momentum
medical scheme

2020 Focus page

Focus on the Summit Option

The Summit Option provides 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 HealthSaver[+]. 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.

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 Health 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 R25 900 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 R25 900 per beneficiary and sub-limits. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions

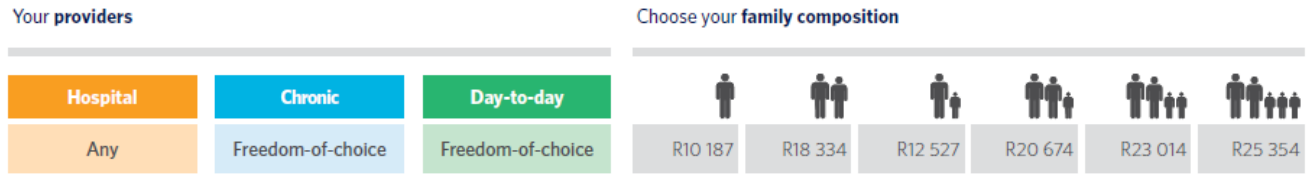
Health Platform

Provider	Any

[+]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 Summit Option. Scheme Rules always take precedence and are available on request.

Contributions



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. Associated specialists are covered in full, while other specialists are covered up to 300% of the Momentum Health 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 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 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 R25 900 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 R25 900 per beneficiary and certain sub-limits. (The overall day-to-day limit of R25 900 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

- management of certain diseases
- health education and advice, and
- local evacuation and international emergency cover.

Benefit schedule

Major Medical Benefit	
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).	
Provider	Any hospital
Overall limit	None
Hospitalisation	
Benefit	Associated specialists covered in full. Other specialists covered up to 300% of the 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 Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies. Momentum Health 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	R21 500 cadaver costs R43 600 live donor costs (incl. transportation)
In-hospital dental and oral benefits limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	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 specialised dentistry sub-limit which is subject to the overall day-to-day limit of R25 900 per beneficiary
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 370 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc.)	R6 950 per family, subject to pre-authorisation

Hospitalisation (continued)	
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R183 000 per beneficiary, maximum 1 event per year. Intraocular lenses: R7 170 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R69 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R24 000 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R37 900 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	R55 000 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At any 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 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 R25 900 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 Health Rate, subject to the annual sub-limits specified below and an overall day-to-day limit of R25 900 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	R7 390 per family. Subject to overall day-to-day limit of R25 900 per beneficiary
Mental health (incl. psychiatry and psychology)	R22 300 per family. Subject to overall annual day-to-day limit of R25 900 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R15 600 per beneficiary, R37 400 per family. Subject to overall annual day-to-day limit of R25 900 per beneficiary. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc.)	R30 100 per family. R17 500 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R25 900 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 530 per beneficiary Frame sub-limit of R2 320 Subject to overall annual day-to-day limit of R25 900 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R25 900 per beneficiary
Radiology (such as x-rays)	Subject to overall annual day-to-day limit of R25 900 per beneficiary
MRI, CT, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to a R2 370 co-payment per scan and pre-authorisation
Prescribed medication	R20 300 per beneficiary, R33 200 per family. Subject to overall annual day-to-day limit of R25 900 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

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 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 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 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

Early detection tests (continued)		
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 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)		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 Full blood count, blood group, rhesus, platelet count, rubella antibody, creatinine, glucose strip test, antiglobin test	Women registered on the programme	1 test
Haemoglobin estimation		2 tests
Urinalysis		13 tests
Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Scans	Women registered on the programme	2 pregnancy scans
Paediatrician visits	Babies 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	
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 710 co-payment applies per out-patient claim payable by the Scheme	Per beneficiary per 90-day journey	In an emergency