momentum
medical scheme

Focus page
2021

Focus on the Extender Option

The Extender Option provides 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 further 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 and chronic medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of benefits such as preventative screening tests, certain check-ups and more. 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). Once you have reached this Threshold amount, your claims will be paid by the Scheme from the Extended Cover benefit.

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 not covered on your option.

[+]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 2021 benefits available on the Extender 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
Benefit	Associated specialists covered in full Other specialists covered up to 200% 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/treatments covered
Co-payment	Co-payments may apply for specialised procedures/treatment (See benefit table for more)

Chronic and Day-to-day Benefits

Chronic provider	Any provider: Extended formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
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: limited to R10 700 per family per year
Day-to-day 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
Threshold	R23 900 for the principal member R20 900 per adult dependant R6 900 per child (applies up to a maximum of three children)

Health Platform Benefits

Provider	Any or Associated

Contributions

Choose your **providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R6 523	R11 778	R8 368	R13 623	R15 468	R17 313
	Associated	R5 969	R10 774	R7 686	R12 491	R14 208	R15 925
	State	R5 231	R9 198	R6 768	R10 735	R12 272	R13 809
Any	Any	R7 419	R13 394	R9 547	R15 522	R17 650	R19 778
	Associated	R6 624	R11 959	R8 529	R13 864	R15 769	R17 674
	State	R5 941	R10 818	R7 686	R12 563	R14 308	R16 053

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 200% 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 authorised.

Specialised procedures/treatments do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided 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. 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. On the Extender Option, you may choose Any, Associated or State as your Chronic Benefit provider. 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. A limit of R10 700 per family per year applies to an additional 36 conditions. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. 25% of your contribution is available to cover day-to-day expenses. This is known as Personal Medical 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 (a pre-determined amount based on your family size). Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover.

If you have selected Any or State as your chronic provider, any GP may be consulted. If you have selected Associated as your chronic provider, an Associated GP must be consulted. If not, claims will only accumulate at 70% of the Momentum Medical Scheme Rate to Threshold, and a 30% co-payment will apply once in Extended Cover.

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

<table>
<tr><th colspan="3">Major Medical Benefit</th></tr>
<tr><td colspan="3">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 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)</td></tr>
<tr><td>Provider</td><td colspan="2">Any or Associated hospitals</td></tr>
<tr><td>Overall limit</td><td colspan="2">None</td></tr>
<tr><th colspan="3">Co-payments for specialised procedures/treatment</th></tr>
<tr><th>Procedure/treatment</th><th>If performed out-of-hospital</th><th>If performed in-hospital</th></tr>
<tr><td>Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies</td><td>Can only be performed in-hospital</td><td rowspan="3">Paid by Scheme
R3 290 co-payment per authorisation applies</td></tr>
<tr><td>Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions</td><td>Paid by Scheme:
No co-payment applies</td></tr>
<tr><td>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</td><td>Paid from available day-to-day benefits
(No co-payment applies)</td></tr>
<tr><th colspan="3">Hospitalisation</th></tr>
<tr><td>Benefit</td><td colspan="2">Associated specialists covered in full.
Other specialists covered up to 200% of the Momentum Medical Scheme Rate
Hospital accounts are covered in full at the rate agreed upon with the hospital group. No overall annual limit applies</td></tr>
<tr><td>High and intensive care</td><td colspan="2">No annual limit applies</td></tr>
<tr><td>Casualty or after-hour visits</td><td colspan="2">Subject to Day-to-day Benefit</td></tr>
</table>

Hospitalisation (continued)	
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
Oncology	Limited to R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication. Specialised oncology benefits are available for certain biologicals and immunologicals, subject to criteria 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 if recipient is a member of the Scheme	R22 400 cadaver costs R45 300 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, subject to R1 500 co-payment Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day dental benefit and accumulate towards limit
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 and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R7 230 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R190 000 per beneficiary, maximum 1 event per year Intraocular lenses: R7 460 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R72 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms and legs)	R25 000 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R39 500 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

Hospitalisation (continued)	
Medical rehabilitation, private nursing, Hospice and step-down facilities	R57 000 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R75 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 the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	Any, Associated or State*
Cover	62 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
Limit	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 36 additional conditions - Limited to R10 700 per family per year
* 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: 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. **The annual Threshold levels are:** Member: R23 900; Per adult dependant: R20 900; Per child dependant: R6 900 (applies up to a maximum of 3 children) Should you not join in January, your Threshold and 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 or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R20 600 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)	R14 000 per beneficiary, R36 600 per family. Both in- and out-of-hospital dental specialist accounts accumulate towards the limit

Day-to-day Benefit (continued)		
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	R25 500 per family R7 690 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 the Momentum Medical Scheme Rate. Associated provider: 100% of the Momentum Medical Scheme Rate for Associated GPs and 70% of the Momentum Medical Scheme Rate for non-Associated GPs	
Specialists	100% of the Momentum Medical Scheme Rate	
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R4 300 per beneficiary Frame sub-limit of R2 350	
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	Covered from Major Medical Benefit, R2 480 co-payment applies per scan	
Prescribed medication	R18 200 per beneficiary, R34 400 per family	
Over-the-counter medication (incl. prescribed vitamins and homeopathic medicine)	Subject to Savings, does not accumulate to Threshold	
Health Platform Benefit		
General rule applicable to the Health Platform Benefits: 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 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

Early detection tests (continued)		
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	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 are 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 consultations with lactation specialist		Initial and follow-up consultations
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,		1 test
Haemoglobin estimation		2 tests
Urinalysis		13 tests
Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Scans		2 pregnancy scans
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year

Health 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		
R8.22 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover) A R1 780 co-payment applies per out-patient claim payable by the Scheme	Per beneficiary per 90-day journey	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*