

Focus on International Emergency Travel Cover

This document provides an overview of the Momentum Medical Scheme International Emergency Travel benefit.

Who is covered?

Beneficiaries on the Evolve, Custom, Incentive, Extender and Summit Options are covered per 90-day leisure journey as follows:

Ingwe Option	Not covered
Evolve Option	R5 million per beneficiary
Custom Option	R7.66 million per beneficiary
Incentive Option	R8 million per beneficiary
Extender Option	R8.22 million per beneficiary
Summit Option	R9.01 million per beneficiary

The limit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 180 co-payment applies per out-patient claim.

Definitions

Medical expenses refer to all reasonable and customary charges necessarily incurred as a result of an emergency (illness or injury) on an international journey, resulting in hospitalisation, surgical or other diagnostic or remedial treatment given or prescribed by a registered and legally qualified medical practitioner.

Optical expenses refer to emergency optical treatment up to R15 500, provided by a registered and legally qualified optometrist or ophthalmic surgeon. Where optical treatment is required as a result of illness or injury while on an international journey, these expenses will be paid from the overall emergency travel cover limit.

Dental expenses refer to emergency dental treatment up to R15 500 to restore dental function and/or alleviate pain, provided by a registered and legally qualified dentist. Where dentistry is required as a result of illness or injury to restore dental function and/or alleviate pain while on an international journey, these expenses will be paid from the overall emergency travel cover limit.

Emergency condition means, in relation to a beneficiary, the sudden and at the time, unexpected onset of an accidental injury or illness during an insured journey 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 beneficiary's life in serious jeopardy.



What is the period of cover?

Cover begins when you leave South Africa and continues for a maximum period of 90 consecutive days, or until you return to South Africa, whichever occurs first.

Do I need to pre-notify?

It is mandatory for all members to pre-notify for travel to any international destination in order to have access to the international emergency cover benefit.

In addition to pre-notification, you must arrange for your treating doctor in South Africa to complete a fit to travel questionnaire, confirming the doctor is comfortable for you to travel, considering any health risk **if you:**

- have been hospitalised in the 2 months prior to travel;
- are registered on any of the health management programmes; including the chronic diseases, oncology and organ transplant management programmes;
- are 70 years and older;
- are pregnant;
- have an underlying illness such as diabetes, hypertension or cardiovascular conditions;
- have an immune-suppressive condition; or
- have any chronic respiratory diseases/conditions.

As part of Momentum Medical Scheme's ongoing managed care principles, the Scheme does not deem it appropriate for beneficiaries who are on active oncology treatment, dependent on home oxygen, or on chronic renal dialysis, to travel, and therefore these beneficiaries will not be authorised for any international emergency cover benefits related to these conditions, even if the treatment is deemed an emergency and the member obtained a fit to travel confirmation. The same applies to maternity benefits or treatment, including childbirth. Please refer to the full list of exclusions related to this benefit outlined in the Travel Policy Wording issued to you when you pre-notify.

The fit to travel confirmation is valid for a period of 60 days. If you submit the questionnaire more than 60 days prior to your departure, you will need to provide us with an updated fit to travel confirmation within 60 days of your departure date.

If you are uncertain whether you or your dependants need to obtain a fit to travel confirmation, or if you need any further information, contact us via the **Momentum App**, or the web chat facility on momentummedicalscheme.co.za, email us at member@momentumhealth.co.za, send us a WhatsApp message or call us on **0860 11 78 59**.



How do I pre-notify Momentum Medical Scheme of my intention to travel abroad?

You can pre-notify us prior to departing on your journey:

- via the **Momentum App**;
- via the web chat facility on momentummedicalscheme.co.za;
- by emailing us at member@momentumhealth.co.za; or
- by sending us a WhatsApp message or calling us on **0860 11 78 59**.

We will need the following information:

- Your Momentum Medical Scheme membership number;
- The ID and passport numbers of all beneficiaries travelling;
- The departure and return dates of your journey; and
- Details of all the countries that you will visit during the trip, including the reason for travel.

You will receive the Travel Certificate and/or an embassy letter when you are travelling to Schengen countries which require specific letters for visa applications. Remember that you can download your travel certificate from the **Momentum App**.

What happens if I do not pre-notify before leaving South Africa?

It is very important for you to contact us prior to leaving South Africa, as you will have no benefit if you do not pre-notify.

What should I do if I need emergency treatment when travelling abroad?

If you need emergency medical, dental or optical treatment relating to an accidental injury or emergency illness while travelling abroad:

- Call the Scheme's emergency medical assistance helpline on +27(0)11 541 1263 (reverse call charges are accepted), for pre-authorisation.
- The emergency medical assistance helpline will coordinate your emergency transport on behalf of Momentum Medical Scheme where required.
- If authorisation has been provided, the emergency medical expenses will be settled directly with the providers of service.
- Email claims for reimbursement of emergency medical, emergency optical and emergency dental expenses paid by you, together with any supporting documentation and authorisation details, to internationaltravel@momentumhealth.co.za. A R2 180 co-payment applies per out-patient claim.
- The Scheme does not pay claims for overseas medical treatment from the risk benefit if the emergency assistance line was not contacted for authorisation. To cover these expenses from your available Day-to-day Benefits, the claims will need to be reviewed and approved by the Scheme for reimbursement. Submit any claims for review to us within one month of the date when you return to South Africa. We can only process claims for accounts that are issued in the English language and provided you have available day to day benefits available.



Do I need to pay any co-payments on claims?

No co-payment applies for in-hospital treatment. If you incur out-patient emergency medical expenses, you will pay a co-payment of R2 180 per claim. You need to pay out-patient costs upfront and send us a claim for reimbursement when you return to South Africa, and these are covered subject to your applicable option day-to-day benefits available. We will cover the costs incurred, after deducting the R2 180 co-payment, up to the Momentum Medical Scheme Rate and benefits available.

General exclusions

Momentum Medical Scheme will not pay any benefit resulting directly or indirectly from:

- 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;
- 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 rules;
- Injuries or conditions sustained during wilful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
- 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);
- Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
- Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
- All costs for treatment if the efficacy and safety of such treatment cannot be proved;
- All costs for operations, medicines, 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;
- Obesity;
- The costs for attempted suicide that exceed the costs of three days hospital based management or six outpatient contacts;
- Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
- Medication not registered by the Medicine Control Council;
- Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
- Gum guards and gold used in dentures;
- Frail care;
- Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
- 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;
- Appointments which a beneficiary fails to keep;
- Circumcision, unless clinically indicated and any contraceptive measures or devices
- Reversal of Vasectomies or tubal ligation (sterilisation);
- Injuries resulting from narcotism or alcohol abuse;
- Infertility treatment;



- The cost of injury and any other related costs as a result of scuba diving to depths below 40 metres and cave diving;
- Care or treatment related to maternity care or if you are pregnant whilst travelling (including emergencies);
- Oncology care/ treatment;
- Treatment or care relating to organ transplants;
- Treatment or care relating to chronic renal failure;
- Injuries, illness and emergency conditions sustained during a three-month waiting period or a twelve-month condition-specific waiting period;
- Any insured person travelling against medical advice, or to seek medical attention or advice, or with a terminal condition which was diagnosed prior to the insured journey, when he/she is unfit to do so;
- Any insured person who failed to comply with the criteria relating to the fit to fly confirmation, as described above.