

## Focus on the Africa Benefit

Momentum Medical Scheme provides cover for members on the Custom, Incentive, Extender and Summit Options, who work in sub-Saharan Africa, for certain benefits. Benefits are subject to the Scheme Rules and clinical protocols.

### Benefits

Cover is available for emergency and elective hospital admissions, day procedures and medical admissions. An elective procedure is one that is usually pre-booked and does not require urgent or immediate treatment, for example a knee replacement.

Pre-notification is not required for members who qualify for the Africa Benefit, but authorisation is required from the Scheme's provider in the case of an emergency whilst in these sub-Saharan African countries. The International emergency medical transport benefit is a separate benefit, and pre-notification is required prior to travel from South Africa. For details of this benefit, please refer to the [International emergency travel cover focus page](#).

### Options

The Africa Benefit is available to members on the Custom, Incentive, Extender and Summit Options. It is encouraged that members on the Custom, Incentive and Extender Options should be on the Any hospital provider option, as members who are on the Associated hospital provider option will have a 30% co-payment per event (an event is defined as the hospital admission or procedure, and all related claims from service providers, such as radiology, pathology, specialist accounts, etc).

### Claiming process

Claims for elective or planned treatment must be paid by the member to the providers, and then submitted for reimbursement to the Scheme via email at [africaclaims@momentumhealth.co.za](mailto:africaclaims@momentumhealth.co.za). Claim refunds will only be paid into the member's South African bank account.

Elective or planned procedures are paid up to a maximum global event fee, based on the average cost the Scheme would have paid for such event in South Africa. Once the maximum global event fee, as determined by the Scheme, has been reimbursed to the member, no additional benefit will be paid for the same event. Members must ensure that the hospital claims and all related service provider claims for the event are submitted simultaneously to the Scheme, within four months from the date of service. Claims submitted after four months will be considered stale according to the Scheme Rules, and will not be paid by the Scheme.

In the event of a medical emergency, members do not need to pay the claims upfront. Contact the Scheme's provider on +27 11 541 1263 (reverse call charges are accepted) for authorisation.



### Countries covered

The Africa Benefit covers beneficiaries residing in any of the following African countries and islands:

- Angola
- Benin
- Botswana
- Burundi
- Cameroon
- Comoros
- DRC
- Djibouti
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Ghana
- Guinea
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mauritius
- Mozambique
- Namibia
- Nigeria
- Réunion
- Rwanda
- Seychelles
- Sierra Leone
- Swaziland
- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

### Contact details from outside South Africa

Member call centre	+27 31 573 4008 or +27 31 573 4000
Non-emergency claims submission	<a href="mailto:africaclaims@momentumhealth.co.za">africaclaims@momentumhealth.co.za</a>
In a medical emergency	+27 11 541 1263 (reverse call charges are accepted)
Emergency claims submission	<a href="mailto:internationaltravel@momentumhealth.co.za">internationaltravel@momentumhealth.co.za</a>
Website and web chat	<a href="http://momentummedicalscheme.co.za">momentummedicalscheme.co.za</a>