

Summary of Momentum Medical Scheme changes: 2026

In a time of shifting healthcare needs and economic uncertainty, Momentum Medical Scheme illustrated its ongoing commitment to affordable access to healthcare, innovation and long-term value. While the industry is faced with higher-than-inflation increases in terms of operational healthcare costs, the Scheme has managed to avoid benefit reductions. In fact, benefit limits have been increased for 2026 to ensure its offering continues to offer real-world value.

Momentum Medical Scheme's 2026 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

Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase in line with inflation.

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 are on the Ingwe Connect Option, your chronic benefits continue to be available from State facilities.



Day-to-day benefits

- You have two specialist visits per family for the year. The limit has increased to R1 425 per visit and R2 850 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.

Health platform benefits

- The free early detection and preventative care benefits on the health platform continue in 2026.
- The preventative dental care limit increased to R500 per beneficiary.

Contribution income bands

Your monthly income determines the contribution that you pay. The income bands that will apply from 1 January 2026 are:

- Less than or equal to R1 550 per month
- From R1 551 to R9 400 per month
- From R9 401 to R12 500 per month
- From R12 501 to R18 000 per month
- From R18 001 to R23 500 per month
- R23 501 and above per month

If you earn less than R23 501 per month, you have to submit proof of current income to be considered for the relevant contribution in 2026, in line with the Scheme Rules.

Major medical benefits

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

Chronic benefits

Your chronic benefits remain available at State providers.

Day-to-day benefits

- The sports injury treatment benefit that covers two visits to a physiotherapist or biokineticist will increase to R1 200 per beneficiary per year.
You need to request pre-authorisation before using the benefit.

Health platform benefits

- The free early detection and preventative care benefits on the health platform continue in 2026.
- The dental benefit will be enhanced to cover preventative dental care up to R500 per beneficiary.
- As an additional early detection test for colon cancer, we have introduced FIT (Faecal Immunochemical testing), available to beneficiaries aged 45 to 80, once a year.
- For international emergency benefits, the co-payment per out-patient claim payable by the Scheme will increase to R2 280.



Major medical benefits

- 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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- 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 700 per family for the year.

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- 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 700 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 | R36 900 |
| • Per adult dependant | R32 000 |
| • Per child dependant | R10 600 (applies up to a maximum of three children) |

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- 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 R34 500 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 R34 500 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 R34 500, will increase.

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