2017 focus page

momentum health

Focus on the Extender Option

The Extender Option provides cover for hospitalisation in private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals). For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a further discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and chronic medication to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of benefits such as preventative screening tests, certain check-ups and more. 25% of your contribution is available in a Personal Medical 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). Once you have reached this Threshold amount, your claims will be paid by the Scheme from the Extended Cover benefit.

You can choose to 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. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Benefit	Associated specialists covered in full Other specialists covered up to 200% of the Momentum Health Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised Procedures/Treatment	Certain procedures/treatments covered
Co-payment	Co-payments may apply for specialist referral procedures. (See benefit table for more)

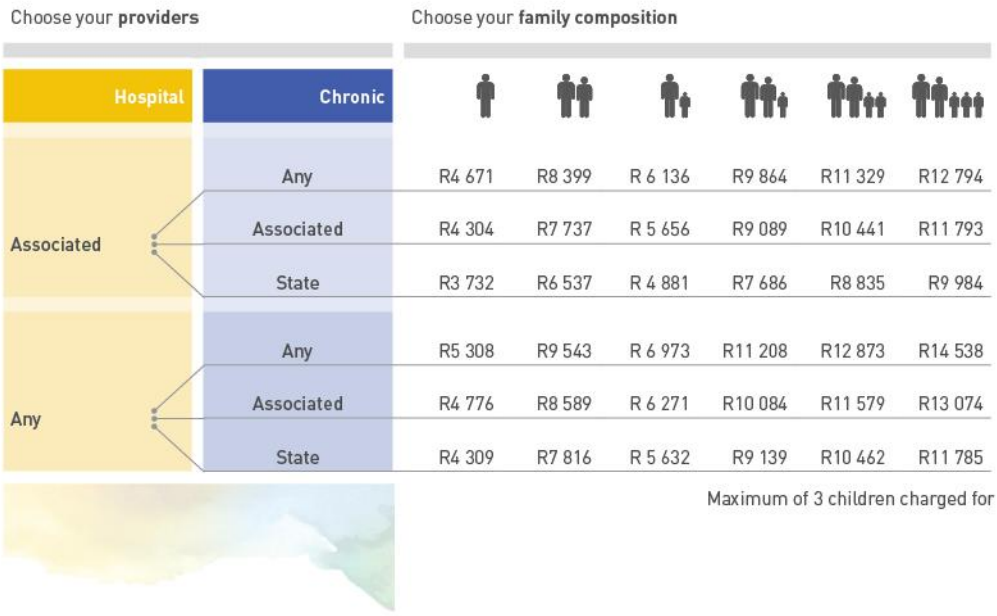
Chronic and Day-to-day benefit

Chronic provider	Any provider: Extended formulary, or Associated GPs and Courier pharmacy: Entry level formulary, or State: State formulary
Chronic conditions covered	Cover for 62 conditions: 26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 36 additional conditions: limited to R 8 800 per family per year
Day-to-day provider	Any, Associated or State
Savings	Fixed at 25% of total contribution
Threshold	R17 100 for the principal member R14 800 per adult dependant R5 100 per child (applies up to a maximum of three children)

The Health Platform

Provider:	Any or Associated

Contributions



Choose your **providers**		Choose your **family composition**					
Hospital	Chronic						
Associated	Any	R4 671	R8 399	R 6 136	R9 864	R11 329	R12 794
	Associated	R4 304	R7 737	R 5 656	R9 089	R10 441	R11 793
	State	R3 732	R6 537	R 4 881	R7 686	R8 835	R9 984
Any	Any	R5 308	R9 543	R 6 973	R11 208	R12 873	R14 538
	Associated	R4 776	R8 589	R 6 271	R10 084	R11 579	R13 074
	State	R4 309	R7 816	R 5 632	R9 139	R10 462	R11 785

Maximum of 3 children charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatment. There is no overall annual limit on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 200% of the Momentum Health Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group.

Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided treatment has been authorised. Specialised Procedures/Treatments do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been authorised.

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

The Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Extender Option, you may choose Any, Associated or State as your Chronic Benefit provider. There is no annual limit for chronic cover for the 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. A limit of R8 800 per family per year applies to an additional 36 conditions. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

The Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. 25% of your contribution is available to cover day-to-day expenses. This is known as Personal Medical 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 (a pre-determined amount based on your family size). Once you have reached this Threshold, your claims will be paid by the Scheme from Extended Cover.

If you have selected Any or State as your chronic provider, any GP may be consulted. If you have selected Associated as your chronic provider, an Associated GP must be consulted. If not, claims will only accumulate at 70% of Momentum Health Rate to Threshold, and a 30% co-payment will apply once in Extended Cover.

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 evacuation and international emergency cover.

Benefit schedule

<table>
<tr><th colspan="3">Major Medical Benefit</th></tr>
<tr><td colspan="3">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)</td></tr>
<tr><td colspan="2">Provider</td><td>Any or Associated hospitals</td></tr>
<tr><td colspan="2">Overall limit</td><td>None</td></tr>
<tr><th colspan="3">Co-payments for specialist referral procedures</th></tr>
<tr><th>Procedure/treatment</th><th>If performed out-of-hospital</th><th>If performed in-hospital</th></tr>
<tr><td>Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies</td><td>Can only be performed in-hospital</td><td rowspan="3">Paid by Scheme:
R1 200* co-payment per authorisation applies</td></tr>
<tr><td>Gastroscopies, Nail surgery, Cystoscopies, Colonoscopies, Sigmoidoscopies, Removing of extensive skin lesions</td><td>Paid by Scheme:
R0* co-payment</td></tr>
<tr><td>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</td><td>Paid from available day-to-day benefits
(No co-payment applies)</td></tr>
<tr><td colspan="3">*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, and Associated GP for members who choose Associated chronic provider). You will be required to provide proof of the GP referral. Please note that if the cost of the procedure is less than the co-payment, the member will be liable for the specialist account.</td></tr>
</table>

Hospitalisation	
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
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Day-to-day Benefit
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 beneficiaries who selected State as their chronic provider must obtain their oncology treatment from an oncologist authorised by the Scheme	Limited to 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 the recipient is a member of the Scheme	R17 600 cadaver costs R35 700 live donor costs (incl. transportation)
In-hospital dental and oral benefits limited to maxillo-facial surgery (excluding implants), impacted wisdom teeth and general anaesthesia for children under 7	Hospital and anaesthetist accounts paid from Major Medical Benefit, subject to R1 550 co-payment Dental, dental specialist and maxillo-facial surgeon accounts paid from Day-to-day dental 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. Co-payment of R2 030 per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R5 950 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc)	Cochlear implants: R157 000 per beneficiary, maximum 1 event per year Intraocular lenses: R6 160 per beneficiary per event, maximum 2 events per year Other internal prostheses: R59 500 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms, legs etc)	R20 700 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R32 600 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day claims that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries.
Medical rehabilitation, private nursing, Hospice and step-down facilities	R45 400 per family
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	At preferred provider No annual limit applies R62 500 per family
Specialised Procedures/Treatment	
Certain Specialised Procedures/Treatment covered (when clinically appropriate) in- and out-of-hospital	

Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	Any, Associated or State*
Cover	62 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
Limit	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 36 additional conditions - Limited to R 8 800 per family per year
* If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval	
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: 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. **The annual Threshold levels are:** Member: R17 100 Per adult dependant: R14 800 Per child dependant: R5 100 (applies up to a maximum of 3 children). Should you not join in January, your Threshold and 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 (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy	Unlimited within the provisions of the General Rule mentioned above
Mental health (incl. psychiatry and psychology)	R17 100 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)	R11 600 per beneficiary, R30 200 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.)	R21 000 per family R6 380 sub-limit per family for hearing aids
General practitioners	Depending on the chronic provider selected Any or State providers: Unlimited within the provisions of the General Rule mentioned above 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 580 per beneficiary Frame sub-limit of R1 960
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 R2 030 co-payment per scan
Prescribed medication	R15 100 per beneficiary, R28 400 per family
Over-the-counter medication (incl. prescribed vitamins and homeopathic medicine)	Subject to Savings, does not accumulate to Threshold

Health Platform Benefit		
General rule for 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 Dept of Health
Flu vaccines	Beneficiaries under 18 Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) Consultation (GP* or gynaecologist)	Women 15 and older	Once a year
Mammogram	Women 38 and older	Once every 2 years
DEXA bone density scan (radiologist, GP* or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP consultation)*	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Health Assessment (pre-notification not required):: Body Mass Index, Blood pressure test, Cholesterol (finger prick test) and Blood sugar test (finger prick test)	All principal members and adult beneficiaries	Once a year
Cholesterol test (pathologist): Only covered if Health Assessment results indicate a total cholesterol of 6 mmol/L and above	Principal members and adult beneficiaries	Once a year
Blood sugar test (pathologist): Only covered if Health Assessment results indicate blood sugar levels of 11 mmol/L and above	Principal members and adult beneficiaries	Once a year
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years
	Beneficiaries 50 and older	Once a year
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years
Maternity programme (subject to registration on the Maternity Management Programme between 8 and 20 weeks of pregnancy)		
Antenatal visits (Midwives, GP* or gynaecologist)	Women registered on the programme	12 visits
Urine tests (dipstick)		Included in antenatal visits
Pregnancy scans		2 scans (1 before 24th week and 1 after)
Paediatrician visits	Babies 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 line		
24-hour emergency health advice	All beneficiaries	As needed
Emergency evacuation		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency
International emergency cover by ISOS		
R8.22 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 Extender 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 DayzTM 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.

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

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

Additional HealthReturns benefits

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

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