momentum
medical scheme

2025
Focus Page

Focus on the Extender Option

The Extender 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 save on your monthly 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 save 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 saving.

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 (Savings) account to cover day-to-day expenses. If this Savings 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 Momentum 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 not covered on your option.

Momentum Medical Scheme's 2025 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Regulator.

This focus page summarises the 2025 benefits available on the Extender Option. Scheme Rules always take precedence and are available on request.

+You 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

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 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 – see Member brochure for the list
Co-payment	Co-payments may apply for specialised procedures/treatment, specialised dentistry and specialised scans

Chronic and Day-to-day Benefits

Chronic provider and formulary	Any provider: Extended formulary, or Associated GPs and Courier pharmacy: Core formulary, or State: State formulary
Chronic conditions covered	Cover for 62 conditions: 26 conditions, according to the Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies 36 additional conditions: limited to R13 100 per family per year
Day-to-day provider	Any or Associated (Members who have chosen Associated as their chronic provider must use an Associated GP for GP consultations)
Savings	Fixed at 25% of total contribution
Threshold	R33 400 for the principal member R29 000 per adult dependant R9 600 per child (applies up to a maximum of three children)

Health Platform Benefits

Provider	Any or Associated

Contributions

Choose **your providers**		Choose your **family composition**					
Hospital	**Chronic**						
Associated	Any	R9 129	R16 482	R11 713	R19 066	R21 650	R24 234
	Associated	R8 253	R14 896	R10 626	R17 269	R19 642	R22 015
	State	R7 215	R12 687	R9 336	R14 808	R16 929	R19 050
Any	Any	R10 381	R18 742	R13 358	R21 719	R24 696	R27 673
	Associated	R9 160	R16 537	R11 795	R19 172	R21 807	R24 442
	State	R8 196	R14 923	R10 601	R17 328	R19 733	R22 138

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 on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 200% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. Hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided 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 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.

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 R13 100 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.

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 reach the Threshold, your claims will be paid by the Scheme from Extended Cover.

If you select Any or State as your chronic provider, you may visit any GP for your GP consultations. If you select Associated as your chronic provider, you must use an Associated GP for your GP visits. If not, claims will only accumulate at 70% of the Momentum Medical Scheme Rate to Threshold, and a 30% co-payment will apply once in Extended Cover.

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 of these 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	
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).	
Provider	Any or Associated hospitals
Overall annual limit	None
Co-payments for specialised procedures/treatment	
A co-payment of **R1 920** per authorisation applies to these procedures/treatment if performed in a day hospital OR the Specialised Procedures/Treatment co-payment of **R3 840** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)	
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
Gastroscopies, 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	**Low severity cases** are not covered by the Scheme but can be paid from Day-to-day Benefits or Momentum HealthSaver, if available **High severity cases** in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above
Hospitalisation	
Benefit	Associated specialists covered in full. Other specialists covered up to 200% 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 Day-to-day Benefit
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
Oncology	Limited to R500 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication. Specialised oncology benefits are available for certain biologicals and immunologicals, subject to criteria. If you choose State as your chronic provider, you need to obtain your oncology treatment from an ICON provider as authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost

Hospitalisation (continued)	
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor). Only covered if recipient is a member of the Scheme	R27 500 cadaver costs R56 000 live donor costs (incl. transportation)
In-hospital dental and oral benefits: - maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 750 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist account and the dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 450 co-payment for day hospitals and a R6 500 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from available day-to-day benefits, subject to the day-to-day limits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
MRI, CT, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in -and out of hospital)	No annual limit applies, subject to R2 900 co-payment per scan and pre-authorisation
Medical and surgical appliances in hospital (such as support stockings, knee and back braces, etc)	R8 830 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R234 000 per beneficiary, maximum 1 event per year Intraocular lenses: R9 130 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R88 200 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms and legs)	R30 600 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R48 400 per beneficiary

Hospitalisation (continued)	
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R72 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 R92 600 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	R8 220 000 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 180 co-payment applies per emergency out-patient claim
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out-of-hospital (refer to the Member brochure for a list of procedures and treatment covered)	
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
Limit	26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 36 additional conditions - Limited to R13 100 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 Medical Scheme Rate, subject to the sub-limits specified below. The sub-limits apply before and after the Threshold is reached. **The annual Threshold levels are:** Member: R33 400; Per adult dependant: R29 000; Per child dependant: R9 600 (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)	R25 200 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)	R17 300 per beneficiary, R44 900 per family. Both in-and out of hospital dental specialist accounts accumulate towards the limit 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 750 co-payment and pre-authorisation
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	R31 200 per family R9 420 sub-limit per family for hearing aids Subject to pre-authorisation
General practitioners	Depending on the chronic provider selected: Any or State provider: 100% of the Momentum Medical Scheme Rate Associated provider: 100% of the Momentum Medical Scheme Rate for Associated GPs Non-Associated provider: 70% of the Momentum Medical Scheme Rate for non-Associated GPs
Specialists	100% of the Momentum Medical Scheme Rate
Optical and optometry (incl. contact lenses and refractive eye surgery)	Overall limit of R5 300 per beneficiary Frame sub-limit of R2 890
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

Day-to-day Benefit (continued)		
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, R2 900 co-payment applies per scan	
Prescribed medication	R22 200 per beneficiary, R42 100 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 applicable to the Health Platform Benefits: 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 preventative dental care, 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.		
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 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		
Preventative dental care covered up to R380 per beneficiary at any dental provider	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

Early detection tests (continued)		
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 test (pathologist): Only covered if health assessment results indicate blood sugar levels are 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	Women registered on the programme	2 visits per pregnancy
Antenatal visits (Midwives, GP* or gynaecologist)		12 visits
Online antenatal and postnatal classes		18-month subscription
Online video consultations with lactation specialist		Initial and follow-up consultations
Nurse home visits		3 visits: Day after return from hospital following childbirth, then after 2 and 6 weeks
Urine tests (dipstick)		Included in antenatal visits
Pathology tests: Antiglobin, blood group, creatinine, full blood count, platelet count, Rhesus factor and Rubella antibody	Women registered on the programme	1 test
Pathology tests: Glucose strip and haemoglobin estimation		2 tests
Pathology tests: Urinalysis		12 tests
Pathology 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*