

2018 Focus page

Focus on the Impact Option

The Impact Option provides cover for hospitalisation at the Impact Network of private hospitals. There is no overall annual limit for hospitalisation. For chronic treatment* and day-to-day benefits, such as GP visits or prescribed medicine, you need to consult Impact Primary Care Network providers. The Health Platform benefit provides cover for a range of preventative care benefits available from your Impact Primary Care Network provider.

If you need more day-to-day cover, 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	Impact Network hospitals
Limit	No overall annual limit applies
Rate	Up to 100% of Momentum Health Rate
Specialised Procedures/Treatment	Certain procedures covered

Chronic and Day-to-day Benefit

Chronic provider*	Impact Primary Care Network
Chronic conditions covered	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits
Day-to-day provider	Impact Primary Care Network

The Health Platform

Provider	Impact Primary Care Network
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*Currently, members on the Impact Option need to consult Impact Primary Care Network providers for their chronic treatment. Any and State chronic provider choices are pending approval from the Council for Medical Schemes.

Contributions

Your providers			Choose your family composition					
Hospital	Chronic	Day-to-day						
Impact Network	Impact Primary Care Network	Impact Primary Care Network	R2 025	R4 050	R2 630	R4 655	R5 260	R5 865

All children are charged for

The 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.

The Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Impact Option, chronic benefits are available from the Impact Primary Care Network*.

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.

The Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits, prescribed medicine etc. On the Impact Option the day-to-day benefits are available from the Impact Primary Care Network.

*Any and State chronic provider choices are pending approval from the Council for Medical Schemes

The Health Platform Benefit

The Health Platform Benefit is available from the Impact Primary Care Network.

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	
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 Health 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	Impact Network hospitals
Overall annual limit	None
Hospitalisation	
Benefit	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	12 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
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. knee and hip replacements, permanent pacemakers etc.)	Intraocular lenses: R4 800 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)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans	Limited to Prescribed Minimum Benefits at State Facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R17 050 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	R45 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R31 900 per family R34 400 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	
Impact Primary Care Network provider: Benefits are only available from the Impact Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary	
Provider	Impact Primary Care Network (Any and State chronic provider choices are pending approval from the Council for Medical Schemes)
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 only available from the Impact Primary Care Network, and are subject to the rules and provisions of this network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes. 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)	
Preferred provider	Impact Primary Care Network
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiroprody, Podiatry and Physiotherapy	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Subject to specialist limit
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc.)	Not covered
General practitioners	10 visits per beneficiary. From the 11 th visit onwards, you need to obtain authorisation and a R70 co-payment applies
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (You need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply) Maximum of 2 visits per family per year, with a R100 co-payment per visit
Specialists	3 visits per beneficiary, maximum of 5 visits per family. Covered at 100% of Momentum Health Rate, subject to referral by Impact Primary Care Network provider and pre-authorisation
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5
Pathology – basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as x-rays)	Specific list of black and white x-rays covered
MRI and CT scans	Limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary
Over-the-counter medication	Not covered

Health Platform Benefit		
General rule applicable to the Health Platform: These benefits are only available from Impact Primary Care Network providers		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations Available at nearest State baby clinic only	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
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) and GP consultation	Women 15 and older	Once a year
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
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)		
Antenatal visits (Midwives, GP or gynaecologist) at preferred provider	Women registered on the programme	4 visits
Urine tests (dipstick)		Included in antenatal visits
Growth scans		2 scans
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	International emergency cover by ISOS	International emergency cover by ISOS
R3.38 million per beneficiary per 90-day journey (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover). A R1 550 co-payment applies per out-patient claim	All beneficiaries	In an emergency