

Focus on the Incentive Option

The Incentive Option includes cover for hospitalisation in private hospitals. There is no overall annual limit for hospitalisation. You can choose to have access to any hospital, or you can choose to save on your monthly contribution by selecting to use a specific list of private hospitals (referred to as Associated hospitals).

For chronic treatment, you can choose to have access to any doctor for your chronic scripts and any pharmacy for your chronic medication. Or you can choose to save on your monthly contribution by selecting to use a list of Associated doctors for your chronic script and Medipost courier pharmacy for your chronic medication. Alternatively, you can choose to use State facilities for your chronic script and chronic medication to obtain the maximum contribution saving.

The Health Platform Benefit provides cover for a range of benefits such as preventative screening tests, certain check-ups and more.

10% of your contribution goes to a dedicated Personal Medical Savings Account (Savings) to cover your day-to-day expenses. If you need more day-to-day cover, 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.

Momentum Medical Scheme's 2025 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Regulator.

This focus page summarises the 2025 benefits available on the Incentive Option. Scheme Rules always take precedence and are available on request.



Major Medical Benefit

Provider	Any or Associated hospitals
Limit	No overall annual limit applies
Benefit	Associated specialists covered in full Other specialists covered up to 200% 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 (refer to the Member brochure for a list of procedures/treatment covered)
Co-payment	Co-payments may apply for specialised procedures/treatment, specialised dentistry and specialised scans

Chronic and Day-to-day Benefits

Chronic provider and Formulary	Any provider: Standard formulary, or Associated GPs and Courier pharmacy: Core formulary, or State: State formulary
Chronic conditions covered	Cover for 32 conditions: 26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits: no annual limit applies 6 additional conditions: limited to R13 100 per family per year
Day-to-day provider	Any
Savings	Fixed at 10% of total contribution

Health Platform Benefit

Provider	Any or Associated
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Contributions

Choose
your providers

Choose your
family composition

Hospital	Chronic						
Associated	Any	R4 827	R8 711	R6 630	R10 514	R12 317	R14 120
	Associated	R4 306	R7 730	R5 942	R9 366	R11 002	R12 638
	State	R3 060	R5 474	R4 234	R6 648	R7 822	R8 996
Any	Any	R5 457	R9 891	R7 585	R12 019	R14 147	R16 275
	Associated	R4 686	R8 443	R6 527	R10 284	R12 125	R13 966
	State	R3 801	R6 795	R5 304	R8 298	R9 801	R11 304

Maximum of 3 children charged for



Major Medical Benefit

This benefit includes cover for hospitalisation and certain specialised procedures/treatment. There is no overall annual limit on hospitalisation. Associated specialists are covered in full, while other specialists are covered up to 200% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been pre-authorised. Specialised procedures/treatment do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided the treatment is clinically appropriate and has been pre-authorised.

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 admittance. If you choose Associated hospitals and you do not use this provider, a 30% co-payment will apply on the hospital account.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. You may choose Any, Associated or State as your Chronic Benefit provider. There is no overall annual limit for chronic cover for the 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. A limit of R13 100 per family per year applies to an additional 6 conditions (refer to brochure for a list of these conditions). Chronic benefits are subject to registration on the Chronic Management Programme and approval by the Scheme.

Day-to-day Benefit

10% of your contribution goes to a dedicated Personal Medical Savings Account to cover your day-to-day expenses, such as GP visits and prescribed medicine. If you need more day-to-day cover, you can choose to make use of Momentum HealthSaver.

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 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	
General rule applicable to Major Medical Benefits: 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. Momentum Medical 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)	
Provider	Any or Associated hospitals
Overall annual limit	None
Co-payments for specialised procedures/treatment	
A co-payment of R1 920 per authorisation applies to these procedures/treatments if performed in a day hospital OR the Specialised Procedures/Treatments co-payment of R3 840 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
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	Low severity cases are not covered by the Scheme but can be paid from Day-to-day Benefits or Momentum HealthSaver, if available High severity cases in an acute hospital are paid by the Scheme, subject to the relevant co-payment listed above
Hospitalisation	
Benefit	Associated specialists covered in full. Other specialists covered up to 200% 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 Savings
Renal dialysis	No annual limit applies If you choose State as your chronic provider, you need to make use of State facilities for your renal dialysis
Oncology	R400 000 per beneficiary per year, thereafter a 20% co-payment applies. Momentum Medical Scheme reference pricing applies to chemotherapy and adjuvant medication If you choose State as your chronic provider, you need to obtain your oncology treatment from an ICON provider authorised by the Scheme If you choose State or Associated as your chronic provider, you need to obtain your oncology medication from Medipost

Hospitalisation	
Organ transplants (recipient)	No annual limit applies
Organ transplants (donor). Only covered when the recipient is a member of the Scheme	R27 500 cadaver costs R56 000 live donor costs (including transportation)
In-hospital dental and oral benefits:	
- maxillo-facial surgery (excluding implants) and general anaesthesia for children under 7	The hospital account is paid at the negotiated rate, subject to a R1 750 co-payment per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate. The dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver, if available.
- dentistry related to trauma	The hospital account is paid at the negotiated rate. The anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are covered up to 200% of the Momentum Medical Scheme Rate
- extraction of impacted wisdom teeth	The hospital account is paid at the negotiated rate, subject to a R3 450 co-payment for day hospitals and a R6 500 co-payment for other hospitals per authorisation. The anaesthetist account is covered up to 200% of the Momentum Medical Scheme Rate and the dentist, dental specialist and maxillo-facial surgeon accounts are paid up to 100% of the Momentum Medical Scheme Rate
- implants and all other in-hospital dental treatment	The cost of implants, as well as the hospital, anaesthetist, dentist, dental specialist and maxillo-facial surgeon accounts are paid from Savings or HealthSaver, if available
Maternity confinements	No annual limit applies
Neonatal intensive care	No annual limit applies
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 a R2 900 co-payment per scan and pre-authorisation
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc)	R8 400 per family
Prosthesis – internal (including knee and hip replacements, permanent pacemakers, etc)	Cochlear implants: R214 200 per beneficiary, maximum 1 event per year Intraocular lenses: R8 540 per beneficiary per event, maximum 2 events per year Other internal prostheses: R64 000 per beneficiary per event, maximum 2 events per year
Prosthesis – external (such as artificial arms or legs, etc)	R29 400 per family
Mental health - psychiatry and psychology - drug and alcohol rehabilitation	R48 400 per beneficiary
Take-home medicine	7 days' supply

Hospitalisation (continued)	
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	R67 000 per family (combined limit), subject to case management
Health management programmes for conditions such as chronic renal disease, organ transplants, 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 admissions	No annual limit applies at preferred provider R92 600 per family at your chosen hospital provider
Emergency medical transport in South Africa by Netcare 911	No annual limit applies
International emergency medical transport by preferred provider	R8 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 180 co-payment applies per emergency out-patient claim
Specialised procedures/treatment	
Certain specialised procedures/treatment covered (when clinically appropriate) in- and out of hospital (refer to the Member brochure for a list of procedures and treatment covered)	
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	Any, Associated or State*
Cover	32 conditions
Limit	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits – no annual limit applies. 6 additional conditions – limited to R13 100 per family per year
* If the State cannot provide you with the chronic medicine you need, you may obtain your medicine from Ingwe Primary Care Network providers, subject to a Network formulary and Scheme approval	

Day-to-day Benefit	
General rule applicable to the Day-to-day Benefits: Benefits are subject to available Savings; claims are paid at cost with no sub-limits	
Provider	Any
Acupuncture, Homeopathy, Naturopathy, Herbolology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Physiotherapy and Podiatry	Subject to Savings, if available
Mental health (including psychiatry and psychology)	Subject to Savings, if available
Dentistry – basic (such as extractions or fillings)	Subject to Savings, if available
Dentistry – specialised	Dental specialist accounts for extraction of impacted wisdom teeth in doctors' rooms: Covered from Major Medical Benefit at 100% of the Momentum Medical Scheme Rate, subject to R1 750 co-payment and pre-authorisation Other specialised dentistry: Subject to Savings, if available
External medical and surgical appliances (including hearing aids, glucometers, blood pressure monitors, wheelchairs, etc)	Subject to Savings, if available
General practitioners	Subject to Savings, if available
Specialists	Subject to Savings, if available
Optical and optometry (including contact lenses and refractive eye surgery)	Subject to Savings, if available
Pathology (such as blood sugar or cholesterol tests)	Subject to Savings, if available
Radiology (such as x-rays)	Subject to Savings, if available
MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans	Covered from Major Medical Benefit, subject to R2 900 co-payment per scan and pre-authorisation
Prescribed medication	Subject to Savings, if available
Over-the-counter medication	Subject to Savings, if available

Health Platform Benefit		
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.		
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 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	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
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
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

Early detection tests (continued)			
Blood sugar test (pathologist) Only covered if health assessment results indicate blood sugar levels are 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
Online antenatal and postnatal classes			18-month subscription
Online video consultation with lactation specialist			Initial consultation
Nurse home visits			3 visits: Day after return from hospital, and after 2 and 6 weeks
Urine tests (dipstick)			Included in antenatal visits
Pathology tests	Antiglobin, blood group, creatinine, full blood count, platelet count, Rhesus factor and Rubella antibody		1 test
	Glucose strip and haemoglobin estimation		2 tests
	Urinalysis		12 tests
	Urine tests (microscopic exams, antibiotic susceptibility and culture)		As indicated
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

* If you choose the Associated chronic provider, a 30% co-payment will apply if you do not use an Associated GP for the GP consultations covered on the Health Platform