

Focus on the Evolve Option

The Evolve Option provides cover for hospitalisation at the Evolve Network of private hospitals. There is no overall annual limit for hospitalisation. There is a co-payment for all Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements or emergency treatment.

You need to use State facilities for all your chronic treatment, such as doctors, scripts and medication.

The Health Platform 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 more day-to-day expenses, like GP visits or prescribed medicine, you can make use of the HealthSaver+. The HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

Major Medical Benefit

Provider	Evolve Network hospitals Certain procedures are only covered in day facilities (see list on page 7)
Limit	No overall annual limit applies
Rate	Associated specialists covered in full Other specialists covered up to 100% of the Momentum Health 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	R1 570 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply for certain specialised procedures

*HealthSaver is a voluntary complementary product available from Momentum. You can choose to make use of additional products available from Momentum, part of Momentum Metropolitan Life Limited, to seamlessly enhance your medical aid. Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. These complementary products are not medical scheme benefits. You can be a member of Momentum Medical Scheme without taking any of the complementary products that Momentum offers.

Important notes: This focus page summarises the 2020 benefits available on the Evolve Option. Scheme Rules always take precedence and are available on request.

Chronic and Day-to-day Benefit

Chronic provider	State facilities
Chronic conditions covered	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits
Day-to-day provider	Any
Day-to-day benefit	You can add the HealthSaver to provide cover for your day-to-day healthcare expenses

The Health Platform

Provider	Any
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Contributions

Your providers

Hospital	Chronic
Evolve Network	State

Choose your family composition

 R1 294	 R2 588	 R2 588	 R3 882	 R5 176	 R6 470
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Maximum of 3 children charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit on hospitalisation. Claims are paid up to 100% of the Momentum Health Rate. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been 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 authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the rules of the Scheme. In the case of an emergency, you or someone in your family or a friend may obtain authorisation within 72 hours of admission.

Some procedures are only covered in day facilities, such as cataract surgery and some sinus procedures – see list on page 7.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Evolve Option, chronic benefits are available from State facilities only. 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 and approval by the Scheme.



Day-to-day Benefit

If you wish to add cover for day-to-day healthcare expenses, such as GP visits or prescribed medicine, you can make use of the Momentum HealthSaver. It has no transaction or administration fees, so you enjoy the full benefits of every Rand that you contribute.

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
- management of certain diseases
- 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 phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease 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	Evolve Network hospitals Certain procedures are only covered in day facilities – see list on page 7	
Overall annual limit	None	
Co-payment	R1 570 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply for specialised procedures, as indicated below	
Co-payments for specialised procedures/treatment		
Procedure/treatment	If performed out-of-hospital	If performed in-hospital
Arthroscopies, Back and neck surgery*, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements*, Laparoscopies	Can only be performed in hospital	Standard hospitalisation co-payment of R1 570, plus specialised procedure co-payment of R3 150 per authorisation applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme Co-payment of R1 570 per authorisation	
Conservative back and neck treatment*, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from HealthSaver, if available (No co-payment applies)	
*Covered at State facilities		



Hospitalisation	
Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Health 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 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 Health reference pricing applies 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. Maxillo-facial 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.)	R5 950 per family
Prosthesis – internal (incl. cochlear implants, permanent pacemakers etc.) Joint replacements, including knee and hip surgery, are covered in State facilities only	Intraocular lenses: R4 990 per beneficiary per event, maximum 2 events per year Other internal prosthesis: R33 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc.)	R21 900 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 co-payment of R2 620 per scan
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities, 21 day sub-limit applies to drug and alcohol rehabilitation
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	R45 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your network provider No annual limit applies R37 900 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	State facilities
Cover	26 conditions covered, according to Chronic Disease List in Prescribed Minimum Benefits

Day-to-day Benefit		
General rule applicable to the Day-to-day Benefit: Benefits are subject to HealthSaver, if available		
Health Platform Benefit		
General rule applicable to the Health Platform: 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 High-risk beneficiaries under 18 Beneficiaries 65 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
Health assessment (pre-notification not required): Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference	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
Scans		2 pregnancy scans
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year
Disease management programmes		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	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		
R5 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover) A R1 710 co-payment applies per out-patient claim payable by the Scheme	Per beneficiary per 90-day journey	In an emergency

Procedures covered in day facilities	
Biopsies	Skin, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes
Breast	Lumpectomy (fibroadenoma)
Ear, nose and throat	Tonsillectomy and/or adenoidectomy (children up to 12 years) Simple procedures for nose bleed (extensive cautery) Sinus procedures (ethmoidectomy, sinusotomy and lavage) Scopes (nasal endoscopy, laryngoscopy) Middle ear procedures (myringoplasty, stapedectomy, myringotomy and/or grommets) Cochlear implant
Eye	Corneal transplant Cataract surgery Treatment of glaucoma Other eye procedures (removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing and repair of tear ducts, retinal surgery, eyelid surgery, strabismus repair)
Ganglionectomy	
Gastrointestinal	Gastrointestinal scopes (oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy, proctoscopy, anoscopy)
Gynaecological	Cerclage of uterine cervix D&C (dilatation and curettage) Endometrial ablation Hysteroscopy Sterilisation Laparoscopic gynaecological procedures (aspiration ovarian cyst, salpingectomy, fulguration/ablation/lysis of lesions)
Orthopaedic	Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot) Minor joint procedures (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty) Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy). Subject to individual case review Repair bunion or toe deformity Treatment of simple closed fractures and/or dislocations, removal of pins and plates. Subject to individual case review
Removal of foreign body	Subcutaneous tissue, muscle, external auditory canal under general anaesthesia
Simple superficial lymphadenectomy	
Skin	Debridement, removal of lesions, (dependent on size and diameter), simple repair of superficial wounds
Urological	Cystoscopy Removal of ureteral stones Male genital procedures (circumcision, vasectomy)