



2026

Our benefits

Momentum Medical Scheme's 2026 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Registrar.

Make the right choice	Individual contributions	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option	Health Platform Benefit	Specialised procedures/ treatment	Chronic Benefit	Chronic conditions covered	Hospital lists	Glossary of terms	Exclusions
4	6	8	12	16	20	24	28	32	34	37	38	40	42	43



General disclaimers

This brochure is a marketing aid.

On joining the Scheme, all Momentum Medical Scheme members receive a detailed member brochure. Momentum Medical Scheme may specify certain principles, protocols, processes and limits relating to the use of your benefits. Scheme Rules will always take precedence and are available on request.

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a waiting period and/or a late joiner penalty to your membership, we will let you know before we activate your cover.

Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.

Make the right choice

Momentum Medical Scheme strives to offer you value for money through its flexible benefit options to match your family's healthcare needs. Use the following guide to find the option that best matches your healthcare needs.

Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like medicine to lower high blood pressure), day-to-day expenses (like visiting your GP), or emergency care. The option that you choose will determine how much your contribution will be, and what benefits you will have access to for the different healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

The Benefit Structure

Major Medical Benefit

The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room or day hospital, provided treatment is clinically appropriate and has been pre-authorised.

Ingwe Option



Any hospital, Ingwe Network hospitals* or Connect Network hospitals*

Specialists covered up to **100%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Evolve Option



Evolve Network hospitals*

Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies
R2 000 co-payment applies

Custom Option



Any or Associated hospitals*

Associated specialists covered in full. Other specialists covered up to **100%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies
R2 000 co-payment applies

Incentive Option



Any or Associated hospitals*

Associated specialists covered in full. Other specialists covered up to **200%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Extender Option



Any or Associated hospitals*

Associated specialists covered in full. Other specialists covered up to **200%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Summit Option



Any hospital

Associated specialists covered in full. Other specialists covered up to **300%** of Momentum Medical Scheme Rate
Hospital accounts covered in full at negotiated rate
No overall annual limit applies

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Ingwe Primary Care Network providers**, **Ingwe Active Network providers**** or **State facilities**

26 conditions - no annual limit applies

Chronic Benefit formulary: Fixed formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
State facilities

26 conditions - no annual limit applies

Chronic Benefit formulary: State formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Any (Any GP and any pharmacy), **Associated**** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State facilities**

26 conditions - no annual limit applies

Chronic Benefit formulary: **Any:** Basic formulary
Associated: Core formulary
State: State formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Any (Any GP and any pharmacy), **Associated**** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State facilities**

26 conditions - no annual limit applies
Additional **6** conditions limited to **R13 700** per family

Chronic Benefit formulary: **Any:** Standard formulary
Associated: Core formulary
State: State formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Any (Any GP and any pharmacy), **Associated**** (Selected preferred GPs and Medipost Courier pharmacy for chronic medication), or **State facilities**

26 conditions - no annual limit applies
Additional **36** conditions limited to **R13 700** per family

Chronic Benefit formulary: **Any:** Extended formulary
Associated: Core formulary
State: State formulary

Medical management including doctor, pharmacy, blood tests, x-rays, etc
Freedom-of-choice of provider

26 conditions - no annual limit applies
Additional **36** conditions accumulate to the overall day-to-day limit of **R34 500** per beneficiary

Chronic Benefit formulary: **Comprehensive** formulary

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medication.
You have the choice of adding more day-to-day cover through the HealthSaver+.

Ingwe Primary Care Network providers**, **Ingwe Active Network providers**** or **State facilities**

Primary care (such as GP visits, prescribed medicine, etc)
Secondary care (Specialist visits)

Any provider

You may add the **HealthSaver+** to provide cover for your day-to-day healthcare expenses

Any provider

You may add the **HealthSaver+** to provide cover for your day-to-day healthcare expenses

Any provider, subject to Savings if available

Savings **10%** of total contribution

Any provider or **Associated provider** (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)

Savings **25%** of total contribution plus Extended Cover

Freedom-of-choice

Paid from risk benefit, subject to overall day-to-day limit of **R34 500** per beneficiary
This is a combined limit incorporating both day-to-day cover and cover for the **36** additional chronic conditions

Health Platform Benefit

The Health Platform Benefit encourages health awareness, enhances quality of life and gives peace of mind through preventative care, early detection and a leading maternity programme.

On the Ingwe Option, if you choose Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider

If you choose Connect Network hospitals on the Ingwe Option, or if you choose the Evolve, Custom, Incentive, Extender or Summit Option, you may use any healthcare provider. On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the Health Platform GP consultation benefits

Complementary Momentum Products

Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.



HealthSaver

Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket



GapCover

Add extra cover to assist with in-hospital shortfalls and co-payments



momentum

See separate Momentum Complementary Product brochure for more information

Individual contributions

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C
Monthly income	R0 - R1 550	Connect Network	State	State	R1 079	R1 079	R301
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R645	R645	R581
		Any	Ingwe Active Network	Ingwe Active Network	R645	R645	R645
	R1 551 - R9 400	Connect Network	State	State	R1 252	R1 252	R328
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 425	R1 425	R652
		Any	Ingwe Active Network	Ingwe Active Network	R1 852	R1 852	R735
	R9 401 - R12 500	Connect Network	State	State	R1 635	R1 635	R408
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 814	R1 814	R680
		Any	Ingwe Active Network	Ingwe Active Network	R2 590	R2 590	R783
	R12 501 - R18 000	Connect Network	State	State	R1 763	R1 763	R438
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 492	R2 492	R733
		Any	Ingwe Active Network	Ingwe Active Network	R3 527	R3 527	R822
	R18 001 - R23 500	Connect Network	State	State	R2 870	R2 870	R652
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 576	R3 576	R1 053
		Any	Ingwe Active Network	Ingwe Active Network	R4 527	R4 527	R1 314
	R23 501+	Connect Network	State	State	R3 302	R3 302	R750
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 590	R3 590	R1 058
		Any	Ingwe Active Network	Ingwe Active Network	R4 546	R4 546	R1 318
Evolve Option					P	A	C
		Hospital	Chronic				
		Evolve Network	State		R2 029	R2 029	R2 029
Custom Option					P	A	C
		Hospital	Chronic				
Associated			Any		R3 749	R2 958	R1 322
			Associated		R3 334	R2 586	R1 178
			State		R2 585	R1 956	R916
Any			Any		R4 472	R3 589	R1 596
			Associated		R3 953	R3 089	R1 437
			State		R3 295	R2 487	R1 207
Incentive Option					P	A	C
Associated		Hospital	Chronic				
				Total contribution	R5 333	R 4 292	R 1 993
				Risk contribution	R4 800	R3 863	R1 794
				Savings 10%	R 533	R429	R199
			Annual Savings	R6 396	R5 148	R2 388	
		Associated	Chronic				
				Total contribution	R4 731	R3 762	R1 797
				Risk contribution	R4 258	R3 386	R1 617
				Savings 10%	R473	R376	R180
			Annual Savings	R5 676	R4 512	R2 160	
		State	Chronic				
				Total contribution	R3 362	R2 653	R1 290
Risk contribution	R3 026			R2 388	R1 161		
Savings 10%	R336			R 265	R129		
	Annual Savings	R4 032	R3 180	R1 548			

Incentive Option <i>(continued)</i>				P	A	C
Any	Any	Any	Total contribution	R6 030	R4 900	R2 351
			Risk contribution	R5 427	R4 410	R2 116
			Savings 10%	R603	R490	R235
			Annual Savings	R7 236	R5 880	R2 820
		Associated	Total contribution	R5 149	R4 128	R2023
			Risk contribution	R4 634	R3 715	R1 821
			Savings 10%	R515	R413	R202
			Annual Savings	R6 180	R4 956	R2 424
		State	Total contribution	R4 179	R3 292	R1 652
			Risk contribution	R3 761	R2 963	R1 487
			Savings 10%	R418	R329	R165
			Annual Savings	R5 016	R3 948	R1 980
Extender Option				P	A	C
Associated	Any	Any	Total contribution	R10 088	R8 125	R2 856
			Risk contribution	R7 566	R6 094	R2 142
			Savings 25%	R2 522	R2 031	R714
			Annual Savings	R30 264	R24 372	R8 568
			Threshold	R36 900	R32 000	R10 600
		Associated	Total contribution	R9 081	R7 309	R2 612
			Risk contribution	R6 811	R5 482	R1 959
			Savings 25%	R2 270	R1 827	R653
			Annual Savings	R27 240	R21 924	R7 836
			Threshold	R36 900	R32 000	R10 600
		State	Total contribution	R7 939	R6 021	R2 335
			Risk contribution	R5 954	R4 516	R1 751
Savings 25%	R1 985		R1 505	R584		
Annual Savings	R23 820		R18 060	R7 008		
Threshold	R36 900		R32 000	R10 600		
Any	Any	Any	Total contribution	R11 472	R9 240	R3 291
			Risk contribution	R8 604	R6 930	R2 468
			Savings 25%	R2 868	R2 310	R823
			Annual Savings	R34 416	R27 720	R9 876
			Threshold	R36 900	R32 000	R10 600
		Associated	Total contribution	R10 079	R8 117	R2 899
			Risk contribution	R7 559	R6 088	R2 174
			Savings 25%	R2 520	R2 029	R725
			Annual Savings	R30 240	R24 348	R8 700
			Threshold	R36 900	R32 000	R10 600
		State	Total contribution	R9 017	R7 401	R2 647
			Risk contribution	R6 763	R5 551	R1 985
Savings 25%	R2 254		R1 850	R662		
Annual Savings	R27 048		R22 200	R7 944		
Threshold	R36 900		R32 000	R10 600		
Summit Option				P	A	C
Hospital	Chronic	Day-to-day	P	A	C	
Any	Freedom-of-choice	Freedom-of-choice	R16 469	R13 075	R3 756	

P = Principal A = Adult C = Child
Child rates apply to child dependants younger than 21
On the Ingwe Options, all children are charged for. On the Evolve, Custom, Incentive, Extender and Summit Options, a maximum of 3 children are charged for



Your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day						
R0 - R1 550	Connect Network	State	State	R1 079	R2 158	R1 380	R2 459	R2 760	R3 061
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R645	R1 290	R1 226	R1 871	R2 452	R3 033
	Any	Ingwe Active Network	Ingwe Active Network	R645	R1 290	R1 290	R1 935	R2 580	R3 225
R1 551 - R9 400	Connect Network	State	State	R1 252	R2 504	R1 580	R2 832	R3 160	R3 488
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 425	R2 850	R2077	R3 502	R4 154	R4 806
	Any	Ingwe Active Network	Ingwe Active Network	R1 852	R3 704	R2 587	R4 439	R5 174	R5 909
R9 401 - R12 500	Connect Network	State	State	R1 635	R3 270	R2 043	R3 678	R4 086	R4 494
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 814	R3 628	R2 494	R4 308	R4 988	R5 668
	Any	Ingwe Active Network	Ingwe Active Network	R2 590	R5 180	R3 373	R5 963	R6 746	R7 529
R12 501 - R18 000	Connect Network	State	State	R1 763	R3 526	R2 201	R3 964	R4 402	R4 840
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 492	R4 984	R3 225	R5 717	R6 450	R7 183
	Any	Ingwe Active Network	Ingwe Active Network	R3 527	R7 054	R4 349	R7 876	R8 698	R9 520
R18 001 - R23 500	Connect Network	State	State	R2 870	R5 740	R3 522	R6 392	R7 044	R7 696
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 576	R7 152	R4 629	R8 205	R9 258	R10 311
	Any	Ingwe Active Network	Ingwe Active Network	R4 527	R9 054	R5 841	R10 368	R11 682	R12 996
R23 501+	Connect Network	State	State	R3 302	R6 604	R4 052	R7 354	R8 104	R8 854
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 590	R7 180	R4 648	R8 238	R9 296	R10 354
	Any	Ingwe Active Network	Ingwe Active Network	R4 546	R9 092	R5 864	R10 410	R11 728	R13 046

All children are charged for



- This table represents a summary of the benefits for 2026
- If you choose Connect Network hospitals, Chronic and Day-to-day Benefits are only available at State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or if you choose Any hospital, benefits are only available from the Ingwe Active Network and chronic medication needs to be obtained from Medipost
- If you choose Ingwe Network hospitals or Connect Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)
- + HealthSaver is a complementary product offered by Momentum

Benefit	Specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies	Major Medical
Provider	Connect Network hospitals, Ingwe Network hospitals or Any hospital	
General rule applicable to Major Medical Benefits	You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions like diabetes 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	
High and intensive care	10 days per admission	
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities	
Oncology	If you choose Connect Network hospitals, you need to obtain your oncology treatment from an oncologist authorised by the Scheme, and benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities	
Organ transplants	If you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities	
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits	
Maternity confinements Caesarean sections: Only emergency caesareans are covered	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)	R7 000 per family	
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Limited to Prescribed Minimum Benefits at State facilities	
Prosthesis – external (such as artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities	
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities	
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities	
Take-home medicine	7 days’ supply	
Medical rehabilitation and step-down facilities	R17 500 per beneficiary (combined limit), subject to case management	
Private nursing and Hospice	Not covered	
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme	
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	R42 300 per family at preferred provider R42 800 per family at your chosen hospital provider	
Emergency medical transport in South Africa by Netcare 911	No annual limit applies	

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities	Chronic
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered	
General rule applicable to Chronic Benefits	If you choose Connect Network hospitals, benefits are only available at State facilities. If you choose Ingwe Network hospitals, benefits are only available from the Ingwe Primary Care Network or if you choose Any hospital, benefits are only available from the Ingwe Active Network. Benefits are subject to a list of medicine, referred to as a formulary	

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities, unless otherwise indicated	Day-to-day
Savings	Not applicable. You can choose to add the HealthSaver*	
General rule applicable to Day-to-day Benefits	If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes	
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities	
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities	
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions	
Dentistry – specialised (such as bridges or crowns)	Not covered	
External medical and surgical appliances (incl. hearing aids, wheelchairs etc)	Not covered	
General practitioners	There is no limit to the number of times you visit your network GP. However, please note all visits from the 11th visit onwards must be pre-authorised	
GP virtual consultations	3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required	
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and the Scheme will be responsible for 70% of the negotiated tariff) Maximum of 2 visits per family per year, R110 co-payment per visit applies	
Specialists	2 visits per family per year, limited to R1 425 per visit and up to a maximum of R2 850 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities	
Physiotherapy	Included in the specialist limit	
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5	
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered	
Radiology – basic (such as X-rays)	Specific list of black and white x-rays covered	
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities	
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary	
Over-the-counter medication	Not covered	



• Evolve

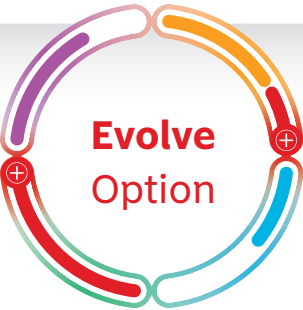
Your providers

Hospital	Chronic
Evolve Network	State

Choose your family composition

					
R2 029	R4 058	R4 058	R6 087	R8 116	R10 145

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you do not use Evolve Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account, in addition to the standard Evolve Option co-payment
- You need to use day hospitals for certain procedures. If you do not use a day hospital, you will have a co-payment of 30% on the hospital account and the Scheme will be responsible for 70% of the negotiated tariff
- The sub-limits specified 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)
- * See glossary of terms on page 42 for the definition of emergency treatment
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Evolve Network hospitals Certain procedures are only covered in day hospitals View a list of these procedures and the list of hospitals on momentummedicalscheme.co.za
Co-payment	R2 000 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 - see page 36
General rule applicable to Major Medical Benefits	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. 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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to 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. Momentum Medical Scheme Reference Pricing will apply 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. Dentistry related to 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)	R7 850 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 600 per beneficiary per event, maximum 2 events per year Other internal prostheses: R43 900 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R28 200 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 a co-payment of R3 850 per scan and pre-authorisation
Mental health - incl. psychiatry and psychology - 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	R61 000 per family (combined limit), subject to case management

Major Medical

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 R50 500 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 280 co-payment applies per emergency out-patient claim

Major Medical

Provider	State facilities
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Chronic

Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to 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 (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry – specialised (such as bridges or crowns)	Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver* if available
General practitioners	2 virtual consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required. Medication is subject to HealthSaver*, if available
Sports injury benefit	2 Physiotherapist or Biokineticist consultations per beneficiary, up to a limit of R1 200 per year, subject to pre-authorisation. Consultations paid at the Momentum Medical Scheme Rate
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. 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 R3 850 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

Day-to-day

• Custom

Overview

The Custom Option provides cover for  **hospitalisation** at 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, see page 40 for this list). A co-payment of R2 000 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.

For  **chronic treatment**, you can choose to have access to any GP 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 GPs for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script, medication and treatment 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. See page 32 for the list of benefits.

If you need cover for day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of the  **HealthSaver⁺**. HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses.

Choose your providers

Hospital		Chronic							
Associated	Any	R3 749	R6 707	R5 071	R8 029	R9 351	R10 673		
	Associated	R3 334	R5 920	R4 512	R7 098	R8 276	R9 454		
	State	R2 585	R4 541	R3 501	R5 457	R6 373	R7 289		
Any	Any	R4 472	R8 061	R6 068	R9 657	R11 253	R12 849		
	Associated	R3 953	R7 042	R5 390	R8 479	R9 916	R11 353		
	State	R3 295	R5 782	R4 502	R6 989	R8 196	R9 403		

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account, in addition to the standard Custom Option co-payment
- The sub-limits specified 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)
- * See glossary of terms on page 42 for the definition of emergency treatment
- ** If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and 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
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R2 000 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 - see page 36
General rule applicable to Major Medical Benefits	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. 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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver* if available
Renal dialysis**	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R26 000 cadaver costs R53 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R2 000 co-payment per authorisation. The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from HealthSaver*, if available
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 100% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 600 co-payment for day hospitals and a R6 800 co-payment for other hospitals per authorisation. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are subject to 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 R3 850 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 400 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R7 200 per beneficiary per event, maximum 2 events per year Other internal prostheses: R62 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R29 300 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R47 300 per beneficiary
Take-home medicine	7 days' supply

Medical rehabilitation, private nursing, Hospice and step-down facilities	R67 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 Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R89 500 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	R7 660 000 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 280 co-payment applies per emergency out-patient claim

Provider	Any, Associated or State
Cover	26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - see page 38 for a list of the conditions covered
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Provider	Any
Savings	Not applicable. You can choose to add the HealthSaver*
General rule applicable to Day-to-day Benefits	Benefits are subject to 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 (incl. psychiatry and psychology)	Subject to HealthSaver* if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver* if available
Dentistry – specialised (such as bridges or crowns)	Anaesthetist and 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 R2 000 co-payment and pre-authorisation Other specialised dentistry: Subject to HealthSaver* if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver* if available
General practitioners	Subject to HealthSaver* if available
Specialists	Subject to HealthSaver* if available
Optical and optometry (incl. 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 R3 850 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available



• Incentive

Choose your providers

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

Associated	R5 333	R9 625	R7 326	R11 618	R13 611	R15 604
	R4 731	R8 493	R6 528	R10 290	R12 087	R13 884
	R3 362	R6 015	R4 652	R7 305	R8 595	R9 885
Any	R6 030	R10 930	R8 381	R13 281	R15 632	R17 983
	R5 149	R9 277	R7 172	R11 300	R13 323	R15 346
	R4 179	R7 471	R5 831	R9 123	R10 775	R12 427

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)
- * If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and 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
- + HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	You to need 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. 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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis*	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R28 700 cadaver costs R59 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 820 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver ⁺ , if available
- dentistry related to trauma	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
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 600 co-payment for day hospitals and a R6 800 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
- implants and all other in-hospital dental treatment	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
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 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 800 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R223 600 per beneficiary, maximum 1 event per year Intraocular lenses: R8 900 per beneficiary per event, maximum 2 events per year Other internal prostheses: R67 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R30 700 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R50 600 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	R70 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 Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R96 800 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 280 co-payment applies per emergency out-patient claim

Provider	Any, Associated or State
Cover	Cover for 32 conditions - see page 38 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R13 700 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

Provider	Any
Savings	Fixed at 10% of total contribution
General rule applicable to Day-to-day Benefits	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
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 (incl. psychiatry and psychology)	Subject to Savings, if available
Dentistry – basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry – specialised (such as bridges or crowns)	Anaesthetist and 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 820 co-payment and pre-authorisation Other specialised dentistry: Subject to Savings, if available
External medical and surgical appliances (incl. 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 (incl. 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 500 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available



• Extender

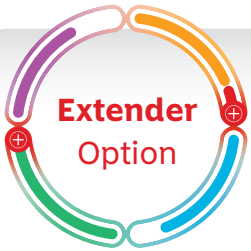
Choose your providers

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

						
Associated	R10 088	R18 213	R12 944	R21 069	R23 925	R26 781
	R9 081	R16 390	R11 693	R19 002	R21 614	R24 226
	R7 939	R13 960	R10 274	R16 295	R18 630	R20 965
Any	R11 472	R20 712	R14 763	R24 003	R27 294	R30 585
	R10 079	R18 196	R12 978	R21 095	R23 994	R26 893
	R9 017	R16 418	R11 664	R19 065	R21 712	R24 359

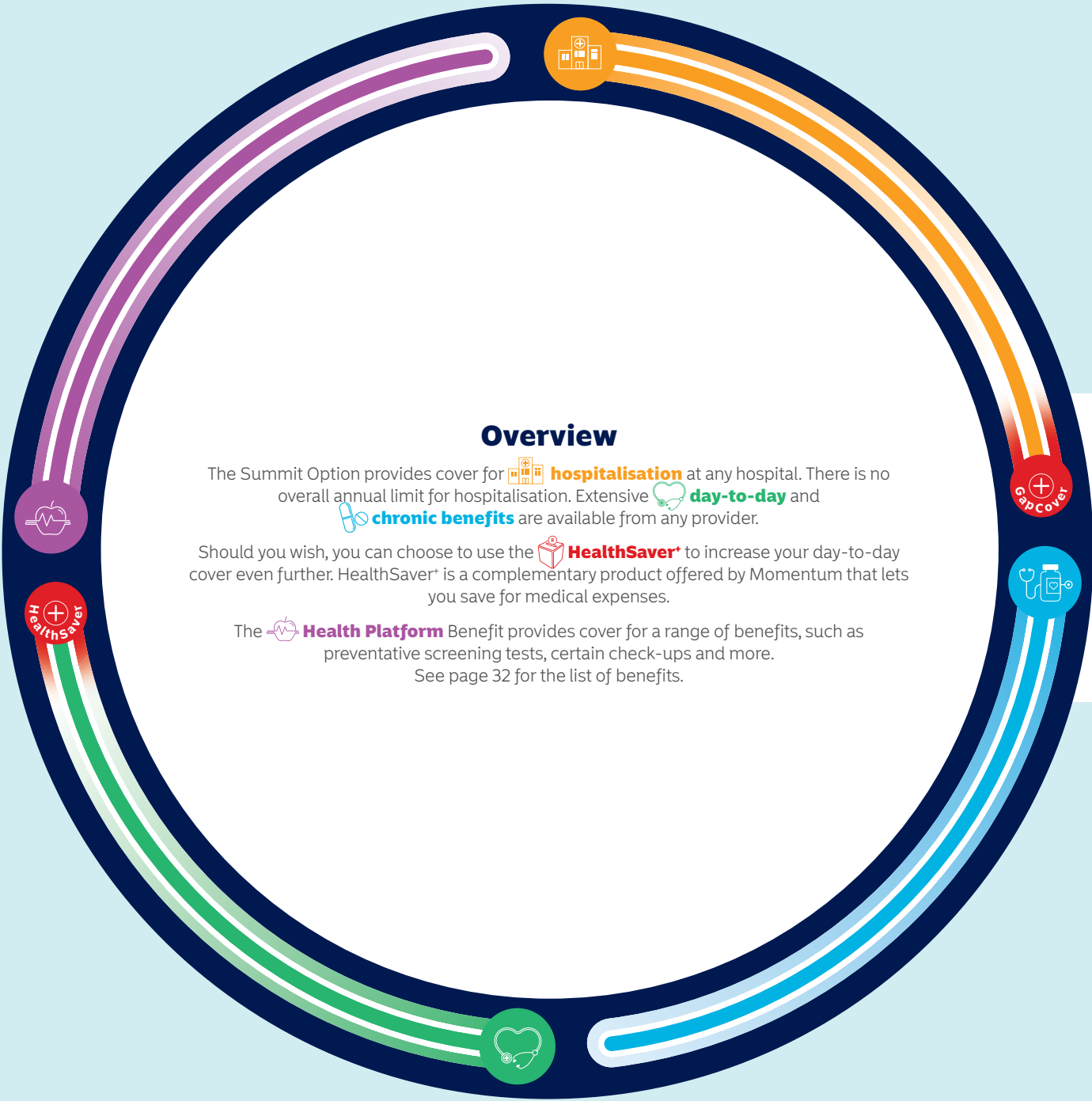
Maximum of 3 children charged for



- This table represents a summary of the benefits for 2026
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)
- * If you choose State as your chronic provider, you need to make use of State facilities for renal dialysis and 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

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for certain specialised procedures - see page 36
General rule applicable to Major Medical Benefits	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. 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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis*	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R28 700 cadaver costs R59 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 820 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist account and the dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 600 co-payment for day hospitals and a R6 800 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
- implants and all other in-hospital dental treatment	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
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 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R9 230 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R245 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 540 per beneficiary per event, maximum 2 events per year Other internal prostheses: R92 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R32 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R50 600 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	R75 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 Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at preferred provider R96 800 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 220 000 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 280 co-payment applies per emergency out-patient claim
Provider	Any, Associated or State
Cover	Cover for 62 conditions - see page 38 for a list of the conditions covered: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R13 700 per family per year
General rule applicable to Chronic Benefits	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme
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
General rule applicable to Day-to-day Benefits Annual Threshold levels: Member: R36 900 Per adult dependant: R32 000 Per child: R10 600 (max. 3 children)	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
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R26 300 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)	R18 100 per beneficiary, R46 900 per family Both in-and out-of-hospital dental specialist accounts accumulate towards the specialised dentistry limit Anaesthetist and 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 820 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R32 600 per family, R9 840 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected Any or State provider: 100% of Momentum Medical Scheme Rate Associated providers: 100% of Momentum Medical Scheme Rate for Associated GPs and 70% of Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 500 per beneficiary. Frame sub-limit of R3 000
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, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 500 co-payment per scan and pre-authorisation
Prescribed medication	R23 200 per beneficiary, R44 000 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)



Overview

The Summit Option provides cover for **hospitalisation** at any hospital. There is no overall annual limit for hospitalisation. Extensive **day-to-day** and **chronic benefits** are available from any provider.

Should you wish, you can choose to use the **HealthSaver** to increase your day-to-day cover even further. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

The **Health Platform** Benefit provides cover for a range of benefits, such as preventative screening tests, certain check-ups and more.
See page 32 for the list of benefits.

Summit

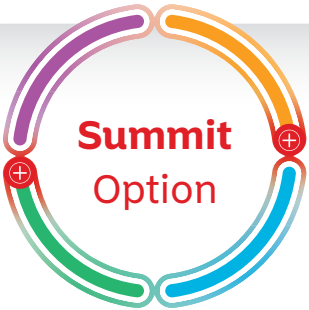
Your providers

Hospital	Chronic	Day-to-day
Any	Freedom-of-choice	Freedom-of-choice

Maximum of 3 children charged for

Choose your family composition

R16 469	R29 544	R20 225	R33 300	R37 056	R40 812



- This table represents a summary of the benefits for 2026
- The sub-limits specified 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)
- +

HealthSaver is a complementary product offered by Momentum

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
General rule applicable to Major Medical Benefits	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. 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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Medical Scheme Reference Pricing will apply to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R28 700 cadaver costs R59 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 300% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate and the anaesthetist account is covered up to 300% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	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
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 500 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc)	R9 230 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R245 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 540 per beneficiary per event, maximum 2 events per year Other internal prostheses: R92 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R32 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R50 600 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	R75 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 Anti-retroviral treatment HIV-related hospital admissions	No annual limit applies at any provider R96 800 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 280 co-payment applies per emergency out-patient claim
Provider	You can use any provider of your choice
Cover	Cover for 62 conditions - see page 38 for a list of the conditions covered: 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 R34 500 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
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
Savings	Not applicable. You can add the HealthSaver*
General rule applicable to Day-to-day Benefits	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 R34 500 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R9 840 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary
Mental health (incl. psychiatry and psychology)	R29 600 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R20 700 per beneficiary, R49 800 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit Anaesthetist and 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 (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R40 100 per family. R23 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R34 500 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R6 100 per beneficiary. Frame sub-limit of R3 080 Subject to overall annual day-to-day limit of R34 500 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R34 500 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R34 500 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 500 co-payment per scan and pre-authorisation
Prescribed medication	R26 900 per beneficiary, R44 200 per family. Subject to overall annual day-to-day limit of R34 500 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

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**.

On the Ingwe Option, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. Members who selected the Ingwe Connect Network can access Health Platform benefits from Any provider.

Benefit	Who?	How often?	Options					
Early detection tests			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Health assessment: Blood pressure test, Cholesterol and Blood sugar (finger prick tests), height, weight and waist circumference	All principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Preventative dental care covered up to R500 per beneficiary at any dental provider	All beneficiaries	Once a year	•	•	•	•	•	•
Pap smear consultation (nurse or GP)	Women 15 and older	Based on type of pap smear (see below)	•					
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	•	•	•	•	•	•
Cholesterol test (pathologist)**	Principal members and adult beneficiaries	Once a year	•	•	•	•	•	•
Blood sugar test (pathologist)***	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	•	•	•	•	•	•
Preventative care			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Baby immunisations (On Ingwe Option, baby immunisations are covered in private facilities for baby's first year, limited to R3 100. Once the limit is reached, immunisations are available at the Department of Health baby clinics)	Children up to age 6	As required by the Department of Health	•	•	•	•	•	•
Flu vaccines	Children between 6 months and 5 years	Once a year	•	•	•	•	•	•
	Beneficiaries 60 and older	Once a year	•	•	•	•	•	•
	High-risk beneficiaries	Once a year	•	•	•	•	•	•
Tetanus diphtheria injection	All beneficiaries	As needed	•	•	•	•	•	•
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year		•	•	•	•	•
	High-risk beneficiaries	Once a year		•	•	•	•	•

Please note

- * On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the Health Platform GP consultation benefits
- ** The cholesterol test is covered if health assessment results indicate a total cholesterol of 6 mmol/L and above
- *** The blood sugar test is covered if health assessment results indicate blood sugar levels are 11 mmol/L and above

Benefit		Who?	How often?	Options						
Maternity programme (subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)				Ingwe	Evolve	Custom	Incentive	Extender	Summit	
Doula benefit		Women registered on the programme	2 visits per pregnancy		•	•	•	•	•	
Antenatal visits (Midwives, GP* or gynaecologist)		Women registered on the programme	7 visits	•						
			12 visits		•	•	•	•	•	
Online or face-to-face antenatal and postnatal classes		Women registered on the programme	18-month online subscription with Parent Sense or face-to-face classes covered up to R450 per pregnancy at any provider				•	•	•	
Online video consultation with lactation specialist		Women registered on the programme	Initial consultation				•			
			Initial consultation plus follow up					•	•	
Nurse home visit		Women registered on the programme	Day after return from hospital	•	•	•	•	•	•	
			2 weeks after initial visit		•	•	•	•	•	
			6 weeks after initial visit				•	•	•	
Urine tests (dipstick)		Women registered on the programme	Included in antenatal visits	•	•	•	•	•	•	
Pathology tests	Antiglobin, platelet count and Rubella antibody	Women registered on the programme	1 test				•	•	•	
	Blood group, full blood count and Rhesus factor		1 test	•	•	•	•	•	•	
	Creatinine		1 test		•	•	•	•	•	
	Glucose strip		1 test		•	•				
	Haemoglobin estimation		2 tests				•	•	•	
			1 test	•	•	•				
	Urinalysis		2 tests				•	•	•	
			7 tests	•						
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		12 tests		•	•	•	•	•	•
			As indicated	•	•	•	•	•	•	•
Scans		Women registered on the programme	2 pregnancy scans	•						
			2 pregnancy scans 3D and 4D scans covered up to the rate we pay for 2D scans		•	•	•	•	•	
Paediatrician visits		Babies up to 12 months registered on the programme	1 visit in baby's first year	•						
			2 visits in baby's first year		•	•	•	•	•	
Health line				Ingwe	Evolve	Custom	Incentive	Extender	Summit	
24-hour emergency health advice		All beneficiaries	As needed	•	•	•	•	•	•	

Specialised procedures/treatment

The following list is a guideline of the procedures/treatment covered on the various benefit options and paid from the Major Medical Benefit, irrespective of whether the procedure/treatment is performed in or out of hospital.

Pre-authorisation is required regardless of where the procedure/treatment is performed. It is important to note that this is not the complete list of all procedures/treatment covered by the Scheme. Should you need clarity on whether a procedure/treatment is covered, please contact us to confirm.

Cardiovascular	Ingwe	Evolve	Custom	Incentive	Extender	Summit
24-hour halter ECG		•	•	•	•	•
Blood transfusions		•	•	•	•	•
Carotid angiograms		•	•	•	•	•
Coronary angiogram		•	•	•	•	•
Coronary angioplasty		•	•	•	•	•
Plasmapheresis		•	•	•	•	•
ENT	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Antroscopies		•	•	•	•	•
Direct laryngoscopy		•	•	•	•	•
Grommets	•	•	•	•	•	•
Myringotomy	•	•	•	•	•	•
Nasal cautery	•	•	•	•	•	•
Nasal scans and surgery		•	•	•	•	•
Functional nasal and sinus surgery		•	•	•	•	•
Tonsillectomy	•	•	•	•	•	•
General procedures and treatments	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Biopsy of breast lump	•	•	•	•	•	•
Drainage of subcutaneous abscess	•	•	•	•	•	•
Removal of extensive skin lesions	•	•	•	•	•	•
Removal of minor skin lesions		•	•	•	•	•
Laparoscopy		•	•	•	•	•
Lymph node biopsy	•	•	•	•	•	•
Nail surgery		•	•	•	•	•
Open hernia repairs	•	•	•	•	•	•
Superficial foreign body removal	•	•	•	•	•	•
Treatment of headache		•	•	•	•	•
Gastro-intestinal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Colonoscopy		•	•	•	•	•
ERCP		•	•	•	•	•
Gastrosopies		•	•	•	•	•
Oesophagoscopy		•	•	•	•	•
Sigmoidoscopy		•	•	•	•	•
Gynaecology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cervical laser ablation		•	•	•	•	•
Colposcopy	•	•	•	•	•	•
Cone biopsy	•	•	•	•	•	•
Dilatation and curettage	•	•	•	•	•	•
Hysteroscopy		•	•	•	•	•
Incision and drainage of Bartholin's cyst	•	•	•	•	•	•
Marsupialisation of Bartholin's cyst	•	•	•	•	•	•
Tubal ligation	•	•	•	•	•	•

Neurology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
48-hour Holter EEG		•	•	•	•	•
Electro-convulsive therapy		•	•	•	•	•
Hyperbaric oxygen treatment for decompression sickness		•	•	•	•	•
Myelogram		•	•	•	•	•
Obstetrics	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Amniocentesis		•	•	•	•	•
Childbirth in non-hospital	•	•	•	•	•	•
Oncology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Chemotherapy and radiotherapy (On Ingwe Option, if you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Hyperbaric oxygen for radiation necrosis		•	•	•	•	•
Ophthalmology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cataract removal		•	•	•	•	•
Meibomian cyst excision	•	•	•	•	•	•
Pterygium removal		•	•	•	•	•
Trabeculectomy		•	•	•	•	•
Treatment of diseases of the conjunctiva		•	•	•	•	•
Orthopaedic	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Arthroscopy		•	•	•	•	•
Back and neck surgery (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Bunionectomy		•	•	•	•	•
Carpal tunnel release	•	•	•	•	•	•
Conservative back and neck treatment (On Evolve Option, covered at State facilities)		•	•	•	•	•
Ganglion surgery	•	•	•	•	•	•
Joint replacements (On Evolve Option, limited to Prescribed Minimum Benefits at State facilities)		•	•	•	•	•
Renal	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Evolve Options, limited to Prescribed Minimum Benefits at State facilities)	•	•	•	•	•	•
Respiratory	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Bronchography		•	•	•	•	•
Bronchoscopy		•	•	•	•	•
Treatment of adult influenza		•	•	•	•	•
Treatment of adult respiratory tract infections		•	•	•	•	•
Urology	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Cystoscopy		•	•	•	•	•
Prostate biopsy	•	•	•	•	•	•
Vasectomy	•	•	•	•	•	•
Anorectal procedures	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Procedure for haemorrhoids, fissure and fistula	•	•	•	•	•	•
Incision and drainage of abscess and/or cyst	Ingwe	Evolve	Custom	Incentive	Extender	Summit
Skin (deep/non-superficial lesions), subcutaneous tissue and pilonidal	•	•	•	•	•	•

- Please note**
- The costs of anaesthetists for gastroscopies and colonoscopies are covered up to R650 on the Evolve and Custom Options, up to R1 360 on the Incentive and Extender Options, and up to R1 610 on the Summit Option (subject to pre-authorisation). For all other procedures, the cost of anaesthetists, if any, are covered if clinically appropriate.
 - The specialised procedures/treatment listed attract a co-payment of R2 000 per authorisation on the Evolve and Custom Options. This co-payment may vary for some of the procedures, see next page. Some of the specialised procedures/treatment listed could attract a co-payment on the Incentive and Extender Options, see next page.

Specialised procedures/treatment co-payments

How specialised procedures/treatment are covered on the Evolve Option	
The standard Evolve Option co-payment of R2 000 per authorisation applies to these procedures and treatments regardless of where they are performed Plus the specialised procedures co-payment of R5 500 per authorisation applies if performed in an acute or 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
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	Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or [momentummedicalscheme.co.za](#)
+ HealthSaver is a complementary product offered by Momentum
* Covered at State facilities

How specialised procedures/treatment are covered on the Custom Option	
The standard Custom Option co-payment of R2 000 per authorisation applies to these procedures and treatments regardless of where they are performed Plus the specialised procedures co-payment of R2 000 per authorisation applies if performed in a day hospital, or R5 500 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	Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or [momentummedicalscheme.co.za](#)
+ HealthSaver is a complementary product offered by Momentum

How specialised procedures/treatment are covered on the Incentive and Extender Options	
A co-payment of R2 000 per authorisation applies to these procedures and treatments if performed in a day hospital Or a co-payment of R5 500 per authorisation applies to these procedures/treatment 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	Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or [momentummedicalscheme.co.za](#)
+ HealthSaver is a complementary product offered by Momentum

Chronic Benefit

Members on the Ingwe Option

If you choose Connect Network hospitals, you need to obtain your chronic prescription, medication and treatment from State facilities. If you voluntarily choose to get your chronic medication from a non-State pharmacy, or chronic medication that is not on the State formulary, co-payments may apply.

If you choose Ingwe Network hospitals or Any hospital, benefits are only available from your chosen Ingwe Primary Care Network provider and are subject to a Fixed formulary for medicine. Chronic medication is delivered via Medipost courier pharmacy.

Members on the Evolve Option

You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc). If you voluntarily choose to get your chronic medication from a non-State pharmacy, or chronic medication that is not on the State formulary, co-payments may apply.

Members on the Custom, Incentive and Extender Options

The chronic provider you have chosen determines how you get your chronic prescription and medication, as follows:

- Any:** You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on [momentummedicalscheme.co.za](#)).
- Associated:** You must get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to a Core formulary.

If you choose to get your medication from outside the formulary, or your chronic prescription from a non-Associated GP, or your chronic medication from a pharmacy other than Medipost, co-payments will apply. These co-payments will vary depending on your option.
- State:** You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and medical management (including doctor, pharmacy, blood tests, x-rays etc).

If you choose to get your chronic medication from outside the State formulary, or your chronic medication from a pharmacy other than the State, co-payments will apply. These co-payments will vary depending on your option.

Members on the Summit Option

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 is payable. A dispensing fee co-payment may also be payable when using pharmacies not contracted to Momentum Medical Scheme. Contracted pharmacies include certain retail pharmacies and Medipost (view the full list on [momentummedicalscheme.co.za](#)).

Chronic conditions covered

Chronic benefits are subject to registration and approval.

The following 26 Chronic Disease List conditions are covered on the Ingwe, Evolve, Custom, Incentive, Extender and Summit Options:

1. Addison’s disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac dysrhythmias
6. Cardiac failure
7. Cardiomyopathy
8. Chronic obstructive pulmonary disease
9. Chronic renal disease
10. Coronary artery disease
11. Crohn’s disease (excl. biologicals such as Revellex*)
12. Diabetes insipidus
13. Diabetes mellitus Type 1
14. Diabetes mellitus Type 2
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. Hyperlipidaemia
19. Hypertension
20. Hypothyroidism
21. Multiple sclerosis (excl. biologicals such as Avonex*, subject to protocols)
22. Parkinson’s disease
23. Rheumatoid arthritis (excl. biologicals such as Revellex and Enbrel*)
24. Schizophrenia
25. Systemic lupus erythematosus
26. Ulcerative colitis

On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R13 700 per family per year:

1. Acne
2. ADHD (Attention Deficit Hyperactivity Disorder)
3. Allergic rhinitis
4. Eczema
5. Pemphigus
6. Psoriasis

On the Extender Option, an additional 36 conditions are covered, subject to a limit of R13 700 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R34 500 per beneficiary per year:

1. Acne
2. ADHD (Attention Deficit Hyperactivity Disorder)
3. Allergic rhinitis
4. Ankylosing spondylitis
5. Aplastic anaemia
6. Benign prostatic hypertrophy
7. Cushing’s disease
8. Cystic fibrosis
9. Dermatomyositis
10. Eczema
11. Gout
12. Hypoparathyroidism
13. Immunosuppression therapy for transplants
14. Major depression
15. Menopause
16. Motor neuron disease
17. Muscular dystrophy and other inherited myopathies
18. Myasthenia gravis
19. Narcolepsy
20. Obsessive compulsive disorder
21. Oncology - ancillary treatment
22. Osteopenia
23. Osteoporosis
24. Other seizure disorders
25. Paraplegia/Quadriplegia
26. Pemphigus
27. Pituitary microadenomas
28. Post-traumatic stress syndrome
29. Psoriasis
30. Scleroderma
31. Stroke
32. Systemic sclerosis
33. Thromboangiitis obliterans
34. Thrombocytopenic purpura
35. Unipolar disorder
36. Valvular heart disease

* These are examples of medication not covered



Hospitals

Members on the **Ingwe Option** can choose between **Any hospital**, **Ingwe Network hospitals** or **Connect hospitals**. Members on the **Evolve Option** need to use **Evolve Network hospitals** and certain procedures are only covered in day hospitals. View a list of day hospitals on the Momentum App or momentummedicalscheme.co.za. Members on the **Custom**, **Incentive** and **Extender Options** can choose between **Any** or **Associated hospitals**.

Eastern Cape		Ingwe	Connect	Evolve	Associated
Beacon Bay - East London	Life Beacon Bay Hospital	●	●	●	●
East London	Life East London Private Hospital	●	●	●	●
Gqeberha	Greenacres Hospital	●	●	●	●
	Huntersraig Psychiatric Hospital	●	●	●	●
	New Mercantile Hospital	●	●	●	●
	St Georges Hospital	●	●	●	●
Humansdorp	Isivivana Private Hospital	●	●	●	●
Queenstown	Queenstown Private Hospital	●	●	●	●
Southernwood - East London	St. Dominic's Hospital	●	●	●	●
	Life St James Hospital	●	●	●	●
	St Marks Clinic	●	●	●	●
Uitenhage	Netcare Cuyler Hospital	●	●	●	●
Umtata	St Mary's Private Hospital	●	●	●	●
Free State		Ingwe	Connect	Evolve	Associated
Bethlehem	Mediclinic Hoogland	●	●	●	●
Bloemfontein	Bloemfontein Eye Hospital	●	●	●	●
	Mediclinic Bloemfontein	●	●	●	●
	Netcare Universitas Hospital	●	●	●	●
	Pasteur Hospital	●	●	●	●
Fichardtspark - Bloemfontein	Rosepark Hospital	●	●	●	●
Harrismith	Busamed Harrismith	●	●	●	●
Kroonstad	Netcare Kroon Hospital	●	●	●	●
Sasolburg	Netcare Vaalpark Hospital	●	●	●	●
Welkom	Mediclinic Welkom	●	●	●	●
Gauteng		Ingwe	Connect	Evolve	Associated
Alberton	Netcare Alberton Hospital	●	●	●	●
Arcadia - Pretoria	Netcare Femina Hospital	●	●	●	●
	Muelmed Hospital	●	●	●	●
	Pretoria Heart Hospital	●	●	●	●
Akasia	Netcare Akasia Hospital	●	●	●	●
Bedfordview - Johannesburg	Bedford Gardens Private Hospital	●	●	●	●
Gauteng (continued)		Ingwe	Connect	Evolve	Associated
Benoni	Glynnview Hospital	●	●	●	●
	The Glynnwood	●	●	●	●
	Lakeview Hospital	●	●	●	●
Parktown - Johannesburg	Linmed Hospital	●	●	●	●
	Birchmed Day Clinic	●	●	●	●
Boksburg	Netcare Sunward Park Hospital	●	●	●	●
Brakpan	Dalview Clinic	●	●	●	●
Brooklyn - Pretoria	Brooklyn Surgical Centre	●	●	●	●
Bryanston - Johannesburg	Mediclinic Sandton	●	●	●	●
Centurion	Unitas Hospital	●	●	●	●
Constantia Kloof - Johannesburg	Mayo Clinic	●	●	●	●
Die Wilgers - Pretoria	Wilgers Hospital	●	●	●	●
Erasmuskloof - Pretoria	Kloof Hospital	●	●	●	●
Faerie Glen - Pretoria	Faerie Glen Hospital	●	●	●	●
Florida - Johannesburg	Flora Clinic	●	●	●	●
Fourways	Fourways Hospital	●	●	●	●
Groenkloof - Pretoria	Groenkloof Hospital	●	●	●	●
Heidelberg	Suikerbosrand Clinic	●	●	●	●
Helderkruijn - Johannesburg	Medgate Day Clinic	●	●	●	●
Kempton Park	Arwyp Medical Centre	●	●	●	●
Kensington - Johannesburg	New Kensington Clinic	●	●	●	●
Krugersdorp	Netcare Krugersdorp Hospital	●	●	●	●
	Netcare Pinehaven Private Hospital	●	●	●	●
	Lenasia	●	●	●	●
Les Marais - Pretoria	Eugene Marais Hospital	●	●	●	●
Linksfeld	Netcare Linksfeld Hospital	●	●	●	●
Mabopane - Pretoria	Legae Private Clinic	●	●	●	●
Mayfair - Johannesburg	Garden City Hospital	●	●	●	●
Midrand	Carstenhof Clinic	●	●	●	●
Midstream	Waterfall City Hospital	●	●	●	●
	Mediclinic Midstream	●	●	●	●
	Morningside - Johannesburg	●	●	●	●
Muckleneuk	Netcare Jakaranda Hospital	●	●	●	●
Mulbarton	Netcare Mulbarton Hospital	●	●	●	●
Gauteng (continued)		Ingwe	Connect	Evolve	Associated
Nietgedacht - Johannesburg	Riverfield Lodge	●	●	●	●
Parktown - Johannesburg	The Donald Gordon	●	●	●	●
	Brenthurst Clinic	●	●	●	●
	Nelson Mandela Children's Hospital	●	●	●	●
	Netcare Parklane Hospital	●	●	●	●
Pretoria East	Netcare Pretoria East	●	●	●	●
Pretoria North	Pretoria North Surgical Centre	●	●	●	●
Primrose - Johannesburg	Roseacres Clinic	●	●	●	●
Randburg - Johannesburg	Olivedale Clinic	●	●	●	●
Randfontein	Robinson Hospital	●	●	●	●
Rietfontein	Netcare Moot Hospital	●	●	●	●
Roodepoort	Wilgeheuwel Hospital	●	●	●	●
Rosebank - Johannesburg	Netcare Rosebank Hospital	●	●	●	●
Soweto - Johannesburg	Clinix Tshelo	●	●	●	●
Springs	Springs Parkland Clinic	●	●	●	●
	Netcare N17 Private Hospital	●	●	●	●
	St Mary's Womens Clinic	●	●	●	●
Sunnyside - Pretoria	Medforum Hospital	●	●	●	●
Vanderbijlpark	Mediclinic Emfuleni	●	●	●	●
Vereeniging	Ocumed	●	●	●	●
	Midvaal Private Hospital	●	●	●	●
	Mediclinic Vereeniging	●	●	●	●
Vosloorus	Clinix Botshelong	●	●	●	●
Kwazulu-Natal		Ingwe	Connect	Evolve	Associated
Amanzimtoti	Kingsway Hospital	●	●	●	●
Berea - Durban	Entabeni Hospital	●	●	●	●
Ballito	Netcare Alberlito Hospital	●	●	●	●
Chatsworth - Durban	Chatsmed Garden Hospital	●	●	●	●
Durban	Durdock Clinic	●	●	●	●
	City Hospital	●	●	●	●
	Netcare St Augustines Hospital	●	●	●	●
Empangeni	Life Empangeni Private Hospital	●	●	●	●
Hillcrest - Durban	Hillcrest Private Hospital	●	●	●	●
Hilton - Pietermaritzburg	Hilton Private Hospital	●	●	●	●
Kwazulu-Natal (continued)		Ingwe	Connect	Evolve	Associated
Howick	Lenmed Howick Private Hospital	●	●	●	●
Isipingo	Isipingo Hospital	●	●	●	●
Ladysmith	La Verna Hospital	●	●	●	●
Margate	Netcare Margate Hospital	●	●	●	●
Newcastle	Newcastle Private Hospital	●	●	●	●
Newlands East - Durban	Ethekwini Hospital	●	●	●	●
Phoenix - Durban	Mount Edgecombe Hospital	●	●	●	●
Pietermaritzburg	Midlands Medical Centre	●	●	●	●
	Mediclinic Pietermaritzburg	●	●	●	●
	Netcare St Annes Hospital	●	●	●	●
Pinetown	The Crompton Hospital	●	●	●	●
Port Shepstone	Hibiscus Hospital	●	●	●	●
Richards Bay	Melomed Richards Bay	●	●	●	●
	Netcare The Bay Hospital	●	●	●	●
Tongaat	Victoria Hospital	●	●	●	●
uMhlanga	Gateway Hospital	●	●	●	●
	Netcare uMhlanga Hospital	●	●	●	●
	uMhlanga Eye Institute	●	●	●	●
Westville - Durban	Westville Hospital	●	●	●	●
Limpopo		Ingwe	Connect	Evolve	Associated
Lephalale	Mediclinic Lephalale	●	●	●	●
Makhado	Crestcare Zoutpansberg Private Hospital	●	●	●	●
Polokwane	Mediclinic Limpopo	●	●	●	●
	Mediclinic Polokwane	●	●	●	●
	Netcare Pholoso Hospital	●	●	●	●
Thabazimbi	Mediclinic Thabazimbi	●	●	●	●
Tzaneen	Mediclinic Tzaneen	●	●	●	●
Mpumalanga		Ingwe	Connect	Evolve	Associated
Bronkhorstspuit	Bronkhorstspuit Hospital	●	●	●	●
Emalahleni	Cosmos Hospital	●	●	●	●
Ermelo	Mediclinic Ermelo	●	●	●	●
Mbombela	Kiaat Private Hospital	●	●	●	●
	Lowveld Hospital	●	●	●	●
	Mediclinic Nelspruit	●	●	●	●
Mpumalanga (continued)		Ingwe	Connect	Evolve	Associated
Middelburg	Midmed Hospital	●	●	●	●
Piet Retief	Piet Retief Hospital	●	●	●	●
Trichardt	Mediclinic Highveld	●	●	●	●
North West		Ingwe	Connect	Evolve	Associated
Brits	Mediclinic Brits	●	●	●	●
Klerksdorp	Anncron Clinic	●	●	●	●
	Wilmed Park Private Hospital	●	●	●	●
Mafikeng	Victoria Private Hospital	●	●	●	●
Potchefstroom	Lenmed Mooimed Private Hospital	●	●	●	●
	Mediclinic Potchefstroom	●	●	●	●
	Ferncrest Hospital	●	●	●	●
Rustenburg	Peglerae Hospital	●	●	●	●
Vryburg	Vryburg Private Hospital	●	●	●	●
Northern Cape		Ingwe	Connect	Evolve	Associated
Kathu	Kathu Private Hospital	●	●	●	●
Kimberley	Mediclinic Kimberley	●	●	●	●
	Lenmed Royal Hospital and Heart Centre	●	●	●	●
	Mediclinic Upington	●	●	●	●
Western Cape		Ingwe	Connect	Evolve	Associated
Bellville - Cape Town	Melomed Bellville	●	●	●	●
Blaauwberg	Mediclinic Louis Leipoldt	●	●	●	●
	Netcare Blaauwberg Hospital	●	●	●	●
Brackenfell	Mediclinic Cape Gate	●	●	●	●
Claremont - Cape Town	Peninsula Eye Hospital	●	●	●	●
	Kingsbury Hospital	●	●	●	●
Durbanville - Cape Town	Mediclinic Durbanville	●	●	●	●
Gatesville - Cape Town	Melomed Gatesville	●	●	●	●
George	Geneva Clinic	●	●	●	●
	Mediclinic George	●	●	●	●
Goodwood - Cape Town	Netcare N1 City	●	●	●	●
Hermanus	Mediclinic Hermanus	●	●	●	●
Knysna	Knysna Private Hospital	●	●	●	●
Kuilsriver	Netcare Kuilsriver Hospital	●	●	●	●
Western Cape (continued)		Ingwe	Connect	Evolve	Associated
Milnerton - Cape Town	Mediclinic Milnerton	●	●	●	●
Mitchells Plain - Cape Town	Melomed Mitchells Plain	●	●	●	●
Mossel Bay	Bayview Hospital	●	●	●	●
Observatory	UCT Private Academic	●	●	●	●
Oranjezicht - Cape Town	Mediclinic Cape Town	●	●	●	●
Oudtshoorn	Mediclinic Klein Karoo	●	●	●	●
Paardevelei - Cape Town	Busamed Paardevelei	●	●	●	●
Paarl	Mediclinic Paarl	●	●	●	●
Panorama - Cape Town	Mediclinic Panorama	●	●	●	●
Pinelands - Cape Town	Vincent Pallotti Hospital	●	●	●	●
Plettenberg Bay	Mediclinic Plettenberg Bay	●	●	●	●
Plumstead	Mediclinic Constantiaberg	●	●	●	●
Rondebosch	Sport Science Orthopaedic Surgical Day Centre	●	●	●	●
Somerset West	Paardevelei Private Hospital	●	●	●	●
	Mediclinic Vergelegen	●	●	●	●
	Mediclinic Stellenbosch	●	●	●	●
Stellenbosch	Mediclinic Stellenbosch	●	●	●	●
	Mediclinic Winelands	●	●	●	●
Tokai	Melomed Tokai	●	●	●	●
Vredenburg	West Coast Private Hospital	●	●	●	●
Worcester	Mediclinic Worcester	●	●	●	●

These hospital lists are subject to change. View the latest information on the Momentum App or momentummedicalscheme.co.za.

Glossary of terms

1. **Chronic Disease List (CDL)** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998.

2. **Clinical protocol:** Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.

3. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.

4. **Co-payment:** This is an amount that you need to pay towards medical procedures and treatments. The amount payable may vary depending on the type of procedure or treatment, and where the procedure or treatment is performed. If the co-payment amount is higher than the amount charged by the healthcare provider, you will have to pay for the cost of the procedure or treatment. A co-payment will not apply in the event of an emergency medical condition.

5. **Designated Service Providers (DSPs):** Momentum Medical Scheme uses a network of Designated Service Providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat you for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits under point 16 for more information.

6. **Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

7. **Extended Cover:** On the Extender Option, your day-to-day claims are paid by the Scheme from Extended Cover, once you have reached the Threshold level.

8. **Formulary:** A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.

9. **Hospitals:**

a. **Acute hospital:** A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries, and which is permitted to provide treatment that includes part of an overnight stay at the facility.

b. **Day hospital:** A healthcare facility which focuses on the provision of short-stay surgical and diagnostic procedures, performed in an operating theatre on a same-day basis. The patient is admitted in the morning and discharged on the same day.

10. **Momentum Medical Scheme Rate (MMSR):** Every year Momentum Medical Scheme negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount that the Scheme will pay per treatment. For all other providers, the amount that the Scheme pays is set on an annual basis. These amounts are called the Momentum Medical Scheme Rate (MMSR).

11. **Momentum Medical Scheme Reference Price** is the maximum rand value that Momentum Medical Scheme will pay for a medicine. If you voluntarily choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the Reference Price.

12. **Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or an out-patient facility.

13. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.

14. **Pre-authorisation:** Pre-authorisation is when you contact us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with the Scheme Rules, your option and membership status.

15. **Pre-notification:** Pre-notification is when you let us know that you are about to use a Health Platform benefit, such as your annual dentistry check-up.

16. **Prescribed Minimum Benefits (PMBs)** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 131 of 1998 and the Regulations thereto. In order to access these benefits:

Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.

The treatment needed must match the treatments in the defined benefits.

You must use the Scheme's Designated Service Providers. See the definition of Designated Service Providers under point 5 for more information.

If you voluntarily choose to use non-designated service providers, the Scheme will pay benefits up to the Momentum Medical Scheme Rate and relevant co-payments will apply. If you use non-designated service providers in cases of an emergency medical condition, it is deemed involuntary and co-payments are therefore waived.

If your medical condition and treatment do not meet the above criteria to access these benefits, we will pay according to the benefits on your chosen benefit option.

17. **Provider definitions:**

a. **Associated providers, eg hospitals, GPs and specialists:** These are providers that Momentum Medical Scheme has negotiated agreements with. By choosing to use the Associated hospitals and GPs, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.

b. **Connect Network hospitals:** Members on the Ingwe Option can choose to use Connect Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 40 for the list of hospitals.

c. **Evolve Network hospitals:** Members on the Evolve Option must make use of the Evolve Network hospitals. These are private acute and day hospitals which Momentum Medical Scheme has agreements in place with. See page 40 for the list of acute hospitals and view the list of the day hospitals on momentummedicalscheme.co.za.

d. **Freedom-of-choice:** Members on the Summit Option can get their day-to-day and chronic treatment from any provider and can use any hospital.

e. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 40 for the list of hospitals.

f. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe Primary Care Network providers.

g. **Preferred providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which the Scheme refers to as preferred providers. Depending on the benefit option you choose, you need to use preferred providers for certain benefits. Preferred providers are not the same as Designated Service Providers, which are used for the provision of Prescribed Minimum Benefits.

h. **State:** State hospitals are public facilities. If you choose Connect Network hospitals on the Ingwe

Option, you need to use State facilities for your Chronic and Day-to-day Benefits, unless otherwise indicated. On the Evolve Option, you need to use State facilities for Chronic Benefits. On the Custom, Incentive and Extender Options, you can also save on your monthly contribution by choosing State as your Chronic Benefit provider.

i. **GP Virtual Consultation Network:** Momentum Medical Scheme has agreements in place with a network of GPs, including Hello Doctor, who provide virtual consultations to members on the Ingwe and Evolve Options.

18. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit. For example, your option might provide you with an annual limit on your optical benefit, within which a sub-limit for frames applies.

19. **Threshold:** On the Extender Option, there is a Threshold for day-to-day claims. It is a fixed rand amount set by the Scheme in line with your family size. Once your day-to-day claims add up to this level, your claims will be paid by the Scheme from Extended Cover.
- Exclusions
- Prescribed Minimum Benefits
- Notwithstanding the limitations and exclusions set out below, beneficiaries shall be entitled to the Prescribed Minimum Benefits.
- Benefits excluded
- General exclusions mentioned in this paragraph are not affected by any specific exclusions. Unless otherwise decided by the Scheme (and with the express exception of medicine or treatment approved and authorised in terms of any health management programme contracted to the Scheme), expenses incurred in connection with any of the following will not be paid by the Scheme, but may be claimed from positive Savings:
1. All costs incurred during waiting periods and for conditions which existed at the date of application for membership of the Scheme but were not disclosed;

2. All costs that exceed the annual maximum allowed for the particular category as set out in Annexure B of the Scheme Rules, for the benefit to which the beneficiary is entitled in terms of the Scheme Rules;

3. Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;

4. Professional speed contests or professional speed trials (professional defined as where the beneficiary's main form of income is derived from partaking in these contests);

5. Healthcare provider not registered with the recognised professional body constituted in terms of an Act of parliament;

6. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;

7. All costs for treatment if the efficacy and safety of such treatment cannot be proved;

8. All costs for operations, medicine, treatments and procedures for cosmetic purposes or for personal reasons

and not directly caused by or related to illness, accident or disease. This includes the costs of treatment or surgery related to transsexual procedures;

9. Obesity;

10. Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;

11. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;

12. Medication not registered by the Medicine Control Council;

13. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);

14. Gum guards and gold used in dentures;

15. Frail care;

16. Travelling expenses, excluding benefits covered by Emergency rescue and International cover;

17. All costs, which in the opinion of the Medical Assessor are not medically necessary or appropriate to meet the health care needs of the patient;

18. Appointments which a beneficiary fails to keep;

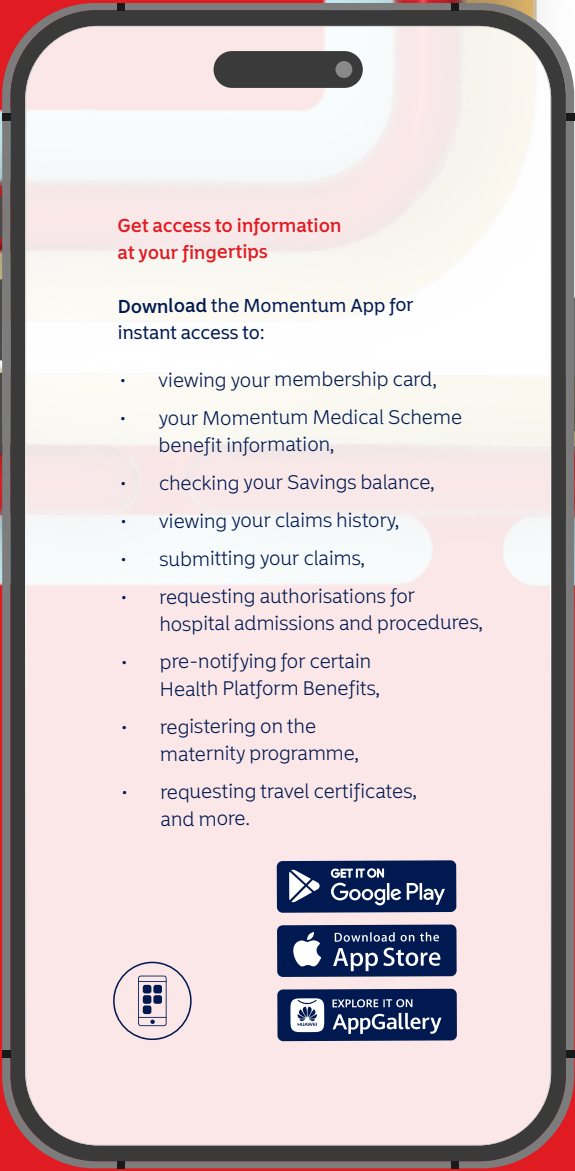
19. Circumcision, unless clinically indicated, and any contraceptive measures or devices;

20. Reversal of Vasectomies or tubal ligation (sterilisation);

21. Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;

22. Infertility treatment that is included as Prescribed Minimum Benefits will be covered in State facilities, subject to paragraph 4 of Annexure D of the Scheme Rules;

23. The cost of injury and any other related costs as a result of scuba diving to depths below 40 metres and cave diving.
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Members

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