Focus on the Evolve Option - 2027

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Introduction

The Evolve Option provides cover for hospitalisation at the Evolve Network of private hospitals. There is no overall annual limit for hospitalisation. A co-payment of R2 100 per authorisation applies to Major Medical Benefits including 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.

You need to use State facilities for all your chronic treatment, including doctors, scripts and medication.

You have cover for four virtual GP consultations from the GP Virtual Consultation Network, which includes Hello Doctor. The Health Platform provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more.

If you need more day-to-day cover, you can choose to make use of the HealthSaver+. To help pay for in-hospital shortfalls and co-payments, you can make use of Momentum GapCover+. HealthSaver and GapCover are complementary products offered by Momentum.

This focus page summarises the 2027 benefits available on the Evolve Option. Scheme Rules always take precedence and are available on request.

Momentum Medical Scheme's 2027 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Registrar.

Major Medical Benefit

Provider	Evolve Network hospitals. Certain procedures are only covered in day hospitals - see**List of procedures covered in any day facility on the Evolve Option**
Limit	No overall annual limit applies
Rate	Associated specialists are 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.

Specialised procedures/treatment	Certain procedures/treatment covered - see Member brochure for the list
Co-payments	R2 100 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/treatments and specialised scans.

This benefit includes cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit on hospitalisation. Claims are paid up to 100% of the Momentum Medical Scheme Rate. 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 that the treatment is clinically appropriate and has been authorised. Some procedures are only covered in day hospitals, such as cataract surgery and some sinus procedures - see Member brochure for the list.

A co-payment of R2 100 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.

If pre-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 must obtain authorisation within 72 hours of admission.

Chronic Benefit

Chronic provider and formulary	State facilities and State formulary
Chronic conditions covered	26 conditions covered according to the Chronic Disease List in the Prescribed Minimum Benefits

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Evolve Option, chronic benefits are available from State facilities only. 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 and approval by the Scheme.

Day-to-day Benefit

Day-to-day provider	Any provider
Day-to-day benefit	4 virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. 2 physiotherapist or biokineticist consultations per beneficiary for sports injuries, up to R1 250 per year. You can add HealthSaver to provide cover for your day-to-day healthcare expenses, such as additional GP visits and prescribed medicine.

You have cover for four virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of Momentum HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered by your option.

Health Platform Benefit

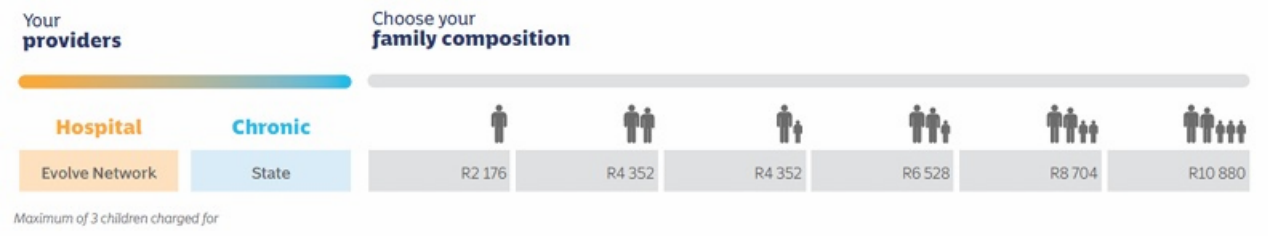
Provider	Any provider

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.

This benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection;
- maternity programme; and
- health education and advice.

Contributions



Benefit Schedule

Major Medical Benefit

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. 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. 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	Evolve Network hospitals. Certain procedures are only covered in day hospitals. See a list of these procedures here. The list of day hospitals is available on the **Momentum App** or **momentummedicalscheme.co.za**.
Overall annual limit	None

Co-payments	R2 100 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 specialised procedures, as indicated below.
Co-payments for specialised procedures/treatment	
The standard Evolve Option co-payment of **R2 100** per authorisation applies to these procedures and treatment regardless of where they are performed. Plus, the specialised procedures/treatment co-payment of **R5 700** per authorisation applies if performed in an acute hospital (hospital where overnight admissions apply) or in a 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
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 Momentum HealthSaver, if available **High severity cases** in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above
* Covered at State facilities	
Hospitalisation	
Benefit	Associated specialists are covered in full. 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
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Momentum 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. Covered for Prescribed Minimum Benefit level of care. Momentum Medical Scheme Reference Pricing applies 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. Maxillo-facial 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)	R8 200 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 900 per beneficiary per event, maximum 2 events per year Other internal prostheses: R45 900 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs)	R29 500 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 co-payment of R4 050 per scan
Mental health • including psychiatry and psychology; and • 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	R64 000 per family (combined limit), subject to case management
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 R53 000 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 380 co-payment applies per emergency out-patient claim
Specialised procedures or treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in - and out of hospital. Refer to the Member brochure for a list of procedures and treatment covered.	

Chronic Benefit

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	State facilities
Cover	26 conditions covered, according to Chronic Disease List in the Prescribed Minimum Benefits

Day-to-day Benefit

Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: Benefits are subject to Momentum 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 (including psychiatry and psychology)	Subject to HealthSaver if available
Dentistry - basic (such as extractions or fillings)	Subject to HealthSaver if available
Dentistry - specialised	Subject to HealthSaver if available
External medical and surgical appliances (including hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver if available
General practitioners	4 virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required. Medication will be subject to Momentum HealthSaver, if available
Sports injury benefit	2 physiotherapist or biokineticist visits per beneficiary per year for treatment related to sports injuries. Covered at 100% of the Momentum Medical Scheme Rate, up to a maximum of R1 250 per beneficiary per year, subject to pre-authorisation
Specialists	Subject to HealthSaver if available
Optical and optometry (including 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 R4 050 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver if available
Over-the-counter medication	Subject to HealthSaver if available

Health Platform Benefit

Health Platform Benefit		
General rule applicable to the 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**.		
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 All 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		
Preventative dental care, such as a consultation with a dentist or dental cleaning at an oral hygienist, covered up to R520	All beneficiaries	Once a year
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
Health assessment: 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 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
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
Nurse home visits			2 visits, the day after returning from hospital following childbirth and 2 weeks later
Urine tests (dipstick)			Included in antenatal visits
Pathology tests	Blood group, creatinine, full blood count, glucose strip, haemoglobin estimation and Rhesus factor		1 test
	Urinalysis		12 tests
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Scans			2 pregnancy scans. We cover 3D and 4D growth scans up to the rate that we pay for 2D scans
Paediatrician visits		Babies up to 12 months registered on the programme	2 visits in baby's first year
Health line			
24-hour emergency health advice		All beneficiaries	As needed

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