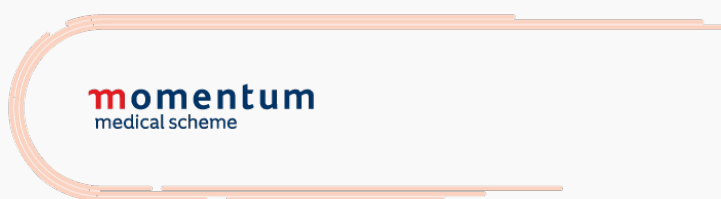


Focus on the Incentive Option - 2027

Last Modified on 30/09/2026 11:46 am CAT



Introduction

The Incentive 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.

10% of your contribution goes to a dedicated Personal Medical Savings Account (Savings) to cover your day-to-day expenses.

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 Incentive 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 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 – see Member brochure for the list
Co-payments	Co-payments may apply for specialised procedures/treatment, specialised dentistry and specialised scans.

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 that treatment has been pre-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 pre-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. If you choose Associated hospitals and you do not use this provider, a 30% co-payment will apply on the hospital account.

Chronic Benefit

Chronic provider and Formulary	Any provider: Standard formulary, or Associated GPs and Courier pharmacy: Core formulary, or State: State formulary
Chronic conditions covered	Cover for 32 conditions: 26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits: no annual limit applies 6 additional conditions: limited to R14 300 per family per year

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, which forms part of the Prescribed Minimum Benefits. A limit of R14 300 per family per year applies to an additional 6 conditions (refer to the Member brochure for a list of these 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
Savings	Fixed at 10% of total contribution

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 Momentum HealthSaver.

Health Platform Benefit

Provider	Any or Associated provider
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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

Choose
your providers

Choose your
family composition

Hospital	Chronic						
Associated	Any	R5 787	R10 445	R7 950	R12 608	R14 771	R16 934
	Associated	R5 099	R9 153	R7 036	R11 090	R13 027	R14 964
	State	R3 627	R6 489	R5 018	R7 880	R9 271	R10 662
Any	Any	R6 543	R11 860	R9 094	R14 411	R16 962	R19 513
	Associated	R5 549	R9 997	R7 729	R12 177	R14 357	R16 537
	State	R4 510	R8 063	R6 293	R9 846	R11 629	R13 412

Maximum of 3 children charged for

Benefit schedule

Major Medical Benefit

Major Medical Benefit

General rule applicable to Major Medical Benefits: 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 R2 100 per authorisation applies to these procedures/treatments if performed in a day hospital OR the Specialised Procedures/Treatments co-payment of R5 700 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
Gastrosopies, 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	<p>Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or Momentum HealthSaver, if available</p> <p>High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above</p>
Hospitalisation	
Benefit	<p>Associated specialists covered in full.</p> <p>Other specialists covered up to 200% of the Momentum Medical Scheme Rate.</p> <p>Hospital accounts are covered in full at the rate agreed upon with the hospital group.</p>
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Savings
Renal dialysis	<p>No annual limit applies.</p> <p>If you choose State as your chronic provider, you need to make use of State facilities for your renal dialysis.</p>
Oncology	<p>R400 000 per beneficiary per year, thereafter a 20% co-payment applies.</p> <p>Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication.</p> <p>If you choose State as your chronic provider, you need to obtain your oncology treatment from an ICON provider authorised by the Scheme.</p> <p>If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost.</p>
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor): Only covered when the recipient is a member of the Scheme	<p>R30 000 cadaver costs</p> <p>R62 000 live donor costs (including transportation)</p>
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, subject to a R1 900 co-payment per authorisation.</p> <p>The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate.</p> <p>The dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver, if available.</p>

<ul style="list-style-type: none"> Dentistry related to trauma 	<p>The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% 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, subject to a R3 750 co-payment for day hospitals and a R7 100 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and 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 Savings or HealthSaver, if available.</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 a R3 650 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R9 200 per family
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, etc)	<p>Cochlear implants: R233 700 per beneficiary, maximum 1 event per year</p> <p>Intraocular lenses: R9 300 per beneficiary per event, maximum 2 events per year</p> <p>Other internal prostheses: R70 000 per beneficiary per event, maximum 2 events per year</p>
Prosthesis – external (such as artificial arms or legs)	R32 100 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	<p>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.</p> <p>Appropriate treatment related to the event is covered as per authorisation.</p>
Medical rehabilitation, private nursing, Hospice and step-down facilities	R73 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 preferred provider R101 200 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 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.	

* 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.

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	Any, Associated or State*	
Cover	32 conditions	
Limit	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 6 additional conditions – limited to R14 300 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.		

* 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.

Day-to-day Benefit

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	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 900 co-payment and pre-authorisation. Other specialised dentistry: 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 R3 650 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

* 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.

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	Once a year
	Women 21 to 65	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		2 visits per pregnancy
Antenatal visits (Midwives, GP* or gynaecologist)		12 visits

Online antenatal and postnatal classes		Women registered on the programme	18-month subscription
Online video consultations with lactation specialist			Initial consultation
Nurse home visits			3 visits: Day after return from hospital, and 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
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

* 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.

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