ingwe option
2014
How much will you pay per month?

1. Choose your monthly income
2. Choose your providers
3. Choose your family composition

- **State hospitals and Ingwe Primary Care Network** chronic and day-to-day provider
  - **< = R500**
    - R349 R698 R540 R889 R1 080 R1 271
  - **R501 - R5 200**
    - R431 R862 R663 R1 094 R1 326 R1 558
  - **R5 201 - R6 950**
    - R686 R1 372 R943 R1 629 R1 886 R2 143
  - **R6 951 - R9 400**
    - R977 R1 954 R1 272 R2 249 R2 544 R2 839
  - **> R9 400**
    - R1 337 R2 616 R1 650 R2 929 R3 242 R3 555

- **Ingwe Network hospitals and Ingwe Primary Care Network** chronic and day-to-day provider
  - **< = R500**
    - R349 R698 R540 R889 R1 080 R1 271
  - **R501 - R5 200**
    - R538 R1 076 R785 R1 323 R1 570 R1 817
  - **R5 201 - R6 950**
    - R699 R1 398 R961 R1 660 R1 922 R2 184
  - **R6 951 - R9 400**
    - R956 R1 883 R1 237 R2 164 R2 445 R2 726
  - **> R9 400**
    - R1 355 R2 669 R1 754 R3 068 R3 467 R3 866

- **Any hospital and Ingwe Active Primary Care Network** chronic and day-to-day provider
  - **< = R500**
    - R349 R698 R540 R889 R1 080 R1 271
  - **R501 - R5 200**
    - R58 R1 076 R785 R1 323 R1 570 R1 817
  - **R5 201 - R6 950**
    - R699 R1 398 R961 R1 660 R1 922 R2 184
  - **R6 951 - R9 400**
    - R956 R1 883 R1 237 R2 164 R2 445 R2 726
  - **> R9 400**
    - R1 355 R2 669 R1 754 R3 068 R3 467 R3 866

All children are charged for

The contributions exclude any late joiner penalties payable

Contributions payable for family sizes not mentioned above are available from the member call centre on 0860 11 78 59 or from your financial adviser.
This member brochure summarises the benefits available to you on the Ingwe Option. Scheme Rules, which outline the details in full, will always take precedence and are available on request.

Member call centre: 0860 11 78 59
Email for queries: member@momentumhealth.co.za
Email for claims: claims@momentumhealth.co.za
www.momentumhealth.co.za

Fraud Hotline: 0800 00 66 72
If you suspect that fraud or abuse has occurred, or you have become aware of potential fraud or abuse that may affect Momentum Health, please call the toll-free Fraud Hotline number anonymously on 0800 00 66 72. This service is managed by a third party and the caller’s identity is fully protected.
General rule
You need to phone for authorisation before making use of your Major Medical Benefits, such as when you are admitted to hospital. For some conditions, like cancer, you will need to register on a Health Management Programme. Momentum Health will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition.

Hospital accounts are covered in full at the rate agreed upon with the hospital group. Accounts for specialists are covered up to 100% of the Momentum Health Rate. You have cover for hospitalisation up to R1 000 000 for your family per year. For your hospitalisation cover, you have chosen to use either Any hospital, the Ingwe Network of private hospitals (see page 21 for this list) or State hospitals.

The sub-limits specified apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (which means it will be adjusted in line with the number of months left in the year).

<table>
<thead>
<tr>
<th>Hospital provider</th>
<th>Any hospital, Ingwe Network or State hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall annual limit</td>
<td>R1 000 000 per family per year</td>
</tr>
</tbody>
</table>

If you choose Ingwe Network hospitals as your preferred provider for your Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account.

If you choose State hospitals as your preferred provider for your Major Medical Benefits and do not use this provider, a co-payment will apply. This co-payment will be the difference in the cost between the amount charged by the State facility and the amount charged by the provider you used.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultations and visits</td>
<td>Specialists covered up to 100% of the Momentum Health Rate</td>
</tr>
<tr>
<td>High and intensive care</td>
<td>10 days per admission</td>
</tr>
<tr>
<td>Renal dialysis</td>
<td>Subject to Prescribed Minimum Benefits at State facilities</td>
</tr>
<tr>
<td>Oncology</td>
<td>Subject to Prescribed Minimum Benefits at State facilities</td>
</tr>
<tr>
<td>Organ transplants</td>
<td>Subject to Prescribed Minimum Benefits at State facilities</td>
</tr>
<tr>
<td>In-hospital dentistry</td>
<td>Not covered. Maxillo-facial trauma covered at State facilities, subject to Prescribed Minimum Benefits</td>
</tr>
<tr>
<td>Maternity confinements (limit for hospital account only). Caesarean sections: Only emergency caesareans are covered</td>
<td>R21 600 for uncomplicated delivery&lt;br&gt;R31 700 for complicated delivery</td>
</tr>
<tr>
<td>Neonatal intensive care</td>
<td>R45 400 per confinement</td>
</tr>
<tr>
<td>Medical and surgical appliances in-hospital (such as support stockings, knee and back braces, etc.)</td>
<td>R3 900 per family</td>
</tr>
<tr>
<td>Prosthesis – internal (including knee and hip replacements, permanent pacemakers, implantable devices, etc.)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Prosthesis - external (such as artificial arms or legs, etc.)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Mental health - including psychiatry and psychology - drug and alcohol rehabilitation</td>
<td>Limited to Prescribed Minimum Benefits at State facilities, 21-day sub-limit applies to drug and alcohol rehabilitation</td>
</tr>
<tr>
<td>MRI and CT Scans</td>
<td>Subject to Prescribed Minimum Benefits</td>
</tr>
<tr>
<td>Take-home medicine</td>
<td>7 days’ supply</td>
</tr>
<tr>
<td>Rehabilitation and step-down facilities</td>
<td>R9 400 per beneficiary</td>
</tr>
<tr>
<td>Private nursing and Hospice</td>
<td>Not covered</td>
</tr>
<tr>
<td>Immune deficiency related to HIV</td>
<td>Subject to registration on the HIV/Aids Management Programme at preferred provider</td>
</tr>
<tr>
<td>Anti-retroviral treatment</td>
<td>R25 300 per family</td>
</tr>
<tr>
<td>HIV related admissions</td>
<td>R27 000 per family</td>
</tr>
<tr>
<td>Specialised Procedures (refer to page 20 for a list of procedures covered)</td>
<td>19 Specialised Procedures covered, when clinically appropriate, in- or out-of-hospital</td>
</tr>
</tbody>
</table>
### Chronic Benefit

**General rule**

Benefits are only available at your Ingwe Primary Care or Ingwe Active Primary Care Network provider, and are subject to a list of medicines referred to as the Network entry-level formulary.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Ingwe Primary Care Network or Ingwe Active Primary Care Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover</td>
<td>26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits (see page 20 for a list of conditions covered)</td>
</tr>
</tbody>
</table>

### Day-to-day Benefit

**General rule**

Benefits are only available at your Ingwe Primary Care Network or Ingwe Active Primary Care Network provider, and are subject to certain rules and policies set by the Scheme, commonly referred to as protocols. This benefit is also subject to the Scheme’s formulary for medicine and a specific list of day-to-day treatments.

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).

<table>
<thead>
<tr>
<th>Provider</th>
<th>Ingwe Primary Care Network or Ingwe Active Primary Care Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiology, Chiropody and Podiatry</td>
<td>Subject to Prescribed Minimum Benefits at State facilities</td>
</tr>
<tr>
<td>Mental health (including psychiatry and psychology)</td>
<td>Subject to Prescribed Minimum Benefits at State facilities</td>
</tr>
<tr>
<td>Dentistry – basic (such as extractions or fillings)</td>
<td>Subject to the list of applicable tariff codes and the provisions of the day-to-day General Rule</td>
</tr>
<tr>
<td>Dentistry – specialised (such as bridges or crowns)</td>
<td>Not covered</td>
</tr>
<tr>
<td>External medical and surgical appliances (incl. hearing aids, wheelchairs, etc.)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
### Day-to-day Benefit (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>Unlimited within the provision of the day-to-day General Rule. Your GP needs to obtain authorisation from the 11th visit per beneficiary</td>
</tr>
<tr>
<td>Out-of-network GP, casualty or after-hours visits</td>
<td>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) Maximum of 2 visits per family per year. Limited to R850 per event, 10% co-payment applies. Subject to the provisions of the General Rule</td>
</tr>
<tr>
<td>Specialists</td>
<td>2 visits per family per year. Covered at 100% of the Momentum Health Rate with a 10% co-payment, up to R1 320 per family per year, and/or R800 per event. Subject to referral by an Ingwe Primary Care Network or Ingwe Active Primary Care Network provider, pre-authorisation and the provisions of the General Rule</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Included in the specialist limit above and subject to the provisions of the General Rule</td>
</tr>
<tr>
<td>Optical and optometry (contact lenses and refractive eye surgery not covered)</td>
<td>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. Subject to the provisions of the General Rule</td>
</tr>
<tr>
<td>Pathology - basic (such as blood sugar or cholesterol tests)</td>
<td>Unlimited within the provisions of the General Rule</td>
</tr>
<tr>
<td>Radiology - basic (such as X-rays)</td>
<td>Unlimited within the provisions of the General Rule</td>
</tr>
<tr>
<td>MRI and CT scans</td>
<td>Subject to Prescribed Minimum Benefits</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>Subject to a list of medicines, referred to as a prescribed formulary, and the provisions of the General Rule</td>
</tr>
<tr>
<td>Over-the-counter medication</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
### Health Platform Benefit

**General rule**

Health Platform Benefits are only available at Ingwe Primary Care or Ingwe Active Primary Care Network providers.

<table>
<thead>
<tr>
<th>Preventative care</th>
<th>Who?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby immunisations (only available at State baby wellness clinics)</td>
<td>Children up to age 6</td>
<td>As required by the Department of Health</td>
</tr>
<tr>
<td>Flu vaccines</td>
<td>Beneficiaries under 18</td>
<td>Once a year</td>
</tr>
<tr>
<td></td>
<td>Beneficiaries 60 and older</td>
<td>Once a year</td>
</tr>
<tr>
<td></td>
<td>High-risk beneficiaries</td>
<td>Once a year</td>
</tr>
<tr>
<td>Tetanus diphtheria injection</td>
<td>All beneficiaries</td>
<td>As needed</td>
</tr>
</tbody>
</table>

**Early detection tests**

<table>
<thead>
<tr>
<th></th>
<th>Who?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental examination (including sterile tray and gloves)</td>
<td>All beneficiaries</td>
<td>Once a year</td>
</tr>
<tr>
<td>Pap smear (pathologist)</td>
<td>Women 15 and older</td>
<td>Once a year</td>
</tr>
<tr>
<td>Pap smear consultation (GP)</td>
<td>Women 15 and older</td>
<td>Once a year</td>
</tr>
<tr>
<td>General physical examination (GP consultation)</td>
<td>Beneficiaries 21 to 29</td>
<td>Once every 5 years</td>
</tr>
<tr>
<td></td>
<td>Beneficiaries 30 to 59</td>
<td>Once every 3 years</td>
</tr>
<tr>
<td></td>
<td>Beneficiaries 60 to 69</td>
<td>Once a year</td>
</tr>
<tr>
<td></td>
<td>Beneficiaries 70 and older</td>
<td>Once a year</td>
</tr>
<tr>
<td>Prostate specific antigen (pathologist)</td>
<td>Men 40 to 49</td>
<td>Once every 5 years</td>
</tr>
<tr>
<td></td>
<td>Men 50 to 59</td>
<td>Once every 3 years</td>
</tr>
<tr>
<td></td>
<td>Men 60 to 69</td>
<td>Once every 2 years</td>
</tr>
<tr>
<td></td>
<td>Men 70 and older</td>
<td>Once a year</td>
</tr>
</tbody>
</table>

**Health Assessment:**

- Body Mass Index, Blood pressure test, Cholesterol and Blood sugar test (finger prick tests) | All adult beneficiaries | Once a year |
- Cholesterol test (pathologist)* | All adult beneficiaries | Once a year |
- Blood sugar test (pathologist)** | All beneficiaries | Once a year |
- HIV test (pathologist) | Beneficiaries 15 and older | Once every 5 years |

**Maternity programme** (subject to registration on the Maternity Management Programme between 8 and 20 weeks of pregnancy)

- Antenatal visits [Midwives, GP or gynaecologist] | Women registered on the programme | 4 visits |
- Urine tests [dipstick] | Women registered on the programme | Included in antenatal visits |
- Scans (1 before 24th week and 1 after) | Women registered on the programme | 2 growth scans |

**Health management programmes**

- Diabetic, Hypertension, HIV/AIDS, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol | All beneficiaries registered on the appropriate programme | As needed |

**Health line**

- 24-hour health advice | All beneficiaries | As needed |

**Emergency evacuation**

- Emergency evacuation in South Africa by Netcare 911 | All beneficiaries | In an emergency |

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* Covered for adult beneficiaries if Health Assessment results indicate a total cholesterol of 6 mmol/L and above
** Covered for adult beneficiaries if Health Assessment results indicate blood sugar levels are 11 mmol/L and above
Obtaining Authorisation for Major Medical Benefits

You must obtain pre-authorisation from Momentum Health for:

— hospitalisation
— day clinic admissions
— specialised procedures
— all other Major Medical Benefits.

You must obtain a separate pre-authorisation from Momentum Health for any in-hospital physiotherapy.

Pre-authorisation is provided once benefits have been verified and Scheme Rules have been applied. If the hospital or doctor obtains the authorisation on your behalf, it is important for you to check if you will need to pay any co-payments as a result of not using a Designated Service Provider or as a result of any benefit limits. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.

1. Phone the member call centre on 0860 11 78 59.
2. Make a note of the authorisation number.
3. Give the authorisation number to your service provider.

Information needed when obtaining an authorisation:

— your membership number
— the name and details of the patient
— the reason for hospital admission or procedure
— the procedure code (CPT), diagnosis code (ICD-10) and tariff code (these details are available from your treating doctor)
— the date of admission
— the contact details and practice number of the referring GP
— the contact details and practice number of the specialist
— the name and practice number of the hospital or day clinic.
Frequently asked questions

Q  How do I confirm which hospitals are on the Ingwe Network hospital list?
   A  See the list of Ingwe Network hospitals on page 21.

Q  Can an authorisation number be issued on the day of admission?
   A  You need to get authorisation at least 48 hours before admission, unless it is an emergency admission.

Q  What happens if it is an emergency admission?
   A  You, a family member or a friend, must contact the member call centre on 0860 11 78 59 within 72 hours of admission.

Q  What if I do not get authorisation in time?
   A  Momentum Health will charge a co-payment of 30% on all claims relating to the treatment, provided authorisation would have been granted according to the Rules of the Scheme.

Q  What if I need to stay in hospital longer than the period that was originally authorised?
   A  The hospital needs to contact the Scheme’s case manager to update the length of stay.

Q  How does authorisation for childbirth work?
   A  Contact the member call centre within 30 days of your due date to obtain authorisation for your confinement. If your admission date changes, you have 48 hours from the date of admission to notify the Scheme.

Important notes

If you have chosen Ingwe Network hospitals as your preferred provider for the Major Medical Benefits and do not use this provider, you will have a co-payment of 30% on the hospital account, except in the case of emergency medical conditions*.

If you have chosen State hospitals as your preferred provider for the Major Medical Benefits and do not use this provider, a co-payment will apply, except in the case of emergency medical conditions*. This co-payment will be the difference in the cost between the State facility charges and the amount charged by the provider you use.

*Emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s life in serious jeopardy.

The Scheme is allowed to stipulate Designated Service Providers from which all members should obtain Prescribed Minimum Benefits, in order to enjoy full cover for these benefits. Momentum Health’s Designated Service Providers for Prescribed Minimum Benefits are Ingwe Primary Care or Ingwe Active Primary Care Network providers, Associated specialists and State facilities. Logon to www.momentumhealth.co.za to view the providers in your area, or contact the member call centre on 0860 11 78 59. Treatment for Prescribed Minimum Benefits is subject to the Scheme’s clinical protocols (see Glossary of Terms on page 23).
Using your Health Platform Benefits

Health Platform Benefits are only available at your Ingwe Primary Care or Ingwe Active Primary Care Network provider.

Frequently asked questions

Q Where do I go for my Health Platform Benefits?
   A Health Platform Benefits are only available from your Ingwe Primary Care or Ingwe Active Primary Care Network provider, except for baby immunisations, which are only available from your nearest State baby wellness clinic.

Registering for Chronic Benefits

You need to register your chronic condition and medication with Momentum Health.

Chronic medication is provided according to a list of approved medicines, referred to as the Network entry-level formulary, from your Ingwe Primary Care or Ingwe Active Primary Care Network provider.

1. Visit your Ingwe Primary Care or Ingwe Active Primary Care Network provider.
2. Your doctor must obtain the necessary approval from Momentum Health by calling 0860 11 78 59.
3. Once the chronic registration has been approved, you need to contact Medipost to arrange for your chronic medication to be delivered.

Medipost   Tel:  012 426 4000
            Fax:  0866 823 317

Frequently asked questions

Q What if the prescribed chronic medication needs to change, or additional medication is required?
   A Your chosen doctor will need to advise Momentum Health of the change in order to obtain a revised authorisation.

Q What if a new chronic condition is diagnosed?
   A Your chosen doctor will need to advise Momentum Health of the change in order to obtain a new authorisation.

Q Can I get any medication I want?
   A Medicine is prescribed by your doctor, according to a list of approved medicine, referred to as the Network entry-level formulary. Medicine that is not included in this formulary will not be paid by the Scheme.

Q What is a medicine formulary?
   A A formulary is a list of medicines covered on your option, from which a doctor can prescribe medicine for your condition. The medicine formulary applicable to your option is available on www.momentumhealth.co.za.

Important notes

It is important that your doctor obtains approval from the Scheme for your chronic treatment in order for these benefits to be covered.
Claiming from Momentum Health

All valid day-to-day claims for services received from your Ingwe Primary Care or Ingwe Active Primary Care Network provider will be processed and paid by Momentum Health. Please refer your claims queries to the member call centre on 0860 11 78 59.

All providers contracted to the Ingwe Primary Care or Ingwe Active Primary Care Network will send their claims to Momentum Health for processing and payment, but should a doctor send the claim to you:

1. Submit your claim via email, fax or post.
2. Information that must be on the claim submitted:
   - your membership number
   - the principal member’s surname, initials and first name
   - the patient’s surname, initials and first name
   - the treatment date
   - the amount charged
   - the ICD–10 code, tariff code and/or nappi code
   - the service provider’s name and practice number
   - proof of payment if you have paid the claim.

Important notes

Ensure your correct member number is included on the claim. Always make a copy of your claim for your records before submitting it to the Scheme.

Email: claims@momentumhealth.co.za
Fax number: 031 580 0480
Postal address: Momentum Health Claims, PO Box 2338, Durban 4000

Frequently asked questions

Q How long are claims valid for?
   A If the Scheme does not receive a claim within 4 months from the date of service, the claim will be stale and you will need to pay any outstanding amounts to the provider.

Q Can I submit only the receipt for refund to me?
   A No, a detailed copy of the claim must also be submitted, as it contains important information needed to process the claim. See above for information required.

Q If I have already paid the account, how will Momentum Health know that the Scheme must refund me and not pay the provider?
   A The proof of payment must be included with the claim, or you can ask the provider to stamp the claim as paid.

Important notes

The majority of claims from providers, such as your doctor, dentist, or hospital, are submitted directly by the provider to the Scheme for payment. However, it still remains your responsibility to ensure that your claims are submitted timeously. If you have paid the provider directly, please submit your receipt with a detailed copy of the claim for reimbursement.
Claiming for Third Party Injuries and Motor Vehicle Accidents

Third party injuries are where a third party was responsible for the injury and therefore may be liable for medical expenses.

Any amount recovered from a third party or from the Road Accident Fund (in the case of motor vehicle accidents) for hospital and medical expenses must be refunded to Momentum Health, if these expenses were paid on your behalf by the Scheme.

Please remember to:

1. Report the incident to the police and obtain a case number
2. Phone the member call centre on 0860 11 78 59 for authorisation.

Information needed when phoning the call centre:

— your membership number
— the principal member’s surname, initials and first name
— the full name(s) of the person(s) involved in the accident
— the date of the accident/incident
— the case number for the police report.

Frequently asked questions

Q What is considered a third party claim?
   A A third party claim is when benefits are paid by a third party, e.g. Road Accident Fund in the case of a motor vehicle accident, or Third Party Insurance in the case of assaults, sports injuries or injuries at school (excluding injuries sustained due to illegal behaviour).

Q How long do I have to inform Momentum Health of any injury?
   A You must notify the Scheme within 24 hours

Q What if I have future claims pending (as a result of a motor vehicle accident) when I join Momentum Health?
   A You need to contact the member call centre on 0860 11 78 59 and forward an undertaking from the Road Accident Fund/other relevant third party to the Scheme.
Claiming for Injuries at Work

If you are injured on duty, you must report the injury to both Momentum Health and your Human Resources Department. Phone the member call centre on 0860 11 78 59.

Information needed when phoning the call centre:

— your membership number
— the principal member’s surname, initials and first name
— the full name(s) of the person(s) injured
— the date the injury was sustained
— the details of the injury.

Frequently asked questions

Q How long do I have to inform Momentum Health of an injury?
   A You must notify the Scheme within 24 hours.

Important notes

If you are entitled to benefits from the Workmen’s Compensation Fund for injuries sustained during the course and scope of your employment, Momentum Health will only pay for medical expenses not covered by the Workmen’s Compensation Fund. The Workmen’s Compensation Commissioner must supply written proof of the medical expenses that will not be covered by the Workmen’s Compensation Fund.
Registering for a Health Management Programme

You must register on the Health Management Programme to gain access to the relevant benefits.

1. You or your doctor must phone the call centre on 0860 11 78 59.
2. The health management consultant will advise you with regard to the programme benefits and requirements to register on the programme.

Information needed when phoning the Scheme:
- your membership number
- the name and details of the patient
- the diagnosis code [ICD–10 code]
- the name and practice number of the treating GP/Specialist.

The health management programmes offered by the Scheme include cholesterol management, diabetes management, hypertension management, oncology management, chronic renal failure and organ transplant management, drug and alcohol rehabilitation management, maternity management and HIV/Aids management.

Frequently asked questions

Q Why should I register on a Health Management Programme?
   A These programmes are there to help you in the management of certain medical conditions and to ensure that you understand and actively participate in the management of your condition, together with your chosen network doctor.

Q How do I register for the HIV/Aids benefit?
   A Initial tests are done at your chosen network doctor. If you test HIV positive, you will need to register on the Scheme’s HIV/Aids management programme to qualify for benefits. Please contact the HIV call centre on 0860 50 60 80 to register.

Q How do I register on the Maternity management programme?
   A Phone the member call centre on 0860 11 78 59 in order to get authorisation for the 4 antenatal visits and 2 growth scans allowed.

Q When should I register on the Maternity management programme?
   A Between the 8th and 20th week of pregnancy to ensure that you enjoy all the benefits of the Maternity management programme. Please remember to contact the member call centre on 0860 11 78 59 to pre-authorise for your confinement within 30 days of your delivery date. If your admission date changes, you have 48 hours from the date of admission to notify the Scheme. If you would like to make use of the doula (labour coach) benefit, it must be authorised as part of your maternity registration. The doula benefit is subject to the use of a midwife or an Associated specialist and is available to members wanting to have a natural delivery.

Q Does the hospital register my baby with the Scheme?
   A No, you need to contact the member call centre on 0860 11 78 59 within 30 days of birth and register your baby on the Scheme. If your employer pays your contributions, you need to inform your payroll department. Your employer then needs to provide us with the relevant details.
Using your Day-to-day Benefits

Frequently asked questions

Q Where do I go for Day-to-day Benefits?
A On joining the Ingwe Option, you and your dependants chose a doctor from the list of Ingwe Primary Care or Ingwe Active Primary Care Network providers. You can only visit your chosen doctor for your day-to-day healthcare needs. If necessary, your chosen doctor will refer you for further medical services.

Q Can I visit any doctor?
A You can only visit your chosen doctor. You may change your chosen doctor by contacting the member call centre.

Q How often can I visit my doctor?
A There is no limit to the number of times you may visit your chosen doctor. However, please note you cannot visit your doctor for the same condition within 4 days of your previous visit, and all visits from the 11th visit onwards must be pre-authorised by contacting the call centre on 0860 11 78 59.

Q Where do I get prescribed medication from?
A Contact your chosen doctor, who will either dispense the medication if he/she has a dispensing license, or provide you with a script. You may only take this script to a pharmacy contracted to the Ingwe Primary Care or Ingwe Active Primary Care Network. For a list of contracted pharmacies, visit www.momentumhealth.co.za, or contact the member call centre on 0860 11 78 59.

Q What happens if I need an x-ray?
A Basic x-rays will be taken at your nearest Ingwe Primary Care or Ingwe Active Primary Care Network facility. If they do not offer this, you will be referred to a radiologist by your chosen doctor. Momentum Health will pay this account as long as the request:
- is from a doctor on the Ingwe Primary Care or Ingwe Active Primary Care Network provider list, and
- falls within the Scheme’s protocols and approved list of tests.

Q What happens if I need a blood test or urine sample test?
A Basic blood tests and urine sample tests are covered and will be sent to your Ingwe Primary Care or Ingwe Active Primary Care Network provider’s laboratory for testing. A doctor on the Ingwe Primary Care or Ingwe Active Primary Care Network must request the test and the test must be within the Scheme’s approved list of tests.

Q What happens if I need to see a doctor after-hours?
A The Ingwe Option covers 1 after-hours GP or casualty consultation per beneficiary per year, subject to authorisation, with a maximum of 2 visits per family per year. This benefit is limited to R850 per event, and a 10% co-payment applies. You need to authorise within 72 hours of the consultation by calling the member call centre on 0860 11 78 59, otherwise an additional 30% co-payment will apply. You need to pay the account for the consultation upfront and then submit it to Momentum Health for payment.

Q What happens if I am referred to a specialist?
A Your Ingwe Primary Care or Ingwe Active Primary Care Network doctor will refer you to a specialist and give you a referral letter. Contact the member call centre on 0860 11 78 59 for authorisation, and to obtain a list of Associated specialists in your area. Use the referral letter to make an appointment with the specialist. You have access to 2 specialist visits for your family for the year, up to R1 320 per year, and/or R800 per event. A 10% co-payment applies. Claims must be submitted to Momentum Health for payment.
Using your Day-to-day Benefits (continued)

Q What happens if I get referred to a gynaecologist during pregnancy?

A You are allowed 4 visits to a gynaecologist per pregnancy. Before using this benefit, you need to contact the member call centre on 0860 11 78 59 to register on the maternity management programme and get authorisation. If you have chosen Ingwe Network hospitals as your hospital provider, you can obtain a list of gynaecologists who practice at your nearest Ingwe Network hospital. Claims must be submitted to Momentum Health for payment.

Q What happens if I need items or services not covered by an Ingwe Primary Care or Ingwe Active Primary Care Network provider?

A In cases where the services are not covered, you will need to pay the accounts yourself.

Q What happens if I am out of town and need to see a doctor?

A If you are unable to see your chosen doctor, e.g. when you are on holiday, please contact the member call centre to enquire where the nearest clinic or doctor on the Ingwe Primary Care or Ingwe Active Primary Care Network is.

Q Can I visit any dentist and what are my benefits?

A You can only visit a dentist on the Ingwe Primary Care Network. The list of dentists is available on www.momentumhealth.co.za.
   - The dentist will discuss the procedures with you.
   - The dentist will submit the claim to Momentum Health for payment.
   - If the procedures are not covered by Momentum Health, you will need to pay the account.
   - Basic dentistry, such as extractions and fillings, is covered, subject to a list of approved tariff codes and the Network’s protocols.
   - One consultation a year per beneficiary is covered. Specialised dentistry, such as bridges and crowns, is not covered on your benefit option.
   - Pre-authorisation is required from Momentum Health for more than 3 fillings and more than 4 extractions. Please phone the member call centre on 0860 11 78 59 for authorisation.

Q Can I visit any optometrist and what are my benefits?

A You can only visit an optometrist on the Ingwe Primary Care Network. Spectacles will only be granted if your refraction measurement is more than 0.5. The procedure is as follows:

1. Have your eyes tested.
2. If you need glasses, the optometrist will show you which frames to choose from. The optometrist will then submit the claim to Momentum Health for payment.
3. If you do not need glasses, the optometrist will only submit the claim for the consultation.

Please note that only 1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame, per beneficiary every 2 years, are allowed.

Tinted lenses and contact lenses are not covered on your benefit option.
Membership

Frequently asked questions

Q  How do I prove my Scheme membership?
A  Show your membership card when you visit a healthcare provider.

Q  Who may I register as a dependant?
A  You can register the following dependants, subject to underwriting:
   - your spouse by law or custom
   - the life partner you have committed to and with whom you share a common household
   - your own, step or legally adopted children under the age of 21. Momentum Health requires proof of dependency for dependants [excluding spouse] who are over the age of 21. An adult membership rate applies to all dependants who are over the age of 21
   - members of your immediate family for whom you are liable for family care and support. Momentum Health requires proof of these relationships.

Q  Which changes to membership details do I have to submit to the Scheme?
A  You need to let the Scheme know in the case of:
   - a change in your marital status
   - the birth or legal adoption of a child
   - any dependant who is no longer eligible for membership
   - any changes to your address or contact details
   - removing or adding dependants on your membership
   - changes to your bank account details (a copy of your ID needs to be submitted for bank account detail changes).

Q  How do I add a dependant?
A  Complete an Addition of Dependants form, which you can get from the member call centre or your financial adviser. If your employer pays your contributions, you need to inform your payroll department of any additions or withdrawals of dependants on your membership. Your employer then needs to provide the Scheme with these details.

Q  What if I retire and I have been a member through my employer and wish to remain on the Scheme?
A  Complete a Continuation of Membership form, which you can get from the member call centre or your financial adviser. You may continue your membership when you retire, go on early retirement or retire due to ill health or other disabilities. When your employer terminates the entire company’s membership, however, you will no longer be eligible to remain on Momentum Health.

Q  What happens to beneficiaries when the principal member passes away?
A  Remaining beneficiaries must contact the member call centre on 0860 11 78 59 to inform Momentum Health of the death of the principal member. Dependents can choose to remain members of Momentum Health and need to provide new debit order details for contribution payments.

Q  When does membership terminate?
A  You may resign from the Scheme by giving 1 month’s written notice. If you belong to Momentum Health through your employer, they have to notify the Scheme. Membership will also be terminated for non-payment of outstanding amounts due to the Scheme by you.

Q  What do I do if I lose my membership card?
A  Contact the member call centre on 0860 11 78 59 or order a new card online by logging on to www.momentumhealth.co.za.
Web Access

You can view the following information on the post-login Momentum Health website:

— your personal details
— your claims statements and claims history
— benefit information
— provider details (search facility).

You can change any of the following information online:

— your postal address
— your contact numbers
— your email address.

You can also request new membership cards to be sent to you.

1. Go to www.momentumhealth.co.za and select Login.
2. Type your username and password.

Frequently asked questions

Q  How do I get a username and password?
   A  You need to register online at www.momentumhealth.co.za. Select Register and follow the online process.

Mobi app

If you download our mobi app to your phone from the Play Store for Android phones, or the Apple iStore, you will be able to use the device’s GPS functionality to find the closest doctor to you. We can also remind you, if you choose, that a benefit like your free annual Health Assessment is due, or you could find your claims statements and forward them via your phone.

Q  How do I download the mobi-app?
   A  Visit the Play Store for Android phones, or the Apple iStore, and search for the Momentum Health application.
Hello Doctor

By logging on to www.momentumhealth.co.za and clicking on Hello Doctor under the Health Resources tab, you can access Hello Doctor for free. Services available from this online provider of healthcare support include:

— online tools to calculate your body mass index, or your risk of suffering a heart attack
— online answers to your medical questions, you can join active discussion forums
— wellness advice and health tips, sent to your inbox if you choose
— an online library with information on medical conditions, symptoms and care
— instant access to a doctor via the mobile application. You can even get a doctor to call you back within 60 minutes.
Chronic Conditions

26 conditions are covered according to the Chronic Disease List in the Prescribed Minimum Benefits.

— Cardiovascular
  Cardiac dysrhythmias, Cardiac failure, Cardiomyopathy, Coronary artery disease, Hyperlipidaemia, Hypertension
— Dermatology/Skin disorder
  Systemic lupus erythematosus
— Endocrine
  Addison’s disease, Diabetes insipidus, Diabetes mellitus Type 1, Diabetes mellitus Type 2, Hypothyroidism
— Gastro-intestinal
  Crohn’s disease (excluding biologicals such as Revellex*), Ulcerative colitis
— Haematology
  Haemophilia

* These are examples of medication not covered

— Musculo-skeletal
  Rheumatoid arthritis (excluding biologicals such as Revellex and Enbrel*)
— Neurology
  Multiple sclerosis (excluding biologicals such as Avonex*, subject to protocols), Epilepsy, Parkinson’s disease
— Ophthalmology
  Glaucoma
— Psychiatric
  Schizophrenia, Bipolar mood disorder
— Renal
  Chronic renal disease
— Respiratory
  Asthma, Chronic obstructive pulmonary disease, Bronchiectasis

Specialised Procedures

19 Specialised Procedures are covered (when clinically appropriate) in- or out-of-hospital.

— ENT
  Grommets, Myringotomy, Tonsillectomy
— General Surgery
  Drainage of subcutaneous abscess, Biopsy of breast lump, Open hernia repairs, Lymph node biopsy, Removal of extensive skin lesions
— Gynaecology
  Dilatation and curettage, Incision and drainage of Bartholin’s cyst, Marsupialisation of Bartholin’s cyst, Tubal Ligation
— Obstetrics
  Childbirth in non-hospital
— Oncology (subject to Prescribed Minimum Benefits at State facilities)
  Chemotherapy, Radiotherapy
— Orthopaedic
  Carpal tunnel release, Ganglion surgery
— Renal (subject to Prescribed Minimum Benefits at State facilities)
  Dialysis
— Urology
  Prostate biopsy
## List of Ingwe Network hospitals

### Eastern Cape
- Life Beacon Bay Hospital, Beacon Bay - East London
- East London Private Hospital, East London
- Grey Monument Private Clinic, King Williamstown
- New Mercantile Hospital, Korsten - Port Elizabeth
- St. George's Hospital, Port Elizabeth
- Queenstown Private Hospital, Queenstown
- St. Dominic's Hospital, Southernwood - East London
- St. Mark's Clinic, Southernwood - East London
- St. Mary's Private Hospital, Umtata

### Free State
- Hoogland Mediclinic, Bethlehem
- Bloemfontein Eye Hospital, Bloemfontein
- Pasteur Hospital, Bloemfontein
- Rosepark Hospital, Fichardtpark - Bloemfontein
- Welkom Mediclinic, Welkom

### Gauteng
- Bedford Gardens Private Hospital, Bedfordview - Johannesburg
- The Glynwood, Benoni
- Dalview Clinic, Brakpan
- Brooklyn Surgical Centre, Brooklyn - Pretoria
- Wilgers Hospital, Die Wilgers - Pretoria
- Faerie Glen Hospital, Faerie Glen - Pretoria
- Flora Clinic, Florida - Johannesburg
- Little Company of Mary, Groenkloof - Pretoria
- Suikerbosrand Clinic, Heidelberg
- Arwyp Medical Centre, Kempton Park
- New Kensington Clinic, Kensington - Johannesburg
- Lenmed Clinic Limited, Lenasia
- Eugene Marais Hospital, Les Marais - Pretoria
- Legae Private Clinic, Mabopane - Pretoria
- Carstenhof Clinic, Midrand
- Riverfield Lodge, Nietgedacht - Johannesburg
- Brenthurst Clinic, Parktown - Johannesburg
- Roseareas Clinic, Primrose
- Robinson Hospital, Randfontein
- Wilgeheuwel Hospital, Roodepoort
- Clinic Tshepo, Soweto - Johannesburg
- Springs Parkland Clinic, Springs
- St. Mary's Womens Clinic, Springs
- Emfuleni Hospital, Vanderbijlpark
- Clinic Naledi, Vereeniging

### Kwazulu-Natal
- Entabeni Hospital, Berea - Durban
- Chatsmed Garden Hospital, Chatsworth - Durban
- City Hospital, Durban
- Durdoc Clinic, Durban

### Kwazulu-Natal (continued)
- Maxwell Clinic, Durban
- Empangeni Garden Clinic, Empangeni
- Isipingo Hospital, Isipingo
- La Verna Hospital, Ladysmith
- Margate Private Hospital, Margate
- Newcastle Private Hospital, Newcastle
- Mount Edgecombe Hospital, Phoenix - Durban
- Midlands Medical Centre, Pietermaritzburg
- The Crompton Hospital, Pinetown
- Hibiscus Hospital, Port Shepstone
- Westville Hospital, Westville - Durban

### Limpopo
- Limpopo Mediclinic, Polokwane
- Tzaneen Private Hospital, Tzaneen

### Mpumalanga
- Bronkhorstspruit Hospital, Bronkhorstspruit
- Midmed Hospital, Middelburg
- Ermelo Mediclinic, Ermelo
- Nelspruit Mediclinic, Mbombela
- Secunda Mediclinic, Secunda
- Highveld Mediclinic, Trichardt
- Cosmos Hospital, Emalahleni

### North West
- Anncron Clinic, Klerksdorp
- Victoria Private Hospital, Mafikeng
- Potchefstroom Mediclinic, Potchefstroom
- Peglerae Hospital, Rustenburg
- Vryburg Private Hospital, Vryburg

### Northern Cape
- Kathu Mediclinic, Kathu
- Kimberley Mediclinic, Kimberley

### Western Cape
- Bellville Medical Centre, Bellville - Cape Town
- Claremont Hospital, Claremont - Cape Town
- Kingsbury Hospital, Claremont - Cape Town
- Gatesville Medical Centre, Gatesville - Cape Town
- Geneva Clinic, George
- George Mediclinic, George
- Knysna Private Hospital, Knysna
- Mitchells Plain Medical Centre, Mitchells Plain - Cape Town
- Bayview Hospital, Mossel Bay
- Vincent Pallotti Hospital, Pinelands - Cape Town
- West Coast Private Hospital, Vredenburg

Visit www.momentumhealth.co.za for the latest information
Exclusions

Prescribed Minimum Benefits

Notwithstanding the limitations and exclusions set out below, beneficiaries shall be entitled to the Prescribed Minimum Benefits.

Benefits Excluded

General exclusions mentioned in this paragraph are not affected by any specific exclusions. Unless otherwise decided by the Scheme (and with the express exception of medicine or treatment approved and authorised in terms of any health management programme contracted to the Scheme), expenses incurred in connection with any of the following will not be paid by the Scheme:

1. All costs incurred during waiting periods and for conditions which existed at the date of application for membership of the Scheme but were not disclosed;
2. All costs that exceed the annual maximum allowed for the particular category as set out in Annexure B of the Scheme Rules, for the benefit to which the beneficiary is entitled in terms of the Scheme Rules;
3. Injuries or conditions sustained during wilful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion;
4. Professional speed contests or professional speed trials [professional defined as where the beneficiary’s main form of income is derived from partaking in these contests];
5. Illegal behaviour, negligence, or a breach of law;
6. Costs incurred as a result of failure to carry out the instructions of a medical doctor or dentist;
7. Health care provider not registered with the recognised professional body constituted in terms of an Act of parliament;
8. Holidays for recuperative purposes, whether deemed medically necessary or not, including headache and stress relief clinics;
9. All costs for treatment if the efficacy and safety of such treatment cannot be proved;
10. All costs for operations, medicine, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease. This includes the costs of treatment or surgery related to transsexual procedures;
11. Obesity;
12. Costs for attempted suicide that exceed the Prescribed Minimum Benefits limits;
13. Breast reduction and breast augmentation, gynaecomastia, otoplasty and blepharoplasty;
14. Medication not registered by the Medicine Control Council;
15. Costs for services rendered by any institution, nursing home or similar institution not registered in terms of any law (except a State facility/hospital);
16. Gum guards and gold used in dentures;
17. Frail care;
18. Travelling expenses, excluding benefits covered by Emergency rescue and International cover;
19. All costs, which in the opinion of the Medical Assessor are not medically necessary or appropriate to meet the health care needs of the patient;
20. Appointments which a beneficiary fails to keep;
21. Circumcision and any contraceptive measures or devices;
22. Reversal of Vasectomies or tubal ligation [sterilisation];
23. Injuries resulting from narcotism or alcohol abuse except for the Prescribed Minimum Benefits;
24. Infertility treatment that is included as Prescribed Minimum Benefits will be covered in State facilities;
25. The cost of injury and any other related costs as a result of scuba diving to depths below 40 meters and cave diving.
Glossary of Terms contained in this brochure

1. **Emergency medical condition** means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s life in serious jeopardy.

2. **Prescribed Minimum Benefits** is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 1998. The Scheme is allowed to stipulate a Designated Service Provider from which all members should obtain Prescribed Minimum Benefits, in order to enjoy full cover for these benefits. On the Ingwe Option, Momentum Health’s Designated Service Providers for Prescribed Minimum Benefits are Ingwe Primary Care or Ingwe Active Primary Care Network providers, Associated specialists and State facilities. Treatment for Prescribed Minimum Benefits is subject to the Scheme’s clinical protocols (see definition below).

3. **Momentum Health Rate**: Every year Momentum Health negotiates with medical care providers to determine the amount the Scheme will pay per treatment. This is called the Momentum Health Rate. On the Ingwe Option, the Scheme pays 100% of the Momentum Health Rate, which means the Scheme will pay up to the amount agreed for the treatment. Where doctors charge more than the agreed upon rate for the treatment, you may need to pay the difference.

4. **Chronic Disease List** is a list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 1998.

5. **Provider definitions**:
   a. **Network providers**: Momentum Health has agreements in place with certain providers of healthcare services. You need to obtain your Chronic and Day-to-day Benefits from an Ingwe Primary Care or Ingwe Active Primary Care Network provider.
   b. **Ingwe Network hospitals**: On the Ingwe Option, you can choose to use Ingwe Network hospitals or State hospitals. Ingwe Network hospitals are private hospitals with which Momentum Health has agreements in place – see page 21 for the list of Ingwe Network hospitals.
   c. **State**: State hospitals are public facilities which must be used for certain benefits such as oncology, or if you choose State as your hospital provider. You receive a discount on your contribution by selecting State as your hospital provider.
   d. **Associated specialists**: Momentum Health has negotiated agreements with Associated specialists.
   e. **Preferred Providers**: Momentum Health has agreements in place with certain providers of healthcare services, which members need to use for specific benefits.

6. **Formularies**: A formulary is a list of medicines covered on your option, from which your chosen doctor can prescribe appropriate medicine for your chronic condition.

7. **Clinical protocol**: Momentum Health uses evidence-based treatment principles, called clinical protocols, to determine and manage benefits for specific conditions.

8. **Clinically appropriate**: Treatment that is in line with the clinical protocols (see definition above) for your condition.

9. **Out-patient facility**: A treatment centre where medical procedures can be done without the patient being admitted to hospital.

10. **Pre-authorisation**: Pre-authorisation is when you call the Scheme to let us know you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with Scheme Rules, your option and membership status.

11. **Sub-limit**: A sub-limit is a limit that applies in addition to the overall limit on a specific benefit. For example, your option provides you with an overall annual limit on your Major Medical Benefits, within which a sub-limit for maternity confinements applies.

12. **Out-of-hospital procedures**: These are procedures that are not performed in a hospital. For example, they could be performed in your doctor’s rooms or out-patient facility.
Your health is your wealth