

**momentum**  
health

marketing brochure  
2014





Your health  
is your wealth

# contents

Your Health is your Wealth	2
The Benefit Structure	3
Make the Right Choice	4
<b>Options:</b>	<b>6</b>
Ingwe Option	6
Access Option	8
Custom Option	10
Incentive Option	12
Extender Option	14
Summit Option	16
Health Platform Benefit	18
Specialised Procedures	20
Specialist Referral Procedures on Custom, Incentive and Extender Options	22
Chronic Benefit	22
Individual Contributions	24
List of Hospitals	26
Glossary of Terms	28
Exclusions	29
<b>Momentum Complementary Products:</b>	<b>30</b>
HealthReturns	31
Multiply	32
HealthSaver	33
HealthWaiver	33
Mobisite	33
Hello Doctor	33

## General disclaimers

This brochure is a marketing aid. On joining the Scheme, all Momentum Health members receive a detailed member brochure.

Note that Momentum Health may specify certain principles relating to the use of your benefits.

Scheme Rules will always take precedence and are available on request.

In terms of the Medical Schemes Act, medical schemes may apply waiting periods and/or late joiner penalties to new members joining the Scheme. If we do apply a waiting period and/or a late joiner penalty to your membership, we will let you know before we activate your cover.

# Your health is your wealth

No matter how much wealth you have, without good health, it is difficult to enjoy quality of life. Momentum Health's focus is to help you safeguard and even improve your health, while also preserving and growing your wealth. From maintaining a strong solvency level to offering free preventative screenings, access to HealthReturns, savings on contributions and more, this philosophy underpins the growing popularity of Momentum Health.

## Momentum Health's unique approach to healthcare means you can:

- save up to 35% on your contribution - without sacrificing any benefits - through our **choice of providers**  
[See page 24 - 25 for more](#)
- increase your specialist cover, earn up to R5 400 per adult per year and gain free GP visits through Momentum's **HealthReturns** programme in only a few steps – including going for a free Health Assessment, complying with appropriate treatment where applicable, and being active  
[See page 31 for more](#)
- enjoy a variety of free preventative care benefits under the **Health Platform** Benefit, including an annual Health Assessment, a host of maternity benefits and more  
[See page 18 -19 for more](#)
- make provision for healthcare benefits, such as vitamins or co-payments, through the **HealthSaver**  
[See page 33 for more](#)
- access emergency numbers, member details, claims statements and more through your cellphone on our **mobisite**  
[See page 33 for more](#)
- join Momentum's rewards programme, **Multiply**, and receive great discounts from more than 40 providers, such as Virgin Active, NuMetro, Garmin and more  
[See page 32 for more](#)





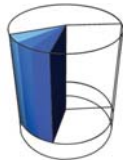
## The Benefit Structure

Momentum Health's benefit structure is made up of four components:



### Major Medical Benefit

The Major Medical Benefit provides cover for hospitalisation and certain out-of-hospital procedures that can safely be performed in a doctor's room, registered day clinic or out-patient facility, provided treatment is clinically appropriate and has been pre-authorised.



### Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. The Chronic Benefit includes cover for the 26 Chronic Disease List (CDL) conditions, which form part of the Prescribed Minimum Benefits (PMBs). Chronic benefits are subject to registration and approval.



### Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as doctors visits, prescribed medication, etc.

You have the choice of adding more day-to-day cover through the HealthSaver.



### Health Platform Benefit

The Health Platform Benefit is available to all Momentum Health members and is paid by the Scheme (subject to pre-notification). Thus your day-to-day benefits are not reduced.

This unique benefit encourages health awareness, enhances quality of life and gives peace of mind through:

- preventative care
- early detection
- a leading maternity programme
- management of certain diseases
- health education and advice
- emergency cover.

# Make the right choice

Momentum Health strives to offer you good value for money by combining flexibility with comprehensive cover, because it is important to match your family's healthcare needs. Use the following guide to find the option that best matches your needs. Healthcare expenses involve more than just the cost of your stay in hospital, it could be the cost of chronic medication (like pills to lower high blood pressure), day-to-day expenses (like visiting your doctor or antibiotics for flu), and/or emergency care.

You need to consider these costs and decide what your specific needs are, for example, are you a single person whose only concern is ending up in hospital, or are you part of a family that includes young children, and are therefore likely to incur higher day-to-day expenses.

The option that you choose will determine how much you will pay, and how much cover you will have for the different types of healthcare expenses. You need to choose the option that best fits both your wallet and your healthcare needs.

## Step 1 Choose your level of cover

Ingwe Option	Access Option	Custom Option	Incentive Option	Extender Option	Summit Option
<b>Major Medical Benefit</b> Specialists covered up to <b>100%</b> of Momentum Health Rate Hospital accounts covered in full at negotiated rate Limited to R1 000 000 per family per year	<b>Major Medical Benefit</b> Specialists covered up to <b>100%</b> of Momentum Health Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies	<b>Major Medical Benefit</b> Associated specialists covered in full Other specialists covered up to <b>100%</b> of Momentum Health Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies R1 000 co-payment applies	<b>Major Medical Benefit</b> Associated specialists covered in full Other specialists covered up to <b>200%</b> of Momentum Health Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies	<b>Major Medical Benefit</b> Associated specialists covered in full Other specialists covered up to <b>200%</b> of Momentum Health Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies	<b>Major Medical Benefit</b> Associated specialists covered in full Other specialists covered up to <b>300%</b> of Momentum Health Rate Hospital accounts covered in full at negotiated rate No overall annual limit applies
<b>Chronic Benefit</b> 26 conditions - no annual limit applies	<b>Chronic Benefit</b> 26 conditions - no annual limit applies	<b>Chronic Benefit</b> 26 conditions - no annual limit applies	<b>Chronic Benefit</b> 26 conditions - no annual limit applies. Additional 6 conditions limited to R7 400 per family	<b>Chronic Benefit</b> 26 conditions - no annual limit applies. Additional 36 conditions limited to R7 400 per family	<b>Chronic Benefit</b> 26 conditions - no annual limit applies. Additional 36 conditions accumulate to the overall day-to-day limit of R18 700 per beneficiary
<b>Day-to-day Benefit</b> Primary care (such as doctors visits, prescribed medicine, etc.) Secondary care (Specialist visits)	<b>Day-to-day Benefit</b> Primary care (such as doctors visits, prescribed medicine, etc.) Secondary care (Specialist visits)	<b>Day-to-day Benefit</b> Add the HealthSaver to provide cover for your day-to-day healthcare needs	<b>Day-to-day Benefit</b> Savings 10% of total contribution	<b>Day-to-day Benefit</b> Savings 25% of total contribution plus Extended Cover	<b>Day-to-day Benefit</b> Paid from risk benefit, subject to overall day-to-day limit of R18 700 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions.
<b>HealthSaver</b> Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket	<b>HealthSaver</b> Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket	<b>HealthSaver</b> Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket	<b>HealthSaver</b> Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket	<b>HealthSaver</b> Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket	<b>HealthSaver</b> Add more cover for medical expenses by choosing to contribute an additional amount that suits your needs and pocket

## Step 2 Choose your provider

Ingwe Option	Access Option	Custom Option	Incentive Option	Extender Option	Summit Option
<b>In-hospital</b> Any hospital, Ingwe Network hospitals* or State hospitals	<b>In-hospital</b> Access Network hospitals*	<b>In-hospital</b> Any or Associated hospitals*	<b>In-hospital</b> Any or Associated hospitals*	<b>In-hospital</b> Any or Associated hospitals*	<b>In-hospital</b> Any hospital
<b>Chronic and day-to-day</b> Ingwe Primary Care Network providers** or Ingwe Active Primary Care Network providers**	<b>Chronic and day-to-day</b> Access Primary Care Network providers**	<b>Chronic</b> Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Courier pharmacies for chronic medication) or State facilities	<b>Chronic</b> Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Courier pharmacies for chronic medication) or State facilities	<b>Chronic</b> Any (Any GP and any pharmacy), Associated** (Selected preferred GPs and Courier pharmacies for chronic medication) or State facilities	<b>Chronic and day-to-day</b> Freedom-of-choice
<b>Formularies applicable to the Chronic Benefit</b> Network entry-level formulary	<b>Formularies applicable to the Chronic Benefit</b> Network entry-level formulary	<b>Formularies applicable to the Chronic Benefit</b> Any: Core formulary Associated: Entry-level formulary State: State formulary	<b>Formularies applicable to the Chronic Benefit</b> Any: Standard formulary Associated: Entry-level formulary State: State formulary	<b>Formularies applicable to the Chronic Benefit</b> Any: Extended formulary Associated: Entry-level formulary State: State formulary	<b>Formularies applicable to the Chronic Benefit</b> Comprehensive formulary

\* View a list of hospitals on page 26 \*\* View a list of these providers on [www.momentumhealth.co.za](http://www.momentumhealth.co.za)

## Step 3 Choose from a wide range of complementary Momentum products

Momentum offers a wide range of **additional products** that you can add to your medical aid. See page 30 for more information.

# Ingwe Option Overview

The Ingwe Option provides affordable access to entry-level cover. You have cover for hospitalisation up to R1 000 000 for your family per year. For your hospitalisation cover, you can choose to use either Any hospital, the Ingwe Network of private hospitals (see page 26 for this list), or State hospitals for an even lower monthly contribution. For chronic treatment and day-to-day benefits, such as doctors visits or prescribed medicine, you must consult Ingwe Primary Care Network providers or Ingwe Active Primary Care Network providers. The Health Platform benefit provides cover for a range of preventative care benefits available from your Ingwe Primary Care Network provider.



## How much will you pay per month?

1 Choose your monthly income	2 Choose your providers	3 Choose your family composition					
< R500	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R349	R698	R540	R889	R1 080	R1 271
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R349	R698	R540	R889	R1 080	R1 271
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R349	R698	R540	R889	R1 080	R1 271
R501 - R5 200	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R431	R862	R663	R1 094	R1 326	R1 558
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R538	R1 076	R785	R1 323	R1 570	R1 817
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R699	R1 398	R961	R1 660	R1 922	R2 184
R5 201 - R6 950	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R492	R984	R729	R1 221	R1 458	R1 695
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R686	R1 372	R943	R1 629	R1 886	R2 143
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R977	R1 954	R1 272	R2 249	R2 544	R2 839
R6 951 - R9 400	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R575	R1 150	R824	R1 399	R1 648	R1 897
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R956	R1 883	R1 237	R2 164	R2 445	R2 726
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R1 337	R2 616	R1 650	R2 929	R3 242	R3 555
> R9 400	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R998	R1 952	R1 299	R2 253	R2 554	R2 855
	Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R1 355	R2 669	R1 754	R3 068	R3 467	R3 866
	Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R1 712	R3 386	R2 209	R3 883	R4 380	R4 877

All children are charged for

## Major Medical Benefit

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 Limited to R1 000 000 per family per year
Provider	Any hospital, Ingwe Network hospitals or State hospitals
<b>General rule</b>	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
High and intensive care	10 days per admission
Renal dialysis and Oncology	Subject to Prescribed Minimum Benefits at State facilities
Organ transplants	Subject to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, subject to Prescribed Minimum Benefits
Maternity confinements (limit for hospital account only) Caesarean sections: Only emergency caesareans are covered	R21 600 per uncomplicated delivery R31 700 per complicated delivery
Neonatal intensive care	R45 400 per confinement
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R3 900 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Not covered
Prosthesis – external (Such as artificial arms or legs etc.)	Not covered
MRI and CT scans	Subject to Prescribed Minimum Benefits
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R9 400 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R25 300 per family R27 000 per family

## Chronic Benefit

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
<b>General rule</b>	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary

## Day-to-day Benefit

Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Savings	Not applicable. You can add the HealthSaver
<b>General rule</b>	Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to the rules and provisions set by the network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Subject to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Not covered
Dentistry – basic (such as extractions or fillings)	Subject to the list of applicable tariff codes and the provisions of the General Rule mentioned above
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs etc.)	Not covered
General practitioners	Unlimited within the provisions of the General Rule mentioned above. Your GP needs to obtain authorisation from the 11 <sup>th</sup> visit per beneficiary
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 Limited to R850 per event, 10% co-payment applies Subject to the provisions of the General Rule mentioned above
Specialists	2 visits per family per year. Covered at 100% of Momentum Health Rate with a 10% co-payment, up to R1 320 per family per year, and/or R800 per event Subject to referral by your Ingwe Primary Care Network provider, pre-authorisation and the provisions of the General Rule mentioned above
Physiotherapy	Included in the specialist limit and subject to the provisions of the General Rule mentioned above
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 Subject to the provisions of the General Rule mentioned above
Pathology – basic (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology – basic (such as X-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans	Subject to Prescribed Minimum Benefits
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary, and the provisions of the General Rule mentioned above
Over-the-counter medication	Not covered

- This table represents a summary of the benefits for 2014
- Chronic and Day-to-day Benefits are only available from the Ingwe Primary Care Network or the Ingwe Active Primary Care Network
- If you choose Ingwe Network hospitals as your preferred provider for Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account
- If you choose State hospitals as your preferred provider for the Major Medical Benefit and do not use this provider, a co-payment will apply. This co-payment will be the difference in the cost between State facility charges and the amount charged by the provider you use
- The sub-limits specified 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)

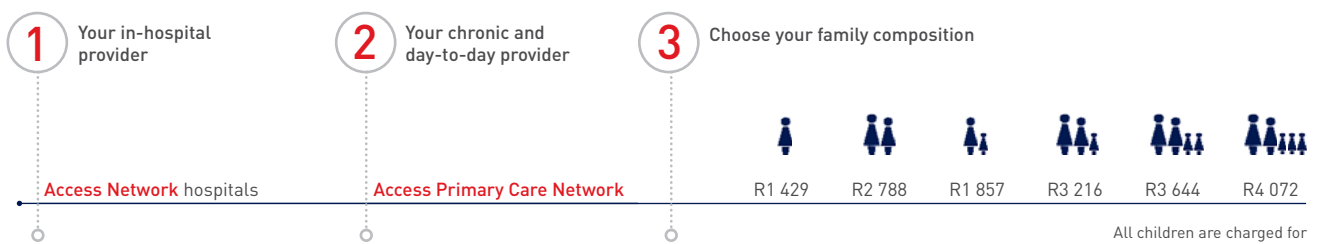


# Access Option Overview

The Access Option provides cover for hospitalisation at the Access Network of private hospitals (see page 26 for this list). There is no overall annual limit for hospitalisation. For chronic treatment and day-to-day benefits, such as doctors visits or prescribed medicine, you must consult Access Primary Care Network providers. The Health Platform benefit provides cover for a range of preventative care benefits available from your Access Primary Care Network provider.



## How much will you pay per month?



## Major Medical Benefit

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 No overall annual limit applies
Provider	Access Network hospitals
<b>General rule</b>	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
High and intensive care	12 days per admission
Renal dialysis and Oncology	Subject to Prescribed Minimum Benefits at State facilities
Organ transplants	Subject to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, subject 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.)	R4 750 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc.)	Intraocular lenses: R3 800 per beneficiary per event, maximum 2 events per year Other internal prostheses: R26 300 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	Not covered
MRI and CT scans	Subject to Prescribed Minimum Benefits
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R13 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
Medical rehabilitation, private nursing, Hospice and step-down facilities	R36 400 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R25 300 per family R27 400 per family

## Chronic Benefit

Provider	Access Primary Care Network
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
<b>General rule</b>	Benefits are only available from the Access Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary

## Day-to-day Benefit

Provider	Access Primary Care Network
Savings	Not applicable. You can add the HealthSaver
<b>General rule</b>	Benefits are only available from the Access Primary Care Network, and are subject to the rules and provisions set by this network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Not covered
Dentistry – basic (such as extractions or fillings)	Subject to the list of applicable tariff codes and the provisions of the General Rule mentioned above
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 <sup>th</sup> visit onwards, you need to obtain authorisation and a R60 co-payment applies Subject to the provisions of the General Rule mentioned above
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 Limited to R850 per event, 10% co-payment applies Subject to the provisions of the General Rule mentioned above
Specialists	3 visits per beneficiary, maximum of 5 visits per family. Covered at 100% of Momentum Health Rate, subject to referral by Access Primary Care Network provider, pre-authorisation and the provisions of the General Rule mentioned above
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 Subject to the provisions of the General Rule mentioned above
Pathology – basic (such as blood sugar or cholesterol tests)	Unlimited within the provisions of the General Rule mentioned above
Radiology – basic (such as X-rays)	Unlimited within the provisions of the General Rule mentioned above
MRI and CT scans	Subject to Prescribed Minimum Benefits
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary Subject to the provisions of the General Rule mentioned above
Over-the-counter medication	Not covered

- This table represents a summary of the benefits for 2014
- Chronic and Day-to-day Benefits are only available from the Access Primary Care Network
- If you do not use Access Network hospitals for Major Medical Benefits, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)

# Custom Option Overview

The Custom Option provides cover for hospitalisation at 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, see page 26 for this list).

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 Atlas or Medipost courier pharmacies 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 day-to-day benefits, such as preventative screening tests, certain check-ups and more. If you want cover for other day-to-day expenses like doctors visits or prescribed medicine, you can make use of the HealthSaver. The HealthSaver is a Momentum product that lets you save for medical expenses. It has no transaction or administration fees.

There is a co-payment for Major Medical Benefits, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.



## How much will you pay per month?

1 Choose your in-hospital provider		2 Choose your chronic provider		3 Choose your family composition					
				1 person	2 people	3 people	4 people	5 people	6 people
Associated in-hospital provider	Any chronic providers			R1 314	R2 350	R1 778	R2 814	R3 278	R3 742
	Associated chronic providers			R1 187	R2 106	R1 607	R2 526	R2 946	R3 366
	State chronic providers			R978	R1 717	R1 324	R2 063	R2 409	R2 755
Any in-hospital provider	Any chronic providers			R1 539	R2 775	R2 089	R3 325	R3 875	R4 425
	Associated chronic providers			R1 433	R2 551	R1 953	R3 071	R3 591	R4 111
	State chronic providers			R1 226	R2 151	R1 675	R2 600	R3 049	R3 498

Maximum of 3 children charged for

## Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 100% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	R1 000 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment*. An additional co-payment may apply per authorisation for 17 specialist referral procedures - see page 22
<b>General rule</b>	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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to HealthSaver if available
Renal dialysis	No annual limit applies
Oncology**	R300 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R14 800 cadaver costs R29 900 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 000 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from HealthSaver, 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 R1 800 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R4 750 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Intraocular lenses: R4 000 per beneficiary per event, maximum 2 events per year Other internal prostheses: R35 300 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R17 100 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R26 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
Medical rehabilitation, private nursing, Hospice and step-down facilities	R36 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R52 400 per family

## Chronic Benefit

Provider	Any, Associated or State
Cover	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits.
<b>General rule</b>	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

## Day-to-day Benefit

Provider	Any
Savings	Not applicable. You can add the HealthSaver
<b>General rule</b>	Benefits are subject to HealthSaver, if available (see page 33 for more on HealthSaver)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver, if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver, if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver, if available
Dentistry – specialised (such as bridges or crowns)	Subject to HealthSaver, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc.)	Subject to HealthSaver, if available
General practitioners	Subject to HealthSaver, if available
Specialists	Subject to HealthSaver, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver, if available
Radiology (such as X-rays)	Subject to HealthSaver, if available
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 800 co-payment per scan
Prescribed medication	Subject to HealthSaver, if available
Over-the-counter medication	Subject to HealthSaver, if available

- This table represents a summary of the benefits for 2014
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)

\* See glossary on page 28 for the definition of emergency treatment

\*\* Newly diagnosed beneficiaries who selected State as their chronic provider must obtain their treatment from an oncologist authorised by the Scheme

# Incentive Option Overview

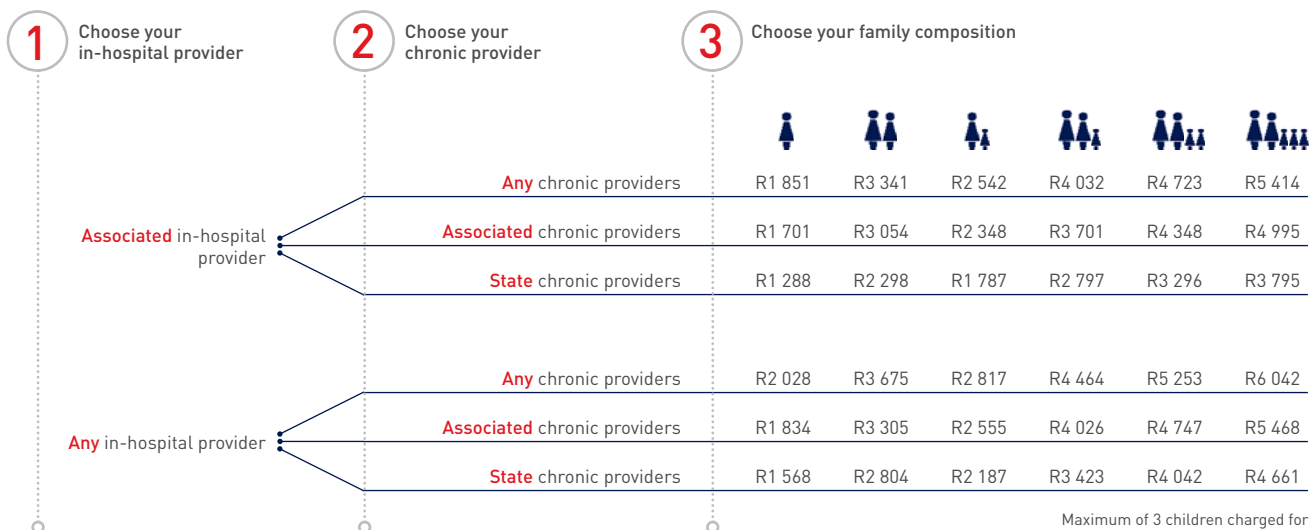
The Incentive Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 26 for this list).

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 Atlas or Medipost courier pharmacies for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more. 10% of your contribution goes to a dedicated 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. The HealthSaver is a Momentum product that lets you save for medical expenses. It has no transaction or administration fees.



## How much will you pay per month?



## Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for 17 specialist referral procedures - see page 22
<b>General rule</b>	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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Savings
Renal dialysis	No annual limit applies
Oncology*	R400 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R14 800 cadaver costs R29 900 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 380 co-payment per authorisation. 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 R1 800 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R4 750 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R121 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 170 per beneficiary per event, maximum 2 events per year Other internal prostheses: R36 900 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R17 100 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R27 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. Treatment is covered for 18 months following the event
Medical rehabilitation, private nursing, Hospice and step-down facilities	R36 900 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R52 400 per family

## Chronic Benefit

Provider	Any, Associated or State
Cover	Cover for 32 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 6 additional conditions - limited to R7 400 per family per year
<b>General rule</b>	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

## Day-to-day Benefit

Provider	Any
Savings	Fixed at 10% of total contribution
<b>General rule</b>	Benefits are subject to available Savings, claims are paid at cost with no sub-limits
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiroprody, Physiotherapy and Podiatry	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, wheelchairs etc.)	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 refractive eye surgery)	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 R1 800 co-payment per scan
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

- This table represents a summary of the benefits for 2014
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)

\* Newly diagnosed beneficiaries who selected State as their chronic provider must obtain their treatment from an oncologist authorised by the Scheme

# Extender Option Overview

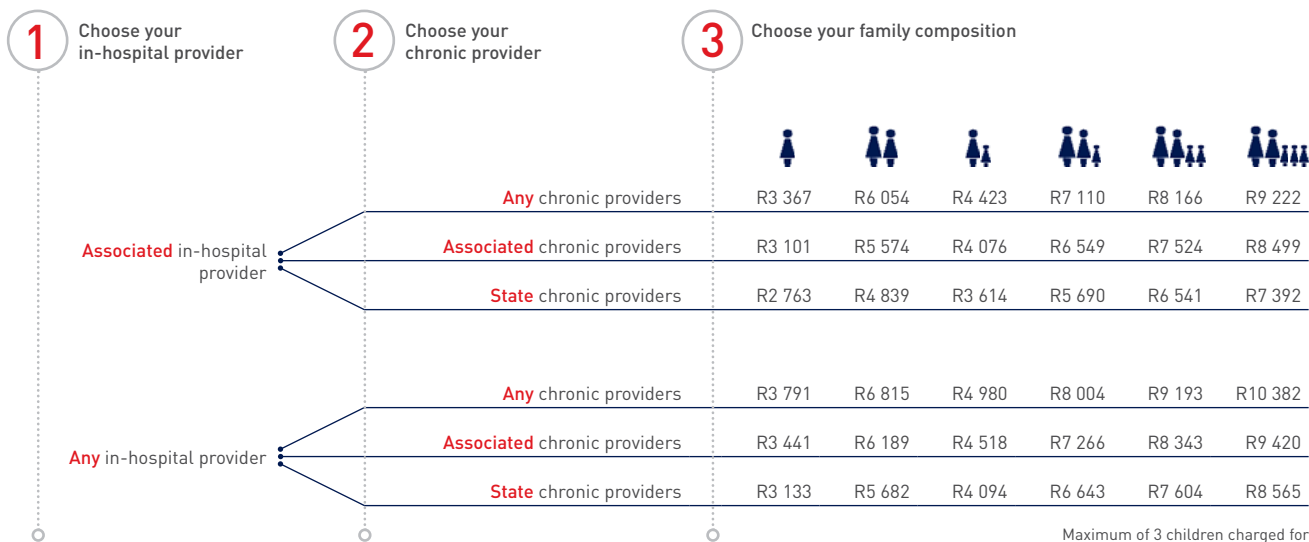
The Extender Option provides cover for hospitalisation at private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals, see page 26 for this list). 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 Atlas or Medipost courier pharmacies for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and medication to obtain the maximum contribution discount.



25% of your contribution is available in a 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). You can 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. The HealthSaver is a Momentum product that lets you save for medical expenses. It has no transaction or administration fees.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more.

## How much will you pay per month?



## Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 200% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any or Associated hospitals
Co-payment	Co-payments may apply for 17 specialist referral procedures - see page 22
<b>General rule</b>	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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology*	R500 000 per beneficiary per year, thereafter a 20% co-payment applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R14 800 cadaver costs R29 900 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 380 co-payment per authorisation. Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day Benefit and accumulate towards limit
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 R1 800 co-payment per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R4 960 per family
Prosthesis - internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R132 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 170 per beneficiary per event, maximum 2 events per year Other internal prostheses: R49 600 per beneficiary per event, maximum 2 events per year
Prosthesis - external (such as artificial arms or legs etc.)	R17 400 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R27 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. Treatment is covered for 18 months following the event
Medical rehabilitation, private nursing, Hospice and step-down facilities	R38 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R52 400 per family

## Chronic Benefit

Provider	Any, Associated or State
Cover	Cover for 62 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits - no annual limit applies 36 additional conditions - limited to R7 400 per family per year
<b>General rule</b>	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

## Day-to-day Benefit

Provider	Any or Associated**
Savings	Fixed at 25% of total contribution
<b>General rule</b> Annual Threshold levels: Member: R12 300 Per adult dependant: R10 600 Per child: R3 600 (max. 3 children)	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 Health Rate subject to the sub-limits specified below
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R14 300 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)	R9 700 per beneficiary, R25 300 per family 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.)	R17 600 per family R5 400 sub-limit for hearing aids
General practitioners	Depending on the chronic provider selected Any or State provider: Unlimited within the provisions of the General Rule mentioned above Associated providers: 100% of Momentum Health Rate for Associated GPs 70% of Momentum Health Rate for non-Associated GPs
Specialists	Unlimited within the provisions of the General Rule mentioned above
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 000 per beneficiary Frame sub-limit of R1 640
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, subject to R1 800 co-payment per scan
Prescribed medication	R12 600 per beneficiary, R23 800 per family
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Subject to Savings (does not accumulate to Threshold)

- This table represents a summary of the benefits for 2014
- If you choose Associated hospitals as your preferred provider for Major Medical Benefits, and do not use this provider, you will have a co-payment of 30% on the hospital account
- The sub-limits specified 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)

\* Newly diagnosed beneficiaries who selected State as their chronic provider must obtain their treatment from an oncologist authorised by the Scheme

\*\* Members that have chosen Associated as their chronic provider must use an Associated GP for GP consultations.



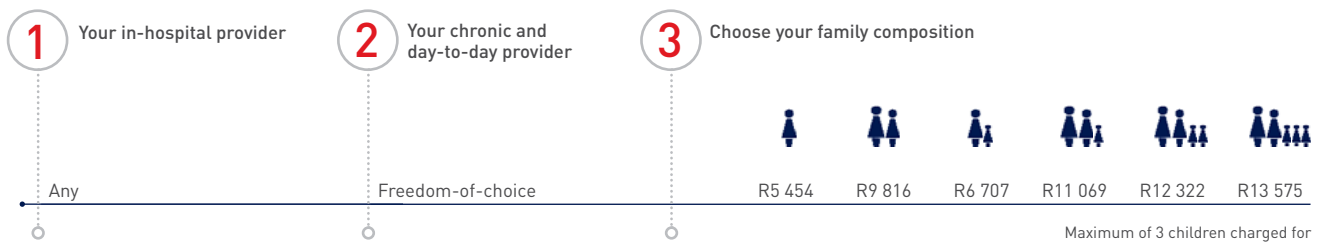
# Summit Option Overview

The Summit Option provides cover for hospitalisation at any hospital. There is no overall annual limit for hospitalisation. Extensive day-to-day and chronic benefits are available from any provider. Should you wish, you can use the HealthSaver to increase your day-to-day cover even further. The HealthSaver is a Momentum product that lets you save for medical expenses. It has no transaction or administration fees.

The Health Platform Benefit provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more.



## How much will you pay per month?



## Major Medical Benefit

Benefit	Associated specialists covered in full Other specialists covered up to 300% of Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group No overall annual limit applies
Provider	Any hospital
<b>General rule</b>	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
High and intensive care	No annual limit applies
Casualty or after-hours visits	Subject to Day-to-day Benefit
Renal dialysis	No annual limit applies
Oncology	No annual limit applies
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor) Only covered when recipient is a member of the Scheme	R14 800 cadaver costs R29 900 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 overall day-to-day limit of R18 700 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 R1 800 co-payment per scan
Medical and surgical appliances in-hospital (such as, support stockings, knee and back braces etc.)	R4 960 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.)	Cochlear implants: R132 000 per beneficiary, maximum 1 event per year Intraocular lenses: R5 170 per beneficiary per event, maximum 2 events per year Other internal prostheses: R49 600 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs etc.)	R17 400 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R27 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. Treatment is covered for 18 months following the event
Medical rehabilitation, private nursing, Hospice and step-down facilities	R38 000 per family
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider No annual limit applies R52 400 per family

## Chronic Benefit

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 36 additional conditions - accumulate to overall day-to-day limit of R18 700 per beneficiary. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions
<b>General rule</b>	Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme

## Day-to-day Benefit

Provider	You can use any provider of your choice
Savings	Not applicable. You can add the HealthSaver
<b>General rule</b>	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 R18 700 per beneficiary
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	R5 400 per family. Subject to overall annual day-to-day limit of R18 700 per beneficiary
Mental health (incl. psychiatry and psychology)	R16 000 per family. Subject to overall annual day-to-day limit of R18 700 per beneficiary
Dentistry – basic (such as extractions or fillings)	Subject to overall annual day-to-day limit of R18 700 per beneficiary
Dentistry – specialised (such as bridges or crowns)	R11 300 per beneficiary, R26 900 per family. Subject to overall annual day-to-day limit of R18 700 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.)	R21 700 per family. Subject to overall annual day-to-day limit of R18 700 per beneficiary R12 600 sub-limit for hearing aids. Subject to overall annual day-to-day limit of R18 700 per beneficiary
General practitioners	Subject to overall annual day-to-day limit of R18 700 per beneficiary
Specialists	Subject to overall annual day-to-day limit of R18 700 per beneficiary
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R3 270 per beneficiary. Subject to overall annual day-to-day limit of R18 700 per beneficiary. Frame sub-limit of R1 690. Subject to overall annual day-to-day limit of R18 700 per beneficiary
Pathology (such as blood sugar or cholesterol tests)	Subject to overall annual day-to-day limit of R18 700 per beneficiary
Radiology (such as X-rays)	Subject to overall annual day-to-day limit of R18 700 per beneficiary
MRI and CT scans	Covered from Major Medical Benefit, subject to R1 800 co-payment per scan
Prescribed medication	R14 600 per beneficiary, R23 900 per family. Subject to overall annual day-to-day limit of R18 700 per beneficiary
Over-the-counter medication (including prescribed vitamins and homeopathic medicine)	Not covered

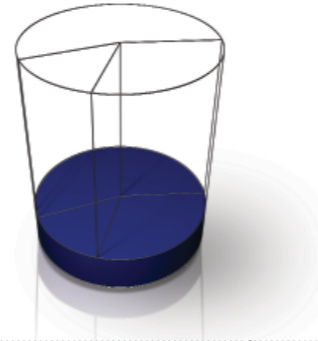
— This table represents a summary of the benefits for 2014

— The sub-limits specified 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)

# 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** by contacting the member call centre on 0860 11 78 59 or logging on to [www.momentumhealth.co.za](http://www.momentumhealth.co.za). You can also pre-notify via your cellphone at [momentumhealth.mobi](http://momentumhealth.mobi).

On the Ingwe and Access Options, Health Platform Benefits are only available from Ingwe or Access Primary Care Network providers.



Benefit	Who?	How often?	Ingwe and Access	Custom, Incentive, Extender and Summit
<b>Early detection tests</b>				
<b>Health Assessment</b> (pre-notification not required): Body Mass Index, Blood pressure test, Cholesterol (finger prick test) and Blood sugar test (finger prick test)	All adult beneficiaries	Once a year	✓	✓
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year	✓	✓
Pap smear (pathologist)	Women 15 and older	Once a year	✓	✓
Pap smear Consultation (GP)*	Women 15 and older	Once a year	✓	
Pap smear Consultation (GP* or gynaecologist)	Women 15 and older	Once a year		✓
Mammogram	Women 40 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	✓	✓
Cholesterol test (pathologist)**	All adult beneficiaries	Once a year	✓	✓
Blood sugar test (pathologist)***	All beneficiaries	Once a year	✓	✓
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years		✓
	Beneficiaries 50 and older	Once a year		✓
HIV test	Beneficiaries 15 and older	Once every 5 years	✓	✓
<b>Preventative care</b>				
Baby immunisations (On Ingwe and Access, available at nearest State baby clinic)	Children up to age 6	As required by the Department of Health	✓	✓
Flu vaccines	Beneficiaries under 18	Once a year	✓	✓
	Beneficiaries 60 and older		✓	✓
	High-risk beneficiaries		✓	✓
Tetanus diphtheria injection	All beneficiaries	As needed	✓	✓
Pneumococcal vaccine	Beneficiaries 60 and older	Once a year		✓
	High-risk beneficiaries			✓
<b>Maternity programme (subject to registration on the Maternity Management Programme between 8 and 20 weeks of pregnancy)</b>				
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	4 visits	✓	
	Women registered on the programme	12 visits		✓
Urine tests (dipstick)	Women registered on the programme	Included in antenatal visits	✓	✓
Scans (1 before 24th week and 1 after)	Women registered on the programme	2 growth 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		✓
<b>Disease management programmes</b>				
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed	✓	✓
<b>Health line</b>				
24-hour health advice	All beneficiaries	As needed	✓	✓
<b>Emergency evacuation</b>				
Emergency evacuation in South Africa	All beneficiaries	In an emergency	✓	✓
International evacuation	All beneficiaries	In an emergency		✓
<b>International emergency cover</b>				
R6.45m emergency cover (incl. R13 000 for emergency optometry, R13 000 for emergency dentistry and R640 000 terrorism cover) A R1 300 co-payment applies per out-patient claim	Per beneficiary per 90-day journey	In an emergency		✓

**Please note**  
 \* On the Custom, Incentive and Extender Options, if you choose Associated as your chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultations  
 \*\* The cholesterol test is covered if Health Assessment results indicate a total cholesterol of 6 mmol/L and above  
 \*\*\* The blood sugar test is covered for adult beneficiaries if Health Assessment results indicate blood sugar levels are 11 mmol/L and above



**Remember -**  
 a **Health Assessment** is your first step towards earning **HealthReturns!**



# Specialised Procedures

Specialised Procedures do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided that the treatment is clinically appropriate. 19 procedures are covered on the Ingwe and Access Options, and 53 procedures are covered on the Custom, Incentive, Extender and Summit Options. You need to phone us for authorisation before making use of this benefit.

Cardiovascular	Ingwe	Access	Custom	Incentive	Extender	Summit
24-hour halter ECG			✓	✓	✓	✓
Blood transfusions			✓	✓	✓	✓
Carotid angiograms			✓	✓	✓	✓
Coronary angiogram			✓	✓	✓	✓
Coronary angioplasty			✓	✓	✓	✓
Plasmapheresis			✓	✓	✓	✓
ENT	Ingwe	Access	Custom	Incentive	Extender	Summit
Antroscopies			✓	✓	✓	✓
Direct laryngoscopy			✓	✓	✓	✓
Grommets	✓	✓	✓	✓	✓	✓
Myringotomy	✓	✓	✓	✓	✓	✓
Nasal scans and surgery			✓	✓	✓	✓
Functional nasal and sinus surgery			✓	✓	✓	✓
Tonsillectomy	✓	✓	✓	✓	✓	✓
General surgery	Ingwe	Access	Custom	Incentive	Extender	Summit
Biopsy of breast lump	✓	✓	✓	✓	✓	✓
Drainage of subcutaneous abscess	✓	✓	✓	✓	✓	✓
Removal of extensive skin lesions	✓	✓	✓	✓	✓	✓
Laparoscopy			✓	✓	✓	✓
Lymph node biopsy	✓	✓	✓	✓	✓	✓
Nail surgery			✓	✓	✓	✓
Open hernia repairs	✓	✓	✓	✓	✓	✓
Gastro-Intestinal	Ingwe	Access	Custom	Incentive	Extender	Summit
Colonoscopy			✓	✓	✓	✓
ERCP			✓	✓	✓	✓
Gastrosopies			✓	✓	✓	✓
Oesophagoscopy			✓	✓	✓	✓
Sigmoidoscopy			✓	✓	✓	✓
Gynaecology	Ingwe	Access	Custom	Incentive	Extender	Summit
Cervical laser ablation			✓	✓	✓	✓
Dilatation and curettage	✓	✓	✓	✓	✓	✓
Hysteroscopy			✓	✓	✓	✓
Incision and drainage of Bartholin's cyst	✓	✓	✓	✓	✓	✓
Marsupialisation of Bartholin's cyst	✓	✓	✓	✓	✓	✓
Tubal ligation	✓	✓	✓	✓	✓	✓
Neurology	Ingwe	Access	Custom	Incentive	Extender	Summit
48-hour halter EEG			✓	✓	✓	✓
Electro-convulsive therapy			✓	✓	✓	✓
Hyperbaric oxygen treatment for decompression sickness			✓	✓	✓	✓
Myelogram			✓	✓	✓	✓
Obstetrics	Ingwe	Access	Custom	Incentive	Extender	Summit
Amniocentesis			✓	✓	✓	✓
Childbirth in non-hospital	✓	✓	✓	✓	✓	✓
Oncology	Ingwe	Access	Custom	Incentive	Extender	Summit
Chemotherapy (On Ingwe and Access Options: limited to Prescribed Minimum Benefits at State facilities)	✓	✓	✓	✓	✓	✓
Hyperbaric oxygen for radiation necrosis			✓	✓	✓	✓
Radiotherapy (On Ingwe and Access Options: limited to Prescribed Minimum Benefits at State facilities)	✓	✓	✓	✓	✓	✓
Ophthalmology	Ingwe	Access	Custom	Incentive	Extender	Summit
Cataract removal			✓	✓	✓	✓
Pterygium removal			✓	✓	✓	✓
Trabeculectomy			✓	✓	✓	✓

Orthopaedic	Ingwe	Access	Custom	Incentive	Extender	Summit
Arthroscopy			✓	✓	✓	✓
Bunionectomy			✓	✓	✓	✓
Carpal tunnel release	✓	✓	✓	✓	✓	✓
Ganglion surgery	✓	✓	✓	✓	✓	✓
Renal	Ingwe	Access	Custom	Incentive	Extender	Summit
Dialysis (On Ingwe and Access Options: limited to Prescribed Minimum Benefits at State facilities)	✓	✓	✓	✓	✓	✓
Respiratory	Ingwe	Access	Custom	Incentive	Extender	Summit
Bronchography			✓	✓	✓	✓
Bronchoscopy			✓	✓	✓	✓
Urology	Ingwe	Access	Custom	Incentive	Extender	Summit
Cystoscopy			✓	✓	✓	✓
Prostate biopsy	✓	✓	✓	✓	✓	✓
Vasectomy			✓	✓	✓	✓

**Please note:**

The cost of anaesthetist (if any) covered only if approved by the Scheme

The Specialised Procedures listed attract a co-payment of R1 000 per authorisation on the Custom Option. This co-payment may vary for some of the procedures, as per the table on page 22

Some of the Specialised Procedures listed could attract a co-payment on the Incentive and Extender Options, as illustrated on page 22

# Your health is your wealth



## Co-payments for the 17 specialist referral procedures on the Custom Option

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	
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies	Paid by Scheme Custom Option standard co-payment reduces to R400* per authorisation	Paid by Scheme Custom Option standard co-payment of R1 000* per authorisation applies
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from HealthSaver, if available (No co-payment applies)	

\*An additional R600 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)

## Co-payments for the 17 specialist referral procedures on the Incentive and Extender Options

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	
Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies	Paid by Scheme R0* co-payment	Paid by Scheme R1 000* co-payment applies per specialist (excl. anaesthetist)
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from available day-to-day benefits (No co-payment applies)	

\*An additional R600 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)

## Chronic Benefit

### Members on the Ingwe and Access Options

Benefits are only available from Ingwe or Access Primary Care Network providers and are subject to a Network entry-level formulary for medicine.

### Members on the Custom, Incentive and Extender Options

The chronic provider you have chosen determines how you get your chronic prescription and medication, as follows:

- **Any:**  
You may get your chronic prescription and medication from any provider, subject to your option specific formulary. If you choose to get your medication from the preferred list of medicines, and within the generic reference price if applicable, you will not have a co-payment. If you choose to get your medication from outside the formulary (i.e. non-preferred items), a co-payment is payable. A dispensing fee co-payment may also be payable when using pharmacies other than Clicks, Dis-Chem, Atlas or Medipost.
- **Associated:**  
You must get your chronic prescription from an Associated GP and your chronic medication from your chosen Courier pharmacy (either Atlas or Medipost), subject to an entry-level 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;
- obtain your chronic prescription from a non-Associated GP, the Scheme will only pay 50% of the Momentum Health Rate for the consultation;
- get your chronic medication from a pharmacy other than Atlas or Medipost, Momentum Health will only pay 50% of the formulary price for the medicine.
- **State:**  
You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary.

### Members on the Summit Option

You have the freedom of choice to get your chronic prescription and medication from any provider, subject to a comprehensive formulary.

## Chronic Benefit (continued)

Chronic benefits are subject to registration and approval.

**The following 26 Chronic Disease List conditions are covered on the Ingwe, Access, Custom, Incentive, Extender and Summit Options:**

- Addison's disease
- Asthma
- Bipolar mood disorder
- Bronchiectasis
- Cardiac dysrhythmias
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disease
- Chronic renal disease
- Coronary artery disease
- Crohn's disease (excl. biologicals such as Revellex\*)
- Diabetes insipidus
- Diabetes mellitus Type 1
- Diabetes mellitus Type 2
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis (excl. biologicals such as Avonex\*, subject to protocols)
- Parkinson's disease
- Rheumatoid arthritis (excl. biologicals such as Revellex and Enbrel\*)
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

**On the Incentive Option, an additional 6 conditions are covered, subject to a limit of R7 400 per family per year:**

- Acne
- ADHD (Attention Deficit Hyperactivity Disorder)
- Allergic rhinitis
- Eczema
- Pemphigus
- Psoriasis

**On the Extender Option, an additional 36 conditions are covered, subject to a limit of R7 400 per family per year. On the Summit Option, the additional 36 conditions covered accumulate to the overall day-to-day limit of R18 700 per beneficiary per year:**

- Acne
- ADHD (Attention Deficit Hyperactivity Disorder)
- Allergic rhinitis
- Ankylosing spondylitis
- Aplastic anaemia
- Benign prostatic hypertrophy
- Cushing's disease
- Cystic fibrosis
- Dermatomyositis
- Eczema
- Gout
- Hypoparathyroidism
- Immunosuppression therapy for transplants
- Major depression
- Menopause
- Motor neuron disease
- Muscular dystrophy and other inherited myopathies
- Myasthenia gravis
- Narcolepsy
- Obsessive compulsive disorder
- Oncology - ancillary treatment
- Osteopenia
- Osteoporosis
- Other seizure disorders
- Paraplegia/Quadriplegia
- Pemphigus
- Pituitary microadenomas
- Post-traumatic stress syndrome
- Psoriasis
- Scleroderma
- Stroke
- Systemic sclerosis
- Thromboangiitis obliterans
- Thrombocytopenic purpura
- Unipolar disorder
- Valvular heart disease

\* These are examples of medication not covered

# Individual Contributions

Ingwe Option		P	A	C	
Monthly income	< R500	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R349	R349	R191
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R349	R349	R191
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R349	R349	R191
	R501 - R5 200	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R431	R431	R232
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R538	R538	R247
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R699	R699	R262
	R5 201-R6 950	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R492	R492	R237
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R686	R686	R257
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R977	R977	R295
	R6 951-R9 400	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R575	R575	R249
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R956	R927	R281
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R1 337	R1 279	R313
	>R9 400	State hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R998	R954	R301
		Ingwe Network hospitals and Ingwe Primary Care Network chronic and day-to-day provider	R1 355	R1 314	R399
		Any hospital and Ingwe Active Primary Care Network chronic and day-to-day provider	R1 712	R1 674	R497

Access Option	P	A	C
Access Network in-hospital and Access Network chronic and day-to-day provider	R1 429	R1 359	R428

Custom Option		P	A	C
Associated in-hospital provider	Any chronic providers	R1 314	R1 036	R464
	Associated chronic providers	R1 187	R919	R420
	State chronic providers	R978	R739	R346
Any in-hospital provider	Any chronic providers	R1 539	R1 236	R550
	Associated chronic providers	R1 433	R1 118	R520
	State chronic providers	R1 226	R925	R449

Incentive Option		P	A	C	
Associated in-hospital provider	Any chronic providers	<b>Total contribution</b>	<b>R1 851</b>	<b>R1 490</b>	<b>R691</b>
		Risk contribution	R1 666	R1 341	R622
		Savings 10%	R185	R149	R69
		Annual Savings	R2 220	R1 788	R828
	Associated chronic providers	<b>Total contribution</b>	<b>R1 701</b>	<b>R1 353</b>	<b>R647</b>
		Risk contribution	R1 531	R1 218	R582
		Savings 10%	R170	R135	R65
		Annual Savings	R2 040	R1 620	R780
	State chronic providers	<b>Total contribution</b>	<b>R1 288</b>	<b>R1 010</b>	<b>R499</b>
		Risk contribution	R1 159	R909	R449
		Savings 10%	R129	R101	R50
		Annual Savings	R1 548	R1 212	R600



**Incentive Option (continued)**

		P	A	C	
Any in-hospital provider	Any chronic providers	<b>Total contribution</b>	<b>R2 028</b>	<b>R1 647</b>	<b>R789</b>
		Risk contribution	R1 825	R1 482	R710
		Savings 10%	R203	R165	R79
		Annual Savings	R2 436	R1 980	R948
	Associated chronic providers	<b>Total contribution</b>	<b>R1 834</b>	<b>R1 471</b>	<b>R721</b>
		Risk contribution	R1 651	R1 324	R649
		Savings 10%	R183	R147	R72
		Annual Savings	R2 196	R1 764	R864
	State chronic providers	<b>Total contribution</b>	<b>R1 568</b>	<b>R1 236</b>	<b>R619</b>
		Risk contribution	R1 411	R1 112	R557
		Savings 10%	R157	R124	R62
		Annual Savings	R1 884	R1 488	R744

**Extender Option**

		P	A	C	
Associated in-hospital provider	Any chronic providers	<b>Total contribution</b>	<b>R3 367</b>	<b>R2 687</b>	<b>R1 056</b>
		Risk contribution	R2 525	R2 015	R792
		Savings 25%	R842	R672	R264
		Annual Savings	R10 104	R8 064	R3 168
		<b>Threshold</b>	<b>R12 300</b>	<b>R10 600</b>	<b>R3 600</b>
	Associated chronic providers	<b>Total contribution</b>	<b>R3 101</b>	<b>R2 473</b>	<b>R975</b>
		Risk contribution	R2 326	R1 855	R731
		Savings 25%	R775	R618	R244
		Annual Savings	R9 300	R7 416	R2 928
		<b>Threshold</b>	<b>R12 300</b>	<b>R10 600</b>	<b>R3 600</b>
	State chronic providers	<b>Total contribution</b>	<b>R2 763</b>	<b>R2 076</b>	<b>R851</b>
		Risk contribution	R2 072	R1 557	R638
Savings 25%		R691	R519	R213	
Annual Savings		R8 292	R6 228	R2 556	
<b>Threshold</b>		<b>R12 300</b>	<b>R10 600</b>	<b>R3 600</b>	
Any in-hospital provider	Any chronic providers	<b>Total contribution</b>	<b>R3 791</b>	<b>R3 024</b>	<b>R1 189</b>
		Risk contribution	R2 843	R2 268	R892
		Savings 25%	R948	R756	R297
		Annual Savings	R11 376	R9 072	R3 564
		<b>Threshold</b>	<b>R12 300</b>	<b>R10 600</b>	<b>R3 600</b>
	Associated chronic providers	<b>Total contribution</b>	<b>R3 441</b>	<b>R2 748</b>	<b>R1 077</b>
		Risk contribution	R2 581	R2 061	R808
		Savings 25%	R860	R687	R269
		Annual Savings	R10 320	R8 244	R3 228
		<b>Threshold</b>	<b>R12 300</b>	<b>R10 600</b>	<b>R3 600</b>
	State chronic providers	<b>Total contribution</b>	<b>R3 133</b>	<b>R2 549</b>	<b>R961</b>
		Risk contribution	R2 350	R1 912	R721
Savings 25%		R783	R637	R240	
Annual Savings		R9 396	R7 644	R2 880	
<b>Threshold</b>		<b>R12 300</b>	<b>R10 600</b>	<b>R3 600</b>	

**Summit Option**

	P	A	C
Freedom-of-choice Any in-hospital and chronic and day-to-day provider	R5 454	R4 362	R1 253

P = Principal A = Adult C = Child

On the Ingwe and Access Options, all children are charged for  
 On the Custom, Incentive, Extender and Summit Options, a maximum of 3 children are charged for

# List of hospitals

Members on the Ingwe Option can choose between Any hospital, Ingwe Network hospitals or State hospitals.

Members on the Access Option need to use Access Network hospitals.

Members on the Custom, Incentive and Extender Options can choose between Any or Associated hospitals

Eastern Cape		Ingwe Network	Access Network	Associated Hospitals
Life Beacon Bay Hospital	Beacon Bay - East London	✓	✓	✓
Isivivana Private Hospital	Humansdorp			✓
East London Private Hospital	East London	✓		✓
Greenacres Hospital	Greenacres - Port Elizabeth		✓	
Grey Monument Private Clinic	King Williamstown	✓		✓
New Mercantile Hospital	Korsten - Port Elizabeth	✓		✓
Hunterscraig Psychiatric Hospital	Port Elizabeth			✓
St Georges Hospital	Port Elizabeth	✓		✓
Queenstown Private Hospital	Queenstown	✓		✓
St. Dominic's Hospital	Southernwood - East London	✓	✓	✓
St James Operating Theatres	Southernwood - East London	✓		✓
St Marks Clinic	Southernwood - East London	✓		✓
Cuyler Hospital	Uitenhage		✓	✓
St Mary's Private Hospital	Umtata	✓		✓

Free State		Ingwe Network	Access Network	Associated Hospitals
Hoogland Mediclinic	Bethlehem	✓	✓	✓
Bloemfontein Eye Hospital	Bloemfontein	✓		✓
Pasteur Hospital	Bloemfontein	✓		✓
Rosepark Hospital	Fichardtspark - Bloemfontein	✓		✓
Welkom Mediclinic	Welkom	✓	✓	✓
Bloemfontein Mediclinic	Bloemfontein		✓	✓
Universitas Private Hospital	Bloemfontein		✓	
Kroon Hospital	Kroonstad		✓	
Vaalpark Medical Centre	Vaalpark		✓	

Gauteng		Ingwe Network	Access Network	Associated Hospitals
Clinton Hospital	Alberton		✓	
Optimed Eye Care Centre	Alberton		✓	
Union Hospital	Alberton		✓	
Femina Clinic	Arcadia - Pretoria		✓	
Muelmed Hospital	Arcadia - Pretoria			✓
Pretoria Heart Hospital	Arcadia - Pretoria			✓
Netcare Rehabilitation Hospital	Auckland Park - Johannesburg		✓	
Bedford Gardens Private Hospital	Bedfordview - Johannesburg	✓		✓
Glynnview Hospital	Benoni			✓
The Glynnwood	Benoni	✓		✓
Linmed Hospital	Benoni		✓	
Optiklin Eye Hospital	Benoni		✓	
Rand Clinic	Berea - Johannesburg		✓	
Birchmed Day Clinic	Birchleigh - Johannesburg			✓
Sunward Park Hospital	Boksburg		✓	
Dalview Clinic	Brakpan	✓		✓
Brooklyn Surgical Centre	Brooklyn - Pretoria	✓		✓
Sandton Mediclinic	Bryanston - Johannesburg			✓
Unitas Hospital	Centurion		✓	
Mayo Clinic	Constantia Kloof - Johannesburg			✓
Wilgers Hospital	Die Wilgers - Pretoria	✓		✓
Kloof Hospital	Erasmuskloof - Pretoria			✓

Gauteng (continued)		Ingwe Network	Access Network	Associated Hospitals
Faerie Glen Hospital	Faerie Glen - Pretoria	✓		✓
Flora Clinic	Florida - Johannesburg	✓		✓
Fourways Hospital	Fourways			✓
Little Company of Mary	Groenkloof - Pretoria	✓		✓
Suikerbosrand Clinic	Heidelberg	✓	✓	✓
Medgate Day Clinic	Helderkruid - Johannesburg			✓
Bagleyston Day Clinic	Highlands - Johannesburg		✓	
Park Lane Clinic	Houghton - Johannesburg		✓	
Akasia Clinic	Karen Park - Pretoria		✓	
Arwyp Medical Centre	Kempton Park	✓	✓	
New Kensington Clinic	Kensington - Johannesburg	✓		✓
Bellstreet Hospital	Krugersdorp		✓	
Krugersdorp Private Hospital	Krugersdorp		✓	
Protea Clinic	Krugersdorp		✓	
Lenmed Clinic Limited	Lenasia	✓		
Eugene Marais Hospital	Les Marais - Pretoria	✓		✓
Linksfeld Park Clinic	Linksfeld - Johannesburg		✓	
Legae Private Clinic	Mabopane - Pretoria	✓		✓
Garden City Clinic	Mayfair - Johannesburg		✓	
Carstenhof Clinic	Midrand	✓	✓	✓
Montana Private Hospital	Montana Park - Pretoria		✓	
Pretoria East Private Hospital	Moreleta Park - Pretoria		✓	
Morningside Mediclinic	Morningside - Johannesburg			✓
Sandton Surgical Centre	Morningside - Johannesburg			✓
Jakaranda Hospital	Muckleneuck - Pretoria		✓	
Mulbarton Hospital	Mulbarton		✓	
Riverfield Lodge	Nietgedacht - Johannesburg	✓		✓
Rosewood Clinic	Orange Grove - Johannesburg		✓	
The Donald Gordon	Parktown - Johannesburg			✓
Brenthurst Clinic	Parktown - Johannesburg	✓		✓
Milpark Hospital	Parktown - Johannesburg		✓	
Pretoria North Surgical Centre	Pretoria North			✓
Roseacres Clinic	Primrose - Johannesburg	✓	✓	✓
Olivedale Clinic	Randburg - Johannesburg		✓	
Robinson Hospital	Randfontein	✓	✓	✓
Moot General Hospital	Rietfontein - Pretoria		✓	
Constantia Clinic	Roodepoort		✓	
Wilgeheuwel Hospital	Roodepoort	✓		✓
Rosebank Clinic	Rosebank - Johannesburg		✓	
Genesis Clinic	Saxonwold - Johannesburg			✓
Clinix Tshepo	Soweto - Johannesburg	✓	✓	
Springs Parkland Clinic	Springs	✓	✓	✓
St Mary's Womens Clinic	Springs	✓		✓
Sunninghill Hospital	Sunninghill - Johannesburg		✓	
Medforum Hospital	Sunnyside - Pretoria			✓
Pretoria Gynaecology Hospital	Sunnyside - Pretoria			✓

## Gauteng (continued)

		Ingwe Network	Access Network	Associated Hospitals
Emfuleni Hospital	Vanderbijlpark	✓		✓
Vereeniging Mediclinic	Vereeniging		✓	✓
Clinix Naledi	Vereeniging	✓		

## Kwazulu-Natal

		Ingwe Network	Access Network	Associated Hospitals
Kingsway Hospital	Amanzimtoti		✓	
Entabeni Hospital	Berea - Durban	✓		✓
Chatsmed Garden Hospital	Chatsworth - Durban	✓		✓
City Hospital	Durban	✓		✓
Durdoc Clinic	Durban	✓		
Maxwell Clinic	Durban	✓		✓
St Augustines Hospital	Durban		✓	
Empangeni Garden Clinic	Empangeni	✓	✓	✓
Hillcrest Private Hospital	Hillcrest - Durban			✓
Howick Private Hospital	Howick			✓
Isipingo Hospital	Isipingo	✓		✓
La Verna Hospital	Ladysmith	✓		
Margate Private Hospital	Margate	✓	✓	✓
Newcastle Private Hospital	Newcastle	✓	✓	✓
Parklands Hospital	Overport - Durban		✓	
Mount Edgecombe Hospital	Phoenix - Durban	✓		✓
Midlands Medical Centre	Pietermaritzburg	✓		✓
Pietermaritzburg Mediclinic	Pietermaritzburg			✓
St Annes Hospital	Pietermaritzburg		✓	
The Crompton Hospital	Pinetown	✓	✓	✓
Hibiscus Hospital	Port Shepstone	✓		✓
The Bay Hospital	Richards Bay		✓	✓
Victoria Hospital Limited	Tongaat			✓
Umhlanga Hospital	Umhlanga		✓	✓
Westville Hospital	Westville - Durban	✓		✓

## Limpopo

		Ingwe Network	Access Network	Associated Hospitals
Lephalale Mediclinic	Lephalale			✓
Limpopo Mediclinic	Potokwane	✓	✓	✓
Tzaneen Private Hospital	Tzaneen	✓	✓	✓
Thabazimbi Mediclinic	Thabazimbi		✓	

## Mpumalanga

		Ingwe Network	Access Network	Associated Hospitals
Barberton Mediclinic	Barberton		✓	✓
Bronkhorstspuit Hospital	Bronkhorstspuit	✓	✓	
Midmed Hospital	Middelburg	✓	✓	✓
Ermelo Mediclinic	Ermelo	✓	✓	✓
Lowveld Hospital	Mbombela (Nelspruit)			✓
Nelspruit Mediclinic	Mbombela (Nelspruit)	✓	✓	✓
Secunda Mediclinic	Secunda	✓	✓	✓
Highveld Mediclinic	Trichardt	✓	✓	✓
Cosmos Hospital	Emalaheni (Witbank)	✓	✓	✓

## North West

		Ingwe Network	Access Network	Associated Hospitals
Brits Mediclinic	Brits		✓	✓
Anncron Clinic	Klerksdorp	✓	✓	✓
Victoria Private Hospital	Mafikeng	✓		
Potchefstroom Mediclinic	Potchefstroom	✓	✓	✓
Ferncrest Hospital	Rustenburg		✓	
Peglerae Hospital	Rustenburg	✓		✓
Vryburg Private Hospital	Vryburg	✓		✓

## Northern Cape

		Ingwe Network	Access Network	Associated Hospitals
Kathu Mediclinic	Kathu	✓		✓
Kimberley Mediclinic	Kimberley	✓	✓	✓
Upington Mediclinic	Upington		✓	✓

## Western Cape

		Ingwe Network	Access Network	Associated Hospitals
Bellville Medical Centre	Bellville - Cape Town	✓	✓	✓
Louis Leipoldt Mediclinic	Bellville - Cape Town			✓
Netcare Blaauwberg Hospital	Blaauwberg		✓	
Cape Gate Mediclinic	Brackenfell			✓
Christiaan Barnard Memorial Hospital	Cape Town		✓	
Claremont Hospital	Claremont - Cape Town	✓		✓
Kingsbury Hospital	Claremont - Cape Town	✓		✓
Durbanville Mediclinic	Durbanville - Cape Town			✓
Gatesville Medical Centre	Gatesville - Cape Town	✓	✓	✓
Geneva Clinic	George	✓	✓	✓
George Mediclinic	George	✓	✓	✓
N1 City Hospital	Goodwood - Cape Town		✓	
Hermanus Mediclinic	Hermanus		✓	✓
Knysna Private Hospital	Knysna	✓	✓	✓
Kuils River Private Hospital	Kuils River		✓	
Milnerton Mediclinic	Milnerton - Cape Town			✓
Mitchells Plain Medical Centre	Mitchells Plain - Cape Town	✓	✓	✓
Bayview Hospital	Mossel Bay	✓	✓	✓
Cape Town Mediclinic	Oranjezicht - Cape Town			✓
Klein Karoo Mediclinic	Oudtshoorn		✓	✓
Paarl Mediclinic	Paarl		✓	✓
Panorama Mediclinic	Panorama - Cape Town			✓
Vincent Pallotti Hospital	Pinelands - Cape Town	✓		✓
Plettenberg Bay Mediclinic	Plettenberg Bay			✓
Constantiaberg Mediclinic	Plumstead		✓	✓
Sport Science Orthopaedic Surgical Day Centre	Rondebosch			✓
Vergelegen Mediclinic	Somerset West		✓	✓
Stellenbosch Mediclinic	Stellenbosch		✓	✓
Strand Mediclinic	Strand			✓
West Coast Private Hospital	Vredenburg	✓	✓	✓
Worcester Mediclinic	Worcester		✓	✓

These hospital lists are accurate at the time of printing. Visit [www.momentumhealth.co.za](http://www.momentumhealth.co.za) for the latest information.

## Glossary of terms

1. **Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.
2. **Prescribed Minimum Benefits (PMBs)** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 1998.
3. **Momentum Health Rate (MHR):** Every year Momentum Health negotiates with hospitals, GPs, specialists, pathologists, radiologists and dentists to determine the amount we will pay per treatment. For all other providers, the amount we pay is set on an annual basis. These amounts are called the Momentum Health Rate (MHR).
4. **Chronic Disease List (CDL)** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 1998.
5. **Provider definitions:**
  - a. **Network providers:** Momentum Health has agreements in place with certain providers of healthcare services. On the Ingwe and Access Options, the Scheme relies on a network of providers for chronic and day-to-day benefits, namely Ingwe or Access Primary Care Network providers.
  - b. **Associated hospitals, doctors and specialists:** These are providers that Momentum Health has negotiated agreements with. By choosing to use the Associated hospitals and doctors, you can pay a lower contribution. However, if you then do not use these providers a co-payment will apply.
  - c. **Ingwe Network hospitals:** If you choose the Ingwe Option, you can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 26 for the list of Ingwe Network hospitals.
  - d. **Access Network hospitals:** If you choose the Access Option, you choose to make use of Access Network hospitals. These are private hospitals which Momentum Health has agreements in place with – see page 26 for the list of Access Network hospitals.
  - e. **State:** State hospitals are public facilities. You can receive a discount on your contribution by selecting State as your hospital provider on the Ingwe Option. On the Custom, Incentive and Extender Options, you can also save on your contribution by choosing State as your Chronic Benefit provider.
  - f. **Freedom-of-choice:** Members on the Summit Option can get their day-to-day and chronic treatment from any provider and can use any hospital.
  - g. **Preferred Providers:** Momentum Health has agreements in place with certain providers of healthcare services, which members need to use for specific benefits.
6. **Formulary:** A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.
7. **Clinical protocol:** Momentum Health uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions. The Scheme's network providers also apply their own clinical protocols to the benefits they offer our members.
8. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
9. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
10. **Pre-authorisation:** Pre-authorisation is when you call us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.
11. **Pre-notification:** Pre-notification is when you call us to let us know that you are about to use a Health Platform benefit, such as your annual dentistry check-up.
12. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit. For example, your option might provide you with an annual limit on your optical benefit, within which a sub-limit for frames applies.
13. **Out-of-hospital procedures:** These are procedures that are not performed in a hospital. For example, they could be performed in your doctor's rooms or out-patient facility.
14. **Threshold:** On the Extender Option, there is a Threshold for day-to-day claims. It is a fixed Rand amount set by the Scheme in line with your family size. Once your day-to-day claims add up to this level, your claims will be paid by the Scheme from Extended Cover.
15. **Extended Cover:** On the Extender Option, your day-to-day claims are paid by the Scheme from Extended Cover, once you have reached the Threshold level.
16. **Generic reference pricing:** Generic reference pricing is the maximum rand value that Momentum Health will pay for a medicine from a group of similar medicines. Generic medicines are available at a substantially lower cost, despite having the same active ingredient as their non-generic alternatives. Should you wish to use the non-generic medicine, you will be liable for the difference in price between the non-generic medicine and the generic reference price.

# Exclusions

## Prescribed Minimum Benefits

Notwithstanding the limitations and exclusions set out below, beneficiaries shall be entitled to the Prescribed Minimum Benefits.

## Benefits Excluded

General exclusions mentioned in this paragraph are not affected by any specific exclusions. Unless otherwise decided by the Scheme (and with the express exception of medicine or treatment approved and authorised in terms of any health management programme contracted to the Scheme), expenses incurred in connection with any of the following will not be paid by the Scheme, but may be claimed from Savings:

1. All costs incurred during waiting periods and for conditions which existed at the date of application for membership of the Scheme but were not disclosed;
2. All costs that exceed the annual maximum allowed for the particular category as set out in Annexure B of the Scheme Rules, for the benefit to which the beneficiary is entitled in terms of the Scheme Rules;
3. Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
4. Professional speed contests or professional speed trials (professional defined as where the beneficiary's main form of income is derived from partaking in these contests);
5. Illegal behaviour, negligence, or a breach of law;
6. Costs incurred as a result of failure to carry out the instructions of a medical doctor or dentist;
7. Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
8. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
9. All costs for treatment if the efficacy and safety of such treatment cannot be proved;
10. All costs for operations, medicine, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease. This includes the costs of treatment or surgery related to transsexual procedures;
11. Obesity;
12. Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;
13. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
14. Medication not registered by the Medicine Control Council;
15. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
16. Gum guards and gold used in dentures;
17. Frail care;
18. Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
19. All costs, which in the opinion of the Medical Assessor are not medically necessary or appropriate to meet the health care needs of the patient;
20. Appointments which a beneficiary fails to keep;
21. Circumcision and any contraceptive measures or devices;
22. Reversal of Vasectomies or tubal ligation (sterilisation);
23. Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;
24. Infertility treatment that is included as Prescribed Minimum Benefits will be covered in State facilities subject to paragraph 4 of Annexure D of the Scheme Rules;
25. The cost of injury and any other related costs as a result of scuba diving to depths below 40 meters and cave diving.



# Momentum products that seamlessly enhance your medical aid

Momentum offers additional products that add value through choice.

These voluntary complementary products range from a world-class rewards programme, Multiply, to the innovative HealthReturns solution.

## Product Summary

### HealthReturns

Boost your specialist cover, earn up to R5 400 per adult per year and gain free GP visits



### Multiply

Momentum's rewards programme gives you access to discounts and rewards from more than 40 providers



### HealthSaver

The easy way to provide for additional healthcare expenses



### HealthWaiver

Let us look after your loved ones when you can't



### Mobisite

The mobisite gives you access to healthcare and membership information on your cellphone



### Hello Doctor

You have free access to this online provider of healthcare advice, and can even "carry a doctor in your pocket"



**momentum**

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Reg. No. 1904/002186/06

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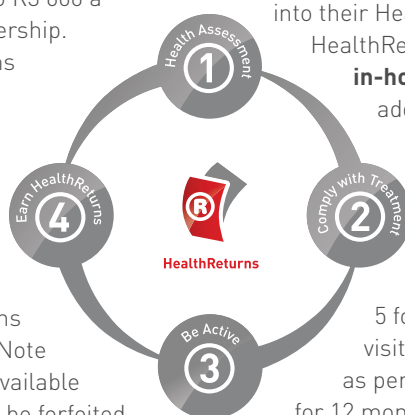
# Momentum Complementary Products 2014



**HealthReturns** (Not available to Ingwe Option members)

## Boost your specialist cover, earn up to R5 400 per adult per year and gain free GP visits

Momentum pays up to R1 800 per adult per year in HealthReturns to Momentum Health members (except those on the Ingwe Option) who go for an annual Health Assessment, comply with treatment protocols (where applicable) and are active. While **you do not need to belong to Momentum's rewards programme, Multiply**, your HealthReturns are increased (up to R3 600 a year) if you DO have full Multiply membership. If you choose to have your HealthReturns paid into your HealthSaver account, you can also increase your HealthReturns, regardless of whether you are on Multiply or not. This is referred to as HealthReturns Booster. If you are on full Multiply and choose to have your HealthReturns paid into your HealthSaver account, your HealthReturns will increase even more (up to R5 400). Note that HealthReturns Booster funds are available only for healthcare expenses and would be forfeited if you cancel your HealthSaver or Momentum Health membership.



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. Based on the results of your assessment, we may recommend that you register on a disease management programme. If you accept that recommendation, and follow the treatment plan, this would be the second step to earning HealthReturns. But, in the majority of cases, only step one and three are needed – step three requires you to be active.

Your physical activity could be measured in terms of a six-monthly fitness assessment, number of Multiply gym visits, or Momentum pedometer steps.

In 2014, if a member on Incentive, Extender or Summit maintains Activity level 4 or 5 for three consecutive months, and has chosen to receive their HealthReturns into their HealthSaver account, they qualify for the HealthReturns **RateBooster**. This benefit **boosts in-hospital cover** for specialists by an additional 100%, which means Incentive and Extender members will enjoy 300% - and Summit members 400% - cover for in-hospital specialist treatment.

Don't forget that you can **earn free GP visits** by maintaining Activity Level 4 or 5 for three consecutive months! These GP visits need to be at the appropriate provider as per your medical aid option, and are valid for 12 months from the month in which this benefit was earned. Custom Option members can earn one GP visit, while Incentive Option members can earn two and Extender and Summit members can earn four free GP visits per family.

Criteria	Option	GP visits	RateBooster*
Maintain HealthReturns level 4 or 5 for 3 consecutive months	Ingwe	HealthReturns not available	
	Access	Not available	Not available
	Custom	1	Not available
	Incentive	2	+ 100% = 300%
	Extender	4	+ 100% = 300%
	Summit	4	+ 100% = 400%

\*You need to receive HealthReturns into your HealthSaver account to qualify

Your level of activity	Steps	Gym	Fit	HealthReturns	Booster**	Multiply	Total
	Pedometer steps per day on average over a 3-month rolling period	Average monthly Multiply gym visits over a 3-month rolling period	Fitness Assessments* (valid for 6 months)	Standard monthly HealthReturns	Additional returns if HealthReturns paid into HealthSaver	Additional returns for full*** Multiply members	Total returns if on full Multiply and HealthReturns paid into HealthSaver
Level 5	12 001 +	> 12	Excellent	R150	R150	R150	R450
Level 4	9 001 – 12 000	> 9 to 12	Good	R100	R100	R100	R300
Level 3	6 001 – 9 000	> 6 to 9	Acceptable	R50	R50	R50	R150
Level 2	3 001 – 6 000	> 3 to 6	Fair	R25	R25	R25	R75
Level 1	0 – 3 000	0 - 3	Poor	R0	R0	R0	R0

\* Fitness assessments available at Virgin Life Care and Wellness Coaching Network

\*\* The HealthReturns 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 or suspended.

\*\*\* Base Multiply members excluded from additional returns



**Do more. Live more. Get more.**

As a Momentum Health member, you qualify to join Momentum’s rewards programme, Multiply. In 2014 we are introducing Base Multiply for all members. Base Multiply membership is free and offers benefits, such as 10% discount on Virgin Active gym membership fees, as well as discounts at online shopping partners. For a minimal monthly membership fee (depending on the type of membership), you can get full Multiply and have immediate access to over 40 partners and incredible rewards.

With full Multiply, you earn points and rewards for doing the everyday things that enable you to live a healthy, active and financially fit life. When you improve your Multiply status (starting at Bronze status and progressing to Silver, Gold, Platinum and ultimately Private Club status) by earning more points, you receive bigger discounts and rewards from our partners. Simply put – the more points you earn, the higher your status, the greater the benefits.

This means a healthier and happier life – by doing the basic health and fitness activities – and more money in your pocket.

**Just by being a Momentum client, you earn rewards**

As a Momentum Health member or Myriad policyholder, you qualify for additional savings.

Momentum Health members can earn additional HealthReturns of up to R1 800 per year if they are also on full Multiply. When registering for the maternity benefit, they also get a free Caboodle bag from Momentous Baby filled with goodies for mum and the new addition to the family.

Momentum Myriad policyholders can save up to 60% on their monthly life insurance premiums. Your guaranteed discount starts at 10% on Bronze status and can increase to 50% if you are on Private Club status. In addition, you can qualify for a 10% fitness discount.

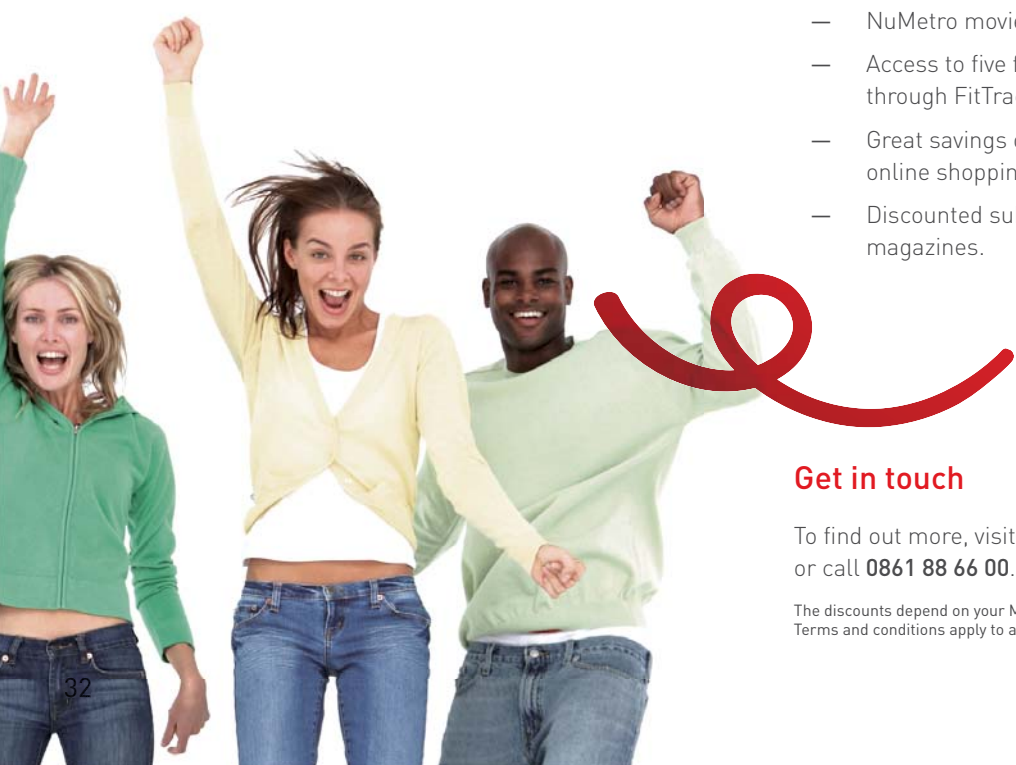
Membership	2014 Contribution
Single	R 159
Family of 2	R 184
Family of 3 or more	R 194

**Enjoy great rewards**

Travel and holidays, shopping, sports equipment, gadgets – we make it easy for you to enjoy the things you love and value.

As a full Multiply member, you get immediate discounts on a wide range of leisure activities and shopping items. As you improve your Multiply status, your rewards will increase as well.

- **Up to 80%** discount off your monthly membership fee at Virgin Active or Planet Fitness
- **Up to 25%** back in Dis-Chem benefit points on your benefit card on selected Dis-Chem products and up to 10% back in benefit points on all other products
- **20% to 40%** discount on return international flights through Emirates or Virgin Atlantic
- **20% to 50%** saving on local flights through Mango
- **Up to 40%** discount on car rental with Avis
- **25% to 45%** discount on accommodation at Protea Hotels and African Pride Hotels
- NuMetro movie tickets from just **R19**
- Access to five free training programmes per year through FitTrack designed by professional coaches
- Great savings on electronics and accessories with our online shopping partners
- Discounted subscriptions on some of your favourite magazines.



**Get in touch**

To find out more, visit [www.momentum.co.za/multiply](http://www.momentum.co.za/multiply) or call **0861 88 66 00**.

The discounts depend on your Multiply status. Terms and conditions apply to all Multiply benefits.



## HealthSaver



### The HealthSaver is a Momentum product that lets you save for medical expenses

It has no transaction or administration fees and all Momentum Health members may choose to:

- have it activated, without having to pay contributions into it
- pay a monthly amount that suits their needs (minimum of R100), and
- apply for credit and have access to the full amount (up to R19 200) from the first month, subject to NCA approved credit scoring criteria

You can use your HealthSaver funds for any healthcare related expenses, such as co-payments, cosmetic surgery, refractive eye surgery, and vitamins (provided the claim has a valid nappi code and/or tariff code).

See our section on HealthReturns to find out how you can use the HealthSaver to earn up to **R5 400** per adult per year

## HealthWaiver



### Ongoing cover when you need it most

Should you die, become critically ill or functionally impaired, HealthWaiver will ensure that you/ your dependants will continue to enjoy medical cover. The cost of this benefit will depend on:

- your age
- whether you smoke or not
- your choice of Momentum Health option
- as well as the benefit term (either 5 or 10 years).

## Mobisite



### Always in touch

Important information you may need about your membership is available through your phone on our mobisite. From finding a doctor to checking how much you have earned in HealthReturns, to having instant access to emergency numbers - the mobisite is always available and easy to use.

Scan the QR image or type in **momentumhealth.mobi** on your cellphone.



## Hello Doctor



### Free online healthcare support

Momentum Health members enjoy free access to Hello Doctor, an online provider of healthcare advice and services. These include:

- online tools to calculate your body mass index, or your risk of suffering a heart attack
- answers to your medical questions online, you can join active discussion forums
- wellness advice and health tips sent to your inbox if you choose
- an online library with information on medical conditions, symptoms and care
- instant access to a doctor via the mobile application. Members on the Ingwe and Access Options can get a doctor to call them within 60 minutes (members on other options can also subscribe at a monthly fee).



Click on the Health Resources tab after you have logged on to **www.momentumhealth.co.za** to access Hello Doctor.

**momentum**  
health

Broker call centre 0800 43 25 84  
Member call centre 0860 11 78 59  
Fraud hotline 0800 00 66 72

Email for queries [member@momentumhealth.co.za](mailto:member@momentumhealth.co.za)  
Email for claims [claims@momentumhealth.co.za](mailto:claims@momentumhealth.co.za)

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