

Focus on the Custom Option

The Custom Option includes cover for hospitalisation in private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals).

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script, chronic medication and treatment to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits such as preventative screening tests, certain check-ups and more. If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can make use of the Momentum HealthSaver⁺. The Momentum HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

There is a standard Custom Option co-payment for Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.

⁺ 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 Custom Option. Scheme Rules always take precedence and are available on request.



Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Rate	Associated specialists covered in full Other specialists covered up to 100% 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
Co-payment	Standard Custom Option co-payment of R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply for specialised procedures/treatment (see co-payment table on page 5)

Chronic and Day-to-day Benefits

Chronic provider	Any provider: Core formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
Chronic conditions covered	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
Day-to-day provider	Any
Day-to-day benefit	You can add the Momentum HealthSaver ⁺ to provide cover for your day-to-day healthcare expenses

Health Platform Benefit

Provider	Any or Associated
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Contributions

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

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 423	R4 335	R3 278	R5 190	R6 045	R6 900
	Associated	R2 194	R3 895	R2 969	R4 670	R5 445	R6 220
	State	R1 706	R2 997	R2 311	R3 602	R4 207	R4 812
Any	Any	R2 891	R5 211	R3 923	R6 243	R7 275	R8 307
	Associated	R2 601	R4 633	R3 546	R5 578	R6 523	R7 468
	State	R2 173	R3 813	R2 969	R4 609	R5 405	R6 201

Maximum of 3 children charged for

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

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 580	R4 616	R3 490	R5 526	R6 436	R7 346
	Associated	R2 330	R4 136	R3 153	R4 959	R5 782	R6 605
	State	R1 808	R3 176	R2 449	R3 817	R4 458	R5 099
Any	Any	R3 078	R5 548	R4 177	R6 647	R7 746	R8 845
	Associated	R2 762	R4 920	R3 766	R5 924	R6 928	R7 932
	State	R2 303	R4 041	R3 147	R4 885	R5 729	R6 573

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 for hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 100% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been pre-authorised.

Specialised procedures/treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been pre-authorised.

If pre-authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules of the Scheme. In the case of an emergency, you, someone in your family or a friend must obtain authorisation within 72 hours of admittance.

If you choose Associated hospitals and you do not use this provider, a 30% co-payment will apply on the hospital account, while the Scheme will be responsible for 70% of the negotiated tariff.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You may choose Any, Associated or State as your Chronic Benefit provider. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

If you would like to add cover for day-to-day healthcare expenses, such as GP visits or prescribed medicine, you can make use of the Momentum HealthSaver⁺.

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	
<p>General rule applicable to the Major Medical Benefit: You need to contact us for pre-authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a health management programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)</p>	
Provider	Any or Associated hospitals
Overall annual limit	None
Co-payment	<p>Standard Custom Option co-payment of R1 640 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment.</p> <p>An additional co-payment may apply for specialised procedures, as indicated in the co-payment table below</p>
Co-payments for specialised procedures/treatment	
<p>The standard Custom Option co-payment of R1 640 per authorisation applies to these procedures and treatments regardless of where they are performed</p> <p>Plus the Specialised Procedures co-payment of R1 640 per authorisation applies if performed in a day hospital, or R3 280 per authorisation if performed in an acute hospital (hospital where overnight admissions apply)</p>	
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastrosopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment Removal of minor skin lesions Treatment of diseases of the conjunctiva Treatment of headache Treatment of adult influenza, Treatment of adult respiratory tract infections	<p>Low severity cases are not covered by the Scheme but can be paid from Momentum HealthSaver⁺, if available</p> <p>High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above</p>
Hospitalisation	
Benefit	Associated specialists covered in full. Other specialists covered up to 100% 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 Momentum HealthSaver ⁺ , if available
Renal dialysis	No annual limit applies. If you choose State as your chronic provider, you need to make use of State facilities for your renal dialysis



Hospitalisation (continued)	
Oncology	R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication If you choose State as your chronic provider, you need to 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
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor): Only covered when the recipient is a member of the Scheme	R21 100 cadaver costs R42 800 live donor costs (including transportation)
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, subject to R1 640 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Momentum HealthSaver ⁺ if available. Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R3 000 co-payment for day hospitals and R5 500 co-payment for acute hospitals, per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Major Medical Benefit, up to 100% of Momentum Medical Scheme Rate
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 co-payment of R2 740 per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R6 820 per family
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R5 900 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R50 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs)	R23 750 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R37 000 per beneficiary 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R55 000 per family



Hospitalisation (continued)		
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R72 700 per family	
Specialised procedures/treatment		
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out-of-hospital		
Chronic Benefit		
General rule applicable to the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme		
Provider	Any, Associated or State*	
Cover	26 conditions covered, according to the Chronic Disease List in Prescribed Minimum Benefits	
* If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval		
Day-to-day Benefit		
General rule applicable to the Day-to-day Benefit: Benefits are subject to Momentum HealthSaver ⁺ , if available		
Dentistry – specialised	Dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 640 co-payment and pre-authorisation Other specialised dentistry: Subject to Momentum HealthSaver ⁺ if available	
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 benefits		
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 (including 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



Early detection tests (continued)			
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years	
General physical examination (GP consultation)*	Beneficiaries 21 to 29	Once every 5 years	
	Beneficiaries 30 to 59	Once every 3 years	
	Beneficiaries 60 to 69	Once every 2 years	
	Beneficiaries 70 and older	Once a year	
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years	
	Men 50 to 59	Once every 3 years	
	Men 60 to 69	Once every 2 years	
	Men 70 and older	Once a year	
Health assessment (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 (glucose) 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	
Nurse home visits		2 visits, the day after returning from hospital following childbirth and 2 weeks later	
Urine tests (dipstick)		Included in antenatal visits	
Pathology tests		Blood group, creatinine, full blood count, glucose strip, haemoglobin estimation and Rhesus factor	1 test
		Urinalysis	12 tests
		Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated



Maternity programme (continued)		
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 up to 12 months 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		
R7.66 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	R7.66 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	In an emergency

** If you choose the Associated chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultations covered under the Health Platform.*