



Contribution income bands

Monthly income determines the contribution you pay. The income bands for 2020 are the following:

- Less than or equal to R725 per month
- From R726 to R7 150 per month
- From R7 151 to R9 450 per month
- From R9 451 to R13 500 per month
- R13 501 and above.

Impact Option to Evolve Option

The Impact Option has been renamed and redesigned. The Evolve Option will be introduced from January 2020. Members who are currently on the Impact Option will have to choose a new option for 2020, based on their healthcare needs and affordability.



Major medical benefits

- The Evolve Option provides cover for hospitalisation at the Evolve Network of private hospitals. There is no overall annual limit for hospitalisation.
- Associated specialists are covered in full. Non-Associated specialists are covered up to 100% of the Momentum Health Rate.
- The major medical benefits on the Evolve option differ to the benefits that were available on the Impact option. For example, there is no longer an annual limit for maternity confinements and neonatal intensive care. Refer to the detailed brochure for the other major medical benefits that apply.
- A co-payment of R1 570 will apply per hospital authorisation, except in the case of motor vehicle accidents, maternity confinements and emergency treatment.

Chronic benefits

- The Chronic Benefit provides cover for the 26 conditions on the Chronic Disease List. You have to get your chronic benefits from State facilities.
- You have to register and get authorisation from Momentum Health for chronic benefits. You can do this by submitting the Momentum Health State chronic application form, completed by the State facility, to us.

Day-to-day benefits

- If you need cover for other day-to-day expenses, like GP visits or prescribed medicine, you can choose to make use of the HealthSaver. The HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.



Health Platform benefits

- The free early detection and preventative care benefits on the Health Platform continue in 2020. You have to notify us before using these benefits for the Scheme to pay for the benefits. You can pre-notify via the Momentum app, by logging on to momentumhealth.co.za, or by calling us on **0860 11 78 59**.
- We have added benefits to our comprehensive maternity programme. Women registered on the programme have access to a doula benefit of two visits per pregnancy. They also have access to nurse home visits - providing expert guidance, counselling and support - the day after they arrive home from hospital following childbirth, as well as two weeks after the initial visit.
- The international emergency benefit of R5 million per beneficiary per 90 day journey continues in 2020. The co-payment per out-patient claims payable by the Scheme will increase to R1 710.



Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase.
- The co-payment that applies per hospital authorisation will increase to R1 570.
- The co-payment for specialised scans, such as MRI and CT scans, done in or out of hospital will increase to R2 620 per scan.
- Co-payments for the specialised procedures will increase. If the procedure is performed out of hospital, the standard co-payment of R1 570 will apply. If the procedure is done in hospital, an additional co-payment of R3 150 per authorisation will be payable.
- Oncology :
 - If you choose State as your chronic provider, you have to get your oncology treatment from an oncologist authorised by the Scheme.
 - If you choose State or Associated as your chronic provider, you have to use Medipost for your oncology medication.
 - A formulary, which is a list of medicine, will apply to oncology medicine.

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 us and your pharmacy once your script expires.
- You have to get your chronic benefit from your chosen chronic benefit providers.

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- The co-payment for the international emergency benefit will increase to R1 710 per out-patient claim payable by the Scheme.



Major medical benefits

- Certain annual sub-limits for in-hospital benefits will increase.
- The co-payment for specialised scans, such as MRI and CT scans, done in or out of hospital will increase to R2 370 per scan.
- The in-hospital dentistry co-payment will decrease to R1 500 per authorisation.
- Co-payments for the specialised procedures done in hospital will increase to R3 150.
- Oncology :
 - If you choose State as your chronic provider, you have to get your oncology treatment from an oncologist authorised by the Scheme.
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Chronic benefits

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- You have to get your chronic benefits from your chosen chronic benefit providers.
- You have cover for 32 conditions, which include the 26 Chronic Disease List conditions. No annual rand limit applies to these 26 conditions. The limit for the additional 6 chronic conditions will increase to R10 300 per family.

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- The co-payment for the international emergency benefit will increase to R1 710 per out-patient claim payable by the Scheme.



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- The in-hospital dentistry co-payment will decrease to R1 500 per authorisation.
- Co-payments for the specialised procedures performed in hospital will increase to R3 150.
- Oncology :
 - If you choose State as your chronic provider, you have to get your oncology treatment from an oncologist authorised by the Scheme.
 - If you choose State or Associated as your chronic provider, you have to use Medipost for your oncology medication.
 - Specialised oncology benefits will be available for certain biologicals and immunologicals, subject to criteria.

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 conditions. No annual rand limit applies to these 26 conditions. The limit for the additional 36 chronic conditions will increase to R10 300 per family.

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 as follows:
 - Principal member: R22 900
 - Per adult dependant: R20 000
 - Per child dependant: R6 600 (applies up to a maximum of three children)



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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 us and your pharmacy once your script expires.
- You may get your chronic script and medication from any provider.
- You have cover for 62 conditions, which include the 26 Chronic Disease List conditions. No annual rand limit applies to these 26 conditions. The 36 additional chronic conditions accumulate to the overall annual day-to-day limit of R25 900 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 R25 900 per beneficiary.
- Annual day-to-day sub-limits for benefits such as dentistry and optometry, which accumulate to the overall day-to-day limit mentioned above, will increase.

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