

2018 Focus page

Focus on the Impact Option

The Impact Option provides cover for hospitalisation at the Impact Network of private hospitals. There is no overall annual limit for hospitalisation. For day-to-day benefits, such as GP visits or prescribed medicine, you must consult Impact Primary Care Network providers. For your chronic script, medication and treatment, you may choose between Any provider, Impact Network Primary Care Network providers or State facilities. The Health Platform benefit provides cover for a range of preventative care benefits available from your Impact Primary Care Network provider.

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

Major Medical Benefit

| | |
|---|------------------------------------|
| Provider | Impact Network hospitals |
| Limit | No overall annual limit applies |
| Rate | Up to 100% of Momentum Health Rate |
| Specialised Procedures/Treatment | Certain procedures covered |







Chronic and Day-to-day Benefits

| | |
|-----------------------------------|---|
| Chronic provider choices | Any provider, or Impact Primary Care Network, or State facilities |
| Chronic conditions covered | 26 conditions covered according to Chronic Disease List in Prescribed Minimum Benefits |
| Day-to-day provider | Impact Primary Care Network |

Health Platform

| | |
|-----------------|-----------------------------|
| Provider | Impact Primary Care Network |
|-----------------|-----------------------------|

Contributions

| Choose your monthly income | Choose your providers | | | Choose your family composition | | | | | |
|----------------------------|-----------------------|-----------------------------|-----------------------------|---|--|---|---|---|---|
| | Hospital | Chronic | Day-to-day |  |  |  |  |  |  |
| <= R8 500 | Impact Network | Any | Impact Primary Care Network | R2 150 | R4 300 | R2 785 | R4 935 | R5 570 | R6 205 |
| | | Impact Primary Care Network | | R1 900 | R3 800 | R2 470 | R4 370 | R4 940 | R5 510 |
| | | State | | R1 140 | R2 280 | R1 545 | R2 685 | R3 090 | R3 495 |
| R8 501 - R11 700 | Impact Network | Any | Impact Primary Care Network | R2 270 | R4 540 | R2 945 | R5 215 | R5 890 | R6 565 |
| | | Impact Primary Care Network | | R2 025 | R4 050 | R2 630 | R4 655 | R5 260 | R5 865 |
| | | State | | R1 305 | R2 610 | R1 740 | R3 045 | R3 480 | R3 915 |
| R11 701 + | Impact Network | Any | Impact Primary Care Network | R2 630 | R5 260 | R3 510 | R6 140 | R7 020 | R7 900 |
| | | Impact Primary Care Network | | R2 350 | R4 700 | R3 135 | R5 485 | R6 270 | R7 055 |
| | | State | | R2 350 | R4 700 | R3 135 | R5 485 | R6 270 | R7 055 |

All children are charged for

Major Medical Benefit

This benefit provides cover for hospitalisation and certain Specialised Procedures/Treatment. There is no overall annual limit on hospitalisation. 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.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment.

You can choose between Any, Impact Primary Care Network or State as your chronic provider, and this choice can result in a lower contribution.

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.

Day-to-day Benefit

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

The Health Platform Benefit

The Health Platform Benefit is available from the Impact Primary Care Network.

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 and international emergency cover.

Benefit schedule

| Major Medical Benefit | |
|---|--|
| General rule applicable to the Major Medical Benefit | |
| 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 | Impact Network hospitals |
| Overall annual limit | None |
| Hospitalisation | |
| 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 | 12 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 | No annual limit applies |
| Neonatal intensive care | No annual limit applies |
| Medical and surgical appliances in-hospital (such as support stockings, knee and back braces etc.) | R5 950 per family |
| Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers etc.) | Intraocular lenses: R4 800 per beneficiary per event, maximum 2 events per year Other internal prosthesis: R33 200 per beneficiary per event, maximum 2 events per year |
| 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 | R17 050 per beneficiary, 21-day sub-limit applies to drug and alcohol rehabilitation, subject to treatment at preferred provider |
| Take-home medicine | 7 days' supply |
| Medical rehabilitation, private nursing, Hospice and step-down facilities | R45 900 per family |
| Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions | At preferred provider R31 900 per family R34 400 per family |
| Specialised Procedures/Treatment | |
| Certain Specialised Procedures/Treatment covered (when clinically appropriate) in- and out-of-hospital | |

| Chronic Benefit | |
|---|--|
| General rule applicable to the Chronic Benefit | |
| Any: You may get your chronic prescription and medication from any provider, subject to the Standard formulary | |
| Impact Primary Care Network provider: Benefits are only available from the Impact Primary Care Network, and are subject to a list of medicine, referred to as a Network entry-level formulary | |
| State: Benefits are only available from State facilities, subject to the State formulary | |
| Provider | Any provider, or Impact Primary Care Network, or State facilities |
| Cover | 26 conditions covered, according to Chronic Disease List in Prescribed Minimum Benefits |
| Day-to-day Benefit | |
| General rule applicable to the Day-to-Day Benefit | |
| Benefits are only available from the Impact Primary Care Network, and are subject to the rules and provisions of 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) | |
| Preferred provider | Impact Primary Care Network |
| Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, Podiatry and Physiotherapy | Limited to Prescribed Minimum Benefits at State facilities |
| Mental health (incl. psychiatry and psychology) | Subject to specialist limit |
| 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 | 10 visits per beneficiary. From the 11 th visit onwards, you need to obtain authorisation and a R70 co-payment applies |
| 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, with a R100 co-payment per visit |
| Specialists | 3 visits per beneficiary, maximum of 5 visits per family. Covered at 100% of Momentum Health Rate, subject to referral by Impact Primary Care Network provider and pre-authorisation |
| 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 |

| Health Platform Benefit | | |
|---|--|---|
| General rule applicable to the Health Platform: These benefits are only available from Impact Primary Care Network providers | | |
| What is the benefit? | Who is eligible? | How often? |
| Preventative care | | |
| Baby immunisations Available at nearest State baby clinic only | Children up to age 6 | As required by the Department of Health |
| Flu vaccines | Children between 6 months and 5 years High-risk beneficiaries under 18 Beneficiaries 65 and older High-risk beneficiaries | Once a year |
| Tetanus diphtheria injection | All beneficiaries | As needed |
| Early detection tests | | |
| 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 (pre-notification not required): Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference | 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 |
| 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 |
| Maternity programme (subject to registration on the Maternity Management programme between 8 and 20 weeks of pregnancy) | | |
| 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 |
| Disease management programmes | | |
| Diabetes, 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 emergency health advice | All beneficiaries | As needed |
| Emergency evacuation | | |
| Emergency evacuation in South Africa by Netcare 911 | All beneficiaries | In an emergency |
| International emergency cover by ISOS | | |
| R3.38 million per beneficiary per 90-day journey (includes R15 500 for emergency optometry, R15 500 for emergency dentistry and R765 000 terrorism cover). A R1 550 co-payment applies per out-patient claim | All beneficiaries | In an emergency |