

Focus on the Evolve Option

The Evolve Option provides cover for hospitalisation at the Evolve Network of private hospitals. There is no overall annual limit for hospitalisation. There is a standard Evolve Option co-payment for all Major Medical Benefits including non-emergency Prescribed Minimum Benefits, except in the case of motor vehicle accidents, maternity confinements or emergency treatment.

You need to use State facilities for all your chronic treatment, including doctors, scripts and medication.

You have cover for two virtual GP consultations from the GP Virtual Consultation Network, which includes Hello Doctor⁺. The Health Platform provides cover for a range of day-to-day benefits, such as preventative screening tests, certain check-ups and more. If you need cover for more day-to-day expenses, like additional GP visits or prescribed medicine, you can make use of Momentum HealthSaver⁺. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

This focus page summarises the 2026 benefits available on the Evolve Option. Scheme Rules always take precedence and are available on request.



Major Medical Benefit

Provider	Evolve Network hospitals. Certain procedures are only covered in day hospitals (see a list of these procedures on page 9)
Limit	No overall annual limit applies
Rate	Associated specialists are covered in full. Other specialists covered up to 100% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group
Specialised procedures/treatment	Certain procedures/treatment covered – see Member brochure for the list
Co-payments	R2 000 per authorisation, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-Designated Service Provider. An additional co-payment may apply for certain specialised procedures/treatments and specialised scans

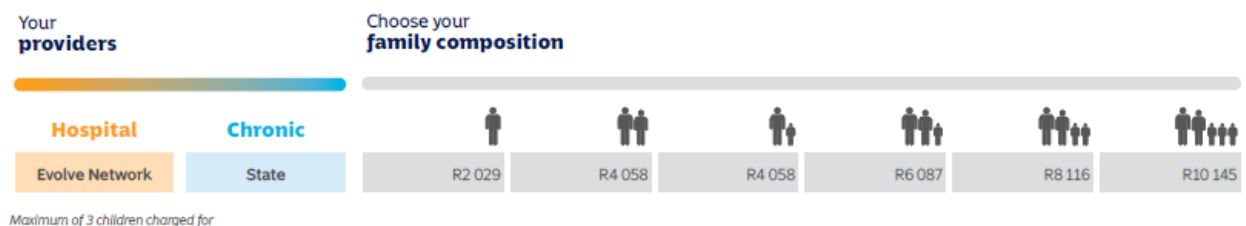
Chronic and Day-to-day Benefits

Chronic provider and formulary	State facilities and State formulary
Chronic conditions covered	26 conditions covered according to the Chronic Disease List in the Prescribed Minimum Benefits
Day-to-day provider	Any provider
Day-to-day benefit	2 virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. 2 physiotherapist or biokineticist consultations per beneficiary for sports injuries, up to R1 200 per year. You can add HealthSaver to provide cover for your day-to-day healthcare expenses, such as additional GP visits and prescribed medicine

Health Platform Benefit

Provider	Any provider
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Contributions





Major Medical Benefit

This benefit includes cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit on hospitalisation. Claims are paid up to 100% of the Momentum Medical Scheme Rate. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been authorised. Specialised procedures/treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided that the treatment is clinically appropriate and has been authorised.

A co-payment of R2 000 per authorisation applies to Major Medical Benefits including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider. An additional co-payment may apply for certain specialised procedures - see page 4.

If pre-authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules of the Scheme. In the case of an emergency, you or someone in your family or a friend must obtain authorisation within 72 hours of admission. Some procedures are only covered in day hospitals, such as cataract surgery and some sinus procedures – see list on page 9.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Evolve Option, chronic benefits are available from State facilities only. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration and approval by the Scheme.

Day-to-day Benefit

You have cover for two virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of Momentum HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered by your option.

Health Platform Benefit

Health Platform Benefits are paid by the Scheme up to a maximum rand amount per benefit, provided you notify us before using certain benefits. This unique benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection;
- maternity programme; and
- health education and advice.



Benefit schedule

Major Medical Benefit	
<p>General rule applicable to the Major Medical Benefit: You need to contact us for pre-authorisation before making use of your Major Medical Benefits. For some conditions, like cancer, you will need to register on a health management programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year)</p>	
Provider	Evolve Network hospitals. Certain procedures are only covered in day hospitals. See a list of these procedures on page 9. The list of day hospitals is available on the Momentum App or momentummedicalscheme.co.za
Overall annual limit	None
Co-payments	R2 000 per authorisation, except for motor vehicle accidents, maternity confinements, emergency treatment and when you involuntarily use a non-designated Service Provider. An additional co-payment may apply for specialised procedures, as indicated below
Co-payments for specialised procedures/treatment	
<p>The standard Evolve Option co-payment of R2 000 per authorisation applies to these procedures and treatment regardless of where they are performed. Plus, the specialised procedures/treatment co-payment of R5 500 per authorisation applies if performed in an acute or day hospital</p>	
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	<p>Low severity cases are not covered by the Scheme but can be paid from Momentum HealthSaver, if available</p> <p>High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above</p>
* Covered at State facilities	
Hospitalisation	
Benefit	Associated specialists are covered in full. Other specialists are covered up to 100% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group
High and intensive care	No annual limit applies
Casualty or after-hour visits	Subject to Momentum HealthSaver, if available
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities

Hospitalisation (continued)	
Oncology	R200 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme Reference Pricing applies to chemotherapy and adjuvant medication. You need to get your oncology treatment and medication from the Evolve Network of Oncologists
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
Medical and surgical appliances in hospital (such as support stockings, knee and back braces, etc)	R7 850 per family
Prosthesis – internal (incl. permanent pacemakers, cochlear implants, etc). Joint replacements, including knee and hip surgery, are limited to Prescribed Minimum Benefits at State facilities	Intraocular lenses: R6 600 per beneficiary per event, maximum 2 events per year Other internal prosthesis: R43 900 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc)	R28 200 per family
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans (in- and out of hospital)	No annual limit applies, subject to co-payment of R3 850 per scan
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at Evolve Network hospitals
Take-home medicine	7 days' supply
Trauma benefit	Covers certain day-to-day benefits that form part of the recovery following specific traumatic events, such as near drowning, poisoning, severe allergic reaction and external and internal head injuries. Appropriate treatment related to the event is covered as per authorisation
Medical rehabilitation, private nursing, Hospice and step-down facilities	R61 000 per family (combined limit), subject to case management
Health management programmes for conditions such as mental health, HIV/Aids and oncology	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV related hospital admissions	No annual limit applies at preferred provider R50 500 per family at Evolve Network hospitals
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R5 000 000 per beneficiary per 90-day journey. This benefit includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover. A R2 280 co-payment applies per emergency out-patient claim

Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out of hospital	
Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are subject to registration on the Chronic Management Programme and approval by the Scheme	
Provider	State facilities
Cover	26 conditions covered, according to Chronic Disease List in the Prescribed Minimum Benefits
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: Benefits are subject to Momentum HealthSaver, if available (see Momentum Complementary Product brochure for more details on HealthSaver)	
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to HealthSaver, if available
Mental health (incl. psychiatry and psychology)	Subject to HealthSaver, if available
Dentistry – basic (such as extractions or fillings)	Subject to HealthSaver, if available
Dentistry – specialised	Subject to HealthSaver, if available
External medical and surgical appliances (incl. hearing aids, glucometers, blood pressure monitors, wheelchairs etc)	Subject to HealthSaver, if available
General practitioners	2 virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required. Medication will be subject to Momentum HealthSaver, if available
Sports injury benefit	2 physiotherapist or biokineticist visits per beneficiary per year for treatment related to sports injuries. Covered at 100% of the Momentum Medical Scheme Rate, up to a maximum of R1 200 per beneficiary per year, subject to pre-authorisation
Specialists	Subject to HealthSaver, if available
Optical and optometry (incl. contact lenses and refractive eye surgery)	Subject to HealthSaver, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to HealthSaver, if available
Radiology (such as X-rays)	Subject to HealthSaver, if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R3 850 co-payment per scan and pre-authorisation
Prescribed medication	Subject to HealthSaver, if available
Over-the-counter medication	Subject to HealthSaver, if available

Health Platform Benefit		
<p>General rule applicable to the Health Platform Benefit: Health Platform benefits are paid by the Scheme up to a maximum Rand amount per benefit. You do not need to pre-notify before using Health Platform Benefits, except for preventative dental care, pap smears, general physical examinations and HIV tests. Where pre-notification is required, you can pre-notify quickly and easily on the Momentum App, via the web chat facility or by logging on to momentummedicalscheme.co.za. You may also send us a WhatsApp or call us on 0860 11 78 59.</p>		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations	Children up to age 6	As required by the Department of Health
Flu vaccines	Children between 6 months and 5 years Beneficiaries 60 and older All high-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
Pneumococcal vaccine	Beneficiaries 60 and older High-risk beneficiaries	Once a year
Early detection tests		
Preventative dental care, such as a consultation with a dentist or dental cleaning at an oral hygienist, covered up to R500	All beneficiaries	Once a year
Pap smear consultation (nurse, GP or gynaecologist)	Women 15 and older	Based on type of pap smear (see below)
Pap smear (pathologist) Standard or LBC (Liquid based cytology) Or HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered)	Women 15 and older Women 21 to 65	Once a year Once every 3 years
Mammogram	Women 38 and older	Once every 2 years
FIT (Faecal immunochemical testing) test	Beneficiaries 45 to 80	Once a year
DEXA bone density scan (radiologist, GP or specialist)	Beneficiaries 50 and older	Once every 3 years
General physical examination (GP consultation)	Beneficiaries 21 to 29	Once every 5 years
	Beneficiaries 30 to 59	Once every 3 years
	Beneficiaries 60 to 69	Once every 2 years
	Beneficiaries 70 and older	Once a year
Prostate specific antigen (pathologist)	Men 40 to 49	Once every 5 years
	Men 50 to 59	Once every 3 years
	Men 60 to 69	Once every 2 years
	Men 70 and older	Once a year
Health assessment: Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference measurements	All principal members and adult beneficiaries	Once a year

Early detection tests (continued)			
Cholesterol test (pathologist): Only covered if health assessment results indicate total cholesterol of 6 mmol/L and above	Principal members and adult beneficiaries	Once a year	
Blood sugar (glucose) test (pathologist): Only covered if health assessment results indicate blood sugar levels of 11 mmol/L and above	Principal members and adult beneficiaries	Once a year	
Glaucoma test	Beneficiaries 40 to 49	Once every 2 years	
	Beneficiaries 50 and older	Once a year	
HIV test (pathologist)	Beneficiaries 15 and older	Once every 5 years	
Maternity programme (subject to registration on the Maternity programme between 8 and 20 weeks of pregnancy)			
Doula benefit	Women registered on the programme	2 visits per pregnancy	
Antenatal visits (Midwives, GP or gynaecologist)		12 visits	
Nurse home visits		2 visits, the day after returning from hospital following childbirth and 2 weeks later	
Urine tests (dipstick)		Included in antenatal visits	
Pathology tests		Blood group, creatinine, full blood count, glucose strip, haemoglobin estimation and Rhesus factor	1 test
		Urinalysis	12 tests
		Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated
Scans		2 pregnancy scans. We cover 3D and 4D growth scans up to the rate that we pay for 2D scans	
Paediatrician visits	Babies up to 12 months registered on the programme	2 visits in baby's first year	
Health line			
24-hour emergency health advice	All beneficiaries	As needed	

Procedures covered in day hospitals only, subject to Prescribed Minimum Benefits	
Anorectal	Treatment of haemorrhoids, fissure, fistula Covered for complicated cases that cannot be treated as an out-patient or where the out-patient treatment options failed and treatment is required in a medical facility
Biopsies	Skin, subcutaneous tissue, soft tissue, muscle, bone, lymph, eye, mouth, throat, breast, cervix, vulva, prostate, penis, testes
Breast	Lumpectomy (fibroadenoma)
Ear, nose and throat	Tonsillectomy and/or adenoidectomy (children up to 12 years) Simple procedures for nosebleed (extensive cautery) Sinus procedures (ethmoidectomy, sinusotomy and lavage) Scopes (nasal endoscopy, laryngoscopy) Middle ear procedures (myringoplasty, stapedectomy, myringotomy and/or grommets) Cochlear implant
Eye	Corneal transplant Cataract surgery Treatment of glaucoma Other eye procedures: removal of foreign body, conjunctival surgery (repair laceration, pterygium), glaucoma surgery, probing and repair of tear ducts, retinal surgery, eyelid surgery, strabismus repair
Ganglionectomy	
Gastrointestinal	Gastrointestinal scopes (oesophagoscopy, gastroscopy, colonoscopy, sigmoidoscopy, proctoscopy, anoscopy)
Gynaecological	Cerclage of uterine cervix D&C (dilatation and curettage) Endometrial ablation Hysteroscopy Sterilisation Laparoscopic gynaecological procedures (aspiration ovarian cyst, salpingectomy, fulguration/ablation/lysis of lesions)
Incision and drainage	Abscess and/or cyst: skin (deep, non-superficial lesions), subcutaneous tissue and pilonidal
Orthopaedic	Arthroscopy, arthrotomy (shoulder, elbow, knee, ankle, hand, wrist, foot, temporomandibular joint), arthrodesis (hand, wrist, foot) Minor joint procedures (intercarpal, carpometacarpal and metacarpophalangeal, interphalangeal joint arthroplasty) Tendon and/or ligament repair, muscle debridement, fascia procedures (tenotomy, tenodesis, tenolysis, repair/reconstruction, capsulotomy, capsulectomy, synovectomy, excision tendon sheath lesion, fasciotomy, fasciectomy). Subject to individual case review Repair bunion or toe deformity Treatment of simple closed fractures and/or dislocations, removal of pins and plates Subject to individual case review
Removal of foreign body	Subcutaneous tissue, muscle, external auditory canal under general anaesthesia
Simple superficial lymphadenectomy	
Skin	Debridement, removal of lesions (dependent on size and diameter), simple repair of superficial wounds

Procedures covered in day hospitals only, subject to Prescribed Minimum Benefits (continued)

Urological	Cystoscopy Removal of ureteral stones Male genital procedures (circumcision for medical reasons only and when authorised, vasectomy)
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