

## Focus on the Ingwe Option

The Ingwe Option provides affordable access to entry-level cover. For your hospitalisation cover, you can choose to use the Connect Network of private hospitals, the Ingwe Network of private hospitals, or Any hospital.

For chronic treatment and day-to-day benefits, such as GP visits or prescribed medicine, if you choose Connect Network hospitals, you need to use State facilities, if you choose Ingwe Network hospitals, you need to use Ingwe Primary Care Network providers, or if you choose Any hospital, you need to use Ingwe Active Network providers. View a list of network providers on [momentummedicalscheme.co.za](https://momentummedicalscheme.co.za), or WhatsApp or call us on 0860 11 78 59.

You are also covered for three virtual GP consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor. This means that you can have a virtual consultation with a qualified doctor, from the comfort of your home, or wherever you may find yourself at the time. If you need more day-to-day benefits, 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.

The Health Platform Benefit provides cover for a range of preventative care benefits. If you choose Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. If you choose Connect Network hospitals, you may use any healthcare provider.

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



### Major Medical Benefit

<b>Provider</b>	Connect Network hospitals, Ingwe Network hospitals or Any hospital
<b>Limit</b>	No overall annual limit applies
<b>Rate</b>	Up to 100% of the Momentum Medical Scheme Rate
<b>Specialised procedures/treatment</b>	Certain procedures/treatment covered – see Member brochure for the list

### Chronic and Day-to-day Benefits

<b>Chronic provider and formulary</b>	Ingwe Primary Care Network, Ingwe Active Network or State facilities. Subject to a list of medicine, referred to as a formulary
<b>Chronic conditions covered</b>	26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits
<b>Day-to-day provider</b>	Ingwe Primary Care Network, Ingwe Active Network or State facilities
<b>Day-to-day benefit</b>	If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes

### Health Platform Benefit

<b>Provider</b>	Ingwe Primary Care Network, Ingwe Active Network or Any provider
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## Contributions

Ingwe Option		Hospital	Chronic	Day-to-day	P	A	C
Monthly income	R0 - R1 500	Connect Network	State	State	R985	R985	R275
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R589	R589	R531
		Any	Ingwe Active Network	Ingwe Active Network	R589	R589	R589
	R1 501 - R9 000	Connect Network	State	State	R1 143	R1 143	R299
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 296	R1 296	R593
		Any	Ingwe Active Network	Ingwe Active Network	R1 684	R1 684	R668
	R9 001 - R11 950	Connect Network	State	State	R1 492	R1 492	R372
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 650	R1 650	R618
		Any	Ingwe Active Network	Ingwe Active Network	R2 355	R2 355	R712
	R11 951 - R17 000	Connect Network	State	State	R1 609	R1 609	R400
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 266	R2 266	R667
		Any	Ingwe Active Network	Ingwe Active Network	R3 208	R3 208	R748
	R17 001 - R22 400	Connect Network	State	State	R2 620	R2 620	R595
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 252	R3 252	R958
		Any	Ingwe Active Network	Ingwe Active Network	R4 117	R4 117	R1 195
	R22 401 +	Connect Network	State	State	R3 014	R3 014	R685
		Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 265	R3 265	R962
		Any	Ingwe Active Network	Ingwe Active Network	R4 134	R4 134	R1 199

*All children are charged for*

### Major Medical Benefit

There is no overall annual limit for hospitalisation. This benefit provides cover for hospitalisation and certain specialised procedures/treatment at either the Connect Network of private hospitals, the Ingwe Network of private hospitals or Any hospital, 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 Connect Network hospitals or Ingwe Network hospitals and do not use these providers, a 30% co-payment will apply on the hospital account.

### Chronic Benefit

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



Network or State facilities. 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, Ingwe Active Network or State facilities, unless otherwise indicated. You also have cover for three virtual consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor.

#### **Health Platform Benefit**

The Health Platform Benefit is available from the Ingwe Primary Care Network, Ingwe Active Network or Any provider. This 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-authorisation before making use of your Major Medical Benefits. For some conditions, like diabetes, 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	Connect Network hospitals, Ingwe Network hospitals or Any hospital
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	Limited to Prescribed Minimum Benefits at State facilities
Oncology	If you choose Connect Network hospitals, you need to obtain your oncology treatment from an oncologist authorised by the Scheme, and benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
Organ transplants	If you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean sections: 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)	R6 700 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	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are 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
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R16 700 per beneficiary (combined limit), subject to case management

<b>Hospitalisation (continued)</b>	
Private nursing and Hospice	Not covered
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	R40 500 per family at preferred provider R41 000 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
<b>Specialised procedures/treatment</b>	
Certain specialised procedures/treatment covered (refer to the Member brochure for a list of procedures and treatment covered)	
<b>Chronic Benefit</b>	
<b>General rule applicable to the Chronic Benefit:</b> 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, Ingwe Active Network or State facilities
Cover	26 conditions covered, according to the Chronic Disease List in the Prescribed Minimum Benefits
<b>Day-to-day Benefit</b>	
<b>General rule applicable to the Day-to-day Benefit:</b> If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes	
Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
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 may visit your network GP. However, please note all visits from the 11th visit onwards must be pre-authorized
GP virtual consultations	3 virtual consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required

<b>Day-to-day Benefit (continued)</b>		
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, R110 co-payment per visit applies	
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. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral 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	
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities. If you choose Ingwe Network hospitals or Any hospital, all scans are 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	
<b>Health Platform Benefit</b>		
<b>General rule applicable to the Health Platform Benefit:</b> If you choose Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. If you choose Connect Network hospitals, you may use any healthcare provider.		
<b>What is the benefit?</b>	<b>Who is eligible?</b>	<b>How often?</b>
<b>Preventative care</b>		
Baby immunisations: Covered in private facilities for baby's first year, limited to R2 950 per year. 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			
Preventative dental care covered up to R380 per beneficiary at any dental provider	All beneficiaries	Once a year	
Pap smear consultation (nurse or GP)	Women 15 and older	Once a year	
Pap smear (pathologist): Standard or LBC (Liquid based cytology) <b>Or</b> HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered)	Women 15 and older Women 21 to 65	Once a year Once every 3 years	
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 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 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 line		
24-hour emergency health advice	All beneficiaries	As needed