

A close-up photograph of a smiling African family. On the left, a man with a beard is smiling. In the center, a baby in a red jacket is laughing. On the right, a woman is smiling. The background is white with light blue decorative shapes.

momentum
medical scheme

Our benefits

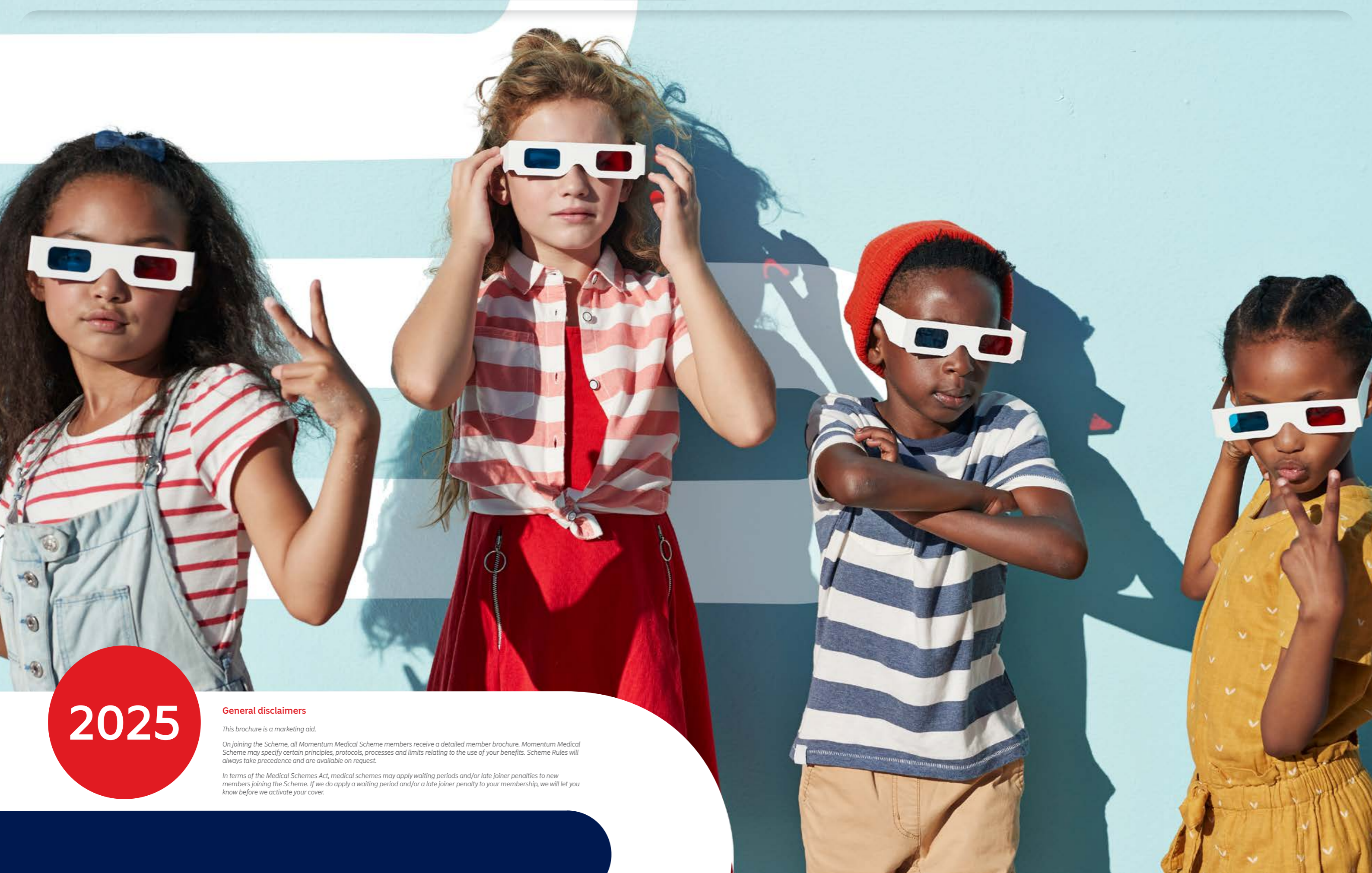
2025

Launch
edition

Momentum Medical Scheme's 2025 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Registrar.

The Fusion Option has not been included in this brochure as we are awaiting an appeal ruling from the Regulator.

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



2025

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.

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

	Ingwe Option	Evolve Option	Custom Option	Incentive Option	Extender Option	Summit Option
<p>Major Medical Benefit</p> <p>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.</p>	<p>Any hospital, Ingwe Network hospitals* or Connect Network hospitals*</p> <p>Specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Evolve Network hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> <p>R1 920 co-payment applies</p>	<p>Any or Associated hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 100% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p> <p>R1 920 co-payment applies</p>	<p>Any or Associated hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Any or Associated hospitals*</p> <p>Associated specialists covered in full. Other specialists covered up to 200% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>	<p>Any hospital</p> <p>Associated specialists covered in full. Other specialists covered up to 300% of Momentum Medical Scheme Rate</p> <p>Hospital accounts covered in full at negotiated rate</p> <p>No overall annual limit applies</p>
<p>Chronic Benefit</p> <p>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.</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Ingwe Primary Care Network providers**, Ingwe Active Network providers** or State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: Fixed formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc State facilities</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: State formulary</p>	<p>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</p> <p>26 conditions - no annual limit applies</p> <p>Chronic Benefit formulary: Any: Basic formulary Associated: Core formulary State: State formulary</p>	<p>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</p> <p>26 conditions - no annual limit applies Additional 6 conditions limited to R13 100 per family</p> <p>Chronic Benefit formulary: Any: Standard formulary Associated: Core formulary State: State formulary</p>	<p>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</p> <p>26 conditions - no annual limit applies Additional 36 conditions limited to R13 100 per family</p> <p>Chronic Benefit formulary: Any: Extended formulary Associated: Core formulary State: State formulary</p>	<p>Medical management including doctor, pharmacy, blood tests, x-rays, etc Freedom-of-choice of provider</p> <p>26 conditions - no annual limit applies Additional 36 conditions accumulate to the overall day-to-day limit of R33 000 per beneficiary</p> <p>Chronic Benefit formulary: Comprehensive formulary</p>
<p>Day-to-day Benefit</p> <p>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+.</p>	<p>Ingwe Primary Care Network providers**, Ingwe Active Network providers** or State facilities</p> <p>Primary care (such as GP visits, prescribed medicine, etc) Secondary care (Specialist visits)</p>	<p>Any provider</p> <p>You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses</p>	<p>Any provider</p> <p>You may add the HealthSaver* to provide cover for your day-to-day healthcare expenses</p>	<p>Any provider, subject to Savings if available</p> <p>Savings 10% of total contribution</p>	<p>Any provider or Associated provider (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)</p> <p>Savings 25% of total contribution plus Extended Cover</p>	<p>Freedom-of-choice</p> <p>Paid from risk benefit, subject to overall day-to-day limit of R33 000 per beneficiary This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions</p>
<p>Health Platform Benefit</p> <p>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.</p>	<p>On the Ingwe Option, if you choose Ingwe Network hospitals or Any hospitals, 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</p> <p>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</p>					

Complementary Momentum Products

You 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



See separate Momentum Complementary Product brochure for more information

+ HealthSaver is a complementary product offered by Momentum
* View a list of these hospitals on page 40 ** View a list of these providers on momentummedicalscheme.co.za

Individual contributions

Monthly income	Ingwe Option			P	A	C
	Hospital	Chronic	Day-to-day			
R0 - R1 500	Connect Network	State	State	The contributions for this income band will be published after the student-focused launch, as the members on this income band are predominantly students		
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network			
	Any	Ingwe Active Network	Ingwe Active Network			
R1 501 - R9 000	Connect Network	State	State	R1 143	R1 143	R299
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 296	R1 296	R593
	Any	Ingwe Active Network	Ingwe Active Network	R1 684	R1 684	R668
R9 001 - R11 950	Connect Network	State	State	R1 492	R1 492	R372
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 650	R1 650	R618
	Any	Ingwe Active Network	Ingwe Active Network	R2 355	R2 355	R712
R11 951 - R17 000	Connect Network	State	State	R1 609	R1 609	R400
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 266	R2 266	R667
	Any	Ingwe Active Network	Ingwe Active Network	R3 208	R3 208	R748
R17 001 - R22 400	Connect Network	State	State	R2 620	R2 620	R595
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 252	R3 252	R958
	Any	Ingwe Active Network	Ingwe Active Network	R4 117	R4 117	R1 195
R22 401 +	Connect Network	State	State	R3 014	R3 014	R685
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 265	R3 265	R962
	Any	Ingwe Active Network	Ingwe Active Network	R4 134	R4 134	R1 199

Evolve Option			P	A	C
Hospital	Chronic	Day-to-day			
Evolve Network	State		R1 847	R1 847	R1 847

Custom Option			P	A	C
Hospital	Chronic	Day-to-day			
Associated	Any		R3 393	R2 677	R1 196
	Associated		R3 033	R2 352	R1 072
	State		R2 353	R1 780	R834
Any	Any		R4 047	R3 248	R1 444
	Associated		R3 596	R2 810	R1 307
	State		R2 997	R2 262	R1 098

Incentive Option			P	A	C
Hospital	Chronic	Day-to-day			
Associated	Any	Total contribution	R4 827	R3 884	R1 803
		Risk contribution	R4 344	R3 496	R1 623
		Savings 10%	R483	R388	R180
		Annual Savings	R5 796	R4 656	R2 160
	Associated	Total contribution	R4 306	R3 424	R1 636
		Risk contribution	R3 875	R3 082	R1 472
		Savings 10%	R431	R342	R164
		Annual Savings	R5 172	R4 104	R1 968
	State	Total contribution	R3 060	R2 414	R1 174
		Risk contribution	R2 754	R2 173	R1 057
		Savings 10%	R306	R241	R117
		Annual Savings	R3 672	R2 892	R1 404

Incentive Option (continued)

Extender Option

Summit Option

Hospital	Chronic	Day-to-day	P	A	C
Any	Any	Total contribution	R5 457	R4 434	R2 128
		Risk contribution	R4 911	R3 991	R1 915
		Savings 10%	R546	R443	R213
		Annual Savings	R6 552	R5 316	R2 556
	Associated	Total contribution	R4 686	R3 757	R1 841
		Risk contribution	R4 217	R3 381	R1 657
		Savings 10%	R469	R376	R184
		Annual Savings	R5 628	R4 512	R2 208
	State	Total contribution	R3 801	R2 994	R1 503
		Risk contribution	R3 421	R2 695	R1 353
		Savings 10%	R380	R299	R150
		Annual Savings	R4 560	R3 588	R1 800

Hospital	Chronic	Day-to-day	P	A	C
Associated	Any	Total contribution	R9 129	R7 353	R2 584
		Risk contribution	R6 847	R5 515	R1 938
		Savings 25%	R2 282	R1 838	R646
		Annual Savings	R27 384	R22 056	R7 752
	Associated	Threshold	R33 400	R29 000	R9 600
		Total contribution	R8 253	R6 643	R2 373
		Risk contribution	R6 190	R4 982	R1 780
		Savings 25%	R2 063	R1 661	R593
	State	Annual Savings	R24 756	R19 932	R7 116
		Threshold	R33 400	R29 000	R9 600
		Total contribution	R7 215	R5 472	R2 121
		Risk contribution	R5 411	R4 104	R1 591
Any	Savings 25%	R1 804	R1 368	R530	
	Annual Savings	R21 648	R16 416	R6 360	
	Threshold	R33 400	R29 000	R9 600	
	Total contribution	R10 381	R8 361	R2 977	
Any	Risk contribution	R7 786	R6 271	R2 233	
	Savings 25%	R2 595	R2 090	R744	
	Annual Savings	R31 140	R25 080	R8 928	
	Threshold	R33 400	R29 000	R9 600	
Associated	Total contribution	R9 160	R7 377	R2 635	
	Risk contribution	R6 870	R5 533	R1 976	
	Savings 25%	R2 290	R1 844	R659	
	Annual Savings	R27 480	R22 128	R7 908	
State	Threshold	R33 400	R29 000	R9 600	
	Total contribution	R8 196	R6 727	R2 405	
	Risk contribution	R6 147	R5 045	R1 804	
	Savings 25%	R2 049	R1 682	R601	
Any	Annual Savings	R24 588	R20 184	R7 212	
	Threshold	R33 400	R29 000	R9 600	

Hospital	Chronic	Day-to-day	P	A	C
Any	Freedom-of-choice	Freedom-of-choice	R14 903	R11 919	R3 424

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



Overview

The Ingwe Option provides affordable access to entry level cover.

There is no overall annual limit for **hospitalisation**. For your hospitalisation cover, you can choose to use either the Connect Network of private hospitals, the Ingwe Network of private hospitals (see page 40 for these lists), or Any hospital.

For **chronic treatment** and **day-to-day benefits**, such as GP visits or prescribed medicine, if you choose Connect Network hospitals, you need to use State facilities, if you choose Ingwe Network hospitals, you need to use Ingwe Primary Care Network providers, or if you choose Any hospital, you need to use Ingwe Active Network providers.

The **Health Platform** Benefit provides cover for a range of preventative care benefits. If you choose Connect Network hospitals, the benefits are available from any healthcare provider. If you choose Ingwe Network hospitals or Any hospital, the benefits are available from your chosen network provider, except for some benefits, such as the maternity programme benefits, which are available from any healthcare provider. See page 32 for the list of Health Platform Benefits.

If you need more day-to-day cover, you can choose to make use of the **HealthSaver***. HealthSaver* is a complementary product offered by Momentum that lets you save for medical expenses.

Your monthly income

Choose your providers

Choose your family composition

Your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day	1	2	3	4	5	6
R0 - R1 500	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active Network	State Ingwe Primary Care Network Ingwe Active Network	The contributions for this income band will be published after the student-focused launch, as the members on this income band are predominantly students					
R1 501 - R9 000	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active Network	State Ingwe Primary Care Network Ingwe Active Network	R1 143	R2 286	R1 442	R2 585	R2 884	R3 183
R9 001 - R11 950	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active Network	State Ingwe Primary Care Network Ingwe Active Network	R1 296	R2 592	R1 889	R3 185	R3 778	R4 371
R11 951 - R17 000	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active Network	State Ingwe Primary Care Network Ingwe Active Network	R1 684	R3 368	R2 352	R4 036	R4 704	R5 372
R17 001 - R22 400	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active Network	State Ingwe Primary Care Network Ingwe Active Network	R1 492	R2 984	R1 864	R3 356	R3 728	R4 100
R22 401 +	Connect Network Ingwe Network Any	State Ingwe Primary Care Network Ingwe Active Network	State Ingwe Primary Care Network Ingwe Active Network	R1 650	R3 300	R2 268	R3 918	R4 536	R5 154
				R2 355	R4 710	R3 067	R5 422	R6 134	R6 846
				R1 609	R3 218	R2 009	R3 618	R4 018	R4 418
				R2 266	R4 532	R2 933	R5 199	R5 866	R6 533
				R3 208	R6 416	R3 956	R7 164	R7 912	R8 660
				R2 620	R5 240	R3 215	R5 835	R6 430	R7 025
				R3 252	R6 504	R4 210	R7 462	R8 420	R9 378
				R4 117	R8 234	R5 312	R9 429	R10 624	R11 819
				R3 014	R6 028	R3 699	R6 713	R7 398	R8 083
				R3 265	R6 530	R4 227	R7 492	R8 454	R9 416
				R4 134	R8 268	R5 333	R9 467	R10 666	R11 865

All children are charged for



- This table represents a summary of the benefits for 2025
- 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
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)	R6 700 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	R16 700 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	R40 500 per family at preferred provider R41 000 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies

Major Medical

Provider	Ingwe Primary Care Network, Ingwe Active Network or 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	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


Chronic


Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities, unless otherwise indicated
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 350 per visit and up to a maximum of R2 700 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


Day-to-day


• Evolve

Overview

The Evolve Option provides cover for  **hospitalisation** at the Evolve Network of private hospitals (see page 40 for this list). There is no overall annual limit for hospitalisation. A co-payment of R1 920 per authorisation applies to Major Medical Benefits including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider. An additional co-payment may apply for certain specialised procedures - see page 36.

For  **chronic benefits**, you need to use State facilities for your chronic scripts, medication and treatment.

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.







You have cover for 2 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. If you need cover for other day-to-day expenses, like additional 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.



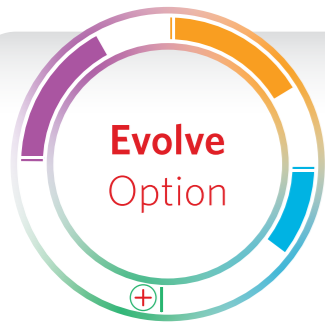
Your providers

Hospital	Chronic
Evolve Network	State

Choose your family composition

Family Composition	Price
	R1 847
	R3 694
	R3 694
	R5 541
	R7 388
	R9 235

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2025
- 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	R1 920 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 530 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 300 per beneficiary per event, maximum 2 events per year Other internal prostheses: R42 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R27 000 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 200 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	R58 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 R48 300 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 180 co-payment applies per emergency out-patient claim
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
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 120 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 200 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available


Major Medical


Chronic


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 R1 920 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

Choose your family composition

Hospital	Chronic	Family Composition					
							
Associated	Any	R3 393	R6 070	R4 589	R7 266	R8 462	R9 658
	Associated	R3 033	R5 385	R4 105	R6 457	R7 529	R8 601
	State	R2 353	R4 133	R3 187	R4 967	R5 801	R6 635
Any	Any	R4 047	R7 295	R5 491	R8 739	R10 183	R11 627
	Associated	R3 596	R6 406	R4 903	R7 713	R9 020	R10 327
	State	R2 997	R5 259	R4 095	R6 357	R7 455	R8 553

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2025
- 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	R1 920 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	R24 900 cadaver costs R50 400 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 920 co-payment per authorisation. The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate. The dental, 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 450 co-payment for day hospitals and a R6 500 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 200 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 030 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R6 900 per beneficiary per event, maximum 2 events per year Other internal prostheses: R59 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R28 000 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R45 300 per beneficiary
Take-home medicine	7 days' supply

Major Medical

Medical rehabilitation, private nursing, Hospice and step-down facilities	R64 000 per family (combined limit), subject to case management
Health management programmes for conditions such as 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 R85 600 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 180 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 R1 920 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 200 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver* if available
Over-the-counter medication	Subject to HealthSaver* if available

Major Medical

Chronic

Day-to-day

• Incentive

Overview

The Incentive 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).

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 more 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 and medication to obtain the maximum contribution saving.

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

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

If you need more day-to-day cover, 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

Choose your family composition

Choose your providers		Choose your family composition					
Hospital	Chronic	1 Adult	2 Adults	2 Adults + 1 Child	2 Adults + 2 Children	2 Adults + 3 Children	2 Adults + 4 Children
Associated	Any	R4 827	R8 711	R6 630	R10 514	R12 317	R14 120
	Associated	R4 306	R7 730	R5 942	R9 366	R11 002	R12 638
	State	R3 060	R5 474	R4 234	R6 648	R7 822	R8 996
Any	Any	R5 457	R9 891	R7 585	R12 019	R14 147	R16 275
	Associated	R4 686	R8 443	R6 527	R10 284	R12 125	R13 966
	State	R3 801	R6 795	R5 304	R8 298	R9 801	R11 304

Maximum of 3 children charged for





- This table represents a summary of the benefits for 2025
- 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 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	R27 500 cadaver costs R56 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 750 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 450 co-payment for day hospitals and a R6 500 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 R2 900 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 etc)	Cochlear implants: R214 000 per beneficiary, maximum 1 event per year Intraocular lenses: R8 540 per beneficiary per event, maximum 2 events per year Other internal prostheses: R64 000 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R29 400 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R48 400 per beneficiary
Take-home medicine	7 days' supply

Major Medical

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	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 R92 600 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 180 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 100 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 750 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 R2 900 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available


Major Medical


Chronic



Day-to-day


• Extender


Overview

The Extender 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 contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 40 for this list).

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 more 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 and medication to obtain the maximum contribution saving.

 **25%** of your contribution is available in a Personal Medical **Savings Account** to cover  **day-to-day** expenses. If this component is not enough to cover your annual day-to-day expenses, you will also have access to the **Extended Cover** benefit which provides further cover for day-to-day benefits once your day-to-day claims have reached the Threshold (a pre-determined amount that is based on your family size).







You can choose to make use of the  **HealthSaver*** for additional day-to-day expenses and to pay for out-of-pocket expenses before your Extended Cover is activated. 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.

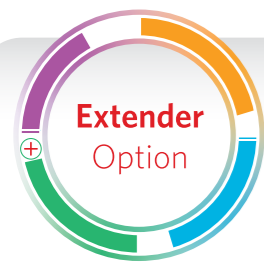
Choose your providers

Hospital	Chronic
Associated	Any
	Associated
	State
Any	Any
	Associated
	State

Choose your family composition

						
Associated - Any	R9 129	R16 482	R11 713	R19 066	R21 650	R24 234
Associated - Associated	R8 253	R14 896	R10 626	R17 269	R19 642	R22 015
Associated - State	R7 215	R12 687	R9 336	R14 808	R16 929	R19 050
Any - Any	R10 381	R18 742	R13 358	R21 719	R24 696	R27 673
Any - Associated	R9 160	R16 537	R11 795	R19 172	R21 807	R24 442
Any - State	R8 196	R14 923	R10 601	R17 328	R19 733	R22 138

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2025
- 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	R27 500 cadaver costs R56 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 750 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 450 co-payment for day hospitals and a R6 500 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 R2 900 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc)	R8 830 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R234 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 130 per beneficiary per event, maximum 2 events per year Other internal prostheses: R88 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R30 600 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R48 400 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	R72 000 per family (combined limit), subject to case management

Major Medical

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 R92 600 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 180 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 100 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: R33 400 Per adult dependant: R29 000 Per child: R9 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)	R25 200 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)	R17 300 per beneficiary, R44 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 750 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	R31 200 per family, R9 420 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 300 per beneficiary. Frame sub-limit of R2 890
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 R2 900 co-payment per scan and pre-authorisation
Prescribed medication	R22 200 per beneficiary, R42 100 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

Major Medical

Chronic


Day-to-day

Summit

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.

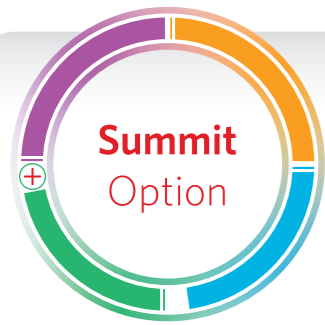
Your providers

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

Choose your family composition

					
R14 903	R26 822	R18 327	R30 246	R33 670	R37 094

Maximum of 3 children charged for



- This table represents a summary of the benefits for 2025
 - 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	R27 500 cadaver costs R56 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 R2 900 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc)	R8 830 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R234 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 130 per beneficiary per event, maximum 2 events per year Other internal prostheses: R88 200 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc)	R30 600 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R48 400 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

Major Medical

Medical rehabilitation, private nursing, Hospice and step-down facilities	R72 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 R92 600 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 180 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 R33 000 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 R33 000 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R9 420 per family. Subject to overall annual day-to-day limit of R33 000 per beneficiary
Mental health (incl. psychiatry and psychology)	R28 300 per family. Subject to overall annual day-to-day limit of R33 000 per beneficiary
Dentistry - basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R33 000 per beneficiary
Dentistry - specialised (such as bridges or crowns)	R19 800 per beneficiary, R47 700 per family. Subject to overall annual day-to-day limit of R33 000 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)	R38 400 per family. R22 200 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R33 000 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R33 000 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R33 000 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 800 per beneficiary. Frame sub-limit of R2 950 Subject to overall annual day-to-day limit of R33 000 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R33 000 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R33 000 per beneficiary
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 900 co-payment per scan and pre-authorisation
Prescribed medication	R25 700 per beneficiary, R42 300 per family. Subject to overall annual day-to-day limit of R33 000 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

Major Medical

Chronic

Day-to-day

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					
			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Early detection tests								
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 R380 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 Women 21 to 65	Once a year Once every 3 years	•	•	•	•	•	•
Mammogram	Women 38 and older	Once every 2 years		•	•	•	•	•
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years		•	•	•	•	•
General physical examination (GP* consultation)	Beneficiaries 21 to 29	Once every 5 years	•	•	•	•	•	•
	Beneficiaries 30 to 59	Once every 3 years	•	•	•	•	•	•
	Beneficiaries 60 to 69	Once every 2 years	•	•	•	•	•	•
	Beneficiaries 70 and older	Once a year	•	•	•	•	•	•
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years	•	•	•	•	•	•
	Men 50 to 59	Once every 3 years	•	•	•	•	•	•
	Men 60 to 69	Once every 2 years	•	•	•	•	•	•
	Men 70 and older	Once a year	•	•	•	•	•	•
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								
Baby immunisations (On Ingwe Option, baby immunisations are covered in private facilities for baby's first year, limited to R2 950. 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					
			Ingwe	Evolve	Custom	Incentive	Extender	Summit
Maternity programme (subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)								
Doula benefit	Women registered on the programme	2 visits per pregnancy		•	•	•	•	•
Antenatal visits (Midwives, GP* or gynaecologist)	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 BellyBabies or face-to-face classes covered up to R430 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	Women registered on the programme	Antiglobin, platelet count and Rubella antibody				•	•	•
		Blood group, full blood count and Rhesus factor	•	•	•	•	•	•
		Creatinine		•	•	•	•	•
		Glucose strip		•	•			
		2 tests				•	•	•
		Haemoglobin estimation	•	•	•			
		2 tests				•	•	•
		Urinalysis	•					
Urine tests (microscopic exams, antibiotic susceptibility and culture)		•	•	•	•	•	•	
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								
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		•	•	•	•	•
Gastroscopies		•	•	•	•	•
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 R620 on the Evolve and Custom Options, up to R1 300 on the Incentive and Extender Options, and up to R1 540 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 R1 920 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 **R1 920** per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of **R3 840** 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 **R1 920** per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of **R1 920** per authorisation applies if performed in a day hospital, or **R3 840** 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 **R1 920** per authorisation applies to these procedures and treatments if performed in a day hospital
Or a co-payment of **R3 840** 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.

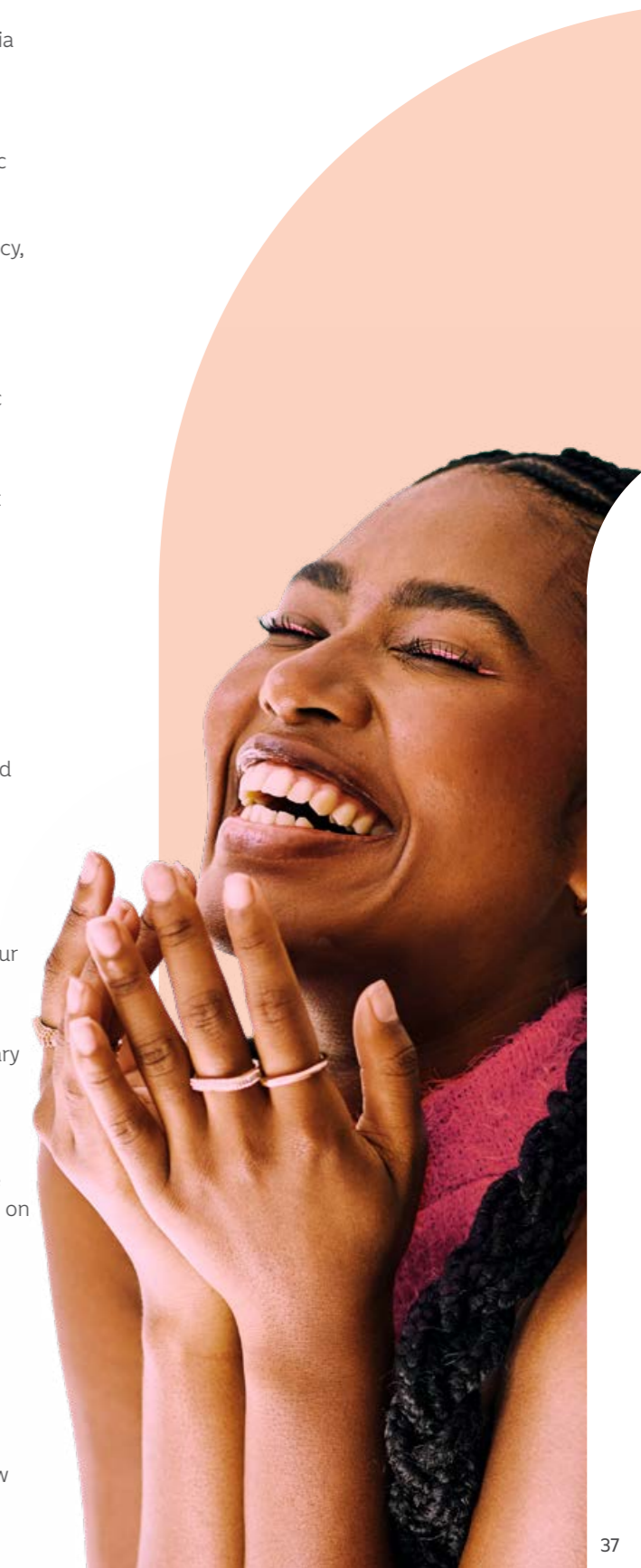
Members on the Custom, Incentive and Extender Options

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 100 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 100 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R33 000 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



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.
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.


Members

-  WhatsApp 0860 11 78 59
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-  Emergency medical transport 082 911 *South Africa*
+27 11 541 1263 *International*
-  momentummedicalscheme.co.za
-  Virtual help Visit momentummedicalscheme.co.za, click on "Contact us" and then on "Click here to join a virtual help session" for one of our consultants to assist you digitally
-  Claims claims@momentumhealth.co.za
-  Queries member@momentumhealth.co.za
-  Contact centre 0860 11 78 59



Financial advisers

 via.momentum.co.za

New business queries

-  Call 0800 43 25 84
-  healthadvisernewbusiness@momentum.co.za

New business documentation
(application forms, outstanding requirements and acceptance letters)

-  Call 0800 43 25 84
-  healthnewbusiness@momentumhealth.co.za



After-sales servicing

-  WhatsApp 0800 43 25 84
-  Call 0800 43 25 84
-  healthadviserservice@momentum.co.za
-  Web chat Log in to via.momentum.co.za and click on the help icon on the health pages

Fraud hotline

-  Call 0800 00 04 38
-  momentummedicalscheme@tip-offs.com

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-  PO Box 2338 Durban 4000 South Africa

Council for Medical Schemes

-  Customer Care Centre 0861 123 267
-  information@medicalschemes.co.za
-  medicalschemes.co.za

Get access to information at your fingertips

Download the Momentum App for instant access to:

- your Momentum Medical Scheme benefit information,
- checking your Savings balance,
- viewing your claims history,
- submitting your claims,
- requesting authorisations for hospital admissions and procedures,
- pre-notifying for certain Health Platform Benefits,
- registering on the maternity programme,
- requesting travel certificates, and more.

