

Focus on the Custom Option

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

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and chronic medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits such as preventative screening tests, certain checkups and more. If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can make use of the HealthSaver. The HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

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

Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Rate	Associated specialists covered in full Other specialists covered up to 100% of the Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised Procedures/Treatment	Certain procedures/treatment covered
Co-payment	R1 200 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply per authorisation for specialist referral procedures (see benefit table for more details)







Chronic and Day-to-day Benefit

Chronic provider	Any provider: Core formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
Chronic conditions covered	26 conditions covered, according to Chronic Disease List in Prescribed Minimum Benefits
Day-to-day provider	Any or Associated
Day-to-day benefit	You can add the HealthSaver to provide cover for your day-to-day healthcare expenses

Health Platform

Provider	Any or Associated
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Contributions

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R1 742	R3 116	R2 356	R3 730	R4 344	R4 958
	Associated	R1 573	R2 792	R2 129	R3 348	R3 904	R4 460
	State	R1 266	R2 223	R1 714	R2 671	R3 119	R3 567
Any	Any	R2 059	R3 712	R2 794	R4 447	R5 182	R5 917
	Associated	R1 899	R3 382	R2 588	R4 071	R4 760	R5 449
	State	R1 610	R2 825	R2 200	R3 415	R4 005	R4 595

Maximum of 3 children charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatment. There is no overall annual limit for hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 100% of the Momentum Health Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. A R1 200 co-payment applies per authorisation, except in the case of motor vehicle accidents, maternity confinements and emergency treatment. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital, (from admission to discharge) are covered – provided that treatment has been authorised. Specialised Procedures/Treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been authorised.

If authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the rules of the Scheme. In the case of an emergency, you, someone in your family or a friend may obtain authorisation within 72 hours of admittance. If you choose Associated hospitals and you do not use this provider, a 30% co-payment will apply on the hospital account, while the Scheme will be responsible for 70% of the negotiated tariff.

The Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You may choose Any, Associated or State as your Chronic Benefit provider. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

The Day-to-day Benefit

If you wish to add cover for day-to-day healthcare expenses, such as GP visits or prescribed medicine, you can make use of the HealthSaver. The HealthSaver is a complementary Momentum product that lets you save for medical expenses. It has no transaction or administration fee, so you enjoy the full benefits of every rand that you contribute.

The Health Platform Benefit

The Health Platform Benefit is available to all Momentum Health members and is paid by the Scheme, provided you notify us before using the benefit.

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

- preventative care and early detection
- maternity programme
- management of certain diseases
- health education and advice; and
- local emergency evacuation and international emergency cover.

Benefit schedule

Major Medical Benefit		
General rule applicable to the Major Medical Benefit: You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a Disease Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)		
Provider	Any or Associated hospitals	
Overall limit	None	
Co-payment	R1 200 per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment. An additional co-payment may apply per authorisation for the specialist referral procedures listed below	
Co-payments for specialist referral procedures		
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Can only be performed in hospital	Paid by Scheme: Custom Option standard co-payment of R1 200* per authorisation applies
Gastrosopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions	Paid by Scheme: Custom Option standard co-payment reduces to R500* per authorisation	
Conservative back and neck treatment, Treatment of diseases of the conjunctiva, Treatment of headache, Removing of minor skin lesions, Treatment of adult influenza, Treatment of adult respiratory tract infections	Paid from HealthSaver, if available (No co-payment applies)	
*An additional R700 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). Please note that you may be required to provide proof of the GP referral.		
Hospitalisation		
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	
High and intensive care	No annual limit applies	
Casualty or after-hour visits	Subject to HealthSaver, if available	
Renal dialysis Beneficiaries who selected State as their chronic provider need to make use of State facilities for their renal dialysis	No annual limit applies	
Oncology Newly diagnosed members who select State as their chronic provider must obtain their treatment from an oncologist authorised by the Scheme	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 the recipient is a member of the Scheme	R17 600 cadaver costs R35 700 live donor costs (incl. transportation)	

Hospitalisation (continued)	
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 200 co-payment per authorisation. No benefit for 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 co-payment of R2 030 per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 630 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Intraocular lenses: R4 770 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R42 100 per beneficiary per event, maximum 2 events per year
Prosthesis – external, such as artificial arms or legs etc	R20 400 per family
Mental health <ul style="list-style-type: none"> - incl. psychiatry and psychology - drug and alcohol rehabilitation 	R32 100 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	R44 000 per family
Immune deficiency related to HIV <ul style="list-style-type: none"> - Anti-retroviral treatment - HIV related admissions 	At preferred provider No annual limit applies R62 500 per family
Specialised Procedures/Treatment	
Certain Specialised Procedures/Treatment covered (when clinically appropriate) in- and out-of-hospital	
Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	Any, Associated or State*
Cover	26 conditions covered, according to the Chronic Disease List in Prescribed Minimum Benefits
* If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval	
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: Benefits are subject to HealthSaver, if available	

Health Platform Benefit		
General rule applicable to the Health Platform: Health Platform benefits are paid by the Scheme up to a maximum Rand amount per benefit, provided you notify us before using the benefits		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations	Children up to age 6	As required by the Department of Health
Flu vaccines	Beneficiaries under 18 Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist)	Women 15 and older	Once a year
Consultation (GP* or gynaecologist)		
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP consultation)*	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Health Assessment (pre-notification not required): Body Mass Index, Blood pressure test, Cholesterol (finger prick test) and Blood sugar test (finger prick test)	All principal members and adult beneficiaries	Once a year
Cholesterol test (pathologist) Only covered if Health Assessment results indicate a total cholesterol of 6 mmol/L and above	Principal members and adult beneficiaries	Once a year
Blood sugar (glucose) test (pathologist) Only covered if Health Assessment results indicate blood sugar levels of 11 mmol/L and above	Principal members and adult beneficiaries	Once a year
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years
	Beneficiaries 50 and older	Once a year
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years
Maternity programme (subject to registration on the Maternity Programme between 8 and 20 weeks of pregnancy)		
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	12 visits
Urine tests (dipstick)		Included in antenatal visits
Pregnancy scans		2 scans (1 before 24th week and 1 after)
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year
Disease management programmes		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed

Health Platform Benefit (continued)		
Health line		
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International emergency cover by ISOS		
R7.66 million (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover). A R1 470 co-payment applies per out-patient claim	Per beneficiary per 90-day journey	In an emergency

** If you choose the Associated chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultations covered under the Health Platform.*

Important note: *This focus page summarises the 2017 benefits available on the Custom Option. Scheme Rules always take precedence and are available on request.*

The Momentum HealthReturns programme

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

Momentum pays up to R1 000 per member (maximum of R2 000 per family) per month in HealthReturns to Momentum Health members who go for an annual Health Assessment, comply with treatment protocols (where applicable) and are active.

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

Your Healthy Heart Score gives you an indication of how healthy your heart is. It can predict your chances of suffering a heart attack or stroke within the next ten years. We use the results from your health assessment, together with your smoking status, to calculate your score. Your score can be red, amber or green. Based on your results, we may recommend further assessments.

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

An Active Day can be earned by:

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

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

			Multiply Premier + HealthSaver = Total HealthReturns				
Healthy Heart Score	Active Dayz or Fitness Assessment	Standard HealthReturns	Bronze	Silver	Gold	Platinum	Private Club
<div>GREEN</div> <div>AMBER</div> <div>RED</div>	16+ Level 5	R160	R500	R600	R700	R800	R1 000
	12+ Level 4	R100	R300	R325	R350	R400	R500
	8+ Level 3	R50	R150	R160	R170	R180	R250
	4+ Level 2	R25	R75	R75	R75	R75	R75
	0+ Level 1	R0	R0	R0	R0	R0	R0

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

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

Additional HealthReturns benefits

If you maintain at least 12 Active Dayz per month for three consecutive months, have a green or amber Healthy Heart Score and have chosen to receive your HealthReturns into your HealthSaver account, you can also earn one free GP visit for your family per year and qualify for the HealthReturns RateBooster. Please note that this GP visit is valid for 12 months from the month in which it was earned.