edgecombe Hospital	•	Ē		•		Wilmed Park Hospital
Queenstown	Queenstown Private Hospital	•	T		•	Bryanston - Johannesburg	Mediclinic Sandton				•	Primrose - Johannesburg	Roseacres Clinic	•			Pietermaritzburg	Midlands Medical Centre	•	Ē		•	Mafikeng	Victoria Priva Hospital
Southernwood -	St. Dominic's			-		Centurion	Unitas Hospital		•	•		Randburg -	Olivedale Clinic					Mediclinic		Ξî	21		Potchefstroom	Lenmed Moo Private Hosp
East London	Hospital			-	-	Constantia Kloof – Johannesburg	Mayo Clinic				•	Johannesburg Randfontein	Robinson Hospital	•				Pietermaritzburg Netcare St Annes		- 1				Mediclinic Potchefstroo
	Life St James Hospital	•	•	_	•	Die Wilgers -	Wilgers Hospital	•			•	Rietfontein	Netcare Moot			Ì I		Hospital		•	•		Rustenburg	Ferncrest Ho
	St Marks Clinic	•		-	•	Pretoria Erasmuskloof -	Kloof Hospital					Roodepoort	Hospital Wilgeheuwel				Pinetown	The Crompton Hospital	•			•		Peglerae Ho
Uitenhage	Netcare Cuyler Hospital		•		•	Pretoria		_		-	-		Hospital	-		•	Port Shepstone	Hibiscus Hospital	•	ĒĮ	ĒĮ	•	Vryburg	Vryburg Priva Hospital
Umtata	St Mary's Private Hospital	•			•	Faerie Glen - Pretoria	Faerie Glen Hospital	•			•	Rosebank - Johannesburg	Netcare Rosebank Hospital		•		Richards Bay	Melomed Richards Bay			•		Manuth	C
_	C 1 1		t		ated	Florida - Johannesburg	Flora Clinic	•			•	Soweto - Johannesburg	Clinix Tshepo	•				Netcare The Bay Hospital		•		•	North	ern Cape
Free	e State	Ingwe	Conne	Evolve	Associ	Fourways	Fourways Hospital			•	•	Springs	Springs Parkland Clinic	•			• Tongaat	Victoria Hospital	i i	Ēî	21	•	Kathu	Kathu Private Hospital
Bethlehem	Mediclinic Hoogland	•	T		•	Groenkloof - Pretoria	Groenkloof Hospital	•		•	•		Netcare N17 Private Hospital		•	•	uMhlanga	Gateway Hospital			•	•	Kimberley	Mediclinic Kimberley
Bloemfontein	Bloemfontein Eye Hospital			•	•	Heidelberg	Suikerbosrand Clinic	•			•		St Mary's Womens					Netcare uMhlanga Hospital		•		•		Lenmed Rova
	Mediclinic Bloemfontein		•		•	Helderkruin - Johannesburg	Medgate Day Clinic				•	Sunnyside -	Clinic Medforum Hospital					uMhlanga Eye Institute		•			Upington	Hospital and Centre Mediclinic Up
	Netcare Universitas Hospital		•			Kempton Park	Arwyp Medical Centre	•				Pretoria Vanderbijlpark	Mediclinic Emfuleni	•			• Westville - Durban	Westville Hospital	•		•	•	opington	Mediclinic
	Pasteur Hospital	•			•	Kensington -	New Kensington						Ocumed			•				ಕ		ated	Weste	ern Cape
Fichardtpark - Bloemfontein	Rosepark Hospital	•		•	•	Johannesburg Krugersdorp	Clinic Netcare				÷	Vereeniging	Midvaal Private Hospital			•	Lin	проро	Ingwe	Conne	Evolve	Associ	Bellville -	Melomed Be
Harrismith	Busamed Harrismith		•				Krugersdorp Hospital		•				Mediclinic Vereeniging				Lephalale Makhado	Mediclinic Lephalale Crestcare				•	Cape Town	Mediclinic Lo Leipoldt
Kroonstad	Netcare Kroon Hospital		•				Netcare Pinehaven Private Hospital		•	•			Clinix Naledi	•			manado	Zoutpansberg Private Hospital				•	Blaauwberg	Netcare Blaa Hospital
Sasolburg	Netcare Vaalpark Hospital		•			Lenasia	Lenmed Clinic Limited	•				Vosloorus	Clinix Botshelong	•			망	Mediclinic Limpopo	•			•	Brackenfell	Mediclinic Ca Gate
Welkom		•		•	•	Les Marais - Pretoria	Eugene Marais Hospital	•			•	Kwazu	ulu-Natal	Ingwe	Connect	Evolve	Associat	Mediclinic Polokwane		•			Claremont - Cape Town	Peninsula Ey Hospital
Ga	uteng	ø	ect	ø	ciated	Linksfield	Netcare Linksfield Hospital		•			Amanzimtoti	Kingsway Hospital		•	•	•	Netcare Pholoso Hospital		•	•			Kingsbury H
	atong	Ingw	Com	Evolv	Assoc	Mabopane -	Legae Private Clinic			•		Berea - Durban	Entabeni Hospital	•			• Thabazimbi	Mediclinic Thabazimbi	•			•	Durbanville - Cape Town	Mediclinic Durbanville
Alberton	Netcare Alberton Hospital		•	•		Pretoria Mayfair -	Garden City Hospital	•				Ballito	Netcare Alberlito Hospital		•		Tzaneen	Mediclinic Tzaneen	•	ĒĮ	•	•	Gatesville - Cape Town	Melomed Ga
Arcadia - Pretoria	Netcare Femina Hospital		•	•		Johannesburg Midrand	Carstenhof Clinic	•				Chatsworth - Durban	Chatsmed Garden Hospital	•			• Mpu	nalanga	Ş	mect	lve	ociated	George	Geneva Clini
	Muelmed Hospital				•	marana	Waterfall City Hospital					Durban	Durdoc Clinic	•					Ing	Ğ	Evo Evo	Ass		Mediclinic G
	Pretoria Heart Hospital				•	A Alialatura a ura		-		-			City Hospital	•		- 1	Bronkhorstspruit	Bronkhorstspruit Hospital	•				Goodwood - Cape Town	Netcare N1 C
Akasia	Netcare Akasia Hospital		•			Marpipacida	Mediclinic Midstream				•		Netcare St Augustines Hospital		•	•	Emalahleni	Cosmos Hospital	•	•		•	Hermanus	Mediclinic Hermanus
Bedfordview - Johannesburg	Bedford Gardens Private Hospital	•	Ī		•	Morningside - Johannesburg	Mediclinic Morningside			•	•	Empangeni	Life Empangeni Private Hospital	•			• Ermelo Mbombela	Mediclinic Ermelo Kiaat Private	•				Knysna	Knysna Priva Hospital
Jonannesburg	- mate nospitat					Muckleneuk	Netcare Jakaranda Hospital		•			Hillcrest - Durban	Hillcrest Private Hospital			•	•	Hospital Lowveld Hospital				•	Kuilsriver	Netcare Kuils
						Mulbarton	Netcare Mulbarton Hospital		•			Hilton - Pietermaritzburg	Hilton Private				•	Mediclinic Nelspruit	•	•	•	•		Hospital

These hospital lists are subject to change. View the latest information on the Momentum App or momentummedicalscheme.co.za.

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Mpun (con	tinued)	Ingwe	Connect	Evolve	Associat
Middelburg	Midmed Hospital	•	•	•	•
Piet Retief	Piet Retief Hospital	_			•
Trichardt	Mediclinic Highveld	•	•	_	<u>.</u>
Nort	n West	Ingwe	Connect	Evolve	Associated
Brits	Mediclinic Brits				•
Klerksdorp	Anncron Clinic	•	•		•
	Wilmed Park Private Hospital			•	
Mafikeng	Victoria Private Hospital	•			
Potchefstroom	Lenmed Mooimed Private Hospital		•		
	Mediclinic Potchefstroom	•			•
Rustenburg	Ferncrest Hospital		•	•	
	Peglerae Hospital	•			٠
Vryburg	Vryburg Private Hospital	•			•
Northe	ern Cape	Ingwe	Connect	Evolve	Associated
Kathu	Kathu Private Hospital	•			•
Kimberley	Mediclinic Kimberley	•			•
	Lenmed Royal Hospital and Heart Centre		•	•	
Upington	Mediclinic Upington				•
Weste	rn Cape	Ingwe	Connect	Evolve	Associated
Bellville -	Melomed Bellville	•			•
Cape Town	Mediclinic Louis Leipoldt			•	•
Blaauwberg	Netcare Blaauwberg Hospital			•	
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	•		•	•
Goodwood - Cape Town	Netcare N1 City		•		
Hermanus	Mediclinic Hermanus				•
Knysna	Knysna Private Hospital	•			•
Kuilsriver	Netcare Kuilsriver Hospital		•		

	rn Cape tinued)	Ingwe	Connect	Evolve	Associate
Milnerton - Cape Town	Mediclinic Milnerton				•
Mitchells Plain - Cape Town	Melomed Mitchells Plain	•		•	•
Mossel Bay	Bayview Hospital	٠	•		•
Observatory	UCT Private Academic		•		
Oranjezicht - Cape Town	Mediclinic Cape Town			•	•
Oudtshoorn	Mediclinic Klein Karoo				•
Paardevlei - Cape Town	Busamed Paardevlei		•		
Paarl	Mediclinic Paarl	٠			•
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	Paardevlei Private Hospital			•	
	Mediclinic Vergelegen				•
Stellenbosch	Mediclinic Stellenbosch	•		•	•
	Mediclinic Winelands	•		•	•
Tokai	Melomed Tokai				•
Vredenburg	West Coast Private Hospital	•			•
Worcester	Mediclinic Worcester				•

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered
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Glossary of terms

- 1. Chronic Disease List (CDL) 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 No 131 of 1998.
- 2. Clinical protocol: Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
- **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 (DSPs): 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 16 for more information.
- 6. 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.
- 7. Extended Cover: On the Extender Option, your day-to-day claims are paid by the Scheme from Extended Cover, once you have reached the Threshold level.
- 8. Formulary: A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.

9. 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.
- **10. Momentum Medical Scheme Rate (MMSR)**: Every year Momentum Medical Scheme negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount that the Scheme will pay per treatment. For all other providers, the amount that the Scheme pays is set on an annual basis. These amounts are called the Momentum Medical Scheme Rate (MMSR).
- 11. Momentum Medical Scheme Reference Price is the maximum rand value that Momentum Medical Scheme will pay for a medicine. If you voluntarily choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the Reference Price.

- **12. 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.
- **13. Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
- 14. Pre-authorisation: Pre-authorisation is when you contact us to let us know that 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 the Scheme Rules, your option and membership status.
- **15. Pre-notification:** Pre-notification is when you let us know that you are about to use a Health Platform benefit, such as your annual dentistry check-up.
- **16. Prescribed Minimum Benefits (PMBs)** 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.

17. Provider definitions:

- a. Associated providers, eg hospitals, GPs and specialists: These are providers that Momentum Medical Scheme has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
- b. **Connect Network hospitals:** Members on the Ingwe Option can choose to use Connect Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 40 for the list of hospitals.
- c. **Evolve Network hospitals:** Members on the Evolve Option must make use of the Evolve Network hospitals. These are private acute and day hospitals which Momentum Medical Scheme has agreements in place with. See page 40 for the list of acute hospitals and view the list of the day hospitals on momentummedicalscheme.co.za.
- d. **Freedom-of-choice:** Members on the Summit Option can get their day-to-day and chronic treatment from any provider and can use any hospital.

- e. Ingwe Network hospitals: Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with - see page 40 for the list of hospitals.
- f. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe Primary Care Network providers.
- g. **Preferred providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which the Scheme refers to as preferred providers. Depending on the benefit option you choose, 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.
- h. **State:** State hospitals are public facilities. If you choose Connect Network hospitals on the Ingwe

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, but may be claimed from positive Savings:

- 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 willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
- 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);
 Circumcision, unless clinically indicated, and any contraceptive measures or devices;
- Healthcare 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

Option, you need to use State facilities for your Chronic and Day-to-day Benefits, unless otherwise indicated. On the Evolve Option, you need to use State facilities for Chronic Benefits. On the Custom, Incentive and Extender Options, you can also save on your monthly contribution by choosing State as your Chronic Benefit provider.

- i. **GP Virtual Consultation Network:** Momentum Medical Scheme has agreements in place with a network of GPs, including Hello Doctor, who provide virtual consultations to members on the Ingwe and Evolve Options.
- **18. Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit. For example, your option might provide you with an annual limit on your optical benefit, within which a sub-limit for frames applies.
- **19. Threshold:** On the Extender Option, there is a Threshold for day-to-day claims. It is a fixed rand amount set by the Scheme in line with your family size. Once your day-to-day claims add up to this level, your claims will be paid by the Scheme from Extended Cover.

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;
- 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.

(I) 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** 0860117859 **Financial advisers** (www) via.momentum.co.za New business queries (**C**) Call 0800 43 25 84 (@) healthadvisernewbusiness@momentum.co.za New business documentation (application forms, outstanding requirements and acceptance letters) Call 0800 43 25 84 (@) healthnewbusiness@momentumhealth.co.za After-sales servicing (**N**) WhatsApp 0800 43 25 84 Call 0800 43 25 84 (@) healthadviserservice@momentum.co.za (Web chat Log in to via.momentum.co.za and click on the help icon on the health pages Fraud hotline 📞 Call 0800 00 04 38 (@) momentummedicalscheme@tip-offs.com

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