

Focus on the Major Medical Benefit

The Major Medical Benefit includes cover for hospitalisation, as well as certain specialised procedures/treatment and specialised scans.

Overview of the cover provided in hospital across the six options

Option	Cover	Limit	Provider
Ingwe Option	Up to 100% of the Momentum Medical Scheme Rate	No overall annual limit applies	Any hospital, Connect Network hospitals or Ingwe Network hospitals
Evolve Option	Up to 100% of the Momentum Medical Scheme Rate	No overall annual limit applies	Evolve Network hospitals Certain procedures are only covered in day hospitals
Custom Option	Up to 100% of the Momentum Medical Scheme Rate	No overall annual limit applies	Any or Associated hospitals
Incentive Option	Up to 200% of the Momentum Medical Scheme Rate	No overall annual limit applies	Any or Associated hospitals
Extender Option	Up to 200% of the Momentum Medical Scheme Rate	No overall annual limit applies	Any or Associated hospitals
Summit Option	Up to 300% of the Momentum Medical Scheme Rate	No overall annual limit applies	Any hospital

¹ On the Custom and Evolve Options, a co-payment of R1 920 is payable per authorisation, except for motor vehicle accidents, maternity confinements and emergency treatment. This co-payment applies even in the case of Prescribed Minimum Benefits, excluding emergencies. A co-payment may also apply per authorisation for certain specialised procedures/treatments (see table on page 2)

² On the Incentive and Extender Options, co-payments may apply for certain specialised procedures/treatments (see table on page 2)



How specialised procedures/treatment are covered on the Evolve Option

The standard Evolve Option co-payment of **R1 920** per authorisation applies to these procedures and treatments regardless of where they are performed
Plus the specialised procedures co-payment of **R3 840** per authorisation applies if performed in an acute or day hospital

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	Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or momentummedicalscheme.co.za

- + HealthSaver is a complementary product offered by Momentum
- * Covered at State facilities

How specialised procedures/treatment are covered on the Custom Option

The standard Custom Option co-payment of **R1 920** per authorisation applies to these procedures and treatments regardless of where they are performed
Plus the specialised procedures co-payment of **R1 920** per authorisation applies if performed in a day hospital, or **R3 840** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)

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	Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

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How specialised procedures/treatment are covered on the Incentive and Extender Options

A co-payment of **R1 920** per authorisation applies to these procedures and treatments if performed in a day hospital
Or a co-payment of **R3 840** per authorisation applies to these procedures/treatment if performed in an acute hospital (hospital where overnight admissions apply)

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	Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or HealthSaver*, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

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- + HealthSaver is a complementary product offered by Momentum

Hospitalisation and Major Medical Benefit

This benefit covers hospital accounts and related costs incurred in hospital from admission to discharge in line with the Scheme Rules and the clinical protocols that Momentum Medical Scheme has established for the treatment of each condition.

1. The hospitalisation benefit includes seven days' supply of take-home medication on discharge from hospital.
2. Cover for MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans in- and out-of-hospital:
 - Ingwe: 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.
 - Custom and Evolve: No annual limit applies, subject to co-payment of R3 200 per scan.
 - Incentive, Extender and Summit Options: No annual limit applies, subject to co-payment of R2 900 per scan.
3. Dental benefits for impacted wisdom teeth, dentistry related to trauma and general anaesthesia for children under 7 years:
 - Ingwe and Evolve Options: No cover. Maxillo-facial trauma is covered at State facilities, limited to Prescribed Minimum Benefits.
 - Custom, Incentive, Extender and Summit Options: Click [here](#) to view the 2025 Focus on dental benefit, which includes details of the cover for maxillo-facial surgery (excluding implants), general anaesthesia for children under 7, dentistry related to trauma as well as extraction of impacted wisdom teeth in and out of hospital.

Obtaining authorisation for Major Medical Benefits

You need to obtain pre-authorisation for hospitalisation, day clinic admissions, specialised procedures/treatment, specialised scans (MRI, CT, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans) and any other Major Medical Benefits. You need to obtain a separate pre-authorisation from Momentum Medical Scheme for any in-hospital physiotherapy. We provide pre-authorisation once we have verified benefits and applied Scheme Rules and protocols.

If the hospital or doctor obtains the authorisation on your behalf, we will send you a confirmation via email if we have your email address in our records. It is important for you to check if you will need to pay any co-payments or shortfalls as a result of not using a Designated Service Provider, or as a result of any benefit limits or protocols.



How to obtain pre-authorisation

- Log in to the **Momentum App** or contact our member call centre:
 - via our web chat facility on momentummedicalscheme.co.za;
 - send us a WhatsApp message on 0860 11 78 59;
 - email us at member@momentumhealth.co.za (please include your membership number in your email);
 - visit momentummedicalscheme.co.za and go to "Contact us" to join an online help session; or
 - call us on 0860 11 78 59.
- Make a note of the authorisation number.
- Give the authorisation number to your provider.

When you contact us, make sure you have the following information available:

1. Your membership number
2. The name and details of the patient
3. The reason for hospital admission, procedure or specialised scan
4. The procedure code (CPT), diagnosis code (ICD-10) and tariff code (these details are available from your treating doctor)
5. The date of admission
6. The contact details and practice number of the referring GP
7. The contact details and practice number of the specialist
8. The name and practice number of the hospital, day clinic or radiologist.

Important notes

- You need to obtain pre-authorisation from Momentum Medical Scheme at least 48 hours before you or your dependants are admitted to a hospital, receive treatment covered under the Specialised Procedures/Treatment benefit or Major Medical Benefit, or have a specialised scan.
- If you do not get authorisation in time, you will need to pay a 30% co-payment on all accounts related to the claim event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules and protocols of the Scheme, except in the case of medical emergencies. This is in addition to any other co-payments that apply.
- In the case of an emergency, you, a family member or a friend must obtain authorisation within 72 hours of admittance.
- Ingwe Option: If you choose Ingwe Network hospitals or Connect Network hospitals and do not use this provider, you will have a co-payment of 30% on the hospital account.
- Evolve Option: If you do not use Evolve Network hospitals, you will have a 30% co-payment on the hospital account.
- Custom, Incentive and Extender Options: If you choose Associated hospitals and do not use this provider, you will be liable for a 30% co-payment on the hospital account.