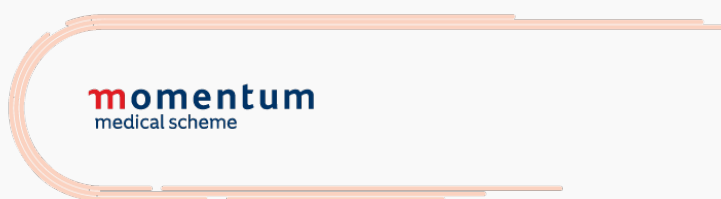


Focus on the Summit Option - 2027

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Introduction

The Summit Option includes cover for hospitalisation at any private hospital. There is no overall annual limit for hospitalisation. Extensive day-to-day and chronic benefits are available from any provider. The Health Platform Benefit provides cover for a range of 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 Summit 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	Any hospital
Limit	No overall annual limit applies
Benefit	Associated specialists covered in full. Other specialists covered up to 300% 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

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 300% 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/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. 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 admittance.

Chronic Benefit

Chronic provider and formulary	Any provider and Comprehensive 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: accumulate to overall day-to-day limit of R36 100 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. 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 of the cost difference between the selected item and the formulary price is payable. 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. An additional 36 conditions are covered subject to the overall day-to-day limit of R36 100 per beneficiary (this is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions). Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

Day-to-day provider	Any provider
Day-to-day benefit	Covered from risk benefit, subject to overall day-to-day limit of R36 100 per beneficiary and sub-limits. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions.

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine, and is paid from the risk benefit. The benefits are subject to an overall day-to-day limit of R36 100 per beneficiary and certain sub-limits apply. (The overall day-to-day limit of R36 100 is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions).

Health Platform Benefit

Provider	Any
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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 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 hospital
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Overall annual limit	None
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Hospitalisation

Benefit	Associated specialists covered in full. Other specialists covered up to 300% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group.
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High and intensive care	No annual limit applies
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Casualty or after-hour visits	Subject to Day-to-day Benefit
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Renal dialysis	No annual limit applies
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Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication. Specialised oncology benefits are available for certain biologicals and immunologicals, subject to criteria.
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Organ transplants (recipient)	No annual limit applies
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Organ transplants (donor): Only covered when recipient is a member of the Scheme	R30 000 cadaver costs R62 000 live donor costs (including transportation)
In-hospital dental and oral benefits	
<ul style="list-style-type: none"> Maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7 	<p>The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate.</p> <p>The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits.</p>
<ul style="list-style-type: none"> Dentistry related to trauma 	<p>The hospital account is paid at the negotiated rate.</p> <p>The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 300% of the Momentum Medical Scheme Rate.</p>
<ul style="list-style-type: none"> Extraction of impacted wisdom teeth 	<p>The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate.</p> <p>The dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate.</p>
<ul style="list-style-type: none"> Implants and all other in-hospital dental treatment 	<p>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.</p>
Other in-hospital procedure	
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 650 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R9 650 per family, subject to pre-authorisation
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, etc)	<p>Cochlear implants: R256 000 per beneficiary, maximum 1 event per year</p> <p>Intraocular lenses: R9 970 per beneficiary per event, maximum 2 events per year</p> <p>Other internal prostheses: R96 300 per beneficiary per event, maximum 2 events per year</p>
Prosthesis – external (such as artificial arms or legs, etc)	R33 400 per family
Mental health <ul style="list-style-type: none"> including psychiatry and psychology; and drug and alcohol rehabilitation 	R53 000 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	R78 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 <ul style="list-style-type: none"> • Anti-retroviral treatment • HIV related admissions 	No annual limit applies at any provider R101 200 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 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 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
Cover	Cover for 62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies. Cover for 36 additional conditions, subject to overall day-to-day limit of R36 100 per beneficiary (this is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions).

Day-to-day Benefit

Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: 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 R36 100 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for 36 additional chronic conditions. The sub-limits specified apply per year unless stated otherwise. 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	You can use any provider of your choice

Acupuncture, Homeopathy, Naturopathy, Herbiology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R10 280 per family. Subject to overall day-to-day limit of R36 100 per beneficiary
Mental health (including psychiatry and psychology)	R30 900 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary
Dentistry - basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Dentistry - specialised (such as bridges or crowns)	R21 600 per beneficiary, R52 000 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary. 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 pre-authorisation.
External medical and surgical appliances (including hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R41 900 per family. R24 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R36 100 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Optical and optometry (including contact lenses and refractive eye surgery)	Overall limit of R6 400 per beneficiary. Frame sub-limit of R3 200 Subject to overall annual day-to-day limit of R36 100 per beneficiary.
Pathology (such as cholesterol tests)	Subject to overall annual day-to-day limit of R36 100 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R36 100 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to a R3 650 co-payment per scan and pre-authorisation
Prescribed medication	R28 100 per beneficiary, R46 200 per family. Subject to overall annual day-to-day limit of R36 100 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

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 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 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
Online antenatal and postnatal classes			18-month subscription
Online video consultations with lactation specialist			Initial consultation plus follow up
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	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. We cover 3D and 4D growth scans up to the rate that we pay for 2D scans
Pediatrician visits		Babies 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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