

Summary of Momentum Medical Scheme changes: 2024

Momentum Medical Scheme realises that the ongoing challenging economic conditions continue to impact our members and would like to reassure you that we will continue to avoid benefit reductions. In fact, we have increased benefit limits for 2024 in line with inflation. The Scheme's weighted average contribution increase of 9.6%, effective 1 January 2024, takes into account the long-term sustainability of the Scheme, as well as the need to remain as affordable as possible, while providing members with peace of mind that they will continue to be able to rely on worldclass private healthcare cover.

The Scheme has added a new benefit option, called the Fusion Option, which has been designed to make it easier for employer groups to enable private healthcare cover for low-income earners.

Members have found the Scheme's Health Platform benefits increasingly relevant over the past few years. For 2024, we have introduced a choice for female members to go to a nurse practitioner for a pap smear consultation, instead of a GP or gynaecologist. For the pap smear pathology test, female members can opt to go for the standard liquid based cytology (LBC) test once a year, or females aged 21 to 65 can choose to go for the HPV PCR screening test once every three years. If the results of the HPV PCR indicate high risk, they will also have cover for a follow-up LBC test.

Members no longer need to pre-notify before using Health Platform Benefits, except for:

- dental consultations;
- pap smears;
- general physical examinations; and
- HIV tests.

Please note that Momentum Medical Scheme's 2024 benefits and contributions amendments, including registration of the new Fusion Option, have been submitted to the Council for Medical Schemes (CMS). The 2024 benefit and contributions amendments await approval by the Registrar and are therefore subject to such approval. The Scheme is in discussion with CMS regarding registration of the new Fusion Option and awaits a final decision from the Registrar.

Overview of Momentum Medical Scheme benefit changes per option

Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase in line with inflation.

Chronic and day-to-day benefits

- Your Ingwe Primary Care Network or Ingwe Active Network providers will continue to provide chronic and day-to-day benefits.
- You have two specialist visits per family for the year. The limit has increased to R1 290 per visit and R2 580 per family for the year. The visits are covered at 100% of the Momentum Medical Scheme Rate and your chosen Ingwe Primary Care Network or Ingwe Active Network provider needs to refer you.



Health platform benefits

- Baby immunisations are covered in private facilities for baby's first year, up to an increased limit of R2 800. Once the limit is reached, immunisations are available at the Department of Health baby clinics.
- For female members, you now have the option of a nurse consultation for a pap smear, or a consultation at your chosen Ingwe Primary Care Network or Ingwe Active Network provider. For the pap smear pathology test, women 15 and older can opt to go for the standard Liquid Based Cytology (LBC) test once a year, or for females aged 21 to 65, you can choose to go for the HPV PCR screening test once every three years. Should the results of your HPV PCR indicate high risk, you will also have cover for a follow-up LBC test.

Contribution income bands

Your monthly income determines the contribution that you pay. The income bands that will apply from 1 January 2024 are:

- Less than or equal to R875 per month
- From R876 to R8 550 per month
- From R8 551 to R11 325 per month
- From R11 326 to R16 100 per month
- R16 101 and above per month

Please provide proof of your income

If you earn less than R16 101 per month, you have to submit proof of income to be considered for the relevant contribution in 2024, in line with the Scheme Rules.



The Fusion Option is a new benefit option introduced for 2024. We have submitted the option for registration to the Council for Medical Schemes and are awaiting approval.



Major medical benefits

- Specialists are covered up to 100% of the Momentum Medical Scheme Rate.
- No annual limit applies for hospitalisation at the Fusion Network of private hospitals.

Day-to-day benefits

- There are no day-to-day benefits.

Chronic benefits

- 26 conditions are covered according to the Chronic Disease List in the Prescribed Minimum Benefits.
- You need to use State providers for your chronic scripts, medication and treatment.

Health platform benefits

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

Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase.
- The co-payments for hospital authorisations, specialised procedures/ treatments and specialised scans will increase.

Day-to-day benefits

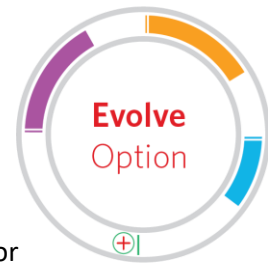
The sports injury treatment benefit that covers two visits to a physiotherapist or biokineticist will increase to R1 060 per beneficiary per year. You need to request pre-authorisation before using the benefit.

Chronic benefits

- Your chronic benefits remain available at State providers.

Health platform benefits

- The free early detection and preventative care benefits on the health platform continue in 2024. You no longer need to pre-notify before using health platform benefits, except for dental consultations, 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.
- For international emergency benefits, the co-payment per out-patient claim payable by the Scheme will increase to R2 070.
- For female members, you can now choose to have your pap smear consultation either with a nurse, GP or gynaecologist. For the pap smear pathology test, females 15 and older can opt to go for the standard Liquid Based Cytology (LBC) test once a year, or for females aged 21 to 65, you can choose to go for the HPV PCR screening test once every three years. Should the results of your HPV PCR indicate high risk, you will also have cover for a follow-up LBC test.



Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase.
- The co-payments for hospital authorisations, specialised procedures/ treatments, specialised scans and extraction of wisdom teeth, in and out of hospital will increase.



Chronic benefits

- You have to register and get authorisation from us for chronic benefits. If you are currently registered for a chronic condition, scripts are valid for six months and you have to submit a new script to your pharmacy once your script expires. You will need to send a renewal script to the Scheme and your pharmacy for certain conditions that do not have an ongoing authorisation.
- You have to get your chronic benefit from your chosen chronic benefit provider.

Health platform benefits

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- You have to get your chronic benefit from your chosen chronic benefit provider.
- You have cover for 32 conditions, which include the 26 Chronic Disease List (CDL) conditions that are classified as Prescribed Minimum Benefit conditions. No annual rand limit applies to the 26 CDL conditions. The limit for the additional 6 chronic conditions will increase to R12 400 per family for the year.

Health platform benefits

- The free early detection and preventative care benefits on the health platform continue in 2024. You no longer need to pre-notify before using health platform benefits, except for dental consultations, 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.
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Chronic benefits

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- You have to get your chronic benefit from your chosen chronic benefit provider.
- You have cover for 62 conditions, which include the 26 Chronic Disease List (CDL) conditions that are classified as Prescribed Minimum Benefit conditions. No annual rand limit applies to the 26 CDL conditions. The limit for the additional 36 chronic conditions will increase to R12 400 per family for the year.

Day-to-day benefits

- Annual out-of-hospital sub-limits for benefits, such as dentistry and optometry, will increase.
- The annual Threshold level, which is a fixed rand amount determined by your family size, will increase to:
 - Principal member: R30 400
 - Per adult dependant: R26 400
 - Per child dependant: R8 700 (applies up to a maximum of three children)

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- The co-payments for specialised scans in and out of hospital will increase for 2024.



Chronic benefits

- You have to register and get authorisation from us for chronic benefits. If you are currently registered for a chronic condition, scripts are valid for six months and you have to submit a new script to your pharmacy once your script expires. You will need to send a renewal script to the Scheme and your pharmacy for certain conditions that do not have an ongoing authorisation.
- You may get your chronic script and medication from any provider, subject to a comprehensive list of medicine, referred to as a formulary.
- You have cover for 62 conditions, which include the 26 Chronic Disease (CDL) List conditions that are classified as Prescribed Minimum Benefit conditions. No annual rand limit applies to these 26 CDL conditions. The 36 additional chronic conditions accumulate to the overall annual day-to-day limit of R31 300 per beneficiary (this is a combined limit incorporating both day-to-day cover and cover for the 36 additional chronic conditions).

Day-to-day benefits

- The overall annual day-to-day limit will increase to R31 300 per beneficiary.
- Annual day-to-day sub-limits for benefits such as dentistry and optometry, which accumulate to the overall day-to-day limit of R31 300, will increase.

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