

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: accumulates to overall day-to-day limit of R22 300 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 benefits	Covered from risk benefit, subject to overall day-to-day limit of R22 300 per beneficiary and sub-limits. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions

The Health Platform

Provider	Any
-----------------	-----

Contributions

Your providers			Choose your family composition					
Hospital	Chronic	Day-to-day						
Any	Freedom-of-choice	Freedom-of-choice	R7 637	R13 745	R9 391	R15 499	R17 253	R19 007

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. 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 R22 300 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 R22 300 per beneficiary and certain sub-limits. (The overall day-to-day limit of R22 300 is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions).

The 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 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 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	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 and Oncology	No annual limit applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor)	R17 600 cadaver costs
Only covered when recipient is a member of the Scheme	R35 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. 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 R22 300 per beneficiary
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 R2 030 co-payment per scan
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: R157 000 per beneficiary, maximum 1 event per year. Intraocular lenses: R6 160 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R59 500 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc)	R20 700 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R32 600 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.
Medical rehabilitation, private nursing, Hospice and step-down facilities	R45 400 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At preferred provider No annual limit applies R62 500 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 R22 300 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 R22 300 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	R6 380 per family. Subject to overall day-to-day limit of R22 300 per beneficiary
Mental health (incl. psychiatry and psychology)	R19 100 per family. Subject to overall annual day-to-day limit of R22 300 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R22 300 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R13 500 per beneficiary, R32 100 per family. Subject to overall annual day-to-day limit of R22 300 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.)	R25 900 per family. R15 100 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R22 300 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R22 300 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R22 300 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 910 per beneficiary Frame sub-limit of R2 020 Subject to overall annual day-to-day limit of R22 300 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R22 300 per beneficiary
Radiology (such as x-rays)	Subject to overall annual day-to-day limit of R22 300 per beneficiary
MRI and CT scans	Covered from Major Medical Benefit, subject to R2 030 co-payment per scan
Prescribed medication	R17 400 per beneficiary, R28 500 per family. Subject to overall annual day-to-day limit of R22 300 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	Beneficiaries under 18 Beneficiaries 60 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): Body Mass Index, Blood pressure test, Cholesterol (finger prick test) and Blood sugar test (finger prick test)	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
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
Urine tests (dipstick)		Included in antenatal visits
Pregnancy scans		2 scans (1 before 24th week and 1 after)
Paediatrician visits	Babies 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
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 470 co-payment applies per out-patient claim	Per beneficiary per 90-day journey	In an emergency

Important note:

This focus page summarises the 2017 benefits available on the Summit Option. Scheme Rules always take precedence and are available on request.

The Momentum HealthReturns programme

As a Momentum Health member, you can choose to make use of additional products available from the Momentum Group (Momentum), a division of MMI Group Limited, to seamlessly enhance your medical aid. Please note that Momentum is not a medical scheme and is a separate entity to Momentum Health. Membership of Momentum Health is not conditional on taking any of the complementary products that Momentum offers.

Momentum pays up to R1 000 per member (maximum of R2 000 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.

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 can predict your chances of suffering a heart attack or stroke within the next ten years. 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 status 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.

Healthy Heart Score	Active Dayz or Fitness Assessment	Standard HealthReturns	Multiply Premier + HealthSaver = Total HealthReturns				
			Bronze	Silver	Gold	Platinum	Private Club
<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: green; margin-right: 5px;"></div> GREEN <div style="width: 20px; height: 20px; background-color: orange; margin-right: 5px; margin-top: 10px;"></div> AMBER <div style="width: 20px; height: 20px; background-color: red; margin-right: 5px; margin-top: 10px;"></div> RED </div>	16+ Level 5	R160	R500	R600	R700	R800	R1 000
	12+ Level 4	R100	R300	R325	R350	R400	R500
	8+ Level 3	R50	R150	R160	R170	R180	R250
	4+ Level 2	R25	R75	R75	R75	R75	R75
	0+ Level 1	R0	R0	R0	R0	R0	R0

- Standard HealthReturns are payable if you do not have both HealthSaver and Multiply Premier membership. It can be paid into your bank account or your HealthSaver account, if you have one.
- Total HealthReturns are payable if you have both the HealthSaver and Multiply Premier membership and choose to receive HealthReturns into your HealthSaver account.
- The difference in Standard and Total HealthReturns is known as HealthReturns Booster funds. Booster funds are available to pay for claims once standard HealthSaver funds are depleted. The balance is carried over to the following year if not used and only forfeited if your Momentum Health or HealthSaver membership is cancelled.

You will receive a monthly SMS indicating the amount you earned by being active in the previous month. Your HealthReturns will be paid into your HealthSaver or bank account in the middle of each month.

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 four free GP visits per year for your family and qualify for the HealthReturns RateBooster. Please note that these GP visits are valid for 12 months from the month in which it was 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 400% of the Momentum Health Rate for in-hospital specialist treatment.