



Summary of Momentum Medical Scheme changes: 2025

Momentum Medical Scheme, for the tenth consecutive year, was able to avoid reducing benefits on any of the Scheme's options. In fact, we have increased benefit limits for 2025 in line with inflation.

Members can now use their Health Platform preventative dental care benefit for more than just dental consultations, for instance, they can use it for dental cleaning by an oral hygienist.

Below please find detailed changes per option for 2025.

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.



Overview of Momentum Medical Scheme benefit changes per option

The income bands, provider networks and contributions on the Ingwe State hospitals Option are changing and the Ingwe Connect Network of hospitals is now available as a provider choice.

Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase in line with inflation.
- On the Connect Network, you need to access your major medical benefits from Connect Network hospitals.



Chronic benefits

- Your Ingwe Primary Care Network or Ingwe Active Network providers will continue to provide
 chronic and day-to-day benefits. View the list of these network providers on the Momentum App or
 momentummedicalscheme.co.za, send us a WhatsApp message or call us on 0860 11 78 59.
- If you select the Connect Network, you need to obtain your chronic benefits from State facilities.

Day-to-day benefits

- You have two specialist visits per family for the year. The limit has increased to R1 350 per visit and R2 700 per family for the year. The visits are covered at 100% of the Momentum Medical Scheme Rate and your network GP needs to refer you.
- If you select the Connect Network, you need to obtain your day-to-day benefits from State facilities, except for specialist visits, out-of-network visits and virtual GP consultations.

Health platform benefits

- Baby immunisations are covered in private facilities for baby's first year, up to an increased limit of R2 950. Once the limit is reached, immunisations are available at the Department of Health baby clinics.
- The dental benefit will be enhanced to cover preventative dental care up to R380 per beneficiary at dentists, dental therapists and oral hygienists.

Contribution income bands

Your monthly income determines the contribution that you pay. The income bands that will apply from 1 January 2025 are:

- Less than or equal to R1 500 per month
- From R1 501 to R9 000 per month
- From R9 001 to R11 950 per month
- From R11 951 to R17 000 per month
- From R17 001 to R22 400 per month
- R22 401 and above per month

If you earn less than R22 401 per month, you have to submit proof of current income to be considered for the relevant contribution in 2025, in line with the Scheme Rules.



- Certain annual sub-limits for in-hospital benefits will increase.
- Co-payments for hospital authorisations, specialised procedures/treatment and specialised scans will increase.

Evolve Option

Day-to-day benefits

The sports injury treatment benefit that covers two visits to a
physiotherapist or biokineticist will increase to R1 120 per beneficiary per year.
You need to request pre-authorisation before using the benefit.

Chronic benefits

• Your chronic benefits remain available at State providers.

- The free early detection and preventative care benefits on the health platform continue in 2025.
- The dental benefit will be enhanced to cover preventative dental care up to R380 per beneficiary at dentists, dental therapists and oral hygienists.
- For international emergency benefits, the co-payment per out-patient claim payable by the Scheme will increase to R2 180.



- Certain annual sub-limits for in-hospital benefits will increase.
- Co-payments for hospital authorisations, specialised procedures/treatment, specialised scans and extraction of wisdom teeth in- and out of hospital will increase.



Chronic benefits

- You have to register and get authorisation from us for chronic benefits. If you are currently
 registered for a chronic condition, scripts are valid for six months and you have to submit a new
 script to your pharmacy once your script expires. You will need to send a renewal script to the
 Scheme and your pharmacy for certain conditions that do not have an ongoing authorisation.
- You have to get your chronic benefit from your chosen chronic benefit provider.

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- The co-payments for specialised procedures/treatment, specialised scans and extraction of wisdom teeth in- and out of hospital will increase for 2025.



Chronic benefits

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- You have to get your chronic benefits from your chosen chronic benefit provider.
- You have cover for 32 conditions, which include the 26 Chronic Disease List (CDL) conditions, as
 contained in the Prescribed Minimum Benefits. No annual rand limit applies to the 26 CDL
 conditions. The limit for the additional 6 chronic conditions will increase to R13 100 per family for
 the year.

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 script to your pharmacy once your script expires. You will need to send a renewal script to the
 Scheme and your pharmacy for certain conditions that do not have an ongoing authorisation.
- You have to get your chronic benefit from your chosen chronic benefit provider.
- You have cover for 62 conditions, which include the 26 Chronic Disease List (CDL) conditions, as contained in the Prescribed Minimum Benefits. No annual rand limit applies to the 26 CDL conditions. The limit for the additional 36 chronic conditions will increase to R13 100 per family for the year.

Day-to-day benefits

- Annual out-of-hospital sub-limits for benefits, such as dentistry and optometry, will increase.
- The annual Threshold level, which is a fixed rand amount determined by your family size, will increase to:

Principal member R33 400Per adult dependant R29 000

• Per child dependant R9 600 (applies up to a maximum of three children)

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- The co-payments for specialised scans in and out of hospital will increase for 2025.



Chronic benefits

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 If you are currently registered for a chronic condition, scripts are valid for six months and you have to submit a new script to your pharmacy once your script expires. You will need to send a renewal script to the Scheme and your pharmacy for certain conditions that do not have an ongoing authorisation.
- You may get your chronic script and medication from any provider, subject to a comprehensive list
 of medicine, referred to as a formulary.
- You have cover for 62 conditions, which include the 26 Chronic Disease (CDL) List conditions as
 contained in the Prescribed Minimum Benefits. No annual rand limit applies to these 26 CDL
 conditions. The 36 additional chronic conditions accumulate to the overall annual day-to-day limit of
 R33 000 per beneficiary (this is a combined limit incorporating both day-to-day cover and cover for
 the 36 additional chronic conditions).

Day-to-day benefits

- The overall annual day-to-day limit will increase to R33 000 per beneficiary.
- Annual day-to-day sub-limits for benefits such as dentistry and optometry, which accumulate to the overall day-to-day limit of R33 000, will increase.

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