



Focus on the Ingwe Option

The Ingwe Option provides affordable access to entry-level cover. For your hospitalisation cover, you can choose to use the Connect Network of private hospitals, the Ingwe Network of private hospitals or Any hospital.

For chronic treatment and day-to-day benefits, such as GP visits or prescribed medicine, if you choose Connect Network hospitals, you need to use State facilities, if you choose Ingwe Network hospitals, you need to use Ingwe Primary Care Network providers, or if you choose Any hospital, you need to use Ingwe Active Network providers. View a list of network providers on the Momentum App or momentummedicalscheme.co.za, or WhatsApp or call us on 0860 11 78 59.

You are also covered for three virtual GP consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor. This means that you can have a virtual consultation with a qualified doctor, from the comfort of your home, or wherever you may find yourself at the time. If you need more day-to-day benefits, 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.

The Health Platform Benefit provides cover for a range of preventative care benefits. If you choose Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. If you choose Connect Network hospitals, you may use any healthcare provider.

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



Major Medical Benefit

Provider	Connect Network hospitals, Ingwe Network hospitals or Any hospital
Limit	No overall annual limit applies
Rate	Up to 100% of the Momentum Medical Scheme Rate
Specialised procedures/treatment	Certain procedures/treatment covered – see Member brochure for the list

Chronic and Day-to-day Benefits

Chronic provider and formulary	Ingwe Primary Care Network, Ingwe Active Network or State facilities. Subject to a list of medicine, referred to as a formulary
Chronic conditions covered	26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits
Day-to-day provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
Day-to-day benefit	If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes

Health Platform Benefit

Provider	Ingwe Primary Care Network, Ingwe Active Network or Any provider
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Contributions

Your monthly income	Choose your providers			Choose your family composition					
	Hospital	Chronic	Day-to-day						
R0 - R1 550	Connect Network	State	State	R1 079	R2 158	R1 380	R2 459	R2 760	R3 061
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R645	R1 290	R1 226	R1 871	R2 452	R3 033
	Any	Ingwe Active Network	Ingwe Active Network	R645	R1 290	R1 290	R1 935	R2 580	R3 225
R1 551 - R9 400	Connect Network	State	State	R1 252	R2 504	R1 580	R2 832	R3 160	R3 488
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 425	R2 850	R2 077	R3 502	R4 154	R4 806
	Any	Ingwe Active Network	Ingwe Active Network	R1 852	R3 704	R2 587	R4 439	R5 174	R5 909
R9 401 - R12 500	Connect Network	State	State	R1 635	R3 270	R2 043	R3 678	R4 086	R4 494
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R1 814	R3 628	R2 494	R4 308	R4 988	R5 668
	Any	Ingwe Active Network	Ingwe Active Network	R2 590	R5 180	R3 373	R5 963	R6 746	R7 529
R12 501 - R18 000	Connect Network	State	State	R1 763	R3 526	R2 201	R3 964	R4 402	R4 840
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R2 492	R4 984	R3 225	R5 717	R6 450	R7 183
	Any	Ingwe Active Network	Ingwe Active Network	R3 527	R7 054	R4 349	R7 876	R8 698	R9 520
R18 001 - R23 500	Connect Network	State	State	R2 870	R5 740	R3 522	R6 392	R7 044	R7 696
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 576	R7 152	R4 629	R8 205	R9 258	R10 311
	Any	Ingwe Active Network	Ingwe Active Network	R4 527	R9 054	R5 841	R10 368	R11 682	R12 996
R23 501+	Connect Network	State	State	R3 302	R6 604	R4 052	R7 354	R8 104	R8 854
	Ingwe Network	Ingwe Primary Care Network	Ingwe Primary Care Network	R3 590	R7 180	R4 648	R8 238	R9 296	R10 354
	Any	Ingwe Active Network	Ingwe Active Network	R4 546	R9 092	R5 864	R10 410	R11 728	R13 046

All children are charged for

Major Medical Benefit

There is no overall annual limit for hospitalisation. This benefit provides cover for hospitalisation and certain specialised procedures/treatment at either the Connect Network of private hospitals, the Ingwe Network of private hospitals or Any hospital, depending on the provider you have chosen. 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.

The specialised procedures/treatment that are covered 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.

If 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.

If you have chosen Connect Network hospitals or Ingwe Network hospitals and do not use these providers, a 30% co-payment will apply on the hospital account.



Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Ingwe Option, chronic benefits are available from the Ingwe Primary Care Network, Ingwe Active Network or State facilities. 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.

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. On the Ingwe Option, day-to-day benefits are available from the Ingwe Primary Care Network, Ingwe Active Network or State facilities, unless otherwise indicated. You also have cover for three virtual consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor.

Health Platform Benefit

The Health Platform Benefit is available from the Ingwe Primary Care Network, Ingwe Active Network or Any provider. This 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 diabetes, 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	Connect Network hospitals, Ingwe Network hospitals or Any hospital
Overall annual limit	None
Hospitalisation	
Benefit	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
High and intensive care	10 days per admission
Renal dialysis	Limited to Prescribed Minimum Benefits at State facilities
Oncology	If you choose Connect Network hospitals, you need to obtain your oncology treatment from an oncologist authorised by the Scheme, and benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
Organ transplants	If you choose Connect Network hospitals, benefits are limited to Prescribed Minimum Benefits at Connect Network hospitals. If you choose Ingwe Network hospitals or Any hospital, benefits are limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Dentistry related to trauma is covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements Caesarean sections: Only emergency caesareans are covered	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 000 per family
Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc)	Limited to Prescribed Minimum Benefits at State facilities
Prosthesis – external (such as artificial arms or legs)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	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
Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation	Limited to Prescribed Minimum Benefits at State facilities
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R17 500 per beneficiary (combined limit), subject to case management

Hospitalisation (continued)	
Private nursing and Hospice	Not covered
Health management programmes for conditions such as HIV/Aids	Your doctor needs to register you on the appropriate health management programme
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	R42 300 per family at preferred provider R42 800 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (refer to the Member brochure for a list of procedures and treatment covered)	
Chronic Benefit	
General rule applicable to the Chronic Benefit: Benefits are only available at your chosen Network provider, and are subject to a list of medicine, referred to as a Network entry-level formulary	
Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
Cover	26 conditions covered, according to the Chronic Disease List in the Prescribed Minimum Benefits
Day-to-day Benefit	
General rule applicable to the Day-to-day Benefit: If you choose Connect Network hospitals, benefits are available from State facilities, unless otherwise indicated. If you choose Ingwe Network hospitals, benefits are only available from Ingwe Primary Care Network or if you choose Any hospital, benefits are only available at Ingwe Active Network. Benefits are subject to the rules and provisions set by the network, commonly referred to as protocols, and to the network's list of applicable tariff codes	
Provider	Ingwe Primary Care Network, Ingwe Active Network or State facilities
Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody and Podiatry	Limited to Prescribed Minimum Benefits at State facilities
Mental health (incl. psychiatry and psychology)	Limited to Prescribed Minimum Benefits at State facilities
Dentistry – basic (such as extractions or fillings)	Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to contact us for pre-authorisation if you have more than 4 fillings or 4 extractions
Dentistry – specialised (such as bridges or crowns)	Not covered
External medical and surgical appliances (incl. hearing aids, wheelchairs, etc)	Not covered
General practitioners	There is no limit to the number of times you may visit your network GP. However, all visits from the 11th visit onwards must be pre-authorised
GP virtual consultations	3 virtual consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required

Day-to-day Benefit (continued)		
Out-of-network GP, casualty or after-hours visits	1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff). Maximum of 2 visits per family per year, R110 co-payment per visit applies	
Specialists	2 visits per family per year, limited to R1 425 per visit and up to a maximum of R2 850 per family per year. Covered at 100% of Momentum Medical Scheme Rate. Subject to referral and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities	
Physiotherapy	Included in the specialist limit	
Optical and optometry (excl. contact lenses and refractive eye surgery)	1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5	
Pathology – basic (such as cholesterol tests)	Specific list of pathology tests covered	
Radiology – basic (such as x-rays)	Specific list of black and white x-rays covered	
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	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	
Prescribed medication	Subject to a list of medicine, referred to as a prescribed formulary	
Over-the-counter medication	Not covered	
Health Platform Benefit		
General rule applicable to the Health Platform Benefit: If you choose Ingwe Network hospitals or Any hospital, Health Platform Benefits are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. If you choose Connect Network hospitals, you may use any healthcare provider.		
What is the benefit?	Who is eligible?	How often?
Preventative care		
Baby immunisations: Covered in private facilities for baby's first year, limited to R3 100 per year. Once the limit is reached, immunisations are available at the Department of Health baby clinics	Children up to age 6	As required by the Department of Health
Flu vaccines	Children between 6 months and 5 years Beneficiaries 60 years and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed

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 or GP)	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 the 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	
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	
Cholesterol test (pathologist): Only covered if health assessment results indicate a total cholesterol of 6 mmol/L and above	Principal members and adult beneficiaries	Once a year	
Blood sugar 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	
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)			
Antenatal visits (midwives, GP or gynaecologist)	Women registered on the programme	7 visits	
Nurse home visit		1 visit the day after returning from hospital following childbirth	
Urine tests (dipstick)		Included in antenatal visits	
Pathology tests		Blood group, full blood count, haemoglobin estimation and Rhesus factor	1 test
		Urinalysis	7 tests
		Urine tests (microscopic exams, antibiotic susceptibility and culture)	As indicated
Scans		2 pregnancy scans	



Maternity programme (continued)		
Paediatrician visits	Babies up to 12 months registered on the programme	1 visit in baby's first year
Health line		
24-hour emergency health advice	All beneficiaries	As needed