

## **Focus on the Custom Option**

The Custom 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 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, chronic medication and treatment to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits such as preventative screening tests, certain check-ups and more. If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can make use of the HealthSaver<sup>†</sup>. The HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

There is a co-payment for Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.

<sup>†</sup>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.



### Major Medical Benefit

<b>Provider</b>	Any or Associated hospitals
<b>Limit</b>	No overall annual limit applies
<b>Rate</b>	Associated specialists covered in full Other specialists covered up to 100% of the Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
<b>Specialised procedures/treatment</b>	Certain procedures/treatment covered
<b>Co-payment</b>	R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply for specialised procedures

### Chronic and Day-to-day Benefits

<b>Chronic provider</b>	Any provider: Core formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
<b>Chronic conditions covered</b>	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
<b>Day-to-day provider</b>	Any
<b>Day-to-day benefit</b>	You can add the HealthSaver to provide cover for your day-to-day healthcare expenses

### Health Platform Benefit

<b>Provider</b>	Any or Associated
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### Contributions

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 423	R4 335	R3 278	R5 190	R6 045	R6 900
	Associated	R2 194	R3 895	R2 969	R4 670	R5 445	R6 220
	State	R1 706	R2 997	R2 311	R3 602	R4 207	R4 812
Any	Any	R2 891	R5 211	R3 923	R6 243	R7 275	R8 307
	Associated	R2 601	R4 633	R3 546	R5 578	R6 523	R7 468
	State	R2 173	R3 813	R2 969	R4 609	R5 405	R6 201

Maximum of 3 children charged for



### **Major Medical Benefit**

This benefit provides cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit for hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 100% 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, 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. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

### **Day-to-day Benefit**

If you would like to add cover for day-to-day healthcare expenses, such as GP visits or prescribed medicine, you can 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 the quality of life and gives peace of mind through:

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



## Benefit schedule

Major Medical Benefit		
<p><b>General rule applicable to the Major Medical Benefit:</b> 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)</p>		
Provider	Any or Associated hospitals	
Overall limit	None	
Co-payment	R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply for specialised procedures, as indicated below	
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	Standard hospitalisation co-payment of R1 640, plus specialised procedure co-payment of R3 290 per authorisation applies
Gastrosopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme Co-payment of R1 640 per authorisation	
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 HealthSaver, if available (No co-payment applies)	
Hospitalisation		
Benefit	Associated specialists covered in full Other specialists covered up to 100% 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 HealthSaver, if available	
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	

<b>Hospitalisation (continued)</b>	
Oncology	R300 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
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when the recipient is a member of the Scheme	R20 300 cadaver costs R41 200 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 640 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 co-payment of R2 740 per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R6 560 per family
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R5 700 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R48 500 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc)	R22 800 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R37 000 per beneficiary 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R53 000 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R69 900 per family
<b>Specialised procedures/treatment</b>	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out-of-hospital	



<b>Chronic Benefit</b>		
<b>General rule applicable to the Chronic Benefit:</b> Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme		
Provider	Any, Associated or State*	
Cover	26 conditions covered, according to the Chronic Disease List in Prescribed Minimum Benefits	
* 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		
<b>Day-to-day Benefit</b>		
<b>General rule applicable to the Day-to-day Benefit:</b> Benefits are subject to HealthSaver, if available		
<b>Health Platform Benefit</b>		
<b>General rule applicable to the Health Platform:</b> Health Platform benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefits		
<b>What is the benefit?</b>	<b>Who is eligible?</b>	<b>How often?</b>
<b>Preventative care</b>		
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
<b>Early detection tests</b>		
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

<b>Early detection tests (continued)</b>		
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 (glucose) test (pathologist) Only covered if health assessment results indicate blood sugar levels of 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
<b>Maternity programme (subject to registration on the Maternity programme between 8 and 20 weeks of pregnancy)</b>		
Doula benefit	Women registered on the programme	2 visits per pregnancy
Antenatal visits (Midwives, GP* or gynaecologist)		12 visits
Nurse home visits		2 visits, the day after returning from hospital following childbirth and 2 weeks later
Urine tests (dipstick)		Included in antenatal visits
Scans		2 pregnancy scans
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year
<b>Health management programmes</b>		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed
<b>Health line</b>		
24-hour emergency health advice	All beneficiaries	As needed
<b>Emergency evacuation</b>		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency



International emergency cover by ISOS		
R7.66 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 under the Health Platform.*