

## Focus on the Custom Option

The Custom Option includes cover for hospitalisation in private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to receive a discount on your contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals).

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to receive a discount on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script, chronic medication and treatment to obtain the maximum contribution discount.

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

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

*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 Custom 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

|   |  |
|---|--|
| <b>Provider</b>                         | Any or Associated hospitals  |
| <b>Limit</b>                            | No overall annual limit applies  |
| <b>Rate</b>                             | Associated specialists covered in full<br>Other specialists covered up to 100% of the Momentum Medical Scheme Rate<br>Hospital accounts are covered in full at the rate agreed upon with the hospital group  |
| <b>Specialised procedures/treatment</b> | Certain procedures/treatment covered – see Member brochure for the list  |
| <b>Co-payments</b>                      | R1 920 per authorisation, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider<br>An additional co-payment may apply for certain specialised procedures/ treatments, specialised dentistry and specialised scans |

### Chronic and Day-to-day Benefits

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

### Health Platform Benefit

|                 |                            |
|-----------------|----------------------------|
| <b>Provider</b> | Any or Associated provider |
|-----------------|----------------------------|

### Contributions

Choose your providers

Choose your family composition

| Hospital   |            | Chronic |  |        |        |        |        |         |         |
|------------|------------|---------|--|--------|--------|--------|--------|---------|---------|
| Associated | Any        |         |  | R3 393 | R6 070 | R4 589 | R7 266 | R8 462  | R9 658  |
|            | Associated |         |  | R3 033 | R5 385 | R4 105 | R6 457 | R7 529  | R8 601  |
|            | State      |         |  | R2 353 | R4 133 | R3 187 | R4 967 | R5 801  | R6 635  |
| Any        | Any        |         |  | R4 047 | R7 295 | R5 491 | R8 739 | R10 183 | R11 627 |
|            | Associated |         |  | R3 596 | R6 406 | R4 903 | R7 713 | R9 020  | R10 327 |
|            | State      |         |  | R2 997 | R5 259 | R4 095 | R6 357 | R7 455  | R8 553  |

Maximum of 3 children charged for



### **Major Medical Benefit**

This benefit includes cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit for hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 100% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been pre-authorised.

Specialised procedures/treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been pre-authorised.

A co-payment of R1 920 per authorisation applies to Major Medical Benefits including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-Designated Service Provider. An additional co-payment may apply for certain specialised procedures - see page 4.

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

### **Chronic Benefit**

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You may choose Any, Associated or State as your Chronic Benefit provider. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

### **Day-to-day Benefit**

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

### **Health Platform Benefit**

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

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



## Benefit schedule

| Major Medical Benefit   |   |
|---|---|
| <p><b>General rule applicable to the Major Medical Benefit:</b> You need to contact us for pre-authorization before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a health management programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year).</p> |   |
| Provider  | Any or Associated hospitals   |
| Overall annual limit  | None  |
| Co-payments   | R1 920 per authorisation, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-Designated Service Provider. An additional co-payment may apply for specialised procedures/treatment, as indicated in the co-payment table below |
| Co-payments for specialised procedures/treatment  |   |
| <p>The standard Custom Option co-payment of <b>R1 920</b> per authorisation applies to these procedures / treatments regardless of where they are performed</p> <p>Plus the Specialised Procedures co-payment of <b>R1 920</b> per authorisation applies if performed in a day hospital, or <b>R3 840</b> per authorisation if performed in an acute hospital (hospital where overnight admissions apply)</p>   |   |
| Arthroscopies, Back and neck surgery, Carpal tunnel release, Functional nasal and sinus procedures, Joint replacements, Laparoscopies   | Performed in a day hospital or acute hospital, subject to the relevant co-payment listed above  |
| Gastrosopies, Colonoscopies, Cystoscopies, Sigmoidoscopies, Nail surgery, Removing of extensive skin lesions  | Performed out of hospital, in a day hospital or in an acute hospital, subject to the relevant co-payment listed above   |
| Conservative back and neck treatment, Removal of minor skin lesions, Treatment of diseases of the conjunctiva, Treatment of headache, Treatment of adult influenza, Treatment of adult respiratory tract infections   | <p><b>Low severity cases</b> are not covered by the Scheme but can be paid from Momentum HealthSaver, if available</p> <p><b>High severity cases</b> in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above</p>   |
| Hospitalisation   |   |
| Benefit   | Associated specialists covered in full. Other specialists covered up to 100% of the Momentum Medical Scheme Rate<br>Hospital accounts are covered in full at the rate agreed upon with the hospital group   |
| High and intensive care   | No annual limit applies   |
| Casualty or after-hour visits   | Subject to Momentum HealthSaver, if available   |
| Renal dialysis  | No annual limit applies. If you choose State as your chronic provider, you need to make use of State facilities for your renal dialysis   |



| <b>Hospitalisation (continued)</b>  |  |
|---|--|
| Oncology  | R300 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication<br>If you choose State as your chronic provider, you need to obtain your oncology treatment from ICON providers as authorised by the Scheme. If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost |
| Organ transplants (recipient)   | No annual limit applies  |
| Organ transplants (donor): Only covered when the recipient is a member of the Scheme  | R24 900 cadaver costs<br>R50 400 live donor costs (including 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 920 co-payment per authorisation. The anaesthetist account is covered up to 100% of the Momentum Medical Scheme Rate. The dental, dental specialist and maxillo-facial surgeon accounts are paid from HealthSaver, if available   |
| - dentistry related to trauma   | The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 100% of the Momentum Medical Scheme Rate   |
| - 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, 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 subject to HealthSaver, if available   |
| Maternity confinements  | No annual limit applies  |
| Neonatal intensive care   | No annual limit applies  |
| MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out of hospital) | No annual limit applies, subject to co-payment of R3 200 per scan  |
| Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)                                    | R8 030 per family  |



| <b>Hospitalisation (continued)</b>  |   |
|---|---|
| Prosthesis – internal (including knee and hip replacements, permanent pacemakers, cochlear implants, etc)   | Intraocular lenses: R6 900 per beneficiary per event, maximum 2 events per year. Other internal prostheses: R59 000 per beneficiary per event, maximum 2 events per year  |
| Prosthesis – external (such as artificial arms or legs)   | R28 000 per family  |
| Mental health<br>- incl. psychiatry and psychology<br>- drug and alcohol rehabilitation   | R45 300 per beneficiary   |
| Take-home medicine  | 7 days' supply  |
| Medical rehabilitation, private nursing, Hospice and step-down facilities   | R64 000 per family (combined limit), subject to case management   |
| 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<br>- Anti-retroviral treatment<br>- HIV related admissions   | No annual limit applies at preferred provider<br>R85 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   | R7 660 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover<br>A R2 180 co-payment applies per emergency out-patient claim |
| <b>Specialised procedures/treatment</b>   |   |
| Certain specialised procedures/treatment covered (when clinically appropriate) in- and out of hospital.   |   |
| <b>Chronic Benefit</b>  |   |
| <b>General rule applicable to the Chronic Benefit:</b> Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme  |   |
| Provider  | Any, Associated or State*   |
| Cover   | 26 conditions covered, according to the Chronic Disease List in Prescribed Minimum Benefits   |
| * If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval                |   |
| <b>Day-to-day Benefit</b>   |   |
| <b>General rule applicable to the Day-to-day Benefit:</b> Benefits are subject to Momentum HealthSaver, if available (see Momentum Complementary Product brochure for more details on HealthSaver).             |   |
| Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry | Subject to HealthSaver if available   |
| Mental health (incl. psychiatry and psychology)   | Subject to HealthSaver if available   |
| Dentistry – basic (such as extractions or fillings)   | Subject to HealthSaver if available   |



| Day-to-day Benefit (continued)   |   |   |
|--|---|---|
| Dentistry – specialised  | Anaesthetist and dental specialist accounts for extraction of impacted wisdom teeth in doctors’ rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 920 co-payment and pre-authorisation<br>Other specialised dentistry: Subject to HealthSaver if available |   |
| External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)   | Subject to HealthSaver if available   |   |
| General practitioners  | Subject to HealthSaver if available   |   |
| Specialists  | Subject to HealthSaver if available   |   |
| Optical and optometry (incl. contact lenses and refractive eye surgery)  | Subject to HealthSaver if available   |   |
| Pathology (such as blood sugar or cholesterol tests)   | Subject to HealthSaver if available   |   |
| Radiology (such as X-rays)   | Subject to HealthSaver if available   |   |
| MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans  | Covered from Major Medical Benefit, subject to R3 200 co-payment per scan and pre-authorisation   |   |
| Prescribed medication  | Subject to HealthSaver if available   |   |
| Over-the-counter medication  | Subject to HealthSaver if available   |   |
| Health Platform Benefit  |   |   |
| <p><b>General rule applicable to the Health Platform Benefit:</b> 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 <b>Momentum App</b>, via the web chat facility or by logging on to <a href="http://momentummedicalscheme.co.za">momentummedicalscheme.co.za</a>. You may also send us a WhatsApp or call us on 0860 11 78 59.</p> |   |   |
| What is the benefit?   | Who is eligible?  | How often?                              |
| Preventative care  |   |   |
| Baby immunisations   | Children up to age 6  | As required by the Department of Health |
| Flu vaccines   | Children between 6 months and 5 years<br>Beneficiaries 60 and older<br>All high-risk beneficiaries  | Once a year                             |
| Tetanus diphtheria injection   | All beneficiaries   | As needed                               |
| Pneumococcal vaccine   | Beneficiaries 60 and older<br>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)<br>Standard or LBC (Liquid based cytology)<br><b>Or</b> HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered) | Women 15 and older<br>Women 21 to 65          | Once a year<br>Once every 3 years      |
| Mammogram  | Women 38 and older                            | Once every 2 years                     |
| DEXA bone density scan (radiologist, GP* or specialist)  | Beneficiaries 50 and older                    | Once every 3 years                     |
| General physical examination (GP* consultation)  | Beneficiaries 21 to 29                        | Once every 5 years                     |
|  | Beneficiaries 30 to 59                        | Once every 3 years                     |
|  | Beneficiaries 60 to 69                        | Once every 2 years                     |
|  | Beneficiaries 70 and older                    | Once a year                            |
| Prostate specific antigen (pathologist)  | Men 40 to 49                                  | Once every 5 years                     |
|  | Men 50 to 59                                  | Once every 3 years                     |
|  | Men 60 to 69                                  | Once every 2 years                     |
|  | Men 70 and older                              | Once a year                            |
| Health assessment: Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference measurements                          | All principal members and adult beneficiaries | Once a year                            |
| Cholesterol test (pathologist): Only covered if health assessment results indicate a total cholesterol of 6 mmol/L and above   | Principal members and adult beneficiaries     | Once a year                            |
| Blood sugar (glucose) test (pathologist): Only covered if health assessment results indicate blood sugar levels of 11 mmol/L and above                                       | Principal members and adult beneficiaries     | Once a year                            |
| Glaucoma test  | Beneficiaries 40 to 49                        | Once every 2 years                     |
|  | Beneficiaries 50 and older                    | Once a year                            |
| HIV test (pathologist)   | Beneficiaries 15 and older                    | Once every 5 years                     |





| Maternity programme (subject to registration on the Maternity programme between 8 and 20 weeks of pregnancy) |  |   |
|--|--|---|
| Doula benefit  |  | 2 visits per pregnancy  |
| Antenatal visits (Midwives, GP* or gynaecologist)  |  | 12 visits   |
| Nurse home visits  |  | 2 visits, the day after returning from hospital following childbirth and 2 weeks later  |
| Urine tests (dipstick)   |  | Included in antenatal visits  |
| Pathology tests  | Blood group, creatinine, full blood count, glucose strip, haemoglobin estimation and Rhesus factor | 1 test  |
|  | Urinalysis   | 12 tests  |
|  | Urine tests (microscopic exams, antibiotic susceptibility and culture)                             | As indicated  |
| Scans  |  | Women registered on the programme<br>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<br>2 visits in baby's first year   |
| Health line  |  |   |
| 24-hour emergency health advice  |  | All beneficiaries<br>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.*