

2018 Focus page

Focus on the Incentive Option

The Incentive 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.

10% of your contribution goes to a dedicated Personal Medical Savings Account to cover your other day-to-day expenses. 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.

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 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	Co-payments may apply for specialist referral procedures (see benefit table)

Chronic and Day-to-day Benefits

Chronic provider	Any provider: Standard formulary Associated GPs and Courier pharmacy: Entry level formulary State: State formulary
Chronic conditions covered	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 6 additional conditions: limited to R9 300 per family per year
Day-to-day provider	Any or Associated
Savings	Fixed at 10% of total contribution

Health Platform Benefit







Provider	Any or Associated
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Important notes:

* The HealthSaver is a complementary product available from Momentum. Momentum is not a medical scheme and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.

** This focus page summarises the 2018 benefits available on the Incentive Option. Scheme Rules always take precedence and are available on request.

Contributions

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R2 737	R4 939	R3 759	R5 961	R6 983	R8 005
	Associated	R2 514	R4 514	R3 470	R5 470	R6 426	R7 382
	State	R1 834	R3 273	R2 545	R3 984	R4 695	R5 406
Any	Any	R3 052	R5 532	R4 241	R6 721	R7 910	R9 099
	Associated	R2 737	R4 933	R3 813	R6 009	R7 085	R8 161
	State	R2 249	R4 021	R3 138	R4 910	R5 799	R6 688

Maximum of 3 children charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatments. 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 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 that treatment has been 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 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. You may choose Any, Associated or State as your Chronic Benefit provider. There is no overall annual limit for chronic cover for the 26 conditions according to the Chronic Disease List (CDL), which forms part of the Prescribed Minimum Benefits (PMBs). A limit of R9 300 per family per year applies to an additional 6 conditions. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

10% of your contribution goes to a dedicated Personal Medical Savings Account to cover your day-to-day expenses, such as GP visits and prescribed medicine. 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

The Health Platform Benefit is available to all Momentum Health members and is 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 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		
<p>General rule applicable to Major Medical Benefits: 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)</p>		
Provider	Any or Associated hospitals	
Overall limit	None	
Co-payments for specialist referral procedures		
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	Paid by Scheme: R1 300* co-payment per authorisation applies
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme: R0* co-payment	
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 available day-to-day benefits (No co-payment applies)	
<p>*An additional R750 co-payment will apply if you do not obtain an appropriate GP referral (i.e. Any GP for members who choose Any or State chronic provider, or Associated GP for members who choose Associated chronic provider). You will be required to provide proof of the GP referral. Please note that if the cost of the procedure is less than the co-payment, you will be liable for the specialist account.</p>		
Hospitalisation		
Benefit	Associated specialists covered in full. Other specialists covered up to 200% 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 Savings	
Renal dialysis Beneficiaries who selected State as their chronic provider need to make use of State facilities for their renal dialysis	No annual limit applies	

Hospitalisation (continued)	
Oncology Newly diagnosed beneficiaries who selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. The Momentum Health medicine rate applies to chemotherapy and adjuvant medication
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when the recipient is a member of the Scheme	R18 600 cadaver costs R37 700 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 650 co-payment per authorisation. No benefit for dental, dental specialist and maxillo-facial surgeon accounts - paid from Savings, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans (in- and out-of-hospital)	No annual limit applies, subject to a R2 150 co-payment per scan and pre-authorisation
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.)	Cochlear implants: R152 400 per beneficiary, maximum 1 event per year Intraocular lenses: R6 500 per beneficiary per event, maximum 2 events per year Other internal prostheses: R46 400 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R21 500 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R34 400 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	R46 400 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At your chosen network provider No annual limit applies R65 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	Any, Associated or State*	
Cover	32 conditions, according to Chronic Disease List in Prescribed Minimum Benefits	
Limit	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 6 additional conditions – limited to R9 300 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 Benefits: Benefits are subject to available Savings, claims are paid at cost with no sub-limits		
Provider	Any	
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy	Subject to Savings, if available	
Mental health (incl. psychiatry and psychology)	Subject to Savings, if available	
Dentistry – basic (such as extractions or fillings)	Subject to Savings, if available	
Dentistry – specialised (such as bridges or crowns)	Subject to Savings, if available	
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors,	Subject to Savings, if available	
General practitioners	Subject to Savings, if available	
Specialists	Subject to Savings, if available	
Optical and optometry (incl. contact lenses and	Subject to Savings, if available	
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available	
Radiology (such as x-rays)	Subject to Savings, if available	
MRI and CT scans	Covered from Major Medical Benefit, subject to R2 150 co-payment per scan and pre-authorisation	
Prescribed medication	Subject to Savings, if available	
Over-the-counter medication	Subject to Savings, if available	
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 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

Health Platform Benefit (continued)		
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 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 management programme between 8 and 20 weeks of pregnancy)		
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	12 visits
Online antenatal and postnatal classes	Women registered on the programme	18-month subscription
Online video consultation with lactation specialist		Initial consultation
Urine tests (dipstick)	Women registered on the programme	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
Haemaglobin 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 up to 12 months registered on the programme	2 visits in baby's first year

Health Platform Benefit (continued)		
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		
R8 million (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	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*

2018 Focus page

The Momentum HealthReturns programme

As a Momentum Health member, you can choose to make use of complementary products available from the Momentum Group (Momentum), a division of MMI Group Limited, to seamlessly enhance your medical aid. Momentum is not a medical scheme and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.

Momentum pays up to R2 500 per family per month in HealthReturns to Momentum Health members who go for an annual Health Assessment, comply with treatment protocols (where applicable) and are active. HealthReturns are paid per R500 medical scheme contribution that you pay, excluding child dependant contributions and late joiner penalties.

It is very easy to start earning HealthReturns. As a Momentum Health member, you enjoy one free Health Assessment per year through the Health Platform Benefit. This assessment is the first step to earning HealthReturns and will calculate your Healthy Heart Score.

Your Healthy Heart Score gives you an indication of how healthy your heart is. It shows you if you are causing long-term damage to your heart and your risk of developing cardiovascular disease. We use the results from your Health Assessment, together with your smoking status, to calculate your score. Your score can be red, amber or green. Based on your results, we may recommend further assessments.

If you go for these assessments and follow the treatment protocols, this would be the second step to earning HealthReturns. The third step requires you to be active. Your activity, combined with your Multiply Premier status, Momentum Health contribution and Healthy Heart Score, will determine how much you can earn. Your physical activity is measured by your number of Active Dayz™ in a month or by going for a fitness assessment.

An Active Day can be earned by:

- One Multiply gym visit (provided you belong to Virgin Active, Planet Fitness or affiliated gyms through Multiply).
- Recording 10 000 steps in a day (through a device linked to your Multiply profile).
- Burning 300 calories in an exercise session (through a device linked to your Multiply profile).
- Participating in a qualifying event (claimed via Entrytime online).

If multiple activities are performed on the same day, the activity that results in the best score will be used.



HealthReturns payable per R500 medical scheme contribution

Healthy Heart Score		Active Dayz™ or Fitness Assessment	Standard	Bronze	Silver	Gold	Platinum	Private Club	
Green	Amber	Red	16+ per month or Level 5	R40	R40	R50	R100	R150	R250
Green	Amber	Red	12+ per month or Level 4	R20	R20	R30	R60	R100	R150
Green	Amber	Red	8+ per month or Level 3	R10	R10	R20	R30	R45	R60
Green	Amber	Red	4+ per month or level 2	R5	R5	R10	R15	R20	R30
Green	Amber	Red	0 to 3 or Level 1	R0	R0	R0	R0	R0	R0

- Standard HealthReturns are paid if you do not have HealthSaver and Multiply Premier membership
- Increased HealthReturns are paid into your HealthSaver account, based on your Multiply Premier status

HealthReturns are paid per R500* medical scheme contribution that you pay.

This means that a principal member who is as active as an adult dependant could receive a slightly higher HealthReturns payout, due to the lower contribution that the dependant pays.

Example

Option: Incentive Associated hospitals State chronic
Activity level: Level 5
Multiply Premier Status: Private Club

Principal member contribution R1 834	R250 x 3 = R750
Adult dependant contribution R1 439	R250 x 2 = R500
Total HealthReturns payable	R1 250 per month

*Excluding child dependant contributions and late joiner penalties

Additional HealthReturns benefits

If you maintain at least 12 Active Dayz™ per month for three consecutive months, have a green or amber Healthy Heart Score and have chosen to receive your HealthReturns into your HealthSaver account, you can also earn two free GP visits for your family per year and qualify for the HealthReturns RateBooster. Please note that these GP visits are valid for 12 months from the month in which they were earned.

The RateBooster benefit boosts in-hospital cover for specialists by an additional 100% of the Momentum Health Rate, which means that you will have cover up to 300% of the Momentum Health Rate for in-hospital specialist treatment.