

more health and **wellness**

for more students

for less


Member Guide

For local and international students

2025



momentum
medical scheme



SA's No. 1
medical aid choice
for more than
1 million students
over 34 years

Index

- 2 Overview
- 4 Major Medical Benefits
- 7 Day-to-day Benefits
- 9 Chronic Benefits
- 10 Membership
- 12 Complaints procedure
- 13 Claims
- 15 Ingwe Option benefit schedule
- 17 Chronic conditions
- 17 Specialised procedures
- 18 List of Ingwe Network hospitals
- 20 Glossary of terms
- 22 Exclusions
- 24 Contact details

Disclaimer: This document is a focused marketing aid for full-time students and provides details of the Ingwe Option. It provides examples of the benefits available and does not replace Momentum Medical Scheme's full marketing brochure or member brochure.

When you joined Momentum Medical Scheme's Ingwe Option, you either chose Any private hospital with Ingwe Active Network or Ingwe Network hospitals with Ingwe Primary Care Network providers as your benefit option.

Benefit year

Momentum Medical Scheme's benefit year runs from 1 January to 31 December. This means that if you join from 1 January, you are entitled to the full allocation of benefits as defined in your option. If you join any time after 1 January, for example from 1 February, some of your benefit sub-limits will be pro-rated, which means it will be adjusted in line with the number of months left in the year. You may change your option once a year, in January.

Your responsibilities as a Momentum Medical Scheme member

- Understand the benefits on your option and how to use them.
- Keep Momentum Medical Scheme up to date of any changes to your personal details.
- Check all accounts from healthcare service providers as well as claim statements from Momentum Medical Scheme.
- Contact Momentum Medical Scheme before you or any of your dependants are admitted to hospital to request a pre-authorisation number. Please refer to page 4 for other benefits that require pre-authorisation.
- Keep your membership card in a safe place to ensure that no one else can use it fraudulently and show it to service providers during each visit.
- Read all correspondence from Momentum Medical Scheme.

Medical expenses covered by Momentum Medical Scheme

Major Medical benefits - Major Medical benefits include cover for hospitalisation, as well as certain specialised procedures/treatment and specialised scans, if treatment is clinically appropriate and has been pre-authorised by Momentum Medical Scheme.

Day-to-day benefits - Day-to-day medical expenses refer to medical treatment received out-of-hospital (or in the casualty ward of a hospital). These benefits generally include services from doctors, dentists, optometrists, radiologists and pathologists, as well as prescribed medicine.

Chronic benefit - chronic benefit covers certain life-threatening conditions that need ongoing treatment. Chronic benefits are subject to registration and approval.

Important notes

Your Ingwe Primary Care or Ingwe Active Network provider must be the starting point for all your doctors' consultations, medical care and medication.

Prescribed Minimum Benefits

Prescribed Minimum Benefits 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. The Prescribed Minimum Benefit list covers 271 medical conditions, for example meningitis, various cancers and high blood pressure treatment.

Claims for Prescribed Minimum Benefits will be paid from your Major Medical Benefits, in line with the provisions of the Medical Schemes Act. If you are admitted to a private hospital for treatment and the benefit limit is reached, you could be transferred to a State hospital once stabilised. Momentum Medical Scheme will pay for the continued treatment once authorisation is granted. Should you choose to stay in the private facility, you would then be responsible for the shortfall (co-payment) between the rates charged in the private facility and the applicable rates payable at State facilities. This co-payment will not apply in the case of an emergency medical condition*.

The list of Prescribed Minimum Benefits includes chronic diseases - known as the Chronic Disease List. Specific medication guidelines exist for each chronic condition to ensure quality treatment. You need to obtain pre-authorisation from Momentum Medical Scheme to access benefits and medication for these conditions.

Important notes

**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 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 on the Ingwe Option are the Ingwe Primary Care and Ingwe Active Network providers, Associated Specialists and State facilities, depending on the circumstances. To view the list of providers in your area, go to studenthealthcare.co.za and click on "Find a doctor" or on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on 0860 102 493. Treatment for Prescribed Minimum Benefits is subject to Momentum Medical Scheme's clinical protocols.



Major Medical Benefits (In-hospital benefits)

Momentum Medical Scheme will pay your Major Medical Benefits in line with the Scheme Rules and clinical protocols. We will cover the cost of in-hospital specialists and related providers such as radiologists and pathologists up to 100% of the Momentum Medical Scheme Rate. Some service providers charge fees in excess of the Momentum Medical Scheme Rate. In this case, you will need to pay the difference between the Momentum Medical Scheme Rate and the fees charged.

Medicine will be covered during your hospital stay, provided that it is part of your hospital treatment. On discharge, a seven-day supply of prescribed medicine will be covered. This medication must form part of the medication that you received during hospitalisation and excludes vitamins and supplements.

Pre-authorisation

You need to contact us for authorisation before making use of your Major Medical Benefits. The hospital will assist in obtaining the pre-authorisation number, but it remains your responsibility as the member to ensure that approval has been granted. It is important to note that certain benefits have limits and you need to be aware of the benefits applicable to your option (see page 15 for the benefit schedule).

- An emergency* hospital admission needs to be authorised within 72 hours of admission
- A planned hospital admission should be authorised 48 hours prior to admission.

Important notes

**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.*

Services / treatment that require pre-authorisation

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

- hospitalisation
- day clinic admissions
- specialised procedures
- specialised scans
- all other Major Medical Benefits.

For some conditions, like diabetes, you will need to register on a Health Management Programme.

Process to follow to get a pre-authorisation number

Step 1

Contact our pre-authorisation department, **at least 48 hours** before you are admitted to hospital or before going for a procedure. Go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**, or email us at pre-authorisations@momentumhealth.co.za.

We need the following information when you request pre-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 doctor
- the contact details and practice number of the specialist
- the name and practice number of the hospital, day clinic or radiologist.

Step 2

The pre-authorisation department will confirm your benefits and give you a pre-authorisation number or request more information if required.

What about emergencies*?

If you are admitted directly to hospital as a result of an emergency, a member of your family, a friend or the hospital must notify Momentum Medical Scheme within 72 hours after admission.

What about extended stays?

The hospital must get approval from Momentum Medical Scheme for an extended length of stay.

What about intensive and high care?

Intensive care and high care is limited to 10 days per admission.

Important notes

Please note that if pre-authorisation is not obtained, Momentum Medical Scheme will be responsible for 70% of the negotiated tariff of all the claims relating to the event, provided authorisation would have been given for the treatment.

Internal and external prostheses

Cover for internal and external prostheses is limited to Prescribed Minimum Benefits at State facilities.

Medical and surgical appliances

Medical and surgical appliances are covered in hospital up to **R6 700** per family per year.

Major Medical Benefits (In-hospital benefit) (continued)

MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans

These scans will only be covered if they are done in a State facility for a Prescribed Minimum Benefit condition, and are subject to pre-authorization (refer to pre-authorization on page 4).

Dental surgery or major dental treatment

Implants, orthodontics, orthognathic surgery and other dentistry in hospital are not covered. Dentistry related to trauma will be covered at State facilities subject to Prescribed Minimum Benefits.

Medical rehabilitation and step-down facilities

These benefits cover treatment for a limited period of care, and are available to assist with the recovery of the patient usually after a procedure or surgery. To find out whether you qualify for these benefits, go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**. Medical rehabilitation and step-down facilities are covered up to **R16 700**, per beneficiary per year. Private nursing and Hospice are not covered.

Important notes

You need to obtain pre-authorization from us for any admission to hospital, day clinic or rehabilitation centre.

Emergency medical transport/evacuation

Netcare 911 is Momentum Medical Scheme's preferred service provider for emergency medical transport in South Africa.

If approved by Netcare 911, the benefit includes:

- emergency medical response by road or air from the scene of a medical emergency
- transfer by road or air to the closest, most appropriate medical facility
- moving you from one hospital to another, if medically required.

Procedure to follow when you need emergency medical transport

Call Netcare 911 on **082 911** in life-threatening situations where you need emergency transport to the closest appropriate medical facility in order to receive immediate medical attention.

Depending on the situation, proceed to your nearest emergency medical facility/hospital. Alternatively, call your Ingwe Primary Care or Ingwe Active Network doctor for advice.

If you have been taken to hospital by an alternative service provider (ie other than Netcare 911) due to an emergency, it is important that the Netcare 911 call centre is advised within 48 hours to ensure your claim is paid.

You will be responsible for the settlement of the alternative service provider's account if you, a family member or friend do not notify Netcare 911 within 48 hours of receiving assistance from an alternative service provider.

Important notes

You will need your Momentum Medical Scheme membership number to get pre-authorization for all Netcare 911 services.

Day-to-day Benefits

Cellphone and In Case of Emergency (I.C.E.) - general tip for easy identification in an emergency

When involved in an accident, paramedics often struggle to identify a patient, particularly when the patient is unconscious. The identification of a patient is vital for 2 reasons, mainly to notify the patient's loved ones of the accident and secondly to decide which hospital to take the patient to. All you need to do is add an entry to your contact list on your cellphone called I.C.E. Add the name and number of the contact person and emergency services number 082 911. It is simple and makes an emergency situation much easier to deal with.

Day-to-day medical expenses refer to medical treatment received out-of-hospital. These services include consultations visits to doctors and other registered medical practitioners (for example radiologists and pathologists, dentists and specialists).

Day-to-day benefits are only available at your Ingwe Primary Care or Ingwe Active Network provider, depending on the hospital provider you selected when you joined Momentum Medical Scheme's Ingwe Option, and are subject to certain rules and policies, commonly referred to as protocols. This benefit is also subject to Momentum Medical Scheme's formulary for medicine and a specific list of day-to-day treatments including prescribed medicine and radiology / pathology referrals.

You also have **3 virtual consultations** per year from doctors on the GP Virtual Consultation Network, which includes Hello Doctor. These consultations bring you a convenient alternative to face-to-face visits, and include scripting of schedule 1 to 4 medication.

Momentum Medical Scheme Primary Care Networks

When you joined Momentum Medical Scheme's Ingwe Option, you chose to make use of a doctor from the Ingwe Primary Care Network or Ingwe Active Network. Please note you may access any doctor either on the Ingwe Primary Care Network or Ingwe Active Network, depending on the network you chose. To view the list of providers in your area, go to studenthealthcare.co.za and click on "Find a doctor" or on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**.

Agreements are in place between Momentum Medical Scheme and specific providers

You choose to join Momentum Medical Scheme's Ingwe Option

You use a doctor either on the Ingwe Primary Care or Ingwe Active Network, depending on the network you chose

Benefits available from your network provider

- **Doctor consultations:** Out-of-hospital doctor consultations for diagnosis and treatment of medical conditions. Your GP needs to contact us to obtain pre-authorization from the 11th visit per beneficiary per year.
- **Medicine:** Your Ingwe Primary Care or Ingwe Active Network doctor may prescribe medicine for you from a list of medicine, referred to as a prescribed formulary. A dispensing doctor will provide you with the medicine. A non-dispensing doctor will issue a script for medicine on the formulary and you may collect the medication from any pharmacy.
- **Basic blood tests:** Basic blood tests and urine sample tests are covered if your Ingwe Primary Care or Ingwe Active Network doctor requests the test and it is within Momentum Medical Scheme's approved list of tests.
- **Basic x-rays:** Momentum Medical Scheme will pay for the x-ray if your Ingwe Primary Care or Ingwe Active Network doctor requests it and it falls within Momentum Medical Scheme's approved list of x-rays.
- **Dentistry:** You can only visit an Ingwe Network dentist. The dentist will discuss the procedures with you, and submit the claim to Momentum Medical Scheme for payment. If the procedures are not covered on the list of dental tariff codes, you will need to pay the account.

Basic dentistry, such as extractions and fillings, is covered, subject to our protocols and approved tariff codes. The consultation is covered once a year per beneficiary. Pre-authorization is required from us for more than 4 fillings and more than 4 extractions. To request authorisation, go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**, or email us at pre-authorisations@momentumhealth.co.za.

Specialised dentistry, such as bridges and crowns, is not covered on your benefit option.

Day-to-day Benefits (continued)

- **Optometry:** You can only visit an Ingwe Network Optometrist. Benefits will only be granted if qualifying criteria are met.

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 Momentum Medical Scheme. Benefits for glasses will only be granted if your refraction measurement is more than 0.5.
3. If you do not need glasses, the optometrist will only submit the claim for the consultation.

Please note that 1 eye test and 1 pair of clear standard or bi-focal lenses with a standard frame, per beneficiary every 2 years are allowed, subject to point 2 above. Tinted lenses and contact lenses are not covered on the Ingwe Option.

Important notes

Day-to-day benefits are only available when you use the services of either an Ingwe Primary Care Network or Ingwe Active Network provider, depending on the network you chose. You also have 3 virtual consultations per beneficiary from a doctor on the GP Virtual Consultation Network, which includes Hello Doctor.

Your day-to-day benefits are listed on studenthealthcare.co.za. If the test, x-ray, blood test, medicine or treatment is not listed, it is not covered and will be payable from your pocket.

Out-of-network, casualty and after-hours visits

The Ingwe Option covers 1 out-of-network GP, after-hours GP or casualty consultation per beneficiary per year at 100% of the Momentum Medical Scheme Rate, with a maximum of **2 visits** per family per year. You need to pay **R110** per visit from your pocket.

You need to contact us within 72 hours to notify us that you have used this benefit, otherwise an additional co-payment of 30% will apply and Momentum Medical Scheme will be responsible for 70% of the Momentum Medical Scheme Rate. Go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**.

Important notes

Most of the emergency/casualty units at the hospitals are private facilities (not part of the hospital) and may request you to pay for the service and then claim back from Momentum Medical Scheme. For out-of-network doctors and emergency consultations, authorisations are valid for 1 day only.

You also have **3 free virtual consultations** per beneficiary per year through the GP Virtual Consultation Network, which includes Hello Doctor. In addition, you have unlimited free access to Hello Doctor throughout the year for medical advice.

Specialists / Physiotherapy Benefit

The Ingwe Option covers 2 visits per family per year, limited to **R1 350** per visit and up to a maximum of **R2 700** per family per year. You can choose to use your 2 specialist visits to go to a physiotherapist.

Your Ingwe Primary Care or Ingwe Active Network doctor will refer you to a specialist and give you a referral letter. Contact us for pre-authorisation, and to obtain a list of specialists in your area. Use the referral letter to make an appointment with the specialist. Claims must be submitted to Momentum Medical Scheme for payment.

Day-to-day Benefits (continued)

Important notes

Contact us to request pre-authorisation for your specialist appointment once you have a referral letter from your Ingwe Primary Care or Ingwe Active Network provider. Authorisations are only valid for 3 days.

Go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on 0860 102 493.

Which doctors, dentists and optometrists may I visit?

You have access to any doctor, dentist and optometrist on the Ingwe Primary Care or Ingwe Active Network, depending on the network you chose. To view the list of providers in your area, go to studenthealthcare.co.za and click on "Find a doctor" or on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**.

We cover your medical report for your study visa if you are an international student

Please consult your Ingwe Active Network doctor to complete the medical report. Visit studenthealthcare.co.za to access the form.

If you have any queries go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**, or email us at studenthealth@momentum.co.za.

Chronic Benefits

You have cover for the Prescribed Minimum Benefit chronic conditions, known as the Chronic Disease List. Chronic medicine is subject to a list of medicine, referred to as a Fixed formulary.

Follow these steps to register and get approval for Chronic Benefits:

Step 1

Make an appointment with your Ingwe Primary Care or Ingwe Active Network doctor

Step 2

The doctor will evaluate your chronic medicine requirements and assist you with obtaining your chronic registration

Step 3

Once your chronic registration has been approved, send your prescription to Medipost to arrange for your chronic medication to be delivered. Contact Medipost on **012 426 4000** or email your prescription to mhealth@medipost.co.za

Membership

Payment of contributions

Contributions are payable in advance and must be paid to Momentum Medical Scheme by the first of each month unless you are an international student and your academic institution requires payment upfront for the duration of your studies.

Debit orders are applicable to local students only and will be deducted on the 1st working day of every month.

Non-payment of contributions

Momentum Medical Scheme will notify you in writing if your contributions have not been paid, and you need to let us know when the outstanding amount will be settled. If no payment is received, your membership and benefits will be suspended. If no payment is received within 14 days following the notice of suspension, your membership will be terminated.

Adjustment of contributions

Your contribution will change when you add or remove dependants, with the annual Scheme contribution increase or if you change your benefit option.

Important notes

Changes to your benefit option are allowed once a year, in January.

Membership number

Your membership number is shown on your digital membership card. You need to quote this number in all correspondence or claims that you or the healthcare providers send to us for processing and payment.

Membership card

Your digital membership card will be emailed to you in your welcome letter.



Click here if you are a local student and follow the authentication steps to access your membership card.



Click here if you are an international student and follow the authentication steps to access your membership card.



Membership verification

Our service team will ask specific questions to verify your details. Please ensure that your personal contact details are always up to date.

Contact us to change your address, contact numbers or email address:

WhatsApp or call: **0860 102 493**
Email: **studenthealth@momentum.co.za**
Web chat: **studenthealthcare.co.za**

Termination of membership

Your membership will be terminated:

- If you do not pay your contributions or amounts that you owe to Momentum Medical Scheme
- If Momentum Medical Scheme receives notice of cancellation of group participation from your sponsor or institution
- If Momentum Medical Scheme receives 1 calendar month's written notice of cancellation from you (in the case of individual members)
- If Momentum Medical Scheme has evidence of abuse of the benefits offered to you as a member, eg fraud, submission of false claims, misrepresentation or non-disclosure of medical information
- When we receive notification in the event of your death.

Contribution refunds - international students

Your medical cover starts on the date indicated on your confirmation of membership letter, whether you have arrived in South Africa or not.

Please note: Should you not be able to begin your studies as planned, we need one month's notice **prior to your start date**. The notice period applies to cancellation of your membership or a change in membership dates where studies have been deferred. We need the following to process your change request:

- A letter from the academic institution confirming study changes, or
- A letter from the South African Embassy confirming that your study permit has been declined.

We unfortunately cannot backdate membership terminations or changes to start dates if we do not receive the required notice.

Visit studenthealthcare.co.za and click on Downloads to access the Bank details for contribution refund form and requirements to action your request.

Commencement of benefits - international students

Your benefits start on the 1st of the month as indicated on your confirmation of membership letter and not when you arrive in South Africa.

Option changes

You may only change your option in January of each year.

Submitting a query

When you send us a query, please ensure that you always provide the following:

1. Membership, passport or ID number
2. Service date
3. Details of your query

Reach us on:

WhatsApp or call: **0860 102 493**

Email: **studenthealth@momentum.co.za**
Web chat: **studenthealthcare.co.za**

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 studenthealthcare.co.za, email us at studenthealth@momentum.co.za, send us a WhatsApp message or call us on **0860 102 493**. 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.



Claims

All claims need to be submitted to us, including:

- In-hospital claims
- Authorised casualty/emergency consultations
- Specialist claims.

Most suppliers of medical services and medication have an electronic link to Momentum Medical Scheme, which allows claims to be submitted directly by the supplier to the Scheme. In such a case, you are entitled to receive a copy of the account from the service provider, which you should use together with your statements to check the processing of these claims.

It is still your responsibility as the member to check if your claims are submitted within 4 months of treatment. If we do not receive a claim by the last day of the 4th month following the date of service, the claim will be stale and you will need to pay any outstanding amounts to the provider.

Information needed on a claim

Before you submit a claim, please check that the following information is on the account:

- 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.

If you have already paid the account and are requesting a refund, please include these documents with your claim:

- a copy of the receipt
- proof of your South African bank account details, such as a copy of your bank statement
- a copy of your passport or identity document.

Send the claim to:

Email: claims@momentumhealth.co.za

Post: **Momentum Medical Scheme, Claims Department, PO Box 2338, Durban 4000**

Please ensure that we have your correct banking details - to update your information, go to studenthealthcare.co.za and click on the Chat button to chat to an agent. You are also welcome to send us a WhatsApp message or call us on **0860 102 493**.

Important notes

If your claim does not include all the necessary information, it may be rejected by us and will therefore cause a delay in the processing of your claim. We need your bank details to reimburse claims. To download the claim reimbursement form, go to studenthealthcare.co.za and click on the download section.

Outstanding claims following membership termination

Claims for expenses incurred during your membership of Momentum Medical Scheme will be accepted up to the last day of the 4th month after treatment, as long as you received the service/treatment on or before the date your membership

Claims (continued)

ended, subject to all contributions being up to date and benefits being available.

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 from a third party, such as 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 the Scheme.

Please remember to:

1. Report the accident or incident to the police and obtain a case number.
2. Phone our member call centre on **0860 102 493** for pre-authorisation.
Information needed when phoning 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 our attorney would liaise with your appointed attorney.
6. If you need an attorney, you can use our 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 you and any of your dependants who are covered on your membership.

Health management programmes

These programmes are there to help you in the management of certain medical conditions and to ensure that you understand and actively participate in the management of your condition, together with your Ingwe Primary Care or Ingwe Active Network doctor. Some of the programmes available include cholesterol management, diabetes management and hypertension management. Contact us to confirm the benefits available on your benefit option.

Important notes

We request members to join the programme as soon as possible to ensure optimal management of the condition.

You need to register on the programme and comply with the treatment protocols to have access to the relevant benefits.

Ingwe Option benefit schedule

How much?

From
R598pm
Income of less than
R1 500 pm

Major Medical Benefit

General rule

You need to contact the Scheme for authorisation before making use of your Major Medical Benefits, such as when you are admitted to hospital. 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 or the Ingwe Network of private hospitals (see page 18 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 private hospital or Ingwe Network hospitals, based on your choice
Overall limit	No overall annual limit applies
Consultations and visits	No overall annual limit applies
High and intensive care	10 days per admission
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dentistry	Not covered. Maxillo-facial trauma covered at State facilities, subject to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Caesarean sections: Only emergency caesareans are covered	
Please note that a 12-month pregnancy exclusion will apply to members who are pregnant when joining the Scheme	
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (support stockings, knee and back braces etc)	R6 700 per family
Prosthesis - internal (including knee and hip replacements, permanent pacemakers, implantable devices, etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis - external (artificial arms or legs etc)	Limited to Prescribed Minimum Benefits at State facilities
Mental health - including psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R16 700 per beneficiary
Private nursing and Hospice	Not covered
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
Specialised procedures (refer to page 17 for a list of procedures covered)	Certain specialised procedures/treatment covered, when clinically appropriate, in- or out-of-hospital

If you have chosen Ingwe 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 an emergency.

Ingwe Option benefit schedule (continued)

Chronic Benefit

General rule

Benefits are only available at your Ingwe Primary Care or Ingwe Active Network provider, depending on the provider you selected when you joined Momentum Medical Scheme's Ingwe Option, and are subject to a list of medicine referred to as the Fixed formulary.

Provider	Ingwe Primary Care or Ingwe Active Network
Cover	Cover for 26 conditions, according to the Chronic Disease List as contained in the Prescribed Minimum Benefits (see page 17 for a list of conditions covered)

Day-to-day Benefit

General rule

Benefits are only available at your Ingwe Primary Care or Ingwe Active Network provider, and are subject to the rules and provisions set by the network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes.

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	Ingwe Primary Care or Ingwe Active Network
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-authorization if you need to have more than 4 fillings or 4 extractions
Dentistry - specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs, etc)	Not covered
General practitioners	There is no limit to the number of times you visit your Ingwe Primary Care or Ingwe Active Network GP. However, please note all visits from the 11th visit onwards must be pre-authorized. You also get 3 virtual doctor consultations per beneficiary per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of schedule 1 to 4 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 Momentum Medical Scheme will only be responsible for 70% of the negotiated tariff of all the claims relating to the event). Maximum of 2 visits per family per year. R110 co-payment applies per visit
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
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 standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted 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	Limited to Prescribed Minimum Benefits at State facilities

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 Revellax*), Ulcerative colitis
- Haematology
Haemophilia
- Musculo-skeletal
Rheumatoid arthritis (excluding biologicals such as Revellax* 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

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-authorization is required, regardless of where the procedure is performed. It is important to note that this is not the complete list of all the procedures that we cover. Should you need clarity on whether a procedure is covered, please contact us to confirm.

- ENT
Grommets, Myringotomy, Nasal cautery, Tonsillectomy
- 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
Colposcopy, Cone biopsy, Dilatation and curettage, Incision and drainage of Bartholin's cyst, Marsupialisation of Bartholin's cyst, Tubal Ligation
- Obstetrics
Childbirth in non-hospital
- Oncology
Chemotherapy, Radiotherapy - subject to Prescribed Minimum Benefits at State facilities
- Ophthalmology
Meibomian cyst excision
- Orthopaedic
Carpal tunnel release, Ganglion surgery
- 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 cost of anaesthetist (if any) for out-patient procedures is only covered if approved by Momentum Medical Scheme.

List of Ingwe Network hospitals

(Ingwe Network hospitals are only applicable to members on the Ingwe Network Option. Members who choose the Any hospital Option may use the hospital of their choice)

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
Fichardtspark - 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	Wilgeheuvel Hospital

Gauteng (continued)

Soweto - Johannesburg	Clinix Tshepo
Springs	Springs Parkland Clinic
	St Mary's Womens Clinic
Vanderbijlpark	Mediclinic Emfuleni
Vereeniging	Clinix Naledi
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

Bronkhorstspuit	Bronkhorstspuit Hospital
Emalaheni	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 Bellville
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

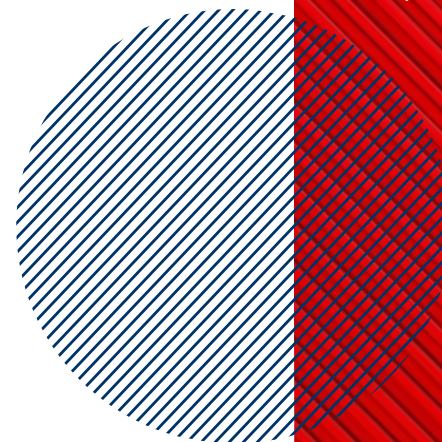


Glossary of terms contained in this brochure

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 our members for the Prescribed Minimum Benefits. See definition of Prescribed Minimum Benefits under point 12 for more information.
6. **Emergency medical condition:** 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 medicine covered on your option, from which a doctor can prescribe medicine for your chronic condition.
8. **Momentum Medical Scheme Rate:** Every year Momentum Medical Scheme negotiates with medical care providers like GPs, Specialists and Hospitals 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 will 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 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.
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. In-hospital accounts for Associated Specialists are covered in full.
 - b. **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.
 - c. **Ingwe Network hospitals:** Members on the Ingwe Option can choose to use Ingwe Network hospitals. These are private hospitals which Momentum Medical Scheme has agreements in place with – see page 18 for the list of hospitals.
 - d. **Network providers:** Momentum Medical Scheme has agreements in place with certain providers of healthcare services. For example, on the Ingwe Option, you need to obtain your Chronic and Day-to-day Benefits from an Ingwe Primary Care 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. Depending on the benefit option you choose, 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.
 - f. **State:** State hospitals are public facilities which you need to use for some of your benefits, such as oncology.
14. **Sub-limit:** A sub-limit is a limit that applies in addition to the overall limit on a specific benefit.



Exclusions

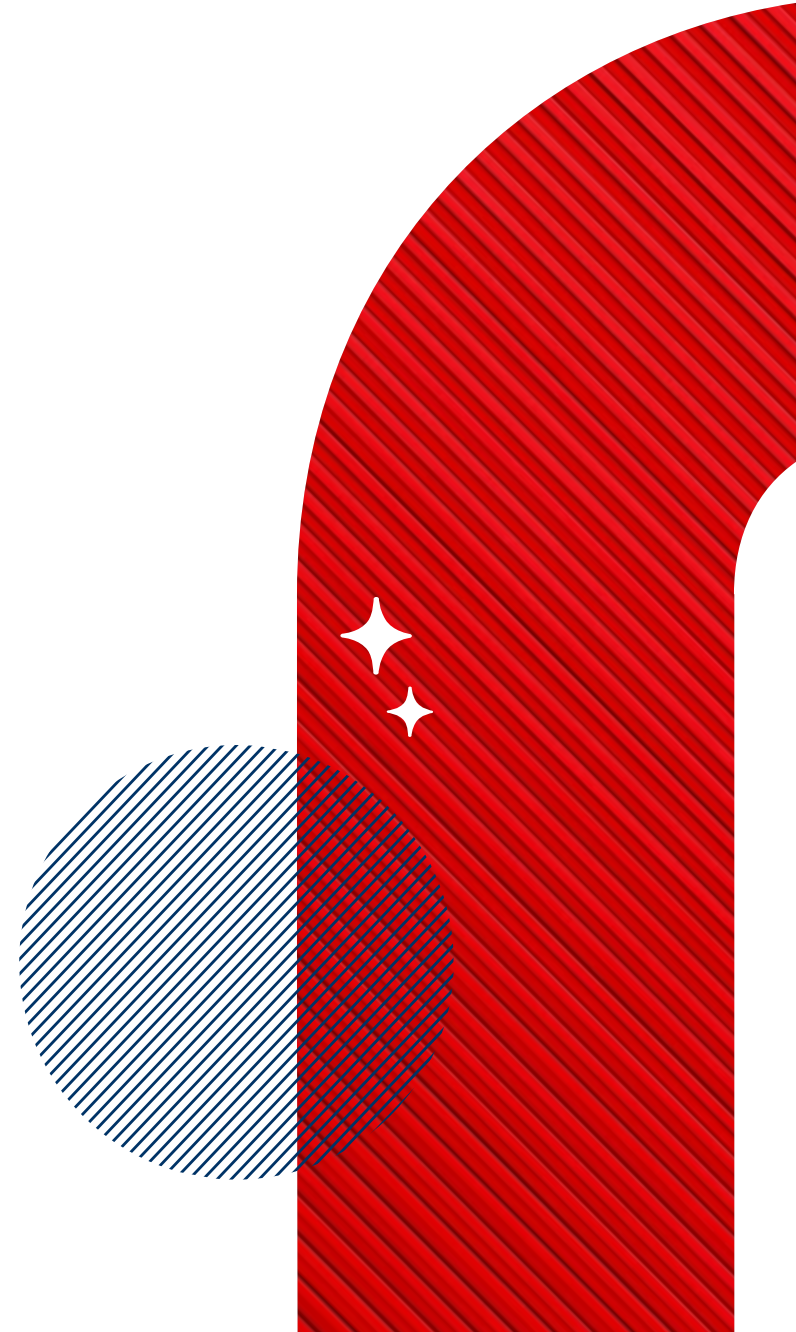
Prescribed Minimum Benefits

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 willful 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.



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Momentum Medical Scheme is registered in terms of the Medical Scheme Act No 131 of 1998