momentum
medical scheme

Focus page
2021

Focus on the Incentive Option

The Incentive Option provides cover for hospitalisation in private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals).

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and chronic medication to obtain the maximum contribution discount.

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

10% of your contribution goes to a dedicated Personal Medical Savings Account to cover your other day-to-day expenses. If you need more day-to-day cover, you can make use of the HealthSaver[+]. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

[+]HealthSaver is a voluntary complementary product available from Momentum. You can choose to make use of additional products available from Momentum, part of Momentum Metropolitan Life Limited, to seamlessly enhance your medical aid. Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. These complementary products are not medical scheme benefits. You can be a member of Momentum Medical Scheme without taking any of the complementary products that Momentum offers.

Important notes: This focus page summarises the 2021 benefits available on the Incentive Option. Scheme Rules always take precedence and are available on request.

Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Benefit	Associated specialists covered in full Other specialists covered up to 200% of the Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised procedures/treatment	Certain procedures/treatment covered
Co-payment	Co-payments may apply for specialised procedures/treatment (see benefit table)

Chronic and Day-to-day Benefits

Chronic provider	Any provider: Standard formulary. or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
Chronic conditions covered	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 6 additional conditions: limited to R10 700 per family per year
Day-to-day provider	Any
Savings	Fixed at 10% of total contribution

Health Platform Benefit

Provider	Any or Associated

Contributions

Choose your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R3 449	R6 223	R4 738	R7 512	R8 801	R10 090
	Associated	R3 113	R5 590	R4 295	R6 772	R7 954	R9 136
	State	R2 224	R3 980	R3 077	R4 833	R5 686	R6 539
Any	Any	R3 899	R7 067	R5 419	R8 587	R10 107	R11 627
	Associated	R3 388	R6 106	R4 719	R7 437	R8 768	R10 099
	State	R2 763	R4 941	R3 856	R6 034	R7 127	R8 220

Maximum of 3 children charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain specialised procedures/treatments. There is no overall annual limit on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 200% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been authorised. Specialised procedures/treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been authorised.

If authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the rules of the Scheme. In the case of an emergency, you or someone in your family or a friend may obtain authorisation within 72 hours of admittance. If you choose Associated hospitals and you do not use this provider, a 30% co-payment will apply on the hospital account, while the Scheme will be responsible for 70% of the negotiated tariff.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You may choose Any, Associated or State as your Chronic Benefit provider. There is no overall annual limit for chronic cover for the 26 conditions according to the Chronic Disease List (CDL), which forms part of the Prescribed Minimum Benefits (PMBs). A limit of R10 700 per family per year applies to an additional 6 conditions. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

10% of your contribution goes to a dedicated Personal Medical Savings Account to cover your day-to-day expenses, such as GP visits and prescribed medicine. If you need more day-to-day cover, you can choose to make use of the Momentum HealthSaver. It has no transaction or administration fees, so you enjoy the full benefits of every Rand that you contribute.

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit, provided you notify us before using the benefit. This unique benefit encourages health awareness, enhances quality of life and gives peace of mind through:

- preventative care and early detection
- maternity programme
- management of certain diseases
- health education and advice; and
- local evacuation and international emergency cover.

Benefit schedule

Major Medical Benefit		
General rule applicable to Major Medical Benefits: You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a health management programme. Momentum Medical 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. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)		
Provider	Any or Associated hospitals	
Overall limit	None	
Co-payments for specialised procedures/treatment		
Procedure/treatment	**If performed out-of-hospital**	**If performed in-hospital**
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in-hospital	Paid by Scheme R3 290 co-payment per authorisation applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme: No co-payment applies	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits (No co-payment applies)	
Hospitalisation		
Benefit	Associated specialists covered in full. Other specialists covered up to 200% of the Momentum Medical Rate Hospital accounts are covered in full at the rate agreed upon	
High and intensive care	No annual limit applies	
Casualty or after-hour visits	Subject to Savings	
Renal dialysis	No annual limit applies If you choose State as your chronic provider, you need to make use of State facilities for your renal dialysis	
Oncology	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication If you choose State as your chronic provider, you need to 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	

Hospitalisation (continued)	
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when the recipient is a member of the Scheme	R22 400 cadaver costs R45 300 live donor costs (including transportation)
In-hospital dental and oral benefits limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 500 co-payment per authorisation Dental, dental specialist and maxillo-facial surgeon accounts paid from 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 a R2 480 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R6 820 per family
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, etc.)	Cochlear implants: R174 700 per beneficiary, maximum 1 event per year Intraocular lenses: R6 970 per beneficiary per event, maximum 2 events per year Other internal prostheses: R53 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc)	R23 900 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R39 500 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R55 000 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R75 600 per family
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out-of-hospital	

Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	Any, Associated or State*
Cover	32 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
Limit	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 6 additional conditions – limited to R10 700 per family per year
* If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval	
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefits: Benefits are subject to available Savings, claims are paid at cost with no sub-limits	
Provider	Any
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 (including 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)	Subject to Savings, if available
External medical and surgical appliances (including 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 (including 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 R2 480 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

Health Platform Benefit		
General rule applicable to the Health Platform Benefits: Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit.		
What is the benefit?	**Who is eligible?**	**How often?**
Preventative care		
Baby immunisations	Children up to age 6	As required by the Department of Health
Flu vaccines	Children between 6 months and 5 years Beneficiaries 65 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Dental consultation (including sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) Consultation (GP* or gynaecologist)	Women 15 and older	Once a year
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Health assessment (pre-notification not required): Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year
Cholesterol test (pathologist) Only covered if health assessment results indicate a total cholesterol of 6 mmol/L and above	Principal members and adult beneficiaries	Once a year
Blood sugar test (pathologist) Only covered if health assessment results indicate blood sugar levels are 11 mmol/L and above	Principal members and adult beneficiaries	Once a year
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years
	Beneficiaries 50 and older	Once a year
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years

Maternity programme (subject to registration on the Maternity 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)		12 visits
Online antenatal and postnatal classes		18-month subscription
Online video consultation with lactation specialist		Initial consultation
Nurse home visits		3 visits: Day after return from hospital, then after 2 and 6
Urine tests (dipstick)		Included in antenatal visits
Pathology tests Full blood count, blood group, rhesus, platelet count, rubella antibody, creatinine, glucose strip test, antiglobin test		1 test
Haemoglobin estimation		2 tests
Urinalysis		13 tests
Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Scans		2 pregnancy scans
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year
Health management programmes		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed
Health line		
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International emergency cover by ISOS		
R8 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover) A R1 780 co-payment applies per out-patient claim payable by the Scheme	Per beneficiary per 90-day journey	In an emergency

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