

Focus on the Ingwe Option

The Ingwe Option provides affordable access to entry-level cover. For your hospitalisation cover, you can choose to use either Any hospital, the Ingwe Network of private hospitals, or State hospitals for an even lower monthly contribution.

For chronic treatment and day-to-day benefits, such as GP visits and prescribed medicine, you need to consult Ingwe Primary Care Network providers or Ingwe Active Network providers, depending on your provider choice. If you choose Any hospital, you may only use GPs on the Ingwe Active Network for your chronic and day-to-day benefits. View a list of network providers on momentummedicalscheme.co.za, or WhatsApp or call us on 0860 11 78 59.

The Health Platform Benefit provides cover for a range of preventative care benefits available from your Ingwe Primary Care Network or Ingwe Active Network provider. Some Health Platform Benefits, such as the maternity programme benefits, are available from providers other than your chosen network provider.

If you need more day-to-day benefits, you can make use of the Momentum HealthSaver⁺. Momentum HealthSaver⁺ is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

Major Medical Benefit

Provider	Any hospital, Ingwe Network hospitals or State hospitals
Limit	No overall annual limit applies
Rate	Up to 100% of the Momentum Medical Scheme Rate
Specialised procedures/treatment	Certain procedures covered (refer to the Member brochure for a list of procedures and treatment covered)

Chronic and Day-to-day Benefit

Chronic provider	Ingwe Primary Care Network or Ingwe Active Network Subject to entry-level formulary
Chronic conditions covered	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
Day-to-day provider	Ingwe Primary Care Network or Ingwe Active Network

Health Platform Benefit

Provider	Ingwe Primary Care Network or Ingwe Active Network
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⁺ You may choose to make use of additional products available from 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 2022 benefits available on the Ingwe Option. Scheme Rules always take precedence and are available on request.

Contributions

Contributions payable from **1 January 2022 to 31 August 2022** (unchanged from 2021)

Choose your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day						
<= R775	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R455	R910	R847	R1 302	R1 694	R2 086
	Ingwe Network			R455	R910	R865	R1 320	R1 730	R2 140
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R455	R910	R910	R1 365	R1 820	R2 275
R776 - R7 750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R747	R1 494	R1 150	R1 897	R2 300	R2 703
	Ingwe Network			R940	R1 880	R1 370	R2 310	R2 740	R3 170
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 221	R2 442	R1 705	R2 926	R3 410	R3 894
R7 751 - R10 250	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R856	R1 712	R1 269	R2 125	R2 538	R2 951
	Ingwe Network			R1 196	R2 392	R1 643	R2 839	R3 286	R3 733
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 708	R3 416	R2 224	R3 932	R4 448	R4 964
R10 251 - R14 600	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R999	R1 998	R1 431	R2 430	R2 862	R3 294
	Ingwe Network			R1 665	R3 330	R2 154	R3 819	R4 308	R4 797
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 326	R4 652	R2 869	R5 195	R5 738	R6 281
R14 601 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 726	R3 452	R2 245	R3 971	R4 490	R5 009
	Ingwe Network			R2 358	R4 716	R3 052	R5 410	R6 104	R6 798
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 984	R5 968	R3 850	R6 834	R7 700	R8 566

All children are charged for

Contributions payable from **1 September 2022 to 31 December 2022**

Choose your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day						
<= R775	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R482	R964	R897	R1 379	R1 794	R2 209
	Ingwe Network			R482	R964	R916	R1 398	R1 832	R2 266
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R482	R964	R964	R1 446	R1 928	R2 410
R776 - R7 750	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R792	R1 584	R1 219	R2 011	R2 438	R2 865
	Ingwe Network			R996	R1 992	R1 452	R2 448	R2 904	R3 360
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 294	R2 588	R1 807	R3 101	R3 614	R4 127
R7 751 - R10 250	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R907	R1 814	R1 345	R2 252	R2 690	R3 128
	Ingwe Network			R1 268	R2 536	R1 742	R3 010	R3 484	R3 958
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R1 810	R3 620	R2 357	R4 167	R4 714	R5 261
R10 251 - R14 600	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 059	R2 118	R1 517	R2 576	R3 034	R3 492
	Ingwe Network			R1 752	R3 504	R2 267	R4 019	R4 534	R5 049
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R2 465	R4 930	R3 040	R5 505	R6 080	R6 655
R14 601 +	State	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 829	R3 658	R2 379	R4 208	R4 758	R5 308
	Ingwe Network			R2 499	R4 998	R3 235	R5 734	R6 470	R7 206
	Any	Ingwe Active Primary Care Network	Ingwe Active Primary Care Network	R3 163	R6 326	R4 081	R7 244	R8 162	R9 080

All children are charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain specialised procedures/treatment at either Any hospital, the Ingwe Network of private hospitals or State hospitals, depending on the provider you have chosen. Claims are paid up to 100% of the Momentum Medical Scheme Rate. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been authorised.

The specialised procedures/treatment that are covered do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided that the treatment is clinically appropriate and has been authorised. If authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules of the Scheme. In the case of an emergency, you or someone in your family or a friend must obtain authorisation within 72 hours of admission.

If you have chosen Ingwe Network hospitals and do not use this provider, a 30% co-payment will apply on the hospital account. If you have chosen State hospitals as your preferred provider and do not use this provider, a co-payment will also apply - this co-payment will be the difference between State facility charges and the amount charged by the provider you use.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Ingwe Option, chronic benefits are available from the Ingwe Primary Care Network or Ingwe Active Network 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 and approval.

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. On the Ingwe Option, day-to-day benefits are available from the Ingwe Primary Care Network or Ingwe Active Network.

Health Platform Benefit

The Health Platform Benefit is available from the Ingwe Primary Care Network or Ingwe Active Network. This benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection
- maternity programme
- health management programmes
- health education and advice; and
- emergency evacuation in South Africa.

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 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. 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 hospital, Ingwe Network hospitals or State hospitals
Overall annual limit	None
Hospitalisation	
Benefit	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	10 days per admission
Renal dialysis and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean section: Only emergency caesareans are covered	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R5 800 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis – external (such as artificial arms or legs)	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
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R14 200 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At your chosen network provider R34 500 per family R35 000 per family
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out of hospital – see brochure for a list of these procedures	

Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are only available at your chosen Network provider, and are subject to a list of medicine, referred to as a Network entry-level formulary	
Provider	Ingwe Primary Care Network or Ingwe Active Network
Cover	26 conditions covered, according to the Chronic Disease List in the Prescribed Minimum Benefits
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Network Providers, and are subject to the rules and provisions set by this 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 Network 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 (incl. 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 contact us for pre-authorisation if you 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 Primary Care Network GP. However, please note all visits from the 11 th visit onwards must be pre-authorised
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 a 30% co-payment will apply and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff). Maximum of 2 visits per family per year, R100 co-payment per visit applies
Specialists	2 visits per family per year, limited to R1 150 per visit and up to a maximum of R2 300 per family per year. Covered at 100% of the Momentum Medical Scheme Rate. Subject to referral by your chosen Primary Care Network provider and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities
Physiotherapy	Included in the specialist limit
Optical and optometry (excl. contact lenses and refractive eye surgery)	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 cholesterol tests)	Specific list of pathology tests covered
Radiology – basic (such as x-rays)	Specific list of black and white x-rays covered

Day-to-day Benefit (continued)		
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Limited to Prescribed Minimum Benefits at State facilities	
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary	
Over-the-counter medication	Not covered	
Health Platform Benefit		
General rule applicable to the Health Platform Benefit: These benefits are only available from your chosen Ingwe Primary Care Network or Ingwe Active Network (except certain maternity benefits which can be obtained at private providers)		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations: Covered in private facilities for baby's first year, limited to R2 500. Once the limit is reached, immunisations are available at the Department of Health baby clinics	Children up to age 6	As required by the Department of Health
Flu vaccines	Children between 6 months and 5 years Beneficiaries 60 years and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Early detection tests		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) and GP consultation	Women 15 and older	Once a year
General physical examination (GP consultation)	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Health assessment (pre-notification not required): 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

Early detection tests (continued)			
Blood sugar test (pathologist) Only covered if health assessment results indicate blood sugar levels of 11 mmol/L and above	Principal members and adult beneficiaries	Once a year	
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	
Maternity programme (subject to registration on the Maternity programme between 8 and 20 weeks of pregnancy)			
Antenatal visits (Midwives, GP or gynaecologist)	Women registered on the programme	7 gynae visits	
Nurse home visit		1 visit on the day after returning from hospital following childbirth	
Urine tests (dipstick)		Included in antenatal visits	
Pathology tests Blood group, full blood count, haemoglobin estimation and Rhesus factor		1 test	
		Urinalysis	7 tests
		Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated
Scans		2 pregnancy scans	
Paediatrician visits	Babies up to 12 months registered on the programme	1 visit in baby's first year	
Health management programmes			
Cholesterol, Chronic renal failure*, Diabetes, Drug and alcohol rehabilitation, HIV/Aids, Hypertension, Mental health*, Oncology* and Organ transplants* *Limited to Prescribed Minimum Benefits at State facilities	All beneficiaries registered on the appropriate programme	As needed	
Health line			
24-hour emergency health advice	All beneficiaries	As needed	
Emergency evacuation			
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency	