

Focus on GroupSaver⁺

GroupSaver is a complementary product that assists employer groups in funding certain medical expenses, treatments and procedures not covered by Momentum Medical Scheme and/or Momentum Health4Me, for their employees.

Who qualifies for GroupSaver?

Employer groups with more than 100 employees covered on Momentum Medical Scheme and Momentum Health4Me can make GroupSaver available to these employees.

How does it work?

GroupSaver is a funding mechanism in the name of the employer, which provides a pool of funds to enhance benefits for a defined list of treatments and procedures. The employer is responsible for contributing to this fund, and these contributions may not be deducted from employees. If the contract ends, any positive balance, minus applicable administration fees, will be refunded to the employer.

An employer can decide if GroupSaver funds apply to all covered employees across all options, or if it only applies to members on specific options, for instance, to pay for benefits not covered on that option. A rand limit or number of eligible claims may be applied for certain procedures like MRI and CT scans, or per employee.

Rules regarding which members may access the funds, as well as the list of benefits and at which providers these would be covered, must be agreed upon with the employer upfront when setting up the GroupSaver contract between Momentum Health and the employer. The aim is to ensure that there are adequate funds available for the specified claims, with a minimum contribution of R100 per employee per month.

A wider selection of eligible claims would mean that a higher monthly contribution per member would be required. Once the employer group confirms the number of employees eligible to access this pool of funds, as well as the benefits to be covered, the Product Manager will provide the relevant contract details, confirming the monthly contribution per member. A monthly admin fee applies per member, based on the benefits covered by the GroupSaver.

Claims

Claims are paid from the employer's GroupSaver fund to healthcare providers once approved. No claims will ever be paid directly to a member, as this is an employer-owned fund. An authorisation number will be provided upon approval of benefits to be paid from the GroupSaver fund. The adviser or employer facilitates claims to GroupSaver for control and awareness purposes.

Monthly claims reports are issued to the employer as well as the adviser, and healthcare providers also receive claims statements after every payment run. GroupSaver claims are not included on members' claims statements as the contract is with the employer.