

Focus on the Extender Option

The Extender Option includes 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 save on your monthly 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 save 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 saving.

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

You can choose to make use of the Momentum HealthSaver⁺ for additional day-to-day expenses and to pay for out-of-pocket expenses before your Extended Cover is activated. Momentum HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

* You may choose to make use of additional products available from Momentum to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products. This focus page summarises the 2023 benefits available on the Extender Option. Scheme Rules always take precedence and are available on request.



Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Benefit	Associated specialists covered in full Other specialists covered up to 200% of the Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised procedures/treatment	Certain procedures/treatments covered
Co-payment	Co-payments may apply for specialised procedures/treatment (see co-payment benefit table on page 5)

Chronic and Day-to-day Benefits

Chronic provider	Any provider: Extended formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
Chronic conditions covered	Cover for 62 conditions: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 36 additional conditions: limited to R11 800 per family per year
Day-to-day 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
Threshold	R27 500 for the principal member R23 900 per adult dependant R7 900 per child (applies up to a maximum of three children)

Health Platform Benefits

Provider	Any or Associated
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Contributions

Contributions payable from **1 January 2023 to 31 March 2023** (unchanged from 2022)

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R6 945	R12 540	R8 910	R14 505	R16 470	R18 435
	Associated	R6 339	R11 442	R8 163	R13 266	R15 090	R16 914
	State	R5 544	R9 748	R7 173	R11 377	R13 006	R14 635
Any	Any	R7 899	R14 260	R10 164	R16 525	R18 790	R21 055
	Associated	R7 035	R12 700	R9 059	R14 724	R16 748	R18 772
	State	R6 297	R11 466	R8 146	R13 315	R15 164	R17 013

Maximum of 3 children charged for

Contributions payable from **1 April 2023 to 31 December 2023**

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R7 567	R13 662	R9 708	R15 803	R17 944	R20 085
	Associated	R6 905	R12 464	R8 892	R14 451	R16 438	R18 425
	State	R6 009	R10 566	R7 776	R12 333	R14 100	R15 867
Any	Any	R8 605	R15 536	R11 073	R18 004	R20 472	R22 940
	Associated	R7 664	R13 836	R9 869	R16 041	R18 246	R20 451
	State	R6 827	R12 431	R8 831	R14 435	R16 439	R18 443

Maximum of 3 children charged for



Major Medical Benefit

This benefit includes cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 200% of the Momentum 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 treatment has been pre-authorised.

Specialised procedures/treatments do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been pre-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.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Extender Option, you may choose Any, Associated or State as your Chronic Benefit provider. There is no annual limit for chronic cover for the 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. A limit of R11 800 per family per year applies to an additional 36 conditions. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. 25% of your contribution is available to cover day-to-day expenses. This is known as Personal Medical Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold (a pre-determined amount based on your family size). Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover.

If you have selected Any or State as your chronic provider, any GP may be consulted. If you have selected Associated as your chronic provider, an Associated GP must be consulted. If not, claims will only accumulate at 70% of the Momentum Medical Scheme Rate to Threshold, and a 30% co-payment will apply once in Extended Cover.



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 the quality of life and gives peace of mind through:

- preventative care and early detection
- maternity programme
- health management programmes
- health education and advice and
- local emergency evacuation and international emergency cover.

Benefit schedule

Major Medical Benefit	
General rule applicable to the Major Medical Benefit: You need to contact us for pre-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 annual limit	None
Co-payments for specialised procedures/treatment	
A co-payment of R1 740 per authorisation applies to these procedures and treatments if performed in a day hospital OR the Specialised Procedures co-payment of R3 480 per authorisation if performed in an acute hospital (hospital where overnight admissions apply)	
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastroscopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment Removal of minor skin lesions Treatment of diseases of the conjunctiva Treatment of headache Treatment of adult influenza, Treatment of adult respiratory tract infections	Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or Momentum HealthSaver ⁺ , if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above
Hospitalisation	
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
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Day-to-day Benefit



Hospitalisation (continued)	
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	Limited to R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication. Specialised oncology benefits are available for certain biologicals and immunologicals, subject to criteria 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
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor). Only covered if recipient is a member of the Scheme	R24 700 cadaver costs R50 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits - maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7 - impacted wisdom teeth	Hospital account (covered in full at the rate agreed upon with the hospital group) and anaesthetist account (covered up to 200% of Momentum Medical Scheme Rate) paid from Major Medical Benefit, subject to R1 590 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit, and accumulates towards the specialised dentistry limit Hospital account (covered in full at the rate agreed upon with the hospital group) and anaesthetist account (covered up to 200% of Momentum Medical Scheme Rate) paid from Major Medical Benefit, subject to R3 150 co-payment for day hospitals and R5 850 co-payment for acute hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of Momentum Medical Scheme Rate
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI, CT, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 630 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R7 950 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R210 000 per beneficiary, maximum 1 event per year Intraocular lenses: R8 220 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R79 400 per beneficiary per event, maximum 2 events per year



Hospitalisation (continued)	
Prosthesis – external (such as artificial arms and legs)	R27 600 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R43 600 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 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	R64 000 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R83 300 per family
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out-of-hospital	
Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	Any, Associated or State*
Cover	62 conditions
Limit	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 36 additional conditions - Limited to R11 800 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	
<p>General rule applicable to the Day-to-day Benefit: 25% of your contribution is available to cover day-to-day expenses. This is known as Savings. If this component is not enough to cover your annual day-to-day expenses, you will have a self-funding gap to pay out of your own pocket, up to the Threshold determined by your family size. Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover. Claims add up to the Threshold, and are paid from Extended Cover, at the Momentum Medical Scheme Rate subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached.</p> <p>The annual Threshold levels are: Member: R27 500; Per adult dependant: R23 900; Per child dependant: R7 900 (applies up to a maximum of 3 children) Should you not join in January, your Threshold and sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)</p>	
Provider	Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R22 700 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)	R15 500 per beneficiary, R40 400 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the limit. 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 590 co-payment and pre-authorization
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	R28 100 per family R8 480 sub-limit per family for hearing aids Subject to pre-authorization
General practitioners	Depending on the chronic provider selected: Any or State provider: 100% of the Momentum Medical Scheme Rate. Associated provider: 100% of the Momentum Medical Scheme Rate for Associated GPs and 70% of the Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of the Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 770 per beneficiary Frame sub-limit of R2 600
Pathology (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology (such as x-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans	Covered from Major Medical Benefit, R2 630 co-payment applies per scan



Day-to-day benefits (continued)		
Prescribed medication	R20 000 per beneficiary, R37 900 per family	
Over-the-counter medication (incl. prescribed vitamins and homeopathic medicine)	Subject to Savings, does not accumulate to Threshold	
Health Platform Benefit		
General rule applicable to the Health Platform Benefits: Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit.		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations	Children up to age 6	As required by the Department of Health
Flu vaccines	Children between 6 months and 5 years Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) Consultation (GP* or gynaecologist)	Women 15 and older	Once a year
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP* 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 measurements	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



Early detection tests (continued)			
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 consultations with lactation specialist		Initial and follow-up consultations	
Nurse home visits		3 visits: Day after return from hospital following childbirth, then after 2 and 6 weeks	
Urine tests (dipstick)		Included in antenatal visits	
Pathology tests	Women registered on the programme	Antiglobin, blood group, creatinine, full blood count, platelet count, Rhesus factor and Rubella antibody	1 test
		Glucose strip and haemoglobin estimation	2 tests
		Urinalysis	12 tests
		Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated
Scans		2 pregnancy scans (3D and 4D growth scans covered up to the rate we pay for 2D scans)	
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year	
Health management programmes			
Cholesterol, Chronic renal failure, Diabetes, Drug and alcohol rehabilitation, HIV/Aids, Hypertension, Mental health, Oncology and Organ transplants	All beneficiaries registered on the appropriate programme	As needed	
Health line			
24-hour emergency health advice	All beneficiaries	As needed	



Emergency evacuation		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International emergency cover by ISOS		
R8.22 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover) A R1 960 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 under the Health Platform*