



2026

Our
benefits

Momentum Medical Scheme's 2026 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Registrar.

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	Exclusions
4	6	8	12	16	20	24	28	32	34	37	38	40	42	43



2026

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.

Momentum Medical Scheme members 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.

Make the right choice

Momentum Medical Scheme strives to offer you value for money through its flexible benefit options to match your family's healthcare needs. Use the following guide to find the option that best matches your healthcare needs.

Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like medicine to lower high blood pressure), day-to-day expenses (like visiting your GP), or emergency care. The option that you choose will determine how much your contribution will be, and what benefits you will have access to for the different healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

The Benefit Structure

Major Medical Benefit

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.

Ingwe Option

Any hospital, Ingwe Network hospitals* or Connect Network hospitals*

Specialists covered up to **100%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Evolve Option

Evolve Network hospitals*

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
R2 000 co-payment applies

Custom Option

Any or Associated hospitals*

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
R2 000 co-payment applies

Incentive Option

Any or Associated hospitals*

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

Extender Option

Any or Associated hospitals*

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

Summit Option

Any hospital

Associated specialists covered in full. Other specialists covered up to **300%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes 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.

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Ingwe Primary Care Network providers**, **Ingwe Active Network providers**** or **State facilities**

26 conditions - no annual limit applies

Chronic Benefit formulary:
Fixed formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
State facilities

26 conditions - no annual limit applies

Chronic Benefit formulary:
State formulary

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**

26 conditions - no annual limit applies

Chronic Benefit formulary:
Any: Basic formulary
Associated: Core formulary
State: State formulary

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**

26 conditions - no annual limit applies
Additional **6** conditions limited to **R13 700** per family

Chronic Benefit formulary:
Any: Standard formulary
Associated: Core formulary
State: State formulary

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**

26 conditions - no annual limit applies
Additional **36** conditions limited to **R13 700** per family

Chronic Benefit formulary:
Any: Extended formulary
Associated: Core formulary
State: State formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Freedom-of-choice of provider

26 conditions - no annual limit applies
Additional **36** conditions accumulate to the overall day-to-day limit of **R34 500** per beneficiary

Chronic Benefit formulary:
Comprehensive formulary

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medication. You have the choice of adding more day-to-day cover through the HealthSaver+.

Ingwe Primary Care Network providers**, **Ingwe Active Network providers**** or **State facilities**

Primary care (such as GP visits, prescribed medicine, etc)
Secondary care (Specialist visits)

Any provider

You may add the **HealthSaver+** to provide cover for your day-to-day healthcare expenses

Any provider

You may add the **HealthSaver+** to provide cover for your day-to-day healthcare expenses

Any provider, subject to Savings if available

Savings **10%** of total contribution

Any provider or **Associated provider** (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)

Savings **25%** of total contribution plus Extended Cover

Freedom-of-choice

Paid from risk benefit, subject to overall day-to-day limit of **R34 500** per beneficiary
This is a combined limit incorporating both day-to-day cover and cover for the **36** additional chronic conditions

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 programme.

On the Ingwe Option, if you choose Ingwe Network hospitals or Any hospital, 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

If you choose Connect Network hospitals on the Ingwe Option, or if you choose the Evolve, Custom, Incentive, Extender or Summit Option, you may use any healthcare provider. 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

Complementary Momentum Products

Momentum Medical Scheme members 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

GapCover

Add extra cover to assist with in-hospital shortfalls and co-payments



momentum

See separate Momentum Complementary Product brochure for more information

+ HealthSaver and GapCover are complementary products offered by Momentum.

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

Individual contributions

Monthly income	Ingwe Option			P	A	C
	Hospital	Chronic	Day-to-day			
R0 - R1 550	Connect Network	State	State	R1 079	R1 079	R301
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R645	R645	R581
	Any	Ingwe Active Network	Ingwe Active Network	R645	R645	R645
R1 551 - R9 400	Connect Network	State	State	R1 252	R1 252	R328
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 425	R1 425	R652
	Any	Ingwe Active Network	Ingwe Active Network	R1 852	R1 852	R735
R9 401 - R12 500	Connect Network	State	State	R1 635	R1 635	R408
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 814	R1 814	R680
	Any	Ingwe Active Network	Ingwe Active Network	R2 590	R2 590	R783
R12 501 - R18 000	Connect Network	State	State	R1 763	R1 763	R438
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 492	R2 492	R733
	Any	Ingwe Active Network	Ingwe Active Network	R3 527	R3 527	R822
R18 001 - R23 500	Connect Network	State	State	R2 870	R2 870	R652
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 576	R3 576	R1 053
	Any	Ingwe Active Network	Ingwe Active Network	R4 527	R4 527	R1 314
R23 501+	Connect Network	State	State	R3 302	R3 302	R750
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 590	R3 590	R1 058
	Any	Ingwe Active Network	Ingwe Active Network	R4 546	R4 546	R1 318
Evolve Option				P	A	C
	Evolve Network	State		R2 029	R2 029	R2 029
Custom Option				P	A	C
	Associated	Any		R3 749	R2 958	R1 322
		Associated		R3 334	R2 586	R1 178
		State		R2 585	R1 956	R916
	Any	Any		R4 472	R3 589	R1 596
		Associated		R3 953	R3 089	R1 437
		State		R3 295	R2 487	R1 207
Incentive Option				P	A	C
	Associated	Any	Total contribution	R5 333	R 4 292	R 1 993
			Risk contribution	R4 800	R3 863	R1 794
			Savings 10%	R 533	R429	R199
			Annual Savings	R6 396	R5 148	R2 388
	Associated	Associated	Total contribution	R4 731	R3 762	R1 797
			Risk contribution	R4 258	R3 386	R1 617
			Savings 10%	R473	R376	R180
			Annual Savings	R5 676	R4 512	R2 160
	State	State	Total contribution	R3 362	R2 653	R1 290
			Risk contribution	R3 026	R2 388	R1 161
			Savings 10%	R336	R 265	R129
			Annual Savings	R4 032	R3 180	R1 548

Incentive Option (continued)

Extender Option

Summit Option

Hospital	Chronic	P	A	C		
Any	Any	Total contribution	R6 030	R4 900	R2 351	
		Risk contribution	R5 427	R4 410	R2 116	
		Savings 10%	R603	R490	R235	
		Annual Savings	R7 236	R5 880	R2 820	
	Associated	Total contribution	R5 149	R4 128	R2023	
		Risk contribution	R4 634	R3 715	R1 821	
		Savings 10%	R515	R413	R202	
		Annual Savings	R6 180	R4 956	R2 424	
	State	Total contribution	R4 179	R3 292	R1 652	
Risk contribution		R3 761	R2 963	R1 487		
Savings 10%		R418	R329	R165		
	Annual Savings	R5 016	R3 948	R1 980		
Associated	Any	Total contribution	R10 088	R8 125	R2 856	
		Risk contribution	R7 566	R6 094	R2 142	
		Savings 25%	R2 522	R2 031	R714	
		Annual Savings	R30 264	R24 372	R8 568	
	Associated	Total contribution	R9 081	R7 309	R2 612	
		Risk contribution	R6 811	R5 482	R1 959	
		Savings 25%	R2 270	R1 827	R653	
		Annual Savings	R27 240	R21 924	R7 836	
	State	Total contribution	R7 939	R6 021	R2 335	
Risk contribution		R5 954	R4 516	R1 751		
Savings 25%		R1 985	R1 505	R584		
	Annual Savings	R23 820	R18 060	R7 008		
Any	Any	Total contribution	R11 472	R9 240	R3 291	
		Risk contribution	R8 604	R6 930	R2 468	
		Savings 25%	R2 868	R2 310	R823	
		Annual Savings	R34 416	R27 720	R9 876	
	Associated	Total contribution	R10 079	R8 117	R2 899	
		Risk contribution	R7 559	R6 088	R2 174	
		Savings 25%	R2 520	R2 029	R725	
		Annual Savings	R30 240	R24 348	R8 700	
	State	Total contribution	R9 017	R7 401	R2 647	
Risk contribution		R6 763	R5 551	R1 985		
Savings 25%		R2 254	R1 850	R662		
	Annual Savings	R27 048	R22 200	R7 944		
	Threshold	R36 900	R32 000	R10 600		
Any	Freedom-of-choice	Freedom-of-choice	Total contribution	R16 469	R13 075	R3 756
			Risk contribution			
			Savings 10%			
			Annual Savings			

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



Overview

The Ingwe Option provides affordable access to entry level cover.

There is no overall annual limit for **hospitalisation**. For your hospitalisation cover, you can choose to use either the Connect Network of private hospitals, the Ingwe Network of private hospitals (see page 40 for these lists), or Any hospital.

For **chronic treatment** and **day-to-day benefits**, such as GP visits or prescribed medicine, if you choose Connect Network hospitals, you need to use State facilities, if you choose Ingwe Network hospitals, you need to use Ingwe Primary Care Network providers, or if you choose Any hospital, you need to use Ingwe Active Network providers.

The **Health Platform** Benefit provides cover for a range of preventative care benefits. If you choose Connect Network hospitals, the benefits are available from any healthcare provider. If you choose Ingwe Network hospitals or Any hospital, the benefits are available from your chosen network provider, except for some benefits, such as the maternity programme benefits, which are available from any healthcare provider. See page 32 for the list of Health Platform Benefits.

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.

Your monthly income

Choose your providers

Choose your family composition

Your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day	1	2	3	4	5	6
R0 - R1 550	Connect Network	State	State	R1 079	R2 158	R1 380	R2 459	R2 760	R3 061
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R645	R1 290	R1 226	R1 871	R2 452	R3 033
	Any	Ingwe Active Network	Ingwe Active Network	R645	R1 290	R1 290	R1 935	R2 580	R3 225
R1 551 - R9 400	Connect Network	State	State	R1 252	R2 504	R1 580	R2 832	R3 160	R3 488
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 425	R2 850	R2 077	R3 502	R4 154	R4 806
	Any	Ingwe Active Network	Ingwe Active Network	R1 852	R3 704	R2 587	R4 439	R5 174	R5 909
R9 401 - R12 500	Connect Network	State	State	R1 635	R3 270	R2 043	R3 678	R4 086	R4 494
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 814	R3 628	R2 494	R4 308	R4 988	R5 668
	Any	Ingwe Active Network	Ingwe Active Network	R2 590	R5 180	R3 373	R5 963	R6 746	R7 529
R12 501 - R18 000	Connect Network	State	State	R1 763	R3 526	R2 201	R3 964	R4 402	R4 840
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 492	R4 984	R3 225	R5 717	R6 450	R7 183
	Any	Ingwe Active Network	Ingwe Active Network	R3 527	R7 054	R4 349	R7 876	R8 698	R9 520
R18 001 - R23 500	Connect Network	State	State	R2 870	R5 740	R3 522	R6 392	R7 044	R7 696
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 576	R7 152	R4 629	R8 205	R9 258	R10 311
	Any	Ingwe Active Network	Ingwe Active Network	R4 527	R9 054	R5 841	R10 368	R11 682	R12 996
R23 501+	Connect Network	State	State	R3 302	R6 604	R4 052	R7 354	R8 104	R8 854
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 590	R7 180	R4 648	R8 238	R9 296	R10 354
	Any	Ingwe Active Network	Ingwe Active Network	R4 546	R9 092	R5 864	R10 410	R11 728	R13 046

All children are charged for



- This table represents a summary of the benefits for 2026
- If you choose Connect Network hospitals, Chronic and Day-to-day Benefits are only available at State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or if you choose Any hospital, benefits are only available from the Ingwe Active Network and chronic medication needs to be obtained from Medipost
- If you choose Ingwe Network hospitals or Connect Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum

Benefit	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Connect Network hospitals, Ingwe Network hospitals or Any hospital
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions like diabetes you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	10 days per admission
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	If you choose Connect Network hospitals, you need to obtain your oncology treatment from an oncologist authorised by the Scheme, and 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
Organ transplants	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
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean sections: Only emergency caesareans are covered	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R7 000 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis - external (such as artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R17 500 per beneficiary (combined limit), subject to case management
Private nursing and Hospice	Not covered
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	R42 300 per family at preferred provider R42 800 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies

Major Medical

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	If you choose Connect Network hospitals, benefits are only available at State facilities. If you choose Ingwe Network hospitals, benefits are only available from the Ingwe Primary Care Network or if you choose Any hospital, benefits are only available from the Ingwe Active Network. Benefits are subject to a list of medicine, referred to as a formulary

Chronic

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities, unless otherwise indicated
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry - basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry - specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc)	Not covered
General practitioners	There is no limit to the number of times you visit your network GP. However, please note all visits from the 11th visit onwards must be pre-authorised
GP virtual consultations	3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and the Scheme will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R110 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 425 per visit and up to a maximum of R2 850 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities
Physiotherapy	Included in the specialist limit
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology - basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology - basic (such as X-rays)	Specific list of black and white x-rays covered
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

Day-to-day

Evolve

Overview

The Evolve Option provides cover for **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 R2 000 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 **chronic benefits**, you need to use State facilities for your chronic scripts, medication and treatment.

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.

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

Hospital

Evolve Network

Chronic

State

Choose your family composition

					
R2 029	R4 058	R4 058	R6 087	R8 116	R10 145

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you do not use Evolve Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account, in addition to the standard Evolve Option co-payment
- You need to use day hospitals for certain procedures. If you do not use a day hospital, you will have a co-payment of 30% on the hospital account and the Scheme will be responsible for 70% of the negotiated tariff
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * See glossary of terms on page 42 for the definition of emergency treatment
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Evolve Network hospitals Certain procedures are only covered in day hospitals View a list of these procedures and the list of hospitals on momentummedicalscheme.co.za
Co-payment	R2 000 per authorisation, 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
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	R200 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. You need to get your oncology treatment and medication from the Evolve Network of Oncologists
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R7 850 per family
Prosthesis - internal (incl. permanent pacemakers, cochlear implants, etc) Joint replacements, including knee and hip surgery, are limited to Prescribed Minimum Benefits at State facilities	Intraocular lenses: R6 600 per beneficiary per event, maximum 2 events per year Other internal prostheses: R43 900 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R28 200 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to a co-payment of R3 850 per scan and pre-authorisation
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at Evolve Network hospitals
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R61 000 per family (combined limit), subject to case management

Major Medical

Health management programmes for conditions such as mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R50 500 per family at Evolve Network hospitals
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R5 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 280 co-payment applies per emergency out-patient claim

Major Medical

Provider	State facilities
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Chronic

Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver* if available (see Momentum Complementary Product brochure for more details on HealthSaver*)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver* if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry - basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry - specialised (such as bridges or crowns)	Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver* if available
General practitioners	2 virtual consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required. Medication is subject to HealthSaver*, if available
Sports injury benefit	2 Physiotherapist or Biokineticist consultations per beneficiary, up to a limit of R1 200 per year, subject to pre-authorisation. Consultations paid at the Momentum Medical Scheme Rate
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver* if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver* if available
Radiology (such as X-rays)	Subject to HealthSaver* if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 850 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

Day-to-day

• Custom

Overview

The Custom 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). A co-payment of R2 000 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.

For  **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

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

						
Associated - Any	R3 749	R6 707	R5 071	R8 029	R9 351	R10 673
Associated - Associated	R3 334	R5 920	R4 512	R7 098	R8 276	R9 454
Associated - State	R2 585	R4 541	R3 501	R5 457	R6 373	R7 289
Any - Any	R4 472	R8 061	R6 068	R9 657	R11 253	R12 849
Any - Associated	R3 953	R7 042	R5 390	R8 479	R9 916	R11 353
Any - State	R3 295	R5 782	R4 502	R6 989	R8 196	R9 403

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account, in addition to the standard Custom Option co-payment
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * See glossary of terms on page 42 for the definition of emergency treatment
- ** If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R2 000 per authorisation, 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
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis**	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R26 000 cadaver costs R53 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R2 000 co-payment per authorisation. The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from HealthSaver*, if available
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 100% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 600 co-payment for day hospitals and a R6 800 co-payment for other hospitals per authorisation. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are subject to HealthSaver*, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 850 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 400 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R7 200 per beneficiary per event, maximum 2 events per year Other internal prostheses: R62 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R29 300 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R47 300 per beneficiary
Take-home medicine	7 days' supply

Major Medical

Medical rehabilitation, private nursing, Hospice and step-down facilities	R67 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R89 500 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R7 660 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 280 co-payment applies per emergency out-patient claim
Provider	Any, Associated or State
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to HealthSaver* if available (see Momentum Complementary Product brochure for more details on HealthSaver*)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver* if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry - basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry - specialised (such as bridges or crowns)	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R2 000 co-payment and pre-authorisation Other specialised dentistry: Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver* if available
General practitioners	Subject to HealthSaver* if available
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver* if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver* if available
Radiology (such as X-rays)	Subject to HealthSaver* if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 850 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

Major Medical

Chronic

Day-to-day

• Incentive

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 **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 **day-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 providers		Choose your family composition					
Hospital	Chronic	1	2	3	4	5	6
Associated	Any	R5 333	R9 625	R7 326	R11 618	R13 611	R15 604
	Associated	R4 731	R8 493	R6 528	R10 290	R12 087	R13 884
	State	R3 362	R6 015	R4 652	R7 305	R8 595	R9 885
Any	Any	R6 030	R10 930	R8 381	R13 281	R15 632	R17 983
	Associated	R5 149	R9 277	R7 172	R11 300	R13 323	R15 346
	State	R4 179	R7 471	R5 831	R9 123	R10 775	R12 427

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- * If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You need contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R28 700 cadaver costs R59 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 820 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver*, if available
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 600 co-payment for day hospitals and a R6 800 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver*, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 800 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R223 600 per beneficiary, maximum 1 event per year Intraocular lenses: R8 900 per beneficiary per event, maximum 2 events per year Other internal prostheses: R67 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R30 700 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R50 600 per beneficiary
Take-home medicine	7 days' supply

Major Medical

Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R70 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R96 800 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 280 co-payment applies per emergency out-patient claim
Provider	Any, Associated or State
Cover	Cover for 32 conditions - see page 38 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R13 700 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Provider	Any
Savings	Fixed at 10% of total contribution
General rule applicable to Day-to-day Benefits	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to Savings, if available
Mental health (incl. psychiatry and psychology)	Subject to Savings, if available
Dentistry - basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry - specialised (such as bridges or crowns)	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 820 co-payment and pre-authorisation Other specialised dentistry: Subject to Savings, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to Savings, if available
General practitioners	Subject to Savings, if available
Specialists	Subject to Savings, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to Savings, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available
Radiology (such as X-rays)	Subject to Savings, if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 500 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

Major Medical

Chronic

Day-to-day

• Extender

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 **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 **HealthSaver*** for additional day-to-day expenses and to pay for out-of-pocket expenses before your Extended Cover is activated. HealthSaver* is a complementary product offered by Momentum that lets you save for medical expenses.

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

Choose your providers

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

	1	2	3	4	5	6
Associated - Any	R10 088	R18 213	R12 944	R21 069	R23 925	R26 781
Associated - Associated	R9 081	R16 390	R11 693	R19 002	R21 614	R24 226
Associated - State	R7 939	R13 960	R10 274	R16 295	R18 630	R20 965
Any - Any	R11 472	R20 712	R14 763	R24 003	R27 294	R30 585
Any - Associated	R10 079	R18 196	R12 978	R21 095	R23 994	R26 893
Any - State	R9 017	R16 418	R11 664	R19 065	R21 712	R24 359

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and obtain your oncology treatment from an oncologist authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R28 700 cadaver costs R59 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 820 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist account and the dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 600 co-payment for day hospitals and a R6 800 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R9 230 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R245 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 540 per beneficiary per event, maximum 2 events per year Other internal prostheses: R92 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R32 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R50 600 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R75 000 per family (combined limit), subject to case management

Major Medical

Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R96 800 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 220 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 280 co-payment applies per emergency out-patient claim
Provider	Any, Associated or State
Cover	Cover for 62 conditions - see page 38 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R13 700 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Provider	Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Savings	Fixed at 25% of total contribution
General rule applicable to Day-to-day Benefits Annual Threshold levels: Member: R36 900 Per adult dependant: R32 000 Per child: R10 600 (max. 3 children)	25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold and are paid from Extended Cover at the Momentum Medical Scheme Rate subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R26 300 per family
Dentistry - basic (such as extractions or fillings)	Unlimited within the provisions of the General Rule mentioned above
Dentistry - specialised (such as bridges or crowns)	R18 100 per beneficiary, R46 900 per family Both in-and-out-of-hospital dental specialist accounts accumulate towards the specialised dentistry limit Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 820 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R32 600 per family, R9 840 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected Any or State provider: 100% of Momentum Medical Scheme Rate Associated providers: 100% of Momentum Medical Scheme Rate for Associated GPs and 70% of Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 500 per beneficiary. Frame sub-limit of R3 000
Pathology (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology (such as X-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 500 co-payment per scan and pre-authorisation
Prescribed medication	R23 200 per beneficiary, R44 000 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

Major Medical

Chronic

Day-to-day

Summit

Overview

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

Should you wish, you can choose to use the **HealthSaver*** to increase your day-to-day cover even further. HealthSaver* is a complementary product offered by Momentum that lets you save for medical expenses.

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

Your providers

Hospital	Chronic	Day-to-day
Any	Freedom-of-choice	Freedom-of-choice

Choose your family composition

Family Composition	Price
Single person	R16 469
Two people	R29 544
Three people	R20 225
Four people	R33 300
Five people	R37 056
Six people	R40 812

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Health Management Programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R28 700 cadaver costs R59 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 300% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R3 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc)	R9 230 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R245 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 540 per beneficiary per event, maximum 2 events per year Other internal prostheses: R92 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R32 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R50 600 per beneficiary
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation

Major Medical

Medical rehabilitation, private nursing, Hospice and step-down facilities	R75 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at any provider R96 800 per family at any hospital
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R9 010 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 280 co-payment applies per emergency out-patient claim
Provider	You can use any provider of your choice
Cover	Cover for 62 conditions - see page 38 for a list of the conditions covered: 26 conditions according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - accumulate to overall day-to-day limit of R34 500 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are paid at 100% of the Momentum Medical Scheme Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R34 500 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R9 840 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary
Mental health (incl. psychiatry and psychology)	R29 600 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary
Dentistry - basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Dentistry - specialised (such as bridges or crowns)	R20 700 per beneficiary, R49 800 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R40 100 per family. R23 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R34 500 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R6 100 per beneficiary. Frame sub-limit of R3 080 Subject to overall annual day-to-day limit of R34 500 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R34 500 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 500 co-payment per scan and pre-authorisation
Prescribed medication	R26 900 per beneficiary, R44 200 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

Major Medical

Chronic

Day-to-day

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?	Options					
			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Early detection tests								
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 R500 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 - HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered)	Women 15 and older Women 21 to 65	Once a year Once every 3 years	•	•	•	•	•	•
Mammogram	Women 38 and older	Once every 2 years		•	•	•	•	•
FIT (Faecal immunochemical testing) test	Beneficiaries 45 to 80	Once a year		•	•	•	•	•
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years		•	•	•	•	•
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years	•	•	•	•	•	•
	Beneficiaries 30 to 59	Once every 3 years	•	•	•	•	•	•
	Beneficiaries 60 to 69	Once every 2 years	•	•	•	•	•	•
	Beneficiaries 70 and older	Once a year	•	•	•	•	•	•
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years	•	•	•	•	•	•
	Men 50 to 59	Once every 3 years	•	•	•	•	•	•
	Men 60 to 69	Once every 2 years	•	•	•	•	•	•
	Men 70 and older	Once a year	•	•	•	•	•	•
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								
Baby immunisations (On Ingwe Option, baby immunisations are covered in private facilities for baby's first year, limited to R3 100. 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

Benefit	Who?	How often?	Options					
			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Maternity programme (subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)								
Doula benefit	Women registered on the programme	2 visits per pregnancy		•	•	•	•	•
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	7 visits	•					
		12 visits		•	•	•	•	•
Online or face-to-face antenatal and postnatal classes	Women registered on the programme	18-month online subscription with Parent Sense or face-to-face classes covered up to R450 per pregnancy at any provider				•	•	•
Online video consultation with lactation specialist	Women registered on the programme	Initial consultation				•		
		Initial consultation plus follow up					•	•
Nurse home visit	Women registered on the programme	Day after return from hospital	•	•	•	•	•	•
		2 weeks after initial visit		•	•	•	•	•
		6 weeks after initial visit				•	•	•
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits	•	•	•	•	•	•
Pathology tests	Women registered on the programme	Antiglobin, platelet count and Rubella antibody				•	•	•
		Blood group, full blood count and Rhesus factor	•	•	•	•	•	•
		Creatinine		•	•	•	•	•
		Glucose strip		•	•			
		2 tests				•	•	•
		Haemoglobin estimation	•	•	•			
		2 tests				•	•	•
		Urinalysis	•					
		7 tests	•					
12 tests		•	•	•	•	•		
Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated	•	•	•	•	•	•
Scans	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		•	•	•	•	•
Paediatrician visits	Babies up to 12 months registered on the programme	1 visit in baby's first year	•					
		2 visits in baby's first year		•	•	•	•	•
Health line								
24-hour emergency health advice	All beneficiaries	As needed	•	•	•	•	•	•

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		•	•	•	•	•
ENT	Ingwe	Evolve	Custom	Incentive	Extender	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		•	•	•	•	•
Incision and drainage of Bartholin's cyst	•	•	•	•	•	•
Marsupialisation of Bartholin's cyst	•	•	•	•	•	•
Tubal ligation	•	•	•	•	•	•

Neurology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
48-hour Holter EEG		•	•	•	•	•
Electro-convulsive therapy		•	•	•	•	•
Hyperbaric oxygen treatment for decompression sickness		•	•	•	•	•
Myelogram		•	•	•	•	•
Obstetrics	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Amniocentesis		•	•	•	•	•
Childbirth in non-hospital	•	•	•	•	•	•
Oncology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
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)	•	•	•	•	•	•
Hyperbaric oxygen for radiation necrosis		•	•	•	•	•
Ophthalmology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cataract removal		•	•	•	•	•
Meibomian cyst excision	•	•	•	•	•	•
Pterygium removal		•	•	•	•	•
Trabeculectomy		•	•	•	•	•
Treatment of diseases of the conjunctiva		•	•	•	•	•
Orthopaedic	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Arthroscopy		•	•	•	•	•
Back and neck surgery (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Bunionectomy		•	•	•	•	•
Carpal tunnel release	•	•	•	•	•	•
Conservative back and neck treatment (On Evolve Option, covered at State facilities)		•	•	•	•	•
Ganglion surgery	•	•	•	•	•	•
Joint replacements (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Renal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Evolve Options, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Respiratory	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Bronchography		•	•	•	•	•
Bronchoscopy		•	•	•	•	•
Treatment of adult influenza		•	•	•	•	•
Treatment of adult respiratory tract infections		•	•	•	•	•
Urology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cystoscopy		•	•	•	•	•
Prostate biopsy	•	•	•	•	•	•
Vasectomy	•	•	•	•	•	•
Anorectal procedures	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Procedure for haemorrhoids, fissure and fistula	•	•	•	•	•	•
Incision and drainage of abscess and/or cyst	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Skin (deep/non-superficial lesions), subcutaneous tissue and pilonidal	•	•	•	•	•	•

Please note

- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R650 on the Evolve and Custom Options, up to R1 360 on the Incentive and Extender Options, and up to R1 610 on the Summit Option (subject to pre-authorisation). For all other procedures, the cost of anaesthetists, if any, are covered if clinically appropriate.
- The specialised procedures/treatment listed attract a co-payment of R2 000 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.

Specialised procedures/treatment co-payments

How specialised procedures/treatment are covered on the Evolve Option

The standard Evolve Option co-payment of **R2 000** per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of **R5 500** per authorisation applies if performed in an acute or day hospital

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
Gastrosopies, 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 **R2 000** per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of **R2 000** per authorisation applies if performed in a day hospital, or **R5 500** 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
Gastrosopies, 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 **R2 000** per authorisation applies to these procedures and treatments if performed in a day hospital
Or a co-payment of **R5 500** 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
Gastrosopies, 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 momentummedicalscheme.co.za).

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 700 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 700 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R34 500 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

* These are examples of medication not covered



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 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.

Exclusions

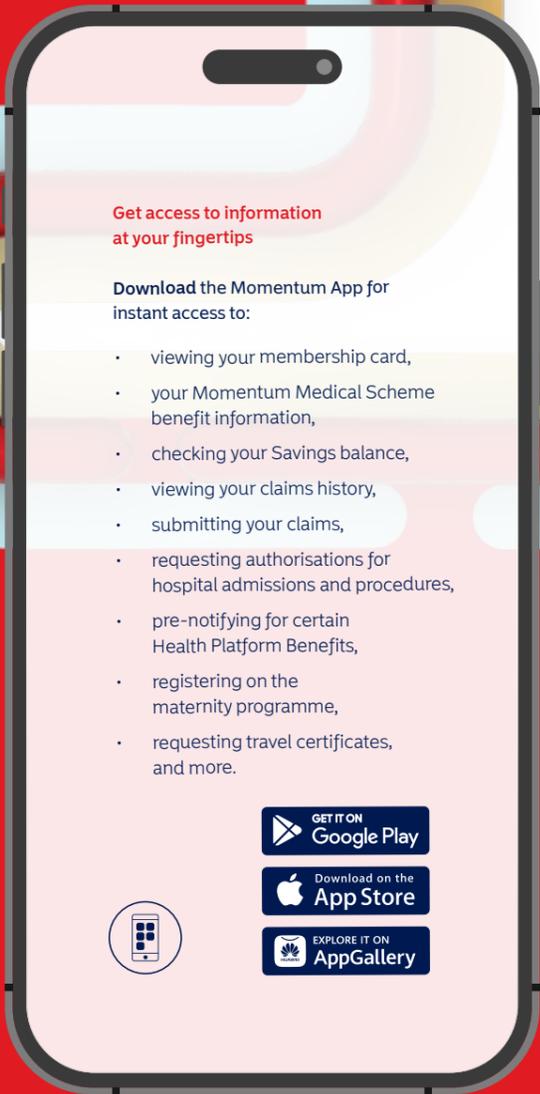
Prescribed Minimum Benefits

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;
4. 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);
5. 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 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;
19. Circumcision, unless clinically indicated, and any contraceptive measures or devices;
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.



Get access to information at your fingertips

Download the Momentum App for instant access to:

- viewing your membership card,
- your Momentum Medical Scheme benefit information,
- checking your Savings balance,
- viewing your claims history,
- submitting your claims,
- requesting authorisations for hospital admissions and procedures,
- pre-notifying for certain Health Platform Benefits,
- registering on the maternity programme,
- requesting travel certificates, and more.



Members

- WhatsApp 0860 11 78 59
- Web chat Log in to momentummedicalscheme.co.za and click on the chat button
- Emergency medical transport 082 911 South Africa
+27 11 541 1263 International
- momentummedicalscheme.co.za
- 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 0860 11 78 59

Financial advisers

- via.momentum.co.za

New business queries

- 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

- 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

Physical and postal address

- 201 uMhlanga Ridge Boulevard Cornubia 4339
- PO Box 2338 Durban 4000 South Africa

Council for Medical Schemes

- Customer Care Centre 0861 123 267
- @ information@medicalschemes.co.za
- medicalschemes.co.za