

Focus on the Custom Option

The Custom Option includes 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 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, chronic medication and treatment to obtain the maximum contribution discount.

The Health Platform Benefit provides cover for a range of day-to-day benefits such as preventative screening tests, certain check-ups and more. If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can make use of Momentum HealthSaver⁺. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

There is a standard Custom Option co-payment for Major Medical Benefits including non-emergency Prescribed Minimum Benefits (PMBs), except in the case of motor vehicle accidents, maternity confinements and emergency treatment.

⁺ You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products. This focus page summarises the 2024 benefits available on the Custom Option. Scheme Rules always take precedence and are available on request.



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 Medical Scheme Rate Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised procedures/treatment	Certain procedures/treatment covered
Co-payments	Standard Custom Option co-payment of R1 830 per authorisation including non-emergency PMBs, except for motor vehicle accidents, maternity confinements and emergency treatment An additional co-payment may apply for certain specialised procedures/ treatment (see co-payment table on page 4)

Chronic and Day-to-day Benefits

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

Health Platform Benefit

Provider	Any or Associated provider
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Contributions

Choose your providers

Choose your family composition

Choose your providers		Choose your family composition					
Hospital	Chronic						
Associated	Any	R3 089	R5 526	R4 178	R6 615	R7 704	R8 793
	Associated	R2 770	R4 918	R3 749	R5 897	R6 876	R7 855
	State	R2 149	R3 775	R2 911	R4 537	R5 299	R6 061
Any	Any	R3 685	R6 642	R5 000	R7 957	R9 272	R10 587
	Associated	R3 284	R5 850	R4 478	R7 044	R8 238	R9 432
	State	R2 737	R4 803	R3 740	R5 806	R6 809	R7 812

Maximum of 3 children charged for



Major Medical Benefit

This benefit includes 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 Medical Scheme 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 that treatment has been pre-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 pre-authorised.

If pre-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 must 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.

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.

Day-to-day Benefit

If you would like to add cover for day-to-day healthcare expenses, such as GP visits or prescribed medicine, you can make use of Momentum HealthSaver.

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit, provided you notify us before using certain benefits. This unique benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection;
- maternity programme; and
- health education and advice.



Benefit schedule

Major Medical Benefit	
<p>General rule applicable to the Major Medical Benefit: You need to contact us for pre-authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a health management programme. The 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. 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).</p>	
Provider	Any or Associated hospitals
Overall annual limit	None
Co-payments	<p>Standard Custom Option co-payment of R1 830 per authorisation including non-emergency PMBs, except for motor vehicle accidents, maternity confinements and emergency treatment.</p> <p>An additional co-payment may apply for specialised procedures/treatment, as indicated in the co-payment table below</p>
Co-payments for specialised procedures/treatment	
<p>The standard Custom Option co-payment of R1 830 per authorisation applies to these procedures / treatments regardless of where they are performed</p> <p>Plus the Specialised Procedures co-payment of R1 830 per authorisation applies if performed in a day hospital, or R3 660 per authorisation if performed in an acute hospital (hospital where overnight admissions apply)</p>	
Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies	Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above
Gastrosopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions	Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above
Conservative back and neck treatment, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections	<p>Low severity cases are not covered by the Scheme but can be paid from Momentum HealthSaver, if available</p> <p>High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above</p>
Hospitalisation	
Benefit	Associated specialists covered in full. Other specialists covered up to 100% of the Momentum Medical Scheme 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 Momentum HealthSaver, if available
Renal dialysis	No annual limit applies. If you choose State as your chronic provider, you need to make use of State facilities for your renal dialysis

Hospitalisation (continued)	
Oncology	<p>R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication</p> <p>If you choose State as your chronic provider, you need to obtain your oncology treatment from ICON providers as authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost</p>
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor): Only covered when the recipient is a member of the Scheme	<p>R23 600 cadaver costs</p> <p>R47 900 live donor costs (including transportation)</p>
<p>In-hospital dental and oral benefits</p> <ul style="list-style-type: none"> - maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7 - dentistry related to trauma - extraction of impacted wisdom teeth - implants and all other in-hospital dental treatment 	<p>The hospital account is paid at the negotiated rate, subject to a R1 830 co-payment per authorisation. The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate. The dental, dental specialist and maxillo-facial surgeon accounts are paid from HealthSaver, if available</p> <p>The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 100% of the Momentum Medical Scheme Rate</p> <p>The hospital account is paid at the negotiated rate, subject to a R3 300 co-payment for day hospitals and a R6 150 co-payment for other hospitals per authorisation. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate</p> <p>The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are subject to HealthSaver, if available</p>
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out of hospital)	No annual limit applies, subject to co-payment of R3 050 per scan
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R7 630 per family

Hospitalisation (continued)	
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, cochlear implants, etc)	Intraocular lenses: R6 600 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R56 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs)	R26 600 per family
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	R43 000 per beneficiary
Take-home medicine	7 days' supply
Medical rehabilitation, private nursing, Hospice and step-down facilities	R61 000 per family
Health management programmes for conditions such as chronic renal disease, organ transplants, mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV - Anti-retroviral treatment - HIV related admissions	No annual limit applies at preferred provider R81 300 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R7 660 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover A R2 070 co-payment applies per emergency out-patient claim
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 Momentum HealthSaver, if available (see Momentum Complementary Product brochure for more details on HealthSaver).	
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver if available

Day-to-day Benefit (continued)		
Dentistry – specialised	Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors’ rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 830 co-payment and pre-authorisation Other specialised dentistry: Subject to HealthSaver if available	
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver if available	
General practitioners	Subject to HealthSaver if available	
Specialists	Subject to HealthSaver if available	
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver if available	
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver if available	
Radiology (such as X-rays)	Subject to HealthSaver if available	
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 050 co-payment per scan and pre-authorisation	
Prescribed medication	Subject to HealthSaver if available	
Over-the-counter medication	Subject to HealthSaver if available	
Health Platform Benefit		
<p>General rule applicable to the Health Platform Benefit: Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit. You do not need to pre-notify before using Health Platform Benefits, except for dental consultations, pap smears, general physical examinations and HIV tests. Where pre-notification is required, you can pre-notify quickly and easily on the Momentum App, via the web chat facility or by logging on to momentummedicalscheme.co.za. You may also send us a WhatsApp or call us on 0860 11 78 59.</p>		
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	Children between 6 months and 5 years Beneficiaries 60 and older All 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 (including sterile tray and gloves)	All beneficiaries	Once a year
Pap smear consultation (nurse, GP* or gynaecologist)	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
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: Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference measurements	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)		
Doula benefit		2 visits per pregnancy
Antenatal visits (Midwives, GP* or gynaecologist)		12 visits
Nurse home visits		2 visits, the day after returning from hospital following childbirth and 2 weeks later
Urine tests (dipstick)		Included in antenatal visits
Pathology tests	Blood group, creatinine, full blood count, glucose strip, haemoglobin estimation and Rhesus factor	1 test
	Urinalysis	12 tests
	Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated
Scans		2 pregnancy scans. We cover 3D and 4D growth scans up to the rate that we pay for 2D scans
Paediatrician visits		Babies up to 12 months registered on the programme 2 visits in baby's first year
Health line		
24-hour emergency health advice		All beneficiaries As needed

** 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.*