momentum
medical scheme

Ingwe
Option

Our benefits

2025

Member Guide

Our benefits 2025

Your **monthly income**	Choose **your providers**			Choose **your family composition**					
	Hospital	**Chronic**	**Day-to-day**						
R0 - R1 500	Connect Network	State	State	R985	R1 970	R1 260	R2 245	R2 520	R2 795
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R589	R1 178	R1 120	R1 709	R2 240	R2 771
	Any	Ingwe Active Network	Ingwe Active Network	R589	R1 178	R1 178	R1 767	R2 356	R2 945
R1 501 - R9 000	Connect Network	State	State	R1 143	R2 286	R1 442	R2 585	R2 884	R3 183
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 296	R2 592	R1 889	R3 185	R3 778	R4 371
	Any	Ingwe Active Network	Ingwe Active Network	R1 684	R3 368	R2 352	R4 036	R4 704	R5 372
R9 001 - R11 950	Connect Network	State	State	R1 492	R2 984	R1 864	R3 356	R3 728	R4 100
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 650	R3 300	R2 268	R3 918	R4 536	R5 154
	Any	Ingwe Active Network	Ingwe Active Network	R2 355	R4 710	R3 067	R5 422	R6 134	R6 846
R11 951 - R17 000	Connect Network	State	State	R1 609	R3 218	R2 009	R3 618	R4 018	R4 418
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 266	R4 532	R2 933	R5 199	R5 866	R6 533
	Any	Ingwe Active Network	Ingwe Active Network	R3 208	R6 416	R3 956	R7 164	R7 912	R8 660
R17 001 - R22 400	Connect Network	State	State	R2 620	R5 240	R3 215	R5 835	R6 430	R7 025
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 252	R6 504	R4 210	R7 462	R8 420	R9 378
	Any	Ingwe Active Network	Ingwe Active Network	R4 117	R8 234	R5 312	R9 429	R10 624	R11 819
R22 401 +	Connect Network	State	State	R3 014	R6 028	R3 699	R6 713	R7 398	R8 083
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 265	R6 530	R4 227	R7 492	R8 454	R9 416
	Any	Ingwe Active Network	Ingwe Active Network	R4 134	R8 268	R5 333	R9 467	R10 666	R11 865

The contributions exclude any late joiner penalties payable. Contributions payable for family sizes not mentioned above are available from our member contact centre or from your healthcare adviser. All children are charged for.

All benefits are subject to Prescribed Minimum Benefits.

*This member brochure summarises the benefits available to you on the Ingwe Option. Scheme Rules will always take precedence and are available by submitting a request on **momentummedicalscheme.co.za**, emailing us at **member@momentumhealth.co.za**, sending us a WhatsApp message or calling us on **0860 11 78 59**.*

+ Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.

Major Medical Benefit

General rule

You need to contact us for pre-authorisation before making use of your Major Medical Benefits, such as when you are admitted to hospital. You must obtain a separate pre-authorisation from Momentum Medical Scheme for any in-hospital physiotherapy.
For some conditions, like diabetes, you will need to register on a health management programme. Momentum Medical Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. We provide authorisation subject to the principles of funding allocation, which are based on proven evidence-based medicine, clinical appropriateness and cost effectiveness.

Hospital accounts are covered in full at the rate agreed upon with the hospital group. Accounts for specialists are covered up to 100% of the Momentum Medical Scheme Rate. You have unlimited cover for hospitalisation. For your hospitalisation cover, you have chosen to use either Any hospital, the Ingwe Network of private hospitals (see pages 23 and 24 for this list) or the Connect Network of private hospitals (see page 25 for this list).

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).

Hospital provider	Any hospital, Ingwe Network hospitals or Connect Network hospitals
Overall annual limit	No overall annual limit

If you have chosen Ingwe Network hospitals or Connect 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 do not get pre-authorisation, the Scheme will only cover 70% of the accounts, at the agreed negotiated rates, except in the case of a medical emergency.

Consultations and visits	Specialists covered up to 100% of the Momentum Medical Scheme Rate
High and intensive care	10 days per admission
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	If you have chosen Connect Network hospitals, you need to obtain your oncology treatment from an oncologist authorised by the Scheme, and benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you have chosen Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
Organ transplants	If you have chosen Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you have chosen Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean sections: Only emergency caesareans are covered	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)	R6 700 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis – external (such as artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	If you have chosen Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you have chosen Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R16 700 per beneficiary (combined limit), subject to case management
Private nursing and Hospice	Not covered
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV-related hospital admissions	 R40 500 per family at preferred provider R41 000 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
Specialised procedures/treatment (refer to page 20 for a list of procedures/treatment covered)	Certain specialised procedures/treatment covered, when clinically appropriate, in- or out-of-hospital

Benefit schedule

Chronic Benefit

General rule

If you have chosen Connect Network hospitals, benefits are only available at State facilities. If you have chosen Ingwe Network hospitals, benefits are only available from the Ingwe Primary Care Network or if you have chosen Any hospital, benefits are only available from the Ingwe Active Network. Benefits are subject to a list of medicine, referred to as a formulary

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
Cover	26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits (see page 20 for a list of conditions covered)

Day-to-day Benefit

General rule

If you have chosen Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you have chosen Ingwe Network hospitals, benefits are only available from the Ingwe Primary Care Network or if you have chosen Any hospital, benefits are only available from the Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes.

The sub-limits specified on page 5 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).

If you would like cover for additional day-to-day expenses, you can make use of the Momentum HealthSaver+ (see separate Momentum Complementary Product brochure for more information).

Day-to-day Benefit

Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities, unless otherwise indicated
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (including psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to call us for pre-authorisation if you need more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (including hearing aids, wheelchairs, etc)	Not covered
General practitioners	There is no limit to the number of times you may visit your network GP. However, please note all visits (whether virtual or in person) from the 11th visit onwards must be pre-authorised
GP virtual consultations	3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required
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 and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff). Maximum of 2 visits per family per year, R110 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 350 per visit and up to a maximum of R2 700 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities
Physiotherapy	Included in the specialist limit above
Optical and optometry (contact lenses and refractive eye surgery not covered)	1 eye test and 1 pair of clear standard or bi-focal lenses with a standard frame as per formulary per beneficiary every 2 years. Spectacles will only be funded if your refraction measurement is more than 0.5
Pathology - basic (such as blood sugar or cholesterol tests)	Specific list of pathology tests covered
Radiology - basic (such as x-rays)	Specific list of black and white x-rays covered
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out-of-hospital)	If you have chosen Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you have chosen Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Prescribed medication	Subject to a list of medicines, referred to as a prescribed formulary
Over-the-counter medication	Not covered

Benefit schedule

Health Platform Benefit

General rule

The Health Platform Benefit provides cover for a range of preventative care benefits. If you have chosen Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations up to R2 950 in baby's first year, which are available at any healthcare provider.

If you have chosen Connect Network hospitals, you may use any healthcare provider.

Please note

* *Only covered if in-person health assessment results indicate a total cholesterol of 6 mmol/L and above*

** *Only covered if in-person health assessment results indicate blood sugar levels are 11 mmol/L and above*

Benefit		Who?	How often?
Preventative care			
Baby immunisations: covered in private facilities for baby's first year, limited to R2 950. After baby's first year, or once the limit has been reached, immunisations are available at the Department of Health baby clinics		Children up to age 6	As required by the Department of Health
Flu vaccines		Children between 6 months and 5 years Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection		All beneficiaries	As needed
Early detection tests			
Preventative dental care covered up to R380 per beneficiary at dentists, dental therapists and oral hygienists		All beneficiaries	Once a year
Pap smear consultation (nurse or GP)		Women 15 and older	Based on type of pap smear (see below)
Pap smear (pathologist) - Standard or LBC (Liquid Based Cytology) **or** - HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered)		 Women 15 and older Women 21 to 65	 Once a year Once every 3 years
General physical examination (GP consultation)		Beneficiaries 21 to 29 Beneficiaries 30 to 59 Beneficiaries 60 to 69 Beneficiaries 70 and older	Once every 5 years Once every 3 years Once every 2 years Once a year
Prostate specific antigen (pathologist)		Men 40 to 49 Men 50 to 59 Men 60 to 69 Men 70 and older	Once every 5 years Once every 3 years Once every 2 years Once a year
Health assessment available digitally on the Momentum App or in person at Dis-Chem, Clicks or MediRite pharmacy clinics		All principal members and adult beneficiaries	Once a year
Cholesterol test (pathologist)*		Principal members and adult beneficiaries	Once a year
Blood sugar test (pathologist)**		Principal members and adult beneficiaries	Once a year
HIV test (pathologist)		Beneficiaries 15 and older	Once every 5 years
Maternity programme **(subject to registration on the Maternity management programme between 8 and 20 weeks of pregnancy)**			
Antenatal visits (Midwives, GP or gynaecologist)		Women registered on the programme	7 visits
Urine tests (dipstick)			Included in antenatal visits
Nurse home visit			1 visit, the day after return from hospital
Pathology tests	Blood group, full blood count, Rhesus factor, haemoglobin estimation	Women registered on the programme	1 test
	Urinalysis		7 tests
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
Scans		Women registered on the programme	2 pregnancy scans
Paediatrician visits		Babies up to 12 months registered on the programme	1 visit in baby's first year
Health line			
24-hour emergency health line		All beneficiaries	As needed

Obtaining pre-authorisation for **Major Medical Benefits**

You must obtain pre-authorisation from Momentum Medical Scheme for:

- hospitalisation
- day hospital admissions
- MRI and CT scans, where applicable (you have to be referred by a specialist)
- specialised procedures/treatment
- all other Major Medical Benefits.

You must obtain a separate pre-authorisation from Momentum Medical Scheme for any in-hospital physiotherapy.

We provide pre-authorisation once benefits have been verified and Scheme Rules have been applied. If the hospital, doctor or any other third party obtains the authorisation on your behalf, it is important for you to check if you will need to pay any co-payments as a result of not using a Designated Service Provider, Preferred Provider or Network Provider, or as a result of any benefit limits. 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.

How to obtain authorisation:

1. You can easily obtain authorisation via the **Momentum App**.
2. Alternatively, contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.
3. Make a note of the authorisation number.
4. Give the authorisation number to your service provider.

Information needed when obtaining an authorisation:

- membership number
- the name and details of the patient
- the reason for hospital admission or procedure
- the procedure code (CPT), diagnosis code (ICD-10) and tariff code (these details are available from your treating doctor)
- the date of admission
- the contact details and practice number of the referring network GP
- the contact details and practice number of the specialist
- the name and practice number of the hospital, day hospital or radiologist.

Frequently asked questions

Q How do I confirm which hospitals are on the Ingwe Network or Connect Network hospital lists?

A See the list of Ingwe Network hospitals on pages 23 and 24 and the Connect Network hospitals on page 25. You can also obtain the lists on the **Momentum App** or by logging on to **momentummedicalscheme.co.za**. Alternatively, you can contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q Can an authorisation number be issued on the day of admission?

A You need to get authorisation at least 48 hours before admission, unless it is an emergency admission.

Q What happens if it is an emergency admission?

A You, a family member or a friend, must contact us within 72 hours of admission.

Q What if I do not get authorisation in time?

A A co-payment of 30% will apply to all claims relating to the treatment and hospital account. Momentum Medical Scheme will be responsible for 70% of the negotiated tariffs, provided authorisation would have been granted according to the Rules of the Scheme.

Q What if I need to stay in hospital longer than the period that was originally authorised?

A The hospital needs to contact us to update the length of stay.

Q How does authorisation for childbirth work?

A Contact us within 30 days of your due date to ask for authorisation for your confinement. If your admission date changes, please contact us within 48 hours from the date of admission to let us know.

Important notes

If you have chosen Ingwe Network hospitals or Connect Network hospitals as your preferred provider for the Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account, except in the case of emergency medical conditions.*

****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.*

*Momentum Medical Scheme is allowed to stipulate Designated Service Providers from which all members should obtain Prescribed Minimum Benefits, in order to enjoy full cover for these benefits. Momentum Medical Scheme's Designated Service Providers for Prescribed Minimum Benefits are Ingwe Primary Care Network or Ingwe Active Network providers, Associated specialists and State facilities, depending on the circumstances. Log on to **momentummedicalscheme.co.za** to view the providers in your area, or contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**. Treatment for Prescribed Minimum Benefits is subject to Momentum Medical Scheme's clinical protocols (see Glossary of Terms on pages 22 and 23).*

Using your **Health Platform Benefits**

Frequently asked questions

Q Where do I go for my Health Platform Benefits?

A If you have chosen Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider.

If you have chosen Connect Network hospitals, you may use any healthcare provider.

The annual health assessment is available digitally on the Momentum App or in person at a Dis-Chem, Clicks or MediRite pharmacy clinic. Baby immunisations are covered in private facilities for baby's first year, up to R2 950. After baby's first year, or once the limit has been reached, immunisations are available at the Department of Health baby clinics.

Registering for **Chronic Benefits**

You need to register your chronic condition and medication with Momentum Medical Scheme.

Ingwe Primary Care or Ingwe Active Network

Chronic medication is provided according to a list of approved medicines, referred to as the Fixed formulary, from Medipost.

1. Visit your Ingwe Primary Care Network or Ingwe Active Network provider.
2. Your GP needs to obtain the necessary approval from Momentum Medical Scheme by calling **0860 11 78 59**.
3. Once the chronic registration has been approved, you need to contact Medipost to arrange for your chronic medication to be delivered.

   Medipost Tel: **012 426 4000** Email: **mhealth@medipost.co.za**

Frequently asked questions

Q What if the prescribed chronic medication needs to change, or additional medication is required?

A Your GP will need to advise Momentum Medical Scheme of the change in order to obtain a revised authorisation. You must also provide the updated script to Medipost.

Q What if a new chronic condition is diagnosed?

A Your GP will need to advise Momentum Medical Scheme of the change in order to obtain a new authorisation.

Q Can I get any medication I want?

A Medicine is prescribed by your network GP, according to a list of approved medicine, referred to as the Fixed formulary. Medicine that is not included in this formulary will not be paid by Momentum Medical Scheme.

Q What is a medicine formulary?

A A formulary is a list of medicines covered on your option, from which a GP can prescribe medicine for your condition. The medicine formulary applicable to your option is available on **momentummedicalscheme.co.za**.

Important notes

It is important that your GP obtains approval from us for your chronic treatment in order for these benefits to be covered.

State provider

If you have chosen Ingwe Connect Network hospitals, you need to obtain your chronic treatment, prescription and medication from State facilities, subject to the State formulary.

Frequently asked questions

Q What if there is a change in the prescribed chronic medication or additional medication is required?

A Email a new State chronic application form, completed and signed by you and the State doctor, to us.

Q What if a new condition is diagnosed?

A Email a new State chronic application form, completed and signed by you and the State doctor, to us.

Important notes

If you do not obtain approval from us for your chronic benefits from State, your chronic treatment will be paid from Momentum HealthSaver+, if available. If you do not have available Momentum HealthSaver+ funds, you will need to pay for your chronic treatment from your own pocket. You will need to pay for all medication and/or services that are not approved by Momentum Medical Scheme.

+ Momentum HealthSaver is a complementary product available from Momentum

Claiming from **Momentum Medical Scheme**

All valid day-to-day claims received will be processed and paid by Momentum Medical Scheme. If you have a claims query, contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

All providers contracted to the Ingwe Primary Care Network or Ingwe Active Network will send their claims to Momentum Medical Scheme for processing and payment, but should a doctor send the claim to you:

Upload a photo of your claim on the **Momentum App** or email it to us.

1. Information that must be on the claim:
   - your membership number
   - the principal member's surname, initials and first name
   - the patient's surname, initials and first name
   - the treatment date
   - the amount charged
   - the ICD-10 code, tariff code and/or nappi code
   - the service provider's name and practice number
   - proof of payment if you have paid the claim.

Important notes

Ensure your correct member number is included on the claim.

Email: claims@momentumhealth.co.za

Frequently asked questions

Q How long are claims valid for?

A If we do not receive a claim by the last day of the 4th month following the month in which the service was rendered, the claim will be stale and you will need to pay any outstanding amounts to the provider.

Q Can I submit only the receipt for refund to me?

A No, you need to send us a detailed copy of the claim, as it contains important information that we need to process the claim (see details of the information needed under the Claiming from Momentum Medical Scheme section above).

Q If I have already paid the account, how will Momentum Medical Scheme know that they must refund me and not pay the provider?

A Include the proof of payment with your claim, or you can ask the provider to stamp the claim as paid.

Important notes

The majority of claims from providers, such as hospitals or your GP, are submitted directly by the provider to us for payment. However, it still remains your responsibility to ensure that your claims are submitted timeously. If you have paid the provider directly, please send us your receipt with a detailed copy of the claim for reimbursement.

Claiming for **third party injuries** and **motor vehicle accidents**

Third party injuries are where another party was responsible for the injury and therefore may be liable for medical expenses.

Any amount recovered, such as from the Road Accident Fund (in the case of motor vehicle accidents), for hospital and medical expenses must be refunded to Momentum Medical Scheme, if these expenses were paid on your behalf by us.

Please remember to:

1. Report the accident or incident to the police and obtain a case number.
2. Contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59** for authorisation.

   Information needed when contacting us:
   - your membership number
   - the principal member's surname, initials and first name
   - the full name(s) of the person(s) involved in the accident
   - the date of the accident or incident.
3. In the case of a motor vehicle accident, you will be asked to sign an undertaking whether or not you will be claiming from the Road Accident Fund. The signed undertaking is required to finalise the processing of your claim.
4. If you acknowledge that you will be claiming from the Road Accident Fund, details of this are sent to our appointed Road Accident Fund attorney.
5. If you have your own attorney, then Momentum Medical Scheme's attorney would liaise with your appointed attorney.
6. If you need an attorney, you can use Momentum Medical Scheme's attorney.
7. Your attorney will liaise with the Road Accident Fund and settlement will be made to your attorney, who will in turn liaise with us to pay the refund of any medical expenses that the Scheme covered.
8. This process applies to claims for yourself and any of your dependants.

Frequently asked questions

Q What is considered a third party claim?

A When benefits are paid by a third party, eg Road Accident Fund in the case of a motor vehicle accident, or Third Party Insurance in the case of assaults, sports injuries or injuries at school (excluding injuries sustained due to illegal behaviour).

Q How long do I have to inform Momentum Medical Scheme of any injury?

A You must notify us within 24 hours.

Q What if I have future claims pending (eg as a result of a motor vehicle accident) when I join Momentum Medical Scheme?

A You need to contact us and forward an undertaking from the Road Accident Fund/other relevant third party to us.

Q What happens if I am in a motor vehicle accident and I do not complete the undertaking form?

A The signed undertaking is required to finalise the processing of your claim.

Claiming for **injuries** at work

If you are injured on duty, you must report the injury to both Momentum Medical Scheme and your human resources department.

Contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Information needed when contacting us:

- your membership number
- the principal member's surname, initials and first name
- the full name(s) of the person(s) injured
- the date the injury was sustained
- the details of the injury
- your employer's Workmen's Compensation Fund details, if applicable.

The Scheme does not authorise claims that are payable by the Workmen's Compensation Fund as the hospital follows a different authorisation process for these claims.

Please ensure that you have the signed forms from your human resources department at the point of your admission, if the admission is as a result of a Workmen's Compensation claim.

Frequently asked questions

Q How long do I have to inform Momentum Medical Scheme of an injury at work?

A You must notify us within 24 hours.

Important notes

Momentum Medical Scheme will provide an authorisation for your treatment, subject to Scheme Rules and available benefits. Please check with your employer if you are entitled to benefits from the Workmen's Compensation Fund for injuries sustained during the course and scope of your employment. If you are entitled to benefits, Momentum Medical Scheme will only pay for medical expenses not covered by the Workmen's Compensation Fund. The Workmen's Compensation Commissioner must supply written proof of the medical expenses that will not be covered by the Workmen's Compensation Fund, where applicable.

Registering for a **health management programme**

You must register on the health management programme to have access to the relevant benefits.

To register, you or your network GP can send us a WhatsApp message or call us on **0860 11 78 59**. You can also contact us via the web chat facility on **momentummedicalscheme.co.za** or email us at **member@momentumhealth.co.za**.

1. The health management consultant will advise you with regard to the programme benefits and requirements to register on the programme.

Information needed when contacting us:

- your membership number
- the name and details of the patient
- the diagnosis code (ICD-10 code)
- the name and practice number of your treating GP/specialist
- details of the treatment and medicine.

The health management programmes that we offer include the following:

- Cholesterol management
- Diabetes management
- Hypertension management
- Mental health
- Oncology management
- Organ transplant management
- Drug and alcohol rehabilitation management
- Maternity management
- HIV/Aids management.

Frequently asked questions

Q Why should I register on a health management programme?

A These programmes are there to help you with the management of certain medical conditions and to ensure that you understand and actively participate in the management of your condition, together with your treating doctor.

Q How do I register for the HIV/Aids benefit?

A If you test HIV positive, you will need to register on Momentum Medical Scheme's HIV/Aids management programme. Please contact the HIV/Aids call centre on **0860 50 60 80** for assistance.

Q How do I register on the Maternity management programme?

A You can register on the **Momentum App** or by logging on to **momentummedicalscheme.co.za**. You can also contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q When should I register on the Maternity management programme?

A Between the 8th and 20th week of pregnancy to ensure that you enjoy all the benefits of the Maternity management programme. Please remember to contact us to obtain pre-authorisation for your confinement within 30 days of your delivery date. If your admission date changes, you have 48 hours from the date of admission to notify us.

Q Does the hospital register my baby with Momentum Medical Scheme?

A No, you need to contact us within 30 days of birth to obtain a newborn registration form to register your baby on your membership. If your employer pays your contributions, you need to inform your payroll department. Your employer then needs to provide us with the relevant details. Your contribution for the first month for your newborn is free, if you register your baby within 30 days of birth.

Using your **Day-to-day Benefits**

Frequently asked questions

Q Where do I go for Day-to-day Benefits?

A On joining the Ingwe Option, you chose a GP from the list of Ingwe Primary Care Network or Ingwe Active Network providers, unless you have chosen Connect Network as your hospital provider, in which case you need to use State facilities. You have to visit your network GP for your day-to-day healthcare needs. If necessary, your GP will refer you for further medical services, which will be covered if they form part of your Ingwe Option benefits, such as black and white x-rays and basic pathology tests.

Q Can I visit any GP?

A You may visit any GP on either the Ingwe Primary Care Network or Ingwe Active Network, depending on the Primary Care Network you have chosen to use. We encourage you to visit the network GP you chose from the list when you joined the Ingwe Option, as he/she will have your medical history available on your file at the doctor's rooms. If you have chosen Connect Network as your hospital provider, you need to use State facilities. You also have three virtual GP consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor.

Q How often can I visit my GP?

A There is no limit to the number of times you may visit your network GP. However, all visits from the 11th visit (whether virtual or in person) onwards must be pre-authorised by contacting us. You also have 3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor.

Q What must I do if my GP prescribes medicine?

A Your network GP can prescribe medicine for you from a list of medicines that are approved for the Ingwe Option. Some of the network GPs are licensed to dispense medication. In this instance you can collect your medication from the GP. If your network GP is not licensed to dispense medication, you would need to take the prescription to a Momentum Medical Scheme contracted pharmacy to collect your medicine. For a list of contracted pharmacies, visit **momentummedicalscheme.co.za**, or contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**. If you chose Connect Network hospitals, you need to obtain prescribed medicine from State facilities.

Q What happens if I need an x-ray?

A Basic x-rays are covered if your Ingwe Primary Care Network or Ingwe Active Network GP requests the x-ray and it falls within Momentum Medical Scheme's approved list of x-rays. If you chose Connect Network hospitals, you need to obtain x-rays from State facilities.

Q How are specialised scans covered on the Ingwe Option?

A If you chose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you chose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities.

Q What happens if I need a blood test or urine sample test?

A Basic blood tests and urine sample tests are covered if your network GP requests the test and it is within Momentum Medical Scheme's approved list of tests.

Q What happens if I need to see a GP after-hours?

A You have cover for 1 after-hours GP or casualty consultation per beneficiary per year, subject to authorisation, with a maximum of 2 visits per family per year. The visits are covered at 100% of the Momentum Medical Scheme Rate and a R110 co-payment applies per visit. You need to obtain authorisation within 72 hours of the consultation by contacting us, otherwise you will have a co-payment of 30% on the account and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff. You need to pay the account for the consultation upfront and then submit it to us for payment. If you chose Connect Network hospitals, you need to use State facilities.

Hello Doctor virtual consultations are available 24/7, and you can also use the 3 free virtual doctor consultations per beneficiary per year from doctors on the GP Virtual Consultation Network, which includes Hello Doctor, if you need medical advice. Consultations include scripting of schedule 1 to 4 medication where required.

Q What happens if I am referred to a specialist?

A Your network GP will refer you to a specialist and give you a referral letter. Contact us for pre-authorisation and use the referral letter to make an appointment with the specialist. You have access to 2 specialist visits for your family for the year, covered at 100% of the Momentum Medical Scheme Rate, up to R1 350 per visit and R2 700 per family per year. Claims must be submitted to us for payment.

Q What happens if I get referred to a gynaecologist during pregnancy?

A You are allowed 7 visits to a gynaecologist per pregnancy. Before using this benefit, you need to contact us to register on the maternity management programme and to obtain pre-authorisation. If you have chosen Connect Network hospitals or Ingwe Network hospitals, you can obtain a list of gynaecologists who practice at your nearest network hospital. Please ensure that your gynaecologist practices at the network hospital that you will be using. You can obtain the list of gynaecologists on the **Momentum App** or by logging on to **momentummedicalscheme.co.za**. You can also contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q What happens if I am out of town and need to see a GP?

A If you are unable to see your network GP, eg when you are on holiday, go to the **Momentum App** or visit **momentummedicalscheme.co.za** to find the nearest GP on the Ingwe Primary Care Network or Ingwe Active Network. You can also contact us via WhatsApp or call us on **0860 11 78 59**. If you have chosen Connect Network hospitals, you need to use State facilities.

Hello Doctor virtual consultations are available 24/7, and you can also use the 3 free virtual doctor consultations per beneficiary per year from doctors on the GP Virtual Consultation Network, which includes Hello Doctor, if you need medical advice. Consultations include scripting of Schedule 1 to 4 medication where required.

Q Can I visit any dentist and what are my benefits?

A If you have chosen Ingwe Network hospitals or Any hospital, you can use any dentist on the Ingwe Primary Care and Ingwe Active Dental Network. The list of dentists is available on the **Momentum App** or **momentummedicalscheme.co.za**. You can also contact us via **WhatsApp** or call us on **0860 11 78 59**.

- The dentist will discuss the procedures with you and submit the claim to us for payment.
- If you have chosen Connect Network hospitals, you need to use State providers.
- If the procedures are not covered, you will need to pay the account.
- Basic dentistry, such as cleaning of teeth, extractions and fillings, is covered, subject to a list of approved tariff codes and network protocols. Specialised dentistry, such as bridges and crowns, is not covered on the Ingwe Option.
- One consultation a year per beneficiary for an oral examination is covered. You are covered for additional consultations if you need fillings or extractions.
- You need to get pre-authorisation from us for more than 4 fillings and more than 4 extractions.

Q Can I visit any optometrist and what are my benefits?

A If you have chosen Ingwe Network hospitals or Any hospital, you can use any optometrist on the Ingwe Primary Care and Ingwe Active Optometry Network. The list of optometrists is available on the **Momentum App** or **momentummedicalscheme.co.za**. You can also contact us via **WhatsApp** or call us on **0860 11 78 59**. If you have chosen Connect Network hospitals, you need to use State providers. The procedure is as follows:

1. Have your eyes tested.
2. If you need glasses, the optometrist will show you which frames to choose from. The optometrist will then submit the claim to us for payment.
3. If you do not need glasses, the optometrist will only submit the claim for the consultation.

We cover 1 eye test and 1 pair of clear standard or bi-focal lenses with a standard frame, per beneficiary every 2 years, provided your refraction measurement is more than 0.5.

Tinted lenses and contact lenses are not covered on the Ingwe Option.

Membership

Frequently asked questions

Q How do I prove my Momentum Medical Scheme membership?

A Show your printed or digital membership card when you visit a healthcare provider. You can access your digital membership card on the **Momentum App.**

Q Who may I register as a dependant?

A You can register the following dependants, subject to underwriting:

- your spouse by law or custom
- the life partner you have committed to and with whom you share a common household
- your own, step or legally adopted children under the age of 21. We need proof of dependency for dependants (excluding spouse) who are over the age of 21. The adult contribution rate applies to all dependants from the age of 21
- members of your immediate family for whom you are liable for family care and support. We need proof of these relationships and dependency.

Q Which changes to membership details do I have to submit to Momentum Medical Scheme?

A You need to let us know in the case of:

- a change in your marital status
- the birth or legal adoption of a child, if you are adding the child to your membership
- any dependant who is no longer eligible for membership
- any changes to your or your adult dependants' address or contact details
- removing or adding dependants on your membership
- changes to your bank account details (you need to complete and send us a Changes to bank details form, together with a copy of your ID).

Q How do I add a dependant?

A Complete an Addition of Dependants form. If your employer pays your contributions, you need to inform your payroll department of any additions of dependants on your membership. Your employer then needs to provide us with these details.

Q How do I withdraw a dependant?

A Complete a Changes to membership details form, providing one calendar month's written notice. If your employer pays your contributions, you need to inform your payroll department of any withdrawals of dependants on your membership. Your employer then needs to provide us with these details.

Q What if I resign or retire and I have been a member through my employer and wish to remain on Momentum Medical Scheme?

A Complete a Continuation of Membership form. You may continue your membership when you resign, retire, go on early retirement or retire due to ill health or other disabilities. When your employer terminates the entire company's membership, however, you will no longer be eligible to remain on Momentum Medical Scheme.

Q What happens to beneficiaries when the principal member passes away?

A Remaining beneficiaries must contact us to inform us of the death of the principal member. Dependants can choose to remain members of Momentum Medical Scheme and need to complete a Continuation of Membership form.

Q When does membership terminate?

A You may resign from Momentum Medical Scheme by giving one calendar month's written notice. Complete a Termination of Membership form. If you belong to Momentum Medical Scheme through your employer, they have to notify us by giving one calendar month's written notice. We will terminate your membership if you or your employer fail to pay outstanding amounts due to us, if we get confirmation that you and/or your dependants committed fraud or we find that you have not disclosed relevant and material information, ie non-disclosure.

Membership (continued)

Q Where do I obtain the relevant form if I need to make changes to my membership?

A Speak to your healthcare adviser, contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Q What do I do if I lose my membership card?

A Access your digital membership card on the **Momentum App** or order a new printed card online by logging on to **momentummedicalscheme.co.za**. You may also contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**.

Complaints procedure

Momentum Medical Scheme is committed to ensuring that the interests of our members are protected at all times. This includes providing appropriate and adequate systems and processes to make sure we settle your claims timeously and provide a prompt response to any queries, complaints and disputes you may have.

As the first point of call for a query, you may contact us via the web chat facility on **momentummedicalscheme.co.za**, email us at **member@momentumhealth.co.za**, send us a WhatsApp message or call us on **0860 11 78 59**. If your query is not resolved satisfactorily, you may request that your query be escalated to the respective manager for intervention or resolution.

If you are still not satisfied with the intervention or resolution, you may lodge a formal complaint or dispute, either in writing or by phoning our dedicated toll-free complaints number on **0800 20 40 70** (available from 08:00 to 16:30, Mondays to Fridays), or you may request our contact centre or correspondence consultant to provide you with the details of the process to be followed in order to have your query, complaint or dispute reviewed by Momentum Medical Scheme.

It is essential that you follow the complaints process as outlined above to ensure that your query is timeously and efficiently resolved by Momentum Medical Scheme.

An aggrieved member does, however, have the right to lodge a complaint against a decision of Momentum Medical Scheme, with the Council for Medical Schemes (CMS). The CMS governs the medical schemes industry and therefore your complaint should be related to your medical aid. Any beneficiary who is aggrieved with the conduct of a medical scheme can submit a complaint.

It is important to note that you should always first seek to resolve your complaints through the complaints processes in place at Momentum Medical Scheme, before approaching the CMS for assistance. The CMS protects and informs members and the public about their medical scheme rights and obligations, ensuring complaints raised are handled appropriately. You can send your complaint in writing to the CMS via email at **complaints@medicalschemes.co.za.** You can also call the CMS on **0861 12 32 67** or visit **medicalschemes.co.za** for more information and for the necessary forms that will need to be completed. The CMS should send you written acknowledgement of your complaint within 3 working days of receiving it and will provide the reference number and contact details of the person who will be handling your complaint. In terms of Section 47 of the Medical Schemes Act 131 of 1998, a written complaint received in relation to any matter provided for in this Act will be referred to the medical scheme. The medical scheme is obliged to respond to CMS in writing within 30 days.

Digital access: Web and app

Log in to **momentummedicalscheme.co.za** to view your benefit information, claims statements and claims history, and search for healthcare providers in your area.

If your contact details have changed, you can update your postal address, contact numbers and email address.

1. Go to **momentummedicalscheme.co.za** and select Login.
2. Type your username and password.

Frequently asked questions

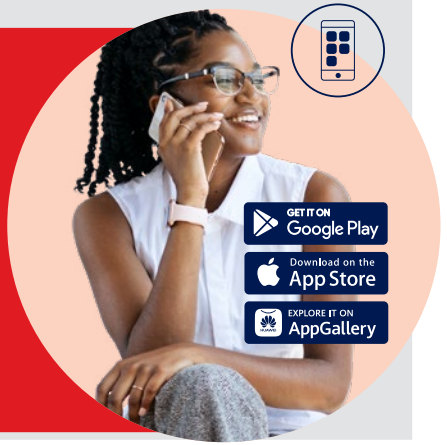
Q How do I get a username and password?

A You need to register online at **momentummedicalscheme.co.za**. Select Register and follow the online process.

Get access to information at your fingertips

Download the **Momentum App** for instant access to:

- viewing your digital membership card,
- your Momentum Medical Scheme benefit information,
- viewing your claims history,
- submitting your claims,
- requesting authorisations for hospital admissions and procedures,
- obtaining your tax certificate,
- registering on the maternity programme, and more.



Chronic conditions

26 conditions are covered according to the Chronic Disease List in the Prescribed Minimum Benefits.

- **Cardiovascular**
  Cardiac dysrhythmias, Cardiac failure, Cardiomyopathy, Coronary artery disease, Hyperlipidaemia, Hypertension
- **Dermatology/Skin disorder**
  Systemic lupus erythematosus
- **Endocrine**
  Addison's disease, Diabetes insipidus, Diabetes mellitus Type 1, Diabetes mellitus Type 2, Hypothyroidism
- **Gastro-intestinal**
  Crohn's disease (excluding biologicals such as Revellex*), Ulcerative colitis
- **Haematology**
  Haemophilia
- **Musculo-skeletal**
  Rheumatoid arthritis (excluding biologicals such as Revellex* and Enbrel*)
- **Neurology**
  Multiple sclerosis (excluding biologicals such as Avonex*, subject to protocols), Epilepsy, Parkinson's disease
- **Ophthalmology**
  Glaucoma
- **Psychiatric**
  Schizophrenia, Bipolar mood disorder
- **Renal**
  Chronic renal disease
- **Respiratory**
  Asthma, Chronic obstructive pulmonary disease, Bronchiectasis

** These are examples of medication not covered*

Specialised procedures/treatment

The following list is a guideline of the procedures/treatment covered from the Major Medical Benefit, irrespective of whether the procedure is performed in- or out-of-hospital. Pre-authorisation is required, regardless of where the procedures/treatment is performed. It is important to note that this is not the complete list of all the procedures/treatment that we cover. Should you need clarity on whether a procedure/treatment is covered, please contact us to confirm.

- **ENT**
  Grommets, Myringotomy, Tonsillectomy, Nasal cautery
- **General Surgery**
  Drainage of subcutaneous abscess, Biopsy of breast lump, Open hernia repairs, Lymph node biopsy, Removal of extensive skin lesions, Superficial foreign body removal
- **Gynaecology**
  Dilatation and curettage, Incision and drainage of Bartholin's cyst, Marsupialisation of Bartholin's cyst, Tubal Ligation, Colposcopy, Cone biopsy
- **Obstetrics**
  Childbirth in non-hospital
- **Oncology**
  Chemotherapy and radiotherapy (If you chose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you chose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities)
- **Orthopaedic**
  Carpal tunnel release, Ganglion surgery
- **Ophthalmology**
  Meibomian cyst excision
- **Renal**
  Dialysis (Subject to Prescribed Minimum Benefits at State facilities)
- **Urology**
  Prostate biopsy, Vasectomy
- **Anorectal procedures**
  Procedure for haemorrhoids, fissure and fistula
- **Incision and drainage of abscess and/or cyst**
  Skin (Deep/non-superficial lesions), subcutaneous tissue and pilonidal

 Please note that the costs of anaesthetists (if any) for out-patient procedures are only covered if approved by Momentum Medical Scheme.

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:

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 wilful 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. Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
6. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
7. All costs for treatment if the efficacy and safety of such treatment cannot be proved;
8. 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;
9. Obesity;
10. Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;
11. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
12. Medication not registered by the Medicine Control Council;
13. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
14. Gum guards and gold used in dentures;
15. Frail care;
16. Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
17. 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;
18. Appointments which a beneficiary fails to keep;
19. Circumcision, unless clinically indicated, and any contraceptive measures or devices;
20. Reversal of Vasectomies or tubal ligation (sterilisation);
21. Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;
22. 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;
23. The cost of injury and any other related costs as a result of scuba diving to depths below 40 metres and cave diving.

Glossary of terms contained in this brochure

1. **Chronic Disease List** 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 131 of 1998.
2. **Clinical protocol:** Momentum Medical Scheme uses evidence-based treatment principles, called clinical protocols, to determine and manage benefits for specific conditions.
3. **Clinically appropriate:** Treatment that is in line with the clinical protocols (see definition above) for your condition.
4. **Co-payment:** This is an amount that you need to pay towards medical procedures and treatments. The amount payable may vary depending on the type of procedure or treatment, and where the procedure or treatment is performed. If the co-payment amount is higher than the amount charged by the healthcare provider, you will have to pay for the cost of the procedure or treatment. A co-payment will not apply in the event of an emergency medical condition.
5. **Designated service providers:** Momentum Medical Scheme uses a network of Designated Service Providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat you for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits under point 12 for more information.
6. **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.
7. **Formulary:** A formulary is a list of medicines covered on your option, from which your network GP can prescribe appropriate medicine for your chronic condition.
8. **Momentum Medical Scheme Rate:** Every year Momentum Medical Scheme negotiates with medical care providers to determine the amount the Scheme will pay per treatment. This is called the Momentum Medical Scheme Rate. On the Ingwe Option, the Scheme pays 100% of the Momentum Medical Scheme Rate, which means the Scheme will pay up to the amount agreed for the treatment. Where doctors charge more than the agreed upon rate for the treatment, you may need to pay the difference.
9. **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 an out-patient facility.
10. **Out-patient facility:** A treatment centre where medical procedures can be done without the patient being admitted to hospital.
11. **Pre-authorisation:** Pre-authorisation is when you contact the Scheme to let us know 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.
12. **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 131 of 1998 and the Regulations thereto. In order to access these benefits:
    - Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
    - The treatment needed must match the treatments in the defined benefits.
    - You must use the Scheme's Designated Service Providers. See the definition of Designated Service Providers under point 5 for more information.

    If you voluntarily choose to use non-designated service providers, the Scheme will pay benefits up to the Momentum Medical Scheme Rate and relevant co-payments will apply. If you use non-designated service providers in cases of an emergency medical condition, it is deemed involuntary and co-payments are therefore waived.

    If your medical condition and treatment do not meet the above criteria to access these benefits, we will pay according to the benefits on your chosen benefit option.
13. **Provider definitions:**
    a. **Associated specialists:** Momentum Medical Scheme has negotiated agreements with Associated specialists.
    b. **Ingwe Network and Connect Network hospitals:** On the Ingwe Option, you can choose to use Any hospital, Ingwe Network hospitals or Connect Network hospitals. Ingwe Network and Connect Network hospitals are private hospitals which Momentum Medical Scheme has agreements in place with – see pages 23 to 25 for the lists of hospitals.
    c. **GP Virtual Consultation Network:** Momentum Medical Scheme has agreements in place with a network of GPs, including Hello Doctor, who provide virtual consultations to members on the Ingwe Option.
    d. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. You need to obtain your Chronic and Day-to-day Benefits from an Ingwe Primary Care Network or Ingwe Active Network provider.
    e. **Preferred Providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services, which we refer to as preferred providers. You need to use preferred providers for certain benefits. Preferred providers are not the same as Designated Service Providers, which are used for the provision of Prescribed Minimum Benefits.
14. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit.

List of **Ingwe Network hospitals**

Eastern Cape

Beacon Bay - East London	Life Beacon Bay Hospital
East London	Life East London Private Hospital
Gqeberha	St Georges Hospital
Korsten - Gqeberha	New Mercantile Hospital
Queenstown	Queenstown Private Hospital
Southernwood - East London	St. Dominic's Hospital
	Life St James Hospital
	St Marks Clinic
Umtata	St Mary's Private Hospital

Free State

Bethlehem	Mediclinic Hoogland
Bloemfontein	Pasteur Hospital
Fichardtpark - Bloemfontein	Rosepark Hospital
Welkom	Mediclinic Welkom

Gauteng

Bedfordview - Johannesburg	Bedford Gardens Private Hospital
Benoni	The Glynnwood
Brakpan	Dalview Clinic
Brooklyn - Pretoria	Brooklyn Surgical Centre
Die Wilgers - Pretoria	Wilgers Hospital
Faerie Glen - Pretoria	Faerie Glen Hospital
Florida - Johannesburg	Flora Clinic
Groenkloof - Pretoria	Groenkloof Hospital
Heidelberg	Suikerbosrand Clinic
Kempton Park	Arwyp Medical Centre
Kensington - Johannesburg	New Kensington Clinic
Lenasia	Lenmed Clinic Limited
Les Marais - Pretoria	Eugene Marais Hospital
Mabopane - Pretoria	Legae Private Clinic
Mayfair - Johannesburg	Garden City Hospital
Midrand	Carstenhof Clinic
Nietgedacht - Johannesburg	Riverfield Lodge
Parktown - Johannesburg	Brenthurst Clinic
Primrose - Johannesburg	Roseacres Clinic
Randfontein	Robinson Hospital
Roodepoort	Wilgeheuwel Hospital
Soweto - Johannesburg	Clinix Tshepo

Only applicable on Ingwe Network Option

List of **Ingwe Network hospitals** (only applicable on Ingwe Network Option)

Gauteng (continued)

Springs	Springs Parkland Clinic
	St Mary's Womens Clinic
Vereeniging	Clinix Naledi
Vanderbijlpark	Mediclinic Emfuleni
Vosloorus	Clinix Botshelong

Kwazulu-Natal

Berea - Durban	Entabeni Hospital
Chatsworth - Durban	Chatsmed Garden Hospital
Durban	Durdoc Clinic
	City Hospital
Empangeni	Life Empangeni Private Hospital
Isipingo	Isipingo Hospital
Ladysmith	La Verna Hospital
Margate	Netcare Margate Hospital
Newcastle	Newcastle Private Hospital
Phoenix - Durban	Mount Edgecombe Hospital
Pietermaritzburg	Midlands Medical Centre
Pinetown	The Crompton Hospital
Port Shepstone	Hibiscus Hospital
Westville - Durban	Westville Hospital

Limpopo

Polokwane	Mediclinic Limpopo
Thabazimbi	Mediclinic Thabazimbi
Tzaneen	Mediclinic Tzaneen

Mpumalanga

Bronkhorstspruit	Bronkhorstspruit Hospital
Emalahleni	Cosmos Hospital
Ermelo	Mediclinic Ermelo
Mbombela	Kiaat Private Hospital
	Mediclinic Nelspruit
Middelburg	Midmed Hospital
Trichardt	Mediclinic Highveld

North West

Klerksdorp	Anncron Clinic
Mafikeng	Victoria Private Hospital
Potchefstroom	Mediclinic Potchefstroom
Rustenburg	Peglerae Hospital
Vryburg	Vryburg Private Hospital

Northern Cape

Kathu	Kathu Private Hospital
Kimberley	Mediclinic Kimberley

Western Cape

Bellville - Cape Town	Melomed Belville
Claremont - Cape Town	Peninsula Eye Hospital
	Kingsbury Hospital
Gatesville - Cape Town	Melomed Gatesville
George	Geneva Clinic
	Mediclinic George
Knysna	Knysna Private Hospital
Mitchells Plain - Cape Town	Melomed Mitchells Plain
Mossel Bay	Bayview Hospital
Paarl	Mediclinic Paarl
Pinelands - Cape Town	Vincent Pallotti Hospital
Stellenbosch	Mediclinic Stellenbosch
	Mediclinic Winelands
Vredenburg	West Coast Private Hospital

List of **Connect Network hospitals** (only applicable on Connect Network Option)

Eastern Cape

East London	Life East London Private Hospital
Gqeberha	Greenacres Hospital
Southernwood - East London	St. Dominic's Hospital
	Life St James Hospital
Uitenhage	Netcare Cuyler Hospital

Free State

Bloemfontein	Mediclinic Bloemfontein
	Netcare Universitas Hospital
Harrismith	Busamed Harrismith
Kroonstad	Netcare Kroon Hospital
Sasolburg	Netcare Vaalpark Hospital

Gauteng

Alberton	Netcare Alberton Hospital
Arcadia - Pretoria	Netcare Femina Hospital
Akasia	Netcare Akasia Hospital
Benoni	Lakeview Hospital
	Linmed Hospital
Boksburg	Netcare Sunward Park Hospital
Centurion	Unitas Hospital
Krugersdorp	Netcare Krugersdorp Hospital
	Netcare Pinehaven Private Hospital
Linksfield	Netcare Linksfield Hospital
Muckleneuk	Netcare Jakaranda Hospital
Mulbarton	Netcare Mulbarton Hospital
Parktown - Johannesburg	Netcare Parklane Hospital
Pretoria East	Netcare Pretoria East
Rietfontein	Netcare Moot Hospital
Rosebank - Johannesburg	Netcare Rosebank Hospital
Springs	Netcare N17 Private Hospital

Kwazulu-Natal

Amanzimtoti	Kingsway Hospital
Ballito	Netcare Alberlito Hospital
Durban	Netcare St Augustines Hospital
Margate	Netcare Margate Hospital
Pietermaritzburg	Netcare St Annes Hospital
Richards Bay	Netcare The Bay Hospital
uMhlanga	Netcare uMhlanga Hospital
	uMhlanga Eye Institute

Limpopo

Polokwane	Mediclinic Polokwane
	Netcare Pholoso Hospital

Mpumalanga

Emalahleni	Cosmos Hospital
Mbombela	Mediclinic Nelspruit
Middelburg	Midmed Hospital
Trichardt	Mediclinic Highveld

North West

Klerksdorp	Anncron Clinic
Potchefstroom	Lenmed Mooimed Private Hospital
Rustenburg	Ferncrest Hospital

Northern Cape

Kimberley	Lenmed Royal Hospital and Heart Centre

Western Cape

Goodwood - Cape Town	Netcare N1 City
Kuilsriver	Netcare Kuilsriver Hospital
Mossel Bay	Bayview Hospital
Observatory	UCT Private Academic Hospital
Paardevlei - Cape Town	Busamed Paardevlei

momentum
medical scheme

Contact us

WhatsApp	0860 1 1 78 59
Web chat	Log in to momentummedicalscheme.co.za and click on the chat button
Emergency medical transport	082 911
momentummedicalscheme.co.za	
Virtual help	Visit momentummedicalscheme.co.za, click on "Contact us" and then on "Click here to join a virtual help session" for one of our consultants to assist you digitally
Claims	claims@momentumhealth.co.za
Queries	member@momentumhealth.co.za

Fraud hotline

	0800 00 04 38
	momentummedicalscheme@tip-offs.com

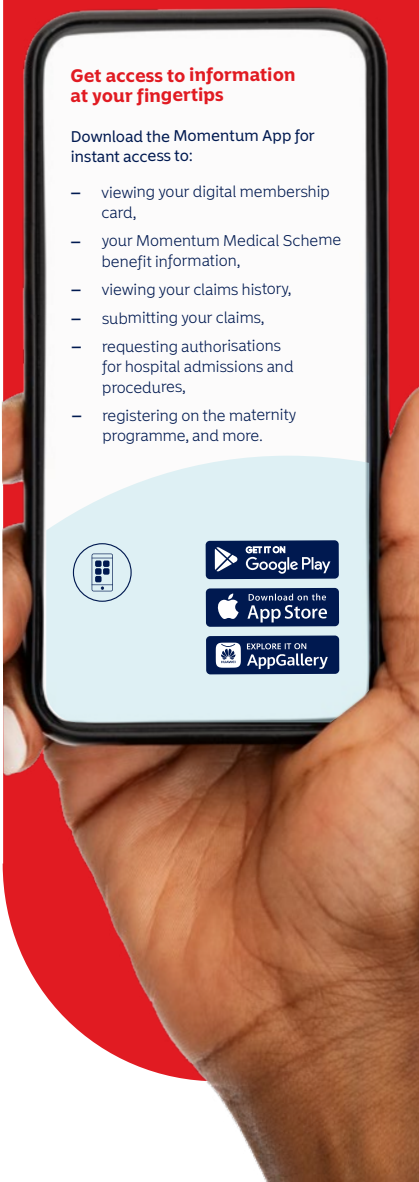
If you suspect that fraud or abuse has occurred, or you have become aware of potential fraud or abuse that may affect Momentum Medical Scheme, please contact the toll-free fraud hotline anonymously. This service is managed by a third party and the caller's identity is fully protected.

Physical and postal address

	201 uMhlanga Ridge Boulevard Cornubia 4339
	PO Box 2338 Durban 4000 South Africa

Council for Medical Schemes

	Customer Care Centre 0861 123 267
	information@medicalschemes.co.za
	medicalschemes.co.za



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