

## Focus on the Ingwe Option

The Ingwe Option provides affordable access to entry-level cover. You have cover for hospitalisation up to R1 190 000 for your family per year. For your hospitalisation cover, you can choose to use either Any hospital, the Ingwe Network of private hospitals, or State hospitals for an even lower monthly contribution.

For chronic treatment and day-to-day benefits, such as GP visits or prescribed medicine, you need to consult Ingwe Primary Care Network providers or Ingwe Active Primary Care Network providers. If you choose Any hospital, please note that you may only use GPs on the Ingwe Active Primary Care Network. View a list of our providers on [www.momentumhealth.co.za](http://www.momentumhealth.co.za), or call us on 0860 11 78 59.

The Health Platform benefit provides cover for a range of preventative care benefits available from your Ingwe Primary Care Network provider.

If you need more day-to-day cover, you can make use of the HealthSaver. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses.

### Major Medical Benefit

<b>Provider</b>	Any hospital, Ingwe Network hospitals or State hospitals
<b>Limit</b>	R1 190 000 per family per year
<b>Rate</b>	Up to 100% of Momentum Health Rate
<b>Specialised Procedures/Treatment</b>	Certain procedures covered

### Chronic and Day-to-day Benefit

<b>Chronic provider</b>	Ingwe Primary Care Network or Ingwe Active Primary Care Network Subject to entry-level formulary
<b>Chronic conditions covered</b>	26 conditions, according to Chronic Disease List in Prescribed Minimum Benefits
<b>Day-to-day provider</b>	Ingwe Primary Care Network or Ingwe Active Primary Care Network

### The Health Platform

<b>Provider</b>	Ingwe Primary Care Network or Ingwe Active Primary Care Network
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**Important note:** This focus page summarises the 2017 benefits available on the Ingwe Option. Scheme Rules always take precedence and are available on request.

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### **The Major Medical Benefit**

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatment. The limit is R1 190 000 per family per year at either Any hospital, the Ingwe Network of private hospitals or State hospitals, depending on the provider you have chosen. Claims are paid up to 100% of the Momentum Health 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.

Specialised Procedures/Treatment 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 may obtain authorisation within 72 hours of admission.

If you have chosen Ingwe Network hospitals and do not use this provider, a 30% co-payment will apply on the hospital account. If you have chosen State hospitals as your preferred provider and do not use this provider, a co-payment will also apply. This co-payment will be the difference between State facility charges and the amount charged by the provider you use.

### **The 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 or Ingwe Active Primary Care Network provider. 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.

### **The Day-to-day Benefit**

This benefit provides for day-to-day medical expenses, such as GP visits, prescribed medicine etc. On the Ingwe Option, day-to-day benefits are available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network provider.

### **The Health Platform Benefit**

The Health Platform Benefit is available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network provider.

This unique benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection
- maternity programme
- management of certain diseases
- health education and advice; and
- local emergency evacuation cover.

## Benefit schedule

<b>Major Medical Benefit</b>	
<b>General rule applicable to the Major Medical Benefit:</b> You need to phone for authorisation before making use of your Major Medical Benefits. For some conditions like cancer you will need to register on a Disease 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. 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 hospital, Ingwe Network hospitals or State hospitals
Overall annual limit	R1 190 000 per family
<b>Hospitalisation</b>	
Benefit	Specialists covered up to 100% of Momentum Health 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 and Oncology	Limited to Prescribed Minimum Benefits at State facilities
Organ transplants	Limited to Prescribed Minimum Benefits at State facilities
In-hospital dental and oral benefits	Not covered. Maxillo-facial trauma covered at State facilities, limited to Prescribed Minimum Benefits
Maternity confinements (limit is for hospital account only). Caesarean section: Only emergency caesareans are covered	R25 800 per uncomplicated delivery R37 800 per complicated delivery
Neonatal intensive care	R54 200 per confinement
Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.)	R4 650 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 etc.)	Limited to Prescribed Minimum Benefits at State facilities
MRI and CT scans	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, 21-day sub-limit applies to drug and alcohol rehabilitation
Take-home medicine	7 days' supply
Medical rehabilitation and step-down facilities	R11 260 per beneficiary
Private nursing and Hospice	Not covered
Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions	At preferred provider R30 200 per family R32 200 per family
<b>Specialised Procedures/Treatment</b>	
Certain Specialised Procedures/Treatment covered (when clinically appropriate) in- and out-of-hospital	
<b>Chronic Benefit</b>	
<b>General rule applicable to the Chronic Benefit:</b> Benefits are only available at the Ingwe Primary Care Network or Ingwe Active Primary Care Network provider, and are subject to a list of medicine, referred to as a Network entry-level formulary	
Provider	Ingwe Primary Care Network or Ingwe Active Primary Care Network
Cover	26 conditions covered, according to the Chronic Disease List in the Prescribed Minimum Benefits.

Day-to-day Benefit	
<p><b>General rule applicable to the Day-to-day Benefit:</b> Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Primary Care Network, and are subject to the rules and provisions set by this network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes. 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	Ingwe Primary Care Network or Ingwe Active Primary Care Network
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 call 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 Primary Care Network GP. However, please note all visits from the 11 <sup>th</sup> visit onwards must be pre-authorised
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) Maximum of 2 visits per family per year, R100 co-payment per visit applies
Specialists	2 visits per family per year. Covered at 100% of Momentum Health Rate with a R100 co-payment per visit. Subject to referral by your Ingwe Primary Care Network or Ingwe Active Primary Care Network provider and pre-authorisation
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 blood sugar or 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	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

<b>Health Platform Benefit</b>		
General rule applicable to the Health Platform: These benefits are only available from Ingwe Primary Care Network or Ingwe Active Primary Care Network providers		
<b>What is the benefit?</b>	<b>Who is eligible?</b>	<b>How often?</b>
<b>Preventative care</b>		
Baby immunisations Available at nearest State baby clinic only	Children up to age 6	As required by the Department of Health
Flu vaccines	Beneficiaries under 18 Beneficiaries 60 and older High-risk beneficiaries	Once a year
Tetanus diphtheria injection	All beneficiaries	As needed
<b>Early detection tests</b>		
Dental consultation (incl. sterile tray and gloves)	All beneficiaries	Once a year
Pap smear (pathologist) and GP consultation	Women 15 and older	Once a year
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 at clinics such as Dis-Chem or Clicks: Body mass index, blood pressure test, cholesterol and blood sugar test (finger prick test)	All principal members and adult beneficiaries	Once a year (pre-notification not required)
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
<b>Maternity programme (subject to registration on the Maternity Management programme between 8 and 20 weeks of pregnancy)</b>		
Antenatal visits (Midwives, GP or gynaecologist) at preferred provider	Women registered on the programme	4 visits
Urine tests (dipstick)		Included in antenatal visits
Growth scans		2 scans (1 before 24 <sup>th</sup> week and 1 after)
<b>Disease management programmes</b>		
Diabetes, Hypertension, HIV/Aids, Oncology, Drug and alcohol rehabilitation, Chronic renal failure, Organ transplants, Cholesterol	All beneficiaries registered on the appropriate programme	As needed
<b>Health Line</b>		
24-hour emergency health advice	All beneficiaries	As needed
<b>Emergency evacuation</b>		
Emergency evacuation in South Africa by Netcare 911	All beneficiaries	In an emergency