

Focus on co-payments

Members join a medical scheme to ensure that they will be taken care of when they require healthcare services, should they ever be faced with a medical condition or emergency. Schemes are able to provide such protection by utilising the combined funds built up through the careful management of members' contributions. Thus, it is crucial that funds are spent responsibly, and that there are measures in place to help control and manage the spending of members' combined pool of funds. This document is aimed at helping members understand the role co-payments play in protecting them and ensuring the ongoing sustainability of a scheme.

The Council for Medical Schemes (CMS) is the regulatory body for medical schemes in South Africa. It aims to protect the members of medical schemes. Any co-payment that the medical scheme applies is included in the Scheme Rules which are approved by the CMS. Co-payments do not apply to emergency treatment and are waived in certain instances for Prescribed Minimum Benefits.

A co-payment works on the same principle as an excess on your car or home short-term insurance, in that scheme members pay a specified portion of the medical bill, and the scheme pays the remainder.

This co-payment can be funded from:

- available medical savings upon request;
- available HealthSaver+ funds upon request; or
- the member's own pocket.

Principle of applying co-payments

Medical schemes work on the principle of pooling of funds - all members' contributions are pooled together. The benefit of pooling is that you have access to all members' contributions when you really need it, not just your own. The potential negative impact of pooling is that not everyone is as responsible with utilising these funds. Members could potentially misuse the pooled funds if they are not encouraged to consciously make decisions that are responsible and consider the necessity of benefits before using them. When members have to pay co-payments, there is less likelihood of unnecessary claiming or use of benefits.

A fixed co-payment should ideally be significant enough for members to consider whether they really need to use a particular benefit, but small enough not to cause financial distress if the healthcare service is necessary. This encourages members to manage their spending of the pooled funds and in that way, co-payments help to keep the overall usage on the pooled funds to appropriate and relevant levels. This, in turn, keeps members' contributions as low and competitive as possible.

Fixed co-payments are usually applied to benefits that are easy targets for possible unnecessary spending or over servicing. These are determined by analysing stakeholder behaviour, such as members, hospitals, GPs and specialists, to see where there are high increases in the use of specific benefits that

cannot be linked to the health status of members. In addition, where the scheme has contracted with certain providers, such as a hospital network, for discounted fees, variable co-payments will be charged when members voluntarily use non-contracted providers from whom the scheme does not receive negotiated rates.

The major co-payments

Co-payments are set at different levels for the various options on Momentum Medical Scheme and apply to various benefits. Below are the most common co-payments:

Hospital admissions	
Ingwe	None
Evolve	R2 000 co-payment applies per authorisation, including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements and emergency treatment. Co-payments for specialised procedures listed on page 4
Custom	R2 000 co-payment applies per authorisation, including for non-emergency Prescribed Minimum Benefits, except for motor vehicle accidents, maternity confinements and emergency treatment. Co-payments for specialised procedures listed on page 4
Incentive and Extender	None, except for specialised procedures listed below
Summit	None
In-hospital dentistry	
Ingwe	Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Evolve	Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Custom	Maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7: R2 000 co-payment per authorisation
Incentive and Extender	Maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7: R1 820 co-payment per authorisation
Summit	None

Extraction of impacted wisdom teeth in hospital	
Ingwe	Not covered
Evolve	Not covered
Custom	R3 600 co-payment for day hospitals and R6 800 co-payment for other hospitals, per authorisation
Incentive and Extender	R3 600 co-payment for day hospitals and R6 800 co-payment for other hospitals, per authorisation
Summit	None
Extraction of impacted wisdom teeth in doctor's rooms	
Ingwe	Not covered
Evolve	Not covered
Custom	R2 000 per authorisation
Incentive and Extender	R1 820 per authorisation
Summit	None
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans in- and out of hospital	
Ingwe	If you choose Connect Network hospitals, MRI and CT scans are limited to Prescribed Minimum Benefits at Connect Network hospitals and other specialised scans are subject to Prescribed Minimum Benefits at State facilities If you choose Ingwe Network hospitals or Any hospital, all scans are limited to Prescribed Minimum Benefits at State facilities
Evolve	R3 850 per scan
Custom	R3 850 per scan
Incentive and Extender	R3 500 per scan
Summit	R3 500 per scan



Specialised procedures/treatment co-payments on the Evolve, Custom, Incentive and Extender Options

How specialised procedures/treatment are covered on the Evolve Option

The standard Evolve Option co-payment of **R2 000** per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of **R5 500** per authorisation applies if performed in an acute or day hospital

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

Gastroscopies, 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

Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available

High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

View the list of day hospitals on the Momentum App or momentummedicalscheme.co.za

* HealthSaver is a complementary product offered by Momentum

† Covered at State facilities

How specialised procedures/treatment are covered on the Custom Option

The standard Custom Option co-payment of **R2 000** per authorisation applies to these procedures and treatments regardless of where they are performed

Plus the specialised procedures co-payment of **R2 000** per authorisation applies if performed in a day hospital, or **R5 500** per authorisation if performed in an acute hospital (hospital where overnight admissions apply)

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

Gastroscopies, 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

Low severity cases are not covered by the Scheme but can be paid from HealthSaver*, if available

High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

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How specialised procedures/treatment are covered on the Incentive and Extender Options

A co-payment of **R2 000** per authorisation applies to these procedures and treatments if performed in a day hospital

Or a co-payment of **R5 500** per authorisation applies to these procedures/treatment if performed in an acute hospital (hospital where overnight admissions apply)

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

Gastroscopies, 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

Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or HealthSaver*, if available

High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above

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Important notes

- You need to obtain pre-authorisation from Momentum Medical Scheme at least 48 hours before you or your dependants are admitted to a hospital or day clinic, receive treatment covered under the specialised procedures/treatment benefit, Major Medical Benefit or have a specialised scan.
 - If you do not get pre-authorisation in time, you will need to pay a 30% co-payment on all accounts related to the claim event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules and protocols of the Scheme. This is in addition to any other co-payments that apply.
 - In the case of an emergency, you, a family member or a friend may obtain authorisation within 72 hours of admittance.
- Ingwe Option: If you choose Ingwe Network hospitals or Connect Network hospitals and do not use this provider, you will have a co-payment of 30% on the hospital account.
- Evolve Option: If you do not use Evolve Network hospitals, you will have a 30% co-payment on the hospital account.
- Evolve and Custom options: these options have standard option co-payments which apply to all admissions including non-emergency Prescribed Minimum Benefit treatment.
- Custom, Incentive and Extender Options: If you choose Associated hospitals and do not use this provider, you will be liable for a 30% co-payment on the hospital account.

To confirm if co-payments are applicable to an option, please check your member guide for more details. You are also welcome to contact us via WhatsApp on 0860 11 78 59, web chat on momentummedicalscheme.co.za, email at member@momentumhealth.co.za, or call 0860 11 78 59.

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