

Focus on the Summit Option

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

If you need more day-to-day cover, you can make use of the Momentum HealthSaver⁺. Momentum HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

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

Major Medical Benefit

Provider	Any hospital
Limit	No overall annual limit applies
Benefit	Associated specialists covered in full Other specialists covered up to 300% of the Momentum Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised procedures/ treatment	Certain procedures/treatment covered

Chronic and Day-to-day Benefit

Chronic provider	Any provider Comprehensive formulary applies
Chronic conditions covered	Cover for 62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 36 additional conditions: accumulate to overall day-to-day limit of R28 000 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
Day-to-day provider	Any provider
Day-to-day benefit	Covered from risk benefit, subject to overall day-to-day limit of R28 000 per beneficiary and sub-limits. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions

Health Platform

Provider	Any

* You may choose to make use of additional products available from Momentum to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products. This focus page summarises the 2022 benefits available on the Summit Option. Scheme Rules always take precedence and are available on request.



Contributions

Contributions payable from **1 January 2022 to 31 August 2022** (unchanged from 2021)

Your providers			Choose your family composition					
Hospital	Chronic	Day-to-day						
Any	Freedom-of-choice	Freedom-of-choice	R10 642	R19 153	R13 087	R21 598	R24 043	R26 488

Maximum of 3 children charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Your providers			Choose your family composition					
Hospital	Chronic	Day-to-day						
Any	Freedom-of-choice	Freedom-of-choice	R11 331	R20 393	R13 934	R22 996	R25 599	R28 202

Maximum of 3 children charged for

Major Medical Benefit

This benefit includes cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 300% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided treatment has been pre- authorised.

Specialised procedures/treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided that the treatment is clinically appropriate and has been authorised. If pre-authorization is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules of the Scheme. In the case of an emergency, you or someone in your family or a friend must obtain authorisation within 72 hours of admittance.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a comprehensive formulary. If you choose to get your medication from outside the formulary, a co-payment of the cost difference between the selected item and the formulary price is payable. There is no annual limit for chronic cover for the 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. An additional 36 conditions are covered subject to the overall day-to-day limit of R28 000 per beneficiary (this is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions). Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.



The Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine, and is paid from the risk benefit. The benefits are subject to an overall day-to-day limit of R28 000 per beneficiary and certain sub-limits apply. (The overall day-to-day limit of R28 000 is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions).

The Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefit. This unique benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection
- maternity programme
- health management programmes
- health education and advice, and
- local emergency evacuation and international emergency cover.

Benefit schedule

Major Medical Benefit	
General rule applicable to the Major Medical Benefit	
You need to contact us for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a health management programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year).	
Provider	Any hospital
Overall annual limit	None
Hospitalisation	
Benefit	Associated specialists covered in full. Other specialists covered up to 300% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group
High and intensive care	No annual limit applies
Casualty or after-hour 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. Specialised oncology benefits are available for certain biologicals and immunologicals, subject to criteria
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R23 300 cadaver costs R47 100 live donor costs (incl. transportation)



Hospitalisation (continued)	
In-hospital dental and oral benefits - maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7 - impacted wisdom teeth	Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards overall day-to-day limit of R28 000 per beneficiary Hospital and anaesthetist accounts paid from Major Medical Benefit. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of the Momentum Medical Scheme Rate
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI, CT, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	No annual limit applies, subject to R2 480 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R7 500 per family, subject to pre-authorisation
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R198 000 per beneficiary, maximum 1 event per year. Intraocular lenses: R7 750 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R74 900 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc)	R26 000 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R41 400 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims 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	R60 000 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At any provider No annual limit applies R78 600 per family
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out of hospital	



Chronic Benefit	
General rule applicable to Chronic Benefits	
Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	You can use any provider of your choice
Cover	Cover for 62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies Cover for 36 additional conditions, subject to overall day-to-day limit of R28 000 per beneficiary. (This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions)
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit	
Benefits are paid at 100% of the Momentum Medical Scheme Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R28 000 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for 36 additional chronic conditions. The sub-limits specified apply per year unless stated otherwise. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)	
Provider	You can use any provider of your choice
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R8 000 per family. Subject to overall day-to-day limit of R28 000 per beneficiary
Mental health (incl. psychiatry and psychology)	R24 100 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R16 800 per beneficiary, R40 500 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit. Dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	R32 600 per family. R18 900 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R28 000 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 900 per beneficiary Frame sub-limit of R2 500 Subject to overall annual day-to-day limit of R28 000 per beneficiary
Pathology (such as cholesterol tests)	Subject to overall annual day-to-day limit of R28 000 per beneficiary
Radiology (such as x-rays)	Subject to overall annual day-to-day limit of R28 000 per beneficiary



Day-to-day benefit (continued)		
MRI, CT, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to a R2 480 co-payment per scan and pre-authorisation	
Prescribed medication	R21 800 per beneficiary, R35 900 per family. Subject to overall annual day-to-day limit of R28 000 per beneficiary	
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered	
Health Platform Benefit		
General rule applicable to the Health Platform Benefit		
Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit, provided you notify us before using the benefit		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations	Children up to age 6	As required by the Department of Health
Flu vaccines	Children between 6 months and 5 years Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) Consultation (GP* or gynaecologist)	Women 15 and older	Once a year
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



Early detection tests (continued)			
Health assessment (pre-notification not required): Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference measurements	All principal members and adult beneficiaries	Once a year	
Cholesterol test (pathologist). Only covered if health assessment results indicate a total cholesterol of 6 mmol/L and above	Principal members and adult beneficiaries	Once a year	
Blood sugar test (pathologist). Only covered if health assessment results indicate blood sugar levels of 11 mmol/L and above	Principal members and adult beneficiaries	Once a year	
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years	
	Beneficiaries 50 and older	Once a year	
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	
Maternity programme (subject to registration on the Maternity programme between 8 and 20 weeks of pregnancy)			
Doula benefit	Women registered on the programme	2 visits per pregnancy	
Antenatal visits (Midwives, GP or gynaecologist)		12 visits	
Online antenatal and postnatal classes		18-month subscription	
Online video consultation with lactation specialist		Initial consultation plus follow up	
Nurse home visits		3 visits: Day after return from hospital following childbirth, then after 2 and 6 weeks	
Urine tests (dipstick)		Included in antenatal visits	
Pathology tests	Women registered on the programme	Antiglobin, blood group, creatinine, full blood count, platelet count, Rhesus factor and Rubella antibody	1 test
		Glucose strip and haemoglobin estimation	2 tests
		Urinalysis	12 tests
		Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated
Scans	Women registered on the programme	2 pregnancy scans 3D and 4D growth scans covered up to the rate we pay for 2D scans	
Paediatrician visits	Babies registered on the programme	2 visits in baby's first year	



Health management programmes		
Cholesterol, Chronic renal failure, Diabetes, Drug and alcohol rehabilitation, HIV/Aids, Hypertension, Mental health, Oncology and Organ transplants	All beneficiaries registered on the appropriate programme	As needed
Health line		
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International emergency cover by ISOS		
R9.01 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover) A R1 850 co-payment applies per out-patient claim payable by the Scheme	Per beneficiary per 90-day journey	In an emergency